

LEXINGTON ISD 2026-2027 EMPLOYEE BENEFITS GUIDE



PLAN YEAR: SEPTEMBER 1, 2026 - AUGUST 31, 2027



Taylor Silguero, Account Manager
taylor.silguero@ffga.com
512-630-6654

Jennifer Schneider, Benefits Manager
schneiderje@lexingtonisd.net
979-773-2254

Contents

3	EMPLOYEE BENEFITS CENTER
4	BENEFIT ELIGIBILITY & COVERAGE
5	MEDICAL INSURANCE
9	DENTAL INSURANCE
14	VISION INSURANCE
17	FLEXIBLE SPENDING ACCOUNT (FSA)
18	HEALTH SAVINGS ACCOUNT (HSA)
19	FSA & HSA RESOURCES
20	PERMANENT LIFE INSURANCE
24	WHOLE LIFE INSURANCE
27	GROUP TERM LIFE INSURANCE & AD&D
29	INDIVIDUAL TERM LIFE INSURANCE
33	SHORT TERM DISABILITY INSURANCE
37	LONG TERM DISABILITY INSURANCE
41	CANCER INSURANCE
43	CRITICAL ILLNESS INSURANCE NEW
48	ACCIDENT INSURANCE NEW
53	HOSPITAL INDEMNITY INSURANCE NEW
55	IDENTITY THEFT PROTECTION AND LEGAL
57	MEDICAL TRANSPORT INSURANCE
59	TELEHEALTH
61	457(b) RETIREMENT PLAN
63	403(b) RETIREMENT PLAN
64	COBRA
65	CLEVER RX

Employee Benefits Center

A guide to your benefits!

Lexington 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 scan the QR code below or type the URL into your browser and you will be directed to your Employee Benefits Center.



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

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



Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

You have 31 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first day of the month following your actively-at-work date.

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. 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 Qualifying Life Event (QLE). 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, **you must still complete the beneficiary information.**

Medical Coverage

TRS-ActiveCare

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

Medical Insurance Premiums

TRS-ActiveCare Primary	Monthly Premium (Before \$350 LISD Contribution)	Your Premium per Month	Your Premium per Paycheck
Employee Only	\$521	\$171	\$85.50
Employee & Spouse	\$1,407	\$1,057	\$528.50
Employee & Child(ren)	\$886	\$536	\$268
Employee & Family	\$1,772	\$1,422	\$711

TRS-ActiveCare Primary+	Monthly Premium (Before \$350 LISD Contribution)	Your Premium per Month	Your Premium per Paycheck
Employee Only	\$614	\$264	\$132
Employee & Spouse	\$1,597	\$1,247	\$623.50
Employee & Child(ren)	\$1,044	\$694	\$347
Employee & Family	\$2,027	\$1,677	\$838.50

TRS-ActiveCare HD	Monthly Premium (Before \$350 LISD Contribution)	Your Premium per Month	Your Premium per Paycheck
Employee Only	\$540	\$190	\$95
Employee & Spouse	\$1,458	\$1,108	\$554
Employee & Child(ren)	\$918	\$568	\$284
Employee & Family	\$1,836	\$1,486	\$743

TRS-ActiveCare 2*	Monthly Premium (Before \$350 LISD Contribution)	Your Premium per Month	Your Premium per Paycheck
Employee Only	\$1,013	\$663	\$331.50
Employee & Spouse	\$2,402	\$2,052	\$1,026
Employee & Child(ren)	\$1,507	\$1,157	\$578.50
Employee & Family	\$2,841	\$2,491	\$1,245.50

*Closed to new enrollees

2026-27 TRS-ActiveCare Plan Highlights Sept. 1, 2026 – Aug. 31, 2027



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

This plan is closed to new enrollees. Current TRS-ActiveCare 2 participants can stay enrolled.

How to Calculate Your Monthly Premium

Total Monthly Premium

➖ Your Employer Contribution

➖ Your Premium

Ask your Benefits Administrator for your district's specific premiums.

Being Healthy is Easy

- \$0 preventive services
- One-on-one health coaches
- Weight loss programs and nutrition
- TRS Virtual Health
- Member Rewards is even better. Now you'll get a check when you use Member Rewards and choose low-cost, high-quality doctors and facilities — up to \$599* per tax year.
- Airrosti Remote Recovery gives you in-home virtual physical therapy to relieve common aches and pains at no cost.*

* Eligibility rules may apply.

See the [Annual Enrollment Guide](#) for more details.

Mental Health

You have in-office and virtual benefits:

- TRS-ActiveCare Primary Plan: \$30 copay for office visits or \$0 with Teladoc
- TRS-ActiveCare Primary+ Plan: \$15 copay for office visits or \$0 with Teladoc
- TRS-ActiveCare HD Plan: 30% coinsurance after deductible or \$42 with Teladoc
- TRS-ActiveCare 2 Plan: \$20 copay for office visits or \$12 with Teladoc

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

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$521			\$614		
Employee and Spouse	\$1,407			\$1,597		
Employee and Children	\$886			\$1,044		
Employee and Family	\$1,772			\$2,027		

Plan Features	In-Network Coverage Only	In-Network Coverage Only	Out-of-Network
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$3,400/\$6,800	\$6,800/\$13,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$20,500/\$41,000
PCP Required	Yes	Yes	No

Doctor Visits	Primary Care	Specialist
Primary Care	\$30 copay	You pay 30% after deductible
Specialist	\$70 copay	You pay 30% after deductible

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

Prescription Drugs	Drug Deductible	Generics (31-Day Supply/90-Day Supply)	Preferred (Max does not apply if brand is selected and generic is available)	Non-preferred	Specialty (31-Day Max)	Insulin Out-of-Pocket Costs
Drug Deductible	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 25% 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	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	You pay 30% after deductible; \$0 if SaveOnSP eligible	You pay 30% after deductible; \$0 if SaveOnSP eligible	You pay 20% after deductible (\$500 max); \$0 if SaveOnSP eligible	You pay 20% after deductible (\$500 max); \$0 if SaveOnSP eligible	You pay 20% after deductible (\$500 max); \$0 if SaveOnSP eligible	You pay 20% after deductible (\$500 max); \$0 if SaveOnSP eligible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply

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

Total Premium	Employer Contribution	Your Premium
\$1,013		
\$2,402		
\$1,507		
\$2,841		

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
	No

Tier 1: \$20 copay	You pay 40% after deductible
Tier 2: \$40 copay	You pay 40% after deductible
Tier 1: \$55 copay	You pay 40% after deductible
Tier 2: \$85 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	You pay 40% 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)	
You pay 30% after deductible (\$200 min/\$900 max); \$0 if SaveOnSP eligible	
\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	

Questions?

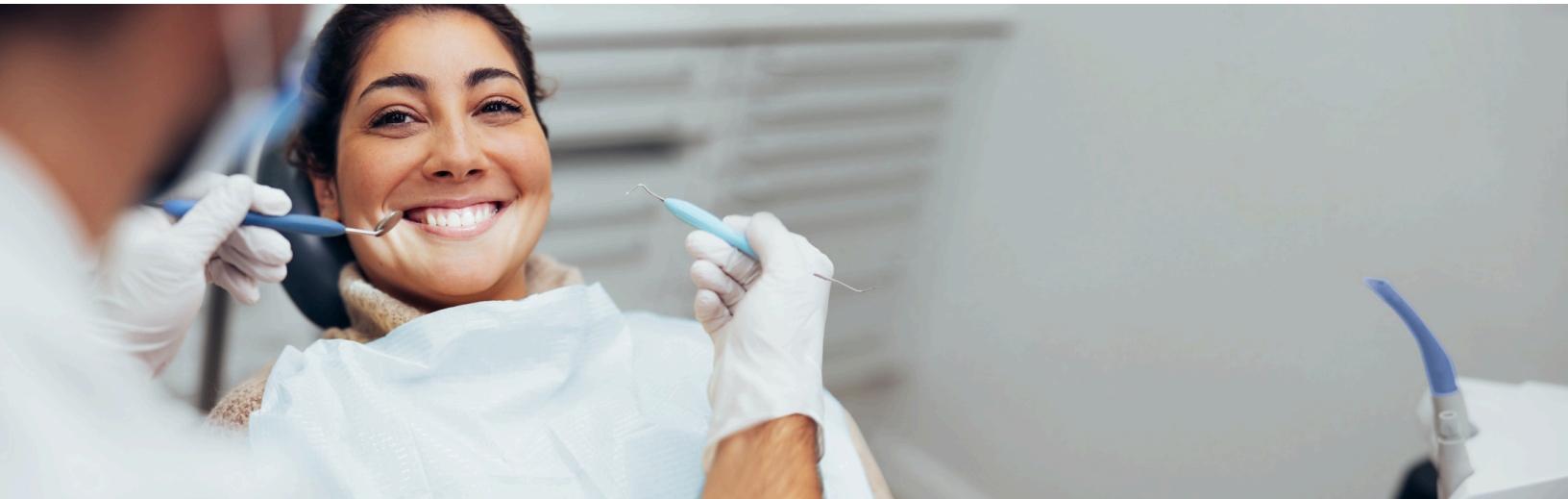
Call a Personal Health Guide at **1-866-355-5999** for help with medical services.
 Call Express Scripts® by Evernorth Pharmacy Benefit Services at **1-844-367-6108**
 for help with your pharmacy benefits.

Compare Prices for Common Medical Services

Closed to new enrollees.

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 Imaging (like CT Scan, Mammogram and MRI)	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 (like colonoscopy, cataract surgery and steroid injections)	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 (like childbirth, complex joint replacement and cardiac surgery)	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)	Specialist: You pay \$70 copay	Specialist: You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	PCP: \$30 copay Specialist: \$70 copay	PCP: \$15 copay Specialist: \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 PCP: \$20 copay Tier 2 PCP: \$40 copay Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible

Dental Insurance



Humana | www.humana.com | 800-233-4013

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 Plan	High Plan
Employee Only	\$7.72	\$17.04
Employee + One	\$18.37	\$38.03
Employee + Family	\$30.83	\$59.43



Humana Dental Preventive Plus

TX Prev+ INFS+ 100/80/0

Lexington ISD

TEXAS

Services	In-network dentist	Out-of-network dentist INFS
Deductible (excludes orthodontia services)	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Deductible applies to all services excluding preventive services.		
Annual maximum (excludes orthodontia services)	\$1,000	
Preventive services Routine oral examinations (3 per year) Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+) Routine cleanings (3 per year) Periodontal cleanings (4 per year) Fluoride treatment (1 per year, through age 16) Sealants (permanent molars, through age 16) Space maintainers (primary teeth, through age 15) Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible	
Basic services Emergency care for pain relief Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) Composite fillings (1 per tooth every 2 years, molar teeth) Routine extractions	80% after deductible	
Major services Crowns Inlays and onlays Bridges Dentures Denture relines and rebases Denture repair and adjustments Implants Periodontics (gums) Endodontics (root canals)	These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.	



Humana Dental Preventive Plus

TX Prev+ INFS+ 100/80/0
Lexington ISD

TEXAS

Services	In-network dentist	Out-of-network dentist INFS
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Orthodontia services

Adult and child orthodontia

These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.

Predetermination of benefits: For dental care that may cost you over \$300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits cover the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment. **Before getting treatment, please confirm with your dentist they've received approval from Humana for your treatment plan and provided you a cost for services.**

If a member uses services rendered by providers with whom we have agreements, the fee or maximum allowable charge that we have negotiated with that provider will apply; if a member uses services rendered by a provider with whom we do not have agreements, coinsurance will apply to the maximum allowable charge. Out of network dentists may bill members for charges above the amount covered by the dental plan.



Questions?

Visit [Humana.com](https://www.humana.com) or call **866-427-7478**
Monday – Saturday, 8 a.m. – 11 p.m., and
Sunday, 11 a.m. – 8 p.m., Eastern time.
Find a dentist at [Humana.com/findadentist](https://www.humana.com/findadentist).



Register today!

Register or sign in to MyHumana at [Humana.com](https://www.humana.com)
to view your coverage details, ID cards, manage
claims, find a dentist and more!



Services	In-network dentist	Out-of-network dentist U&C 90
Deductible (excludes orthodontia services)	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Deductible applies to all services excluding preventive services.		
Annual maximum (excludes orthodontia services)	\$1,000 + extended annual maximum (see section below)	
Preventive services Routine oral examinations (3 per year) Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+) Routine cleanings (3 per year) Periodontal cleanings (4 per year) Fluoride treatment (1 per year, through age 16) Sealants (permanent molars, through age 16) Space maintainers (primary teeth, through age 15) Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible	100% no deductible
Basic services Emergency care for pain relief Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) Composite fillings (1 per tooth every 2 years, molar teeth) Oral surgery (including extractions of impacted teeth) General anesthesia ¹ Stainless steel crowns Harmful habit appliances for children (1 per lifetime, through age 14)	80% after deductible	80% after deductible

¹ Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.



Services	In-network dentist	Out-of-network dentist U&C 90
<p>Major services</p> <p>Crowns (1 per tooth every 5 years)</p> <p>Inlays/onlays (1 per tooth every 5 years)</p> <p>Bridges (1 every 5 years)</p> <p>Dentures (1 every 5 years)</p> <p>Denture relines/rebases (1 every 3 years, following 6 months of denture use)</p> <p>Denture repair and adjustments (following 6 months of denture use)</p> <p>Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)</p> <p>Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</p>	50% after deductible	50% after deductible
<p>Extended Annual Max</p> <p>Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)</p>	30%	30%
<p>Orthodontia services</p>	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

Predetermination of benefits: For dental care that may cost you over \$300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits cover the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment. **Before getting treatment, please confirm with your dentist they've received approval from Humana for your treatment plan and provided you a cost for services.**

Humana will reimburse out-of-network claims based on internal and external data (including FairHealth industry benchmarks) to establish reimbursement limits by geographic region. Out of network dentists may bill members for charges above the amount covered by the dental plan.



Questions?

Visit [Humana.com](https://www.humana.com) or call **866-427-7478**
Monday – Saturday, 8 a.m. – 11 p.m., and
Sunday, 11 a.m. – 8 p.m., Eastern time.
Find a dentist at [Humana.com/findadentist](https://www.humana.com/findadentist).



Register today!

Register or sign in to MyHumana at [Humana.com](https://www.humana.com) to view your coverage details, ID cards, manage claims, find a dentist and more!

Vision Insurance

Superior Vision | www.superiorvision.com | 800-507-3800

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 Premiums

Employee Only	\$3.58
Employee + Spouse	\$7.11
Employee + Child(ren)	\$6.96
Employee + Family	\$10.59



Vision Care Plan for Lexington ISD

Benefits through Superior National network

Frequency	
Exam	12 months
Frame	24 months
Contact lens fitting	12 months
Eyeglass lenses	12 months
Contact Lenses	12 months

(based on date of service)



Need help? Contact 1 (800) 507-3800 or visit superiorvision.com for assistance.



Exams

Eye exam copay:

\$10

Contact lens fitting² copay
(standard and specialty):

\$25

Specialty In-network allowance:

\$50



Frames

In-network allowance:

\$125



Materials¹

Materials copay:

\$25



Contacts⁴ in lieu of glasses

In-network allowance:

\$120

Employee only:	\$3.58
Employee + spouse:	\$7.11
Employee + child(ren):	\$6.96
Employee + family:	\$10.59

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$26
Bifocal	Covered-in-full	Up to \$34
Trifocal	Covered-in-full	Up to \$50
Progressives	See description ³	Up to \$50

Shop with convenience while using your benefits through these in-network online retailers.

Lens Add-Ons ⁵	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid / gradient	\$15 / \$18
Polycarbonate lenses	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (standard / premium / ultra / ultimate)	\$55 / \$110 / \$150 / \$225
Anti-reflective coating (standard / premium / ultra / ultimate)	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80 / \$120

Overage Discounts ⁵	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance

Non-Covered Services Discounts ⁵	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$42
Eye exam (OD)	Up to \$37
Frame	Up to \$50
Contact lens fitting (standard / specialty) ²	Not covered
Contact lenses	Up to \$100



LASIK Discounts⁵

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit superiorvision.com or contact your benefits coordinator.



Hearing Aid Discounts⁵

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit superiorvision.com or contact your benefits coordinator.



Free Mobile App

With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. 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. Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.

Flexible Spending Account

First Financial Administrators, Inc. | www.ffga.com
1.866.853.3539 P.O. Box 161968 | Altamonte Springs, FL 32716

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$680 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$680 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$680 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2026 is \$3,400.

Medical FSA Highlights

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

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

Dependent Care FSA

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

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

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

Dependent Care FSA Highlights

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

Health Savings Account

First Financial Administrators, Inc. | 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 the TRS ActiveCare High Deductible (HD) plan.
- 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.

HSA Annual Contribution Limits	2026
Employee Only Medical Coverage	\$4,400
Employee & Spouse, Children, or Family Medical Coverage	\$8,750

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

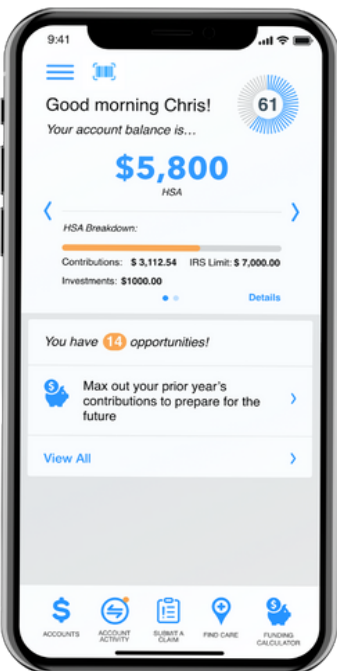
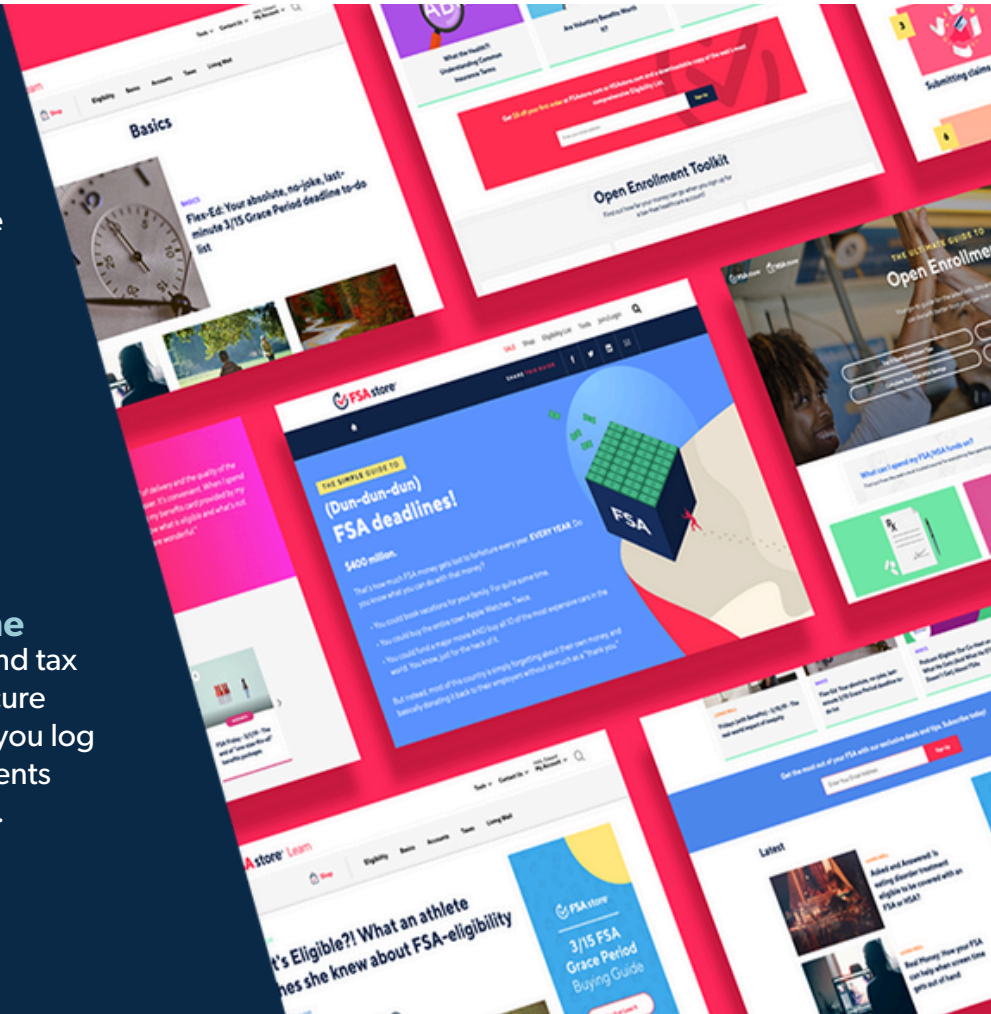
FSA & HSA Resources

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. 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.



Permanent Life Insurance



Texas Life Insurance | 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.

Permanent Life Insurance 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.

VOLUNTARY PERMANENT LIFE INSURANCE

Additional Contract Benefits

PURELIFE-PLUS

TEXASLIFE
INSURANCE COMPANY

FFGA
Benefit Solutions Simplified

Accelerated Death Benefit Due To Chronic Illness Rider

This valuable living benefit will be included upon approval in the life contract for employees and their spouses at an additional cost.¹ This rider can help offset the unplanned expense of care should the insured be faced with a qualifying disabling chronic illness or severe cognitive impairment. Here's how it works:

- If, for a period of 90 days, you're no longer able to perform any two of the six Activities of Daily Living or if you suffer Severe Cognitive Impairment, you can receive a living benefit.²
 - Example: You own a \$100,000 Texas Life insurance policy with the Chronic Illness rider. A medical

professional certifies that you can no longer perform two of the six Activities of Daily Living or have suffered Severe Cognitive Impairment. You can apply for a lump sum of \$92,000 minus a \$150 processing fee.³

- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

The agent/agency offering this coverage is not affiliated with Texas Life other than to market its products. Underwritten and claims paid by Texas Life. Licensed in DC and all states except NY.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. See a Texas Life representative or the Purelife-plus brochure for costs and complete details. Any outstanding loans will reduce the cash value and death benefit. Form series PRFNG-NI.

¹ Issuance requires responses to additional underwriting questions.

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

³ The Accelerated Death Benefit Rider for Chronic Illness pays 92% of the insurance proceeds less a \$150 administration fee in lieu of the benefit payable at death. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died. Form series ULABR-CI.

Texas Life Insurance Company | 900 Washington Ave | PO Box 830 | Waco, Texas 76703-0830 | 800.283.9233 | texaslife.com

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

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

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

Whole Life Insurance



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

Ensuring your family has protection in the event of a tragedy may be uncomfortable, but it's important to prepare for the unexpected. Your life insurance benefit can help replace your income to use for expenses like funeral costs, daily expenses, and college. Whole Life Insurance provides protection for your entire life. You can take it with you to a new job and into retirement up to age 121. The premium and amount of protection stay the same as long as the policy is active, provided premiums are paid as required.

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.
- Cash Surrender: You can end your policy and receive a check in the amount of your plan's current cash value. In many situations, cash surrenders may be paid tax free.
- Partial Surrender: You can withdraw a small portion of your policy's cash value in the form of cash. In exchange, the available cash value and face amount of your policy will be reduced.
- Loans: You can borrow against your cash value at a competitive 8% loan interest rate.

WHOLE LIFE INSURANCE Non-Tobacco User Rates

Underwritten by American Fidelity Assurance Company

Marketed by:



ISSUE AGE	Death Benefit																		
	Monthly Premium Including Policy Fee																		
	\$10,000			\$25,000			\$50,000			\$75,000			\$100,000			\$125,000			
	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	
Spouse Coverage Available ¹	1 mo	7.90	0.19	0.31	15.25	0.47	0.77	24.00	0.94	1.54	--	--	--	--	--	--	--	--	
	1	8.00	0.19	0.31	15.50	0.47	0.77	24.50	0.94	1.54	--	--	--	--	--	--	--	--	
	2	8.10	0.19	0.31	15.75	0.47	0.77	25.00	0.94	1.54	--	--	--	--	--	--	--	--	
	3	8.10	0.19	0.31	15.75	0.47	0.77	25.00	0.94	1.54	--	--	--	--	--	--	--	--	
Child/Grandchild Coverage Available ^{1,2}	4	8.20	0.19	0.31	16.00	0.47	0.77	25.50	0.94	1.54	--	--	--	--	--	--	--	--	
	5	8.30	0.19	0.31	16.25	0.47	0.77	26.00	0.94	1.54	--	--	--	--	--	--	--	--	
	6	8.50	0.19	0.31	16.75	0.47	0.77	26.50	0.94	1.54	--	--	--	--	--	--	--	--	
	7	8.60	0.19	0.31	17.00	0.47	0.77	27.50	0.94	1.54	--	--	--	--	--	--	--	--	
	8	8.80	0.19	0.31	17.50	0.47	0.77	28.00	0.94	1.54	--	--	--	--	--	--	--	--	
	9	8.90	0.19	0.31	17.75	0.47	0.77	29.00	0.94	1.54	--	--	--	--	--	--	--	--	
	10	9.10	0.19	0.31	18.25	0.47	0.77	29.50	0.94	1.54	--	--	--	--	--	--	--	--	
	11	9.30	0.19	0.31	18.75	0.47	0.77	30.50	0.94	1.54	--	--	--	--	--	--	--	--	
	12	9.50	0.19	0.31	19.25	0.47	0.77	31.50	0.94	1.54	--	--	--	--	--	--	--	--	
	13	9.70	0.19	0.31	19.75	0.47	0.77	32.50	0.94	1.54	--	--	--	--	--	--	--	--	
	14	10.00	0.19	0.31	20.50	0.47	0.77	34.00	0.94	1.54	--	--	--	--	--	--	--	--	
	15	10.20	0.19	0.31	21.00	0.47	0.77	35.00	0.94	1.54	--	--	--	--	--	--	--	--	
	16	10.30	0.19	0.31	21.25	0.47	0.77	35.50	0.94	1.54	--	--	--	--	--	--	--	--	
	17	10.40	0.19	0.31	21.50	0.47	0.77	36.00	0.94	1.54	52.50	1.41	2.31	69.00	1.88	3.08	80.50	2.35	3.85
	18	10.60	0.19	0.31	22.00	0.47	0.77	36.50	0.94	1.54	53.25	1.41	2.31	70.00	1.88	3.08	80.50	2.35	3.85
	19	10.70	0.19	0.31	22.25	0.47	0.77	37.00	0.94	1.54	54.00	1.41	2.31	71.00	1.88	3.08	80.50	2.35	3.85
	20	10.80	0.19	0.31	22.50	0.47	0.77	37.50	0.94	1.54	54.75	1.41	2.31	72.00	1.88	3.08	80.50	2.35	3.85
	21	10.90	0.20	0.33	22.75	0.51	0.83	38.00	1.02	1.67	55.50	1.52	2.50	73.00	2.03	3.33	81.75	2.54	4.16
	22	10.90	0.22	0.36	22.75	0.55	0.90	38.00	1.09	1.79	55.50	1.64	2.69	73.00	2.18	3.58	83.00	2.73	4.48
	23	11.00	0.23	0.38	23.00	0.57	0.96	38.50	1.15	1.92	56.25	1.72	2.87	74.00	2.29	3.83	85.50	2.86	4.79
	24	11.00	0.24	0.41	23.00	0.60	1.02	38.50	1.21	2.04	56.25	1.81	3.06	74.00	2.41	4.08	86.75	3.01	5.10
	25	11.10	0.25	0.43	23.25	0.62	1.09	39.00	1.24	2.17	57.00	1.85	3.26	75.00	2.47	4.34	88.00	3.09	5.43
	26	11.40	0.27	0.47	24.00	0.67	1.18	40.50	1.34	2.35	59.25	2.00	3.53	78.00	2.67	4.70	91.75	3.34	5.88
	27	11.70	0.29	0.51	24.75	0.72	1.27	42.00	1.44	2.53	61.50	2.15	3.80	81.00	2.87	5.06	95.50	3.59	6.33
	28	12.00	0.31	0.54	25.50	0.77	1.36	43.50	1.53	2.71	63.75	2.30	4.07	84.00	3.06	5.42	100.50	3.83	6.78
	29	12.30	0.32	0.58	26.25	0.81	1.45	45.50	1.62	2.89	66.75	2.43	4.34	88.00	3.24	5.78	104.25	4.05	7.23
	30	12.60	0.34	0.62	27.00	0.86	1.54	47.00	1.71	3.08	69.00	2.57	4.61	91.00	3.42	6.15	109.25	4.28	7.69
	31	13.00	0.34	0.64	28.00	0.86	1.61	49.00	1.72	3.22	72.00	2.57	4.83	95.00	3.43	6.44	113.00	4.29	8.05
	32	13.30	0.35	0.67	28.75	0.86	1.68	50.50	1.73	3.37	74.25	2.59	5.05	98.00	3.45	6.73	118.00	4.31	8.41
	33	13.70	0.35	0.70	29.75	0.87	1.76	52.50	1.73	3.51	77.25	2.60	5.27	102.00	3.46	7.02	121.75	4.33	8.78
	34	14.10	0.35	0.73	30.75	0.87	1.83	54.50	1.74	3.66	80.25	2.60	5.48	106.00	3.47	7.31	126.75	4.34	9.14
	35	14.50	0.35	0.76	31.75	0.87	1.91	56.50	1.75	3.81	83.25	2.62	5.72	110.00	3.49	7.62	131.75	4.36	9.53
	36	14.90	0.39	0.83	32.75	0.98	2.07	58.50	1.96	4.14	86.25	2.94	6.21	114.00	3.92	8.28	136.75	4.90	10.35
	37	15.40	0.43	0.89	34.00	1.09	2.24	61.00	2.17	4.47	90.00	3.26	6.71	119.00	4.34	8.94	143.00	5.43	11.18
	38	15.80	0.47	0.96	35.00	1.19	2.40	63.50	2.37	4.80	93.75	3.56	7.20	124.00	4.74	9.60	148.00	5.93	12.00
	39	16.30	0.51	1.03	36.25	1.28	2.57	66.00	2.56	5.13	97.50	3.84	7.70	129.00	5.12	10.26	154.25	6.40	12.83
40	16.80	0.55	1.09	37.50	1.38	2.73	68.50	2.76	5.46	101.25	4.13	8.19	134.00	5.51	10.92	160.50	6.89	13.65	
41	17.40	0.57	1.14	39.00	1.43	2.86	71.50	2.86	5.72	105.75	4.28	8.58	140.00	5.71	11.44	166.75	7.14	14.30	
42	18.00	0.59	1.20	40.50	1.48	2.99	74.00	2.95	5.98	109.50	4.43	8.97	145.00	5.90	11.96	174.25	7.38	14.95	
43	18.60	0.61	1.25	42.00	1.52	3.12	77.00	3.04	6.24	114.00	4.56	9.36	151.00	6.08	12.48	181.75	7.60	15.60	
44	19.20	0.63	1.30	43.50	1.56	3.25	80.00	3.13	6.50	118.50	4.69	9.75	157.00	6.25	13.00	189.25	7.81	16.25	
45	19.90	0.64	1.35	45.25	1.60	3.38	83.50	3.21	6.77	123.75	4.81	10.15	164.00	6.41	13.53	198.00	8.01	16.91	
46	20.60	0.68	1.43	47.00	1.71	3.56	87.00	3.42	7.13	129.00	5.12	10.69	171.00	6.83	14.25	205.50	8.54	17.81	
47	21.40	0.72	1.50	49.00	1.81	3.74	90.50	3.62	7.49	134.25	5.42	11.23	178.00	7.23	14.97	214.25	9.04	18.71	
48	22.30	0.76	1.57	51.25	1.90	3.92	94.00	3.81	7.85	139.50	5.71	11.77	185.00	7.61	15.69	223.00	9.51	19.61	
49	23.10	0.80	1.64	53.25	1.99	4.10	97.50	3.99	8.21	144.75	5.98	12.31	192.00	7.97	16.41	231.75	9.96	20.51	
50	24.00	0.83	1.71	55.50	2.07	4.28	101.50	4.15	8.56	150.75	6.22	12.84	200.00	8.29	17.12	--	--	--	
51	24.90	0.89	1.77	57.75	2.22	4.44	105.50	4.43	8.87	156.75	6.65	13.31	208.00	8.86	17.74	--	--	--	
52	25.90	0.94	1.84	60.25	2.35	4.59	109.50	4.71	9.18	162.75	7.06	13.77	216.00	9.41	18.36	--	--	--	
53	26.90	0.99	1.90	62.75	2.48	4.75	114.00	4.96	9.49	169.50	7.43	14.24	225.00	9.91	18.98	--	--	--	
54	28.00	1.04	1.96	65.50	2.60	4.90	118.50	5.20	9.80	176.25	7.79	14.70	234.00	10.39	19.60	--	--	--	
55	29.10	1.09	2.02	68.25	2.72	5.06	123.00	5.43	10.12	183.00	8.15	15.17	243.00	10.86	20.23	--	--	--	
56	30.30	1.18	2.07	71.25	2.95	5.17	129.00	5.90	10.34	192.00	8.84	15.50	255.00	11.79	20.67	--	--	--	
57	31.60	1.27	2.11	74.50	3.17	5.28	135.00	6.34	10.56	201.00	9.50	15.83	267.00	12.67	21.11	--	--	--	
58	33.00	1.35	2.16	78.00	3.37	5.39	141.50	6.74	10.78	210.75	10.11	16.16	280.00	13.48	21.55	--	--	--	
59	34.40	1.42	2.20	81.50	3.56	5.50	148.00	7.12	11.00	220.50	10.68	16.49	293.00	14.24	21.99	--	--	--	
60	35.90	1.49	2.24	85.25	3.74	5.61	155.00	7.47	11.22	231.00	11.21	16.82	307.00	14.94	22.43	--	--	--	
61	37.20	1.62	2.25	88.50	4.04	5.62	162.50	8.08	11.24	242.25	12.11	16.86	322.00	16.15	22.48	--	--	--	
62	38.50	1.73	2.25	91.75	4.32	5.63	171.00	8.64	11.27	255.00	12.96	16.90							

ISSUE AGE	Death Benefit														
	Monthly Premium Including Policy Fee														
	\$150,000			\$175,000			\$200,000			\$250,000			\$300,000		
	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI
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17	96.00	2.82	4.62	111.50	3.29	5.39	127.00	3.76	6.16	158.00	4.70	7.70	189.00	5.64	9.24
18	96.00	2.82	4.62	111.50	3.29	5.39	127.00	3.76	6.16	158.00	4.70	7.70	189.00	5.64	9.24
19	96.00	2.82	4.62	111.50	3.29	5.39	127.00	3.76	6.16	158.00	4.70	7.70	189.00	5.64	9.24
20	96.00	2.82	4.62	111.50	3.29	5.39	127.00	3.76	6.16	158.00	4.70	7.70	189.00	5.64	9.24
21	97.50	3.05	5.00	113.25	3.55	5.83	129.00	4.06	6.66	160.50	5.08	8.33	192.00	6.09	9.99
22	99.00	3.27	5.37	115.00	3.82	6.27	131.00	4.36	7.16	163.00	5.45	8.95	195.00	6.54	10.74
23	102.00	3.44	5.75	118.50	4.01	6.70	135.00	4.58	7.66	168.00	5.73	9.58	201.00	6.87	11.49
24	103.50	3.62	6.12	120.25	4.22	7.14	137.00	4.82	8.16	170.50	6.03	10.20	204.00	7.23	12.24
25	105.00	3.71	6.51	122.00	4.32	7.60	139.00	4.94	8.68	173.00	6.18	10.85	207.00	7.41	13.02
26	109.50	4.01	7.05	127.25	4.67	8.23	145.00	5.34	9.40	180.50	6.68	11.75	216.00	8.01	14.10
27	114.00	4.31	7.59	132.50	5.02	8.86	151.00	5.74	10.12	188.00	7.18	12.65	225.00	8.61	15.18
28	120.00	4.59	8.13	139.50	5.36	9.49	159.00	6.12	10.84	198.00	7.65	13.55	237.00	9.18	16.26
29	124.50	4.86	8.67	144.75	5.67	10.12	165.00	6.48	11.56	205.50	8.10	14.45	246.00	9.72	17.34
30	130.50	5.13	9.23	151.75	5.99	10.76	173.00	6.84	12.30	215.50	8.55	15.38	258.00	10.26	18.45
31	135.00	5.15	9.66	157.00	6.00	11.27	179.00	6.86	12.88	223.00	8.58	16.10	267.00	10.29	19.32
32	141.00	5.18	10.10	164.00	6.04	11.78	187.00	6.90	13.46	233.00	8.63	16.83	279.00	10.35	20.19
33	145.50	5.19	10.53	169.25	6.06	12.29	193.00	6.92	14.04	240.50	8.65	17.55	288.00	10.38	21.06
34	151.50	5.21	10.97	176.25	6.07	12.79	201.00	6.94	14.62	250.50	8.68	18.28	300.00	10.41	21.93
35	157.50	5.24	11.43	183.25	6.11	13.34	209.00	6.98	15.24	260.50	8.73	19.05	312.00	10.47	22.86
36	163.50	5.88	12.42	190.25	6.86	14.49	217.00	7.84	16.56	270.50	9.80	20.70	324.00	11.76	24.84
37	171.00	6.51	13.41	199.00	7.60	15.65	227.00	8.68	17.88	283.00	10.85	22.35	339.00	13.02	26.82
38	177.00	7.11	14.40	206.00	8.30	16.80	235.00	9.48	19.20	293.00	11.85	24.00	351.00	14.22	28.80
39	184.50	7.68	15.39	214.75	8.96	17.96	245.00	10.24	20.52	305.50	12.80	25.65	366.00	15.36	30.78
40	192.00	8.27	16.38	223.50	9.64	19.11	255.00	11.02	21.84	318.00	13.78	27.30	381.00	16.53	32.76
41	199.50	8.57	17.16	232.25	9.99	20.02	265.00	11.42	22.88	330.50	14.28	28.60	396.00	17.13	34.32
42	208.50	8.85	17.94	242.75	10.33	20.93	277.00	11.80	23.92	345.50	14.75	29.90	414.00	17.70	35.88
43	217.50	9.12	18.72	253.25	10.64	21.84	289.00	12.16	24.96	360.50	15.20	31.20	432.00	18.24	37.44
44	226.50	9.38	19.50	263.75	10.94	22.75	301.00	12.50	26.00	375.50	15.63	32.50	450.00	18.75	39.00
45	237.00	9.62	20.30	276.00	11.22	23.68	315.00	12.82	27.06	393.00	16.03	33.83	471.00	19.23	40.59
46	246.00	10.25	21.38	286.50	11.95	24.94	327.00	13.66	28.50	408.00	17.08	35.63	489.00	20.49	42.75
47	256.50	10.85	22.46	298.75	12.65	26.20	341.00	14.46	29.94	425.50	18.08	37.43	510.00	21.69	44.91
48	267.00	11.42	23.54	311.00	13.32	27.46	355.00	15.22	31.38	443.00	19.03	39.23	531.00	22.83	47.07
49	277.50	11.96	24.62	323.25	13.95	28.72	369.00	15.94	32.82	460.50	19.93	41.03	552.00	23.91	49.23
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For Use In: AZ, LA, NM, NC, TX, SC, VA

RIDER RATES

ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI): Add the rate shown in the ABLTI column to the base rate.

ACCELERATED BENEFIT FOR CRITICAL ILLNESS RIDER (ABCI): Add the rate shown in the ABCI column to the base rate.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19 (17 in MI and PA, 14 in MA and WA). Subject to the overall child maximum of \$50,000 (\$15,000 in WA). Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Group Term Life & AD&D

Employer-Paid & Voluntary

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

Employer-Paid Group Term Life Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Lexington ISD provides all eligible employees a \$20,000. 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 Group 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.



LEXINGTON ISD / TEEBC TRUST F021842 - 027

Eligibility

All Active Employees who regularly work 10 hours per week & Bus Drivers are eligible for insurance on their date of hire.

Supplemental Life and AD&D

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

Not to exceed 5 times annual earnings.

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.**

(not to exceed 50% of the employee benefit)

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

Child Coverage (Life Only)

Live Birth to Age 26: **\$10,000**

Guarantee Issue*

Employee **\$150,000 Under age 65, \$30,000 age 65-69**

Spouse **\$50,000 Under age 60, \$10,000 age 60-69**

*NEW HIRES ONLY

Employee: Life & AD&D benefits reduce by 35% of the original amount at age 65, then 55% of the original amount at age 70, then 70% of the original amount at age 75, then 80% of the original amount at age 80. Benefits terminate at retirement.

Spouse: Benefits terminate at Employee's age 70.

Employee/Spouse Supplemental Life and AD&D Semi Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.040
20-24	\$0.040
25-29	\$0.045
30-34	\$0.055
35-39	\$0.065
40-44	\$0.090
45-49	\$0.14
50-54	\$0.22
55-59	\$0.35
60-64	\$0.44
65+	\$0.75

Dependent Life (Children) Semi Monthly Premium per Family		
	Life	Premium
\$10,000	\$0.50	

Supplemental Life and AD&D

Premium Cost (Based on 4 payroll deductions per year)

Employee Benefit Amount	ATTAINED AGE										
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$10,000	\$0.40	\$0.40	\$0.45	\$0.55	\$0.65	\$0.90	\$1.40	\$2.20	\$3.50	\$4.35	\$7.45
\$20,000	\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90
\$30,000	\$1.20	\$1.20	\$1.35	\$1.65	\$1.95	\$2.70	\$4.20	\$6.60	\$10.50	\$13.05	\$22.35
\$40,000	\$1.60	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80
\$50,000	\$2.00	\$2.00	\$2.25	\$2.75	\$3.25	\$4.50	\$7.00	\$11.00	\$17.50	\$21.75	\$37.25
\$60,000	\$2.40	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70
\$70,000	\$2.80	\$2.80	\$3.15	\$3.85	\$4.55	\$6.30	\$9.80	\$15.40	\$24.50	\$30.45	\$52.15
\$80,000	\$3.20	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60
\$90,000	\$3.60	\$3.60	\$4.05	\$4.95	\$5.85	\$8.10	\$12.60	\$19.80	\$31.50	\$39.15	\$67.05
\$100,000	\$4.00	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50
\$110,000	\$4.40	\$4.40	\$4.50	\$6.05	\$7.15	\$9.90	\$15.40	\$24.20	\$38.50	\$47.85	\$81.95
\$120,000	\$4.80	\$4.80	\$5.40	\$6.60	\$7.80	\$10.80	\$16.80	\$26.40	\$42.00	\$52.20	\$89.40
\$130,000	\$5.20	\$5.20	\$5.85	\$7.15	\$8.45	\$11.70	\$18.20	\$28.60	\$45.50	\$56.55	\$96.85
\$140,000	\$5.60	\$5.60	\$6.30	\$7.70	\$9.10	\$12.60	\$19.60	\$30.80	\$49.00	\$60.90	\$104.30
\$150,000	\$6.00	\$6.00	\$6.75	\$8.25	\$9.75	\$13.50	\$21.00	\$33.00	\$52.50	\$65.25	\$111.75

Spouse (Employee Attained Age)												
Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	
\$5,000	\$0.20	\$0.20	\$0.23	\$0.28	\$0.33	\$0.45	\$0.70	\$1.10	\$1.75	\$2.18	\$3.73	
\$10,000	\$0.40	\$0.40	\$0.45	\$0.55	\$0.65	\$0.90	\$1.40	\$2.20	\$3.50	\$4.35	\$7.45	
\$15,000	\$0.60	\$0.60	\$0.68	\$0.83	\$0.98	\$1.35	\$2.10	\$3.30	\$5.25	\$6.53	\$11.18	
\$20,000	\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90	
\$25,000	\$1.00	\$1.00	\$1.13	\$1.38	\$1.63	\$2.25	\$3.50	\$5.50	\$8.75	\$10.88	\$18.63	
\$30,000	\$1.20	\$1.20	\$1.35	\$1.65	\$1.95	\$2.70	\$4.20	\$6.60	\$10.50	\$13.05	\$22.35	
\$35,000	\$1.40	\$1.40	\$1.58	\$1.93	\$2.28	\$3.15	\$4.90	\$7.70	\$12.25	\$15.23	\$26.08	
\$40,000	\$1.60	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80	
\$45,000	\$1.80	\$1.80	\$2.03	\$2.48	\$2.93	\$4.05	\$6.30	\$9.90	\$15.75	\$19.58	\$33.53	
\$50,000	\$2.00	\$2.00	\$2.25	\$2.75	\$3.25	\$4.50	\$7.00	\$11.00	\$17.50	\$21.75	\$37.25	

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

Individual Term Life Insurance



Individual Term Life - American Fidelity | www.americanfidelity.com | 800-654-8489

Individual term life insurance is a plan that you can keep for a certain period of time, whether you are still employed with Lexington ISD or not. The premiums and death benefit remain the same during the time period that is chosen. This is a good short term coverage to help cover major expenses such as a mortgage.

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse Coverage Available¹

10 YEAR RATES Non-Nicotine Users Rates

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
24	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
25	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
26	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
27	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
28	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
29	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
30	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
31	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
32	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
33	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
34	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
35	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
36	7.00	8.00	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
37	7.25	8.30	10.00	14.00	18.00	19.50	23.00	26.50	30.00	37.00	44.00
38	7.50	8.60	10.50	14.75	19.00	20.75	24.50	28.25	32.00	39.50	47.00
39	7.75	8.90	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
40	8.00	9.20	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
41	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
42	8.75	10.10	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
43	9.00	10.40	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
44	9.25	10.70	14.00	20.00	26.00	29.50	35.00	40.50	46.00	57.00	68.00
45	9.75	11.30	15.00	21.50	28.00	32.00	38.00	44.00	50.00	62.00	74.00
46	10.50	12.20	16.00	23.00	30.00	34.50	41.00	47.50	54.00	67.00	80.00
47	11.50	13.40	17.50	25.25	33.00	37.00	44.00	51.00	58.00	72.00	86.00
48	12.50	14.60	18.50	26.75	35.00	40.75	48.50	56.25	64.00	79.50	95.00
49	13.50	15.80	20.00	29.00	38.00	44.50	53.00	61.50	70.00	87.00	104.00
50	14.75	17.30	21.50	31.25	41.00	--	--	--	--	--	--
51	15.50	18.20	23.00	33.50	44.00	--	--	--	--	--	--
52	16.50	19.40	24.00	35.00	46.00	--	--	--	--	--	--
53	17.50	20.60	25.50	37.25	49.00	--	--	--	--	--	--
54	18.50	21.80	27.50	40.25	53.00	--	--	--	--	--	--
55	19.50	23.00	29.00	42.50	56.00	--	--	--	--	--	--
56	21.25	25.10	32.00	47.00	62.00	--	--	--	--	--	--
57	23.00	27.20	35.00	51.50	68.00	--	--	--	--	--	--
58	25.00	29.60	38.50	56.75	75.00	--	--	--	--	--	--
59	27.25	32.30	42.50	62.75	83.00	--	--	--	--	--	--
60	29.75	35.30	46.50	68.75	91.00	--	--	--	--	--	--
61	31.00	36.80	50.50	74.75	99.00	--	--	--	--	--	--
62	32.00	38.00	54.50	80.75	107.00	--	--	--	--	--	--
63	33.25	39.50	59.00	87.50	116.00	--	--	--	--	--	--
64	34.75	41.30	64.00	95.00	126.00	--	--	--	--	--	--
65	36.00	42.80	69.50	103.25	137.00	--	--	--	--	--	--

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TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse Coverage Available¹

20 YEAR RATES Non-Nicotine Users Rates

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
24	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
25	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
26	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
27	6.50	7.40	9.00	12.50	16.00	18.25	21.50	24.75	28.00	34.50	41.00
28	6.50	7.40	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
29	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
30	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
31	6.75	7.70	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
32	7.00	8.00	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
33	7.00	8.00	10.50	14.75	19.00	22.00	26.00	30.00	34.00	42.00	50.00
34	7.25	8.30	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
35	7.50	8.60	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
36	7.75	8.90	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
37	8.00	9.20	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
38	8.25	9.50	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
39	8.75	10.10	14.00	20.00	26.00	30.75	36.50	42.25	48.00	59.50	71.00
40	9.00	10.40	15.00	21.50	28.00	33.25	39.50	45.75	52.00	64.50	77.00
41	9.50	11.00	16.00	23.00	30.00	35.75	42.50	49.25	56.00	69.50	83.00
42	10.00	11.60	17.00	24.50	32.00	38.25	45.50	52.75	60.00	74.50	89.00
43	10.50	12.20	18.00	26.00	34.00	40.75	48.50	56.25	64.00	79.50	95.00
44	11.00	12.80	19.00	27.50	36.00	43.25	51.50	59.75	68.00	84.50	101.00
45	11.75	13.70	20.50	29.75	39.00	47.00	56.00	65.00	74.00	92.00	110.00
46	12.75	14.90	21.50	31.25	41.00	49.50	59.00	68.50	78.00	97.00	116.00
47	14.00	16.40	22.50	32.75	43.00	52.00	62.00	72.00	82.00	102.00	122.00
48	15.25	17.90	24.00	35.00	46.00	55.75	66.50	77.25	88.00	109.50	131.00
49	16.75	19.70	25.00	36.50	48.00	58.25	69.50	80.75	92.00	114.50	137.00
50	18.50	21.80	26.50	38.75	51.00	--	--	--	--	--	--
51	19.75	23.30	28.50	41.75	55.00	--	--	--	--	--	--
52	21.00	24.80	30.50	44.75	59.00	--	--	--	--	--	--
53	22.25	26.30	33.00	48.50	64.00	--	--	--	--	--	--
54	23.75	28.10	35.50	52.25	69.00	--	--	--	--	--	--
55	25.25	29.90	38.50	56.75	75.00	--	--	--	--	--	--
56	27.50	32.60	42.50	62.75	83.00	--	--	--	--	--	--
57	30.00	35.60	47.00	69.50	92.00	--	--	--	--	--	--
58	32.50	38.60	52.00	77.00	102.00	--	--	--	--	--	--
59	35.50	42.20	58.00	86.00	114.00	--	--	--	--	--	--
60	38.75	46.10	64.00	95.00	126.00	--	--	--	--	--	--

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TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

- SPOUSE TERM RIDER:** Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.
- CHILDREN'S TERM RIDER:** \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.
- ACCIDENTAL DEATH & DISMEMBERMENT RIDER:** For the monthly rate, multiply .08 per \$1,000 of coverage.
- WAIVER OF PREMIUM RIDER:** Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.
- ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLT):** Add the rate shown in the ABLTI column to the base rate.

30 YEAR RATES *Non-Nicotine Users Rates*

ISSUE AGE	DEATH BENEFIT															
	Monthly Premium Including Policy Fee															
	\$10,000		\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT
17	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
18	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
19	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
20	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
21	4.00	0.08	7.00	0.20	10.50	0.40	19.00	0.80	24.50	1.20	32.00	1.60	39.50	2.00	47.00	2.40
22	4.00	0.08	7.00	0.21	10.50	0.42	19.00	0.83	24.50	1.25	32.00	1.66	39.50	2.08	47.00	2.49
23	4.10	0.09	7.25	0.21	11.00	0.43	20.00	0.85	26.00	1.28	34.00	1.70	42.00	2.13	50.00	2.55
24	4.10	0.09	7.25	0.22	11.00	0.44	20.00	0.88	26.00	1.32	34.00	1.76	42.00	2.20	50.00	2.64
25	4.10	0.09	7.25	0.23	11.00	0.47	20.00	0.93	26.00	1.40	34.00	1.86	42.00	2.33	50.00	2.79
26	4.10	0.10	7.25	0.25	11.00	0.50	20.00	1.00	27.50	1.50	36.00	2.00	44.50	2.50	53.00	3.00
27	4.20	0.11	7.50	0.27	11.50	0.54	21.00	1.08	27.50	1.62	36.00	2.16	44.50	2.70	53.00	3.24
28	4.20	0.12	7.50	0.29	11.50	0.58	21.00	1.15	29.00	1.73	38.00	2.30	47.00	2.88	56.00	3.45
29	4.30	0.12	7.75	0.31	12.00	0.62	22.00	1.23	29.00	1.85	38.00	2.46	47.00	3.08	56.00	3.69
30	4.30	0.13	7.75	0.33	12.00	0.65	22.00	1.30	30.50	1.95	40.00	2.60	49.50	3.25	59.00	3.90
31	4.40	0.14	8.00	0.35	12.50	0.70	23.00	1.40	32.00	2.10	42.00	2.80	52.00	3.50	62.00	4.20
32	4.50	0.15	8.25	0.38	13.00	0.75	24.00	1.50	32.00	2.25	42.00	3.00	52.00	3.75	62.00	4.50
33	4.50	0.16	8.25	0.40	13.00	0.80	24.00	1.60	33.50	2.40	44.00	3.20	54.50	4.00	65.00	4.80
34	4.60	0.17	8.50	0.43	13.50	0.85	25.00	1.70	33.50	2.55	44.00	3.40	54.50	4.25	65.00	5.10
35	4.70	0.18	8.75	0.45	14.00	0.90	26.00	1.80	35.00	2.70	46.00	3.60	57.00	4.50	68.00	5.40
36	4.90	0.19	9.25	0.48	15.00	0.97	28.00	1.93	38.00	2.90	50.00	3.86	62.00	4.83	74.00	5.79
37	5.10	0.21	9.75	0.51	16.00	1.03	30.00	2.05	41.00	3.08	54.00	4.10	67.00	5.13	80.00	6.15
38	5.30	0.22	10.25	0.55	17.00	1.09	32.00	2.18	44.00	3.27	58.00	4.36	72.00	5.45	86.00	6.54
39	5.50	0.23	10.75	0.58	18.00	1.15	34.00	2.30	47.00	3.45	62.00	4.60	77.00	5.75	92.00	6.90
40	5.80	0.24	11.50	0.60	19.50	1.20	37.00	2.39	51.50	3.59	68.00	4.78	84.50	5.98	101.00	7.17
41	6.10	0.26	12.25	0.64	21.00	1.28	40.00	2.56	56.00	3.84	74.00	5.12	92.00	6.40	110.00	7.68
42	6.50	0.27	13.25	0.68	23.00	1.36	44.00	2.71	62.00	4.07	82.00	5.42	102.00	6.78	122.00	8.13
43	6.90	0.29	14.25	0.72	24.50	1.43	47.00	2.86	66.50	4.29	88.00	5.72	109.50	7.15	131.00	8.58
44	7.30	0.30	15.25	0.75	27.00	1.51	52.00	3.01	72.50	4.52	96.00	6.02	119.50	7.53	143.00	9.03
45	7.80	0.32	16.50	0.79	29.00	1.58	56.00	3.15	80.00	4.73	106.00	6.30	132.00	7.88	158.00	9.45
46	8.30	0.35	17.75	0.86	31.50	1.73	61.00	3.45	87.50	5.18	116.00	6.90	144.50	8.63	173.00	10.35
47	8.80	0.37	19.00	0.93	34.00	1.87	66.00	3.73	95.00	5.60	126.00	7.46	157.00	9.33	188.00	11.19
48	9.30	0.40	20.25	1.00	37.00	2.00	72.00	4.00	104.00	6.00	138.00	8.00	172.00	10.00	206.00	12.00
49	9.90	0.43	21.75	1.07	40.50	2.14	79.00	4.27	114.50	6.41	152.00	8.54	189.50	10.68	227.00	12.81
50	10.60	0.45	23.50	1.13	44.00	2.25	86.00	4.50	--	--	--	--	--	--	--	--

Spouse Coverage Available¹

This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹Maximum face amount available is \$50,000.

Short Term Disability Insurance

Manhattan Life | www.manhattanlife.com | 800-879-6542

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?



Disability Income Plus Rates Texas

0/7 Elimination Period

Displaying Semi-Monthly Premiums for Non-Occ Coverage

Age	Uni-Tobacco				
	Benefit	18-35	36-45	46-55	56-65
\$300	\$6.69	\$7.12	\$8.01	\$9.04	\$11.95
\$400	\$8.54	\$9.12	\$10.30	\$11.68	\$15.56
\$500	\$10.40	\$11.12	\$12.60	\$14.32	\$19.17
\$600	\$12.25	\$13.12	\$14.89	\$16.96	\$22.78
\$700	\$14.11	\$15.12	\$17.19	\$19.60	\$26.39
\$800	\$15.96	\$17.12	\$19.48	\$22.24	\$30.00
\$900	\$17.82	\$19.12	\$21.78	\$24.88	\$33.61
\$1,000	\$19.67	\$21.12	\$24.07	\$27.52	\$37.22
\$1,100	\$21.53	\$23.12	\$26.37	\$30.16	\$40.83
\$1,200	\$23.38	\$25.12	\$28.66	\$32.80	\$44.44
\$1,300	\$25.24	\$27.12	\$30.96	\$35.44	\$48.05
\$1,400	\$27.09	\$29.12	\$33.25	\$38.08	\$51.66
\$1,500	\$28.95	\$31.12	\$35.55	\$40.72	\$55.27
\$1,600	\$30.80	\$33.12	\$37.84	\$43.36	\$58.88
\$1,700	\$32.66	\$35.12	\$40.14	\$46.00	\$62.49
\$1,800	\$34.51	\$37.12	\$42.43	\$48.64	\$66.10
\$1,900	\$36.37	\$39.12	\$44.73	\$51.28	\$69.71
\$2,000	\$38.22	\$41.12	\$47.02	\$53.92	\$73.32
\$2,100	\$40.08	\$43.12	\$49.32	\$56.56	\$76.93
\$2,200	\$41.93	\$45.12	\$51.61	\$59.20	\$80.54
\$2,300	\$43.79	\$47.12	\$53.91	\$61.84	\$84.15
\$2,400	\$45.64	\$49.12	\$56.20	\$64.48	\$87.76
\$2,500	\$47.50	\$51.12	\$58.50	\$67.12	\$91.37
\$2,600	\$49.35	\$53.12	\$60.79	\$69.76	\$94.98
\$2,700	\$51.21	\$55.12	\$63.09	\$72.40	\$98.59
\$2,800	\$53.06	\$57.12	\$65.38	\$75.04	\$102.20
\$2,900	\$54.92	\$59.12	\$67.68	\$77.68	\$105.81
\$3,000	\$56.77	\$61.12	\$69.97	\$80.32	\$109.42
\$3,100	\$58.63	\$63.12	\$72.27	\$82.96	\$113.03
\$3,200	\$60.48	\$65.12	\$74.56	\$85.60	\$116.64
\$3,300	\$62.34	\$67.12	\$76.86	\$88.24	\$120.25
\$3,400	\$64.19	\$69.12	\$79.15	\$90.88	\$123.86
\$3,500	\$66.05	\$71.12	\$81.45	\$93.52	\$127.47
\$3,600	\$67.90	\$73.12	\$83.74	\$96.16	\$131.08
\$3,700	\$69.76	\$75.12	\$86.04	\$98.80	\$134.69
\$3,800	\$71.61	\$77.12	\$88.33	\$101.44	\$138.30
\$3,900	\$73.47	\$79.12	\$90.63	\$104.08	\$141.91
\$4,000	\$75.32	\$81.12	\$92.92	\$106.72	\$145.52
\$4,100	\$77.18	\$83.12	\$95.22	\$109.36	\$149.13
\$4,200	\$79.03	\$85.12	\$97.51	\$112.00	\$152.74
\$4,300	\$80.89	\$87.12	\$99.81	\$114.64	\$156.35
\$4,400	\$82.74	\$89.12	\$102.10	\$117.28	\$159.96
\$4,500	\$84.60	\$91.12	\$104.40	\$119.92	\$163.57
\$4,600	\$86.45	\$93.12	\$106.69	\$122.56	\$167.18
\$4,700	\$88.31	\$95.12	\$108.99	\$125.20	\$170.79
\$4,800	\$90.16	\$97.12	\$111.28	\$127.84	\$174.40
\$4,900	\$92.02	\$99.12	\$113.58	\$130.48	\$178.01
\$5,000	\$93.87	\$101.12	\$115.87	\$133.12	\$181.62

Disability Income Plus Rates Texas

14/14 Elimination Period Displaying Semi-Monthly

Premiums for Non-Occ Coverage

Age	Uni-Tobacco				
	Benefit	18-35	36-45	46-55	56-65
\$300	\$4.83	\$5.13	\$5.88	\$6.84	\$9.03
\$400	\$6.06	\$6.46	\$7.46	\$8.74	\$11.66
\$500	\$7.30	\$7.80	\$9.05	\$10.65	\$14.30
\$600	\$8.53	\$9.13	\$10.63	\$12.55	\$16.93
\$700	\$9.77	\$10.47	\$12.22	\$14.46	\$19.57
\$800	\$11.00	\$11.80	\$13.80	\$16.36	\$22.20
\$900	\$12.24	\$13.14	\$15.39	\$18.27	\$24.84
\$1,000	\$13.47	\$14.47	\$16.97	\$20.17	\$27.47
\$1,100	\$14.71	\$15.81	\$18.56	\$22.08	\$30.11
\$1,200	\$15.94	\$17.14	\$20.14	\$23.98	\$32.74
\$1,300	\$17.18	\$18.48	\$21.73	\$25.89	\$35.38
\$1,400	\$18.41	\$19.81	\$23.31	\$27.79	\$38.01
\$1,500	\$19.65	\$21.15	\$24.90	\$29.70	\$40.65
\$1,600	\$20.88	\$22.48	\$26.48	\$31.60	\$43.28
\$1,700	\$22.12	\$23.82	\$28.07	\$33.51	\$45.92
\$1,800	\$23.35	\$25.15	\$29.65	\$35.41	\$48.55
\$1,900	\$24.59	\$26.49	\$31.24	\$37.32	\$51.19
\$2,000	\$25.82	\$27.82	\$32.82	\$39.22	\$53.82
\$2,100	\$27.06	\$29.16	\$34.41	\$41.13	\$56.46
\$2,200	\$28.29	\$30.49	\$35.99	\$43.03	\$59.09
\$2,300	\$29.53	\$31.83	\$37.58	\$44.94	\$61.73
\$2,400	\$30.76	\$33.16	\$39.16	\$46.84	\$64.36
\$2,500	\$32.00	\$34.50	\$40.75	\$48.75	\$67.00
\$2,600	\$33.23	\$35.83	\$42.33	\$50.65	\$69.63
\$2,700	\$34.47	\$37.17	\$43.92	\$52.56	\$72.27
\$2,800	\$35.70	\$38.50	\$45.50	\$54.46	\$74.90
\$2,900	\$36.94	\$39.84	\$47.09	\$56.37	\$77.54
\$3,000	\$38.17	\$41.17	\$48.67	\$58.27	\$80.17
\$3,100	\$39.41	\$42.51	\$50.26	\$60.18	\$82.81
\$3,200	\$40.64	\$43.84	\$51.84	\$62.08	\$85.44
\$3,300	\$41.88	\$45.18	\$53.43	\$63.99	\$88.08
\$3,400	\$43.11	\$46.51	\$55.01	\$65.89	\$90.71
\$3,500	\$44.35	\$47.85	\$56.60	\$67.80	\$93.35
\$3,600	\$45.58	\$49.18	\$58.18	\$69.70	\$95.98
\$3,700	\$46.82	\$50.52	\$59.77	\$71.61	\$98.62
\$3,800	\$48.05	\$51.85	\$61.35	\$73.51	\$101.25
\$3,900	\$49.29	\$53.19	\$62.94	\$75.42	\$103.89
\$4,000	\$50.52	\$54.52	\$64.52	\$77.32	\$106.52
\$4,100	\$51.76	\$55.86	\$66.11	\$79.23	\$109.16
\$4,200	\$52.99	\$57.19	\$67.69	\$81.13	\$111.79
\$4,300	\$54.23	\$58.53	\$69.28	\$83.04	\$114.43
\$4,400	\$55.46	\$59.86	\$70.86	\$84.94	\$117.06
\$4,500	\$56.70	\$61.20	\$72.45	\$86.85	\$119.70
\$4,600	\$57.93	\$62.53	\$74.03	\$88.75	\$122.33
\$4,700	\$59.17	\$63.87	\$75.62	\$90.66	\$124.97
\$4,800	\$60.40	\$65.20	\$77.20	\$92.56	\$127.60
\$4,900	\$61.64	\$66.54	\$78.79	\$94.47	\$130.23
\$5,000	\$62.87	\$67.87	\$80.37	\$96.37	\$132.87

Disability Income Plus Rates Texas

30/30 Elimination Period Displaying Semi-Monthly

Premiums for Non-Occ Coverage

Age	Uni-Tobacco					
	Benefit	18-35	36-45	46-55	56-65	66+
	\$300	\$3.60	\$3.78	\$4.36	\$5.14	\$6.84
	\$400	\$4.42	\$4.66	\$5.44	\$6.48	\$8.74
	\$500	\$5.25	\$5.55	\$6.52	\$7.82	\$10.65
	\$600	\$6.07	\$6.43	\$7.60	\$9.16	\$12.55
	\$700	\$6.90	\$7.32	\$8.68	\$10.50	\$14.46
	\$800	\$7.72	\$8.20	\$9.76	\$11.84	\$16.36
	\$900	\$8.55	\$9.09	\$10.84	\$13.18	\$18.27
	\$1,000	\$9.37	\$9.97	\$11.92	\$14.52	\$20.17
	\$1,100	\$10.20	\$10.86	\$13.00	\$15.86	\$22.08
	\$1,200	\$11.02	\$11.74	\$14.08	\$17.20	\$23.98
	\$1,300	\$11.85	\$12.63	\$15.16	\$18.54	\$25.89
	\$1,400	\$12.67	\$13.51	\$16.24	\$19.88	\$27.79
	\$1,500	\$13.50	\$14.40	\$17.32	\$21.22	\$29.70
	\$1,600	\$14.32	\$15.28	\$18.40	\$22.56	\$31.60
	\$1,700	\$15.15	\$16.17	\$19.48	\$23.90	\$33.51
	\$1,800	\$15.97	\$17.05	\$20.56	\$25.24	\$35.41
	\$1,900	\$16.80	\$17.94	\$21.64	\$26.58	\$37.32
	\$2,000	\$17.62	\$18.82	\$22.72	\$27.92	\$39.22
	\$2,100	\$18.45	\$19.71	\$23.80	\$29.26	\$41.13
	\$2,200	\$19.27	\$20.59	\$24.88	\$30.60	\$43.03
	\$2,300	\$20.10	\$21.48	\$25.96	\$31.94	\$44.94
	\$2,400	\$20.92	\$22.36	\$27.04	\$33.28	\$46.84
	\$2,500	\$21.75	\$23.25	\$28.12	\$34.62	\$48.75
	\$2,600	\$22.57	\$24.13	\$29.20	\$35.96	\$50.65
	\$2,700	\$23.40	\$25.02	\$30.28	\$37.30	\$52.56
	\$2,800	\$24.22	\$25.90	\$31.36	\$38.64	\$54.46
	\$2,900	\$25.05	\$26.79	\$32.44	\$39.98	\$56.37
	\$3,000	\$25.87	\$27.67	\$33.52	\$41.32	\$58.27
	\$3,100	\$26.70	\$28.56	\$34.60	\$42.66	\$60.18
	\$3,200	\$27.52	\$29.44	\$35.68	\$44.00	\$62.08
	\$3,300	\$28.35	\$30.33	\$36.76	\$45.34	\$63.99
	\$3,400	\$29.17	\$31.21	\$37.84	\$46.68	\$65.89
	\$3,500	\$30.00	\$32.10	\$38.92	\$48.02	\$67.80
	\$3,600	\$30.82	\$32.98	\$40.00	\$49.36	\$69.70
	\$3,700	\$31.65	\$33.87	\$41.08	\$50.70	\$71.61
	\$3,800	\$32.47	\$34.75	\$42.16	\$52.04	\$73.51
	\$3,900	\$33.30	\$35.64	\$43.24	\$53.38	\$75.42
	\$4,000	\$34.12	\$36.52	\$44.32	\$54.72	\$77.32
	\$4,100	\$34.95	\$37.41	\$45.40	\$56.06	\$79.23
	\$4,200	\$35.77	\$38.29	\$46.48	\$57.40	\$81.13
	\$4,300	\$36.60	\$39.18	\$47.56	\$58.74	\$83.04
	\$4,400	\$37.42	\$40.06	\$48.64	\$60.08	\$84.94
	\$4,500	\$38.25	\$40.95	\$49.72	\$61.42	\$86.85
	\$4,600	\$39.07	\$41.83	\$50.80	\$62.76	\$88.75
	\$4,700	\$39.90	\$42.72	\$51.88	\$64.10	\$90.66
	\$4,800	\$40.72	\$43.60	\$52.96	\$65.44	\$92.56
	\$4,900	\$41.55	\$44.49	\$54.04	\$66.78	\$94.47
	\$5,000	\$42.37	\$45.37	\$55.12	\$68.12	\$96.37

Long Term Disability Insurance

American Fidelity | 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

Enhanced Plus Plans

Marketed by:



EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights



Benefits are Payable Directly to You

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



Customized to Meet Your Individual Needs

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



Return-to-Work Benefit

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

Choose the Right Plan for You

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

Plan I	On the 1st/4th 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 12 months of Disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, Disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your monthly compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$10.16	\$7.28	\$5.80	\$4.92	\$4.16	\$3.12
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$15.24	\$10.92	\$8.70	\$7.38	\$6.24	\$4.68
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$20.32	\$14.56	\$11.60	\$9.84	\$8.32	\$6.24
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$25.40	\$18.20	\$14.50	\$12.30	\$10.40	\$7.80
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$30.48	\$21.84	\$17.40	\$14.76	\$12.48	\$9.36
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$35.56	\$25.48	\$20.30	\$17.22	\$14.56	\$10.92
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$40.64	\$29.12	\$23.20	\$19.68	\$16.64	\$12.48
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$45.72	\$32.76	\$26.10	\$22.14	\$18.72	\$14.04
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$50.80	\$36.40	\$29.00	\$24.60	\$20.80	\$15.60
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$55.88	\$40.04	\$31.90	\$27.06	\$22.88	\$17.16
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$60.96	\$43.68	\$34.80	\$29.52	\$24.96	\$18.72
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$66.04	\$47.32	\$37.70	\$31.98	\$27.04	\$20.28
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$71.12	\$50.96	\$40.60	\$34.44	\$29.12	\$21.84
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$76.20	\$54.60	\$43.50	\$36.90	\$31.20	\$23.40
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$81.28	\$58.24	\$46.40	\$39.36	\$33.28	\$24.96
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$86.36	\$61.88	\$49.30	\$41.82	\$35.36	\$26.52
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$91.44	\$65.52	\$52.20	\$44.28	\$37.44	\$28.08
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$96.52	\$69.16	\$55.10	\$46.74	\$39.52	\$29.64
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$101.60	\$72.80	\$58.00	\$49.20	\$41.60	\$31.20
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$106.68	\$76.44	\$60.90	\$51.66	\$43.68	\$32.76
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$111.76	\$80.08	\$63.80	\$54.12	\$45.76	\$34.32
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$116.84	\$83.72	\$66.70	\$56.58	\$47.84	\$35.88
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$121.92	\$87.36	\$69.60	\$59.04	\$49.92	\$37.44
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$127.00	\$91.00	\$72.50	\$61.50	\$52.00	\$39.00
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$132.08	\$94.64	\$75.40	\$63.96	\$54.08	\$40.56
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$137.16	\$98.28	\$78.30	\$66.42	\$56.16	\$42.12
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$142.24	\$101.92	\$81.20	\$68.88	\$58.24	\$43.68
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$147.32	\$105.56	\$84.10	\$71.34	\$60.32	\$45.24
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$152.40	\$109.20	\$87.00	\$73.80	\$62.40	\$46.80
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$157.48	\$112.84	\$89.90	\$76.26	\$64.48	\$48.36
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$162.56	\$116.48	\$92.80	\$78.72	\$66.56	\$49.92
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$167.64	\$120.12	\$95.70	\$81.18	\$68.64	\$51.48
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$172.72	\$123.76	\$98.60	\$83.64	\$70.72	\$53.04
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$177.80	\$127.40	\$101.50	\$86.10	\$72.80	\$54.60
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$182.88	\$131.04	\$104.40	\$88.56	\$74.88	\$56.16
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$187.96	\$134.68	\$107.30	\$91.02	\$76.96	\$57.72
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$193.04	\$138.32	\$110.20	\$93.48	\$79.04	\$59.28

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$198.12	\$141.96	\$113.10	\$95.94	\$81.12	\$60.84
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$203.20	\$145.60	\$116.00	\$98.40	\$83.20	\$62.40
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$208.28	\$149.24	\$118.90	\$100.86	\$85.28	\$63.96
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$213.36	\$152.88	\$121.80	\$103.32	\$87.36	\$65.52
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$218.44	\$156.52	\$124.70	\$105.78	\$89.44	\$67.08
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$223.52	\$160.16	\$127.60	\$108.24	\$91.52	\$68.64
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$228.60	\$163.80	\$130.50	\$110.70	\$93.60	\$70.20
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$233.68	\$167.44	\$133.40	\$113.16	\$95.68	\$71.76
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$238.76	\$171.08	\$136.30	\$115.62	\$97.76	\$73.32
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$243.84	\$174.72	\$139.20	\$118.08	\$99.84	\$74.88
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$248.92	\$178.36	\$142.10	\$120.54	\$101.92	\$76.44
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$254.00	\$182.00	\$145.00	\$123.00	\$104.00	\$78.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$259.08	\$185.64	\$147.90	\$125.46	\$106.08	\$79.56
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$264.16	\$189.28	\$150.80	\$127.92	\$108.16	\$81.12
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$269.24	\$192.92	\$153.70	\$130.38	\$110.24	\$82.68
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$274.32	\$196.56	\$156.60	\$132.84	\$112.32	\$84.24
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$279.40	\$200.20	\$159.50	\$135.30	\$114.40	\$85.80
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$284.48	\$203.84	\$162.40	\$137.76	\$116.48	\$87.36
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$289.56	\$207.48	\$165.30	\$140.22	\$118.56	\$88.92
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$294.64	\$211.12	\$168.20	\$142.68	\$120.64	\$90.48
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$299.72	\$214.76	\$171.10	\$145.14	\$122.72	\$92.04
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$304.80	\$218.40	\$174.00	\$147.60	\$124.80	\$93.60
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$309.88	\$222.04	\$176.90	\$150.06	\$126.88	\$95.16
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$314.96	\$225.68	\$179.80	\$152.52	\$128.96	\$96.72
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$320.04	\$229.32	\$182.70	\$154.98	\$131.04	\$98.28
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$325.12	\$232.96	\$185.60	\$157.44	\$133.12	\$99.84
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$330.20	\$236.60	\$188.50	\$159.90	\$135.20	\$101.40
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$335.28	\$240.24	\$191.40	\$162.36	\$137.28	\$102.96
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$340.36	\$243.88	\$194.30	\$164.82	\$139.36	\$104.52
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$345.44	\$247.52	\$197.20	\$167.28	\$141.44	\$106.08
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$350.52	\$251.16	\$200.10	\$169.74	\$143.52	\$107.64
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$355.60	\$254.80	\$203.00	\$172.20	\$145.60	\$109.20
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$360.68	\$258.44	\$205.90	\$174.66	\$147.68	\$110.76
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$365.76	\$262.08	\$208.80	\$177.12	\$149.76	\$112.32
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$370.84	\$265.72	\$211.70	\$179.58	\$151.84	\$113.88
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$375.92	\$269.36	\$214.60	\$182.04	\$153.92	\$115.44
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$381.00	\$273.00	\$217.50	\$184.50	\$156.00	\$117.00

Cancer Insurance



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

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

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

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

Cancer Semi-Monthly Premiums		
	Basic	Enhanced Plus
Employee	\$7.90	\$15.81
Employee + Family	\$13.43	\$26.90

Plan Benefit Highlights

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

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

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

SEMI-MONTHLY PREMIUMS	BASIC	ENHANCED PLUS
Individual	\$7.90	\$15.81
Family	\$13.43	\$26.90

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

NEW Critical Illness Insurance

Wellfleet | www.wellfleetworkplace.com | 855-664-5838

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.





What benefits are included in my coverage?

Your Critical Illness Insurance includes a range of covered critical illnesses and benefits, as outlined below. A percentage of the total benefit is paid for spouse and child coverage. For additional details, see your certificate.

CRITICAL ILLNESS PLAN BENEFITS	CI Plan
Critical Illness Benefits	
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal Failure	100%
Benign Brain Tumor	100%
Coronary Artery Bypass Surgery	25%
Cancer Benefits	
Cancer	100%
Carcinoma in Situ	25%
Skin Cancer	5%
Enhanced Package	
Coma	100%
Paralysis	100%
Loss of Hearing	100%
Loss of Sight	100%
Sudden Cardiac Arrest	100%
Aneurism	10%
Angioplasty	10%
Transient Ischemic Attacks	10%
Severe Burns	100%
Occupational HIV	100%
Occupational Hepatitis B or C	100%
Type 1 Diabetes	25%
Progressive Disease Benefits	
ALS	100%
Parkinson's Disease	100%
Advanced Dementia	100%
Multiple Sclerosis	100%
Addison's Disease	50%
Huntington's Disease	25%
Infectious Disease	25%



Additional Childhood Conditions	
Cerebral Palsy	100%
Premature Birth	10%
Genetic Disorder	100%
Congenital Defect	100%
Congenital Metabolic Disorders	100%
Additional Optional Riders & Benefits	
Health Screening Benefit Rider:	\$100.00
Number of payments per year, per covered person.	1

Examples of Eligible Screening Events			
Annual exams for adults	Chicken pox immunization	Genetic screening testing for medical diagnosis and treatment	Serum cholesterol HDL/LDL
Blood tests for triglycerides	Colonoscopy	Hepatitis B immunization	Sports physicals
Bone marrow testing	Concussion baseline testing	HPV immunization	Stress test
Bone density screening	Dermatological screenings for skin cancer	Mammography	Tetanus
Breast MRI	Fasting blood glucose test	Pap smear	Virtual colonoscopy
Carotid ultrasound	Flu vaccination	Pneumonia immunization	Well child visits



CI Plan

\$5,000.00 Semi-Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-29	\$2.31	\$4.99
30-39	\$3.07	\$6.51
40-49	\$4.55	\$9.43
50-59	\$7.66	\$15.65
60-64	\$10.52	\$21.36
65-69	\$12.92	\$26.18
70+	\$15.32	\$30.98

\$10,000.00 Semi-Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-29	\$3.25	\$6.96
30-39	\$4.77	\$9.99
40-49	\$7.72	\$15.83
50-59	\$13.95	\$28.27
60-64	\$19.66	\$39.69
65-69	\$24.47	\$49.32
70+	\$29.27	\$58.92

\$15,000.00 Semi-Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-29	\$4.19	\$8.92
30-39	\$6.46	\$13.47
40-49	\$10.89	\$22.22
50-59	\$20.24	\$40.89
60-64	\$28.80	\$58.02
65-69	\$36.02	\$72.47
70+	\$43.22	\$86.87

\$20,000.00 Semi-Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-29	\$5.12	\$10.88
30-39	\$8.16	\$16.95
40-49	\$14.07	\$28.62
50-59	\$26.52	\$53.51
60-64	\$37.94	\$76.35
65-69	\$47.57	\$95.61
70+	\$57.17	\$114.81

\$25,000.00 Semi-Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-29	\$6.06	\$12.84
30-39	\$9.85	\$20.43
40-49	\$17.24	\$35.02
50-59	\$32.81	\$66.12
60-64	\$47.08	\$94.68
65-69	\$59.12	\$118.76
70+	\$71.12	\$142.76

\$30,000.00 Semi-Monthly Non-Tobacco rate

Age Bands	Employee	Family
0-29	\$7.00	\$14.81
30-39	\$11.55	\$23.91
40-49	\$20.41	\$41.42
50-59	\$39.10	\$78.74
60-64	\$56.22	\$113.01
65-69	\$70.67	\$141.91
70+	\$85.07	\$170.71



5

Age Bands	Employee	Family
0-29	\$2.96	\$6.34
30-39	\$4.23	\$8.89
40-49	\$6.72	\$13.81
50-59	\$11.97	\$24.29
60-64	\$16.78	\$33.91
65-69	\$20.84	\$42.03
70+	\$24.88	\$50.12

\$10,000.00 Semi-Monthly Tobacco rate

Age Bands	Employee	Family
0-29	\$4.54	\$9.65
30-39	\$7.09	\$14.75
40-49	\$12.07	\$24.59
50-59	\$22.56	\$45.55
60-64	\$32.18	\$64.80
65-69	\$40.30	\$81.03
70+	\$48.39	\$97.21

\$15,000.00 Semi-Monthly Tobacco rate

Age Bands	Employee	Family
0-29	\$6.12	\$12.96
30-39	\$9.94	\$20.61
40-49	\$17.41	\$35.37
50-59	\$33.15	\$66.81
60-64	\$47.59	\$95.68
65-69	\$59.76	\$120.04
70+	\$71.89	\$144.29

\$20,000.00 Semi-Monthly Tobacco rate

Age Bands	Employee	Family
0-29	\$7.70	\$16.26
30-39	\$12.80	\$26.47
40-49	\$22.76	\$46.15
50-59	\$43.74	\$88.07
60-64	\$62.99	\$126.56
65-69	\$79.22	\$159.04
70+	\$95.40	\$191.38

5

Age Bands	Employee	Family
0-29	\$9.28	\$19.57
30-39	\$15.66	\$32.33
40-49	\$28.10	\$56.93
50-59	\$54.33	\$109.33
60-64	\$78.40	\$157.45
65-69	\$98.69	\$198.04
70+	\$118.91	\$238.47

Age Bands	Employee	Family
0-29	\$10.86	\$22.88
30-39	\$18.51	\$38.19
40-49	\$33.45	\$67.71
50-59	\$64.92	\$130.59
60-64	\$93.80	\$188.33
65-69	\$118.15	\$237.04
70+	\$142.21	\$285.56

NEW Accident Insurance

Wellfleet | www.wellfleetworkplace.com | 855-664-5838

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 Semi-Monthly Premiums

	Low Plan	High Plan
Employee	\$3.86	\$7.10
Employee + Spouse	\$6.64	\$9.80
Employee + Child(ren)	\$7.18	\$10.53
Employee + Family	\$9.96	\$14.62



What benefits are included in my coverage?

Your accident insurance includes a range of covered hospitalization and related benefits, as outlined below. For additional details, see your certificate.

Specific injury benefit	Low Plan	High Plan
Fractures		
Closed/non-surgical treatment		
Skull (except bones of face or nose), depressed	\$2,500	\$4,000
Hip, thigh (femur)	\$2,500	\$4,000
Vertebrae, body of (excluding vertebral Process)	\$2,500	\$4,000
Pelvis	\$2,500	\$4,000
Leg (tibia and/or fibula)	\$2,500	\$4,000
Upper arm (humerus)	\$2,000	\$3,000
Shoulder blade	\$2,000	\$3,000
Collarbone	\$2,000	\$3,000
Upper jaw, maxilla (except alveolar process)	\$1,500	\$2,500
Lower jaw, mandible (except alveolar process)	\$1,500	\$2,500
Vertebral process	\$1,000	\$1,600
Forearm (ulna and/or radius)	\$1,000	\$1,600
Hand, wrist (except fingers)	\$1,000	\$1,600
Kneecap	\$1,000	\$1,600
Foot (except toes)	\$1,000	\$1,600
Ankle	\$1,000	\$1,600
Rib	\$250	\$300
Coccyx	\$250	\$300
Finger, toe	\$250	\$300
Enhancement for open/surgical reduction	2x	2x
Chip fractures	25%	25%

Dislocations		
Closed/non-surgical treatment		
Hip	\$2,000	\$3,000
Knee (other than kneecap)	\$1,500	\$2,250
Shoulder	\$1,500	\$2,250
Kneecap	\$750	\$1,000
Ankle bone or bones of the foot	\$750	\$1,000
Elbow	\$750	\$1,000
Wrist	\$750	\$1,000
Bone or bones of the hand	\$750	\$1,000
Jawbone	\$750	\$1,000
Collarbone	\$750	\$1,000
1 toe or finger	\$250	\$300
Enhancement for open/surgical reduction	2x	2x
Partial dislocations	25%	25%



Lacerations	Low Plan	High Plan
No repair	\$50	\$100
Repair - up to 2"	\$50	\$100
Repair - over 2", up to 6"	\$100	\$200
Repair - over 6"	\$200	\$400
Burns		
2nd Degree Burns		
At least 1%, but less than 20% of skin surface	\$250	\$500
20% or greater of skin surface	\$1,000	\$2,000
3rd Degree burns		
Less than 5% of skin surface	\$1,000	\$2,000
At least 5%, but less than 20% of skin surface	\$4,000	\$8,000
20% or greater of skin surface	\$10,000	\$20,000
Skin grafts		
Due to burns (% of applicable burn benefit)	50%	50%
Not due to burns		
At least 1%, but less than 20% of skin surface	\$100	\$150
20% or greater of skin surface	\$200	\$300
Concussion and other brain injuries		
	\$100	\$200
Dental benefit		
	\$250	\$500
Eye injury benefit		
	\$125	\$250
Emergency and initial accident treatment benefits		
Ambulance		
Ground	\$150	\$250
Air	\$750	\$1,250
Water	\$750	\$1,250
Emergency room treatment		
	\$100	\$150
Urgent care		
	\$100	\$150
Major diagnostic imaging		
	\$100	\$150
X-Ray		
	\$50	\$75
Hospital benefits		
Hospital admission		
Daily hospital confinement (max 365 days)	\$500	\$1,000
	\$125	\$250
Intensive care admission		
ICU Daily confinement (max 365 days)	\$1,000	\$2,000
	\$250	\$500
Observation unit		
	\$150	\$300
Surgery benefits		
Outpatient surgery benefit		
Facilities other than physician office or ER	\$200	\$400
Physician office or ER	\$200	\$400
Internal injuries surgical benefits		
Open abdominal and thoracic	\$1,000	\$1,500
Hernia	\$200	\$300
Exploratory without repair	\$150	\$225
Tendon/ligament/rotator cuff surgical benefit		
Single	\$300	\$450
Multiple	\$600	\$900
Exploratory without repair	\$150	\$225



	Low Plan	High Plan
Torn knee cartilage surgery benefit		
Torn with surgical repair	\$300	\$450
Exploratory without repair	\$150	\$225
Diagnosis only with no surgery or repair	\$100	\$150
Ruptured disc with surgical repair	\$200	\$300
Anesthesia benefit		
General anesthesia	\$150	\$225
Epidural or regional anesthesia	\$50	\$100
Medical benefits		
Blood, plasma and platelets benefit	\$200	\$400
Prosthetic device benefit		
1 only	\$500	\$1,000
2 or more	\$1,000	\$2,000
Appliances		
Pain management benefit	\$50	\$100
Prescription drug benefit	\$10	\$20
Follow-up care and transportation benefits		
Physician office visit (Max 4 of visits)	\$75	\$100
Post-traumatic stress disorder benefit (max 8 visits)	\$75	\$100
Therapy services benefit (occupational, physical, speech therapy) (max 12 visits)	\$50	\$50
Chiropractor and alternate therapy (max 8 visits)	\$50	\$50
Rehabilitation unit confinement (max 90 days)	\$100	\$150
Home health care (max 30 visits)	\$75	\$100
Skilled nursing facility (max 30 days)	\$275	\$300
Private duty nursing (max 6 visits)	\$100	\$125
Residence/vehicle modification benefit	\$2,500	\$3,500
Transportation (per mile, min. 100 miles from residence)	\$0.30	\$0.60
Lodging (max 30 days)	\$100	\$150
Accidental death benefits		
Accidental death		
Employee	\$50,000	\$75,000
Spouse	\$25,000	\$37,500
Children	\$25,000	\$37,500
Common carrier accidental death	2x	2x
Organ donor benefit	\$5,000	\$5,000
Accidental dismemberment benefits		
Dismemberment		
Loss of: both hands, or both feet, or 1 hand and 1 foot	\$50,000	\$50,000
Loss of 1 hand or loss of 1 foot	\$12,500	\$12,500
Partial dismemberment		
Loss of 1 or more fingers or toes	\$500	\$500
Partial amputation of finger or toe	\$500	\$500



Catastrophic benefits	Low Plan	High Plan
Catastrophic loss		
Loss of sight in both eyes or hearing in both ears	\$50,000	\$50,000
Loss of speech or sight in 1 eye or hearing in 1 ear	\$12,500	\$12,500
Coma	\$10,000	\$20,000
Paralysis		
Paraplegia	\$10,000	\$15,000
Quadriplegia	\$20,000	\$30,000

Additional options	Benefit range	
Organized athletic activity benefit: Benefit payment is increased by a set percentage for an accident resulting from participating in a covered athletic event, such as: club sports, collegiate sports, competitions, team practices, trainings and workout sessions	25% up to \$1500 per accident	25% up to \$1500 per accident
Health screening benefit: Benefit paid for eligible health screening tests and employer-sponsored wellness initiatives	\$50 up to 1 visits per person/year	\$50 up to 1 visits per person/year

Examples of eligible screening events			
Annual exams for adults	Chicken pox immunization	Genetic screening testing for medical diagnosis and treatment	Serum cholesterol HDL/LDL
Blood tests for triglycerides	Colonoscopy	Hepatitis B immunization	Sports physicals
Bone marrow testing	Concussion baseline testing	HPV immunization	Stress test
Bone density screening	Dermatological screenings for skin cancer	Mammography	Tetanus
Breast MRI	Fasting blood glucose test	Pap smear	Virtual colonoscopy
Carotid ultrasound	Flu vaccination	Pneumonia immunization	Well child visits

Semi-Monthly Premiums		
	Low Plan	High Plan
Employee only	\$3.86	\$7.10
Employee & spouse	\$6.64	\$9.80
Employee & child(ren)	\$7.18	\$10.53
Family	\$9.96	\$14.62



NEW Hospital Indemnity Insurance

Wellfleet | www.wellfleetworkplace.com | 855-664-5838

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 Semi-Monthly Premiums

	Plan 1	Plan 2
Employee	\$6.15	\$11.57
Employee + Spouse	\$12.61	\$23.64
Employee + Child(ren)	\$8.68	\$16.24
Employee + Family	\$15.62	\$29.18





HOSPITAL INDEMNITY BENEFITS		
Core Hospitalization Benefits	HI Plan 1	HI Plan 2
Hospital		
Admission Benefit	\$1,000.00	\$2,000.00
Per year	1	1
Daily Confinement	\$100.00	\$200.00
Days	1 to 60	1 to 60
Intensive Care Unit		
Admission Benefit,	\$1,000.00	\$2,000.00
Per year	1	1
Daily Confinement	\$300.00	\$600.00
Days	1 to 30	1 to 30
Newborn		
Admission Benefit, 1 per newborn's lifetime	\$250.00	\$250.00
Confinement	\$50.00	\$50.00
Maximum number of days	3 days	3 days

If you are hospitalized for 30 continuous days, premium payments will be waived for up to 12 months.

Specialty Care Benefits	HI Plan 1	HI Plan 2
Inpatient Rehab Facility	\$100.00	\$100.00
Maximum per year	30 days	30 days
Lifetime maximum	90 days	90 days
Inpatient Mental & Nervous Disorder Facility	\$100.00	\$100.00
Maximum per year	30 days	30 days
Lifetime maximum	90 days	90 days
Inpatient Substance Abuse Facility	\$100.00	\$100.00
Maximum per year	30 days	30 days
Lifetime maximum	90 days	90 days

Semi-Monthly Rates

Plan	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Plan 1	\$6.15	\$12.61	\$8.68	\$15.62
Plan 2	\$11.57	\$23.64	\$16.24	\$29.18

Identity Theft Protection

ID Shield | www.legalshield.com | 512-740-3322

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.

Identity Theft Protection Semi-Monthly Premiums

Employee	\$4.48
Employee + Family	\$9.48

Legal Plan

Legal Shield | www.legalshield.com | 512-740-3322

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

Legal Plan Semi-Monthly Premiums

	Legal Shield	Legal Shield & ID Shield Combo
Employee	\$9.48	\$13.95
Employee + Family	\$9.48	\$16.95












HAVE YOU EVER?

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Needed your Will prepared or updated <input type="checkbox"/> Been overcharged for a repair or paid an unfair bill <input type="checkbox"/> Had trouble with a warranty or defective product <input type="checkbox"/> Signed a contract <input type="checkbox"/> Received a moving traffic violation <input type="checkbox"/> Had concerns regarding child support | <ul style="list-style-type: none"> <input type="checkbox"/> Worried about being a victim of Identity theft <input type="checkbox"/> Been concerned about your child's identity <input type="checkbox"/> Lost your wallet <input type="checkbox"/> Worried about entering personal information on-line <input type="checkbox"/> Feared the security of your medical information <input type="checkbox"/> Been pursued by a collection agency |
|--|---|

WHAT IS LEGALSHIELD?





LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll Advisory Solutions, the world's leading company in ID Theft consulting and restoration. We have safeguarded over 1 million members, provided more than 200,000 identity consultations, and helped restore nearly 10,000 individual identities.

THE LEGALSHIELD® MEMBERSHIP INCLUDES:

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

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children. An individual rate is available for those enrollees who are not married, do not have a domestic partner and do not have minor children or dependents. No family benefits are available to individual plan members. Ask your Independent Associate for details.

THE IDSHIELDSM MEMBERSHIP INCLUDES:

-  **Privacy Monitoring**
Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.
-  **Security Monitoring**
SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18.
-  **Consultation**
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.
-  **Full Service Restoration**
Complete identity recovery services by Kroll Licensed Private Investigators and our \$5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.

IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 8 dependents up to the age of 18

Semi-Monthly Premiums	Individual	Family
LegalShield	\$9.48	\$9.48
IDShield	\$4.98	\$9.48
Combined	\$13.95	\$16.95

For more information, please call your independent associate:
Jason Lavender
 512-740-3322
 jlavender@legalshieldassociate.com

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

Medical Transport

MASA | www.masaaccess.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.

Medical Transport Semi-Monthly Premiums

	Emergent Plus	Platinum
Employee	\$7.00	\$19.50
Employee + Family	\$7.00	\$19.50





EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DONOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.**

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



Any Ground. Any Air. Anywhere.™

OUR BENEFITS

Benefit *	Platinum \$39/Month	Emergent Plus \$14/Month	
Emergent Ground Transportation	U.S./Canada	U.S./Canada	
Emergent Air Transportation	U.S./Canada	U.S./Canada	
Non-Emergent Air Transportation	Worldwide	U.S./Canada	
Repatriation	Worldwide	U.S./Canada	
Escort Transportation	Worldwide		
Mortal Remains Transportation	Worldwide		
Visitor Transportation	BCA*		
Minor Children/Grandchildren Return	BCA*		
Vehicle Return	BCA*		
Pet Return	BCA*		
Organ Retrieval	U.S./Canada		
Organ Recipient Transportation	U.S./Canada		



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

* Please refer to the MSA for a detailed explanation of benefits and eligibility.

** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).

TeleHealth



Recuro | www.recurohealth.com | 855-673-2876

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!

TeleHealth Semi-Monthly Premiums

Employee	\$4.50
Employee + Family	\$4.50



Virtual Care

Getting Started

INTRODUCTION

Access board-certified physicians 24/7, 365 days a year for **you and your family for only \$4.50/ paycheck!** 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



Example Conditions Treated

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

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



457(b) Retirement Plan



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

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

Benefits

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

Contribution Limits

2026

\$24,500

Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$8,000.

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



457(b) RETIREMENT PLAN



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

PLAN HIGHLIGHTS

Multiple Investment Options

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

ROTH (After-Tax) Option

Loan availability (subject to balance)

Rollovers/Transfers

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

No Front-End or Deferred Sales Charges



ENROLL ONLINE

Go to www.tcgservices.com

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

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

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

Vast Learning Center located at
www.tcgservices.com

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

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

403(b) Retirement Plan

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

The 403(b) can be an excellent way to save money for retirement. It can serve as a supplement to a traditional pension plan or other retirement plan(s), or as a stand-alone plan. The 403(b) is a tax deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. The 403(b) is named after the section of the IRS code governing it.

How a 403(b) Works

Employees enroll and participate through their employer. Contributions to a 403(b) are made on a pre-tax basis through a Salary Reduction Agreement. This is an arrangement where the participating employee agrees to take a reduction in salary. The amount by which the salary is reduced is directed to investments offered through the employer and selected by the employee. These contributions are called elective deferrals and are excluded from the employee's taxable income. Contributions grow tax-deferred until the time of retirement when withdrawals are taxed as ordinary income.

Benefits

- Tax deferred growth: no annual taxation on earnings
- Investment options: fixed annuities, variable annuities, or mutual funds
- Competitive interest rates
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan.
- Receive periodic account statements

Contribution Limits

2026

\$24,500

Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$8,000.

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

COBRA

First Financial Administrators, Inc. | www.ffga.com | 800-523-8422, option 4
Bswift | <https://apps.bswift.com/TrsMain/HomePage.aspx> | 833-682-8972

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 Dental, Vision, and FSA.
Bswift provides COBRA administration services for Medical.

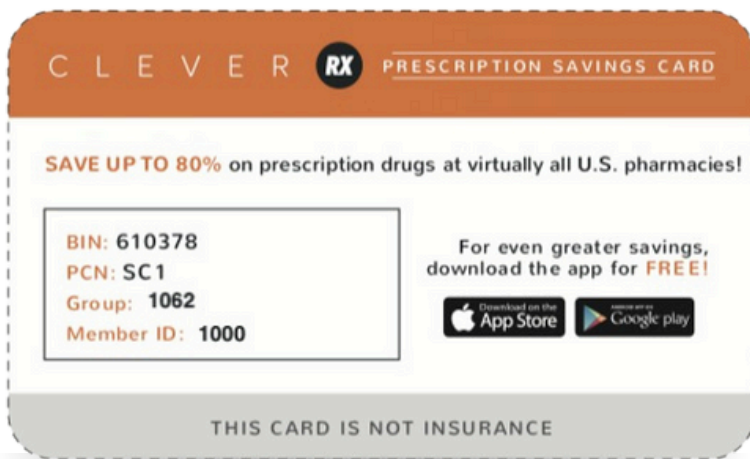


Clever RX

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!