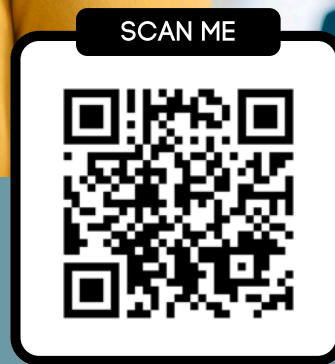
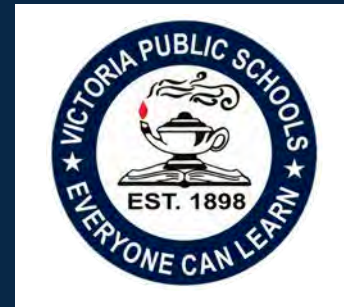


# VICTORIA ISD 2024-2025 BENEFITS GUIDE



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<https://ffbenefits.ffga.com/victoriaisd>  
Tracy Beck  
Employee Benefits Coordinator  
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# Employee Benefits Center

## A guide to your benefits!

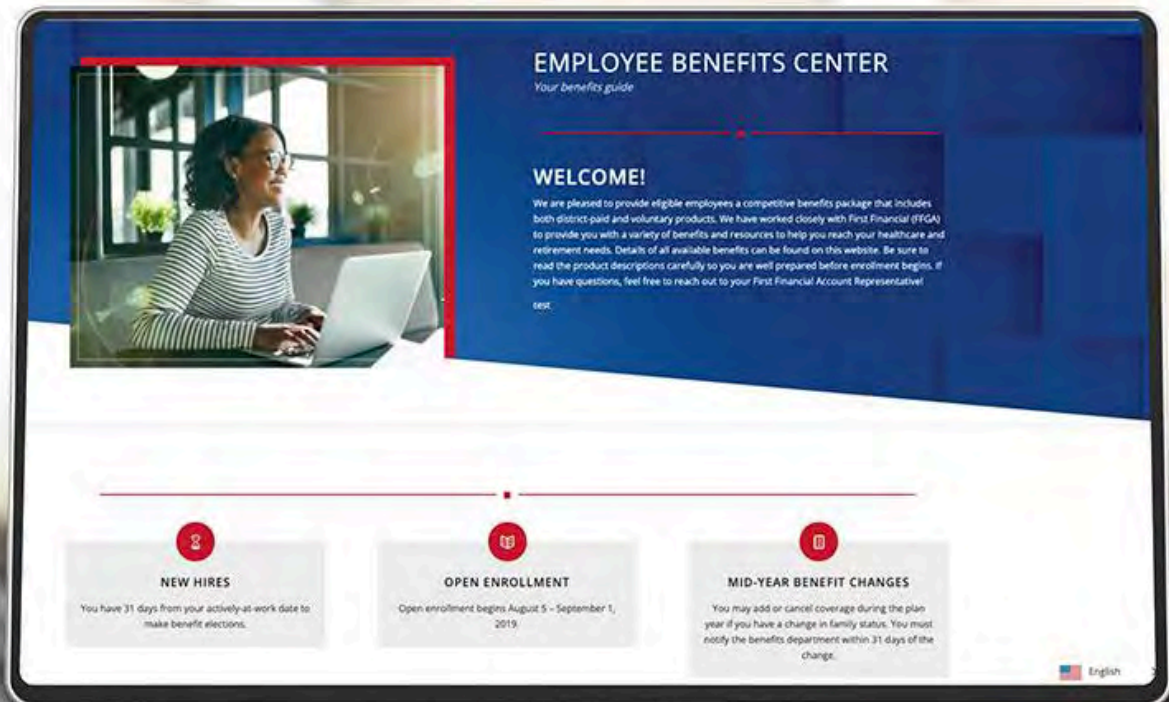
Victoria ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

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



# How to Enroll

## Benefits Enrollment

### On-Site Enrollment

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

### Online Enrollment

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

**Enroll Now**

#### Login

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

#### View Current Benefits

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

#### View/Add Dependents

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

#### Begin Elections

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

# Benefit Eligibility & Coverage

## Employee Coverage

### Eligibility

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

### New Employees

You have 31 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first day of the month that follows a waiting period of 30 calendar days.

### Existing Employees

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

### Mid-year Benefit Changes

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

### Qualifying Life Events Include:

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

### Declining Coverage

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

# Section 125 Plans

## Section 125 Plan Information & Rules

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

### Here's How It Works

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

### Is It Right For Me?

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

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

IRS specified changes in family status include:

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

Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Tax Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

**You could save \$70 per month in taxes by paying for your benefits on a pre-tax basis!**

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

# Medical Coverage

## TRS-ActiveCare



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

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

### TRS-ActiveCare Primary

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

### TRS-ActiveCare HD

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

### TRS-ActiveCare Primary +

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

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

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

### TRS-ActiveCare Plan Prescription Benefits

Express Scripts | <https://info.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.

*The only thing more reliable than a Gulf Coast sunset is your TRS-ActiveCare network.*



## TRS-ActiveCare Plan Highlights 2024-25



### Learn the Terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.



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



## How to Calculate Your Monthly Premium

- Total Monthly Premium
  - Your Employer Contribution
  - Your Premium
- Ask your Benefits Administrator for your district's specific premiums.

## Wellness Benefits at No Extra Cost\*

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

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

## Primary Plans & Mental Health

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

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

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

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$477	\$300	\$177	\$560	\$260	\$490	\$300	\$190
Employee and Spouse	\$1,288	\$300	\$988	\$1,456	\$1,156	\$1,223	\$300	\$1,023
Employee and Children	\$811	\$300	\$511	\$652	\$652	\$633	\$300	\$533
Employee and Family	\$1,622	\$300	\$1,322	\$1,848	\$1,548	\$1,666	\$300	\$1,366

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

Doctor Visits	Primary Care	Specialist
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

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

Prescription Drugs	Drug Deductible	Generics (31-Day Supply/90-Day Supply)	Preferred	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	\$15/\$45 copay	\$15/\$45 copay	\$15/\$45 copay	\$15/\$45 copay	\$15/\$45 copay
Preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 25% after deductible	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)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

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

Total Premium	Employer Contribution	Your Premium
\$1,013	\$300	\$713
\$2,402	\$300	\$2,102
\$1,507	\$300	\$1,207
\$2,841	\$300	\$2,541

In-Network	Out-of-Network
\$1,000/\$5,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$1,900/\$15,800	\$3,700/\$47,400
Nationwide Network	Nationwide Network

\$50 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

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

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

# Compare Prices for Common Medical Services

**REMEMBER:**

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

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

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

# Victoria Independent School District

• 102 Profit Drive • P. O. BOX 1759 • Victoria, Texas 77902 | 361-788-9228 • FAX 361-788-9252

## Risk Management – Employee Benefits

Effective 9/1/2024

### 2024-2025 TRS ActiveCare Medical Plan Rate Sheet

Plan Name	Coverage Tier	Full Monthly Premium	Victoria ISD Contribution	Your Monthly Deduction	Your Bi-Weekly 24-Pay Deduction	Your Bi-weekly 20-pay 18-Deduction
Primary (Physician Directed)	Employee Only	477.00	300.00	177.00	88.50	118.00
	Employee and Spouse	1,288.00	300.00	988.00	494.00	658.67
	Employee and Child	811.00	300.00	511.00	255.50	340.67
	Employee and Family	1,622.00	300.00	1,322.00	661.00	881.33

Primary + (Physician Directed)	Employee Only	560.00	300.00	260.00	130.00	173.33
	Employee and Spouse	1,456.00	300.00	1,156.00	578.00	770.67
	Employee and Child	952.00	300.00	652.00	326.00	434.67
	Employee and Family	1,848.00	300.00	1,548.00	774.00	1,032.00

TRS-HD	Employee Only	490.00	300.00	190.00	95.00	126.67
	Employee and Spouse	1,323.00	300.00	1,023.00	511.50	682.00
	Employee and Child	833.00	300.00	533.00	266.50	355.33
	Employee and Family	1,666.00	300.00	1,366.00	683.00	910.67

TRS-2 (Closed to new enrollees)	Employee Only	1,013.00	300.00	713.00	356.50	475.33
	Employee and Spouse	2,402.00	300.00	2,102.00	1,051.00	1,401.33
	Employee and Child	1,507.00	300.00	1,207.00	603.50	804.67
	Employee and Family	2,841.00	300.00	2,541.00	1,270.50	1,694.00

**2024-2025 Dental & Vision Plan Rate Sheet**

Plan Name	Coverage Tier	Full Monthly Premium	Victoria ISD Contribution	Your Monthly Deduction	Your Bi-Weekly 24-Pay Deduction	Your Bi-weekly 20-pay 18-Deduction
Dental	Employee Only	24.48	-	24.48	12.24	16.32
	Employee and Spouse	48.84	-	48.84	24.42	32.56
	Employee and Child	64.48	-	64.48	32.24	42.99
	Employee and Family	80.44	-	80.44	40.22	53.63

Vision	Employee Only	6.10	-	6.10	3.05	4.07
	Employee and Spouse	12.18	-	12.18	6.09	8.12
	Employee and Child	11.56	-	11.56	5.78	7.71
	Employee and Family	18.15	-	18.15	9.08	12.10

# Dental Insurance

## Plan Choices



Ameritas | [www.ameritas.com](http://www.ameritas.com) | 800-487-5553

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

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

Dental Monthly Premiums	
Employee Only	\$24.88
Employee + Spouse	\$48.84
Employee + Children	\$64.48
Employee + Family	\$80.44

**Dental Plan Summary**

**Effective Date: 9/1/2024**

<b>Plan Benefit</b>	
<b>Type 1</b>	100%
<b>Type 2</b>	60-70-80%
<b>Type 3</b>	40%
<b>Deductible</b>	\$100/Calendar Year Type 2 & 3 Waived Type 1
<b>Maximum (per person)</b>	No Family Maximum \$1,000 per calendar year
<b>Allowance</b>	U&C
<b>Dental Rewards®</b>	Included
<b>Waiting Period</b>	None
<b>Annual Eye Exam</b>	None
<b>Annual Open Enrollment</b>	Included

**Orthodontia Summary - Child Only Coverage**

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,500
<b>Waiting Period</b>	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>• Routine Exam (2 per benefit period)</li> <li>• Bitewing X-rays (2 per benefit period)</li> <li>• Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>• Cleaning (2 per benefit period)</li> <li>• Fluoride for Children 18 and under (1 per benefit period)</li> <li>• Sealants (age 15 and under)</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Periapical X-rays</li> <li>• Restorative Amalgams</li> <li>• Restorative Composites (anterior and posterior teeth)</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Crown Repair</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Denture Repair</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

**Monthly Rates**

<b>Employee Only (EE)</b>	\$24.88
<b>EE + Spouse</b>	\$48.84
<b>EE + Children</b>	\$64.48
<b>EE + Spouse &amp; Children</b>	\$80.44

**Ameritas Information**

**We're Here to Help:** Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritas.com](http://ameritas.com).

**Dental Health Scorecard**

You can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to [ameritas.com](http://ameritas.com), click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

**Rx Savings**

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

# Vision Insurance

Superior Vision | [www.superiorvision.com](http://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 Monthly Premium

Employee Only	\$6.10
Employee + Spouse	\$12.18
Employee + Children	\$11.56
Employee + Family	\$18.15



## Vision Care Plan for Victoria ISD

Benefits through Superior National network

### Frequency

Exam	12 months
Frame	12 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 fitting<sup>2</sup>  
(standard and specialty):

**\$25**

Specialty In-network allowance:

**\$50**



### Frames

In-network allowance:

**\$130**



### Materials<sup>1</sup>

Materials copay:

**\$20**



### Contacts<sup>4</sup> in lieu of glasses

In-network allowance:

**\$150**

### Monthly Premiums

Employee only:	\$6.10
Employee + spouse:	\$12.18
Employee + child(ren):	\$11.56
Employee + family:	\$18.15

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 <sup>3</sup>	Up to \$50
Factory scratch coat	Covered-in-full	Not covered

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



Lens Add-On Discounts <sup>5</sup>	Your Cost
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 <sup>5</sup>	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 <sup>5</sup>	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 \$42
Frame	Up to \$52
Contact lens fitting (standard / specialty) <sup>2</sup>	Not covered
Contact lenses	Up to \$100



### LASIK Discounts<sup>5</sup>

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit [superiorvision.com](https://www.superiorvision.com) or contact your benefits coordinator.



### Hearing Aid Discounts<sup>5</sup>

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit [superiorvision.com](https://www.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 Accounts

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

## Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$640 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$640 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$640 will be forfeited under the use-it-or-lose-it rule.

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

### Medical FSA Highlights

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

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

## Dependent Care FSA

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

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

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

### Dependent Care FSA Highlights

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

# Health Savings Account

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

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

## Health Savings Account Highlights

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

## Who Can Participate in an HSA?

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

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

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

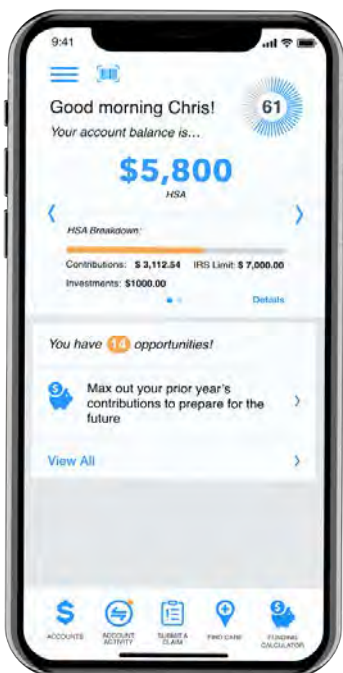
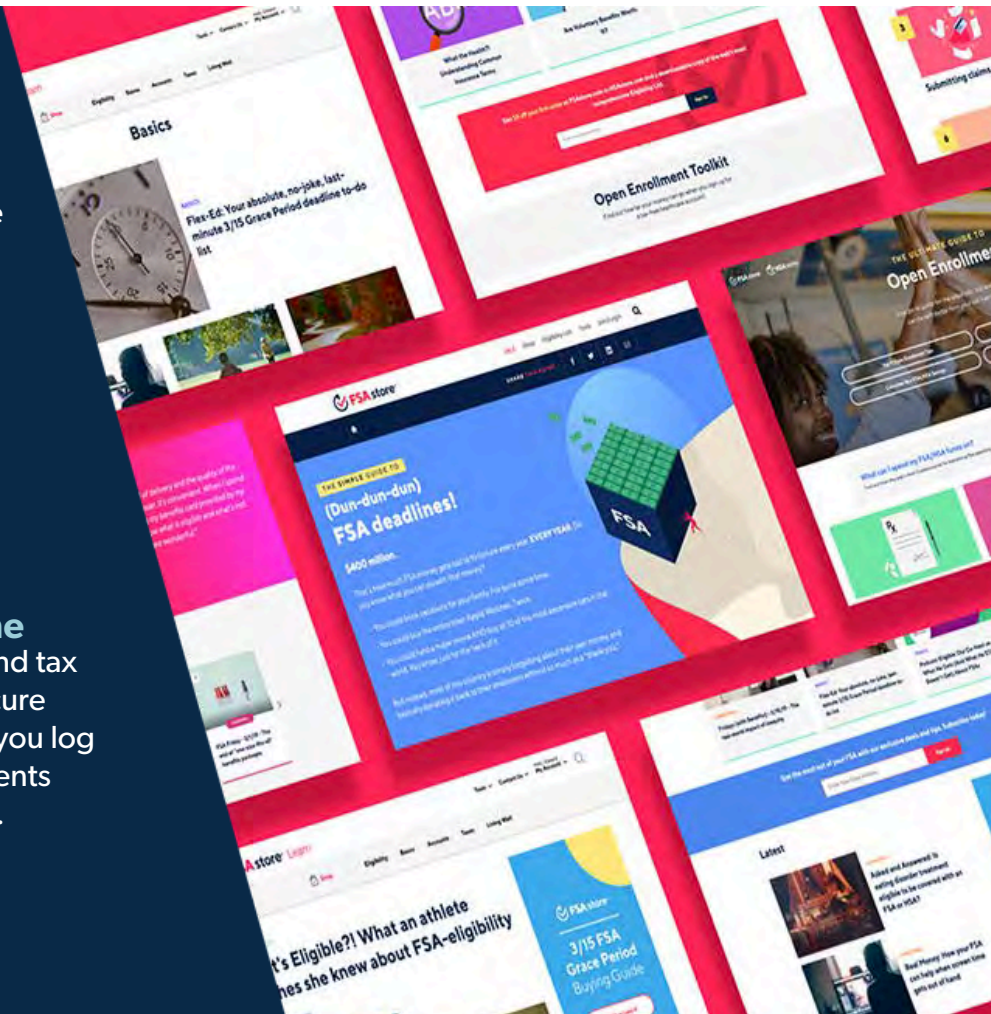
# FSA & HSA Resources

## Benefits Card

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

## View Your Account Details Online

Sign up to view your account balance, find tax forms and check claims status on our secure website. Log in at [www.ffga.com](http://www.ffga.com). After you log in, you may sign up to have reimbursements directly deposited to your bank account.



## FF Mobile Account App

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

## FSA/HSA Store

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



# Group Term Life

## Employer-Paid & Voluntary

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

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

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$25,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

### Voluntary Term Life Insurance

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



# Texas Life

## Permanent Life



Texas Life | [www.texaslife.com](http://www.texaslife.com) | 800-283-9233

### **Texas Life Insurance - Permanent, Portable Life Insurance**

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

### **Texas Life - Permanent Life Highlights**

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

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

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

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

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

Indicates Spouse Coverage Available

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

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

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

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

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

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

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

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

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

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

**Indicates Spouse Coverage Available**



**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
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		6.53	11.93	17.33	22.73	33.53	44.33	55.13	65.93	75
21-22		6.67	12.20	17.74	23.28	34.35	45.43	56.50	67.58	74
23		6.80	12.48	18.15	23.83	35.18	46.53	57.88	69.23	75
24-25		6.94	12.75	18.57	24.38	36.00	47.63	59.25	70.88	74
26		7.22	13.30	19.39	25.48	37.65	49.83	62.00	74.18	75
27-28		7.35	13.58	19.80	26.03	38.48	50.93	63.38	75.83	74
29		7.49	13.85	20.22	26.58	39.30	52.03	64.75	77.48	74
30-31		7.63	14.13	20.63	27.13	40.13	53.13	66.13	79.13	73
32		8.04	14.95	21.87	28.78	42.60	56.43	70.25	84.08	74
33		8.32	15.50	22.69	29.88	44.25	58.63	73.00	87.38	74
34		8.73	16.33	23.93	31.53	46.73	61.93	77.13	92.33	75
35		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	76
36		9.55	17.98	26.40	34.83	51.68	68.53	85.38	102.23	76
37		9.97	18.80	27.64	36.48	54.15	71.83	89.50	107.18	77
38		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	77
39		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	78
40	5.38	11.75	22.38	33.00	43.63	64.88	86.13	107.38	128.63	79
41	5.76	12.72	24.30	35.89	47.48	70.65	93.83	117.00	140.18	80
42	6.20	13.82	26.50	39.19	51.88	77.25	102.63	128.00	153.38	81
43	6.59	14.78	28.43	42.08	55.73	83.03	110.33	137.63	164.93	82
44	6.97	15.74	30.35	44.97	59.58	88.80	118.03	147.25	176.48	83
45	7.36	16.70	32.28	47.85	63.43	94.58	125.73	156.88	188.03	83
46	7.80	17.80	34.48	51.15	67.83	101.18	134.53	167.88	201.23	84
47	8.18	18.77	36.40	54.04	71.68	106.95	142.23	177.50	212.78	84
48	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	85
49	9.06	20.97	40.80	60.64	80.48	120.15	159.83	199.50	239.18	85
50	9.61	22.34	43.55	64.77	85.98					86
51	10.27	23.99	46.85	69.72	92.58					87
52	10.99	25.78	50.43	75.08	99.73					88
53	11.54	27.15	53.18	79.20	105.23					88
54	12.09	28.53	55.93	83.33	110.73					88
55	12.69	30.04	58.95	87.87	116.78					89
56	13.24	31.42	61.70	91.99	122.28					89
57	13.90	33.07	65.00	96.94	128.88					89
58	14.51	34.58	68.03	101.48	134.93					89
59	15.17	36.23	71.33	106.43	141.53					89
60	15.59	37.29	73.45	109.62	145.78					90
61	16.31	39.08	77.03	114.98	152.93					90
62	17.19	41.28	81.43	121.58	161.73					90
63	18.07	43.48	85.83	128.18	170.53					90
64	19.00	45.82	90.50	135.19	179.88					90
65	20.05	48.43	95.73	143.03	190.33					90
66	21.20									90
67	22.47									91
68	23.84									91
69	25.22									91
70	26.65									91

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

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	4.63	8.13	81
2-4	4.75	8.38	80
5-8	4.88	8.63	79
9-10	5.00	8.88	79
11-16	5.13	9.13	77
17-20	6.13	11.13	75
21-22	6.25	11.38	74
23	6.38	11.63	75
24-25	6.50	11.88	74
26	6.75	12.38	75

Indicates Spouse Coverage Available

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

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

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	71
21-22		9.69	18.25	26.82	35.38	52.50	69.63	86.75	103.88	71
23		10.10	19.08	28.05	37.03	54.98	72.93	90.88	108.83	72
24-25		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	71
26		10.65	20.18	29.70	39.23	58.28	77.33	96.38	115.43	72
27-28		10.93	20.73	30.53	40.33	59.93	79.53	99.13	118.73	71
29		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	71
30-31		12.44	23.75	35.07	46.38	69.00	91.63	114.25	136.88	72
32		12.85	24.58	36.30	48.03	71.48	94.93	118.38	141.83	72
33		12.99	24.85	36.72	48.58	72.30	96.03	119.75	143.48	72
34		13.13	25.13	37.13	49.13	73.13	97.13	121.13	145.13	71
35		14.09	27.05	40.02	52.98	78.90	104.83	130.75	156.68	72
36		14.50	27.88	41.25	54.63	81.38	108.13	134.88	161.63	72
37		15.47	29.80	44.14	58.48	87.15	115.83	144.50	173.18	73
38		15.88	30.63	45.38	60.13	89.63	119.13	148.63	178.13	73
39		16.98	32.83	48.68	64.53	96.23	127.93	159.63	191.33	74
40	8.07	18.49	35.85	53.22	70.58	105.30	140.03	174.75	209.48	76
41	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	77
42	9.17	21.24	41.35	61.47	81.58	121.80	162.03	202.25	242.48	78
43	9.94	23.17	45.20	67.24	89.28	133.35	177.43	221.50	265.58	80
44	10.33	24.13	47.13	70.13	93.13	139.13	185.13	231.13	277.13	80
45	10.88	25.50	49.88	74.25	98.63	147.38	196.13	244.88	293.63	81
46	11.32	26.60	52.08	77.55	103.03	153.98	204.93	255.88	306.83	81
47	11.87	27.98	54.83	81.68	108.53	162.23	215.93	269.63	323.33	82
48	12.36	29.22	57.30	85.39	113.48	169.65	225.83	282.00	338.18	82
49	13.08	31.00	60.88	90.75	120.63	180.38	240.13	299.88	359.63	83
50	13.68	32.52	63.90	95.29	126.68					83
51	14.29	34.03	66.93	99.83	132.73					83
52	15.17	36.23	71.33	106.43	141.53					84
53	15.94	38.15	75.18	112.20	149.23					85
54	16.65	39.94	78.75	117.57	156.38					85
55	17.42	41.87	82.60	123.34	164.08					85
56	18.30	44.07	87.00	129.94	172.88					85
57	19.18	46.27	91.40	136.54	181.68					86
58	20.12	48.60	96.08	143.55	191.03					86
59	21.05	50.94	100.75	150.57	200.38					86
60	21.64	52.42	103.70	154.99	206.28					86
61	22.91	55.58	110.03	164.48	218.93					86
62	24.12	58.60	116.08	173.55	231.03					87
63	25.33	61.63	122.13	182.63	243.13					87
64	26.54	64.65	128.18	191.70	255.23					87
65	27.86	67.95	134.78	201.60	268.43					87
66	29.29									88
67	30.83									88
68	32.42									88
69	34.13									88
70	35.94									89

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

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

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

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

**Indicates Spouse Coverage Available**

# Individual Term Life



Cincinnati Life | [www.cinfin.com](http://www.cinfin.com) | 888-242-8811

Life is precious. We take steps to insure our cars and homes but tend to fall short when it comes to insuring ourselves. A life insurance policy, combined with accidental death and dismemberment coverage, or AD&D, gives you comprehensive coverage so that you have peace of mind knowing your loved ones will be taken care of in the event of your death.

## Life & AD&D Highlights

- Offers protection in the event you should die due to either natural causes or an accident.
- Benefits will be paid to the beneficiaries declared on your application.
- Covers a specific term for a predetermined benefit amount.
- Coverage would cease should employment end. However, you may be able to convert your plan to an individual policy within a certain number of days within you leaving employment.

Voluntary Payroll Deduction Insurance

# PAYROLL DEDUCTION TERM LIFE INSURANCE

Policy Form CLI-157 - Term 10 and 20 Life Insurance



Everything Insurance Should Be®

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[cinfin.com](http://cinfin.com)

## Voluntary Payroll Deduction

# EASY ACCESS TO LIFE INSURANCE



## EASY ACCESS TO LIFE INSURANCE

As an employee, you can purchase life insurance for yourself, your spouse, dependents and grandchildren at the cost and amount of coverage you choose through our simple and flexible payroll deduction program.

### Guarantees for you and your family

Guaranteed issue offers coverage to you and your immediate family without a medical exam or questions.

#### Employee guarantee

Purchase any combination of term or whole life insurance with amounts up to:

- Ages 18-50: \$100,000
- Ages 51-60: \$75,000
- Ages 61-70: \$25,000

#### Spouse guarantee\*

Ages 18-60, purchase amounts up to:

- \$15,000 – Whole life products
- \$25,000 – Any combination of whole life or term products; requires employee to purchase policy on themselves

#### Children guarantee\*\*

- Ages 15 days-25 years, purchase up to \$10,000 of whole life products
- Ages 18-25, purchase up to \$25,000 of term products

\* Spouse must be working at least 20 hours per week outside the home.

\*\* Dependents ages 18-25 years must be full-time students, unmarried and not in the military.

### Simplified insurance for family members

Simplified issue considers life insurance eligibility based on answers to a few health-related questions and is available for grandchildren and amounts above guaranteed issue limits.

### Continuous coverage at locked-in rates

These policies belong to you, so even if you no longer work for your present employer, you can continue the policies simply by continuing to pay your premiums.



Everything Insurance Should Be®

This is not a policy. For a complete statement of the coverages and exclusions, please see the policy contract. All applicants are subject to eligibility requirements. Products available in most states.

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**TERM 10 — NONSMOKER — MONTHLY**

Level Amounts of Insurance  
 Monthly Premium  
 Policy Form CLI-157



Age at contract date	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
18		\$ 10.12	\$ 18.17	\$ 26.21	\$ 34.25
19		10.12	18.17	26.21	34.25
20		10.12	18.17	26.21	34.25
21		10.12	18.17	26.21	34.25
22		10.12	18.17	26.21	34.25
23		10.12	18.17	26.21	34.25
24		10.12	18.17	26.21	34.25
25		10.12	18.17	26.21	34.25
26		10.12	18.17	26.21	34.25
27		10.12	18.17	26.21	34.25
28		10.12	18.17	26.21	34.25
29		10.12	18.17	26.21	34.25
30		10.12	18.17	26.21	34.25
31		10.19	18.29	26.39	34.50
32		10.25	18.42	26.58	34.75
33		10.29	18.50	26.71	34.92
34		10.35	18.62	26.89	35.17
35		10.42	18.75	27.08	35.42
36		10.77	19.46	28.14	36.83
37		11.12	20.17	29.21	38.25
38		11.50	20.92	30.33	39.75
39		11.90	21.71	31.52	41.33
40		12.31	22.54	32.77	43.00
41		13.02	23.96	34.89	45.83
42		13.77	25.46	37.14	48.83
43		14.56	27.04	39.52	52.00
44		15.42	28.75	42.08	55.41
45		16.33	30.58	44.83	59.08
46		16.98	31.87	46.77	61.66
47		17.67	33.25	48.83	64.41
48		18.37	34.67	50.96	67.25
49		19.12	36.17	53.21	70.25
50	\$ 9.21	19.90	37.71	55.52	73.33
51	9.76	21.27	40.46	59.64	78.83
52	10.35	22.75	43.41	64.08	84.75
53	10.99	24.35	46.62	68.89	91.16
54	11.67	26.06	50.04	74.02	98.00
55	12.42	27.92	53.75	79.58	105.41
56	13.40	30.37	58.66	86.95	115.25
57	14.47	33.04	64.00	94.95	125.91
58	15.64	35.98	69.87	103.77	137.66
59	16.92	39.19	76.29	113.39	150.49
60	18.33	42.71	83.33	123.95	164.58
61	20.07	47.04	92.00	136.95	181.91
62	21.99	51.85	101.62	151.39	201.16
63	24.12	57.16	112.25	167.33	222.41
64	26.47	63.06	124.04	185.01	245.99
65	29.08	69.58	137.08	204.58	272.07
66	32.27	77.56	153.04	228.51	303.99
67	35.85	86.50	170.91	255.32	339.74
68	39.84	96.48	190.87	285.26	379.65
69	44.31	107.64	213.20	318.76	424.32
70	49.31	120.14	238.20	356.26	474.31



**TERM 10 – SMOKER – MONTHLY**

Level Amounts of Insurance  
 Monthly Premium  
 Policy Form CLI-157

Age at contract date	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
18		\$ 12.42	\$ 22.75	\$ 33.08	\$ 43.41
19		12.42	22.75	33.08	43.41
20		12.42	22.75	33.08	43.41
21		12.44	22.79	33.14	43.50
22		12.46	22.83	33.21	43.58
23		12.48	22.87	33.27	43.66
24		12.50	22.92	33.33	43.75
25		12.52	22.96	33.39	43.83
26		12.52	22.96	33.39	43.83
27		12.52	22.96	33.39	43.83
28		12.52	22.96	33.39	43.83
29		12.52	22.96	33.39	43.83
30		12.52	22.96	33.39	43.83
31		13.00	23.92	34.83	45.75
32		13.52	24.96	36.39	47.83
33		14.06	26.04	38.02	50.00
34		14.62	27.17	39.71	52.25
35		15.21	28.33	41.46	54.58
36		16.06	30.04	44.02	58.00
37		16.98	31.87	46.77	61.66
38		17.94	33.79	49.64	65.50
39		18.98	35.87	52.77	69.66
40		20.08	38.08	56.08	74.08
41		21.58	41.08	60.58	80.08
42		23.19	44.29	65.39	86.50
43		24.94	47.79	70.64	93.50
44		26.83	51.58	76.33	101.08
45		28.89	55.71	82.52	109.33
46		30.79	59.50	88.20	116.91
47		32.81	63.54	94.27	125.00
48		34.98	67.87	100.77	133.66
49		37.31	72.54	107.77	142.99
50	\$ 17.17	39.79	77.50	115.20	152.91
51	18.54	43.23	84.37	125.52	166.66
52	20.04	46.98	91.87	136.77	181.66
53	21.68	51.08	100.08	149.08	198.08
54	23.47	55.54	109.00	162.45	215.91
55	25.42	60.41	118.75	177.08	235.41
56	27.82	66.43	130.79	195.14	259.49
57	30.48	73.08	144.08	215.07	286.07
58	33.41	80.39	158.70	237.01	315.32
59	36.64	88.48	174.87	261.26	347.65
60	40.21	97.39	192.70	288.01	383.32
61	44.39	107.85	213.62	319.38	425.15
62	49.03	119.45	236.82	354.19	471.56
63	54.18	132.33	262.57	392.82	523.06
64	59.91	146.64	291.20	435.75	580.31
65	66.25	162.49	322.90	483.31	643.72
66	73.22	179.93	357.78	535.62	713.47
67	80.96	199.26	396.44	593.62	790.80
68	89.53	220.70	439.32	657.93	876.55
69	99.04	244.47	486.86	729.24	971.63
70	109.58	270.82	539.56	808.30	1,077.04



# TERM 20 – NONSMOKER – MONTHLY

Level Amounts of Insurance

Monthly Premium

Policy Form CLI-157

Age at contract date	\$25,000	\$50,000	\$75,000	\$100,000
18	\$ 9.31	\$ 16.54	\$ 23.77	\$ 31.00
19	9.31	16.54	23.77	31.00
20	9.31	16.54	23.77	31.00
21	9.31	16.54	23.77	31.00
22	9.31	16.54	23.77	31.00
23	9.31	16.54	23.77	31.00
24	9.31	16.54	23.77	31.00
25	9.31	16.54	23.77	31.00
26	9.31	16.54	23.77	31.00
27	9.31	16.54	23.77	31.00
28	9.31	16.54	23.77	31.00
29	9.31	16.54	23.77	31.00
30	9.31	16.54	23.77	31.00
31	9.40	16.71	24.02	31.33
32	9.48	16.87	24.27	31.67
33	9.56	17.04	24.52	32.00
34	9.67	17.25	24.83	32.42
35	9.75	17.42	25.08	32.75
36	10.17	18.25	26.33	34.42
37	10.60	19.12	27.64	36.17
38	11.06	20.04	29.02	38.00
39	11.54	21.00	30.46	39.92
40	12.04	22.00	31.96	41.91
41	12.75	23.42	34.08	44.75
42	13.48	24.87	36.27	47.66
43	14.29	26.50	38.71	50.91
44	15.15	28.21	41.27	54.33
45	16.06	30.04	44.02	58.00
46	17.12	32.17	47.21	62.25
47	18.27	34.46	50.64	66.83
48	19.48	36.87	54.27	71.66
49	20.81	39.54	58.27	77.00
50	22.23	42.37	62.52	82.66
51	24.23	46.37	68.52	90.66
52	26.42	50.75	75.08	99.41
53	28.81	55.54	82.27	109.00
54	31.46	60.83	90.20	119.58
55	34.37	66.66	98.95	131.24
56	37.46	72.83	108.20	143.58
57	40.83	79.58	118.33	157.08
58	44.54	87.00	129.45	171.91
59	48.58	95.08	141.58	188.08
60	53.02	103.95	154.89	205.83





# TERM 20 – SMOKER – MONTHLY

Level Amounts of Insurance

Monthly Premium

Policy Form CLI-157

Age at contract date	\$25,000	\$50,000	\$75,000	\$100,000
18	\$ 11.23	\$ 20.37	\$ 29.52	\$ 38.67
19	11.23	20.37	29.52	38.67
20	11.23	20.37	29.52	38.67
21	11.27	20.46	29.64	38.83
22	11.31	20.54	29.77	39.00
23	11.37	20.67	29.96	39.25
24	11.42	20.75	30.08	39.42
25	11.46	20.83	30.21	39.58
26	11.46	20.83	30.21	39.58
27	11.46	20.83	30.21	39.58
28	11.46	20.83	30.21	39.58
29	11.46	20.83	30.21	39.58
30	11.46	20.83	30.21	39.58
31	12.12	22.17	32.21	42.25
32	12.85	23.62	34.39	45.16
33	13.62	25.17	36.71	48.25
34	14.46	26.83	39.21	51.58
35	15.35	28.62	41.89	55.16
36	16.31	30.54	44.77	59.00
37	17.35	32.62	47.89	63.16
38	18.46	34.83	51.21	67.58
39	19.65	37.21	54.77	72.33
40	20.92	39.75	58.58	77.41
41	22.56	43.04	63.52	84.00
42	24.33	46.58	68.83	91.08
43	26.29	50.50	74.71	98.91
44	28.39	54.71	81.02	107.33
45	30.69	59.29	87.89	116.50
46	33.27	64.46	95.64	126.83
47	36.06	70.04	104.02	137.99
48	39.12	76.16	113.20	150.24
49	42.46	82.83	123.20	163.58
50	46.10	90.12	134.14	178.16
51	50.23	98.37	146.51	194.66
52	54.77	107.45	160.14	212.82
53	59.71	117.33	174.95	232.57
54	65.12	128.16	191.20	254.24
55	71.04	139.99	208.95	277.91
56	77.85	153.62	229.39	305.15
57	85.33	168.58	251.82	335.07
58	93.54	184.99	276.45	367.90
59	102.58	203.08	303.57	404.07
60	112.50	222.91	333.32	443.73

# Critical Illness Insurance

Aflac | [www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com) | 800-433-3036

## Prepare For the Unexpected

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

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

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



# Group Critical Illness Insurance

## Plan Description

The Aflac Group Critical Illness Plan provides cash benefits when an insured person is diagnosed with a covered critical illness-and these benefits are paid directly to your employees (unless otherwise assigned). The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. It is also H.S.A.-compatible.

### Features and Plan Provisions (specific benefit provisions may vary by situs state)

<b>Benefit Amounts</b>	See Premium Rates and Plan Benefits for available options
<b>Spouse Coverage</b>	Up to 100% of the face amount elected by the employee
<b>Child Coverage</b>	Up to 50% of the face amount elected by the employee
<b>Guaranteed Issue Amounts</b>	<b>Employee:</b> Up to \$50,000 <b>Spouse:</b> Up to \$50,000 <b>Participation Requirement:</b> 0%
<b>Requirement for Group Billing</b>	To establish group billing, 25 distinct individuals must be paying premiums
<b>Payment Method</b>	Payroll Deducted
<b>Pre-existing Condition Exclusion</b>	None
<b>Waiting Period</b>	There is no waiting period
<b>Benefit Reductions</b>	No reduction at any age
<b>Rate Guarantee</b>	3 Year(s)
<b>Portability/Continuation</b>	Evergreen
<b>Rate Type</b>	Issue Age
<b>Eligibility</b>	<b>Work Week Hours:</b> Employee must work at least 16 hours per week <b>Length of Employment:</b> No minimum requirement; set by employer
<b>Waiver of Premium</b>	After 90 days of total disability for an employee due to a covered critical illness, we will fully waive all premiums for the duration specified in the certificate
<b>Successor Insured Waiver of Premium</b>	Not Included
<b>Separation Period - Additional Diagnosis/ Reoccurrence</b>	<b>Additional Diagnosis:</b> 6 consecutive months <b>Reoccurrence:</b> 6 consecutive months
<b>Successor Insured</b>	Included
<b>Issue Ages</b>	<b>Employee:</b> 18+ <b>Spouse:</b> 18+ <b>Children:</b> Under age 26
<b>Termination Age</b>	None
<b>Certificate Effective Date</b>	Coverage is effective on the billing effective date

# Group Critical Illness Insurance

## Premium Rates

### Employee Non-Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.76	\$7.52	\$11.28	\$15.04	\$18.80	\$22.56	\$26.32	\$30.08	\$33.84	\$37.60
30-39	\$5.78	\$11.57	\$17.35	\$23.14	\$28.92	\$34.71	\$40.49	\$46.28	\$52.06	\$57.85
40-49	\$9.83	\$19.67	\$29.50	\$39.33	\$49.16	\$59.00	\$68.83	\$78.66	\$88.50	\$98.33
50-59	\$16.03	\$32.06	\$48.10	\$64.13	\$80.16	\$96.19	\$112.23	\$128.26	\$144.29	\$160.32
60+	\$28.11	\$56.22	\$84.34	\$112.45	\$140.56	\$168.67	\$196.78	\$224.90	\$253.01	\$281.12

### Spouse Non-Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.76	\$7.52	\$11.28	\$15.04	\$18.80	\$22.56	\$26.32	\$30.08	\$33.84	\$37.60
30-39	\$5.78	\$11.57	\$17.35	\$23.14	\$28.92	\$34.71	\$40.49	\$46.28	\$52.06	\$57.85
40-49	\$9.83	\$19.67	\$29.50	\$39.33	\$49.16	\$59.00	\$68.83	\$78.66	\$88.50	\$98.33
50-59	\$16.03	\$32.06	\$48.10	\$64.13	\$80.16	\$96.19	\$112.23	\$128.26	\$144.29	\$160.32
60+	\$28.11	\$56.22	\$84.34	\$112.45	\$140.56	\$168.67	\$196.78	\$224.90	\$253.01	\$281.12

### Employee Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.54	\$9.08	\$13.63	\$18.17	\$22.71	\$27.25	\$31.79	\$36.34	\$40.88	\$45.42
30-39	\$8.29	\$16.59	\$24.88	\$33.18	\$41.47	\$49.77	\$58.06	\$66.35	\$74.65	\$82.94
40-49	\$15.47	\$30.94	\$46.41	\$61.88	\$77.35	\$92.82	\$108.29	\$123.76	\$139.23	\$154.70
50-59	\$28.50	\$57.00	\$85.50	\$114.00	\$142.50	\$171.00	\$199.50	\$228.00	\$256.50	\$285.00
60+	\$49.79	\$99.57	\$149.36	\$199.15	\$248.94	\$298.72	\$348.51	\$398.30	\$448.08	\$497.87

### Spouse Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.54	\$9.08	\$13.63	\$18.17	\$22.71	\$27.25	\$31.79	\$36.34	\$40.88	\$45.42
30-39	\$8.29	\$16.59	\$24.88	\$33.18	\$41.47	\$49.77	\$58.06	\$66.35	\$74.65	\$82.94
40-49	\$15.47	\$30.94	\$46.41	\$61.88	\$77.35	\$92.82	\$108.29	\$123.76	\$139.23	\$154.70
50-59	\$28.50	\$57.00	\$85.50	\$114.00	\$142.50	\$171.00	\$199.50	\$228.00	\$256.50	\$285.00
60+	\$49.79	\$99.57	\$149.36	\$199.15	\$248.94	\$298.72	\$348.51	\$398.30	\$448.08	\$497.87

# Disability Insurance

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

## Why Do I Need Disability Insurance?

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

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

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





## Focus on Recovery, Not Expenses

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

### Plan Highlights



#### Benefits are Payable Directly to You

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



#### Customized to Meet Your Individual Needs

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



#### Return-to-Work Benefit

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

### Choose the Right Plan for You

#### BENEFITS BEGIN

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



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



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



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



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

## AF™ Long-Term Disability Income Insurance

Texas Schools

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**AMERICAN FIDELITY**  
a different opinion

EMPLOYER BENEFIT SOLUTIONS  
FOR YOUR INDUSTRY

# Benefit Policy Schedule

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

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

# Benefit Policy Schedule (continued)

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

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



# Plan Benefit Highlights

## Maximum Benefit Period

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

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

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

## Social Security Filing Assistance

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

## When Coverage Begins

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

## Hospital Confinement Benefit

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

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

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

## Survivor Benefit

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

## Waiver of Premium

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

## Donor Benefit

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

## Offsets With Other Sources of Income

Deductible Sources of Income include:

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

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



## Minimum Disability Benefit

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

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

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

## Return To Work Incentives: Disabled and Working

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

- **Worksite Accommodation**

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

## Mental Illness Limited Benefit

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

## Alcoholism and Drug Addiction Limited Benefit

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

## Special Conditions Limited Benefit

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

## Pre-Existing Condition Limitation

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

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

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

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

# Hospital Indemnity Insurance

Aflac | [www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com) | 800-433-3036

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

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

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



# Group Hospital Indemnity Insurance

## Plan Description

The Aflac Group Hospital Indemnity Plan provides cash benefits **directly to your employees** (unless otherwise assigned) that help pay for some of the costs - medical and nonmedical - associated with a covered hospital stay due to a sickness or accidental injury.

### Features and Plan Provisions (specific benefit provisions may vary by situs state)

<b>Benefit Amounts</b>	See Premium Rates and Plan Benefits for available options
<b>Coverage</b>	Available for all family members Spouse-only and Child-only coverage is not available
<b>Guaranteed Issue Amounts</b>	Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first anniversary, late enrollees are eligible to enroll on a guaranteed-issue basis.
<b>Enrollment Assumptions</b>	Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.
<b>Requirement for Group Billing</b>	To establish group billing, 25 distinct individuals must be paying premiums
<b>Payment Method</b>	Payroll Deducted
<b>Pre-existing Condition Exclusion</b>	None
<b>Pregnancy Limitation</b>	None
<b>Waiting Period</b>	There is no waiting period
<b>Benefit Reductions</b>	No reduction at any age
<b>Rate Guarantee</b>	3 Years
<b>Portability/Continuation</b>	2019 Portability
<b>Eligibility</b>	Employees must be actively-at-work on the application date and the effective date. They must work at least 16 hours per week. Seasonal and temporary employees are not eligible. Dependents are eligible, but only if the employee is eligible and participates.
<b>Successor Insured</b>	Included
<b>Successor Insured Waiver of Premium</b>	Not Included
<b>Issue Ages</b>	<b>Employee:</b> 18+ <b>Spouse:</b> 18+ <b>Children:</b> Under age 26
<b>Termination Age</b>	None
<b>Certificate Effective Date</b>	Coverage is effective on the billing effective date

# Group Hospital Indemnity Insurance

## Plan Benefits

*(Benefit provisions may vary by situs state)*

### Hospitalization Benefits - High (Custom)

<b>Hospital Admission (per confinement)</b> Once per covered sickness or accident per calendar year	<b>\$2,000</b>
<b>Hospital Confinement (per day)</b> Maximum confinement period: 31 days per covered sickness or covered accident	<b>\$200</b>
<b>Hospital Intensive Care (per day)</b> Maximum confinement period: 10 days per covered sickness or covered accident	<b>\$400</b>

## Premium Rates

### Monthly Premiums

Coverage	Premium
Employee	\$31.66
Employee and Spouse	\$64.08
Employee and Child(ren)	\$50.30
Family	\$82.72

# Medical Transport

MASA MTS | [www.masamts.com](http://www.masamts.com) | 954-334-8261

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

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

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





## EMERGENCY TRANSPORTATION COSTS



## HOW MASA IS DIFFERENT

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.

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

**For more information, please contact Jaran Floyd or Brice Calahan**

830-377-8637 | [Jfloyd@masamts.com](mailto:Jfloyd@masamts.com)  
956-252-6818 / [Bcalahan@masamts.com](mailto:Bcalahan@masamts.com)

**EVERY FAMILY DESERVES A MASA MEMBERSHIP** 47

\* 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).

# Voluntary Retirement Plans



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

## 403(b) Retirement Plan

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

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

## 457(b) Retirement Plan

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

Contribution Limits	
2023	2024
\$22,500	\$23,000

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



# 403(b) Retirement Plans

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

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	
2023	2024
\$22,500	\$23,000

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

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

# 457(b) Retirement Plans



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

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	
2023	2024
\$22,500	\$23,000

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

# TeleHealth



Recuro Health | [www.recurohealth.com](http://www.recurohealth.com) | 855-6RECURO

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!

NextGen Care

# Virtual Behavioral Health

## Collaborative Mental Wellness

Comprehensive behavioral health care from therapy and counseling to psychiatry and medication management.



**RECURO**  
HEALTH

✓ Licensed Counseling \$85

✓ Psychiatry Initial Visit \$225

✓ Psychiatry Follow-Up Visit \$99

## Product Highlights



### Holistic

Primary care and behavioral health doctors collaborate closely to ensure coordinated treatment plans that care for the whole patient.



### Targeted

Pharmacogenetic (PGx) testing ensures the right behavioral health medication is prescribed, the first time.



### Accessible

While today behavioral healthcare is difficult to access for so many, at Recuro it is available and affordable.



**WELL VIA**  
A RECURO HEALTH COMPANY

[info@recurohealth.com](mailto:info@recurohealth.com) | 844.979.0313 | [www.recurohealth.com](http://www.recurohealth.com) | Scan QR Code



# COBRA

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 800-523-8422, option 4

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

## COBRA Highlights

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

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



# Medicare & Age 65



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

## Questions to Consider Before Retiring

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

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

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

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

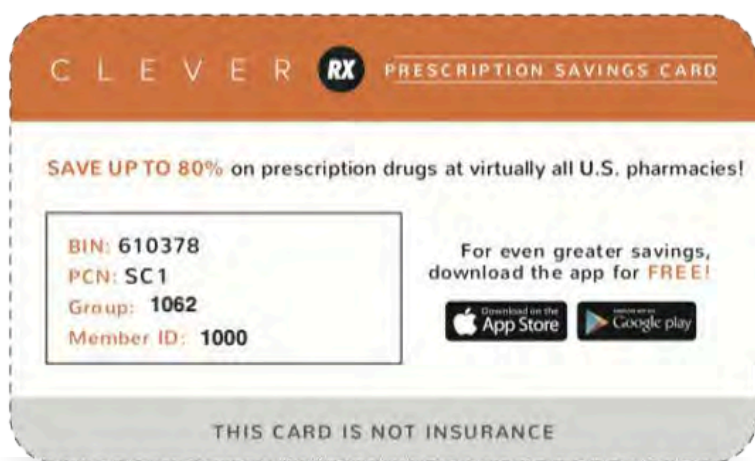
**Robert Dawson**  
**FFMS Coordinator**  
Cell: 281-889-9382

# Clever RX

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

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

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



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

## Clever RX Highlights

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

# Contact Information

102 Profit Drive | Victoria, TX  
77902  
361-576-3131 | 361-788-9643  
[www.visd.net](http://www.visd.net)

Marissa Wenning, Account Manager  
210-380-0832/  
[marissa.wenning@ffga.com](mailto:marissa.wenning@ffga.com)

Product	Carrier	Website	Phone
Medical	Blue Cross Blue Shied	<a href="http://www.bcbstx.com/trsactivecare">www.bcbstx.com/trsactivecare</a>	(866) 355-5999
Dental	Ameritas	<a href="http://www.ameritas.com">www.ameritas.com</a>	(800) 487-5553
Vision	Superior/MetLife	<a href="http://www.superiorvision.com">www.superiorvision.com</a>	(800) 507-3800
Flexible Spending Accounts	FFGA FSA Department	<a href="http://ffa.wealthcareportal.com/page/home">ffa.wealthcareportal.com/page/home</a>	<b>(866) 853-3539</b>
Health Savings Accounts	FFGA HSA Department	<a href="http://ffa.wealthcareportal.com/page/home">ffa.wealthcareportal.com/page/home</a>	(866) 853-3539
Term Life & AD&D	Blue Cross Blue Shield	<a href="http://www.bcbstx.com/ancillary">www.bcbstx.com/ancillary</a>	(877) 442-4207
Permanent Life	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	(800) 283-9233
Disability	American Fidelity	<a href="http://americanfidelity.com">americanfidelity.com</a>	(800) 654-8489
Critical Illness	Aflac	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	(800) 433-3036
Hospital Indemnity	Aflac	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	(800) 433-3036
Medical Transport	MASA MTS	<a href="http://www.masamts.com">www.masamts.com</a>	(954) 334-8261



# Contact Information

Product	Carrier	Website	Phone
403(b) Retirement Plans	TCG Administrators	<a href="http://www.tcgservices.com">www.tcgservices.com</a>	(800) 943-9179
457(b) Retirement Plans	TCG Administrators	<a href="http://www.tcgservices.com">www.tcgservices.com</a>	(800) 943-9179
Telehealth	Recuro	<a href="http://www.recurohealth.com">www.recurohealth.com</a>	(855) 6RECURO
COBRA	First Financial Administrators, Inc.	<a href="http://www.ffga.com">www.ffga.com</a>	(800) 523-8422, option 4
Medicare	FFMS	<a href="http://www.ffga.com/medicare-solutions">www.ffga.com/medicare-solutions</a>	(800) 523-8422
Prescription Savings Plan	Clever RX	<a href="http://partner.cleverrx.com/ffga">partner.cleverrx.com/ffga</a>	(800) 974-3135