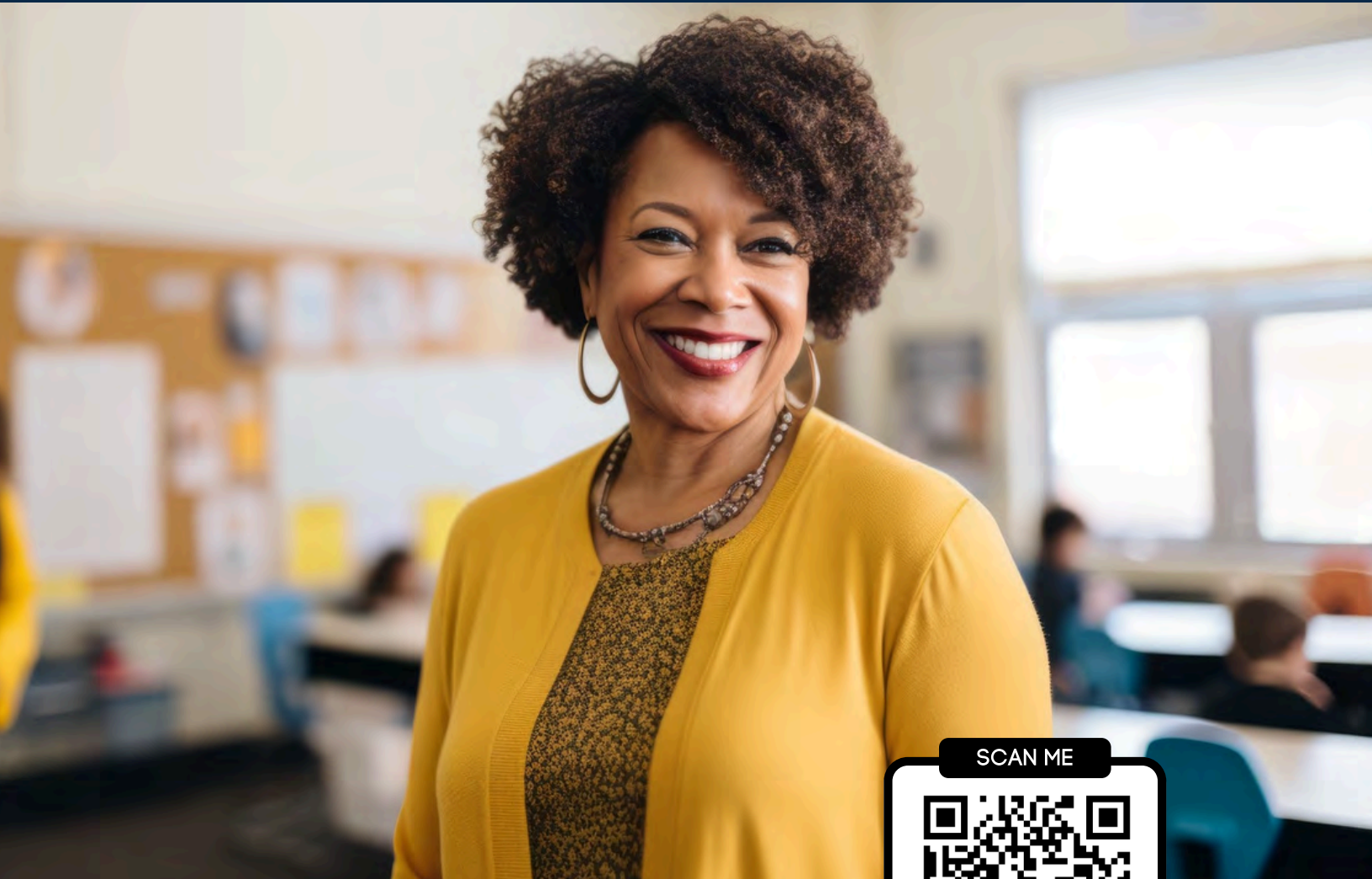
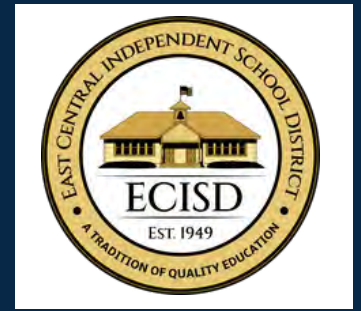


East Central ISD 2024-2025 BENEFITS GUIDE



800-672-9666
www.ffga.com

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

East Central Benefit Department
210-648-7861

<https://www.ecisd.net/departments/benefits>

Contents

- [EMPLOYEE BENEFITS CENTER](#)
- [HOW TO ENROLL](#)
- [BENEFIT ELIGIBILITY & COVERAGE](#)
- [SECTION 125 PLANS](#)
- [MEDICAL](#)
- [DENTAL](#)
- [VISION](#)
- [FSA](#)
- [FSA RESOURCES](#)
- VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS
 - [TERM LIFE & AD&D](#)
 - [TEXAS LIFE](#)
 - [DISABILITY INSURANCE](#)
 - [CANCER INSURANCE](#)
 - [CRITICAL ILLNESS INSURANCE](#)
 - [ACCIDENT ONLY INSURANCE](#)
 - [LEGAL PLAN](#)
 - [MEDICAL TRANSPORT](#)
 - [EMPLOYEE ASSISTANCE PROGRAM](#)
 - [TELEHEALTH](#)
 - [HOSPITAL INDEMNITY INSURANCE](#)
 - [COBRA](#)
 - [CLEVER RX](#)
- [BENEFIT CONTACT INFORMATION](#)

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!

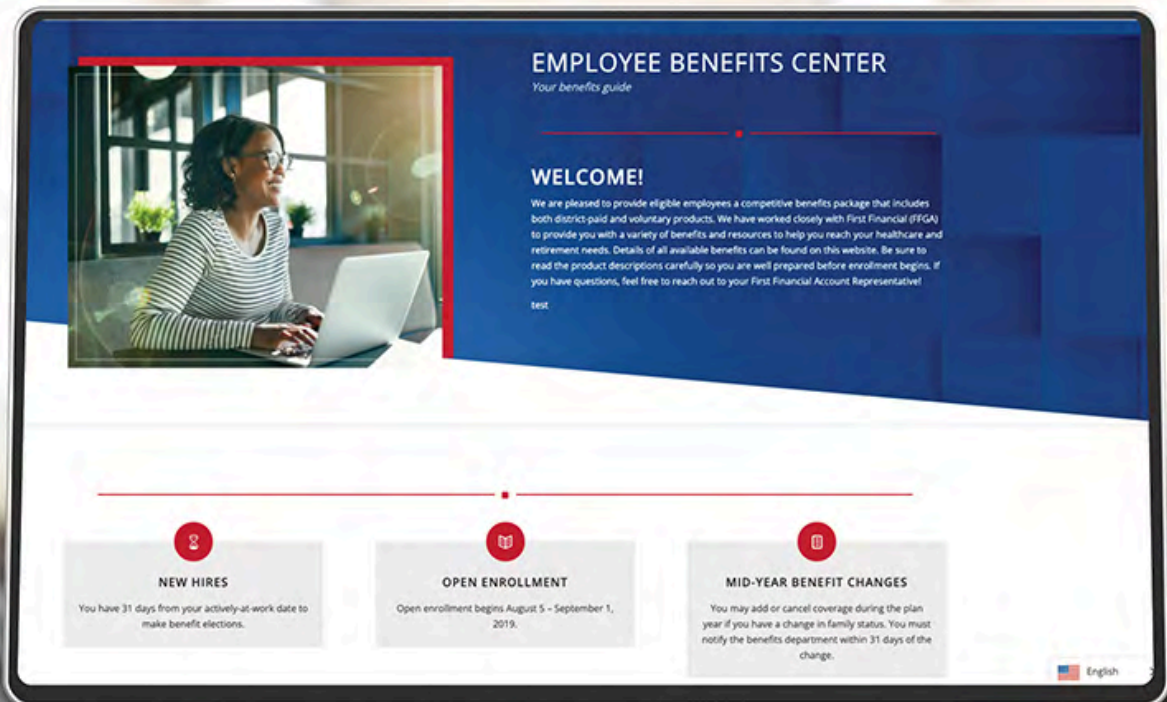
East Central ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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/eastcentralisd>



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

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

View Current Benefits

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

View/Add Dependents

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

Enrollment Assistance Center Instructions

Call 855-765-4473 and follow the prompts to be connected to your local FFGA branch office. Hours of operation are 8 a.m. to 5 p.m. (local time) Monday through Friday. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours.

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 Premiums

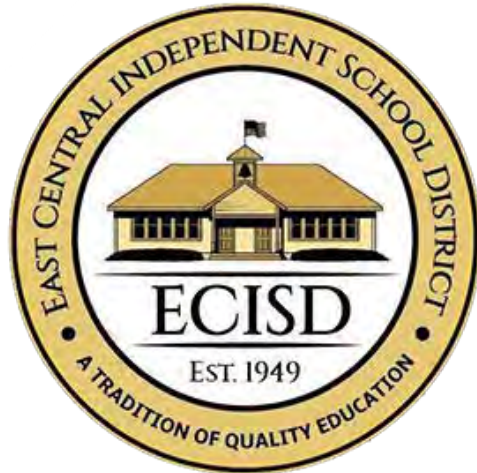
Medical Premiums			
	HD	Basic	Enhanced
Employee Only	\$140	\$160	\$347
Employee + Spouse	\$897	\$914	\$1,249
Employee + Children	\$451	\$465	\$715
Employee + Family	\$1,172	\$1,222	\$1,680

Monthly Premiums shown above include the Employer contribution of \$410

For more information, please refer to the UBC website: [ubc-benefits.com/ecisd-benefits](https://www.ubc-benefits.com/ecisd-benefits)



2024-25 UBC Rate Sheet



Plan Summary

Monthly Premiums

Employee Only	\$140	\$115 with PHA
Employee & Spouse	\$897	\$847 with PHA
Employee & Child(ren)	\$451	\$426 with PHA
Employee & Family	\$1,172	\$1,122 with PHA

Plan Features

Individual / Family Deductible	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance	20% after deductible	
Individual / Family Maximum Out-of-Pocket	\$9,000/\$18,000	

Doctor Visits

Primary Care	20% after deductible
Specialist	20% after deductible
Recuro 24/7 Virtual Acute & Behavioral	\$0
ECISD Health & Wellness Center	\$0

Immediate Care

Urgent Care	\$50 Copay	\$100 Copay
Emergency Care	\$250 Copay then 20% after deductible	

Prescription Drugs

Drug Deductible	\$250 Brand / Specialty Only
Generics (30 Day Supply/90 Day Supply)	\$0 Retail and Mail Order
Preferred Brand	30% Retail / \$175 Mail Order
Non-Preferred Brand	30% Retail / \$175 Mail Order
Specialty	50% after Deductible to a Max of \$2,500
International Mail Order	\$0 Brand / Specialty (No Deductible)

Out-of-Network Coverage

Individual / Family Deductible	\$6,000/\$12,000
Coinsurance	40% after deductible
Individual / Family Maximum Out-of-Pocket	Unlimited

		HD		BASIC		ENHANCED			
		<ul style="list-style-type: none"> Lowest Premiums available No PCP Referrals Free Generic Drugs 		<ul style="list-style-type: none"> Lower Annual Deductibles than HD Plan No PCP Referrals Free Generic Drugs 		<ul style="list-style-type: none"> Lowest Annual Deductibles available No PCP Referrals Free Generic Drugs 			
		Baptist		CIGNA OAP		Baptist		CIGNA OAP	
Individual / Family Deductible		\$1,500/\$3,000	\$3,000/\$6,000	\$1,250/\$2,500	\$2,500/\$5,000	\$600/\$1,200	\$1,200/\$2,400	\$600/\$1,200	\$1,200/\$2,400
Coinsurance		20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Individual / Family Maximum Out-of-Pocket		\$9,000/\$18,000		\$9,000/\$18,000		\$9,000/\$18,000		\$9,000/\$18,000	
		Baptist		CIGNA OAP		Baptist		CIGNA OAP	
Primary Care		20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Specialist		20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Recuro 24/7 Virtual Acute & Behavioral		\$0		\$0		\$0		\$0	
ECISD Health & Wellness Center		\$0		\$0		\$0		\$0	
		Baptist		CIGNA OAP		Baptist		CIGNA OAP	
Urgent Care		\$50 Copay	\$100 Copay	\$50 Copay	\$100 Copay	\$50 Copay	\$100 Copay	\$50 Copay	\$100 Copay
Emergency Care		\$250 Copay then 20% after deductible		\$250 Copay then 20% after deductible		\$250 Copay then 20% after deductible		\$250 Copay then 20% after deductible	
		Baptist		CIGNA OAP		Baptist		CIGNA OAP	
Drug Deductible		\$250 Brand / Specialty Only		\$250 Brand / Specialty Only		\$250 Brand / Specialty Only		\$250 Brand / Specialty Only	
Generics (30 Day Supply/90 Day Supply)		\$0 Retail and Mail Order		\$0 Retail and Mail Order		\$0 Retail and Mail Order		\$0 Retail and Mail Order	
Preferred Brand		30% Retail / \$175 Mail Order		30% Retail / \$175 Mail Order		30% Retail / \$175 Mail Order		30% Retail / \$175 Mail Order	
Non-Preferred Brand		30% Retail / \$175 Mail Order		30% Retail / \$175 Mail Order		30% Retail / \$175 Mail Order		30% Retail / \$175 Mail Order	
Specialty		50% after Deductible to a Max of \$2,500		50% up to a max of \$2,500		50% up to a max of \$2,500		50% up to a max of \$2,500	
International Mail Order		\$0 Brand / Specialty (No Deductible)		\$0 Brand / Specialty (No Deductible)		\$0 Brand / Specialty (No Deductible)		\$0 Brand / Specialty (No Deductible)	
		Baptist		CIGNA OAP		Baptist		CIGNA OAP	
Individual / Family Deductible		\$6,000/\$12,000		\$5,000/\$8,000		\$3,000/\$6,000		\$3,000/\$6,000	
Coinsurance		40% after deductible		40% after deductible		40% after deductible		40% after deductible	
Individual / Family Maximum Out-of-Pocket		Unlimited		Unlimited		Unlimited		Unlimited	

Things to Know

ECISD is offering a PHA discount starting on 9/1/24 for employees who enroll in coverage and complete a PHA by 5/31/24

- \$25 credit - Employee only & Employee/Child
- \$50 credit - Employee/Spouse & Employee/Family

Wellness Benefits at No Extra Cost

- Free Generic Drugs
- Free Recuro 24/7 Virtual Acute & Behavioral Health
- Free access to ECISD Health and Wellness Center

Additional Services

Patient Choice Program

- Free Major Imaging and Outpatient Surgeries
- Concierge Healthcare Navigation

International Pharmacy (Can-Path)

- Free Mail Order Prescriptions

Employee Health Benefits 2024-25



East Central ISD Which Plan is Right for You?



Questions to Consider

- How much coverage do I need?
- How often do I access health care?
- Are my doctors in-network?
- Do I prefer higher premiums or pay as I go?
- Do I have regular prescriptions?

Benefits for UBC Members

The Cigna Open Access Plus Network provides you with access to healthcare professionals nationwide to address your health concerns. The UBC plans offer a range of coverage options to best meet the needs of you and your family. This provides you a great deal of flexibility and the option to save significantly on your health insurance premiums.

Choice and Control

The Cigna Open Access Plus Network provides access to 17,000 facilities and more than 1,000,000 healthcare professionals.

Need Assistance?
help@UBC-Benefits.com

- Cigna Nationwide Network with more than one million healthcare professionals
- Lower deductible when using Baptist Health network
- No referral necessary to see a specialist
- Lower Out-of-Pocket maximums
- In- and Out-of-Network Benefits
- Two options for In-Network benefits
- Free access to East Central Health and Wellness Center



HD - Medical Plan

Overview

The ECISD HD Plan serves as the primary High Deductible plan option, with low cost monthly premiums in exchange for higher annual deductibles. With in- and out-of-network benefits, no need for physician referrals, and free generic drugs, this plan provides the highest premium savings to plan members, with the greatest overall annual savings potential.

The UBC benefit plans provide access to the East Central Health and Wellness Center for you and your covered dependents, ages 2 and over. All services performed at the Wellness Center are done at no cost for you and your covered dependents, and just like visiting your primary doctor, all information is confidential.

Covered	Monthly Premium	Monthly Premium with PHA
<ul style="list-style-type: none">Employee	<ul style="list-style-type: none">\$140	<ul style="list-style-type: none">\$115
<ul style="list-style-type: none">Employee + Spouse	<ul style="list-style-type: none">\$897	<ul style="list-style-type: none">\$847
<ul style="list-style-type: none">Employee + Child(ren)	<ul style="list-style-type: none">\$451	<ul style="list-style-type: none">\$426
<ul style="list-style-type: none">Employee + Family	<ul style="list-style-type: none">\$1,172	<ul style="list-style-type: none">\$1,122



HD - plan quick-reference

Refer to plan documents for limitations and additional information.

HD - Medical Plan

Features	Your Baptist Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Annual Deductible	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	\$6,000 individual \$12,000 family
Coinsurance (after the annual deductible)	20% after deductible	20% after deductible	40% after deductible
Annual Out-of-Pocket Maximum	\$9,000 individual \$18,000 family	\$9,000 individual \$18,000 family	Unlimited
Physician Services			
Office Visits - Primary	20% after deductible	20% after deductible	40% after deductible
Office Visits - Specialist	20% after deductible	20% after deductible	40% after deductible
Urgent Care Visits	\$50 copay	\$100 copay	40% after deductible
Emergency Care* (True Emergency Only)	\$250 copay then 20% after deductible	\$250 copay then 20% after deductible	\$250 copay then 20% after deductible
East Central - Health and Wellness Center	Plan pays 100%, no deductible	Plan pays 100%, no deductible	N/A
Recuro 24/7 Acute & Behavioral Health	Plan pays 100%, no deductible	Plan pays 100%, no deductible	N/A
Prescription Drugs			
Drug Deductible	\$250 Brand / Specialty Only		
Generic (30/90 Day Supply)	\$0 Retail and Mail Order		
Preferred Brand	30% Retail / \$175 Mail Order		
Non-Preferred Brand	30% Retail / \$175 Mail Order		
Specialty	50% up to a maximum of \$2,500 per month		
International Mail-Order	\$0 Brand / Specialty (No Deductible)		

*Non-Emergency Use of Emergency Rooms is Not Covered

Refer to plan documents for limitations and additional information.

HD - Medical Plan (continued)

Features	Your Baptist Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Maternity Services			
Routine Prenatal Care	20% after deductible	20% after deductible	40% after deductible
Delivery in Hospital	20% after deductible	20% after deductible	40% after deductible
Newborn Care in Hospital (Routine)	20% after deductible	20% after deductible	40% after deductible
Additional Services			
Inpatient Hospital	20% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	40% after deductible
Lab & X-ray Outpatient (minor)	20% after deductible	20% after deductible	40% after deductible
Hospital Emergency Care (True Emergency Only)	20% after deductible	20% after deductible	40% after deductible
Chiropractic	20% after deductible	20% after deductible	40% after deductible
Patient Choice			
Outpatient Surgery - Patient Choice	\$0 (when using Patient Choice network)		
Lab & X-ray Outpatient (major) - Patient Choice	\$0 (when using Patient Choice network)		

Refer to plan documents for limitations and additional information.

HD - Medical Plan (continued)

Features	Your Baptist Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Preventative Care*			
Well-Child Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Well-Woman Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Routine Screening Mammography	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Adult Health Assessments	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Immunizations	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Screening Colonoscopy	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible

*Subject to Affordable Care Act requirements.

Patient Choice Network provides a no out-of-pocket option for:



Outpatient surgeries, such as:

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

Complex/major imaging.

- MRI's
- CAT Scans
- PET Scans

Rehabilitation Therapies

- Physical Therapy
- Occupational Therapy
- Cardiac Therapy
- Speech Therapy

No deductible needs to be met and zero co-pay

Contact Us:

888.557.8550

UBC@patientchoicehealth.com

Basic - Medical Plan

Overview

The ECISD Basic Plan is designed to provide plan members a secondary offering with lower annual deductibles in exchange for slightly higher monthly premiums. This plan provides in- and out-of network benefits, no need for physician referrals, free generic drugs, and lower annual deductibles than the HD Plan.

The UBC benefit plans provide access to the East Central Health and Wellness Center for you and your covered dependents, ages 2 and over. All services performed at the Wellness Center are done at no cost to you and your covered dependents, and just like visiting your primary doctor, all information is confidential.

Covered	Monthly Premium	Monthly Premium with PHA
• Employee	• \$160	• \$135
• Employee + Spouse	• \$914	• \$864
• Employee + Child(ren)	• \$465	• \$440
• Employee + Family	• \$1,222	• \$1,172



Basic - plan quick-reference

Refer to plan documents for limitations and additional information.

Basic - Medical Plan

Features	Your Baptist Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Annual Deductible	\$1,250 individual \$2,500 family	\$2,500 individual \$5,000 family	\$5,000 individual \$8,000 family
Coinsurance (after the annual deductible)	20% after deductible	20% after deductible	40% after deductible
Annual Out-of-Pocket Maximum	\$9,000 individual \$18,000 family	\$9,000 individual \$18,000 family	Unlimited
Physician Services			
Office Visits - Primary	20% after deductible	20% after deductible	40% after deductible
Office Visits - Specialist	20% after deductible	20% after deductible	40% after deductible
Urgent Care Visits	\$50 copay	\$100 copay	40% after deductible
Emergency Care* (True Emergency Only)	\$250 copay then 20% after deductible	\$250 copay then 20% after deductible	\$250 copay then 20% after deductible
East Central - Health and Wellness Center	Plan pays 100%, no deductible	Plan pays 100%, no deductible	N/A
Telehealth - Recuro	Plan pays 100%, no deductible	Plan pays 100%, no deductible	N/A
Prescription Drugs			
Drug Deductible	\$250 Brand / Specialty Only		
Generic (30/90 Day Supply)	\$0 Retail and Mail Order		
Preferred Brand	30% Retail / \$175 Mail Order		
Non-Preferred Brand	30% Retail / \$175 Mail Order		
Specialty	50% up to a maximum of \$2,500 per month		
International Mail-Order	\$0 Brand / Specialty (No Deductible)		

*Non-Emergency Use of Emergency Rooms is Not Covered

Refer to plan documents for limitations and additional information.

Basic - Medical Plan (continued)

Features	Your Baptist Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Maternity Services			
Routine Prenatal Care	20% after deductible	20% after deductible	40% after deductible
Delivery in Hospital	20% after deductible	20% after deductible	40% after deductible
Newborn Care in Hospital (Routine)	20% after deductible	20% after deductible	40% after deductible
Additional Services			
Inpatient Hospital	20% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	40% after deductible
Lab & X-ray Outpatient (minor)	20% after deductible	20% after deductible	40% after deductible
Hospital Emergency (True Emergency Only)	20% after deductible	20% after deductible	40% after deductible
Chiropractic	20% after deductible	20% after deductible	40% after deductible
Patient Choice			
Outpatient Surgery - Patient Choice	\$0 (when using Patient Choice network)		
Lab & X-ray Outpatient (major) - Patient Choice	\$0 (when using Patient Choice network)		

Refer to plan documents for limitations and additional information.

Basic - Medical Plan (continued)

Features	Your Baptist Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Preventative Care*			
Well-Child Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Well-Woman Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Routine Screening Mammography	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Adult Health Assessments	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Immunizations	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Screening Colonoscopy	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible

*Subject to Affordable Care Act requirements

Patient Choice Network provides a no out-of-pocket option for:

Outpatient surgeries, such as:

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

Complex/major imaging.

- MRI's
- CAT Scans
- PET Scans

Rehabilitation Therapies

- Physical Therapy
- Occupational Therapy
- Cardiac Therapy
- Speech Therapy

No deductible needs to be met and zero co-pay

Contact Us:

888.557.8550

UBC@patientchoicehealth.com



Patient Choice HEALTH

Enhanced - Medical Plan

Overview

The ECISD Enhanced Plan provides the lowest annual deductibles with the same high quality medical benefits in exchange for the highest monthly premiums. Combining the best aspects from all other plan offerings, this plan provides: in- and out-of network benefits, no need for physician referrals, free generic drugs, and the lowest annual deductibles available.

The UBC benefit plans provide access to the East Central Health and Wellness Center for you and your covered dependents, ages 2 and over. All services performed at the Wellness Center are done at no cost to you and your covered dependents. And just like visiting your primary doctor, all information is confidential.

Covered	Monthly Premium	Monthly Premium with PHA
• Employee	• \$347	• \$322
• Employee + Spouse	• \$1,249	• \$1,199
• Employee + Child(ren)	• \$715	• \$690
• Employee + Family	• \$1,680	• \$1,630



Enhanced - plan quick-reference

Refer to plan documents for limitations and additional information.

Enhanced - Medical Plan

Features	Your Baptist Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Annual Deductible	\$600 individual \$1,200 family	\$1,200 individual \$2,400 family	\$3,000 individual \$6,000 family
Coinsurance (after the annual deductible)	20% after deductible	20% after deductible	40% after deductible
Annual Out-of-Pocket Maximum	\$9,000 individual \$18,000 family	\$9,000 individual \$18,000 family	Unlimited
Physician Services			
Office Visits - Primary	20% after deductible	20% after deductible	40% after deductible
Office Visits - Specialist	20% after deductible	20% after deductible	40% after deductible
Urgent Care Visits	\$50 copay	\$100 copay	40% after deductible
Emergency Care* (True Emergency Only)	\$250 copay then 20% after deductible	\$250 copay then 20% after deductible	\$250 copay then 20% after deductible
East Central - Health and Wellness Center	Plan pays 100%, no deductible	Plan pays 100%, no deductible	N/A
Telehealth - Recuro	Plan pays 100%, no deductible	Plan pays 100%, no deductible	N/A
Prescription Drugs			
Drug Deductible	\$250 Brand / Specialty Only		
Generic (30/90 Day Supply)	\$0 Retail and Mail Order		
Preferred Brand	30% Retail / \$175 Mail Order		
Non-Preferred Brand	30% Retail / \$175 Mail Order		
Specialty	50% up to a maximum of \$2,500 per month		
International Mail-Order	\$0 Brand / Specialty (No Deductible)		

*Non-Emergency Use of Emergency Rooms is Not Covered

Refer to plan documents for limitations and additional information.

Enhanced - Medical Plan (continued)

Features	Your Baptist Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Maternity Services			
Routine Prenatal Care	20% after deductible	20% after deductible	40% after deductible
Delivery in Hospital	20% after deductible	20% after deductible	40% after deductible
Newborn Care in Hospital (Routine)	20% after deductible	20% after deductible	40% after deductible
Additional Services			
Inpatient Hospital	20% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	40% after deductible
Lab & X-ray Outpatient (minor)	20% after deductible	20% after deductible	40% after deductible
Hospital Emergency Care (True Emergency Only)	20% after deductible	20% after deductible	40% after deductible
Chiropractic	20% after deductible	20% after deductible	40% after deductible
Patient Choice			
Outpatient Surgery - Patient Choice	\$0 (when using Patient Choice network)		
Lab & X-ray Outpatient (major) - Patient Choice	\$0 (when using Patient Choice network)		

Refer to plan documents for limitations and additional information.

Enhanced - Medical Plan (continued)

Features	Your Baptist Health Network Costs	Your Cigna Network Costs	Your Out-of-Network Costs
Preventative Care*			
Well-Child Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Well-Woman Care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Routine Screening Mammography	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Adult Health Assessments	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Immunizations	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible
Screening Colonoscopy	Plan pays 100%, no deductible	Plan pays 100%, no deductible	40% after deductible

*Subject to Affordable Care Act requirements.

Patient Choice Network provides a no out-of-pocket option for:

Outpatient surgeries, such as:

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

Complex/major imaging.

- MRI's
- CAT Scans
- PET Scans

Rehabilitation Therapies

- Physical Therapy
- Occupational Therapy
- Cardiac Therapy
- Speech Therapy

No deductible needs to be met and zero co-pay

Contact Us:

888.557.8550

UBC@patientchoicehealth.com



FINDING A DOCTOR IN OUR DIRECTORY IS EASY



Is your doctor or hospital in your plan's Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS



Step 1

Go to [Cigna.com](https://www.cigna.com), and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."



Step 2

Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.



Step 3

Answer any clarifying questions, and then verify where you live (as that will determine the networks available).



Step 4

Optional: Select one of the plans offered by your employer during open enrollment. **(OAP) Network Open Access Plus**

That's it! You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

Search first. Then choose Cigna.

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to [myCigna.com](https://www.mycigna.com) – your one-stop source for managing your health plan, anytime, just about anywhere. On [myCigna.com](https://www.mycigna.com), you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

Questions? Call 1-800-Cigna24

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

Providers and facilities that participate in the Cigna network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, see your plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: Medical: OK-HP-APP-1 et al., OR-HP-POL3802-13, TN-HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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For all employees, spouse and dependents (ages 2+) covered on the
East Central ISD-UBC Cigna Medical Plan

You can **SAVE BIG** at the East Central ISD Health and Wellness Center

Powered by **CareATC**

East Central ISD-UBC Cigna Medical Plan

PRIMARY CARE

Copay - out of pocket

URGENT CARE

\$175 average cost

HOSPITAL ER

\$2000 average cost

ER Free-Standing

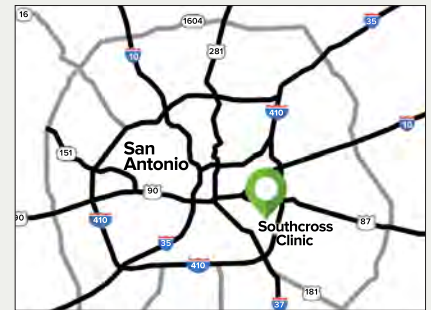
\$4000 average cost

East Central ISD Health and Wellness Center

- Primary care
- Lab work on-site
- Over-the-counter medications dispensed on-site

\$0

Great care. No out of pocket.



Access to quality health care is just around the corner!

East Central ISD is partnering with CareATC to provide primary and preventative health care available **free of charge** to all employees, spouse and dependents (ages 2+) covered on the East Central ISD-UBC Cigna Medical Plan

East Central ISD Health and Wellness Center

4243 E Southcross, Ste 202
San Antonio, TX 78222

Mon/Fri 7am - 11am / 12 pm - 4pm
Tu/Wed/Thurs 8am - 12pm/1pm-5pm



\$0 Pay nothing, get everything

- \$0 Copay
- \$0 Deductible
- \$0 Coinsurance
- \$0 Primary, preventive, illness and injury care
- \$0 Chronic disease management
- \$0 Labs and medications provided at your visit
- Fast, easy appointment access
- Little to no wait time
- More time with your provider

Available treatments and services include

- Adult Immunizations
- Allergies / Asthma Annual
- Physicals
- Cold / Congestion / Flu
- Diabetes Management
- Generic Medications High
- Blood Pressure High
- Cholesterol
- Lab Work / Tests
- Minor Injuries
- Sport Physicals
- Thyroid Disorders Tobacco
- Cessation
- Well Woman Exams

Under HIPAA regulations, all patient information is confidential.




Three ways to schedule an appointment: ☎ 800.993.8244 🖥 www.careatc.com/patients 📱 CareATC app

frequently asked questions.

Know Your Care  **ATC**

How do I schedule an appointment?

There are three convenient ways to schedule an appointment:

-  Call 800.993.8244
-  Visit www.careatc.com/patients
-  Download the CareATC App

Use the CareATC mobile app and online patient portal to easily schedule appointments anytime, anywhere 24/7.

Is there a co-pay or cost to use the East Central Health & Wellness Center?

As long as you and your dependents are on the UBC/Cigna Medical plan, there is never a charge or co-pay to use the health center.

What do I need for my first visit?

- **New Patient Paperwork** – this can be completed at www.careatc.com/patients
- **Valid I.D.**
- **Medical Insurance Card**
- **List of Current Medications**

How long will my appointment take?

- Sick (Acute) visits take 15-20 minutes.
- Chronic and complex visits could take 30 minutes.

Please arrive 15 minutes prior to your first appointment.



**THE
POWER
TO BE WELL**

The Mobile App

Made to Keep You Moving



Activate Your Account

With the CareATC mobile app, you can take your wellness with you – anywhere, anytime! When it comes to managing your health, we make every effort to ensure that you can safely and securely access the information that matters most.

To help everyone get the most from this benefit, it's important that each member on your health plan age 18 and over create their own account.

Get Started

Securely activate your account by downloading the **CareATC app** or visiting www.careatc.com/activate.

4 Easy Steps:

1: Tell Us About Yourself

Provide personal details. It is important you double check that this matches your employer records.

2: Verify Your Identity

Complete a short verification quiz.

3: Create Your Account

Set up your username and password.

4: Set Up Your Recovery Options

Provide a phone number and/or email address to recover login information.

If you have trouble registering, or logging into the Patient Portal or Mobile app, you can call the Patient Access Center at 800.993.8244.

Download the app to:

- Schedule In-Person or Virtual Care Appointments
- Access 24/7 Telemedicine *(For select groups)*
- Message Your Primary Care Team
- Complete and Review Forms and Documents
- View Your Medical Record
- Submit Prescription Refill Requests
- View Your Personal Health Assessment (PHA) Results
- Map Available Clinic Locations
- Access Exclusive Health Education Content

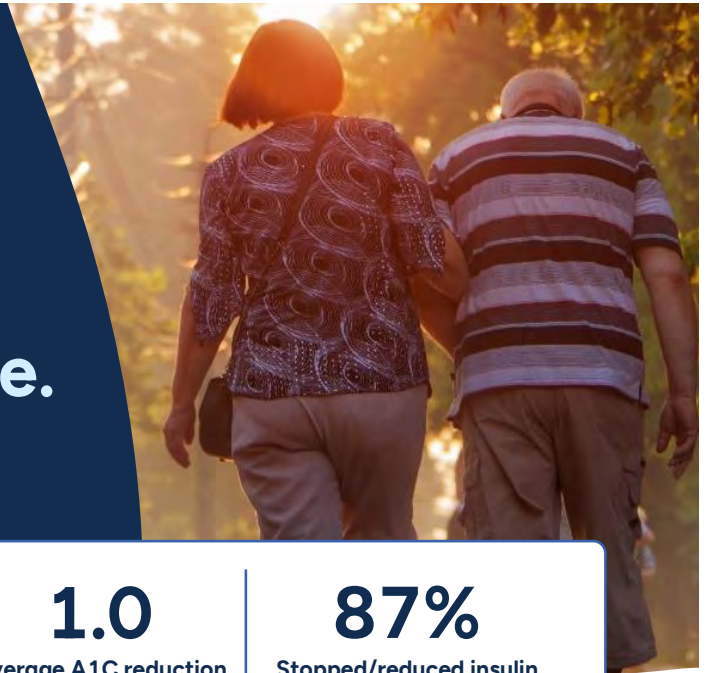


Three easy ways to schedule an appointment:

-  CareATC App  www.careatc.com/patients  800.993.8244



Reverse your condition. Redefine what's possible.

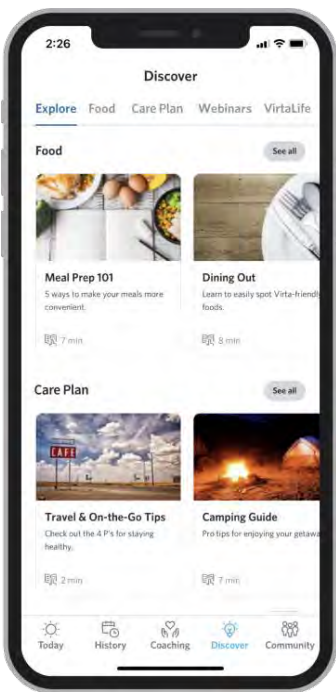


10-week member
clinical trial results¹:

18lbs
Average weight loss

1.0
Average A1C reduction

87%
Stopped/reduced insulin



Try nutrition therapy from Virta Health at no cost*

As a virtual clinic for type 2 diabetes reversal and prevention, Virta helps members use food as medicine to lose weight, lower A1C, and reduce medication needs. No calorie counting or gym visits required.

The American Diabetes Association believes that there's no such thing as a diabetes diet² and Virta agrees. With provider support, coaching, and technology, members learn what nutrients (carbs, fats, and proteins) they personally need more of, and less of, to improve health naturally.

Virta is \$0 for individuals and dependents with an eligible condition.

The Virta Difference

- Nutrition not calorie restriction. Eat until you feel full.
- Personalized over one-size. Your plan covers your needs & tastes.
- About the journey not the judgement. Get caring providers and coaches.

Schedule a free consultation to learn more:
virtahealth.com/join/eastcentral

Virta Health defines reversal as reaching HBA1c below 6.5 without the use of diabetes medications beyond metformin. Diabetes and related issues can return if lifestyle changes are not maintained.

1 McKenzie AL et al. JMIR Diabetes 2017.

2 Avert AB, et al. Diabetes Care 1. May 2019.

* East Central ISD and UBC fully cover the cost of Virta (valued at over \$3,000) for you and your eligible family members with type 2 diabetes, type 1 diabetes, or prediabetes. Virta is also covered for those with a BMI of 27 or greater who are interested in safe and sustainable weight loss.





+



Dear Plan Member,

We're excited to welcome you to the RxBenefits family. As a friendly reminder, we have partnered with East Central ISD and OptumRx to bring you best-in-class pharmacy benefits. Our goal is to ensure your safety, make every effort to reduce your out-of-pocket costs, and promptly address any questions or issues that may arise to ensure you get the maximum value from your new benefits plan.

This packet is designed exclusively for you, and includes the following helpful resources that provide important information about your pharmacy plan:

- **Prescription Benefit Coverage for East Central ISD**
This document gives you an easy-to-understand breakdown of all the important details of the coverage through your new pharmacy plan.
- **Member Services Support Contact Information**
Our professional member services representatives are available to support you should any questions or issues arise.
- **Details on Accessing OptumRx's Website & Mobile App**
East Central ISD has selected OptumRx as your backend claims manager, giving you access to one of the largest national pharmacy networks. OptumRx's web portal and app will help you manage your medications anywhere, anytime, search for the nearest retail pharmacy, and check drug interactions.
- **Information on How to Sign-Up for Mail Order**
Get up to a three-month supply of your maintenance medication(s) delivered safely and reliably right to your door. Save time and money!

Your permanent ID card(s) will be distributed to you shortly by OptumRx, or your medical vendor. If you need to fill a prescription before your card(s) arrives, simply provide all of the information on the card below to the pharmacy to process your request.



RxBIN: 610011
RxPCN: IRX
RxGRP: RXBENEFIT

Beginning June 1, 2022, please contact RxBenefits with questions regarding prescription coverage:

Plan Members call Member Support: 800.933.0765
Pharmacists call Pharmacy Help Desk: 800.880.1188

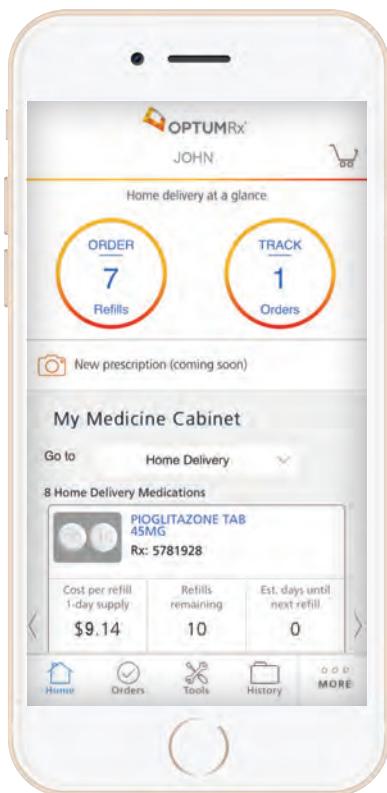
As always, RxBenefits' Member Services team is available to answer any questions you may have. You can reach them Monday – Friday from 7:00 a.m. to 8:00 p.m. CT by calling 800.933.0765 or emailing CustomerCare@rxbenefits.com.

Please reach out to us at any time if you have any questions or concerns. We are thrilled to be partnering with you to take your pharmacy benefit to the next level.

Sincerely,
Your RxBenefits Team



The OptumRx app



The OptumRx® App makes the online pharmacy experience as simple as possible. You can easily:

- Refill or renew a home delivery prescription
- Transfer a retail prescription to home delivery
- Find drug prices and lower-cost options
- View your prescription claim history or order status
- Locate a pharmacy
- Access your ID card, if your plan allows
- Set up refill reminders
- Track your order



Download the OptumRx App now
from the Apple® App Store or Google Play™.



The OptumRx App: the most convenient way to manage your prescriptions.

Simple

You can easily refill a medication or transfer a retail prescription to home delivery.

Current

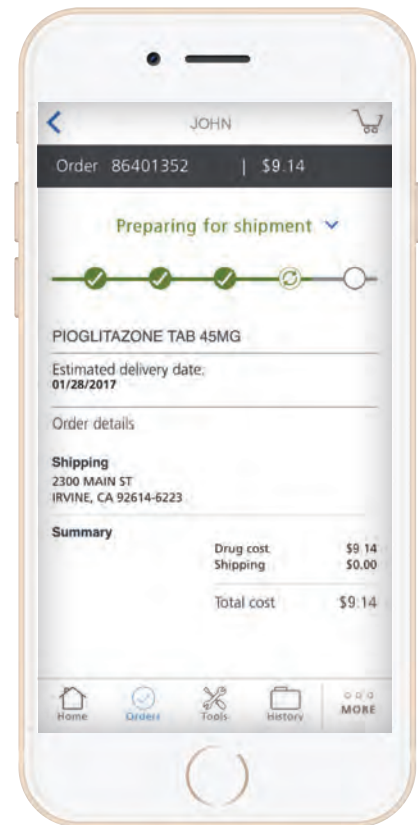
Prescription Drug Lists change frequently; the OptumRx App updates automatically, giving you quick access to the most current drug coverage information.

Personalized

Access a complete profile of your prescriptions when you view your online Medicine Cabinet. You can see all your recent and past prescriptions.

Save time and money

Compare prescription drug options as well as identify potential cost savings.



The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

Free services are provided to help you communicate with us, such as letters in other languages or large print. You may also ask to speak with an interpreter. To ask for help, please call the toll-free phone number listed on your ID card.

ATENCIÓN: Si habla **español (Spanish)**, La compañía no discrimina por raza, color, nacionalidad, sexo, edad o discapacidad en actividades y programas de salud.

Se brindan servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande. También puede solicitar comunicarse con un intérprete. Para solicitar ayuda, llame al número de teléfono gratuito que figura en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，公司不会基于种族、肤色、国籍、性别、年龄或残疾而在健康计划和活动中歧视任何人。

为帮助您与我们沟通，我们提供一些免费服务，例如用其他语言书写的信件或大字体。您也可以要求与口译员对话。欲寻求帮助，请拨打您的 ID 卡上列出的免费电话号码。



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at [optum.com](https://www.optum.com).

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Discover the convenience of home delivery from OptumRx



Home delivery is safe and reliable, and you get:

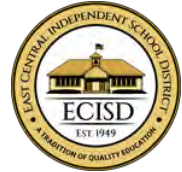
- A three-month supply of your medication, saving you time and possibly money
- Free standard shipping
- Phone access to pharmacists 24 hours a day, 7 days a week
- Helpful reminders letting you know when to take or refill your medications

It's easy to sign up and start saving. Just choose one of the options below:

- Ask your doctor to send an electronic prescription to OptumRx.
- Visit optumrx.com or use the OptumRx app. From there, you can fill new prescriptions, transfer others to home delivery and more.
- Call the toll-free number on your member ID card to speak to a customer service advocate.



Manage your medication from your mobile phone. Download the OptumRx® app today.



RxBenefits' Pharmacy FAQ

Who is RxBenefits?

Founded in 1995, Birmingham, AL-based RxBenefits is the employee benefit industry's first and only technology-enabled pharmacy benefits optimizer (PBO). We are a growing team of more than 500 pharmacy pricing, contract, service, technology, data, and clinical experts that work together as one team towards one common goal: putting the benefit back in pharmacy benefits. We focus exclusively on helping employee benefits consultants, and their self-insured clients, access and deliver an affordable, best-in-class pharmacy benefit.

How Do I Learn More About My Prescription Benefits?

Your pharmacy benefits are part of the specific insurance coverage selected by your employer, and are designed to help you access your prescriptions at the right time and at the best cost. Simply present your prescription benefit ID card and prescription at the in-network retail pharmacy of your choice. The pharmacist will use your prescription and member information to determine if the medication is covered by your plan, and if so, your co-payment or co-insurance.

Details of your specific benefits plan including drug coverage can be found in your Prescription Benefit Coverage (PBC). The PBC is a snapshot of your health plan's co-pays, benefits, covered healthcare services, and other features that are important to you and your family in easy-to-understand terms. If you have any questions or issues, please call RxBenefits' Member Services Team at 800.933.0765.

Where can I get my prescriptions filled in-person?

Your pharmacy benefit gives you access to a large retail pharmacy network that includes thousands of pharmacies throughout the United States. That means you have convenient access to your prescriptions wherever you are - at home, work, or even on vacation. You'll get the most from your benefits by using a participating pharmacy. For a list of participating pharmacies, access your PBM's website for more information.

Note: Choosing a non-network pharmacy means you'll pay the full cost of the prescription up front. You will need to then submit a claim form to your plan for reimbursement.

What Is A Drug List/Formulary?

All prescription benefit plans, including yours, use what is called a "formulary" that may also be referred to as a drug list. The formulary / drug list contains brand-name and generic medications that are covered by your plan. All medications on the formulary have been approved by the Food & Drug Administration (FDA) and have been reviewed and recommended by your plan's Pharmacy & Therapeutics (P&T) Committee. The P&T Committee is an independent group of practicing doctors, pharmacists, and other healthcare professionals responsible for the research and decisions surrounding the drug list based on various factors including their safety and effectiveness.

If your healthcare provider prescribes a medication that is not on the drug list/formulary, it will not be covered, and you will be responsible for the full cost of the medication. If your healthcare provider prescribes a non-covered medicine, talk with them about prescribing a medication that is on the drug list/formulary instead.

Please call the Member Services number on the back of your ID card at any time to determine if a particular medication is (or is not) on your approved formulary and covered by your plan. Or you can refer to your Prescription Benefit Coverage (PBC) for coverage limitations and exclusions.

What Is A Prior Authorization?

Certain prescription drugs may require a "prior authorization" before you can fill the prescription. Some drugs require prior authorization because they may not be a good fit for every patient. Prior Authorization ensures your safety and helps limit your out of pocket costs.

When a medication requires prior authorization, your healthcare provider will need to send documentation to an independent pharmacy reviewer who will review the documentation to ensure the medication is a good fit for you and your benefit coverage. If you use home delivery, it is important that your prescriber obtain prior authorization before you can fill your prescription.

We never want you to go without an appropriate medication to treat your condition. If you are having trouble getting a medication filled because it requires prior authorization, please call the Member Services number on the back of your ID card. We will do everything we can to assist you and your healthcare provider in getting the prior authorization processed promptly.

What Is The Difference Between Generic & Brand Medications? How Does It Affect My Benefits?

A brand-name drug is usually available from only one manufacturer and may have patent protection. A generic drug is required by law to have the same active ingredients as its brand-name counterpart but is available only after the patent expires on a brand-name drug. You can typically save money by using generic medications.

Are generic medications as safe and effective as brand-name drugs?

Yes. Generic medications are regulated by the FDA. In order to pass FDA review and be A-rated, the generic drug is required to be therapeutically equivalent to its counterpart brand-name medication. It must have the same active ingredients as well as the same dosage and strength.

Why are generic medications less expensive?

Normally, a generic drug is introduced to the market only after the patent has expired on its brand-name counterpart. At that point, it can be offered by more than one manufacturer, increasing competition. Generic drug manufacturers generally price their products below the cost of the brand-name versions in order to compete.

How can I request a generic medication?

Your healthcare provider and pharmacist are the best sources of information about generic medications. Simply ask one of them if your prescription can be filled with an equivalent generic medication. You may be subject to higher cost sharing for brand drugs.

Can My Prescription Be Switched To A Drug With A Lower Co-Payment?

If your current prescription medication is not a generic, call your healthcare provider and ask if it's appropriate for you to switch to a lower cost generic drug. The decision is up to you and your healthcare provider.

You can also select lower cost options from your PBM's website where you manage your current prescriptions. You'll get information to discuss with your healthcare provider and the tools to get started.

How Do I Order Medications Using Home Delivery?

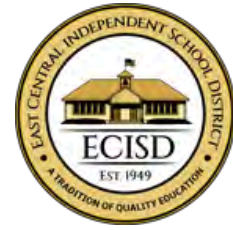
Home delivery is a convenient service for members who take medications to treat a chronic condition on an ongoing basis. Examples of conditions that may require maintenance medications include hormone replacement, asthma, diabetes, high blood pressure, high cholesterol, arthritis, and many other routine prescriptions delivered directly to your door so you never miss a dose. Depending on how your plan is designed, ordering maintenance medications using home delivery may also be more cost-effective. Check your plan details for more information on how copays vary using home delivery vs. a retail pharmacy.

I Am Going To Be Out Of Town For An Extended Period.**How Do I Get An Extra Supply Of Drugs To Cover Me For That Time?**

If you are going to be out of town for an extended period and need extra medication, call the member services number on the back of your member ID card to request a vacation override. You must provide the member services representative with both the date you are leaving and the date you are returning. RxBenefits will place the override in the system and you can pick up your medication at your local pharmacy.

Who do I contact with questions about my specific plan and/or medications?

Your RxBenefits Member Services Team is available to answer any questions you may have. You can reach them Monday – Friday from 7:00 a.m. to 8:00 p.m. CT by calling **800.933.0765** or emailing CustomerCare@rxbenefits.com.



Member Services Quick Reference Card

Member Services for Member Support

RxBenefits' experienced, high-performing call center team delivers a superior level of service.

Availability

Member Services assists you with questions or concerns regarding your pharmacy benefits such as:

- Benefit Details
- Claims Status
- Pharmacy Network
- Coverage Determination/Inquiries
- Mail and Specialty Scripts
- Pharmacy Information

800.933.0765 or
CustomerCare@rxbenefits.com
7:00 AM to 8:00 PM CT
Monday – Friday

Key Details on Common Issues

Pharmacy Benefits & Coverage Inquiries

As plan members, you and your dependents can call for questions related to:

- Coverage Questions
- Clinical Programs
- Copay
- Deductible Issues

Paper Claims

Submit prescription receipts along with your specific PBM's claim form to be processed for direct reimbursement. Claims should be mailed to the address listed on your ID card or fax them to RxBenefits at 205.449.5225.





Attention: Members Taking a Brand-Name Medication!

As your new pharmacy savings program, VerusPath would like to inform you of an additional benefit added to your pharmacy plan. VerusPath is excited to bring you cost-saving opportunities on your **brand-name** medications through [CANPath](#), our Canadian Pharmacy Program!

Just a few of the benefits to using the CANPath Program are:

- ✓ 90-Day Supplies ➡ Shipped Directly to You
 - ✓ \$0.00 Copayment
- ✓ Significant Cost-Savings to Your Plan

On hundreds of medications, such as:

- ✓ Humira
- ✓ Ozempic
- ✓ Jardiance
- ✓ Trulicity
- ✓ Farxiga
- ✓ Lantus Solostar
- ✓ And Many More!

Please note that generic medications are not applicable for this cost-saving opportunity. If you are taking a brand-name medication that is eligible for the program, you will be contacted by phone and/or email by a VerusPath Patient Advocate. We will work directly with your provider to have a new prescription sent to our Canadian Pharmacy Partner.

If you have additional questions about the [CANPath Program](#), please call [1-800-838-0007](tel:1-800-838-0007) or email VerusPath@Verus-Rx.com. Our Patient Advocates are available Monday through Friday, from 9:00AM until 5:00PM CST.



Welcome to

VERUSPATH

This program is being offered to you as a part of your pharmacy benefit plan!

There are three main components to the **VerusPath** Program, which are intended to save you and your employer money on your pharmacy fills!



CAN-Path

The CanPath Program is available on select **brand-name** and high-cost **Specialty** drugs. Our Patient Advocates will work with you and your provider to fill your medication (if eligible) through our partnered Canadian Pharmacy. This is a brick-and-mortar retail pharmacy, located in Canada, that VerusRx contracts with to ship three-month supplies of your medication directly to your door.

The best part?

These medications arrive at **no cost to you.** No payment information needs to be provided, as there is no copayment and no shipping or handling fees. If your medication(s) is eligible for this cost-saving opportunity, a **VerusPath** Patient Advocate will reach out to you directly.

Key Items to Remember:

If a Patient Advocate from **VerusPath** calls or emails you, we are trying to save you money on your prescriptions! It is very important to return our call or email as soon as possible!



The PAPath Program refers to Patient Assistance Programs that are available for most Specialty medications. If you are currently taking a **Specialty medication** (these are generally high-cost medications used to treat complex, chronic conditions) that has a Patient Assistance Program available, a **VerusPath** Patient Advocate will reach out to you directly to discuss the steps and information needed for successful enrollment.

Key Items to Remember:

Our goal is to keep the process as quick and easy as we possibly can, while saving you and your employer as much money as possible.

Communication is key to make this program successful!

Please note, Patient Assistance Programs will typically cover your drug cost **in full**, saving you and your employer money on each refill.



The CoPath Program refers to **copay cards** (also known as coupon cards) being applied to your medication at the pharmacy. If your drug has a coupon card available, our **VerusPath** Patient Advocates will proactively reach out to your pharmacy on your behalf to apply the card toward your claim.

No action is needed from you for this program to apply!

Key Items to Remember:

We are always here to help answer any questions you may have, or to help you to feel comfortable during the process.

Please email us at VerusPath@Verus-Rx.com, or call us at 800-838-0007.



Medical Plan Benefits Questions?



ubc-benefits.com/ecisd-benefits
(case sensitive)

help@ubc-benefits.com

Specific Medical Coverage Questions?



Allegiance Customer Service Line:

(855) 999-6809

Questions About Prescription Cost and Coverage?



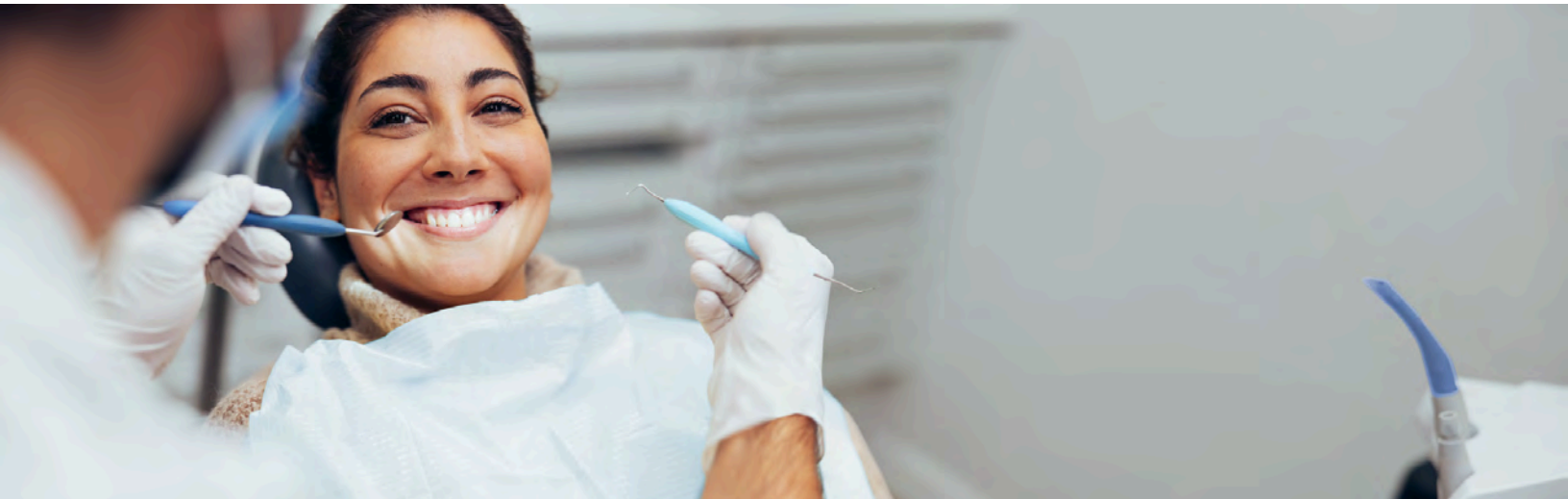
RxBenefits Help Line

(800) 933-0765



Dental Insurance

Plan Choices



Ameritas | www.ameritas.com | 800-487-5553

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	High
Employee Only	\$20	\$36
Employee + Spouse	\$41	\$73
Employee + Children	\$44	\$76
Employee + Family	\$60	\$104

Low Dental Plan Summary

Effective Date: 9/1/2024

Plan Benefit	
Type 1	100%
Type 2	50%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	Discounted Fee
Dental Rewards®	Included
Waiting Period	None

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Full Mouth/Panoramic X-rays (1 in 5 years) Cleaning (2 per benefit period) Fluoride for Children 13 and under (1 per benefit period) Sealants (age 13 and under) Space Maintainers 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites (anterior and posterior teeth) Simple Extractions 	<ul style="list-style-type: none"> Onlays Crowns (1 in 8 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years) Complex Extractions Anesthesia

Monthly Rates

Employee Only (EE)	\$20.00
EE + Spouse	\$41.00
EE + Children	\$44.00
EE + Spouse & Children	\$60.00

Ameritas Information

We're Here to Help: This plan was designed specifically for the associates of East Central ISD. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Health Scorecard

How would you rate your dental health? In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. The assessment is based on claims submitted and offers suggestions to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

High Plan Dental Summary

Effective Date: 9/1/2024

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,250 per calendar year
Allowance	U&C
Dental Rewards®	Included
Waiting Period	None

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Full Mouth/Panoramic X-rays (1 in 5 years) Cleaning (2 per benefit period) Fluoride for Children 13 and under (1 per benefit period) Sealants (age 13 and under) Space Maintainers 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites (anterior and posterior teeth) Endodontics (nonsurgical) Periodontics (nonsurgical) Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 8 years per tooth) Crown Repair Endodontics (surgical) Periodontics (surgical) Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)

Monthly Rates

Employee Only (EE)	\$36.00
EE + Spouse	\$73.00
EE + Children	\$76.00
EE + Spouse & Children	\$104.00

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The QCD of America Dental & Vision Benefit Program is a managed cost program offering a large selection of highly qualified private practice dental and optical professionals.

The QCD Philosophy

QCD believes that you should pay the lowest monthly cost possible for comprehensive dental and vision benefit coverage for your family. The member benefits from significant cost savings when and if services are used.

Do not pay high premiums for dental benefits – pay for your services when and if used. It just makes good financial sense!

Monthly Cost

	Monthly
Employee Only	\$0.00
Employee + One	\$8.00
Employee + Family	\$12.00

Why Select QCD?

When selecting dental benefits, QCD makes good financial sense. QCD allows you to allocate more of your benefit expenditures to your rising medical costs.

A single dental procedure (Root Canal and Crown) could cost you as much as \$2000 with no coverage. The QCD program will allow you to save **up to 60%** on the total cost – that could be as much as **\$1200 in savings** and enough to fund your family's monthly dental and vision benefit costs for several years.

Need more information?

- Contact our Membership Services Department 972.726.0444 or 1.800.229.0304
- See the last page for your enrollment form
- Visit our website at www.qcdofamerica.com

Welcome to the Future of Dental & Vision Benefits...Today!

Vision Insurance

Ameritas | www.ameritas.com | 800-487-5553

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	\$8.80
Employee + Spouse	\$17.40
Employee + Children	\$15.92
Employee + Family	\$24.52



Focus® Plan Summary

Effective Date: 9/1/2024

	VSP Choice Network + Affiliates	Out of Network
	\$10 Exam	\$10 Exam
	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$150**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected. **The Costco and Walmart allowance will be the wholesale equivalent.

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
	\$33 adults	
Solid Plastic Dye	\$15	No benefit
	(except Pink I & II)	
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

LASIK Advantage®

Lifetime Benefit Earned (Each Eye)	Year One	Year Two	Year Three
Plan Benefit	\$150	\$150	\$150

Monthly Rates

Employee Only (EE)	\$8.80
EE + Spouse	\$17.40
EE + Children	\$15.92
EE + Spouse & Children	\$24.52

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritas.com

View plan benefit information at: vsp.com

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 2024 is \$3,200.

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.

FSA Resources

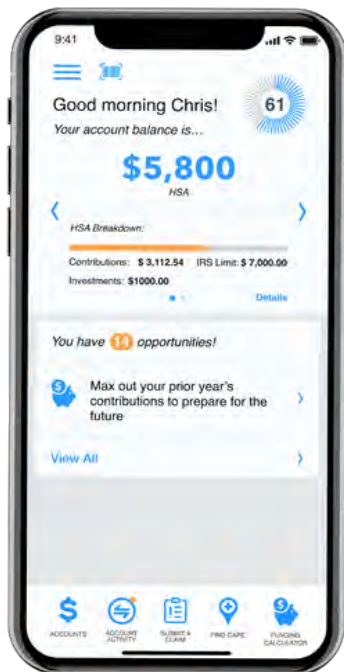
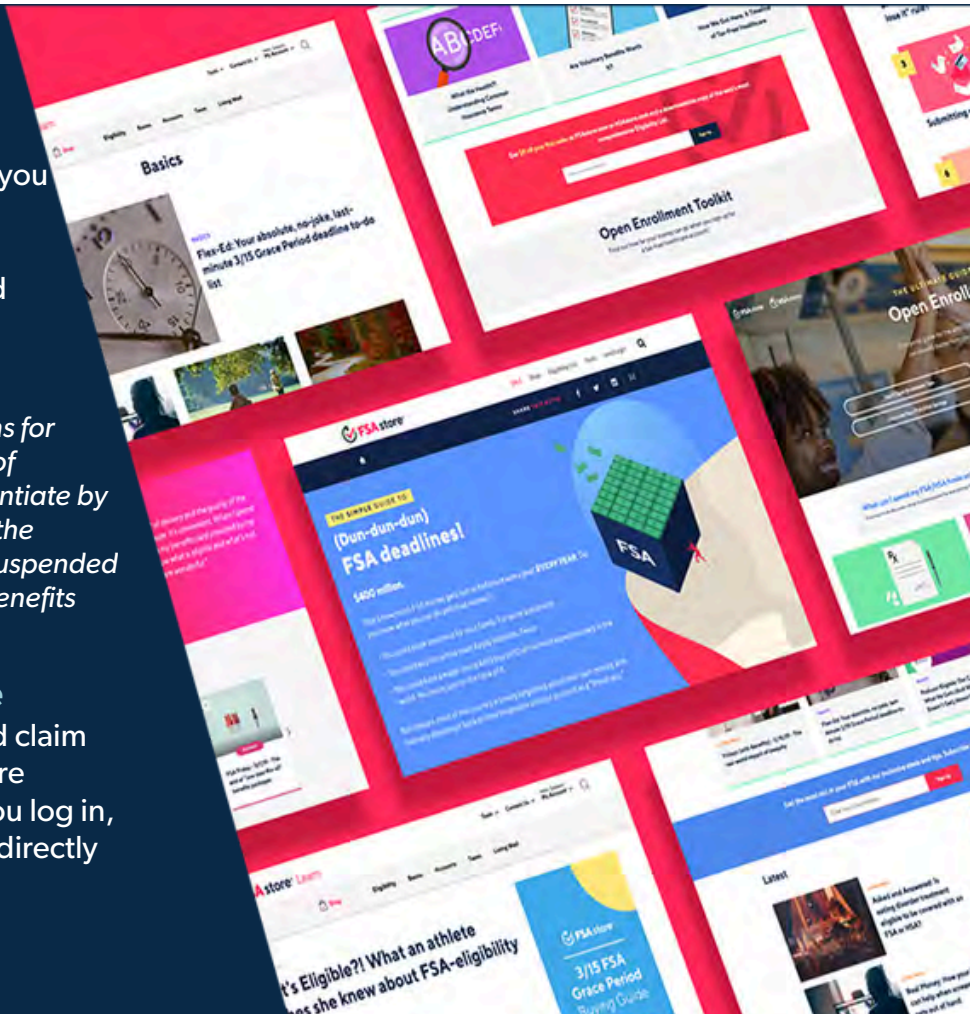
Benefits Card

The FFGA Benefits Card is available to all employees that participate in a Medical 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

BCBS | www.bcbstx.com | 877-442-4207

Employer-Paid Term Life 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 \$40,000. 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 EAST CENTRAL ISD / TEEBC TRUST F021842 - 327

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 (Revised 10/01/2022)

Eligibility	Class 1 – All Eligible TRS Bus Drivers who work 10 hours per week. Class 2 – All Eligible other employees who work 20 hours per week. Insurance is effective the first of the month following date of hire.
Group Term Life/AD&D Benefit:	\$40,000
Guarantee Issue Amount – Employee	\$40,000
Age Reduction Schedule	Life and AD&D benefits reduce by 50% of the original amount at age 70. 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.

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BENEFIT PROGRAM SUMMARY
For EAST CENTRAL ISD / TEEBC TRUST F021842 - 327

SUPPLEMENTAL GROUP TERM LIFE (Revised 10/01/2022)

Eligibility	Class 1 – All Eligible TRS Bus Drivers who work 10 hours per week. Class 2 – All Eligible other employees who work 20 hours per week. Insurance is effective the first of the month following date of hire.
Group Term Life Benefit: Employee	\$10,000 - \$250,000, in increments of \$10,000, not to exceed 5 times your annual earnings.
Guarantee Issue Amount – Employee	Under age 60 – \$150,000 Ages 60 to 69 – \$75,000 Age 70 & Older - \$10,000
Group Term Life Benefit: Spouse (Includes Domestic Partners)	\$5,000 - \$50,000, in increments of \$5,000, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount – Spouse	\$20,000
Group Term Life Benefit: Child(ren)	Option I - \$5,000 Option II - \$10,000
Age Reduction Schedule	Employee Basic Life/ADD and Employee & Spouse Supplemental Group Term Life benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement.
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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EAST CENTRAL ISD / TEEBC TRUST F021842 - 327

Eligibility

Class 1 - All Eligible TRS Bus Drivers who work 10 hours per week.
Class 2 - All Eligible other Employees who work 20 hours per week.
Insurance is effective the first of the month following date of hire.

Supplemental Life Insurance

Employee Benefit: **\$10,000 - \$250,000 in \$10,000 increments, not to exceed 5 X Base Annual earnings**
Spouse Benefit: **\$5,000 - \$50,000 in \$5,000 increments, but not to exceed 50% of the employee benefit.**

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

Child Coverage

Live Birth to Age 26 Option I - \$5,000 Option II - \$10,000

Employee/Spouse: Life benefits reduce by 50% of the original amount at age 70. All benefits terminate at retirement.

Guarantee Issue:

Employee: Under Age 60 - \$150,000
Ages 60 to 69 - \$75,000
Age 70 or Over - \$10,000
Spouse: \$20,000

Supplemental Life Insurance

Monthly Premium Cost (Based on 12 payroll deductions per year)

**EMPLOYEE & SPOUSE
Supplemental Life**

Monthly rates per \$1,000

Age	Rates
Under 25	\$0.034
25-29	\$0.034
30-34	\$0.043
35-39	\$0.068
40-44	\$0.085
45-49	\$0.128
50-54	\$0.196
55-59	\$0.366
60-64	\$0.519
65-69	\$0.876
70+	\$1.496

Dependent Life (Children)

Monthly Premium per Family

\$5,000	\$0.50
\$10,000	\$1.00

EMPLOYEE Benefit Amount	ATTAINED AGE											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
\$10,000	\$0.34	\$0.34	\$0.43	\$0.68	\$0.85	\$1.28	\$1.96	\$3.66	\$5.19	\$8.76	\$14.96	
\$20,000	\$0.68	\$0.68	\$0.86	\$1.36	\$1.70	\$2.56	\$3.92	\$7.32	\$10.38	\$17.52	\$29.92	
\$30,000	\$1.02	\$1.02	\$1.29	\$2.04	\$2.55	\$3.84	\$5.88	\$10.98	\$15.57	\$26.28	\$44.88	
\$40,000	\$1.36	\$1.36	\$1.72	\$2.72	\$3.40	\$5.12	\$7.84	\$14.64	\$20.76	\$35.04	\$59.84	
\$50,000	\$1.70	\$1.70	\$2.15	\$3.40	\$4.25	\$6.40	\$9.80	\$18.30	\$25.95	\$43.80	\$74.80	
\$60,000	\$2.04	\$2.04	\$2.58	\$4.08	\$5.10	\$7.68	\$11.76	\$21.96	\$31.14	\$52.56	\$89.76	
\$70,000	\$2.38	\$2.38	\$3.01	\$4.76	\$5.95	\$8.96	\$13.72	\$25.62	\$36.33	\$61.32	\$104.72	
\$80,000	\$2.72	\$2.72	\$3.44	\$5.44	\$6.80	\$10.24	\$15.68	\$29.28	\$41.52	\$70.08	\$119.68	
\$90,000	\$3.06	\$3.06	\$3.87	\$6.12	\$7.65	\$11.52	\$17.64	\$32.94	\$46.71	\$78.84	\$134.64	
\$100,000	\$3.40	\$3.40	\$4.30	\$6.80	\$8.50	\$12.80	\$19.60	\$36.60	\$51.90	\$87.60	\$149.60	
\$110,000	\$3.74	\$3.74	\$4.73	\$7.48	\$9.35	\$14.08	\$21.56	\$40.26	\$57.09	\$96.36	\$164.56	
\$120,000	\$4.08	\$4.08	\$5.16	\$8.16	\$10.20	\$15.36	\$23.52	\$43.92	\$62.28	\$105.12	\$179.52	
\$130,000	\$4.42	\$4.42	\$5.59	\$8.84	\$11.05	\$16.64	\$25.48	\$47.58	\$67.47	\$113.88	\$194.48	
\$140,000	\$4.76	\$4.76	\$6.02	\$9.52	\$11.90	\$17.92	\$27.44	\$51.24	\$72.66	\$122.64	\$209.44	
\$150,000	\$5.10	\$5.10	\$6.45	\$10.20	\$12.75	\$19.20	\$29.40	\$54.90	\$77.85	\$131.40	\$224.40	
SPOUSE (Employee attained Age)												
\$5,000	\$0.17	\$0.17	\$0.22	\$0.34	\$0.43	\$0.64	\$0.98	\$1.83	\$2.60	\$4.38	\$7.48	
\$10,000	\$0.34	\$0.34	\$0.43	\$0.68	\$0.85	\$1.28	\$1.96	\$3.66	\$5.19	\$8.76	\$14.96	
\$15,000	\$0.51	\$0.51	\$0.65	\$1.02	\$1.28	\$1.92	\$2.94	\$5.49	\$7.79	\$13.14	\$22.44	
\$20,000	\$0.68	\$0.68	\$0.86	\$1.36	\$1.70	\$2.56	\$3.92	\$7.32	\$10.38	\$17.52	\$29.92	

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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.

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

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

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

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

Indicates Spouse Coverage Available

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

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

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

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

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

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

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

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

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO
 Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

23Mo14-C-M FFGA-T 1012 (exp0325)

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

Indicates Spouse Coverage Available

Disability Insurance

American Fidelity | www.americanfidelity.com | 800--654-8486

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?





AF™ Long-Term Disability Income Insurance

Texas Schools

Marketed by:



EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights



Benefits are Payable Directly to You

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



Customized to Meet Your Individual Needs

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



Return-to-Work Benefit

Employees may receive a partial benefit for going back to work part-time while still on Disability.

Choose the Right Plan for You

BENEFITS BEGIN	
Plan I	On the 1st day of Disability due to a Disability requiring hospitalization and on the 8th day of Disability due to a covered Injury or Sickness.
Plan II	On the 1st day of Disability due to a Disability requiring hospitalization and on the 15th day of Disability due to a covered Injury or Sickness.
Plan III	On the 1st day of Disability due to a Disability requiring hospitalization and on the 31st day of Disability due to a covered Injury or Sickness.
Plan IV	On the 61st day of Disability due to a covered Injury or Sickness.
Plan V	On the 91st day of Disability due to a covered Injury or Sickness.
Plan VI	On the 151st day of Disability due to a covered Injury or Sickness.



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



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



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



Disability or disabled for the first 24 months of Disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, Disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 66^{2/3}% of your monthly compensation.

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$300.00 - \$449.99	\$200.00	\$7.36	\$6.28	\$5.20	\$3.24	\$2.40	\$1.56
\$450.00 - \$599.99	\$300.00	\$11.04	\$9.42	\$7.80	\$4.86	\$3.60	\$2.34
\$600.00 - \$749.99	\$400.00	\$14.72	\$12.56	\$10.40	\$6.48	\$4.80	\$3.12
\$750.00 - \$899.99	\$500.00	\$18.40	\$15.70	\$13.00	\$8.10	\$6.00	\$3.90
\$900.00 - \$1,049.99	\$600.00	\$22.08	\$18.84	\$15.60	\$9.72	\$7.20	\$4.68
\$1,050.00 - \$1,199.99	\$700.00	\$25.76	\$21.98	\$18.20	\$11.34	\$8.40	\$5.46
\$1,200.00 - \$1,349.99	\$800.00	\$29.44	\$25.12	\$20.80	\$12.96	\$9.60	\$6.24
\$1,350.00 - \$1,499.99	\$900.00	\$33.12	\$28.26	\$23.40	\$14.58	\$10.80	\$7.02
\$1,500.00 - \$1,649.99	\$1,000.00	\$36.80	\$31.40	\$26.00	\$16.20	\$12.00	\$7.80
\$1,650.00 - \$1,799.99	\$1,100.00	\$40.48	\$34.54	\$28.60	\$17.82	\$13.20	\$8.58
\$1,800.00 - \$1,949.99	\$1,200.00	\$44.16	\$37.68	\$31.20	\$19.44	\$14.40	\$9.36
\$1,950.00 - \$2,099.99	\$1,300.00	\$47.84	\$40.82	\$33.80	\$21.06	\$15.60	\$10.14
\$2,100.00 - \$2,249.99	\$1,400.00	\$51.52	\$43.96	\$36.40	\$22.68	\$16.80	\$10.92
\$2,250.00 - \$2,399.99	\$1,500.00	\$55.20	\$47.10	\$39.00	\$24.30	\$18.00	\$11.70
\$2,400.00 - \$2,549.99	\$1,600.00	\$58.88	\$50.24	\$41.60	\$25.92	\$19.20	\$12.48
\$2,550.00 - \$2,699.99	\$1,700.00	\$62.56	\$53.38	\$44.20	\$27.54	\$20.40	\$13.26
\$2,700.00 - \$2,849.99	\$1,800.00	\$66.24	\$56.52	\$46.80	\$29.16	\$21.60	\$14.04
\$2,850.00 - \$2,999.99	\$1,900.00	\$69.92	\$59.66	\$49.40	\$30.78	\$22.80	\$14.82
\$3,000.00 - \$3,149.99	\$2,000.00	\$73.60	\$62.80	\$52.00	\$32.40	\$24.00	\$15.60
\$3,150.00 - \$3,299.99	\$2,100.00	\$77.28	\$65.94	\$54.60	\$34.02	\$25.20	\$16.38
\$3,300.00 - \$3,449.99	\$2,200.00	\$80.96	\$69.08	\$57.20	\$35.64	\$26.40	\$17.16
\$3,450.00 - \$3,599.99	\$2,300.00	\$84.64	\$72.22	\$59.80	\$37.26	\$27.60	\$17.94
\$3,600.00 - \$3,749.99	\$2,400.00	\$88.32	\$75.36	\$62.40	\$38.88	\$28.80	\$18.72
\$3,750.00 - \$3,899.99	\$2,500.00	\$92.00	\$78.50	\$65.00	\$40.50	\$30.00	\$19.50
\$3,900.00 - \$4,049.99	\$2,600.00	\$95.68	\$81.64	\$67.60	\$42.12	\$31.20	\$20.28
\$4,050.00 - \$4,199.99	\$2,700.00	\$99.36	\$84.78	\$70.20	\$43.74	\$32.40	\$21.06
\$4,200.00 - \$4,349.99	\$2,800.00	\$103.04	\$87.92	\$72.80	\$45.36	\$33.60	\$21.84
\$4,350.00 - \$4,499.99	\$2,900.00	\$106.72	\$91.06	\$75.40	\$46.98	\$34.80	\$22.62
\$4,500.00 - \$4,649.99	\$3,000.00	\$110.40	\$94.20	\$78.00	\$48.60	\$36.00	\$23.40
\$4,650.00 - \$4,799.99	\$3,100.00	\$114.08	\$97.34	\$80.60	\$50.22	\$37.20	\$24.18
\$4,800.00 - \$4,949.99	\$3,200.00	\$117.76	\$100.48	\$83.20	\$51.84	\$38.40	\$24.96
\$4,950.00 - \$5,099.99	\$3,300.00	\$121.44	\$103.62	\$85.80	\$53.46	\$39.60	\$25.74
\$5,100.00 - \$5,249.99	\$3,400.00	\$125.12	\$106.76	\$88.40	\$55.08	\$40.80	\$26.52
\$5,250.00 - \$5,399.99	\$3,500.00	\$128.80	\$109.90	\$91.00	\$56.70	\$42.00	\$27.30
\$5,400.00 - \$5,549.99	\$3,600.00	\$132.48	\$113.04	\$93.60	\$58.32	\$43.20	\$28.08
\$5,550.00 - \$5,699.99	\$3,700.00	\$136.16	\$116.18	\$96.20	\$59.94	\$44.40	\$28.86
\$5,700.00 - \$5,849.99	\$3,800.00	\$139.84	\$119.32	\$98.80	\$61.56	\$45.60	\$29.64

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,850.00 - \$5,999.99	\$3,900.00	\$143.52	\$122.46	\$101.40	\$63.18	\$46.80	\$30.42
\$6,000.00 - \$6,149.99	\$4,000.00	\$147.20	\$125.60	\$104.00	\$64.80	\$48.00	\$31.20
\$6,150.00 - \$6,299.99	\$4,100.00	\$150.88	\$128.74	\$106.60	\$66.42	\$49.20	\$31.98
\$6,300.00 - \$6,449.99	\$4,200.00	\$154.56	\$131.88	\$109.20	\$68.04	\$50.40	\$32.76
\$6,450.00 - \$6,599.99	\$4,300.00	\$158.24	\$135.02	\$111.80	\$69.66	\$51.60	\$33.54
\$6,600.00 - \$6,749.99	\$4,400.00	\$161.92	\$138.16	\$114.40	\$71.28	\$52.80	\$34.32
\$6,750.00 - \$6,899.99	\$4,500.00	\$165.60	\$141.30	\$117.00	\$72.90	\$54.00	\$35.10
\$6,900.00 - \$7,049.99	\$4,600.00	\$169.28	\$144.44	\$119.60	\$74.52	\$55.20	\$35.88
\$7,050.00 - \$7,199.99	\$4,700.00	\$172.96	\$147.58	\$122.20	\$76.14	\$56.40	\$36.66
\$7,200.00 - \$7,349.99	\$4,800.00	\$176.64	\$150.72	\$124.80	\$77.76	\$57.60	\$37.44
\$7,350.00 - \$7,499.99	\$4,900.00	\$180.32	\$153.86	\$127.40	\$79.38	\$58.80	\$38.22
\$7,500.00 - \$7,649.99	\$5,000.00	\$184.00	\$157.00	\$130.00	\$81.00	\$60.00	\$39.00
\$7,650.00 - \$7,799.99	\$5,100.00	\$187.68	\$160.14	\$132.60	\$82.62	\$61.20	\$39.78
\$7,800.00 - \$7,949.99	\$5,200.00	\$191.36	\$163.28	\$135.20	\$84.24	\$62.40	\$40.56
\$7,950.00 - \$8,099.99	\$5,300.00	\$195.04	\$166.42	\$137.80	\$85.86	\$63.60	\$41.34
\$8,100.00 - \$8,249.99	\$5,400.00	\$198.72	\$169.56	\$140.40	\$87.48	\$64.80	\$42.12
\$8,250.00 - \$8,399.99	\$5,500.00	\$202.40	\$172.70	\$143.00	\$89.10	\$66.00	\$42.90
\$8,400.00 - \$8,549.99	\$5,600.00	\$206.08	\$175.84	\$145.60	\$90.72	\$67.20	\$43.68
\$8,550.00 - \$8,699.99	\$5,700.00	\$209.76	\$178.98	\$148.20	\$92.34	\$68.40	\$44.46
\$8,700.00 - \$8,849.99	\$5,800.00	\$213.44	\$182.12	\$150.80	\$93.96	\$69.60	\$45.24
\$8,850.00 - \$8,999.99	\$5,900.00	\$217.12	\$185.26	\$153.40	\$95.58	\$70.80	\$46.02
\$9,000.00 - \$9,149.99	\$6,000.00	\$220.80	\$188.40	\$156.00	\$97.20	\$72.00	\$46.80
\$9,150.00 - \$9,299.99	\$6,100.00	\$224.48	\$191.54	\$158.60	\$98.82	\$73.20	\$47.58
\$9,300.00 - \$9,449.99	\$6,200.00	\$228.16	\$194.68	\$161.20	\$100.44	\$74.40	\$48.36
\$9,450.00 - \$9,599.99	\$6,300.00	\$231.84	\$197.82	\$163.80	\$102.06	\$75.60	\$49.14
\$9,600.00 - \$9,749.99	\$6,400.00	\$235.52	\$200.96	\$166.40	\$103.68	\$76.80	\$49.92
\$9,750.00 - \$9,899.99	\$6,500.00	\$239.20	\$204.10	\$169.00	\$105.30	\$78.00	\$50.70
\$9,900.00 - \$10,049.99	\$6,600.00	\$242.88	\$207.24	\$171.60	\$106.92	\$79.20	\$51.48
\$10,050.00 - \$10,199.99	\$6,700.00	\$246.56	\$210.38	\$174.20	\$108.54	\$80.40	\$52.26
\$10,200.00 - \$10,349.99	\$6,800.00	\$250.24	\$213.52	\$176.80	\$110.16	\$81.60	\$53.04
\$10,350.00 - \$10,499.99	\$6,900.00	\$253.92	\$216.66	\$179.40	\$111.78	\$82.80	\$53.82
\$10,500.00 - \$10,649.99	\$7,000.00	\$257.60	\$219.80	\$182.00	\$113.40	\$84.00	\$54.60
\$10,650.00 - \$10,799.99	\$7,100.00	\$261.28	\$222.94	\$184.60	\$115.02	\$85.20	\$55.38
\$10,800.00 - \$10,949.99	\$7,200.00	\$264.96	\$226.08	\$187.20	\$116.64	\$86.40	\$56.16
\$10,950.00 - \$11,099.99	\$7,300.00	\$268.64	\$229.22	\$189.80	\$118.26	\$87.60	\$56.94
\$11,100.00 - \$11,249.99	\$7,400.00	\$272.32	\$232.36	\$192.40	\$119.88	\$88.80	\$57.72
\$11,250.00 - \$11,399.99	\$7,500.00*	\$276.00	\$235.50	\$195.00	\$121.50	\$90.00	\$58.50

*Higher benefit amounts available up to a maximum Monthly Disability Benefit of \$10,000.

Plan Benefit Highlights

Maximum Benefit Period

Benefits are payable up to the period of time shown in the chart below, based on your age as of the Disability date for when a covered Injury or Sickness begins.

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, or to SSNRA*, whichever is greater
65	24 months, or to SSNRA*, whichever is greater
66	21 months, or to SSNRA*, whichever is greater
67	18 months, or to SSNRA*, whichever is greater
68	15 months, or to SSNRA*, whichever is greater
Age 69 or older	12 months, or to SSNRA*, whichever is greater

*Age at which you are entitled to unreduced Social Security benefits based on current Social Security Amendments.

Social Security Filing Assistance

If you are a candidate for social security Disability benefits, we can assist you with the application and appeal process.

When Coverage Begins

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

Hospital Confinement Benefit

A Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to an Injury or Sickness, for up to 60 days. The amount payable is 1 times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The Hospital confinement must be at least 18 continuous hours in duration.

Plans IV-VI: This benefit will begin after you've met your elimination period.

Plans I-III: This benefit will begin on your first day of Hospital confinement. The remainder of your elimination period will be waived. If you are Hospital confined due to a covered Injury or Sickness, your Hospital Confinement Benefit will be paid for any days of that confinement occurring before the day your Monthly Disability Benefit would otherwise begin.

Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of your death your Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after Disability payments have been received for 90 consecutive days. We will require proof annually that you remain Disabled during that time.

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 365 calendar days from the date of Disability.

We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your certificate.



Minimum Disability Benefit

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

If You Are Disabled Due to a Covered Disability and Not Working

For the first 12 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the benefit schedule. After 12 months, your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Return To Work Incentives: Disabled and Working

If you are Disabled and working, you may be eligible to continue to receive a percentage of your Disability payment in addition to your Disability earnings. If your Disability earnings exceed 80% of your monthly compensation, payments will stop and your claim will end.

- **Worksite Accommodation**

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

Mental Illness Limited Benefit

If you are Disabled due to a mental illness, benefits will be provided for up to 2 years, not to exceed the maximum Disability period.

Alcoholism and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 2 years for each Disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

Special Conditions Limited Benefit

If you are Disabled due to Special Conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 2 years. Special Conditions means: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or Injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and Self-Reported Symptoms. Self-Reported Symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit will be payable for Disability due to a Pre-Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician, for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 3 month period immediately before your effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

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

Daily Benefit	Monthly Premium
\$100.00	\$6.00
\$150.00	\$9.00



Spousal Accident Only Disability Benefit Rider

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

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

Monthly Benefit Amount	Annual Salary	Monthly Premium
\$500.00	up to \$10,000.00	\$4.00
\$1,000.00	\$10,001.00 - \$20,000.00	\$8.00
\$1,500.00	\$20,001.00 - \$30,000.00	\$12.00
\$2,000.00	\$30,001.00 and over	\$16.00

COBRA Funding Rider

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

In order to receive benefits under this rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the Disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
\$300.00	\$4.50
\$400.00	\$6.00
\$500.00	\$7.50
\$600.00	\$9.00

Critical Illness Benefit Rider

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

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

Benefit Amount	Monthly Premium
\$10,000.00	\$9.80
\$15,000.00	\$13.18
\$20,000.00	\$16.56
\$25,000.00	\$19.94

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

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

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

Critical Illness Benefit Rider

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

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness date of diagnosis occurs before you have been continuously covered under this rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12-month period immediately before the effective date of this rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the date of diagnosis occurs during the Critical Illness waiting period. The waiting period is 30 days from the effective date of this rider.

COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this rider. Your employment must have terminated for the benefit to be payable.

Spousal Accident Only Disability Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this policy for any period during which your Spouse is entitled to Workers' Compensation benefits; participation in any sport for wage or profit; participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. Your spouse must be engaged in Full Time Employment for benefits to be payable. Full Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your spouse is working while self-employed. No benefits are payable for your Spouse under this rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from Spousal abuse.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These riders will terminate on the same date as the policy or certificate to which it is attached.

Policy Exclusions

The policy does not cover any loss, fatal or non-fatal, resulting from:

- Intentionally self-inflicted Injury while sane or insane.
- An act of war, declared or undeclared.
- Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.
- Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation.

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

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



Your benefits, all in one place.

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

Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile.

Pre-Existing Conditions may apply.

This brochure highlights important features of the policy. Please refer to your certificate for complete details.



Underwritten and Administered by:
American Fidelity Assurance Company
800-662-1113 • americanfidelity.com



AF™ Long-Term Disability Income Insurance

Texas Schools

Marketed by:



EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights



Benefits are Payable Directly to You

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



Customized to Meet Your Individual Needs

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



Return-to-Work Benefit

Employees may receive a partial benefit for going back to work part-time while still on Disability.

Choose the Right Plan for You

BENEFITS BEGIN

Plan I	On the 1st day of Disability due to a Disability requiring hospitalization and on the 8th day of Disability due to a covered Injury or Sickness.
Plan II	On the 1st day of Disability due to a Disability requiring hospitalization and on the 15th day of Disability due to a covered Injury or Sickness.
Plan III	On the 1st day of Disability due to a Disability requiring hospitalization and on the 31st day of Disability due to a covered Injury or Sickness.
Plan IV	On the 61st day of Disability due to a covered Injury or Sickness.
Plan V	On the 91st day of Disability due to a covered Injury or Sickness.
Plan VI	On the 151st day of Disability due to a covered Injury or Sickness.



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



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



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



Disability or disabled for the first 24 months of Disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, Disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 66^{2/3}% of your monthly compensation.

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$300.00 - \$449.99	\$200.00	\$6.32	\$5.32	\$4.44	\$2.48	\$1.84	\$1.24
\$450.00 - \$599.99	\$300.00	\$9.48	\$7.98	\$6.66	\$3.72	\$2.76	\$1.86
\$600.00 - \$749.99	\$400.00	\$12.64	\$10.64	\$8.88	\$4.96	\$3.68	\$2.48
\$750.00 - \$899.99	\$500.00	\$15.80	\$13.30	\$11.10	\$6.20	\$4.60	\$3.10
\$900.00 - \$1,049.99	\$600.00	\$18.96	\$15.96	\$13.32	\$7.44	\$5.52	\$3.72
\$1,050.00 - \$1,199.99	\$700.00	\$22.12	\$18.62	\$15.54	\$8.68	\$6.44	\$4.34
\$1,200.00 - \$1,349.99	\$800.00	\$25.28	\$21.28	\$17.76	\$9.92	\$7.36	\$4.96
\$1,350.00 - \$1,499.99	\$900.00	\$28.44	\$23.94	\$19.98	\$11.16	\$8.28	\$5.58
\$1,500.00 - \$1,649.99	\$1,000.00	\$31.60	\$26.60	\$22.20	\$12.40	\$9.20	\$6.20
\$1,650.00 - \$1,799.99	\$1,100.00	\$34.76	\$29.26	\$24.42	\$13.64	\$10.12	\$6.82
\$1,800.00 - \$1,949.99	\$1,200.00	\$37.92	\$31.92	\$26.64	\$14.88	\$11.04	\$7.44
\$1,950.00 - \$2,099.99	\$1,300.00	\$41.08	\$34.58	\$28.86	\$16.12	\$11.96	\$8.06
\$2,100.00 - \$2,249.99	\$1,400.00	\$44.24	\$37.24	\$31.08	\$17.36	\$12.88	\$8.68
\$2,250.00 - \$2,399.99	\$1,500.00	\$47.40	\$39.90	\$33.30	\$18.60	\$13.80	\$9.30
\$2,400.00 - \$2,549.99	\$1,600.00	\$50.56	\$42.56	\$35.52	\$19.84	\$14.72	\$9.92
\$2,550.00 - \$2,699.99	\$1,700.00	\$53.72	\$45.22	\$37.74	\$21.08	\$15.64	\$10.54
\$2,700.00 - \$2,849.99	\$1,800.00	\$56.88	\$47.88	\$39.96	\$22.32	\$16.56	\$11.16
\$2,850.00 - \$2,999.99	\$1,900.00	\$60.04	\$50.54	\$42.18	\$23.56	\$17.48	\$11.78
\$3,000.00 - \$3,149.99	\$2,000.00	\$63.20	\$53.20	\$44.40	\$24.80	\$18.40	\$12.40
\$3,150.00 - \$3,299.99	\$2,100.00	\$66.36	\$55.86	\$46.62	\$26.04	\$19.32	\$13.02
\$3,300.00 - \$3,449.99	\$2,200.00	\$69.52	\$58.52	\$48.84	\$27.28	\$20.24	\$13.64
\$3,450.00 - \$3,599.99	\$2,300.00	\$72.68	\$61.18	\$51.06	\$28.52	\$21.16	\$14.26
\$3,600.00 - \$3,749.99	\$2,400.00	\$75.84	\$63.84	\$53.28	\$29.76	\$22.08	\$14.88
\$3,750.00 - \$3,899.99	\$2,500.00	\$79.00	\$66.50	\$55.50	\$31.00	\$23.00	\$15.50
\$3,900.00 - \$4,049.99	\$2,600.00	\$82.16	\$69.16	\$57.72	\$32.24	\$23.92	\$16.12
\$4,050.00 - \$4,199.99	\$2,700.00	\$85.32	\$71.82	\$59.94	\$33.48	\$24.84	\$16.74
\$4,200.00 - \$4,349.99	\$2,800.00	\$88.48	\$74.48	\$62.16	\$34.72	\$25.76	\$17.36
\$4,350.00 - \$4,499.99	\$2,900.00	\$91.64	\$77.14	\$64.38	\$35.96	\$26.68	\$17.98
\$4,500.00 - \$4,649.99	\$3,000.00	\$94.80	\$79.80	\$66.60	\$37.20	\$27.60	\$18.60
\$4,650.00 - \$4,799.99	\$3,100.00	\$97.96	\$82.46	\$68.82	\$38.44	\$28.52	\$19.22
\$4,800.00 - \$4,949.99	\$3,200.00	\$101.12	\$85.12	\$71.04	\$39.68	\$29.44	\$19.84
\$4,950.00 - \$5,099.99	\$3,300.00	\$104.28	\$87.78	\$73.26	\$40.92	\$30.36	\$20.46
\$5,100.00 - \$5,249.99	\$3,400.00	\$107.44	\$90.44	\$75.48	\$42.16	\$31.28	\$21.08
\$5,250.00 - \$5,399.99	\$3,500.00	\$110.60	\$93.10	\$77.70	\$43.40	\$32.20	\$21.70
\$5,400.00 - \$5,549.99	\$3,600.00	\$113.76	\$95.76	\$79.92	\$44.64	\$33.12	\$22.32
\$5,550.00 - \$5,699.99	\$3,700.00	\$116.92	\$98.42	\$82.14	\$45.88	\$34.04	\$22.94
\$5,700.00 - \$5,849.99	\$3,800.00	\$120.08	\$101.08	\$84.36	\$47.12	\$34.96	\$23.56

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,850.00 - \$5,999.99	\$3,900.00	\$123.24	\$103.74	\$86.58	\$48.36	\$35.88	\$24.18
\$6,000.00 - \$6,149.99	\$4,000.00	\$126.40	\$106.40	\$88.80	\$49.60	\$36.80	\$24.80
\$6,150.00 - \$6,299.99	\$4,100.00	\$129.56	\$109.06	\$91.02	\$50.84	\$37.72	\$25.42
\$6,300.00 - \$6,449.99	\$4,200.00	\$132.72	\$111.72	\$93.24	\$52.08	\$38.64	\$26.04
\$6,450.00 - \$6,599.99	\$4,300.00	\$135.88	\$114.38	\$95.46	\$53.32	\$39.56	\$26.66
\$6,600.00 - \$6,749.99	\$4,400.00	\$139.04	\$117.04	\$97.68	\$54.56	\$40.48	\$27.28
\$6,750.00 - \$6,899.99	\$4,500.00	\$142.20	\$119.70	\$99.90	\$55.80	\$41.40	\$27.90
\$6,900.00 - \$7,049.99	\$4,600.00	\$145.36	\$122.36	\$102.12	\$57.04	\$42.32	\$28.52
\$7,050.00 - \$7,199.99	\$4,700.00	\$148.52	\$125.02	\$104.34	\$58.28	\$43.24	\$29.14
\$7,200.00 - \$7,349.99	\$4,800.00	\$151.68	\$127.68	\$106.56	\$59.52	\$44.16	\$29.76
\$7,350.00 - \$7,499.99	\$4,900.00	\$154.84	\$130.34	\$108.78	\$60.76	\$45.08	\$30.38
\$7,500.00 - \$7,649.99	\$5,000.00	\$158.00	\$133.00	\$111.00	\$62.00	\$46.00	\$31.00
\$7,650.00 - \$7,799.99	\$5,100.00	\$161.16	\$135.66	\$113.22	\$63.24	\$46.92	\$31.62
\$7,800.00 - \$7,949.99	\$5,200.00	\$164.32	\$138.32	\$115.44	\$64.48	\$47.84	\$32.24
\$7,950.00 - \$8,099.99	\$5,300.00	\$167.48	\$140.98	\$117.66	\$65.72	\$48.76	\$32.86
\$8,100.00 - \$8,249.99	\$5,400.00	\$170.64	\$143.64	\$119.88	\$66.96	\$49.68	\$33.48
\$8,250.00 - \$8,399.99	\$5,500.00	\$173.80	\$146.30	\$122.10	\$68.20	\$50.60	\$34.10
\$8,400.00 - \$8,549.99	\$5,600.00	\$176.96	\$148.96	\$124.32	\$69.44	\$51.52	\$34.72
\$8,550.00 - \$8,699.99	\$5,700.00	\$180.12	\$151.62	\$126.54	\$70.68	\$52.44	\$35.34
\$8,700.00 - \$8,849.99	\$5,800.00	\$183.28	\$154.28	\$128.76	\$71.92	\$53.36	\$35.96
\$8,850.00 - \$8,999.99	\$5,900.00	\$186.44	\$156.94	\$130.98	\$73.16	\$54.28	\$36.58
\$9,000.00 - \$9,149.99	\$6,000.00	\$189.60	\$159.60	\$133.20	\$74.40	\$55.20	\$37.20
\$9,150.00 - \$9,299.99	\$6,100.00	\$192.76	\$162.26	\$135.42	\$75.64	\$56.12	\$37.82
\$9,300.00 - \$9,449.99	\$6,200.00	\$195.92	\$164.92	\$137.64	\$76.88	\$57.04	\$38.44
\$9,450.00 - \$9,599.99	\$6,300.00	\$199.08	\$167.58	\$139.86	\$78.12	\$57.96	\$39.06
\$9,600.00 - \$9,749.99	\$6,400.00	\$202.24	\$170.24	\$142.08	\$79.36	\$58.88	\$39.68
\$9,750.00 - \$9,899.99	\$6,500.00	\$205.40	\$172.90	\$144.30	\$80.60	\$59.80	\$40.30
\$9,900.00 - \$10,049.99	\$6,600.00	\$208.56	\$175.56	\$146.52	\$81.84	\$60.72	\$40.92
\$10,050.00 - \$10,199.99	\$6,700.00	\$211.72	\$178.22	\$148.74	\$83.08	\$61.64	\$41.54
\$10,200.00 - \$10,349.99	\$6,800.00	\$214.88	\$180.88	\$150.96	\$84.32	\$62.56	\$42.16
\$10,350.00 - \$10,499.99	\$6,900.00	\$218.04	\$183.54	\$153.18	\$85.56	\$63.48	\$42.78
\$10,500.00 - \$10,649.99	\$7,000.00	\$221.20	\$186.20	\$155.40	\$86.80	\$64.40	\$43.40
\$10,650.00 - \$10,799.99	\$7,100.00	\$224.36	\$188.86	\$157.62	\$88.04	\$65.32	\$44.02
\$10,800.00 - \$10,949.99	\$7,200.00	\$227.52	\$191.52	\$159.84	\$89.28	\$66.24	\$44.64
\$10,950.00 - \$11,099.99	\$7,300.00	\$230.68	\$194.18	\$162.06	\$90.52	\$67.16	\$45.26
\$11,100.00 - \$11,249.99	\$7,400.00	\$233.84	\$196.84	\$164.28	\$91.76	\$68.08	\$45.88
\$11,250.00 - \$11,399.99	\$7,500.00*	\$237.00	\$199.50	\$166.50	\$93.00	\$69.00	\$46.50

*Higher benefit amounts available up to a maximum Monthly Disability Benefit of \$10,000.

Plan Benefit Highlights

Maximum Benefit Period

Benefits are payable up to the period of time shown in the charts below, based on your age as of the Disability date for when a covered Injury or Sickness begins.

For Injury

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, or to SSNRA*, whichever is greater
65	24 months, or to SSNRA*, whichever is greater
66	21 months, or to SSNRA*, whichever is greater
67	18 months, or to SSNRA*, whichever is greater
68	15 months, or to SSNRA*, whichever is greater
Age 69 or older	12 months, or to SSNRA*, whichever is greater

*Age at which you are entitled to unreduced Social Security benefits based on current Social Security Amendments.

For Sickness

Age	Maximum Benefit Period
Under 65	5 years
65 through 68	To age 70
69 or older	1 year

Social Security Filing Assistance

If you are a candidate for social security Disability benefits, we can assist you with the application and appeal process.

When Coverage Begins

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

Hospital Confinement Benefit

A Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to an Injury or Sickness, for up to 60 days. The amount payable is 1 times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The Hospital confinement must be at least 18 continuous hours in duration.

Plans IV-VI: This benefit will begin after you've met your elimination period.

Plans I-III: This benefit will begin on your first day of Hospital confinement. The remainder of your elimination period will be waived. If you are Hospital confined due to a covered Injury or Sickness, your Hospital Confinement Benefit will be paid for any days of that confinement occurring before the day your Monthly Disability Benefit would otherwise begin.

Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of your death your Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after Disability payments have been received for 90 consecutive days. We will require proof annually that you remain Disabled during that time.

Donor Benefit

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



Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 365 calendar days from the date of Disability.

We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your certificate.

Minimum Disability Benefit

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

If You Are Disabled Due to a Covered Disability and Not Working

For the first 12 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the benefit schedule. After 12 months, your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Return To Work Incentives: Disabled and Working

If you are Disabled and working, you may be eligible to continue to receive a percentage of your Disability payment in addition to your Disability earnings. If your Disability earnings exceed 80% of your monthly compensation, payments will stop and your claim will end.

- **Worksite Accommodation**

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

Mental Illness Limited Benefit

If you are Disabled due to a mental illness, benefits will be provided for up to 2 years, not to exceed the maximum Disability period.

Alcoholism and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 2 years for each Disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

Special Conditions Limited Benefit

If you are Disabled due to Special Conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 2 years. Special Conditions means: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or Injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and Self-Reported Symptoms. Self-Reported Symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit will be payable for Disability due to a Pre-Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician, for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 3 month period immediately before your effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

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

Daily Benefit	Monthly Premium
\$100.00	\$6.00
\$150.00	\$9.00



Spousal Accident Only Disability Benefit Rider

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

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

Monthly Benefit Amount	Annual Salary	Monthly Premium
\$500.00	up to \$10,000.00	\$4.00
\$1,000.00	\$10,001.00 - \$20,000.00	\$8.00
\$1,500.00	\$20,001.00 - \$30,000.00	\$12.00
\$2,000.00	\$30,001.00 and over	\$16.00

COBRA Funding Rider

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

In order to receive benefits under this rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the Disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
\$300.00	\$4.50
\$400.00	\$6.00
\$500.00	\$7.50
\$600.00	\$9.00

Critical Illness Benefit Rider

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

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

Benefit Amount	Monthly Premium
\$10,000.00	\$9.80
\$15,000.00	\$13.18
\$20,000.00	\$16.56
\$25,000.00	\$19.94

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

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

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

Critical Illness Benefit Rider

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

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness date of diagnosis occurs before you have been continuously covered under this rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12-month period immediately before the effective date of this rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the date of diagnosis occurs during the Critical Illness waiting period. The waiting period is 30 days from the effective date of this rider.

COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this rider. Your employment must have terminated for the benefit to be payable.

Spousal Accident Only Disability Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this policy for any period during which your Spouse is entitled to Workers' Compensation benefits; participation in any sport for wage or profit; participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. Your spouse must be engaged in Full Time Employment for benefits to be payable. Full Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your spouse is working while self-employed. No benefits are payable for your Spouse under this rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from Spousal abuse.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These riders will terminate on the same date as the policy or certificate to which it is attached.

Policy Exclusions

The policy does not cover any loss, fatal or non-fatal, resulting from:

- Intentionally self-inflicted Injury while sane or insane.
- An act of war, declared or undeclared.
- Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.
- Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation.

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

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



Your benefits, all in one place.

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

Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile.

Pre-Existing Conditions may apply.

This brochure highlights important features of the policy. Please refer to your certificate for complete details.



Underwritten and Administered by:
American Fidelity Assurance Company
800-662-1113 • americanfidelity.com

Cancer Insurance

Plan Options



Guardian | www.guardiananytime.com | 800-627-4200

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.

Cancer Insurance		
Monthly Premium	Plan 1	Plan 2
Employee	\$25.16	\$28.40
Employee + Spouse	\$40.32	\$46.24
Employee + Children	\$27.20	\$31.12
Family	\$42.36	\$48.96

Hospital Indemnity Insurance

AFLAC | www.aflac.com | 800-433-3036

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!



RATES TABLE FOR: EAST CENTRAL ISD - GP-20162 / GROUP HOSPITAL INDEMNITY - PLAN-120286

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency

Monthly (12pp / yr)

Employee Periodic Cost

\$31.66

Employee And Spouse Periodic Cost

\$64.08

Employee And Child Periodic Cost

\$50.30

Family Periodic Cost

\$82.72

Critical Illness Insurance

AFLAC | www.aflac.com | 800-433-3036

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.



Group Critical Illness

East Central ISD - Monthly (12pp/yr) Rates

NONTOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.15	\$7.28	\$9.40	\$11.53	\$13.66	\$15.79	\$17.91	\$20.04	\$22.17	\$24.30
30-39	\$6.49	\$9.97	\$13.44	\$16.91	\$20.38	\$23.86	\$27.33	\$30.80	\$34.27	\$37.75
40-49	\$9.80	\$16.58	\$23.36	\$30.14	\$36.92	\$43.70	\$50.48	\$57.26	\$64.04	\$70.82
50-59	\$16.25	\$29.49	\$42.72	\$55.95	\$69.18	\$82.42	\$95.65	\$108.88	\$122.11	\$135.35
60+	\$28.38	\$53.75	\$79.11	\$104.47	\$129.83	\$155.20	\$180.56	\$205.92	\$231.28	\$256.65

NONTOBACCO - Spouse										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.15	\$7.28	\$9.40	\$11.53	\$13.66	\$15.79	\$17.91	\$20.04	\$22.17	\$24.30
30-39	\$6.49	\$9.97	\$13.44	\$16.91	\$20.38	\$23.86	\$27.33	\$30.80	\$34.27	\$37.75
40-49	\$9.80	\$16.58	\$23.36	\$30.14	\$36.92	\$43.70	\$50.48	\$57.26	\$64.04	\$70.82
50-59	\$16.25	\$29.49	\$42.72	\$55.95	\$69.18	\$82.42	\$95.65	\$108.88	\$122.11	\$135.35
60+	\$28.38	\$53.75	\$79.11	\$104.47	\$129.83	\$155.20	\$180.56	\$205.92	\$231.28	\$256.65

TOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.02	\$9.01	\$12.01	\$15.00	\$18.00	\$20.99	\$23.99	\$26.98	\$29.98	\$32.97
30-39	\$8.44	\$13.87	\$19.29	\$24.71	\$30.13	\$35.56	\$40.98	\$46.40	\$51.82	\$57.25
40-49	\$13.69	\$24.36	\$35.02	\$45.69	\$56.36	\$67.03	\$77.69	\$88.36	\$99.03	\$109.70
50-59	\$24.39	\$45.76	\$67.12	\$88.49	\$109.86	\$131.23	\$152.59	\$173.96	\$195.33	\$216.70
60+	\$42.60	\$82.19	\$121.77	\$161.35	\$200.93	\$240.52	\$280.10	\$319.68	\$359.26	\$398.85

TOBACCO - Spouse										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.02	\$9.01	\$12.01	\$15.00	\$18.00	\$20.99	\$23.99	\$26.98	\$29.98	\$32.97
30-39	\$8.44	\$13.87	\$19.29	\$24.71	\$30.13	\$35.56	\$40.98	\$46.40	\$51.82	\$57.25
40-49	\$13.69	\$24.36	\$35.02	\$45.69	\$56.36	\$67.03	\$77.69	\$88.36	\$99.03	\$109.70
50-59	\$24.39	\$45.76	\$67.12	\$88.49	\$109.86	\$131.23	\$152.59	\$173.96	\$195.33	\$216.70
60+	\$42.60	\$82.19	\$121.77	\$161.35	\$200.93	\$240.52	\$280.10	\$319.68	\$359.26	\$398.85

Base Plan:

- With Cancer Benefit
- \$100 Health Screening Benefit
- \$250 Skin Cancer Benefit
- With Additional Benefits
(Loss of Sight, Speech, Hearing)
(Coma, Burns, Paralysis)

Riders:

- Optional Benefits Rider (BTAP)
- Progressive Diseases Rider

Provisions:

- No Pre-Existing Condition Limitation
- Add'l Separation Waiting Period: 6 Months
- Re-Separation Waiting Period: 6 Months
- Process 1 Portability
- Rate Guarantee: 3 Years

Group Attributes:

- Situs State: TX
- Eligible Lives: 1250

Please Note: Premiums shown are accurate as of publication. They are subject to change.

Accident Insurance

Allstate | www.allstatebenefits.com | 800-521-3535

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



Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from Allstate Benefits

Offered to the employees of:
East Central ISD

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFIT		PLAN 1
Initial Hospital Confinement (pays once/year)		\$1,000
Daily Hospital Confinement (pays daily)		\$200
Intensive Care (pays daily)		\$400
RIDER BENEFITS		PLAN 1
Accident Treatment & Urgent Care Rider		
Ambulance	Ground	\$200
	Air	\$600
Accident Physician's Treatment		\$100
X-ray		\$200
Urgent Care		\$100
Dislocation/Fracture Rider ¹		\$4,000
Emergency Room Services Rider		\$200
Outpatient Physician's Benefit Rider (pays daily)		\$50.00
Accidental Death ¹ , Dismemberment ¹ , and Functional Loss ¹ Rider		\$40,000
Common Carrier (fare-paying passenger)		\$100,000
BENEFIT ENHANCEMENT RIDER		PLAN 1
Accident Follow-Up Treatment (pays daily)		\$100
Lacerations		\$100
Burns	< 15% body surface	\$200
	15% or more	\$1,000
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis		\$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		\$100
Paralysis (pays once)	Paraplegia	\$15,000
	Quadriplegia	\$30,000
Coma with Respiratory Assistance		\$20,000
Open Abdominal or Thoracic Surgery		\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000
	Exploratory	\$300
Ruptured Spinal Disc Surgery		\$1,000
Eye Surgery		\$200
General Anesthesia		\$200
Blood and Plasma		\$600
Appliance		\$250.00
Medical Supplies		\$10.00
Medicine		\$10.00
Prosthesis	1 device	\$1,000
	2 or more devices	\$2,000
Physical, Occupational or Speech Therapy (pays daily)		\$60
Rehabilitation Unit (pays daily)		\$200
Non-Local Transportation		\$500
Family Member Lodging (pays daily)		\$200
Post-Accident Transportation (pays once/year)		\$400
Broken Tooth		\$200
Residence/Vehicle Modification		\$1,000
Pain Management (Epidural Injection)		\$100
Miscellaneous Outpatient Surgery		\$200

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$15.03	\$25.98	\$31.91	\$41.90

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

Injury Benefit Schedule is on reverse

*Each benefit pays the amount shown. ¹Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

Legal Plan



LegalShield | www.legalshield.com | 800-654-7757

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.














HAVE YOU EVER?

- | | |
|---|--|
| <input type="checkbox"/> Needed your Will prepared or updated | <input type="checkbox"/> Worried about being a victim of identity theft |
| <input type="checkbox"/> Been overcharged for a repair or paid an unfair bill | <input type="checkbox"/> Been concerned about your child's identity |
| <input type="checkbox"/> Had trouble with a warranty or defective product | <input type="checkbox"/> Lost your wallet |
| <input type="checkbox"/> Signed a contract | <input type="checkbox"/> Worried about entering personal information on-line |
| <input type="checkbox"/> Received a moving traffic violation | <input type="checkbox"/> Feared the security of your medical information |
| <input type="checkbox"/> Had concerns regarding child support | <input type="checkbox"/> Been pursued by a collection agency |

WHAT IS LEGALSHIELD?

Founded in 1972, LegalShield has 1.5 million memberships protecting and empowering 4.1 million lives and serving 140,000 businesses throughout the United States and Canada. Our members can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll, the world's leading company in ID Theft consulting and restoration.

THE LEGALSHIELD® MEMBERSHIP INCLUDES:

-  ✓ Personal Legal advice on unlimited issues
-  ✓ Letters/ calls made on your behalf
-  ✓ Contracts & documents reviewed (up to 15 pages)
-  ✓ Residential Loan Document Assistance
-  ✓ Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
-  ✓ Moving Traffic Violations (available 15 days after enrollment)
-  ✓ IRS Audit Assistance
-  ✓ Trial Defense (if named defendant/ respondent in a covered civil action suit)
-  ✓ Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
-  ✓ 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
-  ✓ 24/7 Emergency Access for covered situations

LegalShield family legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children.

ADVICE ON ANY LEGAL ISSUE



With a LegalShield Legal Plan you will have access to attorneys who can provide advice or assistance on a variety of personal legal issues.

ELECTION OPTIONS



Family Coverage:

AFFORDABLE LEGAL PROTECTION FOR ONE LOW MONTHLY FEE

For more information, please contact your Independent Associate:

Identity Theft Protection

I Lock 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	Plus	Premium
Employee	\$8	\$15
Employee + Spouse	\$15	\$22
Employee + Children	\$13	\$20
Employee + Family	\$20	\$27

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.

Medical Transport

MASA | www.masamts.com | 830-377-8637

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.



You can decide which MASA MTS plan will provide you with the ultimate peace of mind at an affordable rate when it comes to protecting your family from massive out-of-pocket ambulance charges.



MEMBERSHIP BENEFITS COMPARISON

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 excessive bills.

 **\$5,000**

 **\$60,000**

MEMBERSHIP BENEFITS COMPARISON

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network.

After the group health plan pays its portion, MASA MTS works with providers to deliver our members' \$0 in out-of-pocket costs for emergency transport.

	EMERGENT PLUS MEMBERSHIP	PLATINUM MEMBERSHIP
Emergent Air Transportation	●	●
Emergent Ground Transportation	●	●
Non-Emergency Inter-Facility Transportation	●	●
Repatriation/ Recuperation	●	●
Escort Transportation		●
Visitor Transportation		●
Return Transportation		●
Mortal Remains Transportation		●
Minor Return		●
Organ Retrieval/ Organ Recipient Transportation		●
Vehicle Return		●
Pet Return		●
Worldwide Coverage		●
	\$14 /MONTH	\$39 /MONTH

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

@ jfloyd@masamts.com / Bcalahan@masamts.com

 (830) 377-8637 or (956) 252-6818

The information provided in this product sheet is for informational purposes only. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums vary depending on the benefits selected. Commercial Air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms and conditions please refer to the applicable member service agreement for your territory. MASA MTS products and services are not available where prohibited. For Florida residents, Medical Air Services Association of Florida, Inc. is doing business as MASA MTS and is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 operating in Florida at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. MASA Global, MASA MTS and MASA TRS are registered trade names of Medical Air Services Association, Inc., an Oklahoma corporation.

Employee Assistance Program

American Fidelity | americanfidelity.mysupportportal.com | 800-295-8323

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in a day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you successfully face emotional issues.

An employee assistance program, or EAP, is a free, voluntary program offered by your employer. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem.

Employee assistance programs address a wide range of issues including mental and emotional well-being, substance abuse and grief. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.



TeleHealth



Recuro | www.recurohealth.com | 855-RECURO

Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room.

Board Certified physicians will diagnose your illness, recommend treatment, and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They can treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!



Virtual Therapy

Getting Started

INTRODUCTION

Receive comprehensive therapy and counseling from Recuro's Clinical Social Workers and Marriage & Family Therapists. Your therapist will work with you to reach your emotional wellness goals, developing a personalized plan and tracking progress over time.

HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:
"member.recurohealth.com"

02

Enter your employer member ID

03

Create your username and password

04

Complete intake and wellness assessment

05

Schedule your consult



\$0

Consults

Example Conditions Treated

- Anger Mgmt
- Anxiety
- Bipolar
- Depression
- Eating Disorder
- Sleep Disorder
- Addiction
- Substances
- Grief / Loss
- PTSD
- OCD
- And More...



Virtual Urgent Care

Getting Started

INTRODUCTION

Access board-certified physicians 24/7, 365 days a year for urgent medical needs. Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

Consult Fee: \$0

HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:
["member.recurohealth.com"](https://member.recurohealth.com)

02

Enter your employer member ID

03

Create your username and password

04

Complete your medical history

05

Schedule your consult



Example Conditions Treated

- Acne / Rash
- Allergies
- Cold / Flu
- GI Issues
- Ear Problems
- Fever
- Insect Bites
- Nausea
- Pink Eye
- Respiratory
- UTI's
- And More...

*Registering your account is not required to use the service, you can call 855.6RECURO anytime for 24/7 access to doctors.





Ever wonder what it would be like to lose weight and feel better ?

Wondr™ is a skills-based digital weight loss program offered by East Central ISD—at no cost to you*—that has helped hundreds of thousands of people in different stages of health:

- Lose weight
- Feel their best mentally and physically
- Use practical, clinically-proven health skills that become life skills

APPLY TODAY

Learn more at wondrhealth.com/ECISD

*Restrictions and eligibility info can be found at wondrhealth.com/ECISD



BEFORE

Cheryl F.
Benefits Manager

Lost 26 lbs
Gained Confidence



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!

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, Vision, FSA



Contact Information

Product	Carrier	Website	Phone
Medical	UBC	ubc-benefits.com/ecisd-benefits	888-557-8550
Dental	Ameritas	www.ameritas.com	800-487-5553
Dental - QCD	QCD of America	www.qcdofamerica.com	800-229-0304
Vision	Ameritas	www.ameritas.com	800-487-5553
Disability	American Fidelity	www.americanfidelity.com	800-564-8486
Accident	Allstate	www.allstate.com	800-521-3535
Cancer	Guardian	www.guardiananytime.com	800-541-7846
Critical Illness	Aflac	www.aflac.com	800-433-3036
Hospital Indemnity	Aflac	www.aflac.com	800-433-3036
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Employer Paid Life	BCBS	bcbstx.com	877-442-4207
FSA	FFGA	ffbenefits.ffga.com/eastcentralisd/health-fsa	866-853-3539
EAP	American Fidelity	www.americanfidelity.com	800-295-8323
Medical Transport	MASA	www.madamts.com	954-334-8261
Identity Theft	Ilock 360	www.ilock360.com	855-287-8888
Legal	Legal Shield	www.legalshield.com	800-654-7757
Telehealth	Recuro	www.recurohealth.com	855-RECURO