

City Of Del Rio 2024-2025 **BENEFITS GUIDE**



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<https://benefits.ffga.com/cityofdelrio>



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This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.

EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

City Of Del Rio and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer, as well as find claims, important phone number, and enrollment information.

There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.

<https://benefits.ffga.com/cityofdelrio>



HOW TO ENROLL

ONLINE ENROLLMENT

To begin online enrollment, visit <https://ffga.benselect.com/Enroll/login.aspx>

LOGIN

- Login: Your Employee ID or Social Security Number (no dashes)
- PIN (first login only): The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)
- New PIN: The first time you log in you will be required to change to a new PIN. Please note your new PIN because you will use the new PIN from that point forward.

VIEW CURRENT BENEFITS

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

VIEW/ADD DEPENDENTS

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their social security numbers and birth dates.

BEGIN ELECTIONS

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections. Visit your EBC to view the on-site enrollment schedule.

ELIGIBILITY

ELIGIBILITY

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. To enroll please contact your First Financial representative Chuck Egli at 512-707-9666.

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

MID-YEAR BENEFIT CHANGES

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change.

QUALIFYING LIFE EVENTS INCLUDE:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption, or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual & student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

HERE'S HOW IT WORKS

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you're already eligible – all you must do is enroll.

IS IT RIGHT FOR ME?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer's Section 125 Plan – that's a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267
YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!		

**The figures in the sample paycheck above are for illustrative purposes only.*

FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539

P.O. Box 161968 | Altamonte Springs, FL 32716

MEDICAL FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the 2.5 month grace period of time to spend any balance from your Medical FSA plan. This grace period option allows you the opportunity to use any unspent money in your FSA. Keep in mind that any balance, after the 2.5 month grace period, will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2024 is \$3,200.

HIGHLIGHTS

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include the date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient's name.

FSA RESOURCES

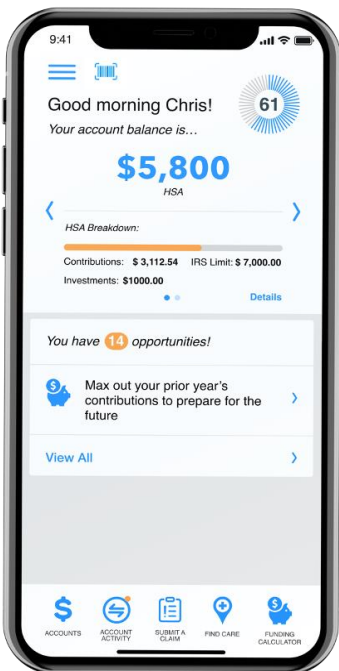
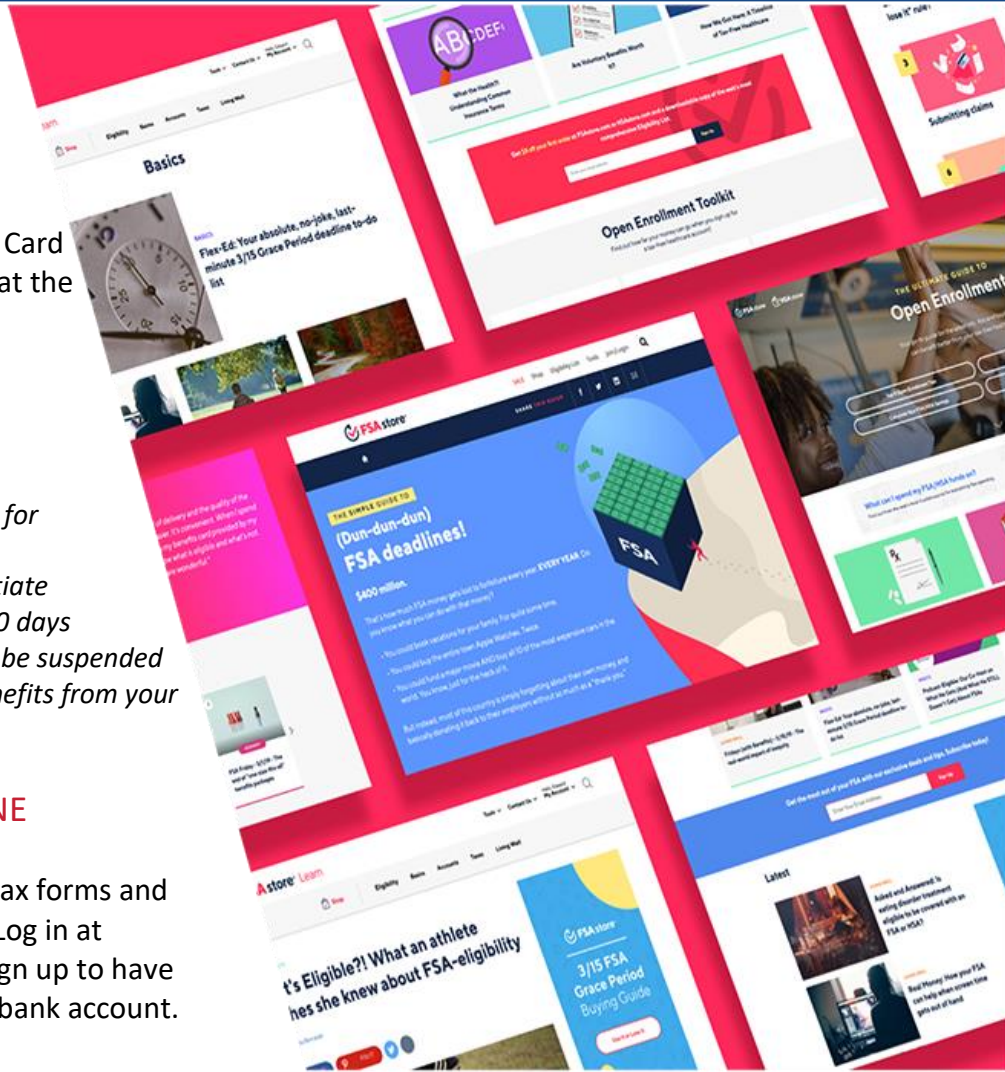
BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in a Flexible Spending Account. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least 18 years old.

The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.

VIEW YOUR ACCOUNT DETAILS ONLINE

Sign up to view your account balance, find tax forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account. View the [Portal Log-in Guide](#) now!



FF MOBILE ACCOUNT APP

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App Store™ or Google Play Store™. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

FSA STORE

First Financial has partnered with the FSA Store to bring you an easy-to-use online store to better understand and manage your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center to find answers to commonly asked questions. Visit the store at <http://www.ffga.com/individuals/#stores> for more details and special deals.





City of Del Rio 2024-25 Dual-Option Eyetopia Plan Comparison

ABBREVIATED BENEFIT DESCRIPTIONS (Contact Eyetopia for more details)	CO-PAYS / ALLOWANCES	
	130/150 Plan (Standard)	180/300H Plan (Gold)
One Exam + one Materials Option per year (or as noted below)		
Exam Co-pay	\$10	\$5
Material Option (in lieu of Exam)	\$45 Allowance	\$65 Allowance
Materials Co-pay (glasses only)	\$20	No Co-pay
Single Vision Lens	Covered	Covered
Bi-focal Lens	Covered	Covered
Tri-focal Lens	Covered	Covered
Lenticular Lens	Covered	Covered
Standard Progressive Lens	Retail up to \$199 is covered	Retail up to \$219 is covered
Premium Progressive Lens	\$200 Allowance	\$219 Allowance
Polycarbonate material for child dependents	Covered	Covered
Polycarbonate Lenses	\$25 Co-pay	Covered
Trivex Lenses	U&C Upgrade	Covered
1.60 Index Lenses	U&C Upgrade	Covered
1.67 Index Lenses	U&C Upgrade	Covered
Frame Allowance	\$130 Retail	\$180 Retail
Scratch Resistance Coating	Covered	Covered
Ultra-Violet (UV) Protection Coating	Covered	Covered
Blue light blocking lens or coating upgrade	\$105 Co-pay	\$50 Co-pay
Mid-Level Anti-Reflective Coating (up to \$99 retail value)	Covered	Covered
Premium Anti-Reflective Coating	Up to \$130 Co-pay	\$60 Allowance
Lens Tint	\$12 Co-pay	\$12 Co-pay
Photochromatic or Polarized upgrade	\$90.00 Co-pay	\$90.00 Co-pay
^ Medically Necessary Spectacle Lenses	\$400 Allowance	\$400 Allowance
Contact Lens Co-pay	\$0	\$0
Contact Lens Allowance (including fitting fee)	\$150 Retail	\$300 Retail
Medically Necessary Contacts (including fitting fee)	\$550 Allowance	\$700 Allowance
Refractive Surgery (All FDA Approved Procedures)	\$350/Eye Allowance	\$500/Eye Allowance
Exam/Lens/Frame/Contacts Frequency (Months)	12/12/12/12	12/12/12/12
Hearing Aid every 12 months, or	N/A	\$750 Allowance
Hearing Aid every 24 months, or	N/A	\$1,600 Allowance
Hearing Aid every 36 months	N/A	\$2,550 Allowance

^ Offered by special arrangement between many Participating Providers for Amblyopia or Aniseikonia treatment

Fees Collected (per Annual Membership):	Monthly	Monthly
Employee Only	\$10.00	\$20.00
Employee + One	\$19.00	\$39.00
Employee + Family	\$27.00	\$54.00

Visit [Eyetopia.org](https://www.Eyetopia.org) and learn more about the vision plan that maximizes benefits for our members while providing flexibility and reasonable reimbursements to our Participating Providers!

RECOMMENDED BY MORE TEXAS EYE DOCTORS THAN ANY OTHER VISION PLAN.

1387 Sattler Road ♦ Sattler Texas 78132
830-964-6444 ♦ 800-662-8264 ♦ 866-772-0285 (Fax) ♦ www.Eyetopia.org

ClinicName	AddressLine1	Line2	City	ST	Zip	Phone	Doctor	Last	Suffix	Services	Miles
Amaro Eye Clinic	305 E Garfield Street		Del Rio	TX	78840	830-774-6167	Edgardo	Amaro	O.D.	Eye Exams, Glasses, Contact Lenses	0.63
Galo Eye Care Center	901 Bedel Ave	Suite E	Del Rio	TX	78840	830-775-2020	Anjli	Patel	O.D.	Eye Exams, Glasses, Contact Lenses, Pediatric Care	0.89
Galo Eye Care Center	901 Bedel Ave	Suite E	Del Rio	TX	78840	830-775-2020	Hiten	Patel	O.D.	Eye Exams, Glasses, Contact Lenses, Pediatric Care	0.89
Laredo Retina Associates-Del Rio	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Juan	Farias, Jr	O.D.	Eye Exams, Contact Lenses, Refractive Surgery Care	1.32
Laredo Retina Associates-Del Rio	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Victor	Gonzalez	M.D.	Eye Exams, Contact Lenses, Refractive Surgery	1.32
Laredo Retina Associates-Del Rio	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Barbara	Montoya	P.A.	Eye Exams, Contact Lenses	1.32
Laredo Retina Associates-Del Rio	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Noor Ul Ain	Shekoh	M.D.	Eye Exams, Contact Lenses	1.32
Laredo Retina Associates-Del Rio	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Vitaliy	Zak	O.D.	Eye Exams, Contact Lenses	1.32
Ophthalmic Consultants of Texas	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Sameer	Al Shweiki	M.D.	Eye Exams, Contact Lenses	1.32
Ophthalmic Consultants of Texas	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Shanna	Brown	M.D.	Eye Exams, Contact Lenses	1.32
Ophthalmic Consultants of Texas	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Rogelio	Cantu	O.D.	Eye Exams, Contact Lenses	1.32
Ophthalmic Consultants of Texas	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Miroslava	Garza	O.D.	Eye Exams, Contact Lenses, Refractive Surgery Care, Pediatric Care	1.32
Ophthalmic Consultants of Texas	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Alireza	Ghaffarleh	M.D.	Eye Exams, Contact Lenses, Refractive Surgery	1.32
Ophthalmic Consultants of Texas	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Lauro	Guerrero, III	O.D.	Eye Exams, Contact Lenses	1.32
Ophthalmic Consultants of Texas	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Stephen	Larsen	O.D.	Eye Exams, Contact Lenses, Refractive Surgery Care, Pediatric Care	1.32
Ophthalmic Consultants of Texas	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Nehal	Patel	M.D.	Eye Exams, Contact Lenses, Refractive Surgery	1.32
Ophthalmic Consultants of Texas	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Homero	Perez	O.D.	Eye Exams, Glasses, Contact Lenses, Refractive Surgery Care, Pediatric Care	1.32
Ophthalmic Consultants of Texas	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Massala	Reffell	O.D.	Eye Exams, Contact Lenses, Pediatric Care	1.32
Valley Retina Institute	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6170	Vimal	Sarup	M.D.	Eye Exams, Contact Lenses	1.32
Galo Optical	590 East Main Street	Suite D	Eagle Pass	TX	78852	830-757-2020	Marcus	Hinojosa	O.D.	Eye Exams, Glasses, Contact Lenses	51.64
Galo Optical	590 East Main Street	Suite D	Eagle Pass	TX	78852	830-757-2020	Alma	Mata	ABO	Glasses	51.64
Southwest Texas Eye Care	2076 North Veterans Blvd	Suite E	Eagle Pass	TX	78852	830-757-2222	Herbert	Bowden Jr.	M.D.	Eye Exams, Glasses, Contact Lenses	51.91
Southwest Texas Eye Care	2076 North Veterans Blvd	Suite E	Eagle Pass	TX	78852	830-757-2222	Lizett	Martinez	O.D.	Eye Exams, Glasses	51.91
Southwest Texas Optical	2076 North Veterans Blvd	Suite E	Eagle Pass	TX	78852	830-757-2222	Priscilla	Heredia	O.D.	Eye Exams, Glasses, Contact Lenses, Pediatric Care	51.91
The Eye Center of Uvalde	931 E. Main		Uvalde	TX	78801	830.278.2597	Steven	Cox	O.D.	Eye Exams, Glasses, Contact Lenses, Refractive Surgery Care, Pediatric Care, Computer Wear, Safety Glasses	67.2
The Eye Center of Uvalde	931 E. Main		Uvalde	TX	78801	830.278.2597	Chelsey	Jackson	O.D.	Eye Exams, Glasses, Contact Lenses, Refractive Surgery Care, Pediatric Care, Computer Wear, Safety Glasses	67.2
The Eye Center of Uvalde	931 E. Main		Uvalde	TX	78801	830.278.2597	Virginia	Sosa	O.D.	Eye Exams, Glasses, Contact Lenses, Refractive Surgery Care, Pediatric Care, Computer Wear, Safety Glasses	67.2
Galo Eye Care Center	2112 E. Main Street		Uvalde	TX	78801	830-278-2565	Kevin	Ermis	O.D.	Eye Exams, Glasses, Contact Lenses	69.46
Coyote Optical	3040 East Main St	Suite Q	Uvalde	TX	78801	830-278-2010	Santonio	Lujan	O.D.	Eye Exams, Glasses, Contact Lenses, Computer Wear, Safety Glasses	69.86
Coyote Optical	3040 East Main St	Suite Q	Uvalde	TX	78801	830-278-2010	Bobby	Wood, Jr.	O.D.	Eye Exams, Glasses, Contact Lenses, Computer Wear, Safety Glasses	69.86

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	9.25	16.25	81
2-4	9.50	16.75	80
5-8	9.75	17.25	79
9-10	10.00	17.75	79
11-16	10.25	18.25	77
17-20	12.25	22.25	75
21-22	12.50	22.75	74
23	12.75	23.25	75
24-25	13.00	23.75	74
26	13.50	24.75	75

Indicates Spouse Coverage Available

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

CHILDREN AND GRANDCHILDREN (TOBACCO)
 with Accidental Death Rider
 Grandchild coverage available through age 18.

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

23M014-C-M FFGA-T 1012 (exp0325)

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
17-20	17.25	32.25	71
21-22	18.00	33.75	71
23	18.75	35.25	72
24-25	19.25	36.25	71
26	19.75	37.25	72

Indicates Spouse Coverage Available



AF™ Short-Term Disability Income Insurance

Focus on Recovery, Not Expenses

How would you cover your everyday expenses if you experienced an Injury or Sickness and couldn't work for a period of time? AF™ **Short-Term Disability Income Insurance** provides a steady benefit to cover everyday expenses while you are unable to work due to a covered Disability.

Plan Highlights



Benefits are Payable Directly to You

You have the freedom to use the funds for your daily expenses such as: groceries, mortgage, daycare, etc.



Customized to Meet Your Individual Needs

You can select a benefit amount and elimination period that best meets your financial needs.

Choose the Right Plan for You

BENEFITS BEGIN on the day of Disability due to a covered Injury or Sickness.

Plan I & III

On the 8th day

Plan II & IV

On the 15th day



Injury means physical harm or damage to the body you sustained which results directly from an accidental bodily Injury, is independent of disease or bodily infirmity; and takes place while your coverage is active.



Sickness means a disease or illness (including pregnancy). Disability must begin while your coverage is active.



Hospital - the term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Payable Benefits

Benefits are payable up to 90 (Plan I & II) or 180 (Plan III & IV) days for a covered Injury or Sickness. Your Disability Benefit will be the amount you applied for and are issued, not to exceed 60% of your monthly compensation.

**AMERICAN
FIDELITY** 
a different opinion

Plan Benefit Highlights

When Coverage Begins Certificates will become effective on the requested effective date following the date we approve the application, provided you are on active employment and premium has been paid.

Physician Expense Benefit

Injury-\$150.00 per Injury

If you need personal treatment by a physician due to an Injury, we will pay the amount shown above provided no other claim has been paid under the Policy. You are not required to miss one full day of work in order to receive the Injury benefit. This benefit will be limited to 8 payments per calendar year.

Accidental Death Benefit A lump sum of \$10,000 will be paid to your designated beneficiary if you die as the direct result of an Injury within 90 days after the Injury.

Donor Benefit If you are Disabled as a result of being an organ or tissue donor, we will pay your benefit as any other Sickness under the terms of the plan.

Offsets With Other Deductible Sources of Income Deductible Sources of Income include: Other group Disability income; governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits; United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability; State Disability; unemployment compensation; sick leave or other salary or wage continuance plans provided by the employer which extend beyond 30 calendar days from the date of Disability. We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your certificate.

Minimum Disability Benefit The Minimum Disability Benefit is 10% of the Monthly Disability Benefit or \$100.00, whichever is greater.

If You Are Disabled Due to a Covered Disability and Not Working Your Disability payment will be the lesser of: the Disability Benefit or 60% of your monthly compensation less any Deductible Sources of Income you receive or are entitled to receive. No Disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Disability or Disabled means that you are unable to perform the material and substantial duties of your regular occupation.

- **Worksite Accommodation** As a part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

Policy Benefit Limitations and Exclusions

Alcoholism and Drug Addiction Limited Benefit If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each Disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

Pre-Existing Condition Limitation If Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 12 months, no Disability Benefit will be payable.

Any increase in benefits will be subject to this Pre-Existing Condition Limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us. No consideration will be given to prior group disability income coverage in determining the effect of Pre-Existing Conditions on benefits payable.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

Exclusions The policy does not cover any loss, fatal or non-fatal, resulting from: Intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or Sickness contracted while in the service of the armed forces of any country; committing a felony; penal incarceration; we will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation.

The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this policy for any period during which you are entitled to Workers' Compensation benefits.

Your coverage may be extended for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.

Plan Benefit Highlights and Riders

Hospital Indemnity Limited Benefit Rider

This rider is designed to pay a daily benefit amount for a Hospital Confinement, up to a maximum of 90 days, if you are confined to a Hospital.

Benefits are not payable for Injury or Sickness incurred in the first 12 months of coverage due to a Pre-Existing Condition as defined in the base policy. Patient must be confined to a Hospital for a minimum of 18 hours and charged room and board.

Daily Benefit	Monthly Premium
\$150.00	\$9.00

Critical Illness Benefit Rider

This rider is designed to provide a lump sum benefit based on diagnosis of a certain critical illness.

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions heart attack, stroke, kidney failure, paralysis, or major organ failure. In the case of heart attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Benefit Amount	Monthly Premium
\$10,000.00	\$14.12
\$15,000.00	\$19.00
\$20,000.00	\$23.88
\$25,000.00	\$28.76

Spousal Accident Only Disability Benefit Rider

This rider is designed to provide a monthly benefit if your Spouse suffers a Disability due to a non-occupational accident.

Pays a monthly benefit amount to you for your Spouse who is Disabled as a result of a non-occupational accident. Benefits begin on the 31st consecutive day after the Injury and will continue for up to two years.

Monthly Benefit	Monthly Premium
\$1,500.00	\$12.00

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the policy. In addition to the exclusions listed in the policy, no benefits will be payable under this rider for any Hospital confinement that is caused by or resulting from mental illness or drug or alcohol abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a Hospital.

Critical Illness Benefit Rider The Critical Illness Benefit will not be payable for any loss caused by or resulting from: a critical illness when the date of diagnosis occurs during the waiting period; a critical illness diagnosed outside of the United States; or a sickness or injury not specifically defined in this rider.

No Critical Illness Benefit will be payable for a critical illness which is caused by or resulting from a Pre-Existing Condition when the critical illness date of diagnosis occurs before you have been continuously covered under this rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply. Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12-month period immediately before the effective date of this rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a critical illness when the date of diagnosis occurs during the critical illness waiting period. The waiting period is 30 days from the effective date of this rider.

Spousal Accident Only Disability Benefit Rider This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this policy for any period during which your Spouse is entitled to Workers' Compensation benefits; Participation in any sport for wage or profit; participation in any contest of speed in a power driven vehicle for wage or profit. Spouse means the person you are lawfully married to who is less than age 70. Your spouse must be engaged in Full-Time Employment for benefits to be payable. Full-Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full-Time Employment does not include any hours your spouse is working while self-employed. No benefits are payable for your Spouse under this rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from Spousal abuse.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates. Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Refer to your policy for complete details. These riders will terminate on the same date as the policy or certificate to which it is attached.



Your benefits, all in one place.

Manage your American Fidelity benefits and reimbursement accounts through your online account or the AFmobile® app.

Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile. This product may contain limitations, exclusions, and waiting periods. Pre-Existing Conditions may apply. This brochure highlights important features of the policy. Please refer to your certificate for complete details.



American Fidelity Assurance Company
800-662-1113 • americanfidelity.com



Group Cancer Insurance

Focus on the fight.

A cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat cancer, more and more people are beating the disease. However, with these advances also comes the continuing rise in the cost of cancer treatment.

Limited Benefit Group Cancer Insurance offers a solution to help you and your family focus on fighting the disease.

Did You Know?

New cancer cases in America are diagnosed at the rate of about 5,255 per day.

American Cancer Society: Cancer Facts and Figures 2022, P4

Plan Benefit Highlights

- **Helps cover expenses**
for cancer treatment, transportation, hospitalization and more.
- **Benefits are paid directly to you**
to be used however you see fit.
- **Portable to take with you**
even if you leave employment.
- **Coverage options are available**
for you, your spouse and your children under age 26.

Benefits designed to help cover costs.

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, **Group Cancer Insurance** may help pay for costs not covered by your primary medical insurance.

Examples:



Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for quick processing.



Travel Expenses

This benefit may help pay for qualified transportation and lodging for the patient and family.

Plan Benefit Highlights

BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
Radiation Therapy/Chemotherapy/Immunotherapy Actual charges per 12 month period	\$10,000	\$15,000	\$15,000
Administrative/Lab Work Per calendar month	\$50	\$75	\$75
Hormone Therapy Per treatment per calendar month up to a max of 12 per calendar year	\$50	\$50	\$50
Experimental Treatment	Paid in the same manner and under the same maximums as any other treatment		
Blood, Plasma, and Platelets Basic: Per day, up to \$10,000 per calendar year	\$200	\$300	\$300
Enhanced & Enhanced Plus: Per day, up to \$15,000 per calendar year			
Medical Imaging Per image up to 2 per calendar year	\$200	\$300	\$300
Surgical	\$20 surgical unit/ Max per operation: \$2,000	\$30 surgical unit/ Max per operation: \$3,000	\$40 surgical unit/ Max per operation: \$4,000
Anesthesia	25% of the amount paid for covered surgery		
Second and Third Surgical Opinion Per diagnosis	\$300	\$300	\$300
Outpatient Hospital or Ambulatory Surgical Center Per day of surgery	\$200	\$400	\$600
Bone Marrow or Stem Cell Transplant Patient Provided Per calendar year	\$500	\$1,000	\$1,500
Donor Provided Per calendar year	\$1,500	\$3,000	\$4,500
Prosthesis and Orthotic and Related Services	\$1,000	\$1,500	\$2,000
Surgical 1 per site, lifetime max of 2 devices per covered person	\$100	\$150	\$200
Non-surgical 1 per site, lifetime max of 3 devices per covered person			
Hair Prosthesis Once per life	\$100	\$150	\$200
Hospital Confinement Per day			
Day 1-30	\$100	\$200	\$300
Day 31+	\$200	\$400	\$600
U.S. Government/Charity Hospital Paid in lieu of most benefits per day Inpatient and outpatient	\$100	\$200	\$300
Extended Care Facility Per day, up to the same number of days of paid hospital confinement	\$100	\$200	\$300
Home Health Care Per day, up to the same number of days of paid hospital confinement	\$100	\$200	\$300
Hospice Care			
Basic: Per day, up to \$18,000 lifetime max			
Enhanced: Per day, up to \$36,000 lifetime max	\$100	\$200	\$300
Enhanced Plus: Per day, up to \$54,000 lifetime max			
Inpatient Special Nursing Services Per day	\$100	\$200	\$300

BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
Dread Disease Per day while hospital confined			
Day 1-30	\$100	\$200	\$300
Day 31+	\$200	\$400	\$600
Donor	\$1,000/donation		
Drugs and Medicine			
Inpatient Per confinement	\$50	\$100	\$200
Outpatient \$50 per prescription up to maximum shown per calendar month	\$50	\$50	\$100
Attending Physician While hospital confined, per day	\$50	\$50	\$50
Transportation & Lodging (Patient & Family Member)			
Transportation \$1,500 max per round trip, max 12 trips per calendar year	Coach fare or \$.50/mile by car	Coach fare or \$.50/mile by car	Coach fare or \$.50/mile by car
Lodging Per day, up to 90 days per calendar year	\$50	\$50	\$75
Ambulance			
Ground Per trip, up to 2 per confinement	\$200	\$200	\$200
Air Per trip, up to 2 per confinement	\$2,000	\$2,000	\$2,000
Physical or Speech Therapy Per visit, up to 4 per calendar month, lifetime max of \$1,000.	\$50	\$50	\$50
Diagnostic and Prevention One per calendar year	\$25	\$50	\$75
Cancer Screening Follow-Up One per calendar year	\$25	\$50	\$75
Waiver of Premium Employee only	After 90 days of continuous disability		
Internal Cancer Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	\$2,500	\$5,000	\$5,000
Heart Attack or Stroke Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	N/A	N/A	\$5,000
Hospital Intensive Care Unit Per day, up to 30 days per confinement; benefits reduced 50% at age 70		\$600	
Ambulance		\$100	

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to the following pages for more complete descriptions and limits to this plan.

MONTHLY PREMIUMS	BASIC	ENHANCED	ENHANCED PLUS
Individual	\$15.80	\$24.26	\$31.62
Family	\$26.86	\$41.26	\$53.80

The premium and benefit amounts vary depending upon the plan selected.



By your side

Aetna® Critical Illness Plan

Be prepared for what happens next

Critical illness coverage can keep you focused on your health when it matters most. This is extra coverage to help ease financial worries during a stressful time.

What is the Aetna Critical Illness Plan?

The Aetna Critical Illness Plan pays benefits when a doctor diagnoses you with a covered serious illness or condition. For instance, a heart attack, stroke, cancer and more.* You can use the benefits to help pay out-of-pocket medical costs. Or you can use the benefits for everyday expenses.

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But those plans usually don't cover all of the medical costs or unexpected out-of-pocket expenses that can come with a serious illness.

The Aetna Critical Illness Plan pays benefits directly to **you**. You'll get extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way **you** choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered illness. We will pay benefits directly to you by check or direct deposit.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96844.

*Refer to your plan documents to see all covered illnesses under the plan.



Did you know?

More than **1 in 3** Americans have heart disease, making it the most expensive health condition in the U.S. at a combined \$555 billion¹.

Less stress



Dan* knows that heart disease runs in his family. And when a heart attack struck, he was thankful he had the Aetna® Critical Illness plan.

He filed his claim online and since he had signed up for direct deposit, his benefits went directly into his bank account. He was able to use the money to help pay his out-of-pocket medical costs and other bills, like his son's day care tuition.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com) to view plan documents, submit and track claims, access discounts, and sign up for direct deposit. You can also access the portal from [Aetna.com](https://aetna.com).

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM. to 6 PM.



¹WebMD. Top 11 Medical Expenses. November, 2021. Available at: <https://www.webmd.com/healthy-aging/ss/slideshow-top-11-medical-expenses>. Accessed June 3, 2023.

* For illustrative purposes only; does not reflect events experienced by an actual participant.



Benefit Summary



Aetna Critical Illness Plan

City of Del Rio

6501036

The critical illness plan helps financially



- You'll get guaranteed enrollment, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Financial support in your time of need.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

This is a summary of your benefits. See the plan documents for a complete description of the benefits, exclusions, limitations, and conditions of coverage.

Note: The Aetna Critical Illness Plan pays benefits for the diagnosis of a covered illness, condition, or treatment. The plan doesn't pay benefits for diagnoses that occur before your plan's effective date. If you or a covered dependent are diagnosed with two or more critical illnesses on the same day, we will pay the diagnosis with the highest benefit amount.



Critical illness plan



Face amount

Coverage by member	Percentage	Option 1	Option 2	Option 3	Option 4	Option 5
Your — face amount	100%	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Spouse — percent of employee face amount or benefit amount	100%	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Child(ren) — percent of employee face amount or benefit amount	50%	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000

Note: The face amount is the maximum benefit a plan pays for a covered diagnosis for a member. Your benefits are based on a percentage of the face amount, or a specific dollar amount, as shown. Your dependents' benefits are based on a percentage of your benefits. See the plan documents for complete details, including limitations and exclusions that apply.

Critical illness benefits — autoimmune

Covered benefit	Percentage of face amount
Multiple sclerosis	100%

Critical illness benefits — childhood conditions

Covered benefit	Percentage of face amount
Autism spectrum disorder (<i>type I, II & III</i>)	\$3,000
Cerebral palsy	50%
Cleft lip or cleft palate	50%
Cystic fibrosis	50%
Down syndrome	50%
Phenylketonuria (<i>PKU</i>)	50%
Spina bifida	50%

Critical illness benefits — chronic condition

Covered benefit	Percentage of face amount
Diabetes — Type I	50%
Primary sclerosing cholangitis (<i>PSC</i>)	25%
Systemic sclerosis (<i>scleroderma</i>)	25%

Note: Diabetes benefits are subject to a 1 benefit per lifetime maximum.

Critical illness benefits — neurological (*brain*)

Covered benefit	Percentage of face amount
Amyotrophic lateral sclerosis (<i>ALS</i>)	100%
Alzheimer's disease	100%
Benign brain or spinal cord tumor	100%
Coma (<i>non-induced</i>)	100%
Huntington's disease	25%
Parkinson's disease	100%
Persistent vegetative state (<i>PVS</i>)	100%
Stroke	100%
Transient ischemic attack (<i>TIA</i>)	25%

Note: Maximum 1 TIA diagnosis per lifetime.

Critical illness plan



Critical illness benefits — other

Covered benefit	Percentage of face amount
Bone marrow transplant (Include Autologous)	100%
End-stage renal or kidney failure	100%
Hemophilia	100%
Idiopathic pulmonary fibrosis	100%
Loss of hearing	100%
Loss of sight (<i>blindness</i>)	100%
Loss of speech	100%
Major organ failure (<i>heart, liver, lung(s), or pancreas</i>)	100%
Paralysis — quadriplegia	100%
Paralysis — triplegia	100%
Paralysis — paraplegia	100%
Paralysis — hemiplegia	100%
Paralysis — diplegia	100%
Paralysis — monoplegia	100%
Sarcoidosis	25%
Burns (<i>third degree</i>)	100%

Note: Maximum 1 bone marrow transplant per lifetime.

Note: Sarcoidosis requires a hospital stay of at least 5 days to be eligible for benefits.

Critical illness benefits — vascular (*heart*)

Covered benefit	Percentage of face amount
Coronary artery condition requiring bypass surgery	25%
Heart attack (<i>myocardial infarction</i>)	100%
Sudden cardiac arrest	100%

Note: No maximum sudden cardiac arrest benefit.

Critical illness plan features

Covered benefit	Percentage of face amount
Subsequent (<i>other</i>) critical illness diagnosis	100%
Recurrence (<i>same</i>) critical illness diagnosis	100%

Note: Recurrence (*same*) illness diagnoses must occur at least 90 days after initial diagnosis.

Cancer benefits

Covered benefit	Percentage of face amount
Cancer (<i>invasive</i>)	100%
Carcinoma in situ (<i>non-invasive</i>)	25%
Skin cancer	\$500
Recurrence cancer (<i>invasive</i>) diagnosis	100%
Recurrence carcinoma in situ (<i>non-invasive</i>) diagnosis	100%

Note: Maximum 1 skin cancer diagnosis per lifetime.

Note: Recurrence (*same*) cancer diagnoses must occur at least 90 treatment-free days after initial diagnosis.

Additional plan benefits

Covered benefit	Benefit amount
Waiver of premium	Included

Critical illness plan



Additional plan benefits

Covered benefit	Benefit amount
Health screening benefit <i>(pays once per member per plan year for covered preventive tests)</i>	\$100

Covered health screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Breast MRI
- Breast ultrasound
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemoccult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Infectious disease testing
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

Note: COVID-19 testing is an eligible health screening benefit.

Aetna Critical Illness Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Rates are based on your (the subscriber's) age and tobacco usage.

Non-tobacco rates

Option 1 face amount: \$10,000

Age	You only	You + spouse	You + children	You + family
<30	\$6.50	\$14.08	\$6.50	\$14.08
30-39	\$10.08	\$22.14	\$10.08	\$22.14
40-49	\$17.85	\$37.04	\$17.85	\$37.04
50-59	\$25.64	\$50.87	\$25.64	\$50.87
60-69	\$29.32	\$62.45	\$29.32	\$62.45
70+	\$47.88	\$79.22	\$47.88	\$79.22

Option 2 face amount: \$20,000

Age	You only	You + spouse	You + children	You + family
<30	\$10.58	\$23.11	\$10.58	\$23.11
30-39	\$16.96	\$37.57	\$16.96	\$37.57
40-49	\$31.62	\$66.00	\$31.62	\$66.00
50-59	\$47.14	\$93.61	\$47.14	\$93.61
60-69	\$55.05	\$118.27	\$55.05	\$118.27
70+	\$93.30	\$153.97	\$93.30	\$153.97

Option 3 face amount: \$30,000

Age	You only	You + spouse	You + children	You + family
<30	\$14.65	\$32.14	\$14.65	\$32.14
30-39	\$23.84	\$53.00	\$23.84	\$53.00
40-49	\$45.39	\$94.97	\$45.39	\$94.97
50-59	\$68.64	\$136.36	\$68.64	\$136.36
60-69	\$80.78	\$174.10	\$80.78	\$174.10
70+	\$138.71	\$228.72	\$138.71	\$228.72

Option 4 face amount: \$40,000

Age	You only	You + spouse	You + children	You + family
<30	\$18.72	\$41.17	\$18.72	\$41.17
30-39	\$30.72	\$68.42	\$30.72	\$68.42
40-49	\$59.16	\$123.93	\$59.16	\$123.93
50-59	\$90.14	\$179.10	\$90.14	\$179.10
60-69	\$106.50	\$229.92	\$106.50	\$229.92
70+	\$184.12	\$303.47	\$184.12	\$303.47



Option 5 face amount: \$50,000

Age	You only	You + spouse	You + children	You + family
<30	\$22.79	\$50.20	\$22.79	\$50.20
30-39	\$37.61	\$83.85	\$37.61	\$83.85
40-49	\$72.93	\$152.90	\$72.93	\$152.90
50-59	\$111.64	\$221.85	\$111.64	\$221.85
60-69	\$132.23	\$285.74	\$132.23	\$285.74
70+	\$229.53	\$378.22	\$229.53	\$378.22

Tobacco rates**Option 1 face amount: \$10,000**

Age	You only	You + spouse	You + children	You + family
<30	\$10.19	\$21.03	\$10.19	\$21.03
30-39	\$16.02	\$34.18	\$16.02	\$34.18
40-49	\$29.94	\$60.27	\$29.94	\$60.27
50-59	\$45.16	\$86.36	\$45.16	\$86.36
60-69	\$50.90	\$109.11	\$50.90	\$109.11
70+	\$90.33	\$140.05	\$90.33	\$140.05

Option 2 face amount: \$20,000

Age	You only	You + spouse	You + children	You + family
<30	\$17.23	\$36.29	\$17.23	\$36.29
30-39	\$28.13	\$60.93	\$28.13	\$60.93
40-49	\$55.08	\$111.74	\$55.08	\$111.74
50-59	\$85.45	\$163.88	\$85.45	\$163.88
60-69	\$97.48	\$210.86	\$97.48	\$210.86
70+	\$177.46	\$274.89	\$177.46	\$274.89

Option 3 face amount: \$30,000

Age	You only	You + spouse	You + children	You + family
<30	\$24.27	\$51.55	\$24.27	\$51.55
30-39	\$40.24	\$87.67	\$40.24	\$87.67
40-49	\$80.22	\$163.21	\$80.22	\$163.21
50-59	\$125.74	\$241.40	\$125.74	\$241.40
60-69	\$144.07	\$312.61	\$144.07	\$312.61
70+	\$264.60	\$409.74	\$264.60	\$409.74

Option 4 face amount: \$40,000

Age	You only	You + spouse	You + children	You + family
<30	\$31.31	\$66.81	\$31.31	\$66.81
30-39	\$52.34	\$114.42	\$52.34	\$114.42
40-49	\$105.35	\$214.68	\$105.35	\$214.68
50-59	\$166.03	\$318.92	\$166.03	\$318.92
60-69	\$190.66	\$414.37	\$190.66	\$414.37
70+	\$351.73	\$544.59	\$351.73	\$544.59



Option 5 face amount: \$50,000

Age	You only	You + spouse	You + children	You + family
<30	\$38.35	\$82.07	\$38.35	\$82.07
30-39	\$64.45	\$141.16	\$64.45	\$141.16
40-49	\$130.49	\$266.16	\$130.49	\$266.16
50-59	\$206.32	\$396.44	\$206.32	\$396.44
60-69	\$237.24	\$516.12	\$237.24	\$516.12
70+	\$438.87	\$679.44	\$438.87	\$679.44





Group Accident Insurance

24-Hour Coverage

Marketed by:



Are you financially prepared for an accident?

Accidents happen all the time and are always unexpected. Even though you can't plan for an accident, you can help prepare for unexpected medical expenses. **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident costs.

ACCIDENTAL INJURY*

Hypothetical Example

A bad fall off a bicycle leads to a broken arm and head injury, resulting in a fractured radius and concussion. Treatment is received within three days.

	LEVEL 1	LEVEL 2	LEVEL 3
Initial Treatment	\$100	\$150	\$200
X-Rays (two different days)	\$50	\$100	\$150
Anesthesia	\$100	\$200	\$300
Hospital Admission (day one)	\$500	\$1,000	\$1,500
Hospital Confinement (days two through four)	\$300	\$600	\$900
Concussion	\$250	\$300	\$350
Open Reduction Radius Fracture Repair	\$600	\$800	\$1,000
Appliance – Arm Brace	\$100	\$150	\$200
Follow-Up Treatment (three visits)	\$150	\$150	\$150
TOTAL	\$2,150	\$3,450	\$4,750

ACCIDENT SCREENING BENEFIT*

This benefit is paid directly to you once per policy per calendar year and covers several tests, including, but not limited to:

- Routine Physical Exam
- Bone Density Screening
- Sports Physical Exam
- Stress Test

LEVEL 1

\$50

LEVEL 2

\$50

LEVEL 3

\$50

Plan Benefit Highlights*

ACCIDENTAL DEATH & DISMEMBERMENT

LEVEL 1	For Employee / Spouse	For Child
Common Carrier	\$50,000	\$25,000
Other Accident	\$20,000	\$10,000
Dismemberment	\$1,750 to \$25,000	\$875 to \$12,500
LEVEL 2	For Employee / Spouse	For Child
Common Carrier	\$100,000	\$50,000
Other Accident	\$40,000	\$20,000
Dismemberment	\$3,500 to \$50,000	\$1,750 to \$25,000
LEVEL 3	For Employee / Spouse	For Child
Common Carrier	\$150,000	\$75,000
Other Accident	\$60,000	\$30,000
Dismemberment	\$5,250 to \$75,000	\$2,625 to \$37,500

*The benefit amounts vary depending on the plan level selected at the time of application.

Plan Benefit Highlights

The benefit amounts vary depending on the plan level selected at the time of application.

BENEFITS	LEVEL 1	LEVEL 2	LEVEL 3
TREATMENTS			
Initial Treatment	\$100	\$150	\$200
Follow-Up Treatment Up to six treatments	\$50	\$50	\$50
MEDICAL IMAGING			
CT, CAT, MRI, PET, US, SPECT	\$100	\$150	\$200
X-Rays Up to two days	\$50	\$100	\$150
HOSPITAL			
ICU Admission	\$1,000	\$1,500	\$2,000
Hospital Admission	\$500	\$1,000	\$1,500
ICU Confinement Up to 30 days	\$200	\$400	\$600
Hospital Confinement Up to 365 days	\$100	\$200	\$300
Rehabilitation Up to 30 days	\$50	\$100	\$150
SURGICAL			
Internal Injuries Surgery Open abdominal/ thoracic surgery	\$1,000	\$1,500	\$2,000
Exploratory Surgery	\$250	\$300	\$350
Tendons, Ligaments, and Rotator Cuff Surgery One tendon, ligament, or rotator cuff	\$500	\$500	\$500
More than one tendon, ligament, or rotator cuff	\$750	\$750	\$750
Ruptured Disc or Torn Knee Cartilage Surgery	\$500	\$500	\$500
Miscellaneous Surgery	\$200	\$200	\$200
Outpatient Hospital or Ambulatory Surgical Center	\$100	\$200	\$300
Anesthesia	\$100	\$200	\$300
AMBULANCE			
Ground/Water	\$500	\$500	\$500
Air	\$1,500	\$1,500	\$1,500
TRANSPORTATION, LODGING, AND MEALS			
Transportation Up to three round trips per Covered Person per Covered Accident	\$300	\$300	\$300
Family Member Lodging and Meals Per day of Covered Accident, up to 30 days combined	\$200	\$200	\$200

BENEFITS	LEVEL 1	LEVEL 2	LEVEL 3
INJURY TREATMENTS			
Fractures Depending on open or closed reduction and bone involved <i>Chip fracture</i> (25% of closed reduction amount)	\$112.50 to \$3,000	\$150 to \$4,000	\$187.50 to \$5,000
Dislocations Depending on open or closed reduction and joint involved <i>With local or no anesthesia</i> (25% of closed reduction amount)	\$112.50 to \$3,000	\$150 to \$4,000	\$187.50 to \$5,000
Lacerations (Depending on severity and length of laceration)	\$25-\$400	\$50-\$500	\$75-\$600
2nd & 3rd Degree Burns Skin grafts are 50% of benefit	\$100 to \$10,000	\$100 to \$10,000	\$100 to \$10,000
ADDITIONAL BENEFITS			
Appliances Crutches, leg braces, etc.	\$100	\$150	\$200
Blood, Plasma, and Platelets	\$200	\$200	\$200
Concussion	\$250	\$300	\$350
Traumatic Brain Injury	\$1,000	\$1,500	\$2,000
Coma	\$5,000	\$10,000	\$15,000
Emergency Dental Work Broken teeth repaired with crown or extraction of a broken natural tooth	\$100	\$200	\$300
Epidural Pain Management	\$50	\$75	\$100
Eye Injury Injury with surgical repair or removal of foreign body by physician, for one or both eyes	\$200	\$250	\$300
Gunshot Wound	\$500	\$500	\$500
Paralysis Paraplegia/Uniplegia Quadriplegia	\$10,000 \$20,000	\$10,000 \$20,000	\$10,000 \$20,000
Physical, Occupational, or Speech Therapy Per day of treatment, up to eight days combined	\$25	\$25	\$25
Prosthesis Up to two devices	\$500	\$500	\$500
Organized Sports Benefit	Additional 25% of benefit payable	Additional 25% of benefit payable	Additional 25% of benefit payable
MONTHLY PREMIUMS			
Employee	\$9.02	\$12.48	\$15.92
Employee & Spouse	\$15.78	\$21.82	\$27.86
Employee & Child(ren)	\$18.04	\$24.94	\$31.84
Family	\$24.82	\$34.30	\$43.78

The premium and benefit amounts vary depending on the plan level selected at the time of application.



Less stress

Aetna® Hospital Indemnity Plan

Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, it's good to plan ahead. And to give yourself an extra financial cushion.

What is the Aetna Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or an unplanned hospital stay. It can be for an illness, injury, surgery or to deliver a baby. The Aetna Hospital Indemnity Plan pays a lump-sum benefit for admission and daily benefits for a covered hospital stay. You can use these benefits to help pay your part of medical costs or for ongoing bills.

How is this different from a major medical plan?

Medical plans help pay **doctors and hospitals** for services and treatment. But they don't cover everything, including unexpected costs that might result from a hospital stay.

The Aetna Hospital Indemnity Plan pays benefits directly to **you**. So, you'll have extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way **you** choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered hospital stay. We will pay benefits directly to you by check or direct deposit.

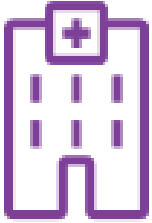
Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01



Because it happens

\$1.24 trillion was spent on hospital services in 2020. **60%-65%** of all bankruptcies are related to medical expenses¹.

Ready ... or not



Carter* is a hard worker, so he doesn't always slow down to listen to his body. Before he knew it, a little cough turned into pneumonia — and a hospital stay.

Good thing he had the Aetna® Hospital Indemnity Plan. He filed his claim online and, since he had signed up for direct deposit, his benefits went directly into his bank account.

He used the cash to help make up for the earnings he lost from the time he missed work while recovering and to help pay some of his deductible. Now, he can focus more on his health.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com) to view plan documents, submit and track claims, access discounts and sign up for direct deposit. You can also access the portal from [Aetna.com](https://aetna.com).

Filing a claim is easy! Click “Report New Claim” and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.



¹Debt.org. Hospital and Surgery Costs. October 2021. Available at: <https://www.debt.org/medical/hospital-surgery-costs/>. Accessed June 3, 2022.

* For illustrative purposes only; does not reflect events experienced by an actual participant.



Benefit Summary



Aetna Hospital Indemnity Plan

City of Del Rio

6501036

The hospital indemnity plan helps financially



- Your enrollment is guaranteed, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Make your hospital stay a bit easier.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

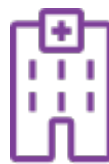
This is a summary of your benefits. See the plan documents for a complete description of the benefits, maximums, exclusions, limitations, and conditions of coverage.

Note: The Aetna Hospital Indemnity Plan pays benefits when you have a covered hospital stay and other covered services. This plan doesn't pay for any stays or other services that happen before your effective date of coverage.

This plan is compatible with a Health Savings Account (HSA).



Hospital indemnity plan



A **stay** is a period during which you are inpatient and confined in a hospital, or other covered facility, and are charged for room, board, and general nursing services.

A stay does not include time in the hospital due to custodial or personal needs that do not require medical skills or training. A stay does not include time in the hospital in the emergency room unless this leads to a stay. A stay only covers the specific benefits listed below.

Inpatient benefits

Covered benefit	Low	High
Hospital admission (<i>initial day</i>)	\$1,000	\$2,000
Hospital daily stay — non-ICU	\$150	\$200
Hospital daily stay — ICU	\$300	\$400
Substance abuse daily stay	\$150	\$200
Mental disorder daily stay	\$150	\$200
Rehabilitation unit daily stay	\$150	\$200
Observation unit	\$150	\$200
Waiver of premium	Included	Included

Note for hospital admission benefits: No max admissions per plan year. Admissions must be separated by at least 30 days in a row.

Note for inpatient daily stay benefits: All inpatient stay benefits begin on day one and count toward the plan year 30 days combined max days.

Note for observation benefits: Max 1 day lump sum daily benefit per member per year for hospital observation visit. (*Non-admission into hospital.*) Observation unit stays 24 hours or longer will be treated as an admission.

Newborn benefits

Covered benefit for newborn	Low	High
Newborn routine care	\$150	\$200

Note for newborn routine care benefits: Max lump sum benefit once per birth per year for delivery in a hospital. This will not pay for an outpatient birth.

Aetna Hospital Indemnity Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	\$18.95	\$37.89	\$34.10	\$53.25

Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	\$33.89	\$65.95	\$52.89	\$84.78



CONTACT INFORMATION

City of Del Rio BENEFITS OFFICE

109 West Broadway | Del Rio, TX , 78840

830.774.85.30

<https://www.cityofdelrio.com>

FIRST FINANCIAL GROUP OF AMERICA

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CONTACTS

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Vision	Eyetopia	www.eyetopia.com	830.964.6444
Permanent Life	Texas Life	www.texaslife.com	800.283.9233
Disability	American Fidelity	www.americanfidelity.com	800.654.8489
Cancer	American Fidelity	www.americanfidelity.com	800.654.8489
Critical Illness	Aetna	www.aetna.com	800.607.3366
Hospital Indemnity	Aetna	www.aetna.com	800.607.3366
Accident	American Fidelity	www.americanfidelity.com	800.654.8489