

LA FERIA ISD 2025-2026 BENEFITS GUIDE



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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

A guide to your benefits!

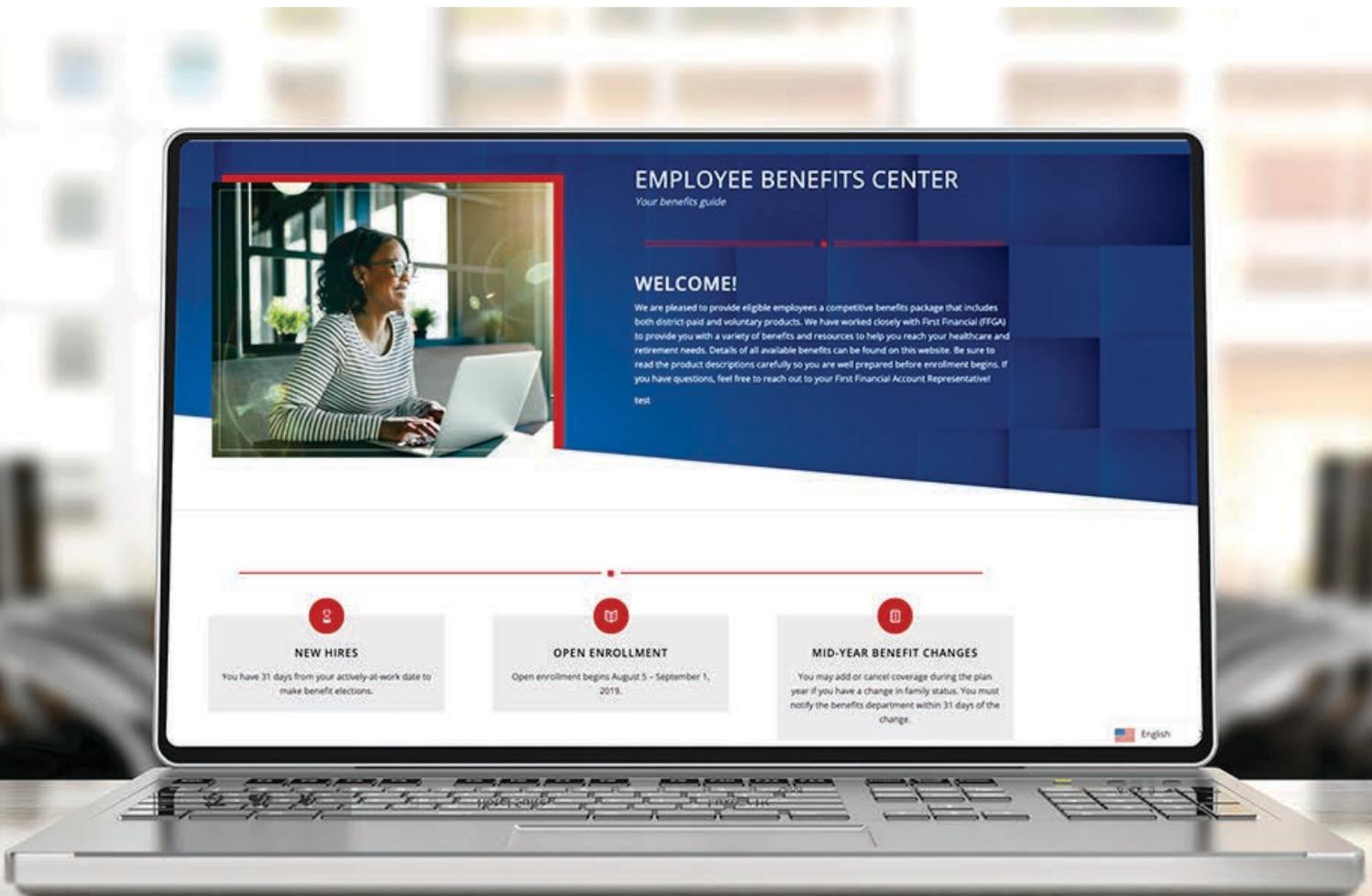
La Feria ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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.



Scan the QR code to learn more about the plans that are available this year!

<https://ffbenefits.ffga.com/laferiaisd>



How to Enroll

Benefits Enrollment

On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Visit your EBC for more information.

Online Enrollment

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

Enroll Now

Login & PIN

- Employee ID
 - The Employee ID is either your social security number or your Employee ID.
- PIN
 - Instructions to access your initial Personal Identification Number (PIN) will be provided to you prior to open enrollment.
 - Upon initial login, the PIN will be required to be changed.
 - Remember your PIN as you will use this to sign your enrollment confirmation form and to login in the future.

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 legal name, 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.

Benefit Eligibility & Coverage

Employee Coverage

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. Insurance coverage becomes effective on the first day of the month that follows a waiting period of 30 calendar days.

Existing Employees

When it's time to enroll in your benefits, your FFGA 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 and 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 & 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
Tax 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.*

Medical Coverage

SOUTH TEXAS HEALTH COOP

2025-2026 SUMMARY OF BENEFITS		
LA FERIA ISD		
TYPES OF SERVICES	BASE PLAN	BUY UP 1 PLAN
LIFETIME MAXIMUM DEDUCTIBLE	Unlimited	Unlimited
Individual	\$1,000	\$750
Family	\$3,000	\$2,250
OUT-OF-POCKET MAXIMUM		
Individual	\$3,000	\$3,000
Family	\$9,000	\$9,000
COINSURANCE %	80/20	80/20
OFFICE VISIT COPAY		
PCP	\$35 Copay	\$25 Copay
SPECIALIST	\$65 Copay	\$50 Copay
RADIOLOGY	100% AFTER \$50 COPAY	100% AFTER \$50 COPAY
INPATIENT BENEFIT	\$100 COPAY/DAY + COINS (\$500 MAX)	\$100 COPAY/DAY + COINS (\$500 MAX)
OUTPATIENT BENEFIT	\$100 COPAY + COINS	\$100 COPAY + COINS
URGENT CARE	\$50 Copay	\$50 Copay
PREVENTIVE SERVICES	100%	100%
PRESCRIPTION DRUGS		
ANNUAL DEDUCTIBLE	\$100	\$100
GENERIC DRUGS	\$10 COPAY	\$10 COPAY
BRAND DRUGS	\$35 OR 50% > \$200	\$35 OR 50% > \$200
4-TIER RATES	EMPLOYEE PREMIUMS	
EMPLOYEE ONLY:	\$0	\$231
EMPLOYEE & CHILD(REN):	\$283	\$591
EMPLOYEE & SPOUSE:	\$536	\$1,002
EMPLOYEE & FAMILY:	\$837	\$1,136
PLEASE CONTACT STHC IF YOU HAVE ANY QUESTIONS OR CONCERNS.		
(956) 428-7006 OR SOTXHC@GMAIL.COM		
This is a very brief description of benefits. For full benefits, please refer to the plan document in your Districts's website.		

Dental Insurance

Plan Choices



MetLife

www.metlife.com/insurance/dental-insurance

800-942-0854

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family's dental needs. A range of procedures may be covered, such as:

- Comprehensive Exams
- Cleanings
- X-Rays
- Fillings
- Tooth Extractions
- General Anesthesia
- Crown
- Root Canals

Dental Monthly Premiums

	Low Plan	High Plan
Employee Only	\$12.62	\$26.52
Employee + Spouse	\$33.52	\$63.05
Employee + Children	\$37.03	\$75.00
Employee + Family	\$56.92	\$112.74

La Feria Independent School District - Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Network: PDP Plus

	Plan option 1 Dental High Plan		Plan option 2 Dental Low Plan	
	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of Maximum Allowable Charge* 90% of R&C Fee ^{**}	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of Maximum Allowable Charge*
Coverage Type				
Type A³: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B³: Basic Restorative (fillings, extractions)	80%	80%	80%	80%
Type C³: Major Restorative (bridges, dentures)	50%	50%	0%	0%
Type D: Orthodontia	50%	50%	Not Covered	Not Covered
Deductible^{† 3}				
Individual	\$50	\$50	\$50	\$50
Family	No Limit	No Limit	No Limit	No Limit
Annual Maximum Benefit³				
Per Person	\$500 Criteria (2 cleanings per year): bump Max \$300 the following year	\$500 Criteria (2 cleanings per year): bump Max \$300 the following year	N/A	N/A
Incentive Provisions³				
Orthodontia Lifetime Maximum				
Per Person ^{***}	\$1,000	\$1,000	Not Covered	Not Covered

Child(ren)'s eligibility for dental coverage is from birth up to age 26, age 26 if a full-time student.

¹ "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

² Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

³ Your plan includes incentive provisions. Deductibles, plan maximums and/or co-insurance percentages may differ by plan member.

*Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

†Applies to Type B & C Services.

*** Orthodontia excluded for adults. Available for dependent children up to age 19.

La Feria Independent School District - Dental Insurance

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List of Primary Covered Services & Limitations*

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan. *If Dentally Necessary, You and Your Dependents may be eligible for additional dental treatment if diagnosed with one or more specified medical conditions. Please see the Description of Covered Services section of this Certificate for additional details.

Plan Type	Plan Option 1: Dental High Plan How Many/How Often	Plan Option 2: Dental Low Plan How Many/How Often
Type A — Preventive		
Prophylaxis (cleanings)	Two per 12 months	Two per 12 months
Oral Examinations	Two per 12 months	Two per 12 months
Topical Fluoride Applications	One fluoride treatment per calendar year for dependent children up to his/her 19th birthday	One fluoride treatment per calendar year for dependent children up to his/her 19th birthday
X-rays	<ul style="list-style-type: none"> • Full mouth X-rays; one per 3 calendar years • Bitewings X-rays; one set per calendar year for adults; two sets per calendar year for children 	<ul style="list-style-type: none"> • Full mouth X-rays; one per 5 calendar years • Bitewing X-rays; one set per calendar year for adults; two sets per calendar year for children
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday	Space maintainers for dependent children up to his/her 14th birthday
Sealants	One application of sealant material in 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 14th birthday	One application of sealant material in 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 14th birthday
Type B — Basic Restorative		
Fillings		
Simple Extractions		
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday	Space maintainers for dependent children up to his/her 14th birthday
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Type C — Major Restorative		
Surgical Extractions		Not covered
Crown, Denture and Bridge Repair/ Recementations		Not Covered
Oral Surgery		Not Covered
Implants	Replacement once every 84 months	Not Covered

La Feria Independent School District - Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement; one every 84 months Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed 	Not Covered
Crowns, Inlays and Onlays	Replacement once per tooth in 84 months	Not Covered
Endodontics	Root canal treatment limited to once per tooth per lifetime	Not Covered
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 24 months Periodontal surgery once per quadrant, every 36 months Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year 	Not Covered
Type D — Orthodontia		
	<ul style="list-style-type: none"> Your children, up to age 19, are covered while Dental insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia Payments are on a repetitive basis 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary Orthodontic benefits end at cancellation of coverage 	Not Covered

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

La Feria Independent School District - Dental Insurance

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Monthly Cost

The following monthly costs are effective through 9/30/2027. Your premium will be paid through a convenient payroll deduction. The monthly costs shown below for "Employee + Spouse + Child(ren)" and "Employee + Family" include the cost for all eligible children.

Option 1: High Plan

Employee Only	\$26.52	Employee + Child(ren)	\$75.00
Employee + Spouse	\$63.05	Employee + Family	\$112.74

Option 2: Low Plan

Employee Only	\$12.62	Employee + Child(ren)	\$37.03
Employee + Spouse	\$33.52	Employee + Family	\$56.92

Exclusions - This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - Scaling and polishing of teeth; or
 - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
 - Covered under any workers' compensation or occupational disease law;
 - Covered under any employer liability law;
 - For which the employer of the person receiving such services is not required to pay; or
 - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
 - Claim form completion;
 - Infection control such as gloves, masks, and sterilization of supplies; or
 - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to

Vision Insurance

MetLife

www.metlife.com/insurance/vision-insurance

800-438-6388

Proper vision care is essential to your overall well-being. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Your employer provides you with a vision plan to take care of you and your family's needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. Here are just a few of the areas where you will save money with your plan:

- Eye Exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction

Vision Monthly Premium	
Employee Only	\$7.27
Employee + One	\$14.15
Employee + Family	\$25.01



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Type C³: Major Restorative (bridges, dentures)	50%	50%	0%	0%
Type D: Orthodontia	50%	50%	Not Covered	Not Covered
Deductible^{† 3}				
Individual	\$50	\$50	\$50	\$50
Family	No Limit	No Limit	No Limit	No Limit
Annual Maximum Benefit³				
Per Person	\$500 Criteria (2 cleanings per year): bump Max \$300 the following year	\$500 Criteria (2 cleanings per year): bump Max \$300 the following year	N/A	N/A
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Crowns, Inlays and Onlays	Replacement once per tooth in 84 months	Not Covered
Endodontics	Root canal treatment limited to once per tooth per lifetime	Not Covered
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 24 months Periodontal surgery once per quadrant, every 36 months Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year 	Not Covered
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	<ul style="list-style-type: none"> Your children, up to age 19, are covered while Dental insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia Payments are on a repetitive basis 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary Orthodontic benefits end at cancellation of coverage 	Not Covered

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Option 1: High Plan

Employee Only	\$26.52	Employee + Child(ren)	\$75.00
Employee + Spouse	\$63.05	Employee + Family	\$112.74

Option 2: Low Plan

Employee Only	\$12.62	Employee + Child(ren)	\$37.03
Employee + Spouse	\$33.52	Employee + Family	\$56.92

Exclusions - This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - Scaling and polishing of teeth; or
 - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
 - Covered under any workers' compensation or occupational disease law;
 - Covered under any employer liability law;
 - For which the employer of the person receiving such services is not required to pay; or
 - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
 - Claim form completion;
 - Infection control such as gloves, masks, and sterilization of supplies; or
 - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to



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 \$640 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$640 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$640 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2025 is \$3,300.

Medical FSA 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.

Dependent Care FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like childcare, babysitters, and adult day care.

You may allocate up to \$7,500 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is \$3,750.

Dependent Care FSA Highlights

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

FSA Resources

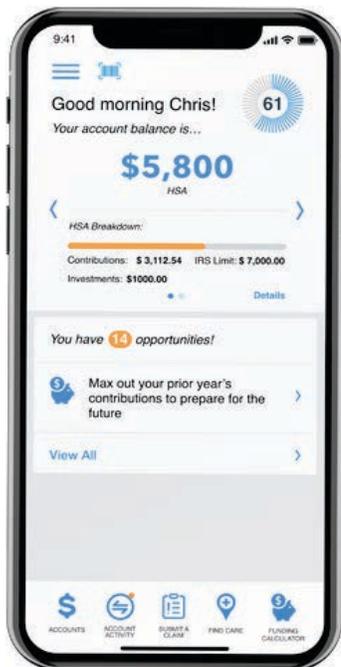
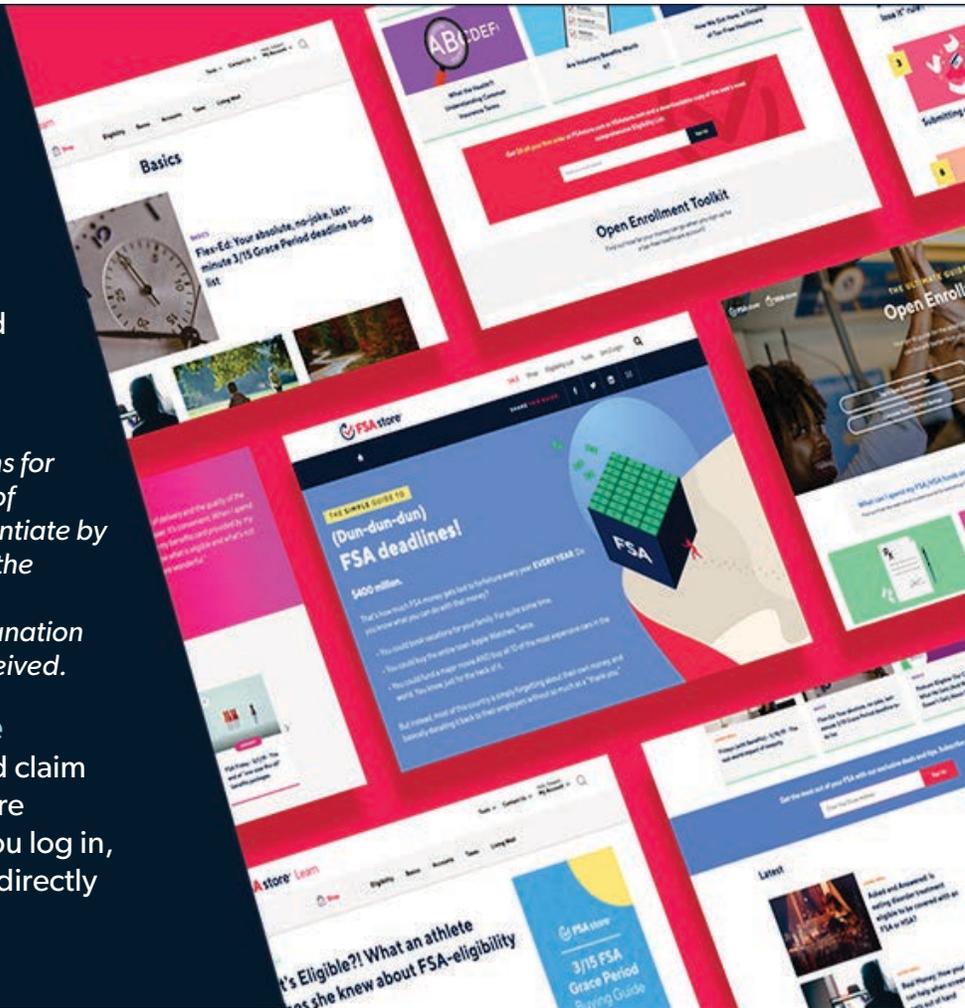
Benefits Card

The FFGA Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. 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 FFGA 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 claim 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.



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.

FSA Store

FFGA 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.



Term Life & AD&D

Employer-Paid & Voluntary

Blue Cross Blue Shield | www.bcbstx.com/ancillary | 877-442-4207

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$20,000 policy. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.





**GROUP BENEFIT PROGRAM SUMMARY
For LA FERIA ISD / TEEBC TRUST F021842 - 380**

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the security they can depend on.

EMPLOYER PAID BASIC GROUP TERM LIFE/AD&D

Eligibility	All Active Employees who regularly work 20 hours per week are eligible for insurance on the first of the month following or coinciding with their date of hire.
Group Term Life/AD&D Benefit:	\$20,000
Guarantee Issue Amount – Employee	\$20,000
Age Reduction Schedule	Life and AD&D benefits reduce by 35% at age 70, 50% of the original amount at age 75. Benefits terminate at retirement.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Definition of Disability	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PROGRAM SUMMARY

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Speech or Hearing	50%
Loss of Thumb and Index Finger of Same Hand	25%
Uniplegia	25%

* Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

Exclusions – Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that, directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof;
2. infections, except those from an accidental cut or wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. war or act of war;
6. travel or flight in any aircraft while a member of the crew;
7. commission of, or participation in a felony;
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician; or
9. intoxication as defined in the jurisdiction where the accident occurred;
10. participation in a riot.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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BENEFIT PROGRAM SUMMARY
For LA FERIA ISD / TEEBC TRUST F021842 - 380

SUPPLEMENTAL GROUP TERM LIFE/AD&D

Eligibility	All Active Employees who regularly work 20 hours per week are eligible for insurance on the first of the month following or coinciding with their date of hire.
Group Term Life/AD&D Benefit: Employee	\$10,000 - \$500,000, in increments of \$10,000.
Guarantee Issue Amount – Employee	\$150,000
Group Term Life/AD&D Benefit: Spouse (Includes Domestic Partners)	\$5,000 - \$250,000, in increments of \$5,000, not to exceed 50% of the employee supplemental benefit amount.
Guarantee Issue Amount – Spouse	\$50,000
Group Term Life/AD&D Benefit: Child(ren)	Live Birth to 6 months - \$1,000; 6 months to Age 26 - \$5,000 or \$10,000
Age Reduction Schedule	Employee Basic and Supplemental Group Term Life and AD&D benefits reduce by 35% at age 70 and 50% of the original amount at age 75. Benefits terminate at retirement. Spouse Supplemental Group Term Life and AD&D benefits terminate upon the Employee's attainment of age 70.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)	Included. (Employee)
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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LA FERIA ISD / TEEBC TRUST F021842 - 380

Eligibility

All Active Employees who regularly work 20 hours per week are eligible for insurance on the first of the month following or coinciding with their date of hire.

Supplemental Life and AD&D

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.
(not to exceed 50% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

Child Coverage (Life/AD&D)

Live Birth to 6 months: **\$1,000**
6 months to Age 26 years: **\$5,000 or \$10,000**

Guarantee Issue*

Employee **\$150,000**
Spouse **\$50,000**

***NEW HIRES ONLY**

Employee: Life & AD&D benefits reduce by 35% at age 70, by 50% of the original amount at age 75. All benefits terminate at retirement.

Spouse: Benefits terminate at Employee's age 70.

**Employee/Spouse
Supplemental Life and AD&D**

Monthly rates per \$1,000

Age	Rates
Under 20	\$0.080
20-24	\$0.080
25-29	\$0.090
30-34	\$0.110
35-39	\$0.130
40-44	\$0.180
45-49	\$0.280
50-54	\$0.440
55-59	\$0.700
60-64	\$0.870
65+	\$1.490

Dependent Life/AD&D (Children)

Monthly Premium per Family

Life	Premium
\$5,000	\$0.755
\$10,000	\$1.510

Supplemental Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

Employee Benefit Amount	ATTAINED AGE										
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$10,000	\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90
\$20,000	\$1.60	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80
\$30,000	\$2.40	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70
\$40,000	\$3.20	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60
\$50,000	\$4.00	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50
\$60,000	\$4.80	\$4.80	\$5.40	\$6.60	\$7.80	\$10.80	\$16.80	\$26.40	\$42.00	\$52.20	\$89.40
\$70,000	\$5.60	\$5.60	\$6.30	\$7.70	\$9.10	\$12.60	\$19.60	\$30.80	\$49.00	\$60.90	\$104.30
\$80,000	\$6.40	\$6.40	\$7.20	\$8.80	\$10.40	\$14.40	\$22.40	\$35.20	\$56.00	\$69.60	\$119.20
\$90,000	\$7.20	\$7.20	\$8.10	\$9.90	\$11.70	\$16.20	\$25.20	\$39.60	\$63.00	\$78.30	\$134.10
\$100,000	\$8.00	\$8.00	\$9.00	\$11.00	\$13.00	\$18.00	\$28.00	\$44.00	\$70.00	\$87.00	\$149.00
\$110,000	\$8.80	\$8.80	\$9.90	\$12.10	\$14.30	\$19.80	\$30.80	\$48.40	\$77.00	\$95.70	\$163.90
\$120,000	\$9.60	\$9.60	\$10.80	\$13.20	\$15.60	\$21.60	\$33.60	\$52.80	\$84.00	\$104.40	\$178.80
\$130,000	\$10.40	\$10.40	\$11.70	\$14.30	\$16.90	\$23.40	\$36.40	\$57.20	\$91.00	\$113.10	\$193.70
\$140,000	\$11.20	\$11.20	\$12.60	\$15.40	\$18.20	\$25.20	\$39.20	\$61.60	\$98.00	\$121.80	\$208.60
\$150,000	\$12.00	\$12.00	\$13.50	\$16.50	\$19.50	\$27.00	\$42.00	\$66.00	\$105.00	\$130.50	\$223.50

Spouse (Employee Attained Age)

Benefit Amount	ATTAINED AGE										
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-70
\$5,000	\$0.40	\$0.40	\$0.45	\$0.55	\$0.65	\$0.90	\$1.40	\$2.20	\$3.50	\$4.35	\$7.45
\$10,000	\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90
\$15,000	\$1.20	\$1.20	\$1.35	\$1.65	\$1.95	\$2.70	\$4.20	\$6.60	\$10.50	\$13.05	\$22.35
\$20,000	\$1.60	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80
\$25,000	\$2.00	\$2.00	\$2.25	\$2.75	\$3.25	\$4.50	\$7.00	\$11.00	\$17.50	\$21.75	\$37.25
\$30,000	\$2.40	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70
\$35,000	\$2.80	\$2.80	\$3.15	\$3.85	\$4.55	\$6.30	\$9.80	\$15.40	\$24.50	\$30.45	\$52.15
\$40,000	\$3.20	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60
\$45,000	\$3.60	\$3.60	\$4.05	\$4.95	\$5.85	\$8.10	\$12.60	\$19.80	\$31.50	\$39.15	\$67.05
\$50,000	\$4.00	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50

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Texas Life

Permanent Life



Texas Life | www.texaslife.com | 800-283-9233

Texas Life Insurance - Permanent, Portable Life Insurance

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

Texas Life - Permanent Life Highlights

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.



WOW!

LIFE INSURANCE YOU CAN KEEP!

LIFE INSURANCE HIGHLIGHTS

For the employee



**IT'S AFFORDABLE
YOU OWN IT**



**YOU CAN TAKE IT
WITH YOU WHEN YOU
CHANGE JOBS OR RETIRE**



**YOU CAN COVER YOUR SPOUSE, CHILDREN
AND GRANDCHILDREN, TOO¹**



**YOU CAN GET A LIVING BENEFIT IF YOU
BECOME TERMINALLY ILL²**



**YOU PAY FOR IT THROUGH CONVENIENT
PAYROLL DEDUCTIONS: NO CHECKS TO
WRITE OR LINKS TO CLICK**



**YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU BECOME
CHRONICALLY ILL³**



YOU CAN QUALIFY BY ANSWERING JUST 3 QUESTIONS - NO EXAM OR NEEDLES

During the last six months, has the proposed insured:

1. Been actively at work on a full time basis, performing usual duties?
2. Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?



TEXASLIFE INSURANCE COMPANY
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

ADDITIONAL POLICY BENEFITS

Accelerated Death Benefit Due to Chronic Illness Rider

Optional for employees at an additional cost, this valuable living benefit can help offset the unplanned expense of care should the insured be faced with a disabling chronic illness or serious cognitive impairment.

Here's how it works:

- If you're no longer able to perform any two of the six activities of daily living (eating, bathing, dressing, toileting, transferring, maintaining continence) or if you suffer serious cognitive impairment, you can receive a living benefit.⁴
 - Example: You own a \$100,000 Texas Life insurance policy with the Chronic Illness rider. A medical professional certifies that you can no longer perform 2 of the 6 activities or have suffered serious cognitive impairment, you can receive \$92,000 minus a \$150 processing fee.³
- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

For pennies a day, you can get both a living benefit, should you need it, and a death benefit if you don't.

¹ Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

² Conditions apply. See rider for details. Form ICC07-ULABR-07 or Form Series ULABR-07.

³ The Accelerated Death Benefit Rider for Chronic Illness is available for an additional cost for employees only. This rider pays 92% of the insurance proceeds less a \$150 administration fee (\$100 in FL) in lieu of the benefit payable at death. Conditions apply. Any outstanding loans will reduce the cash value and death benefit. Contract Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15.

⁴ Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.



DO NOT CROSS

Accidental Death Benefit Rider

Included in the contract at the option of your employer, the Accidental Death Benefit Rider covers all employees and spouses between the ages of 17-59.⁶ This rider costs \$0.08 per thousand of the face amount per month and pays the insured's beneficiary double the death benefit if the insured dies within 180 days of an accident from injuries incurred in that accident (90 days in DE, FL, ND, and SD).⁷ The benefit is payable through the insured's age 65. Maximum in-force limits and exclusions apply. See the complete list of exceptions to coverage on the following page.

*According to the Center for
Disease Control, accidents
are the third leading cause
of death in the U.S.⁵*

⁵ Heron, Melonie, PhD. "Deaths: Leading Causes for 2017." National Vital Statistics Reports, Volume 68, Number 6, June 24, 2019.

⁶ Available to children and grandchildren at issue age 17-26.

⁷ Rider details vary by state. Conditions apply. See contract for complete coverage description. Form ICC07-ULABR-07 or Form Series ULABR-07

Disability Insurance

The Hartford

www.thehartford.com/employee-benefits/group-disability-insurance

888-277-4767

Why Do I Need Disability Insurance?

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons. You can choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?



BENEFIT HIGHLIGHTS FOR:

La Feria Independent School District

EDUCATOR DISABILITY INSURANCE OVERVIEW

What is Educator Disability Income Insurance? Educator Disability insurance combines the features of a short-term and long-term disability plan into one policy. The coverage pays you a portion of your earnings if you cannot work because of a disabling illness or injury. The plan gives you the flexibility to choose a level of coverage to suit your need.

You have the opportunity to purchase Disability Insurance through your employer. This highlight sheet is an overview of your Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

Why do I need Disability Insurance Coverage? **More than half** of all personal bankruptcies and mortgage foreclosures are a consequence of disability¹

¹ Facts from LIMRA, 2016 Disability Insurance Awareness Month

The average worker faces a **1 in 3 chance** of suffering a job loss lasting 90 days or more due to a disability²

²Facts from LIMRA, 2016 Disability Insurance Awareness Month

Only 50% of American adults indicate they have enough savings to cover three months of living expenses in the event they're not earning any income³

³Federal Reserve, Report on the Economic Well-Being of U.S. Households in 2018

ELIGIBILITY AND ENROLLMENT

Eligibility You are eligible if you are an active employee who works at least **20** hours per week on a regularly scheduled basis.

Enrollment You can enroll in coverage within 31 days of your date of hire or during your annual enrollment period.

Effective Date Coverage goes into effect subject to the terms and conditions of the policy. You must satisfy the definition of Actively at Work with your employer on the day your coverage takes effect.

Actively at Work You must be at work with your Employer on your regularly scheduled workday. On that day, you must be performing for wage or profit all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all of the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.

FEATURES OF THE PLAN

Benefit Amount You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$8,000, not to exceed 66 2/3% of your current monthly earnings. Earnings are defined in The Hartford's contract with your employer.

Elimination Period You must be disabled for at least the number of days indicated by the **elimination period** that you select before you can receive a Disability benefit payment. The elimination period that you select consists of two numbers. **The first number** shows the number of days you must be disabled by an accident before your benefits can begin. **The second number** indicates the number of days you must be disabled by a sickness before your benefits can begin. Employees to elect from the following options: 0/3, 14/14, 30/30, 60/60, 90/90, 180/180

For those employees electing an elimination period of 30 days or less, if you are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of hospitalization.

Maximum Benefit Duration Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury. Depending on the schedule selected and the age at which disability occurs, the maximum duration may vary. Please see the applicable schedules below based on your election of the **Select** benefit option.

Select Option: For the **Select** benefit option – the table below applies to disabilities resulting from **injury**.

Age Disabled	Maximum Benefit Duration
Prior to 63	To Normal Retirement Age or 48 months if greater
Age 63	To Normal Retirement Age or 42 months if greater
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and older	18 months

Select Option: For the **Select** benefit option – the table below applies to disabilities resulting from **sickness**.

Age Disabled	Maximum Benefit Duration
Prior to 67	3 Years
Age 67-69	To Age 70, but not less than one year
Age 70 and older	1 Year

Mental Illness, and Substance Abuse You can receive benefit payments for Long-Term Disabilities resulting from mental illness, and substance abuse for a total of 24 months for all disability periods during your lifetime.

Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness or substance abuse does not count toward the 24 months lifetime limit.

Partial Disability Partial Disability is covered provided you have at least a 20% loss of earnings and duties on your job.

Other Important Benefits

Survivor Benefit - If you die while receiving disability benefits, a benefit will be paid to your spouse or child under age 26, equal to three times your last monthly gross benefit.

The Hartford's Ability Assist service is included as a part of your group Long Term Disability (LTD) insurance program. You have access to Ability Assist services both prior to a disability and after you've been approved for an LTD claim and are receiving LTD benefits. Once you are covered you are eligible for services to provide assistance with child/elder care, substance abuse, family relationships and more. In addition, LTD claimants and their immediate family members receive confidential services to assist them with the unique emotional, financial, and legal issues that may result from a disability. Ability Assist services are provided through **ComPsych®**, a leading provider of employee assistance and work/life services.

Travel Assistance Program – Available 24/7, this program provides assistance to employees and their dependents who travel 100 miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services.

Identity Theft Protection – An array of identity fraud support services to help victims restore their identity. Benefits include 24/7 access to an 800 number; direct contact with a certified caseworker who follows the case until it's resolved; and a personalized fraud resolution kit with instructions and resources for ID theft victims. This is a general description of the program with more details available.

Workplace Modification provides for reasonable modifications made to a workplace to accommodate your disability and allow you to return to active full-time employment.

PROVISIONS OF THE PLAN

Definition of Disability Disability is defined as The Hartford's contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy, or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings.

Once you have been disabled for 12 months, you must be prevented from performing one or more essential duties of any occupation, and as a result, your monthly earnings are 66 2/3% or less of your pre-disability earnings.

Pre-Existing Condition Limitation Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless You have been insured under this policy for 12 months before your disability begins.

If your disability is a result of a pre-existing condition, we will pay benefits for a maximum of 1 month.

Continuity of Coverage If you were insured under your district's prior plan and not receiving benefits the day before this policy is effective, there will not be a loss in coverage, and you will get credit for your prior carrier's coverage.

Recurrent Disability *What happens if I Recover but become Disabled again?*
Periods of Recovery during the Elimination Period will not interrupt the Elimination Period, if the number of days You return to work as an Active Employee are less than one-half (1/2) the number of days of Your Elimination Period.
Any day within such period of Recovery, will not count toward the Elimination Period.

Benefit Integration For the first 12 months your benefit may be reduced by other income you receive or are eligible to receive due to your disability, such as Workers' Compensation Law, the Jones Act, occupational disease law, similar law or substitutes or exchanges for such benefits; 2) income that You receive from Your Employer's sabbatical leave plan or similar leave of absence plan, less the cost of paying a substitute teacher if You are required to do so; or 3) income that You receive from Your Employer's assault leave plan, or similar leave of absence plan, as a result of You being physically assaulted while acting in Your official capacity

After 12 months, Your benefit may be reduced by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance
- State Teacher Retirement Disability Plans
- Workers' Compensation
- Other employer-based disability insurance coverage you may have
- Unemployment benefits
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)

Your plan includes the great of **10% or \$100** of your elected benefit.

General Exclusions You cannot receive Disability benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
 - Military service for any country engaged in war or other armed conflict
 - The commission of, or attempt to commit a felony
 - An intentionally self-inflicted injury
 - Any case where Your being engaged in an illegal occupation was a contributing cause to your disability
 - You must be under the regular care of a physician to receive benefits
-

Termination Provisions Your coverage under the plan will end if:

- The group plan ends or is discontinued
- You voluntarily stop your coverage
- You are no longer eligible for coverage
- You do not make the required premium payment
- Your active employment stops, except as stated in the continuation provision in the policy

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights Sheet explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this Benefit Highlights Sheet and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

Cancer Insurance

Plan Options



American Fidelity | www.americanfidelity.com | 800-654-8489

Thousands of Americans are diagnosed with cancer each day. No doubt, the news is devastating, both personally and financially. It's impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a cancer insurance plan.

It is likely that your major medical coverage will not cover all the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.



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

BENEFITS	BASIC	ENHANCED PLUS
Dread Disease Per day while hospital confined		
Day 1-30	\$100	\$300
Day 31+	\$200	\$600
Donor	\$1,000/donation	
Drugs and Medicine		
Inpatient Per confinement	\$50	\$200
Outpatient \$50 per prescription up to maximum shown per calendar month	\$50	\$100
Attending Physician While hospital confined, per day	\$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
Lodging Per day, up to 90 days per calendar year	\$50	\$75
Ambulance		
Ground Per trip, up to 2 per confinement	\$200	\$200
Air Per trip, up to 2 per confinement	\$2,000	\$2,000
Physical or Speech Therapy Per visit, up to 4 per calendar month, lifetime max of \$1,000.	\$50	\$50
Diagnostic and Prevention One per calendar year	\$25	\$75
Cancer Screening Follow-Up One per calendar year	\$25	\$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
Heart Attack or Stroke Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	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 PLUS
Individual	\$15.80	\$31.62
Family	\$26.86	\$53.80

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

Critical Illness Insurance

American Fidelity | www.americanfidelity.com | 800-654-8489

Prepare For the Unexpected

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.





Limited Benefit Critical Illness Insurance with Cancer Benefit

Surviving a critical illness may come at a high price.

If you experience a critical illness—like a heart attack or stroke—you shouldn't have to worry about the financial impact. But co-pays, transportation expenses, out-of-pocket medical costs, and lost income can add up quickly.

Limited Benefit Critical Illness Insurance can help provide financial protection so you can focus on recovery.



Approximately every 40 seconds, someone in the United States will have a heart attack.¹

How It Works

If you're diagnosed with a covered critical illness, this plan is designed to pay a lump sum benefit amount to help cover expenses. In addition, certain specified critical illnesses that reoccur will allow for an additional benefit.

Features:

- Benefits paid directly to you, to be used however you see fit
• No required medical exams as part of the application process
• Guaranteed issue benefit amounts may be available for first-time eligible employees and spouse
• Coverage extended to dependent children at no additional cost
• Compatible with a Health Savings Account
• Option to add an infectious disease rider in select states

Coverage is available for you, and your children, and your lawful spouse at determined benefit amounts.

HEALTH SCREENING BENEFIT

This benefit covers several qualified tests, including, but not limited to:

- Pap Smear
• Prostate Test
• Skin Biopsy
• Colonoscopy
• Stress Test
• Echocardiogram
• Electrocardiogram (EKG)
• Blood Glucose Testing
• Neuroimaging Studies

SCREENING BENEFIT

(per calendar year per covered person)

\$100



THIS IS NOT A WORKERS' COMPENSATION INSURANCE POLICY. THE EMPLOYER DOES NOT OBTAIN WORKERS' COMPENSATION INSURANCE COVERAGE BY PURCHASING THIS POLICY, AND IF THE EMPLOYER HAS NOT ELECTED TO OBTAIN WORKERS' COMPENSATION INSURANCE COVERAGE, THE EMPLOYER DOES NOT OBTAIN THOSE BENEFITS THAT WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS IN THIS STATE. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAWS IN THIS STATE AS THEY PERTAIN TO EMPLOYERS THAT ELECT NOT TO MAINTAIN WORKERS' COMPENSATION INSURANCE COVERAGE AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

1American Heart Association: 2022 Heart Disease and Stroke Statistics Update Fact Sheet At-a-Glance; January 24, 2022, p2.

Plan Benefit Highlights

Schedule of Benefits

Depending on the plan selected by your employer, the following benefit amounts may be available. The employee benefit amounts can range from \$10,000 to \$50,000 in \$10,000 increments. Eligible children will be automatically covered at 25% of the employee's benefit amount at no additional cost. If elected, spousal benefit amounts will be 50% of the employee benefit amount.

CRITICAL ILLNESS BENEFITS		
Pays once per covered person for each critical illness shown below.		
	Benefit Percentage	Recurrent Diagnosis Benefit
Heart Attack Benefit Pays full lump sum benefit amount.	100%	50%
Coronary Artery Bypass Surgery Benefit Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit. No payment if the Heart Attack Benefit has been paid.	25%	-
Stroke Benefit (Permanent damage due to a Stroke) Pays full lump sum benefit amount.	100%	50%
Paralysis Benefit (Permanent due to a covered accident) Pays full lump sum benefit amount.	100%	-
Major Organ Failure Benefit Pays full lump sum benefit amount.	100%	50%
End Stage Renal Failure Benefit Pays full lump sum benefit amount.	100%	-
Early Stage Cancer (Carcinoma In Situ) Benefit Pays 25% of the benefit amount. Payment will reduce any Invasive Cancer Benefit.	25%	-
Invasive Cancer Benefit Pays full lump sum benefit amount.	100%	-

EMPLOYEE MONTHLY PREMIUMS*

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
AGE	Uni-Nic	Uni-Nic	Uni-Nic	Uni-Nic	Uni-Nic
18-29	\$5.76	\$11.52	\$17.28	\$23.04	\$28.80
30-39	\$9.54	\$19.08	\$28.62	\$38.16	\$47.70
40-49	\$17.90	\$35.80	\$53.70	\$71.60	\$89.50
50-59	\$31.38	\$62.76	\$94.14	\$125.52	\$156.90
60-99	\$52.02	\$104.04	\$156.06	\$208.08	\$260.10

SPOUSE MONTHLY PREMIUMS*

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
AGE	Uni-Nic	Uni-Nic	Uni-Nic	Uni-Nic	Uni-Nic
18-29	\$3.74	\$7.48	\$11.22	\$14.96	\$18.70
30-39	\$6.08	\$12.16	\$18.24	\$24.32	\$30.40
40-49	\$11.36	\$22.72	\$34.08	\$45.44	\$56.80
50-59	\$19.90	\$39.80	\$59.70	\$79.60	\$99.50
60-69	\$32.96	\$65.92	\$98.88	\$131.84	\$164.80

*The premium and benefits vary depending upon the amount selected at the time of application.

Accident Insurance

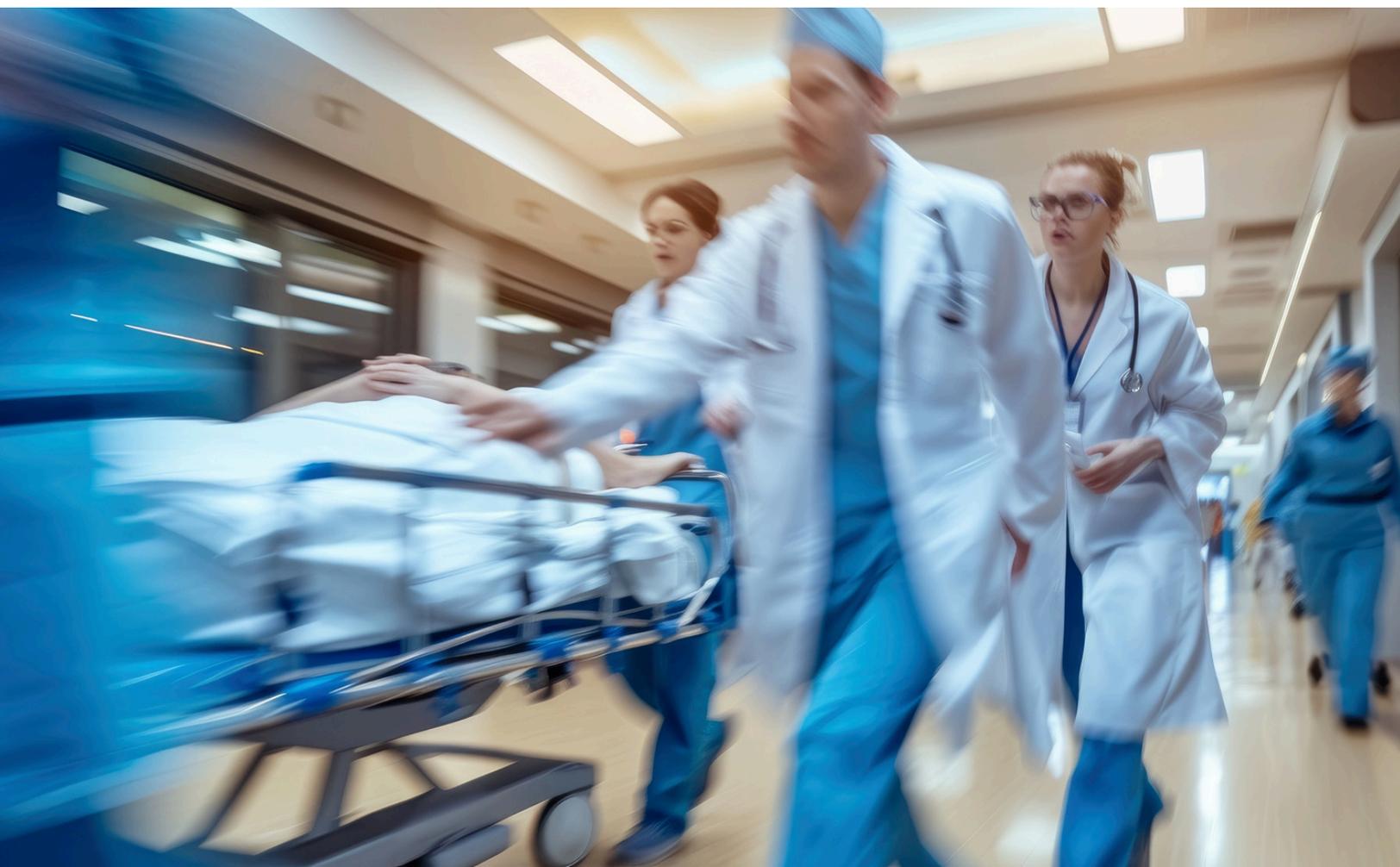
MetLife

www.metlife.com/insurance/accident-health/accident-insurance

800-638-5433

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit





Why Accident Insurance matters

Accidents can happen anytime, anywhere and when you least expect them. While you can't plan for the unexpected, you can be **better prepared financially with MetLife Accident Insurance.**

You've got medical, dental and vision insurance—and possibly a flexible spending account, just in case. If you have an accidental injury, you're financially covered, right?

Not entirely. Even the best health insurance may leave you with unexpected costs or medical debt, especially if you have a high-deductible health plan or limited network. When faced with these kinds of costs, supplemental coverage from MetLife provides you with additional financial protection.



Help protect yourself, your family and your budget from the financial impact of unexpected injuries.

An example of how accident insurance can help

*Accident insurance helped Kathy pay some of her bills after she was involved in a hit-and-run. The great thing is that it was paid directly to her—she could use it how she wanted. She needed it especially for gas and the cost of a rental car. Kathy's advice is to always look ahead. It's better to have insurance and not need it than not have it and need it. We all go through bad things, and hindsight is always 20/20. Take action—don't wait. **

* This is a hypothetical example for informational purposes only. Your costs and savings could vary based on your plan design, where you live and whether your plan requires a deductible or coinsurance. Please see your Plan Summary for details about your coverage.

Help supplement your healthcare coverage with accident insurance protection.

Receive benefit payments directly and use the funds however you wish.

Financial support so you can focus on getting well.

Many people may not be financially prepared to handle extra costs like plan deductibles, co-pays for emergency room care, testing, supplies and out-of-network care. For a covered event,¹ accident insurance provides a benefit payment paid directly to you—not to doctors, hospitals or healthcare providers.

You can spend the funds on anything you need, such as those extra bills when you may most need additional support. It can also help pay for expenses you may not consider, like childcare and transportation to your appointments. These costs can cut into your budget and make it a challenge to manage your everyday expenses.

Your benefits in action

If you've been involved in an accident,¹ submitting a claim doesn't have to be difficult. Here's what to expect:



Visit mybenefits.metlife.com or download the MetLife mobile app to view your certificate of insurance and initiate your claim.



Answer a few simple questions about what happened and upload your medical documentation to support your claim. Once we have everything, claims are typically processed within 10 business days. You only need one claim form per accident, and every claim is reviewed by a claims professional.



Once your claim is approved, you'll receive a check made out to you to use however you like.



When it comes to accidents...



For less than your daily coffee habit,² you can gain coverage for you and your family.

Hospital Indemnity Insurance

MetLife

www.metlife.com/insurance/accident-health/hospital-indemnity-insurance

800-638-5433

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits.

The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!





Why hospital indemnity insurance matters

Hospital stays can be pricey and often unexpected.¹ Studies show that the average cost of a three-day hospital stay in the U.S. is \$30,000.² Even quality healthcare plans don't cover all expenses, so taking steps to help protect yourself can make a big difference.

While in the hospital, you'll likely need various treatments, tests and therapies to get up and about again. Expenses like plan deductibles, co-pays for doctor visits and extra costs for out-of-network care can add up fast. Having help with the financial support you may need when the time comes means less worry for you and your family.

In addition, unexpected hospital bills can be difficult to manage when you lose your income or when your income becomes seriously reduced because of an injury or illness. Household expenses like mortgage or rent payments, car payments, childcare payments or household maintenance costs may become even harder to keep up with while you focus on recovering.



Help protect yourself, your family and your budget from the financial impact of a hospital stay.

How hospital indemnity insurance can help.

*"I was driving to work when I was hit by a large truck. My car was totaled, I was injured and an ambulance had to take me to the emergency room. I was admitted to the Intensive Care Unit and, after two days, moved to a standard room for five more days. I was then transferred for inpatient care at a rehab facility for a week. I was panicking about how I was going to pay my hospital, ambulance and other medical bills not covered by my health insurance. Luckily, the lump-sum payment I received from my hospital indemnity insurance helped me pay for those costs, plus other expenses like rent and groceries."**

* Benefit amount is based on sample plan design. Actual plan design and plan benefits may vary.

Help supplement your healthcare coverage with MetLife Hospital Indemnity Insurance.

Receive benefit payments directly to help prevent financial stress.

How this coverage works

MetLife Hospital Indemnity Insurance can help safeguard your finances by providing you with a lump-sum benefit payment—one benefit payment all at once—when you or your family may need it most. A flat amount is usually paid for a hospital admission,³ with a per-day amount paid for your entire hospital stay.⁴

Best of all, the payment is made directly to you regardless of any other insurance you may have. It's yours to spend however you like, including for your or your family's everyday living expenses.

Whatever you need while recovering from a hospital stay, Hospital Indemnity Insurance is there to help make life a little easier.

Your benefits in action

If you are admitted to the hospital, submitting a claim doesn't have to be difficult. Here's what to expect:



Visit mybenefits.metlife.com or download the MetLife Mobile App to view your certificate of insurance and initiate your claim.



Answer a few simple questions about what happened and upload your medical documentation to support your claim. Once we have everything, claims are typically processed within 10 business days.⁶ You only need one claim form per hospital admission, and every claim is reviewed by a claims professional.



Once your claim is approved, you'll receive a check made out to you to use however you like.



When it comes to hospital stays...



For less than the cost of your daily coffee,⁵ you can get coverage for you and your family.

Coverage that can be used to help pay for expenses associated with hospitalizations that may not be covered under your medical plan.

Identity Theft Protection

iLock 360 | www.ilock360.com | 855-287-8888

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud.

Identity theft insurance won't prevent your identity from being stolen. But it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep. The sooner you can take action to close your accounts, the quicker you can recover your identity.

It takes years to establish a good reputation with credit lenders and employers. Make sure it remains yours by taking advantage of the identity theft insurance offered through your employer.



iLOCK360

Your identity is your most valuable asset. Is yours protected?

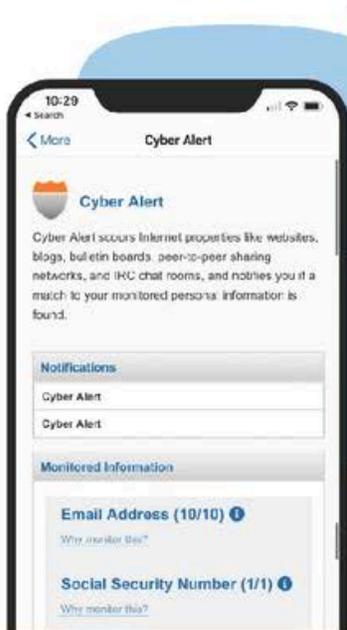


39 seconds is how often cyber-attacks occur

25% of kids are projected to be affected by identity theft before turning 18

17% increase in data breaches 2022 to 2023

Identity theft is the **fastest growing crime**. With iLOCK360, you can rest easier knowing you have experienced professionals in your corner restoring your identity. Your identity is more than simply reviewing your credit card charges. That's why we offer a comprehensive monitoring service of online activity, financial affairs, and immediate resolution.



Defend

Your personal information is monitored 24 / 7 / 365



Protect

Alerts inform you of potential threats for immediate action



Restore

iLOCK360 does the work to restore your identity

Sign up during enrollment

For educator pricing

Coverage plan	Essential	Elite
Employee	\$6.95	\$11.95
Employee + Family	\$13.95	\$22.95

Please note: A valid email address is required for enrollment in iLOCK360. All iLOCK360 alerts and/or notifications are sent via email. Consider utilizing an email address that you check regularly. • Account activation & setup of monitored elements is required upon the start of your new benefit plan year.

Learn more about the protections that iLOCK360 offers:

Plan features	Service description	Essential	Elite
Identity theft resolution services			
Full-Service Identity Theft Restoration & Lost Wallet Protection MOST VALUABLE SERVICE. Dependable help that's just a phone call away!	If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will work on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with. Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.	✓ ✓	✓ ✓
\$1M Identity Theft Insurance	If you incur expenses associated with your identity theft recovery, you will be covered with \$1M reimbursement (\$0 deductible). Covered costs include: <ul style="list-style-type: none"> • Lost wages or income • Attorney and legal fees • Expenses incurred for refiling of loans, grants and other lines of credit • Costs of childcare and/or elderly care incurred as a result of identity restoration 	✓	✓
Comprehensive Identity monitoring			
CyberAlert™ monitors: <ul style="list-style-type: none"> • one Social Security Number • two Phone Numbers • two Email Addresses • five Credit/Debit Cards • two Medical ID Numbers • five Bank Accounts • one Drivers License Number • one Passport 	We scour internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.	✓ ✓	✓ ✓
Change of Address Monitoring	A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected in the USPS National Change of Address (NCOA) Registry.	✓	✓
Payday Loan Monitoring	High-interest, easy-to-obtain payday loans can negatively impact your credit score. Alerts you if a non-credit loan was opened in your name at a payday/quick cash loan provider.	✓	✓
Social Security Number Trace	Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.	✓ ✓	✓ ✓
Medical ID Monitoring	If your Medical ID number is found compromised by CyberAlert™, a Restoration Specialist can help you report it as fraud.	✓	✓
Court/Criminal Records Monitoring	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.		✓
Credit monitoring services			
Bank Account Takeover & Credit Card Application Monitoring	Notifies you when your Social Security number and personal information have been used to apply for or open a new bank or credit card account, or if changes have been made to your existing bank account - such as an attempt to add a new account holder.	✓	✓
Daily Monitoring of Experian Credit	Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.	✓	✓
Daily Monitoring of all 3 Credit Bureaus	Provides higher-level credit protection with monitoring from all three credit bureaus: Experian, Equifax & TransUnion. You receive notifications for changes in your credit report such as loan data, inquiries, new accounts, judgments, liens and more.		✓
ScoreTracker	Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.		✓
3-Bureau Credit Score & Report	Provides you with access to your credit score and report reported by each credit bureau - Experian, Equifax & TransUnion. These are reported once a year.		✓
Experian Positive Activity Notifications	Alerts you when positive activity is reported on your Experian credit file, a key indicator that your credit may be improving.		✓
Experian Score Variance Alerts	Receive alerts when your Experian credit score increases or decreases by a certain amount, changes risk level/score rank, or reaches a target score value.		✓
Advanced tools			
Sex Offender Alerts	Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area.	✓	✓
Social Media Monitoring	Receive notifications if the content you share on social media could pose a privacy or reputational risk. With Family coverage, you can monitor your child's social media presence.	✓	✓
Solicitation Reduction	Limit access to the amount of personal information that is public to reduce your exposure to fraud and declutter your mailbox and phone line. Also, opt-out of direct marketing campaigns including utilizing the National Do Not Call Registry.	✓	✓

✓ adults
✓ Children to age 18
✓ adults
✓ Children to age 18

Medical Transport

MASA MTS | www.masamts.com | 954-334-8261

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs.

Most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill.

With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.



DID YOU KNOW?

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year*.

Insurance companies **may not** cover all air and ground ambulance expenses which can result in max in-network out-of-pocket** costs of:

\$8,700 Individual
\$17,400 Family



Ground ambulance **out-of-network transportation costs may be even higher than in-network** since the No Surprises Act does not apply to ground ambulance at this time.



EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses* for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage¹

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Contact Your MASA MTS Representative to learn more about membership plan options.



DID YOU KNOW?

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year*.

Insurance companies **may not** cover all air and ground ambulance expenses which can result in max in-network out-of-pocket** costs of:



\$8,700 Individual
\$17,400 Family



Ground ambulance **out-of-network transportation costs** may be even **higher than in-network** since the No Surprises Act does not apply to ground ambulance at this time.



PLATINUM MEMBERSHIP BENEFITS



A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage³

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage³

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage³

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage¹

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Patient Return Transportation Coverage¹

MASA MTS provides services and covers the out-of-pocket expenses associated with coordinating a Member's transportation when hospitalized more than one hundred (100) miles from home, after discharge from the medical facility, by a regularly scheduled commercial airline to the commercial airport nearest the Member's home.

PLATINUM MEMBERSHIP BENEFITS

Companion Transportation Coverage²

MASA MTS provides services associated with the coordination of transportation for the Member's spouse, other family member, or companion to accompany the Member's emergency transport by a medically equipped, rotary (i.e., helicopter) or fixed-wing aircraft, giving due priority to the medical personnel and/or equipment and the welfare and safety of the patient.

Hospital Visitor Transportation Coverage²

MASA MTS provides services and covers air transportation expenses associated with coordinating a round-trip, regularly scheduled, commercial airfare for Member's spouse, other family Member or companion to join the Member in the event of in-patient hospitalization more than one hundred (100) statute miles from Member's home.

Minor Return Transportation Coverage²

MASA MTS provides services and covers out-of-pocket expenses associated with minor return transportation to a parent, legal guardian, or another person that can be responsible for the minor in the event that the minor is unattended as a result of Member's Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, or Mortal Remains Transportation coverages. MASA MTS also provides for a qualified attendant to accompany the minor during travel when the minor's age and/or medical condition may require such care.

Vehicle & RV Return Coverage²

MASA MTS provides services and covers the out-of-pocket expenses associated with vehicle return transportation for one (1) a safe operational car, truck, van, motorcycle, travel trailer, or motor home to the Member's home. This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages. MASA MTS pays the cost of fuel, oil and driver.

Pet Return Transportation Coverage²

MASA MTS provides services and covers out-of-pocket expenses for the return transportation to a Member's home for up to two (2) pet(s) belonging to the Member that includes either a dog, cat or other small animal(s). This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages.

Organ Retrieval & Organ Recipient Transportation Coverage⁴

MASA MTS provides services and covers air transportation expenses associated with coordinating transportation for an organ when the Member requires an organ transplant. MASA MTS will also provide service and cover transportation costs of Member and Member's spouse, other family Member or a companion should the Member need to travel to the location where the procedure will occur. If medically necessary, the organ will be transported by a medically equipped fixed-wing aircraft; otherwise, the organ is delivered by a commercial airline to the suitable airport nearest the location of the operation.

Mortal Remains Transportation Coverage¹

MASA MTS covers the air transportation expense for a Member's mortal remains in the event of their death when it occurs more than one hundred (100) statute miles from home. Remains are transported by a regularly scheduled commercial airline to the commercial airport nearest a Member's home.

Contact Your MASA MTS Representative to learn more about membership plan options.



Legal Plan



MetLife | www.legalplans.com | 800-821-6400

Have you ever found yourself in need of legal advice, but aren't sure where to go? A voluntary group legal plan helps fill that need. It provides you with access to professional lawyers at a low monthly rate. For just a few dollars a month, you can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce and so much more. Expert legal advice is available at your fingertips.



MetLife Legal Plans offers you protection at every step

Your legal plan benefit is a helpful hand. It can support you when an unexpected or expected legal situation arises. A network attorney can help you make educated decisions by reviewing your personal legal documents. And if needed for certain matters, an attorney can advocate for your interests and navigate legal issues on your behalf. Coverage provides access to a network of qualified and experienced attorneys nationwide.

MetLife Legal Plans benefits include:

- A cost-effective plan, providing access to more than 18,000+ experienced network attorneys.¹
- Assistance for a wide range of legal needs, including money matters, home and real estate, family and personal matters, civil lawsuits, elder care issues, and traffic/driving violations.²
- Online digital estate planning tool—create wills and trusts, healthcare proxies, and power of attorney documents from the comfort of home.

We've made finding legal help easy for you!
Our network attorneys are available in person, by phone or by email.

We also offer online tools to complete **Estate Planning Documents** in as little as 15 minutes. You can also download self-help legal forms.

Not sure if a Legal Plan is right for you?

Get an idea of what and how we can make it easy to get the legal help you may need through your life. Scan the QR code or visit www.legalplans.com/whyenroll.



Scan to access:
Why choose
MetLife Legal Plans?



Ensure you have legal protection for what comes next

Legal Plans

Cover the costs of a wide range of common legal issues with a Legal Plan

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

68%
of members

of Legal Plan members say they are on track to achieve their financial goals, compared to 54% of those without a legal plan³

70%
of Americans

of Americans do not have a will, the most basic estate planning document you need to plan your assets⁴



Consider these life events:

- Getting married or name change
- Buying, renting or selling a home
- Dealing with identity theft issues
- Assist contacting banks/creditors
- Starting a family or adoption
- Creating wills, or estate planning
- Caring for aging parents
- Sending kids off to college
- Medicaid/Medicare questions
- Security deposit assistance
- Student loan debt assistance

Legal help made easy. See how simple it is to use your plan:



**Call Center
Representatives
in Cleveland, OH**



**Over 100+
covered legal
matters**



**Convenient
scheduling with
attorney**



**Easy access to
member services
online or by
phone**



**Educational tools
and self-help
library online**

Your employer has partnered with MetLife Legal Plans to give you access to a nationwide network of attorneys. A legal plan is similar to any other insurance coverage you purchase at work.

Legal Plans

Help ensure your personal and family's security with MetLife Legal Plans.

Excellent customer service

The website is easy to use to identify plan attorneys by ZIP code; calls to the 800 number are answered promptly, and agents are very knowledgeable. I was able to have two wills, two powers of attorney, two living wills, and two property deed transfers done with no additional charge.

— S.D., MetLife Legal Plans Member



Estate planning at your fingertips

Most of us know we need important estate planning documents like wills, advance directives and powers of attorney, but finding the time to complete these documents can be a challenge. Through our digital estate planning solution we make it easy for you to complete estate planning documents. This allows you to designate your wishes for healthcare, as well as protect your family and assets quickly and easily from the comfort of your home. With our digital estate planning solution you can create:

- **Last Will and Testament:** Leave property to loved ones and choose guardians for minor children.
- **Advance Directive:** Plan for a medical emergency and select medical care preferences.
- **Durable Financial Power of Attorney:** Choose someone to manage finances in case of an emergency.
- **Probate Avoidance Documents:** Keep your home out of the probate process and have it pass directly to the beneficiaries of your choosing with either a transfer on death deed or revocable living trust, depending on your state.



**Create wills,
living wills
and powers
of attorney
online in as
little as 15
minutes**

How do I get started?

Our digital estate planning solution is available to all enrolled legal plan members at members.legalplans.com. You will need to create an account here using the email and password of your choice to use the digital estate planning solution. The process is designed to work for most people, but if there are aspects of your estate that are more complicated, you might be directed to reach out to one of our network attorneys instead of using the online process.

457(b) Retirement Plans



First Financial Administrators, Inc. | www.ffga.com |
800-523-8422, option 2 | retirement@ffga.com

A 457(b) plan is a Tax Deferred Retirement Plan available to employees of state and local governmental agencies, including public school employees. They are similar to 401(k) plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on what you contribute or your earnings made until you withdraw the money.

Benefits

- Investment options: fixed annuities, variable annuities, or mutual funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan
- Receive periodic account statements
- No 10% federal penalty on interest or earnings for early withdrawal
- No current federal income taxes on the money you put into the plan until it is time to take withdrawals

Contribution Limits	
2024	2025
\$23,000	\$23,500

Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500.

All investing involves risk. Past performance is not a guarantee of future returns.



457(b) RETIREMENT PLAN



The FFinvest Retirement Plan is a comprehensive plan, funded by Net Asset Value Mutual Funds. It is a competitive & simple, yet flexible plan with a 401(k) type of approach.

PLAN HIGHLIGHTS

Multiple Investment Options

- The plan provides 30+ different investment options , for savers and investors of all risk tolerances

ROTH (After-Tax) Option

Loan availability (subject to balance)

Rollovers/Transfers

- Rollovers and Transfers are accepted into the plan from other retirement plans

No Front-End or Deferred Sales Charges



ENROLL ONLINE

Go to www.tcgservices.com

- Click Enroll (upper right-hand corner)
- Search for your Employer
- Click Enroll in the 457(b) Savings Plan

If you have questions, please contact TCG Administrators at [\(800\) 943-9179](tel:8009439179)
Monday - Friday, 8:00 a.m. - 7:00 p.m.

24/7, 365 ONLINE ACCESS VIA WEB OR MOBILE APP

Vast Learning Center located at
www.tcgservices.com

- Video Library
- Retirement Rundown & Market Commentary
- Financial Calculators

Service from your FFGA Account Rep
Dedicated email address: FFInvest@ffga.com

COBRA

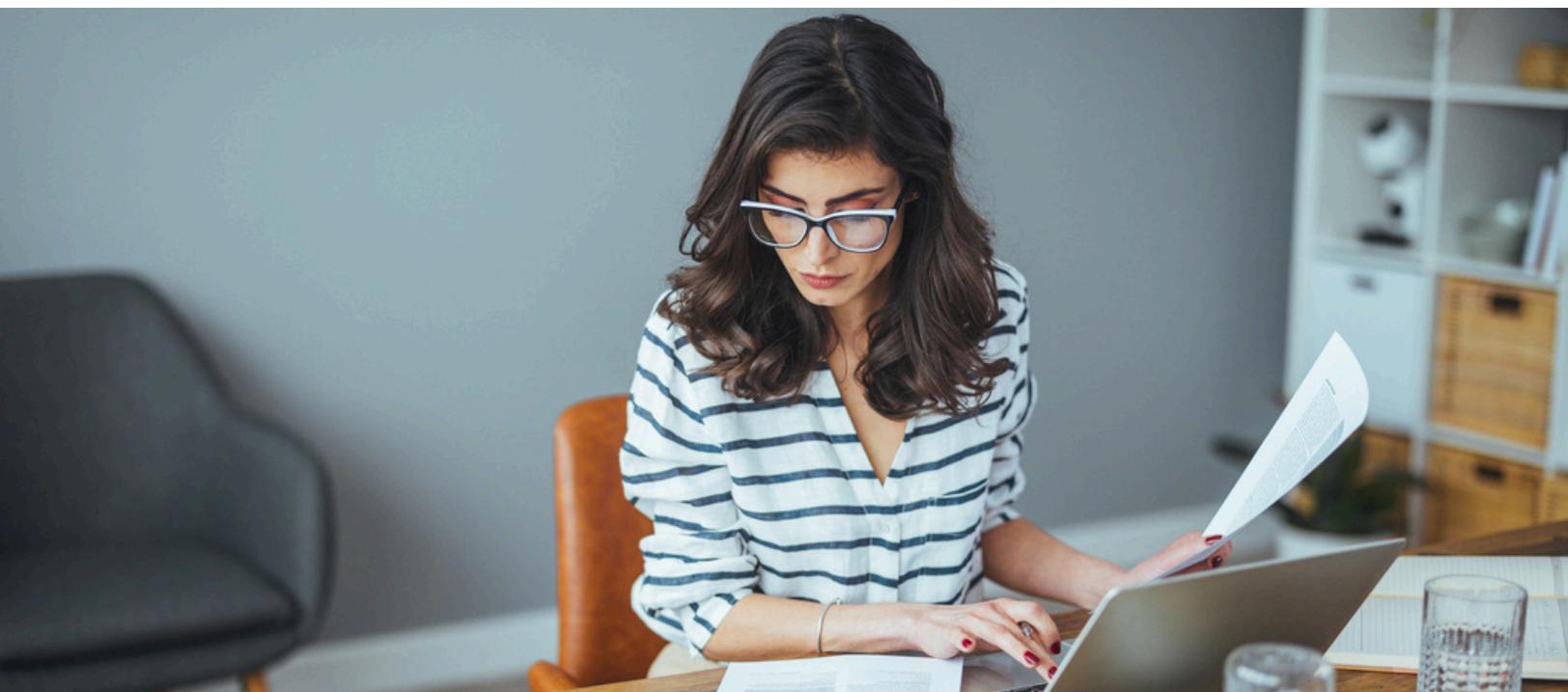
First Financial Administrators, Inc. | www.ffga.com | 800-523-8422, option 4

Life is full of unexpected events that may impact your health insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your group health coverage such as medical, dental, vision insurance and flexible spending accounts for a limited period of time.

COBRA Highlights

- Temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work, divorce, death or a child no longer qualifying as a dependent. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
- Either you or your family member are responsible for notifying your employer of a divorce, legal separation or child losing dependent status within 60 days of the event. In the case of termination, death or reduction in hours, your employer will be responsible for letting the provider know that you have the right to continue coverage under COBRA.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

First Financial Administrators, Inc. provides COBRA administration services for the following plans:
Dental and Vision



Medicare & Age 65



FFMS | <https://www.ffga.com/medicare-solutions> | 800-523-8422

Questions to Consider Before Retiring

- Do I **plan** to Retire?
- Am I **eligible** to Enroll?
- **When** can I enroll?
- Do I really **want** to enroll?
- **Should** I enroll now or wait?
- What happens if I **don't** enroll when I'm eligible?

Whether or not you intend to retire yet, these questions and more may occur as you approach age 65.

Planning for your future is important, and you don't have to do it alone.

Let the experts at First Financial assist you through this process.

Robert Dawson
FFMS Coordinator
Cell: 281-889-9382

Clever RX

Clever RX | <https://partner.cleverrx.com/ffga> | 800-873-1195

Clever RX helps you save money by using a prescription drug savings card. They partner with the healthcare community to bring state-of-the-art, money-savings tools to participants. It helps you save up to 80% off prescriptions drugs and often beats the average copay. Plus, it's completely free. Thanks to Clever RX, you will never overpay for prescriptions again!

Use Clever RX every time you pay for a medication for instant savings!



Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.

Clever RX Highlights

- 100% FREE to use.
- Unlock discounts on thousands of medications.
- Save up to 80% on prescription medication – Often beats your copay!
- Download the Clever RX app by using the information on your card to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

Contact Information

203 E. Oleander | La Feria, TX 78559
956-797-8300 | www.laferiaisd.org

Miguel Serna, Sr. Account Manager
512-706-9666 | miguel.serna@ffga.com

Product	Carrier	Website	Phone
Medical	South Texas Health Coop		(956) 428-7006
Dental	MetLife	www.metlife.com/insurance/dental-insurance	(800) 942-0854
Vision	MetLife	www.metlife.com/insurance/vision-insurance	(833) 393-5433
Flexible Spending Accounts	FFGA FSA Department	ffa.wealthcareportal.com/page/home	(866) 853-3539
Term Life & AD&D	Blue Cross Blue Shield	www.bcbstx.com/ancillary	(877) 442-4207
Permanent Life	Texas Life	www.texaslife.com	(800) 283-9233
Disability	The Hartford	www.thehartford.com/employee-benefits/group-disability-insurance	(888) 277-4767
Cancer	American Fidelity	www.americanfidelity.com	(800) 654-8489
Critical Illness	American Fidelity	www.americanfidelity.com	(800) 654-8489
Accident	MetLife	www.metlife.com/insurance/accident-health	(800) 638-5433
Hospital Indemnity	MetLife	www.metlife.com/insurance/accident-health/hospital-indemnity-insurance	(800) 638-5433
Identity Theft Protection	iLock 360	www.ilock360.com	(85) 287-8888
Medical Transport	MASA MTS	www.masamts.com	(954) 334-8261
Legal Plan	MetLife	www.legalplans.com	(800) 943-9179

Contact Information

Product	Carrier	Website	Phone
457(b) Retirement Plans	TCG Services	www.tcgservices.com	(800) 943-9179
FFINVEST	TCG Services	www.tcgservices.com	(800) 943-9179
COBRA	First Financial Administrators, Inc.	www.ffga.com	(800) 523-8422, option 4
Medicare	FFMS	www.ffga.com/medicare-solutions	(800) 523-8422
Prescription Savings Plan	Clever RX	partner.cleverrx.com/ffga	(800) 974-3135