

# ELGIN ISD 2024-2025 BENEFITS GUIDE



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

# Employee Benefits Center

## A guide to your benefits!

Elgin 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 plan year!*

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



# 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.

### 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.



# 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.

### 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.**

# Medical Coverage

## TRS-ActiveCare



Your medical plans are offered through TRS. From in- and out-of-network options to comprehensive prescription drug coverage and special health and wellness programs, TRS-ActiveCare has been designed to flexibly meet the needs of nearly half a million public education employees.

Blue Cross Blue Shield of Texas | <https://www.bcbstx.com/trsactivecare/> | 1.866.355.5999

### TRS-ActiveCare Primary

- Copays for doctor visits and generic prescriptions before you meet deductible
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

### TRS-ActiveCare HD

- Must meet deductible before plan pays for non-preventive care
- In-network and out-of-network benefits – separate out-of-network deductible/out-of-pocket maximum
- Nationwide network
- Deductible applies to medical and pharmacy
- No requirement for PCP or referrals
- Compatible with health savings account (HSA)
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

### TRS-ActiveCare Primary +

- Copays for many services and drugs
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive 2 ID cards (BCBS & Express Scripts)

### TRS-ActiveCare 2 - Closed to New Enrollees

- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

### TRS-ActiveCare Plan Prescription Benefits

**Express Scripts** | <https://express-scripts.com> | 1.844.367.6108

When you enroll in a BCBSTX Plan, you automatically receive prescription drug coverage through Express Scripts which gives you access to a large, national network of retail pharmacies.

For more information, please refer to the TRS-ActiveCare website.

# 2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 – Aug. 31, 2025



All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

## How to Calculate Your Monthly Premium

+ Total Monthly Premium  
- Your Employer Contribution  


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= Your Premium  
*Ask your Benefits Administrator for your district's specific premiums.*

## Wellness Benefits at No Extra Cost\*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*\*Available for all plans. See the benefits guide for more details.*

## Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> <li>• Lowest premium of all three plans</li> <li>• Copays for doctor visits before you meet your deductible</li> <li>• Statewide network</li> <li>• Primary Care Provider referrals required to see specialists</li> <li>• Not compatible with a Health Savings Account</li> <li>• No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Lower deductible than the HD and Primary plans</li> <li>• Copays for many services and drugs</li> <li>• Higher premium</li> <li>• Statewide network</li> <li>• Primary Care Provider referrals required to see specialists</li> <li>• Not compatible with a Health Savings Account</li> <li>• No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Compatible with a Health Savings Account</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for Primary Care Providers or referrals</li> <li>• Must meet your deductible before plan pays for non-preventive care</li> </ul>

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$445	\$395	\$50	\$522	\$395	\$127	\$460	\$395	\$65
Employee and Spouse	\$1,202	\$395	\$807	\$1,358	\$395	\$963	\$1,242	\$395	\$847
Employee and Children	\$757	\$395	\$362	\$888	\$395	\$493	\$782	\$395	\$387
Employee and Family	\$1,513	\$395	\$1118	\$1,723	\$395	\$1328	\$1,564	\$395	\$1169

Plan Features	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network / Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,200/\$6,400 / \$6,400/\$12,800
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible / You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$8,050/\$16,100 / \$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network
PCP Required	Yes	Yes	No

Doctor Visits	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible / You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible / You pay 50% after deductible

Immediate Care	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible / You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation

Prescription Drugs	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

**This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.**

TRS-ActiveCare 2
<ul style="list-style-type: none"> <li>• Closed to new enrollees</li> <li>• Current enrollees can choose to stay in plan</li> <li>• Lower deductible</li> <li>• Copays for many services and drugs</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for Primary Care Providers or referrals</li> </ul>

Total Premium	Employer Contribution	Your Premium
\$1,013	\$395	\$618
\$2,402	\$395	\$2007
\$1,507	\$395	\$1112
\$2,841	\$395	\$2446

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible	
\$20/\$45 copay	
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)	
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications	
\$25 copay for 31-day supply; \$75 for 61-90 day supply	

# Compare Prices for Common Medical Services

## REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.  
Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

\*\*Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999** with questions.



## TRS Medical Plan Prices for the 2024-2025 Plan Year

For more information regarding the difference between the plans, please visit:

<https://www.trs.texas.gov/Pages/healthcare-trsactivecare-2024-25-plans.aspx>

Plan	Tier	TRS Monthly Premium	What Elgin ISD Contributes Monthly	What you pay Monthly	What you pay Semi - Monthly
TRS-Active Care Primary	Employee	\$445	\$395	\$50	\$25
TRS-Active Care Primary	Employee & Spouse	\$1,202	\$395	\$807	\$403.50
TRS-Active Care Primary	Employee & Children	\$757	\$395	\$362	\$181
TRS-Active Care Primary	Employee & Family	\$1,513	\$395	\$1118	\$559
TRS- Active Care Primary +	Employee	\$522	\$395	\$127	\$63.50
TRS- Active Care Primary +	Employee & Spouse	\$1,358	\$395	\$963	\$481.50
TRS- Active Care Primary +	Employee & Children	\$888	\$395	\$493	\$246.50
TRS- Active Care Primary +	Employee & Family	\$1,723	\$395	\$1328	\$664
TRS-Active Care HD	Employee	\$460	\$395	\$65	\$32.50
TRS-Active Care HD	Employee & Spouse	\$1,242	\$395	\$847	\$423.50
TRS-Active Care HD	Employee & Children	\$782	\$395	\$387	\$193.50
TRS-Active Care HD	Employee & Family	\$1,564	\$395	\$1169	\$584.50
TRS-Active Care 2*	Employee	\$1,013	\$395	\$618	\$309
TRS-Active Care 2*	Employee & Spouse	\$2,402	\$395	\$2007	\$1003.50
TRS-Active Care 2*	Employee & Children	\$1,507	\$395	\$1112	\$556
TRS-Active Care 2*	Employee & Family	\$2,841	\$395	\$2446	\$1223

\*Closed to new enrollees



# Dental Insurance



MetLife | [www.metlife.com](http://www.metlife.com) | 800-438-6388

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 Semi - Monthly Premiums

	Low	High
Employee Only	\$6.30	\$14.96
Employee + Spouse	\$14.04	\$32.59
Employee + Children	\$20.79	\$43.04
Employee + Family	\$29.11	\$59.39

## Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Elgin Independent School District – Low Dental Plan

### Network: PDP Plus

Coverage Type	In-Network % of Negotiated Fee*	Out-of-Network % of Scheduled Amount**
<b>Type A: Preventive</b> (cleanings, exams, X-rays)	100%	100%
<b>Type B: Basic Restorative</b> (fillings, extractions)	50%	50%
<b>Deductible†</b>		
Individual	\$50	\$50
<b>Annual Maximum Benefit</b>		
Per Person	\$1,000	\$1,000

**Child(ren)'s eligibility** for dental coverage is from birth up to age 26.

\*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

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

†Applies only to Type B & C Services.

### List of Primary Covered Services & Limitations

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

Plan Type	How Many/How Often
<b>Type A — Preventive</b>	
Prophylaxis (cleanings)	1 time in 6 months
Oral Examinations	1 time in 6 months
Topical Fluoride Applications	One fluoride treatment per 12 months for dependent children up to his/her 15th birthday
X-rays	<ul style="list-style-type: none"> <li>• Full mouth X-rays; once in 5 calendar years</li> <li>• Bitewings X-rays; one set per 12 months</li> </ul>
Sealants	One application of sealant material per lifetime for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 15th birthday



## Dental Insurance

### Type B — Basic Restorative

Fillings	1 replacement per surface in 24 months
Simple Extractions	
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday. Once per tooth area per lifetime.

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

### Exclusions

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

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

## Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Eligin Independent School District- High Dental Plan

### Network: PDP Plus

	In-Network <sup>1</sup> % of Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> % of Maximum Allowable Charge*
<b>Coverage Type</b>		
<b>Type A: Preventive</b> (cleanings, exams, X-rays)	100 %	100 %
<b>Type B: Basic Restorative</b> (fillings, extractions)	80%	80%
<b>Type C: Major Restorative</b> (bridges, dentures)	50%	50%
<b>Type D: Orthodontia</b>	50%	50%
<b>Deductible†</b>		
Individual	\$50	\$50
Family	None	None
<b>Annual Maximum Benefit</b>		
Per Person	\$1,500	\$1,500
<b>Orthodontia Lifetime Maximum</b>		
Per Person***	\$1,000	\$1,000

**Child(ren)'s eligibility** for dental coverage is from birth up to age 26 and unmarried.

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

<sup>2</sup> Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

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

†Applies only to Type B & C Services.

\*\*\* Orthodontia for adults and dependent children up to age 26.

## Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Eligin Independent School District- High Dental Plan

### List of Primary Covered Services & Limitations

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

Plan Type	How Many/How Often
<b>Type A — Preventive</b>	
Prophylaxis (cleanings)	Once every 6 months
Oral Examinations	Once every 6 months
Topical Fluoride Applications	One fluoride treatment in 12 months for dependent children up to his/her 15th birthday
X-rays	<ul style="list-style-type: none"> <li>• Full mouth X-rays; one per 5 years</li> <li>• Bitewings X-rays; one set every 12 months</li> </ul>
Sealants	One application of sealant material every 5 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 15th birthday
<b>Type B — Basic Restorative</b>	
Fillings	One replacement per surface in 24 months or new surface of decay
Simple Extractions	
Endodontics	Root canal treatment limited to once per tooth
Periodontics	<ul style="list-style-type: none"> <li>• Periodontal scaling and root planing once per quadrant, every 24 months</li> <li>• Periodontal surgery once per quadrant, every 36 months</li> <li>• Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a year less the number of teeth cleanings received during such 1 year period</li> </ul>
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday.
<b>Type C — Major Restorative</b>	
Denture and Bridge Repair/ Recementations	Simple repair of Cast Restorations or Dentures other than recementing, but not more than once in a 24 month period.
Oral Surgery	As needed
Implants	Replacement once every 10 years
Bridges and Dentures	<ul style="list-style-type: none"> <li>• Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>• Dentures and bridgework replacement; one every 10 years</li> <li>• Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>
Crowns, Inlays and Onlays	Replacement once every 10 years
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services



## Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Eligin Independent School District- High Dental Plan

### Type D — Orthodontia

- You, your spouse and your children, up to age 26, are covered while Dental insurance is in effect
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia
- Payments are on a repetitive basis
- 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary
- Orthodontic benefits end at cancellation of coverage

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

## Exclusions

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

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


## Dental PPO Benefits

Opportunity to reduce your out-of-pocket costs for dental check-ups and procedures.

## Know what your plan covers...

Dental insurance pays a portion of the costs associated with dental care. Different plans pay different percentages for procedures across these three standard service types.


Preventive care\*



**cleanings and exams**


\*Subject to frequency limits.

Basic care



**X-rays and fillings**

Major care



**crowns and root canals**

## Your benefit in action

Take advantage of how simple and easy it is to use Dental Insurance:

**Look for participating dentists with pre-negotiated fees online at [metlife.com](http://metlife.com) or choose any non-participating general dentist or specialist.**



MetLife's Mobile App<sup>4</sup> is available on the App Store and Google Play.



After downloading, you can use it to find a dentist, view your claims, access your ID card, and more.



Please scan the QR code to access the Mobile App or visit [metlife.com/dental](http://metlife.com/dental). Enter your ZIP code and select the PDP Plus network.



Premiums will be conveniently paid through payroll deduction. So you don't have to worry about writing a check or missing a payment.

You'll only be charged the co-pay listed on your insurance card when you visit the dentist.



Dentists may submit claims for you, which means you have little or no paperwork.

Track claims online and even receive email alerts once claim has been processed.

Find claim forms at [metlife.com/mybenefits](http://metlife.com/mybenefits) or call **1-800-GET-MET8**.

To visit [metlife.com/mybenefits](http://metlife.com/mybenefits) scan the following:



Enroll in MetLife Dental during annual enrollment.

# Benefit Identification (ID) Cards

Below are your benefit ID cards. You are not required to show your card as proof of coverage, but we've provided them for your convenience. You can also view your ID card on the MetLife mobile app.<sup>1</sup> Search "MetLife" at iTunes App Store or Google Play to download the app.<sup>2</sup>

## Front

## Back

### PDP PLUS NETWORK

Employee Name

Elgin ISD

233911

Group Name

Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



### PDP PLUS NETWORK

Employee Name

Elgin ISD

233911

Group Name

Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

- Locate a participating dentist.
- Verify eligibility and plan design information.
- Review claim status and claim history for your entire family.
- View and print processed claims with one click.
- Obtain claims forms and educational information (including interactive risk assessment).
- Get instant answers to Frequently Asked Questions.
- Access trained customer service representatives.

**1 800 GET-MET 8 (1-800-438-6388)**

- Virtually 24 hours a day, 7 days a week call to confirm eligibility, order claim forms or request dentist directories.
- Monday–Friday, 8 a.m. to 11 p.m. EST, call to speak with a live customer service representative.
- MetLife Dental Claims, P.O. Box 981282, El Paso, TX 79998-1282.
- For International Dental Travel Assistance call 1-312-356-5970 (collect).

[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

- Locate a participating dentist.
- Verify eligibility and plan design information.
- Review claim status and claim history for your entire family.
- View and print processed claims with one click.
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Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force.

Please contact MetLife or your plan administrator for complete details.

# Vision Insurance

Metlife | [www.metlife.com](http://www.metlife.com) | 800-438-6388

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

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

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

## Vision Semi - Monthly Premium

### VSP Choice Plan

Employee Only	\$4.84
Employee + Family	\$11.12



# Vision Plan Summary

Metropolitan Life Insurance Company

## Semi-Monthly Rates:

**Employee only \$4.84**  
**Employee + Family \$11.12**

\*Note: rates are only good through 9/1/2022.

## With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in-network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

## In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.<sup>1</sup>

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.<sup>1</sup>

Laser vision correction:<sup>2</sup> Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

## We're here to help

Find a Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision)

Download a claim form at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

For general questions go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-855-MET-EYE1 (1-855-638-3931)

Metropolitan Life Insurance Company

## In-network benefits

There are no claims for you to file when you go to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

	Frequency
<b>Eye exam</b>	Once every 12 months
<ul style="list-style-type: none"> <li>• Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a <b>\$10</b> copay.</li> <li>• Retinal imaging: Up to a <b>\$39</b> copay on routine retinal screening when performed by a private practice.</li> </ul>	
<b>Frame</b>	Once every 12 months
<ul style="list-style-type: none"> <li>• Allowance: <b>\$130</b> for Standard and <b>\$150</b> on Featured Frames after <b>\$10</b> eyewear copay.</li> <li>• Costco, Walmart and Sam's Club: <b>\$70</b> allowance after <b>\$10</b> eyewear copay.</li> </ul> <p>You will receive an additional <b>20%</b> savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.</p>	
<b>Standard corrective lenses</b>	Once every 12 months
<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after <b>\$10</b> eyewear copay.</li> </ul>	
<b>Standard lens enhancements<sup>1</sup></b>	Once every 12 months
<ul style="list-style-type: none"> <li>• Ultraviolet (UV) coating, Standard Polycarbonate (child up to age 18), Standard Polycarbonate (adult), Scratch-resistant coating: Covered in full.</li> <li>• Progressive Standard: Up to \$55 copay</li> <li>• Progressive Premium/Custom: Up to \$95-\$105 copay/Up to \$150-\$175 copay</li> <li>• Tints (plastic lenses): Pink I &amp; II \$0 copay/Solid Plastic \$15 copay/Plastic Gradient Dye \$17 copay</li> <li>• Anti-reflective Coating (variable by type): Up to \$41-\$85 copay</li> <li>• Photochromic (variable by type): Up to \$47-\$82 copay</li> </ul>	
<b>Contact lenses</b> (instead of eye glasses)	Once every 12 months
<ul style="list-style-type: none"> <li>• Contact fitting and evaluation: Copay not to exceed <b>\$60</b>.</li> <li>• Elective lenses: <b>\$130</b> allowance.</li> <li>• Necessary lenses: Covered in full after eyewear copay.</li> </ul>	
<b>Second pair</b>	
<p>This benefit gives you additional eyewear coverage. You can get:</p> <ul style="list-style-type: none"> <li>• Two pairs of prescription eyeglasses; or</li> <li>• One pair of prescription eyeglasses and an allowance toward contact lenses; or</li> <li>• Double your contact lens allowance</li> </ul>	



## Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments

### Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for detailed out-of-network benefits information.

• Eye exam: up to <b>\$45</b>	• Single vision lenses: up to <b>\$30</b>	• Progressive lenses: up to <b>\$50</b>
• Frames: up to <b>\$70</b>	• Lined bifocal lenses: up to <b>\$50</b>	
• Contact lenses:	• Lined trifocal lenses: up to <b>\$65</b>	
- Elective up to <b>\$105</b>	• Lenticular lenses: up to <b>\$100</b>	
- Necessary up to <b>\$210</b>		

#### **SERVICES AND EYEWEAR**

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.

- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
- Plano lenses (lenses with refractive correction of less than  $\pm 0.50$  diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.

- Contact lens modification, polishing, and cleaning.

#### **TREATMENTS**

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

#### **MEDICATIONS**

- Prescription and non-prescription medications.

1. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.
2. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

**Important:** If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

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

M130A-10/10-B/E/P

# Benefit Identification (ID) Cards

Below are your benefit ID cards. You are not required to show your card as proof of coverage, but we've provided them for your convenience. You can also view your ID card on the MetLife mobile app.<sup>1</sup> Search "MetLife" at iTunes App Store or Google Play to download the app.<sup>2</sup>

## Front

## Back

### Vision Identification Card

Employee Name

Elgin ISD 233911

Group Name Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



### Vision Identification Card

Employee Name

Elgin ISD 233911

Group Name Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

- Locate a participating eye doctor or print your ID card.
- Review benefits information and past services.
- Obtain claims forms and educational information.
- **Providers:** Check eligibility through [eyefinity.com](http://eyefinity.com) or call 1-800-615-1883.
- **Retail chain locations:** Check eligibility through [2020source.com](http://2020source.com) or call 1-866-773-3260.

**1-855-MET-EYE1**

TDD/TTY for the hearing impaired: 1-800-428-4833

- Call Monday–Friday, 8 a.m. to 11 p.m. EST, Saturday–Sunday, 10 a.m. to 11 p.m. EST, to speak with a customer service representative.
- MetLife Vision; P.O. Box 385018; Birmingham, AL 35238-5018.

[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

- Locate a participating eye doctor or print your ID card.
- Review benefits information and past services.
- Obtain claims forms and educational information.
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**1-855-MET-EYE1**

TDD/TTY for the hearing impaired: 1-800-428-4833

- Call Monday–Friday, 8 a.m. to 11 p.m. EST, Saturday–Sunday, 10 a.m. to 11 p.m. EST, to speak with a customer service representative.
- MetLife Vision; P.O. Box 385018; Birmingham, AL 35238-5018.



1. Certain features of the MetLife Mobile App are not available for all MetLife Dental Plans.
2. Before using the MetLife Mobile App, you must register at [metlife.com/mybenefits](http://metlife.com/mybenefits) from a computer. Registration cannot be done from your mobile device.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force.

Please contact MetLife or your plan administrator for complete details.

# Flexible Spending Accounts

First Financial Administrators, Inc. | [www.ffga.com](http://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 pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted 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.**

## Dependent Care FSA

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

**You may allocate up to \$5,000 per tax year for reimbursement of dependent care services.**

**If you are married and file a separate tax return, the limit is \$2,500.**

### Dependent Care FSA Highlights

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

# Health Savings Account

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com)  
1.866.853.3539 P.O. Box 161968 | Altamonte Springs, FL 32716

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like co-pays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies.

## Health Savings Account Highlights

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

## Who Can Participate in an HSA?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- Limited Purpose Flexible Spending Accounts are permitted (dental and vision expenses only).
- You cannot participate if your spouse has a general purpose FSA or HRA at their place of employment.
- You cannot participate if you are being claimed as a dependent on another person's tax return.

	2024	2025
HSA Contribution Limits	<ul style="list-style-type: none"><li>• Self Only: \$4,150</li><li>• Family: \$8,300</li></ul>	<ul style="list-style-type: none"><li>• Self Only: \$4,300</li><li>• Family: \$8,550</li></ul>
Health Insurance Deductible Limits	<ul style="list-style-type: none"><li>• Self Only: \$1,600</li><li>• Family: \$3,200</li></ul>	<ul style="list-style-type: none"><li>• Self Only: \$1,650</li><li>• Family: \$3,300</li></ul>

\$1,000 catch-up contributions (age 55 or older)

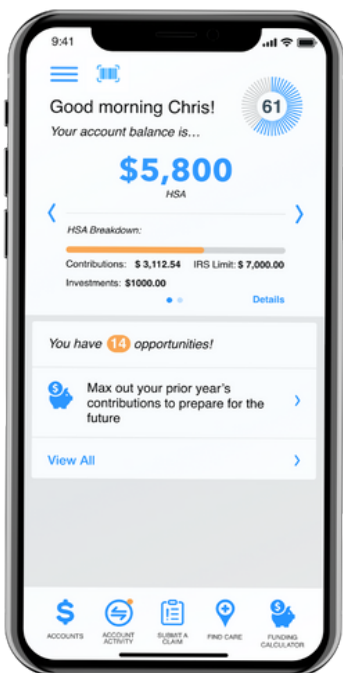
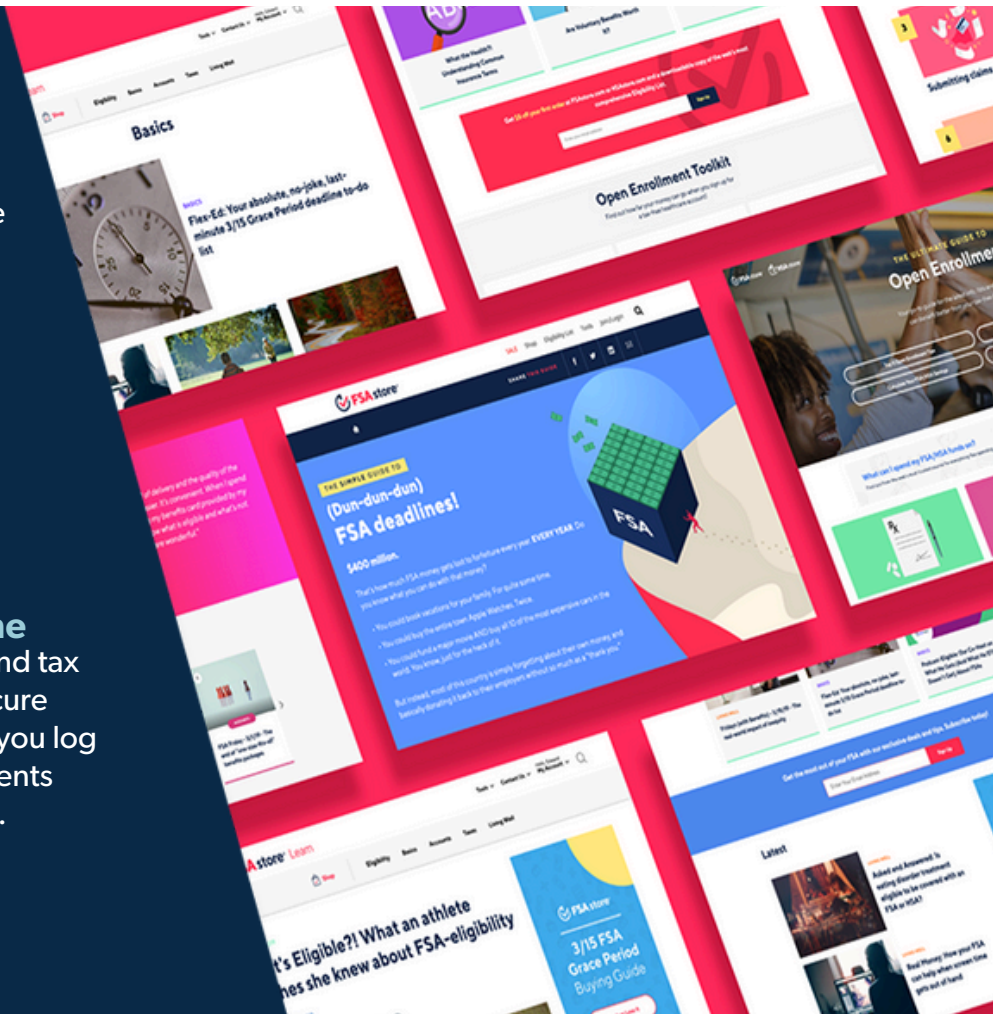
# FSA & HSA Resources

## Benefits Card

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

## View Your Account Details Online

Sign up to view your account balance, find tax forms and check claims status on our secure website. Log in at [www.ffga.com](http://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/HSA Store

FFGA has partnered with the FSA Store and HSA Store to bring you easy-to-use online stores 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 stores at <http://www.ffga.com/individuals/#stores> for more details and special deals.





# Hospital Indemnity Insurance

**NEW  
CARRIER**

MetLife | [www.metlife.com](http://www.metlife.com) | 800-438-6388

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!



## Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

### Hospital Indemnity Insurance Benefits

With MetLife, you'll have a choice of two comprehensive plans (called the "Low Plan" and the "High Plan") which provide lump sum cash payments for covered events regardless of any other payments you may receive from your medical plan. Here are just some of the covered benefits/services<sup>B</sup>, when an accident or illness puts you in the hospital.<sup>A</sup>

### Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (applies to subcategory)	Benefit	Low Plan	High Plan
<b>Hospital Benefits</b>				
Admission Benefit	4 times per calendar year	Admission <sup>1</sup>	\$1,000	\$2,000
Confinement Benefit	30 days per calendar year. Confinement will pay an additional benefit for 30 of those days	Confinement <sup>2</sup>	\$150	\$200
		ICU Supplemental Confinement (Benefits paid concurrently with Confinement Benefit when Covered Person is confined in ICU)	\$300	\$400
Newborn Confinement Benefit	2 days per Confinement	Newborn Confinement <sup>3</sup>	\$200	\$200
Inpatient Rehabilitation Unit Benefit <sup>4</sup>	30 days per calendar year	Inpatient Rehabilitation (for Injury or Sickness)	\$75	\$150
<b>Other Benefits</b>				
Health Screening Benefit <sup>6</sup>	1 time per calendar year per covered person	Health Screening	\$50	\$50

<sup>1</sup>The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement. Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Please consult your certificate for details.

<sup>2</sup>When plan includes an Admission Benefit, the Confinement Benefit begins on Day 2.

<sup>3</sup>The Newborn Confinement Period Begins Immediately following the child's birth.

<sup>4</sup>Benefit(s) that requires prior Admission or Confinement. Inpatient Rehabilitation Unit Benefit is standardly applied for covered Accidents only. It is available as an add-on for Sickness.

<sup>6</sup>The Health Screening Benefit is not available in all states. There is a separate mammogram benefit for MT residents and for cases situated in CA and MT.

### Benefit Payment Example for High Plan

Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can help cover these unexpected costs or in any other way Susan sees fit.



## Hospital Indemnity Insurance

Covered Benefit	High Plan Benefit Amount
Regular Hospital Admission (1x)	\$2,000
Regular Hospital Confinement (3 total days)	\$600
ICU Supplemental Confinement (1 day)	\$400
Benefits paid by MetLife Group Hospital Indemnity Insurance	\$3,000

Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

### Questions & Answers

**Q. How do I enroll?**

**A. Enroll for coverage at Employer website.**

**Q. Who is eligible to enroll for this Hospital Indemnity coverage?**

**A. You are eligible to enroll yourself and your eligible family members.** <sup>c</sup> You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

**Q. How do I pay for my Hospital Indemnity coverage?**

**A. Premiums will be paid through payroll deduction,** so you don't have to worry about writing a check or missing a payment.

**Q. What happens if my employment status changes? Can I take my coverage with me?**

**A. Yes, you can take your coverage with you.** You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy and offers you similar coverage with a different insurance carrier. <sup>d</sup>

**Q. What is the coverage effective date?**

**A. The coverage effective date is 09/01/2024.**

**Q. Who do I call for assistance?**

**A. Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388)** and talk with a benefits consultant.

### Insurance Rates

MetLife offers group rates and payroll deductions, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

### Hospital Indemnity Insurance

Coverage Options	Low Plan	High Plan
<b>Semi-Monthly Cost to You</b>		
Employee	\$8.02	\$12.77
Employee & Spouse	\$14.60	\$23.15
Employee & Child(ren)	\$12.67	\$19.79
Employee & Spouse/Child(ren)	\$19.25	\$30.18

<sup>A</sup> Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

# Term Life & AD&D

## Employer-Paid & Voluntary

Blue Cross Blue Shield | [www.bcbstx.com/ancillary](http://www.bcbstx.com/ancillary) | 877-442-4207

### Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$25,000. 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.





# Texas Life

## Permanent Life



Texas Life | [www.texaslife.com](http://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.



# LIFE INSURANCE YOU CAN KEEP!



PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS is permanent life insurance which features long guarantees<sup>1</sup> and one of the highest death benefits per payroll-deducted dollar offered at the worksite.<sup>2</sup> PURELIFE-PLUS is an ideal complement to any group term and optional life insurance your employer might provide, and it has the following features:



**YOU OWN IT**  
THE COST IS REASONABLE



**YOU CAN TAKE IT WITH YOU WHEN YOU CHANGE JOBS OR RETIRE<sup>4</sup>**



**YOU PAY FOR IT THROUGH CONVENIENT PAYROLL DEDUCTIONS**



**YOU CAN COVER YOUR SPOUSE, CHILDREN AND GRANDCHILDREN, TOO<sup>3</sup>**



**YOU CAN GET A LIVING BENEFIT IF YOU BECOME TERMINALLY ILL<sup>5</sup>**



**YOU CAN GET CASH TO COVER LIVING EXPENSES IF YOU BECOME CHRONICALLY ILL<sup>6</sup>**

## 3 QUICK QUESTIONS

You can qualify by answering just 3 questions.<sup>7</sup>

### DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

## TEXASLIFE INSURANCE COMPANY

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



1 Guarantees are subject to product terms, limitations, exclusions and the insurer's claims paying ability and financial strength. Current average premium guarantee is 45 years.

2 Voluntary Universal and Whole Life Products, Eastbridge Consulting Group, Inc. (2022)

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

4 As long as the necessary premiums are paid.

5 Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07

6 Chronic Illness Rider available for an additional cost for employees and their spouses. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

7 Issuance of coverage will depend on answers to these questions.

The agent/agency offering this proposal is not affiliated with Texas Life other than to market its products. Claims payments are the responsibility of Texas Life Insurance Company.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the PureLife-plus brochure for costs and complete details. Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO. Texas Life is licensed to do business in the District of Columbia and every state but New York. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died.



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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		6.53	11.93	17.33	22.73	33.53	44.33	55.13	65.93	75
21-22		6.67	12.20	17.74	23.28	34.35	45.43	56.50	67.58	74
23		6.80	12.48	18.15	23.83	35.18	46.53	57.88	69.23	75
24-25		6.94	12.75	18.57	24.38	36.00	47.63	59.25	70.88	74
26		7.22	13.30	19.39	25.48	37.65	49.83	62.00	74.18	75
27-28		7.35	13.58	19.80	26.03	38.48	50.93	63.38	75.83	74
29		7.49	13.85	20.22	26.58	39.30	52.03	64.75	77.48	74
30-31		7.63	14.13	20.63	27.13	40.13	53.13	66.13	79.13	73
32		8.04	14.95	21.87	28.78	42.60	56.43	70.25	84.08	74
33		8.32	15.50	22.69	29.88	44.25	58.63	73.00	87.38	74
34		8.73	16.33	23.93	31.53	46.73	61.93	77.13	92.33	75
35		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	76
36		9.55	17.98	26.40	34.83	51.68	68.53	85.38	102.23	76
37		9.97	18.80	27.64	36.48	54.15	71.83	89.50	107.18	77
38		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	77
39		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	78
40	5.38	11.75	22.38	33.00	43.63	64.88	86.13	107.38	128.63	79
41	5.76	12.72	24.30	35.89	47.48	70.65	93.83	117.00	140.18	80
42	6.20	13.82	26.50	39.19	51.88	77.25	102.63	128.00	153.38	81
43	6.59	14.78	28.43	42.08	55.73	83.03	110.33	137.63	164.93	82
44	6.97	15.74	30.35	44.97	59.58	88.80	118.03	147.25	176.48	83
45	7.36	16.70	32.28	47.85	63.43	94.58	125.73	156.88	188.03	83
46	7.80	17.80	34.48	51.15	67.83	101.18	134.53	167.88	201.23	84
47	8.18	18.77	36.40	54.04	71.68	106.95	142.23	177.50	212.78	84
48	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	85
49	9.06	20.97	40.80	60.64	80.48	120.15	159.83	199.50	239.18	85
50	9.61	22.34	43.55	64.77	85.98					86
51	10.27	23.99	46.85	69.72	92.58					87
52	10.99	25.78	50.43	75.08	99.73					88
53	11.54	27.15	53.18	79.20	105.23					88
54	12.09	28.53	55.93	83.33	110.73					88
55	12.69	30.04	58.95	87.87	116.78					89
56	13.24	31.42	61.70	91.99	122.28					89
57	13.90	33.07	65.00	96.94	128.88					89
58	14.51	34.58	68.03	101.48	134.93					89
59	15.17	36.23	71.33	106.43	141.53					89
60	15.59	37.29	73.45	109.62	145.78					90
61	16.31	39.08	77.03	114.98	152.93					90
62	17.19	41.28	81.43	121.58	161.73					90
63	18.07	43.48	85.83	128.18	170.53					90
64	19.00	45.82	90.50	135.19	179.88					90
65	20.05	48.43	95.73	143.03	190.33					90
66	21.20									90
67	22.47									91
68	23.84									91
69	25.22									91
70	26.65									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	4.63	8.13	81
2-4	4.75	8.38	80
5-8	4.88	8.63	79
9-10	5.00	8.88	79
11-16	5.13	9.13	77
17-20	6.13	11.13	75
21-22	6.25	11.38	74
23	6.38	11.63	75
24-25	6.50	11.88	74
26	6.75	12.38	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)	Semi-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		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	71
21-22		9.69	18.25	26.82	35.38	52.50	69.63	86.75	103.88	71
23		10.10	19.08	28.05	37.03	54.98	72.93	90.88	108.83	72
24-25		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	71
26		10.65	20.18	29.70	39.23	58.28	77.33	96.38	115.43	72
27-28		10.93	20.73	30.53	40.33	59.93	79.53	99.13	118.73	71
29		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	71
30-31		12.44	23.75	35.07	46.38	69.00	91.63	114.25	136.88	72
32		12.85	24.58	36.30	48.03	71.48	94.93	118.38	141.83	72
33		12.99	24.85	36.72	48.58	72.30	96.03	119.75	143.48	72
34		13.13	25.13	37.13	49.13	73.13	97.13	121.13	145.13	71
35		14.09	27.05	40.02	52.98	78.90	104.83	130.75	156.68	72
36		14.50	27.88	41.25	54.63	81.38	108.13	134.88	161.63	72
37		15.47	29.80	44.14	58.48	87.15	115.83	144.50	173.18	73
38		15.88	30.63	45.38	60.13	89.63	119.13	148.63	178.13	73
39		16.98	32.83	48.68	64.53	96.23	127.93	159.63	191.33	74
40	8.07	18.49	35.85	53.22	70.58	105.30	140.03	174.75	209.48	76
41	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	77
42	9.17	21.24	41.35	61.47	81.58	121.80	162.03	202.25	242.48	78
43	9.94	23.17	45.20	67.24	89.28	133.35	177.43	221.50	265.58	80
44	10.33	24.13	47.13	70.13	93.13	139.13	185.13	231.13	277.13	80
45	10.88	25.50	49.88	74.25	98.63	147.38	196.13	244.88	293.63	81
46	11.32	26.60	52.08	77.55	103.03	153.98	204.93	255.88	306.83	81
47	11.87	27.98	54.83	81.68	108.53	162.23	215.93	269.63	323.33	82
48	12.36	29.22	57.30	85.39	113.48	169.65	225.83	282.00	338.18	82
49	13.08	31.00	60.88	90.75	120.63	180.38	240.13	299.88	359.63	83
50	13.68	32.52	63.90	95.29	126.68					83
51	14.29	34.03	66.93	99.83	132.73					83
52	15.17	36.23	71.33	106.43	141.53					84
53	15.94	38.15	75.18	112.20	149.23					85
54	16.65	39.94	78.75	117.57	156.38					85
55	17.42	41.87	82.60	123.34	164.08					85
56	18.30	44.07	87.00	129.94	172.88					85
57	19.18	46.27	91.40	136.54	181.68					86
58	20.12	48.60	96.08	143.55	191.03					86
59	21.05	50.94	100.75	150.57	200.38					86
60	21.64	52.42	103.70	154.99	206.28					86
61	22.91	55.58	110.03	164.48	218.93					86
62	24.12	58.60	116.08	173.55	231.03					87
63	25.33	61.63	122.13	182.63	243.13					87
64	26.54	64.65	128.18	191.70	255.23					87
65	27.86	67.95	134.78	201.60	268.43					87
66	29.29									88
67	30.83									88
68	32.42									88
69	34.13									88
70	35.94									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

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
17-20	8.63	16.13	71
21-22	9.00	16.88	71
23	9.38	17.63	72
24-25	9.63	18.13	71
26	9.88	18.63	72

**Indicates Spouse Coverage Available**

# Disability Insurance

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 800-654-8489

## 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

Elgin ISD

## 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** on the day of Disability due to a covered Injury or Sickness.

Plan I	On the 8th day	Plan IV	On the 61st day
Plan II	On the 15th day	Plan V	On the 91st day
Plan III	On the 31st day	Plan VI	On the 151st day



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



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



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



**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.

**AMERICAN FIDELITY**   
a different opinion



# 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 66⅔% of your monthly compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death 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	\$20,000.00	\$6.48	\$5.52	\$4.56	\$2.76	\$2.04	\$1.36
\$450.00 - \$599.99	\$300.00	\$20,000.00	\$9.72	\$8.28	\$6.84	\$4.14	\$3.06	\$2.04
\$600.00 - \$749.99	\$400.00	\$20,000.00	\$12.96	\$11.04	\$9.12	\$5.52	\$4.08	\$2.72
\$750.00 - \$899.99	\$500.00	\$20,000.00	\$16.20	\$13.80	\$11.40	\$6.90	\$5.10	\$3.40
\$900.00 - \$1,049.99	\$600.00	\$20,000.00	\$19.44	\$16.56	\$13.68	\$8.28	\$6.12	\$4.08
\$1,050.00 - \$1,199.99	\$700.00	\$20,000.00	\$22.68	\$19.32	\$15.96	\$9.66	\$7.14	\$4.76
\$1,200.00 - \$1,349.99	\$800.00	\$20,000.00	\$25.92	\$22.08	\$18.24	\$11.04	\$8.16	\$5.44
\$1,350.00 - \$1,499.99	\$900.00	\$20,000.00	\$29.16	\$24.84	\$20.52	\$12.42	\$9.18	\$6.12
\$1,500.00 - \$1,649.99	\$1,000.00	\$20,000.00	\$32.40	\$27.60	\$22.80	\$13.80	\$10.20	\$6.80
\$1,650.00 - \$1,799.99	\$1,100.00	\$20,000.00	\$35.64	\$30.36	\$25.08	\$15.18	\$11.22	\$7.48
\$1,800.00 - \$1,949.99	\$1,200.00	\$20,000.00	\$38.88	\$33.12	\$27.36	\$16.56	\$12.24	\$8.16
\$1,950.00 - \$2,099.99	\$1,300.00	\$20,000.00	\$42.12	\$35.88	\$29.64	\$17.94	\$13.26	\$8.84
\$2,100.00 - \$2,249.99	\$1,400.00	\$20,000.00	\$45.36	\$38.64	\$31.92	\$19.32	\$14.28	\$9.52
\$2,250.00 - \$2,399.99	\$1,500.00	\$20,000.00	\$48.60	\$41.40	\$34.20	\$20.70	\$15.30	\$10.20
\$2,400.00 - \$2,549.99	\$1,600.00	\$20,000.00	\$51.84	\$44.16	\$36.48	\$22.08	\$16.32	\$10.88
\$2,550.00 - \$2,699.99	\$1,700.00	\$20,000.00	\$55.08	\$46.92	\$38.76	\$23.46	\$17.34	\$11.56
\$2,700.00 - \$2,849.99	\$1,800.00	\$20,000.00	\$58.32	\$49.68	\$41.04	\$24.84	\$18.36	\$12.24
\$2,850.00 - \$2,999.99	\$1,900.00	\$20,000.00	\$61.56	\$52.44	\$43.32	\$26.22	\$19.38	\$12.92
\$3,000.00 - \$3,149.99	\$2,000.00	\$20,000.00	\$64.80	\$55.20	\$45.60	\$27.60	\$20.40	\$13.60
\$3,150.00 - \$3,299.99	\$2,100.00	\$20,000.00	\$68.04	\$57.96	\$47.88	\$28.98	\$21.42	\$14.28
\$3,300.00 - \$3,449.99	\$2,200.00	\$20,000.00	\$71.28	\$60.72	\$50.16	\$30.36	\$22.44	\$14.96
\$3,450.00 - \$3,599.99	\$2,300.00	\$20,000.00	\$74.52	\$63.48	\$52.44	\$31.74	\$23.46	\$15.64
\$3,600.00 - \$3,749.99	\$2,400.00	\$20,000.00	\$77.76	\$66.24	\$54.72	\$33.12	\$24.48	\$16.32
\$3,750.00 - \$3,899.99	\$2,500.00	\$20,000.00	\$81.00	\$69.00	\$57.00	\$34.50	\$25.50	\$17.00
\$3,900.00 - \$4,049.99	\$2,600.00	\$20,000.00	\$84.24	\$71.76	\$59.28	\$35.88	\$26.52	\$17.68
\$4,050.00 - \$4,199.99	\$2,700.00	\$20,000.00	\$87.48	\$74.52	\$61.56	\$37.26	\$27.54	\$18.36
\$4,200.00 - \$4,349.99	\$2,800.00	\$20,000.00	\$90.72	\$77.28	\$63.84	\$38.64	\$28.56	\$19.04
\$4,350.00 - \$4,499.99	\$2,900.00	\$20,000.00	\$93.96	\$80.04	\$66.12	\$40.02	\$29.58	\$19.72
\$4,500.00 - \$4,649.99	\$3,000.00	\$20,000.00	\$97.20	\$82.80	\$68.40	\$41.40	\$30.60	\$20.40
\$4,650.00 - \$4,799.99	\$3,100.00	\$20,000.00	\$100.44	\$85.56	\$70.68	\$42.78	\$31.62	\$21.08
\$4,800.00 - \$4,949.99	\$3,200.00	\$20,000.00	\$103.68	\$88.32	\$72.96	\$44.16	\$32.64	\$21.76
\$4,950.00 - \$5,099.99	\$3,300.00	\$20,000.00	\$106.92	\$91.08	\$75.24	\$45.54	\$33.66	\$22.44
\$5,100.00 - \$5,249.99	\$3,400.00	\$20,000.00	\$110.16	\$93.84	\$77.52	\$46.92	\$34.68	\$23.12
\$5,250.00 - \$5,399.99	\$3,500.00	\$20,000.00	\$113.40	\$96.60	\$79.80	\$48.30	\$35.70	\$23.80
\$5,400.00 - \$5,549.99	\$3,600.00	\$20,000.00	\$116.64	\$99.36	\$82.08	\$49.68	\$36.72	\$24.48
\$5,550.00 - \$5,699.99	\$3,700.00	\$20,000.00	\$119.88	\$102.12	\$84.36	\$51.06	\$37.74	\$25.16
\$5,700.00 - \$5,849.99	\$3,800.00	\$20,000.00	\$123.12	\$104.88	\$86.64	\$52.44	\$38.76	\$25.84

# Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Accidental Death 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	\$20,000.00	\$126.36	\$107.64	\$88.92	\$53.82	\$39.78	\$26.52
\$6,000.00 - \$6,149.99	\$4,000.00	\$20,000.00	\$129.60	\$110.40	\$91.20	\$55.20	\$40.80	\$27.20
\$6,150.00 - \$6,299.99	\$4,100.00	\$20,000.00	\$132.84	\$113.16	\$93.48	\$56.58	\$41.82	\$27.88
\$6,300.00 - \$6,449.99	\$4,200.00	\$20,000.00	\$136.08	\$115.92	\$95.76	\$57.96	\$42.84	\$28.56
\$6,450.00 - \$6,599.99	\$4,300.00	\$20,000.00	\$139.32	\$118.68	\$98.04	\$59.34	\$43.86	\$29.24
\$6,600.00 - \$6,749.99	\$4,400.00	\$20,000.00	\$142.56	\$121.44	\$100.32	\$60.72	\$44.88	\$29.92
\$6,750.00 - \$6,899.99	\$4,500.00	\$20,000.00	\$145.80	\$124.20	\$102.60	\$62.10	\$45.90	\$30.60
\$6,900.00 - \$7,049.99	\$4,600.00	\$20,000.00	\$149.04	\$126.96	\$104.88	\$63.48	\$46.92	\$31.28
\$7,050.00 - \$7,199.99	\$4,700.00	\$20,000.00	\$152.28	\$129.72	\$107.16	\$64.86	\$47.94	\$31.96
\$7,200.00 - \$7,349.99	\$4,800.00	\$20,000.00	\$155.52	\$132.48	\$109.44	\$66.24	\$48.96	\$32.64
\$7,350.00 - \$7,499.99	\$4,900.00	\$20,000.00	\$158.76	\$135.24	\$111.72	\$67.62	\$49.98	\$33.32
\$7,500.00 - \$7,649.99	\$5,000.00	\$20,000.00	\$162.00	\$138.00	\$114.00	\$69.00	\$51.00	\$34.00
\$7,650.00 - \$7,799.99	\$5,100.00	\$20,000.00	\$165.24	\$140.76	\$116.28	\$70.38	\$52.02	\$34.68
\$7,800.00 - \$7,949.99	\$5,200.00	\$20,000.00	\$168.48	\$143.52	\$118.56	\$71.76	\$53.04	\$35.36
\$7,950.00 - \$8,099.99	\$5,300.00	\$20,000.00	\$171.72	\$146.28	\$120.84	\$73.14	\$54.06	\$36.04
\$8,100.00 - \$8,249.99	\$5,400.00	\$20,000.00	\$174.96	\$149.04	\$123.12	\$74.52	\$55.08	\$36.72
\$8,250.00 - \$8,399.99	\$5,500.00	\$20,000.00	\$178.20	\$151.80	\$125.40	\$75.90	\$56.10	\$37.40
\$8,400.00 - \$8,549.99	\$5,600.00	\$20,000.00	\$181.44	\$154.56	\$127.68	\$77.28	\$57.12	\$38.08
\$8,550.00 - \$8,699.99	\$5,700.00	\$20,000.00	\$184.68	\$157.32	\$129.96	\$78.66	\$58.14	\$38.76
\$8,700.00 - \$8,849.99	\$5,800.00	\$20,000.00	\$187.92	\$160.08	\$132.24	\$80.04	\$59.16	\$39.44
\$8,850.00 - \$8,999.99	\$5,900.00	\$20,000.00	\$191.16	\$162.84	\$134.52	\$81.42	\$60.18	\$40.12
\$9,000.00 - \$9,149.99	\$6,000.00	\$20,000.00	\$194.40	\$165.60	\$136.80	\$82.80	\$61.20	\$40.80
\$9,150.00 - \$9,299.99	\$6,100.00	\$20,000.00	\$197.64	\$168.36	\$139.08	\$84.18	\$62.22	\$41.48
\$9,300.00 - \$9,449.99	\$6,200.00	\$20,000.00	\$200.88	\$171.12	\$141.36	\$85.56	\$63.24	\$42.16
\$9,450.00 - \$9,599.99	\$6,300.00	\$20,000.00	\$204.12	\$173.88	\$143.64	\$86.94	\$64.26	\$42.84
\$9,600.00 - \$9,749.99	\$6,400.00	\$20,000.00	\$207.36	\$176.64	\$145.92	\$88.32	\$65.28	\$43.52
\$9,750.00 - \$9,899.99	\$6,500.00	\$20,000.00	\$210.60	\$179.40	\$148.20	\$89.70	\$66.30	\$44.20
\$9,900.00 - \$10,049.99	\$6,600.00	\$20,000.00	\$213.84	\$182.16	\$150.48	\$91.08	\$67.32	\$44.88
\$10,050.00 - \$10,199.99	\$6,700.00	\$20,000.00	\$217.08	\$184.92	\$152.76	\$92.46	\$68.34	\$45.56
\$10,200.00 - \$10,349.99	\$6,800.00	\$20,000.00	\$220.32	\$187.68	\$155.04	\$93.84	\$69.36	\$46.24
\$10,350.00 - \$10,499.99	\$6,900.00	\$20,000.00	\$223.56	\$190.44	\$157.32	\$95.22	\$70.38	\$46.92
\$10,500.00 - \$10,649.99	\$7,000.00	\$20,000.00	\$226.80	\$193.20	\$159.60	\$96.60	\$71.40	\$47.60
\$10,650.00 - \$10,799.99	\$7,100.00	\$20,000.00	\$230.04	\$195.96	\$161.88	\$97.98	\$72.42	\$48.28
\$10,800.00 - \$10,949.99	\$7,200.00	\$20,000.00	\$233.28	\$198.72	\$164.16	\$99.36	\$73.44	\$48.96
\$10,950.00 - \$11,099.99	\$7,300.00	\$20,000.00	\$236.52	\$201.48	\$166.44	\$100.74	\$74.46	\$49.64
\$11,100.00 - \$11,249.99	\$7,400.00	\$20,000.00	\$239.76	\$204.24	\$168.72	\$102.12	\$75.48	\$50.32
\$11,250.00 - \$11,399.99	\$7,500.00*	\$20,000.00	\$243.00	\$207.00	\$171.00	\$103.50	\$76.50	\$51.00

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



# 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

# Accident Insurance



MetLife | [www.metlife.com](http://www.metlife.com) | 800-438-6388

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



## Accident Insurance

Benefits that may help cover costs such as those not covered by your medical plan.

### Accident Insurance Benefits

With MetLife, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments regardless of any other insurance payments you may receive<sup>1</sup>. Here are just some of the covered events/services<sup>2</sup>.

Benefit Type	Low Plan Benefits	High Plan Benefits
<b>Accidental Injury Benefits</b>		
Fracture* (depending on the fracture and type of repair)	\$100 – \$8,000	\$200 – \$10,000
Dislocation* (depending on the dislocation and type of repair)	\$100 – \$8,000	\$200 – \$10,000
Second- or Third- Degree Burn (depending on degree of burn and percentage of burnt skin)	\$75 – \$10,000	\$100 – \$15,000
Concussion	\$250	\$500
Coma	\$7,500	\$10,000
Laceration (depending on the length of the cut and type of repair)	\$50 – \$400	\$75 – \$700
Broken Tooth	Crown: \$200 / Filling: \$25 / Extraction: \$100	Crown: \$300 / Filling: \$50 / Extraction: \$150
Eye Injury	\$300	\$400
<b>Accident - Medical Services &amp; Treatment Benefits</b>		
Ambulance	Ground: \$300 / Air: \$1,000	Ground: \$400 / Air: \$1,250
Emergency Care (depending on location of care)	\$75 – \$150	\$100 – \$200
Non-Emergency Initial Care	\$75	\$100
Physician Follow-Up	\$75	\$100
Therapy Services (including physical therapy)	\$35	\$50
Medical Testing	\$150	\$200
Medical Appliances (depending on the appliance)	\$75 – \$750	\$150 – \$1,000
Transportation	\$300	\$400
Benefit Type	Low Plan Benefits	High Plan Benefits
Pain Management (for epidural anesthesia)	\$75	\$100
Prosthetic Device	One device: \$750 More than one device: \$1,500	One device: \$1,000 More than one device: \$2,000
Modification	\$1,000	\$1,500



## Accident Insurance

Blood/Plasma/Platelets	\$400	\$500
Surgical Repair (depending on the type of surgery)	\$150-\$1,500	\$200-\$2,000
Exploratory Surgery	\$150	\$200
Other Outpatient Surgery	\$300	\$400
<b>Hospital Benefits*</b>		
Admission*	\$1,000 for the day of admission	\$1,500 for the day of admission
Intensive Care Unit (ICU) Supplemental Admission	\$1,000 for the day of admission	\$1,500 for the day of admission
Confinement* (paid for up to 15 days per accident)	\$200 per day	\$300 per day
ICU Supplemental Confinement (paid for up to 15 days per accident)	\$200 per day	\$300 per day
Inpatient Rehabilitation* (paid for up to 15 days per accident)	\$150 per day	\$200 per day
<b>Accidental Death Benefit</b>		
Accidental Death Benefit*	\$25,000 \$75,000 for accidental death on common carrier*	\$50,000 \$150,000 for accidental death on common carrier*
<b>Accidental Dismemberment, Functional Loss &amp; Paralysis Benefits</b>		
Dismemberment/Functional Loss (depending on the injury)	\$750 - \$20,000	\$1,000 - \$40,000
Paralysis (depending on the number of limbs)	\$10,000 - \$20,000	\$20,000 - \$40,000
<b>Other Benefits</b>		
Lodging Benefit* - for a companion of a covered person who is hospitalized	\$100 per day	\$200 per day

### Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

\* Notes Regarding Certain Benefits Fracture and Dislocation benefits – Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

- Hospital Benefits – Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
- The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement. Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Please consult your certificate for details.
- Inpatient Rehabilitation Benefit – The Benefit is standardly applied for covered Accidents only. It is available as an add-on for Sickness.
- Accidental Death Benefit – The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- Common Carrier Benefit - Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.
- Lodging Benefit – The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.
- Organized Sports Activity Injury Benefit Rider – The rider is not available in all states. Proof of registration in an Organized Sports Activity in which an Accident occurred is required at time of claim. See your certificate for details.

### Benefit Payment Example



## Accident Insurance

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event <sup>3</sup>	High Plan Benefit Amount
Ambulance (ground)	\$400
Emergency Care	\$200
Physician Follow-Up (\$100 x 2)	\$200
Medical Testing	\$200
Concussion	\$500
Broken Tooth (repaired by crown)	\$300
Benefits paid by MetLife Group Accident Insurance	\$1,800

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

## Questions & Answers

### Q. How do I enroll?

A. Enroll for coverage at Employer website.

### Q. Who is eligible to enroll for this accident coverage?

A. You are eligible to enroll yourself and your eligible family members.<sup>4</sup> You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

### Q. How do I pay for my accident coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

### Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.<sup>5</sup> You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

### Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

## Insurance Rates

MetLife offers group rates and payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Accident Insurance	Semi- Monthly Cost to You	
Coverage Options	Low Plan	High Plan
Employee	\$3.38	\$9.47
Employee & Spouse	\$5.68	\$9.31
Employee & Child(ren)	\$7.01	\$11.19
Employee & Spouse/Child(ren)	\$9.40	\$13.20

<sup>1</sup> Covered services/treatments must be the result of a covered accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

<sup>2</sup> Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.

<sup>3</sup> Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.



# Cancer Insurance



American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 800-654-8489

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

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

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

## Cancer Insurance Semi - Monthly Premiums

Monthly Premium	Basic	Enhanced Plus
Employee	\$7.90	\$15.81
Employee + Family	\$13.43	\$26.90





## AF™ Group Cancer Insurance

## Focus on the fight.

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

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

### Did You Know?

New cancer cases in America are diagnosed at the rate of about 4,626 per day.

American Cancer Society: Cancer Facts and Figures 2017, pg. 4.

## Plan Highlights

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

## Cancer Insurance Benefits

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

Example cancer insurance benefits include:



### Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for our AFQuickClaims®.



### Travel Expenses

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

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a different opinion

# Choose Your Coverage

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

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

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

## Monthly Premium

	BASIC	ENHANCED PLUS
Individual	\$15.80	\$31.62
Family	\$26.86	\$53.80

49 The premium and amount of benefits provided vary depending upon the plan selected.

# Critical Illness Insurance

AFLAC | [www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.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.

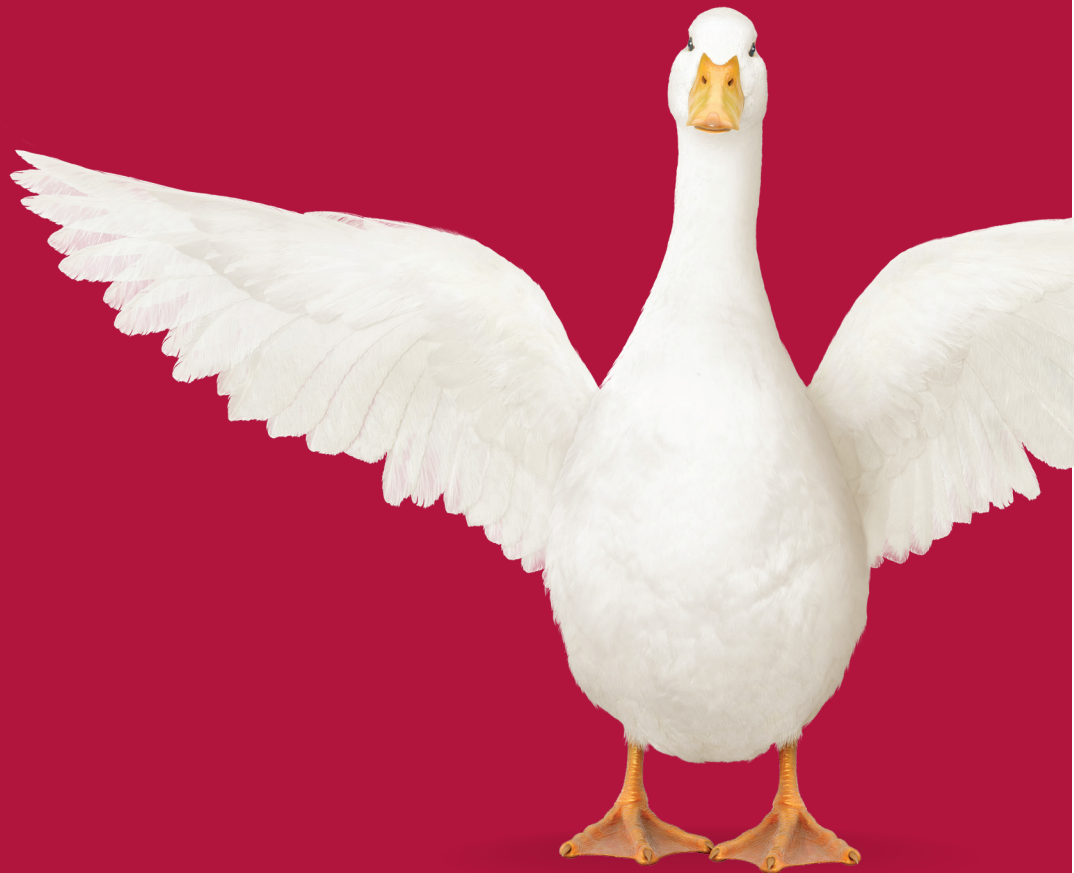
Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.



# Aflac Group Critical Illness

**INSURANCE – PLAN INCLUDES BENEFITS  
FOR CANCER AND HEALTH SCREENING**

We help take care of your  
expenses while you take  
care of yourself.



## Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

### That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

## What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.



## Here's why the Aflac Group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac Group Critical Illness plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

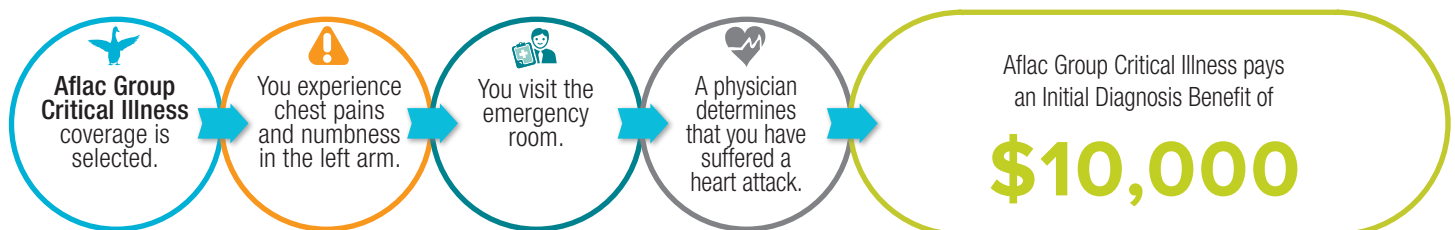
### The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
  - Cancer
  - Heart Attack (Myocardial Infarction)
  - Stroke
  - Kidney Failure (End-Stage Renal Failure)
  - Major Organ Transplant
  - Bone Marrow Transplant (Stem Cell Transplant)
  - Sudden Cardiac Arrest
- Health Screening Benefit
  - Coronary Artery Bypass Surgery
  - Non-Invasive Cancer
  - Skin Cancer
  - Coma
  - Severe Burn
  - Paralysis
  - Loss of Speech/Sight/Hearing

### Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

### How it works



Amount payable based on \$10,000 Initial Diagnosis Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).



## Benefits Overview

### COVERED CRITICAL ILLNESSES:

<b>CANCER</b> (Internal or Invasive)	100%
<b>HEART ATTACK</b> (Myocardial Infarction)	100%
<b>STROKE</b> (Ischemic or Hemorrhagic)	100%
<b>MAJOR ORGAN TRANSPLANT</b> (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
<b>KIDNEY FAILURE</b> (End-Stage Renal Failure)	100%
<b>BONE MARROW TRANSPLANT</b> (Stem Cell Transplant)	100%
<b>SUDDEN CARDIAC ARREST</b>	100%
<b>SEVERE BURN*</b>	100%
<b>PARALYSIS**</b>	100%
<b>COMA**</b>	100%
<b>LOSS OF SPEECH / SIGHT / HEARING**</b>	100%
<b>NON-INVASIVE CANCER</b>	25%
<b>CORONARY ARTERY BYPASS SURGERY</b>	25%

#### INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

#### ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

#### REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

#### CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

\*This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.

\*\*These benefits are payable for loss due to a covered underlying disease or a covered accident.

### SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

### WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

### SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

### HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$100 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

**This benefit is not paid for dependent children.**

### OPTIONAL BENEFITS RIDER

<b>BENIGN BRAIN TUMOR</b>	100%
<b>ADVANCED ALZHEIMER'S DISEASE</b>	25%
<b>ADVANCED PARKINSON'S DISEASE</b>	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

## PROGRESSIVE DISEASE RIDER:

<b>AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)</b>	100%
<b>SUSTAINED MULTIPLE SCLEROSIS</b>	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

## SPECIFIED DISEASES RIDER (These benefits will be paid based at 25% of the face amount in effect on the critical illness date of diagnosis.)

Addison's Disease, Cerebrospinal Meningitis, Diphtheria, Huntington's Chorea, Legionnaire's Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis

## CHILDHOOD CONDITIONS RIDER

<b>CYSTIC FIBROSIS</b>	50%
<b>CEREBRAL PALSY</b>	50%
<b>CLEFT LIP OR CLEFT PALATE</b>	50%
<b>DOWN SYNDROME</b>	50%
<b>PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)</b>	50%
<b>SPINA BIFIDA</b>	50%
<b>TYPE 1 DIABETES</b>	50%

### One Time Benefit Amount

<b>AUTISM SPECTRUM DISORDER (ASD)</b>	\$3,000
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Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

## LIMITATIONS AND EXCLUSIONS

**All limitations and exclusions that apply to the critical illness plan also apply to the rider unless amended by the rider.**

**Cancer Diagnosis Limitation** Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

### EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
  - In Alaska: injuring or attempting to injure oneself intentionally
- **Suicide** – committing or attempting to commit suicide, while sane or insane;
  - In Missouri: committing or attempting to commit suicide, while sane
  - In Illinois and Minnesota: this exclusion does not apply
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job:
  - In Arizona: participating in or attempting to commit a felony, or being engaged in

an illegal occupation;

- In Florida: participating or attempting to participate in an illegal activity, or working at an illegal occupation;
  - In Illinois and Pennsylvania: Illegal Occupation - committing or attempting to commit a felony or being engaged in an illegal occupation;
  - In Michigan: Illegal Occupation – the commission of or attempt to commit a felony, or being engaged in an illegal occupation;
  - In Nebraska: being engaged in an illegal occupation, or commission of or attempting to commit a felony;
  - In Ohio: committing or attempting to commit a felony, or working at an illegal job
- **Participation in Aggressive Conflict:**
    - War (declared or undeclared) or military conflicts;
      - In Florida: War does not include acts of terrorism
      - In Oklahoma: War, or act of war, declared or undeclared when serving in the military service or an auxiliary unit thereto
    - Insurrection or riot
    - Civil commotion or civil state of belligerence
  - **Illegal Substance Abuse:**
    - Abuse of legally-obtained prescription medication
    - Illegal use of non-prescription drugs

# Identity Theft Protection

iLOCK360 | [www.ilock360.com](http://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.





# Medical Transport

MASA | [www.masamts.com](http://www.masamts.com) | 800-643-9023

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.





# Voluntary Retirement Plans



TCG Administration | [www.tcgservices.com](http://www.tcgservices.com) | 800-943-9179

## 403(b) Retirement Plan

Research shows that Americans are living well past retirement years. Are you saving enough to be able to enjoy those years? A 403(b) plan can help you get there.

It's an IRS-approved retirement plan that allows you to set aside money on a pre-tax basis for your retirement. Contributions are conveniently made through payroll deduction, so money is moved from your paycheck into the account automatically. Plus, your employer may even match your contributions based on how much you put into the plan. Now is the time to take full advantage of this opportunity to maximize your retirement savings!

## 457(b) Retirement Plan

The 457(b) plan is an employer-sponsored voluntary retirement savings plan that allows you to save money for retirement on a tax-deferred or ROTH basis. One significant way the 457(b) differs from the 403(b) is that distributions are never subject to the 10 percent tax for early withdrawal.

### Contribution Limits

2024

\$23,000

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

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

# Employee Assistance Program

American Fidelity | [www.supportlinc.com](http://www.supportlinc.com) | 800-475-3327

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 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.



# SUPPORTLINC

EMPLOYEE ASSISTANCE PROGRAM FOR ELGIN ISD

## SUPPORTLINC IS THE EMPLOYEE ASSISTANCE PROGRAM (EAP) FOR YOU AND YOUR IMMEDIATE FAMILY MEMBERS

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, SupportLinc will be there to help. The SupportLinc employee assistance program (EAP) is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. SupportLinc provides confidential, professional referrals and up to three (3) sessions of face-to-face counseling sessions for a wide variety of concerns, such as:

**ANXIETY • DEPRESSION • MARRIAGE AND RELATIONSHIP PROBLEMS • GRIEF AND LOSS  
SUBSTANCE ABUSE • ANGER MANAGEMENT • WORK-RELATED PRESSURES • STRESS**

### EXPERT REFERRALS AND CONSULTATION

Whether you are a new parent, a caregiver, selling your home or looking for legal advice, you're likely to need guidance and referrals to expert resources.

- **LEGAL ASSIST** Free Telephonic or Face-to-Face Legal Consultation
- **FINANCIAL ASSIST** Expert Financial Planning and Consultation
- **FAMILY ASSIST** Consultation and Referrals for Everyday Issues, Such as Dependent Care, Auto Repair, Pet Care, Home Improvement and More

### CONFIDENTIALITY

SupportLinc upholds strict confidentiality standards. Nobody, including your employer, will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information.

### TECHNOLOGY AND YOUR EAP

#### WEB

- Practical Tools and Resources to Practice Resiliency, Mindfulness and Other Skills
- Search Engines for Dependent Care, Education, Legal, Financial and Convenience Services
- Discounted Gym Memberships
- Secure Video Counseling Through the eConnect® Portal
- On-Demand Education
- Bilingual Content (English and Spanish)

#### MOBILE

- eConnect® Mobile App for On-The-Go Access
- Call or Live Chat with a Licensed Counselor
- Schedule Video or In-Person Counseling
- Exchange Texts, Audio and Video Files With a 'Coach'





# TeleHealth



Recuro Health | [www.recurohealth.com](http://www.recurohealth.com) | 844-979-0312

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 Care

## Getting Started

### INTRODUCTION

Access board-certified physicians 24/7, 365 days a year for **you and your family!** 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"](http://member.recurohealth.com)

02

Enter your employer member ID

03

Create your username and password

04

Complete your medical history

05

Schedule your consult

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



## Example Conditions Treated

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



[customerservice@recurohealth.com](mailto:customerservice@recurohealth.com) | [855.6RECURO](tel:855.6RECURO) | Scan QR Code to Download





# COBRA

First Financial Administrators, Inc. | [www.ffga.com](http://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

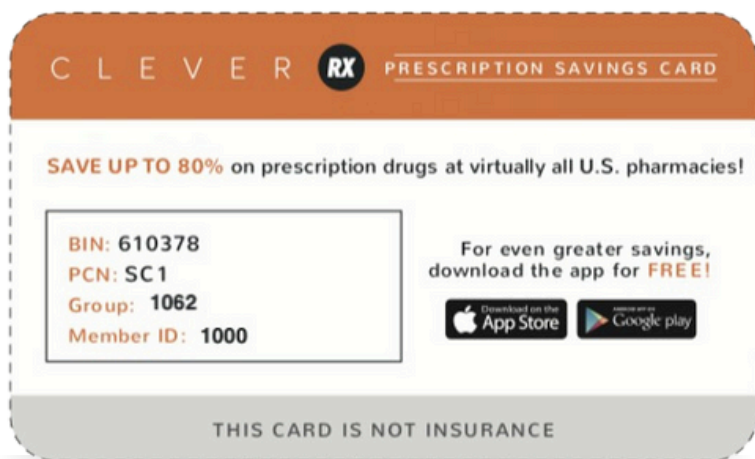


# Clever RX

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

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

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



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

## Clever RX Highlights

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

# Contact Information

ELGIN ISD BENEFITS OFFICE  
1002 N Ave C | Elgin, TX 78621  
512-285-9200 | HC@elginisd.net  
www.elginisd.net

Edith Bergman, Sr. Account Administrator  
281-272-7638/ edith.bergman@ffga.com

Sherry Skidmore, Account Rep  
512-461-6794/sherry.skidmore@ffga.com

Product	Carrier	Website	Phone
Medical	TRS	<a href="http://www.bcbstx.com/trsactivecare">www.bcbstx.com/trsactivecare</a>	866-355-5999
Dental	MetLife	<a href="http://www.metlife.com">www.metlife.com</a>	800-438-6388
Vision	MetLife	<a href="http://www.metlife.com">www.metlife.com</a>	800-438-6388
FSA	First Financial Administration, Inc.	<a href="http://www.ffga.com">www.ffga.com</a>	866-853-3539
HSA	First Financial Administration, Inc.	<a href="http://www.ffga.com">www.ffga.com</a>	866-853-3539
Term Life and AD&D	BCBS	<a href="http://www.bcbstx.com/ancillary">www.bcbstx.com/ancillary</a>	877-442-4207
Disability	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-654-8489
Permanent Life	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	800-283-9233
Cancer	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-654-8489
Critical Illness	AFLAC	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	800-433-3036
Accident	MetLife	<a href="http://www.metlife.com">www.metlife.com</a>	800-438-6388
Identity Theft	iLOCK360	<a href="http://www.iLOCK360.com">www.iLOCK360.com</a>	855-287-8888
Medical Transportation	MASA	<a href="http://www.masamts.com">www.masamts.com</a>	800-643-9023

# Contact Information

Product	Carrier	Website	Phone
Retirement Plans	TCG	<a href="http://www.tcgservices.com">www.tcgservices.com</a>	800-943-9179
EAP	American Fidelity	<a href="http://www.supportlinc.com">www.supportlinc.com</a>	800-475-3327
Telehealth	Recuro Health	<a href="http://www.recurohealth.com">www.recurohealth.com</a>	844-979-0312
Hospital Indemnity Plan	MetLife	<a href="http://www.metlife.com">www.metlife.com</a>	800-438-6388
Cobra	First Financial Administration, Inc.	<a href="http://www.ffga.com">www.ffga.com</a>	800-523-8422 option 4
Prescription discount	Clever RX	<a href="http://www.partner.cleverrx.com/ffga">www.partner.cleverrx.com/ffga</a>	800-873-1195