VICTORIA ISD 2025-2026 BENEFITS GUIDE





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Employee Benefits Center

A guide to your benefits!

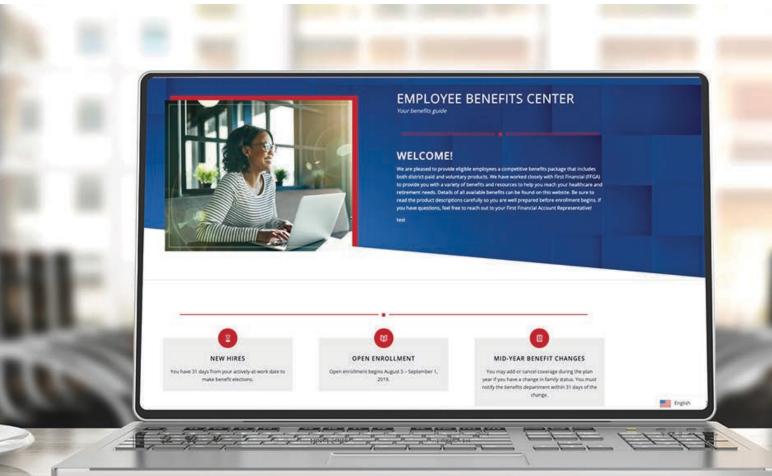
Victoria ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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

Benefits By Phone

Visit: <u>victoriaisdbenefitenrollment.timetap.com</u> to schedule a time for your FFGA representative to call you.

Online Enrollment

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

Enroll Now

Login & PIN

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

View Current Benefits

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

View/Add Dependents

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

Begin Elections

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

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

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

Existing Employees

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

Mid-year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

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

Here's How It Works

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

Is It Right For Me?

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

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

IRS specified changes in family status include:

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

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

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

^{*}The figures in the sample paycheck above are for illustrative purposes only.

Medical Coverage

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

- Copavs 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.

2025-26 TRS-ActiveCare Plan Highlights Sept. 1, 2025 - Aug. 31, 2026



Ask your Benefits Administrator for your districts specific premiums. How to Calculate Your Your Employer Contribution Monthly Premium Total Monthly Premium → Your Premium

Monthly				
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Being healthy is easy with:

No Extra Cost*

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
 - Nutrition programs
- OviaTM 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.

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	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	Lowest premium of all three plans Clayes for decursts before you meet your deductible Clayes for four visits before you meet your deductible Clayes for four many year evences and drugs in standing the Promium of the plant	Lower deductible than the HD and Primary plans Copeys for inemy services and drugs Halper prentium Starwing the rebrowns Primary Care Provide referrals required to see specialists Not competitive with a Health Savings Account Non competitive with a Health Savings Account Non control and the Provide referrals required to see specialists Non control and the Provide referrals required to see specialists.	Compatible with a Health Samigs Account Nationable behavior with of network ownerse No requirement for Pirmary Late Productes or referrable Must meet your deducible befane plan pays for non-preventive care

remiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$516	008\$	\$216	909\$	\$300	\$306	\$529	\$300	\$229
mployee and Spouse	\$1,394	008\$	\$1,094	\$1,576	\$300	\$1,276	\$1,429	008\$	\$1,129
mployee and Children	\$878	008\$	825\$	\$1,031	008\$	\$731	\$300	008\$	009\$
Employee and Family	\$1,755	008\$	\$1,455	\$2,000	\$300	\$1,700	\$1,799	\$300	\$1,499

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,300/\$6,600	\$6,600/\$13,200
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 30% after deductible You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$8,300/\$16,600	\$20,500/\$41,000
Network	Statewide Network	Statewide Network	Nationwide Network	: Network
PCP Required	Yes	Yes	N	0

Doctor Visits				
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible

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

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible, You pay 30% after deductible	You pay 20% after deductible

TEACHEN RETIREMENT ENTREMENT OF TRACE.	This plan is closed and not accepting new enrollees. If you're
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 Closed to new enrollees 	 Current enrollees can choose to stay in pl
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\$713	\$2,102	\$1,207	\$2,541		Out-of-Network	\$2,000/\$6,000	You pay 40% after deductible	\$23,700/\$47,400
\$1,013 \$300	\$2,402	\$1,507	\$2,841 \$300		In-Network	\$1,000/\$3,000	You pay 20% after deductible	\$7,900/\$15,800

No		You pay 40% after deductible	
		\$30 copay	
		\$30	

You pay 40% after deductible	You pay a \$250 copay plus 20% after deductible	\$0 per medical consultation	\$12 per medical consultation
kedoo 05\$	You pay a \$250 copay p	\$0 per medic	\$12 per medic

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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-Activ	eCare HD	TRS-ActiveCare 2		
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network	
Diagnostic Labs**	Office/Indpendent Lab: You pay \$0	Office/Indpendent Lab: You pay \$0	You pay 30%	You pay 50%	Office/Indpendent Lab: You pay \$0	You pay 40%	
Ü	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible	after deductible	after deductible	Outpatient: You pay 20% after deductible	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	
	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible			Facility: You pay 20% after deductible (\$150 facility copay per day)		
Bariatric Surgery	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible	Not Covered	Not Covered	Professional Services: You pay \$5,000 copay + 20% after deductible	Not Covered	
	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	\$15 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 2025-2026 TRS Active Care Medical Plans

Effective 9/1/2025

Payroll Deductions Effective 9/1/						
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
	Employee Only	516.00	300.00	216.00	108.00	\$ 144.00
Primary (Physician	Employee and Spouse	1,394.00	300.00	1,094.00	547.00	\$ 729.34
Directed)	Employee and Child	878.00	300.00	578.00	289.00	\$ 385.34
	Employee and Family	1,755.00	300.00	1,455.00	727.50	\$ 970.00
	Employee Only	606.00	300.00	306.00	153.00	\$ 204.00
Primary + (Physician	Employee and Spouse	1,576.00	300.00	1,276.00	638.00	\$ 850.67
Directed)	Employee and Child	1,031.00	300.00	731.00	365.50	\$ 487.34
	Employee and Family	2,000.00	300.00	1,700.00	850.00	\$ 1,133.34
	.					
	Employee Only	529.00	300.00	229.00	114.50	\$ 152.67
TRS-HD	Employee and Spouse	1,429.00	300.00	1,129.00	564.50	\$ 752.67
11.0 112	Employee and Child	900.00	300.00	600.00	300.00	\$ 400.00
	Employee and Family	1,799.00	300.00	1,499.00	749.50	\$ 999.34
TRS-2	Employee Only	1,013.00	300.00	713.00	356.50	\$ 475.34
(Closed to	Employee and Spouse	2,402.00	300.00	2,102.00	1,051.00	\$ 1,401.34
new enrollees)	Employee and Child	1,507.00	300.00	1,207.00	603.50	\$ 804.67
emonees	Employee and Family	2,841.00	300.00	2,541.00	1,270.50	\$ 1,694.00

Dental Insurance

Plan Choices



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

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

- Comprehensive Exams
- Cleanings
- X-Rays

- Fillings
- Tooth Extractions
- General Anesthesia
- Crown
- Root Canals

Dental Monthly Premiums

	Dental 750 Low Plan	Dental 1000 High Plan
Employee Only	\$16.64	\$29.90
Employee + Spouse	\$32.68	\$58.47
Employee + Children	\$41.48	\$81.11
Employee + Family	\$53.28	\$99.98

VICTORIA INDEPENDENT SCHOOL DISTRICT Dental Highlight Sheet Americas

Dental 750	Effective Date: 9/1/2025
Plan Benefit	
Type 1	100%
Type 2	70%
Type 3	40%
Deductible	\$50 Lifetime Type 2,3
Action of the Control of the Action of the A	Waived Type 1
	No Family Maximum
Maximum (per person)	\$750 per calendar year
Allowance	Discounted Fee
Waiting Period	None
Annual Eye Exam	None
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	U&C	
Plan Benefit	50%	
Lifetime Maximum (per person)	\$750	
Waiting Period	None	
Takeover Benefit	Initial Insureds & New Enrollees	

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

	Type 1		Type 2		Type 3
	Routine Exam	•	Periapical X-rays	•	Space Maintainers
	(1 in 6 months)	•	Sealants (age 13 and under)	•	Onlays
	Bitewing X-rays	•	Fillings for Cavities		Crowns
	(1 in 12 months)	•	Restorative Composites		(1 in 10 years per tooth)
	Full Mouth/Panoramic X-rays		(anterior and posterior teeth)		Crown Repair
	(1 in 5 years)	•	Simple Extractions	•	Endodontics (nonsurgical)
	Cleaning	•	Complex Extractions		Endodontics (surgical)
	(1 in 6 months)	•	Anesthesia		Periodontics (nonsurgical)
	Fluoride for Children 13 and under				Periodontics (surgical)
	(1 in 12 months)			•	Denture Repair
				•	Prosthodontics (fixed bridge; removable
					complete/partial dentures)
					(1 in 10 years)

Monthly Rates

Employee Only (EE)	\$16.64	Ī
EE + Spouse	\$32.68	
EE + Children	\$41.48	
EE + Spouse & Children	\$53.28	

Ameritas Information

We're Here to Help

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

VICTORIA INDEPENDENT SCHOOL DISTRICT Dental Highlight Sheet Ameritas

Dental 1000	Effective Date: 9/1/2025
[

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

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,500
Waiting Period	None
Takeover Benefit	Initial Insureds & New Enrollees

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

Type 1		Type 2		Type 3
Routine Exam	1.	Periapical X-rays		Onlays
(1 in 6 months)		Fillings for Cavities	(*)	Crowns
 Bitewing X-rays 	1.61	Restorative Composites		(1 in 8 years per tooth)
(1 in 6 months)		(anterior and posterior teeth)		Crown Repair
 Full Mouth/Panoramic X-rays 		Simple Extractions		Endodontics (nonsurgical)
(1 in 3 years)		Complex Extractions		Endodontics (surgical)
 Cleaning 	7.	Anesthesia		Periodontics (nonsurgical)
(1 in 6 months)			•	Periodontics (surgical)
 Fluoride for Children 18 and under 			•	Denture Repair
(1 in 12 months)			•	Prosthodontics (fixed bridge; removable
 Sealants (age 15 and under) 				complete/partial dentures)
Space Maintainers				(1 in 8 years)

Monthly Rates

Employee Only (EE)	\$29.90
EE + Spouse	\$58.47
EE + Children	\$81.11
EE + Spouse & Children	\$99.98

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Vision Insurance

Superior Vision | <u>www.superiorvision.com</u> | 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

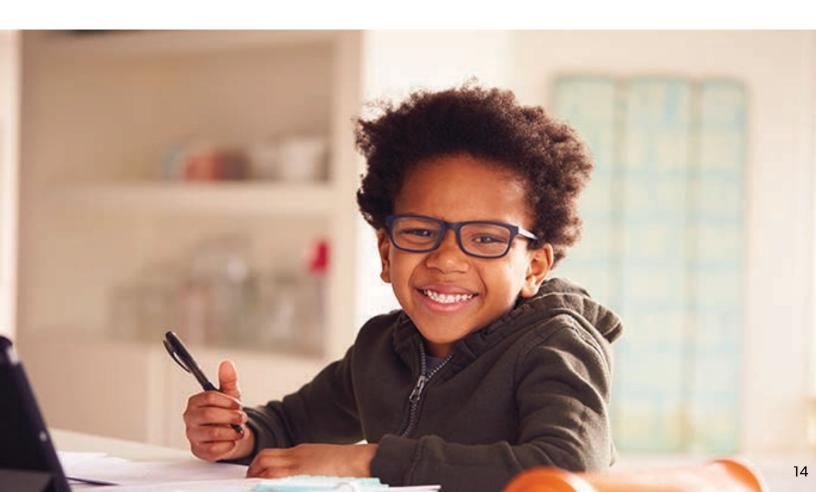
• Contact lenses

• Vision correction

• Eyeglasses

• Eye surgeries

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	d on date of service)	



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

Materials copay:

\$20

Materials¹



Eye exam copay:

\$10

Contact lens fitting² (standard and specialty):

\$25

Specialty In-network allowance:

\$50





In-network allowance:

\$150

Monthly Premiums

Employee only: \$6.10

Employee + spouse:

Employee + child(ren: \$11.56

\$12.18

Employee + family: \$18.15

In-network allowance:

\$130

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	Upto\$50
Progressives	See description ³	Up to \$50
Factory scratch coat	Covered-in-full	Not covered

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

1800 contacts

GLASSES.COM

contactsdirect



Lens Add-On Discounts⁵	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 ⁵	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance

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

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$42
Eye exam (OD)	Up to \$42
Frame	Up to \$52
Contact lens fitting (standard / specialty) ²	Not covered
Contact lenses	Up to \$100



LASIK Discounts⁵

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



Hearing Aid Discounts⁵

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



Free Mobile App

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

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features 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 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 \$660 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$660 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$660 will be forfeited under the use-it-or-lose-it rule.

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

Medical FSA Highlights

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

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

Dependent Care FSA

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

You may allocate up to \$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 | 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.

	2025	2026
HSA Contribution Limits	Self Only: \$4,300Family: \$8,550	Self Only: \$4,400Family: \$8,750
Health Insurance Deductible Limits	Self Only: \$1,650Family: \$3,300	Self Only: \$1,700Family: \$3,400

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

FSA & HSA Resources

Benefits Card

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

View Your Account Details Online

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



Good morning Chris! Your account balance is... \$5,800 HSA Breakdown: Contributions: \$3,112.54 IRS Limit: \$7,000.00 Investments: \$1000.00 Details You have 10 opportunities! Max out your prior year's contributions to prepare for the future View All

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 | 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 policy. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

Voluntary Term Life Insurance

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



Texas Life

Permanent Life



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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life -Permanent Life Highlights

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

TEXASLIFE INSURANCE COMPANY

 $PureLife-plus-Standard\ Risk\ Table\ Premiums-Non-Tobacco-Express\ Issue$

	Tareene plas — Standard Risk Table Freimanis — Non Tobacco									GUARANTEED
		Monthly	7 Premiu	ms for Li	fe Insura	nce Face	Amoun	ts Shov	vn	PERIOD
		•			les Added (Age to Which
Issue			Ac			t (Ages 17-5	69)			Coverage is
Age		ar				Chronic Illn	/	(ges)		Guaranteed at
(ALB)	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	_ /	00 \$300,000	
17-20	Ψ10,000	13.05	23.85	34.65	45.45	67.05	88.65	110.		
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.		
23		13.60	24.95	36.30	47.65	70.35	93.05	115.		
24-25		13.88	25.50	37.13	48.75	72.00	95.25			
26		14.43	26.60	38.78	50.95	75.30	99.65			
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	
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.	25 158.25	
32		16.08	29.90	43.73	57.55	85.20	112.85	140.		
33		16.63	31.00	45.38	59.75	88.50	117.25	146.		
34		17.45	32.65	47.85	63.05	93.45	123.85	154.		
35		18.55	34.85	51.15	67.45	100.05	132.65	165.		
36		19.10	35.95	52.80	69.65	103.35	137.05	170.		
37 38		19.93	37.60	55.28	72.95	108.30	143.65	179.		
38 39		20.75 22.13	39.25 42.00	57.75 61 .88	76.25 81.75	113.25 121.50	150.25 161.25	187. 201.		
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.		
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.		
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.		
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.		
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.		
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.		
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.		
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.	00 478.35	
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 54	23.07	54.30	106.35 111.85	158.40	210.45 221.45					88 88
55 55	24.17 25.38	57.05 60.08	117.90	166.65 175.73	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		CHILDI	REN AI	ND	89
58	29.01	69.15	136,05	202.95	269.85		RAND			89
59	30.33	72.45	142.65	212.85	283.05		NON-T			89
60	31.18	74.58	146.90	219.23	291.55		ith Accider			90
61	32.61	78.15 $^{/\!\!/}$	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45	Gra	ndchild co		ailable	90
63	36.13	86.95	171.65	256.35	341.05		throu	gh age 18.		90
64	38.00	91.63	181.00	270.38	359.75	-	Dean	nium	a	90
65	40.09	96.85	191.45	286.05	380.65	Issue			Guaranteed	90
66	42.40		7			Age	\$25,000	\$50,000	Period	90
67	44.93					15D-1	9.25	16.25	81	91
68 69	47.68 50.43					2-4	9.50	16.75	80	91
70	53.29					5-8	9.75	17.25	79	91 91
10	00.28					9-10				J 91
PureLife-pl	lus is permane	ent life insura	nce to Attain	ed Age 121 th	at can	9-10	10.00	17.75	79	

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

2 1	7.50	10.75	00
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	<i>7</i> 5
24-25	13.00	23.75	74
26	13.50	24.75	75

Indicates Spouse Coverage Available

TEXASLIFE INSURANCE

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

										GUARANTEED
		TA/F 4 1. 1	D	е т	e T	177	A	CI		
		Monthly	Premiui		ife Insura		Amount	s Shown		PERIOD
					les Added C					Age to Which
Issue					eath Benefi	\ _	/			Coverage is
Age		an	d Accelerat	ted Death	Benefit for (Chronic Illr	ness (All Ag	ges)		Guaranteed at
(ALB)	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Table Premium
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		CHILDR	EN AND		87
64	53.07	129.30	256.35	383.40	510.45			HILDRE		87
65	55.71	135.90	269.55	403.20	536.85	9				87
66	58.57							ACCO)		88
67	61.65					W	ith Accident	al Death Rid	er	88
68	64.84					Cx	andchild co	erage availa	ible	88
69	68.25					010			EDIC	88
70	71.88						tmoug	h age 18.		89

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	Pren	Guaranteed	
Age	\$25,000	\$50,000	Period
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

Individual Term Life



Cincinnati Life | 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.

Payroll Deduction Term 10 Life Insurance

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		
43 44		26.83		70.6 4 76.33	93.50
			51.58 55.71		101.08
45		28.89		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	A 1-1-	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

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Payroll Deduction Term 20 Life Insurance

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

Payroll Deduction Term 20 Life Insurance

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

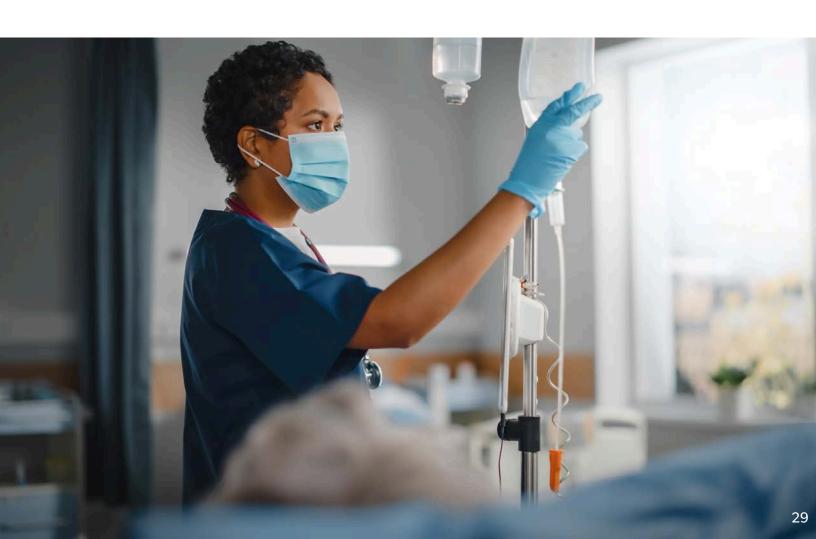
Aflac | www.aflacgroupinsurance.com | 800-433-3036

Prepare For the Unexpected

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

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

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

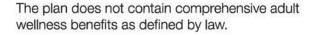


Aflac Group Critical Illness Advantage

INSURANCE – PLAN INCLUDES BENEFITS FOR CANCER AND HEALTH SCREENING

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







Benefits Overview

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
SEVERE BURNS*	100%
PARALYSIS**	100%
COMA**	100%
LOSS OF SPEECH / SIGHT / HEARING**	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%

INITIAL DIAGNOSIS

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

ADDITIONAL DIAGNOSIS

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

REOCCURRENCE

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

CHILD COVERAGE AT NO ADDITIONAL COST

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

^{*}This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

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

SKIN CANCER BENEFIT

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

WAIVER OF PREMIUM

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

SUCCESSOR INSURED BENEFIT

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

HEALTH SCREENING BENEFIT (Employee and Spouse only)

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

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. **This benefit is not paid for dependent children.**

COVERED HEALTH SCREENING TESTS INCLUDE:

- · Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- DNA stool analysis
- Fasting blood glucose test
- Flexible sigmoidoscopy

- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Spiral CT screening for lung cancer
- Stress test on a bicycle or treadmill
- Thermography

OPTIONAL BENEFITS RIDER

BENIGN BRAIN TUMOR	100%
ADVANCED ALZHEIMER'S DISEASE	25%
ADVANCED PARKINSON'S DISEASE	25%

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

PROGRESSIVE DISEASE RIDER:

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

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

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

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

CHILDHOOD CONDITIONS RIDER

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

One Time Benefit Amount

\$3,000

AUTISM SPECTRUM DISORDER (ASD)

Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

SUCCESSOR INSURED WAIVER OF PREMIUM RIDER BENEFIT

If you die, and your spouse is also insured under this plan at the time of your death, then your surviving spouse may apply to become the primary insured. This would include continuation of any dependent child coverage that is in force at that time. (In Illinois: Spouse and dependent child coverage will continue for a period of 90 days after your death.)

We will waive premiums once the successor insured has applied to keep the coverage in force for your surviving spouse and for any dependent child coverage that is in force at the time of your death. Premiums will be waived for a period of six months from the date of your death, or until the date coverage ends, whichever comes first.

LIMITATIONS AND EXCLUSIONS

IF DIAGNOSIS OCCURS AFTER THE AGE OF 70, HALF OF THE BENEFIT IS PAYABLE.

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

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

EXCLUSIONS

We will not pay for loss due to:

. Self-Inflicted Injuries - injuring or attempting to injure oneself intentionally or

taking action that causes oneself to become injured;

- In Alaska: injuring or attempting to injure oneself intentionally
- · Suicide committing or attempting to commit suicide, while sane or insane;
 - In Missouri: committing or attempting to commit suicide, while sane
 - In Illinois and Minnesota: this exclusion does not apply
- Illegal Acts participating or attempting to participate in an illegal activity, or working at an illegal job:
 - In Arizona: participating in or attempting to commit a felony, or being engaged in an illegal occupation;
 - In Florida: participating or attempting to participate in an illegal activity, or working at an illegal occupation;

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

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

The Aflac Group Critical Illness plan benefits include:

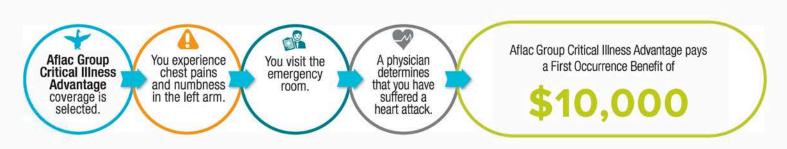
- · Critical Illness Benefit payable for:
 - Cancer
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Kidney Failure (End-Stage Renal Failure)
 - Major Organ Transplant
 - Bone Marrow Transplant (Stem Cell Transplant)
 - Sudden Cardiac Arrest

- Coronary Artery Bypass Surgery
- Non-Invasive Cancer
- Skin Cancer
- Coma
- Severe Burns
- Paralysis
- Loss of Speech/Sight/Hearing
- · Health Screening Benefit

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.
- · Fast claims payment. Most claims are processed in about four days.

How it works



Group Critical Illness Insurance

Premium Rates

пріоуе	ployee Non-Tobacco Monthly Premiums											
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,00		
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	\$57.8		
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	\$160.3		
60+	\$28.11	\$56.22	\$84.34	\$112.45	\$140.56	\$168.67	\$196.78	\$224.90	\$253.01	\$281.13		
ouse N	on-Tobacc	o Monthly	Premiums	5								
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,00		
18-29	\$3.76	\$7.52	\$11.28	\$15.04	\$18.80	\$22.56	\$26.32	\$30.08	\$33.84	\$37.6		
30-39	\$5.78	\$11.57	\$17.35	\$23.14	\$28.92	\$34.71	\$40.49	\$46.28	\$52.06	\$57.8		
40-49	\$9.83	\$19.67	\$29.50	\$39.33	\$49.16	\$59.00	\$68.83	\$78.66	\$88.50	\$98.3		
50-59	\$16.03	\$32.06	\$48.10	\$64.13	\$80.16	\$96.19	\$112.23	\$128.26	\$144.29	\$160.3		
60+	\$28.11	\$56.22	\$84.34	\$112.45	\$140.56	\$168.67	\$196.78	\$224.90	\$253.01	\$281.1		
nploye	e Tobacc	o Monthly	Premium	าร								
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,00		
					000 74							
18-29	\$4.54	\$9.08	\$13.63	\$18.17	\$22.71	\$27.25	\$31.79	\$36.34	\$40.88	\$45.4		
	\$4.54 \$8.29	\$9.08 \$16.59	\$13.63 \$24.88	\$18.17 \$33.18	\$22.71 \$41.47	\$27.25 \$49.77	\$31.79 \$58.06	\$36.34 \$66.35	\$40.88 \$74.65			
18-29				·						\$45.42 \$82.9 \$154.70		
18-29 30-39	\$8.29	\$16.59	\$24.88	\$33.18	\$41.47	\$49.77	\$58.06	\$66.35	\$74.65	\$82.9 \$154.7		
18-29 30-39 40-49	\$8.29 \$15.47	\$16.59 \$30.94	\$24.88 \$46.41	\$33.18 \$61.88	\$41.47 \$77.35	\$49.77 \$92.82	\$58.06 \$108.29	\$66.35 \$123.76	\$74.65 \$139.23	\$82.9		
18-29 30-39 40-49 50-59 60+	\$8.29 \$15.47 \$28.50 \$49.79	\$16.59 \$30.94 \$57.00	\$24.88 \$46.41 \$85.50 \$149.36	\$33.18 \$61.88 \$114.00	\$41.47 \$77.35 \$142.50	\$49.77 \$92.82 \$171.00	\$58.06 \$108.29 \$199.50	\$66.35 \$123.76 \$228.00	\$74.65 \$139.23 \$256.50	\$82.9 \$154.7 \$285.0		
18-29 30-39 40-49 50-59 60+	\$8.29 \$15.47 \$28.50 \$49.79	\$16.59 \$30.94 \$57.00 \$99.57	\$24.88 \$46.41 \$85.50 \$149.36	\$33.18 \$61.88 \$114.00	\$41.47 \$77.35 \$142.50	\$49.77 \$92.82 \$171.00	\$58.06 \$108.29 \$199.50	\$66.35 \$123.76 \$228.00	\$74.65 \$139.23 \$256.50	\$82.9 \$154.7 \$285.0		
18-29 30-39 40-49 50-59 60+	\$8.29 \$15.47 \$28.50 \$49.79	\$16.59 \$30.94 \$57.00 \$99.57	\$24.88 \$46.41 \$85.50 \$149.36	\$33.18 \$61.88 \$114.00 \$199.15	\$41.47 \$77.35 \$142.50 \$248.94	\$49.77 \$92.82 \$171.00 \$298.72	\$58.06 \$108.29 \$199.50 \$348.51	\$66.35 \$123.76 \$228.00 \$398.30	\$74.65 \$139.23 \$256.50 \$448.08	\$82.9 \$154.7 \$285.0 \$497.8		
18-29 30-39 40-49 50-59 60+	\$8.29 \$15.47 \$28.50 \$49.79 Fobacco	\$16.59 \$30.94 \$57.00 \$99.57 Wonthly P	\$24.88 \$46.41 \$85.50 \$149.36 remiums \$15,000	\$33.18 \$61.88 \$114.00 \$199.15	\$41.47 \$77.35 \$142.50 \$248.94 \$25,000	\$49.77 \$92.82 \$171.00 \$298.72 \$30,000	\$58.06 \$108.29 \$199.50 \$348.51 \$35,000	\$66.35 \$123.76 \$228.00 \$398.30 \$40,000	\$74.65 \$139.23 \$256.50 \$448.08 \$45,000	\$82.9 \$154.7 \$285.0 \$497.8		
18-29 30-39 40-49 50-59 60+ Oouse Age 18-29	\$8.29 \$15.47 \$28.50 \$49.79 Fobacco F \$5,000	\$16.59 \$30.94 \$57.00 \$99.57 Monthly P \$10,000 \$9.08	\$24.88 \$46.41 \$85.50 \$149.36 remiums \$15,000 \$13.63	\$33.18 \$61.88 \$114.00 \$199.15 \$20,000 \$18.17	\$41.47 \$77.35 \$142.50 \$248.94 \$25,000 \$22.71	\$49.77 \$92.82 \$171.00 \$298.72 \$30,000 \$27.25	\$58.06 \$108.29 \$199.50 \$348.51 \$35,000 \$31.79	\$66.35 \$123.76 \$228.00 \$398.30 \$40,000 \$36.34	\$74.65 \$139.23 \$256.50 \$448.08 \$45,000 \$40.88	\$82.9 \$154.7 \$285.0 \$497.8 \$50,00		
18-29 30-39 40-49 50-59 60+ Douse Age 18-29 30-39	\$8.29 \$15.47 \$28.50 \$49.79 Fobacco I \$5,000 \$4.54 \$8.29	\$16.59 \$30.94 \$57.00 \$99.57 Wonthly P \$10,000 \$9.08 \$16.59	\$24.88 \$46.41 \$85.50 \$149.36 remiums \$15,000 \$13.63 \$24.88	\$33.18 \$61.88 \$114.00 \$199.15 \$20,000 \$18.17 \$33.18	\$41.47 \$77.35 \$142.50 \$248.94 \$25,000 \$22.71 \$41.47	\$49.77 \$92.82 \$171.00 \$298.72 \$30,000 \$27.25 \$49.77	\$58.06 \$108.29 \$199.50 \$348.51 \$35,000 \$31.79 \$58.06	\$66.35 \$123.76 \$228.00 \$398.30 \$40,000 \$36.34 \$66.35	\$74.65 \$139.23 \$256.50 \$448.08 \$45,000 \$40.88 \$74.65	\$82.9 \$154.7 \$285.0 \$497.8 \$50,00 \$45. \$82.9		

Disability Insurance

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

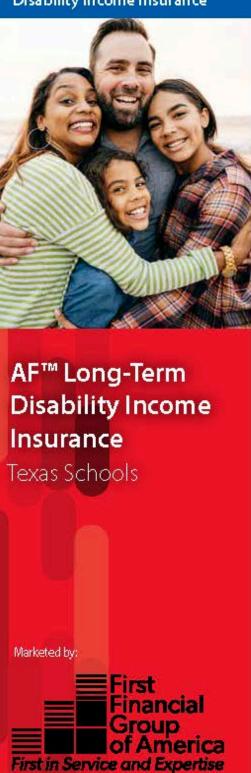
Why Do I Need Disability Insurance?

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

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

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







EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

How would you cover your everyday expenses if you experienced an Injury or Sidkness 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: groæries, 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 parttime while still on Disability.

Choose the Right Plan for You

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



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



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



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



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

Benefit Policy Schedule

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

				Monthly I	Premiums		
Monthly Salary	Monthly Disability Benefit	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 I	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

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.



Plan Benefit Highlights

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 | 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!



AFLAC GROUP HOSPITAL INDEMNITY



Policy Series C80000

The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help.

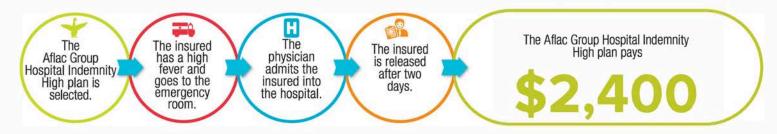
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit



How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$2,000), and Hospital Confinement (\$200 per day).

Group Hospital Indemnity Insurance

Plan Benefits

(Benefit provisions may vary by situs state)

Hospitalization Benefits - High (Custom)		
Hospital Admission (per confinement) Once per covered sickness or accident per calendar year	\$2,000	
Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident	\$200	
Hospital Intensive Care (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$400	

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

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Medical Transport

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

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

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

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









EMERGENCY TRANSPORTATION COSTS

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

Many American employers and employees believe that their health insurance policies cover most, if notall ambulance expenses. The truth is, they DONOT!

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



HOW MASA IS DIFFERENT

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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



Any Ground. Any Air. Anywhere.™

OUR BENEFITS

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

^{*} Please refer to the MSA for a detailed explanation of benefits and eligibility,



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 aminimal 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 | <u>Jfloyd@masamts.com</u> 956-252-6818 / Bcalahan@masamts.com

EVERY FAMILY DESERVES A MASA MEMBERSHIP46

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

Identity Theft Protection

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

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

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

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



iLOCK360

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



39 seconds is how often cyber-attacks to occur

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

17% increase in data breaches 2022 to 2023

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

How iLOCK360 helps





Defend

Your personal information is monitored 24/7/365



Protect

Alerts inform you of potential threats for immediate action



Restore

iLOCK360 does the work to restore your identity

Take advantage of special **EDUCATOR PRICING** during open enrollment!

Monthly payroll deduction

Coverage plan	Basic	Plus	Premium
Employee	District-Paid	\$8	\$15
Employee + Family		\$20	\$27

*Plans with children include coverage for up to 10 Children under the age of 18.

Protect your identity **TODAY!**

Learn more about the protections that

iLOCK360 offers:

		Basic	Plus	Premium
Plan features	Service description			
Identity theft resolution services				
Full-Service Identity Theft Restoration	If your identity is compromised, a U.Sbased certified Identity Theft Restoration Specialist will work with you and on your behalf to restore your good name, so that you can get on with your life. All restoration			
& Lost Wallet Protection MOST VALUABLE SERVICE.	activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with. Restoration Specialists offer robust case knowledge in both			
Dependable help that's just a phone call away!	credit, and non-credit, fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit, bureaus, and removing fraudulent activity from your credit report.			
\$1M Identity Theft Insurance	If you incur expenses associated with your identity theft recovery, you will be covered up to \$1M reimbursement (\$0 deductible). Covered costs include: Lost wages or income Attorney and legal fees Expenses incurred for refiling of loans, grants and other lines of credit Costs of childcare and/or elderly care incurred as a result of identity restoration		Ø	Ø
Comprehensive identity monitoring				
CyberAlert™ monitors:				
one Social Security Number two Phone Numbers				
• two Email Addresses	We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of			
· five Credit/Debit Cards · two Medical ID Numbers	your personal information.			
 five Bank Accounts one Drivers License Number 				
· one Passport				
Change of Address Monitoring	A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected through the USPS National Change of Address (NCOA) Registry.			
Court/Criminal Records Monitoring	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.			
Sex Offender Alerts	Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area. As well as notifying you if someone registers as a sex offender in your name.		Ø	Ø
Payday Loan Monitoring	Often times, these types of loans don't show up on your credit report until they have gone through collections which will be damaging to your credit report. High-interest, easy-to-obtain payday loans can negatively impact your credit score. We alert you if a non-credit loan been opened using your identity at a			Ø
	payday or quick cash loan provider.			
Social Security Number Trace	Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could			
•	be a sign of possible identity theft.			
Credit monitoring services				
Daily Monitoring of Experian Credit Bureau	Provides credit protection with monitoring from Experian. Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.			
Daily Monitoring of Three Credit Bureaus	Provides higher-level credit protection with monitoring from all three credit bureaus. Experian, Equifax & TransUnion. Receive notifications for changes in your credit report such as loan data, inquiries, new accounts, judgments, liens and more.			Ø
VantageScoreTracker	Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.			Ø



Voluntary Retirement Plans



TCG Services | 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, you employer may even match your contributions based on how much you put into the plan. Now is the time to take full advantage of this opportunity to maximize your retirement savings!

457(b) Retirement Plan

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

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

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

403(b) Retirement Plans

TCG Services | 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			
2024	2025		
\$23,000	\$23,500		

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

457(b) Retirement Plans



TCG Services | 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				
2024	2025			
\$23,000	\$23,500			
Participants aged 50 and older at any time during the calendar year are permitted to				

contribute an additional \$7,500.



Helping You Take Control of Your Money

Money management doesn't require a lot of money. It just involves a little extra planning.



What is FinPath?

7 in 10 Americans report high levels of financial stress, but you shouldn't be part of that statistic. FinPath is a financial literacy program paid by your employer to help you take control of your money and help decrease your stress.

If you've ever felt like you're living paycheck to paycheck or like your dollar can go farther, we have just the tools to make a difference. FinPath can help you with topics like:

- · Creating an emergency savings fund
- Managing and lowering your debt
- · Improving your credit score
- Saving for big purchases like a home or a car
- · Planning for retirement with savings plans
- Protecting your paycheck from insurance overcharges
- Exploring student loan forgiveness
- ...and more

What You Get



FinPath University Courses

Participate in financial courses taught by professional investment advisors.



Wellness Score Tracker

Your personalized score helps you plan and track your improvement progress.



Budgeting Tools & Calculators

Ditch your old spreadsheet! Use FinPath to create budgets and track spending.



Unbiased & Confidential Personal Advice

Get access to a coach who will answer questions about managing your money.

Ready to fight financial stress?

Get started for free at finpathwellness.com today!

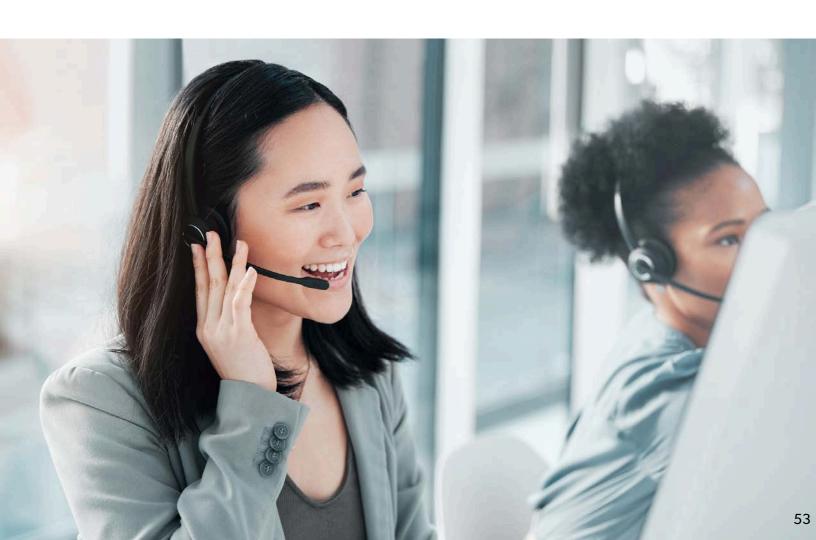
Employee Assistance Program

American Fidelity | www.supportlinc.com | 800-475-3327

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

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

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



SUPPORTLING

EMPLOYEE ASSISTANCE PROGRAM FOR VICTORIA ISD

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

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, SupportLinc will be there to help. The SupportLinc employee assistance program (EAP) is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. SupportLinc provides confidential, professional referrals and up to six (6) sessions of face-to-face counseling sessions for a wide variety of concerns, such as:

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

EXPERT REFERRALS AND CONSULTATION

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

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

TECHNOLOGY AND YOUR EAP

WEB

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

MOBILE

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

CONFIDENTIALITY

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

SUPPORT G LIN

EMPLOYEE ASSISTANCE PROGRAMS

PHONE SMS WEB 1-800-475-3EAP (3327) TEXT 'SUPPORT' TO 51230 WWW.SUPPORTLINC.COM

Username: victoriaisd



MOBILE



TeleHealth



Recuro Health | 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.

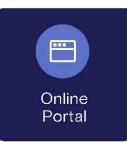
It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!

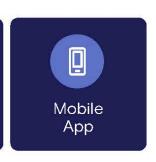


Easy, Convenient, Affordable

24/7/365 Access to U.S. Board **Certified, State Licensed Doctors**







RECURO

- **Pediatrics**
- **Urgent Care**

Healthcare that makes sense

Type of Visit	Average Cost
Primary Care Urgent Care Emergency Room	\$100 \$150 \$1400
RECURO	\$0
2013 Medical Expenditure Par	nel Survey / MEPS

Disclaimer: Recuro services are for non-emergency conditions only. Recuro does not replace the primary care physician, services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Recuro doctors do not prescribe DEA controlled substances (schedule I-IV) and does not guarantee that a prescription will be written. For updated full disclosures, please visit www.recurohealth.com

Common Conditions Treated

- Acid Reflux
- Allergies
- **Asthma**
- Nausea
- **Bronchitis**
- Cold & Flu
- Infections

- Bladder Infection
- Rashes
- Sinus Conditions
- Sore Throat
- **Thyroid Conditions**
- **UTIs**
- And More...



Call 1.855.6RECURO



Visit www.recurohealth.com







24/7 On Demand Care Access

Access board-certified physicians 24/7, 365 days a year for you and your family for only \$10/month! Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

Consult Fee: \$0



Call 1.855.6RECURO

Call us, or download our app to speak with a doctor today!



Visit Us Online



Speak With an Agent



Download Our App

Common **Conditions Treated**

- Sore Throat
- Congestion
- Cough
- Cold & Flu
- Yeast Infection
- **Insect Bites**











COBRA

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

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

COBRA Highlights

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

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

Robert Dawson FFMS Coordinator

Cell: 281-889-9382

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.

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 <u>www.visd.net</u> Marissa Wenning, Account Manager 210-380-0832, marissa.wenning@ffga.com

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

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Product	Carrier	Website	Phone
Medical Transport	MASA MTS	www.masaaccess.com	(954) 334-8261
Identity Theft Protection	iLock 360	www.ilock360.com	(855) 287-8888
403(b) Retiremenet Plans	TCG Administrators	<u>www.tcgservices.com</u>	(800) 943-9179
457(b) Retirement Plans	TCG Administrators	<u>www.tcgservices.com</u>	(800) 943-9179
Employee Assistance Program	American Fidelity	www.supportlinc.com	(800) 475-3327
Telehealth	Recuro	www.recurohealth.com	(855) 6RECURO
COBRA	First Financial Administrators, Inc.	www.ffga.com	(800) 523-8422, option 4
Medicare	FFMS	www.ffga.com/medicare-solutions	(800) 523-8422
Prescription Savings Plan	Clever RX	<u>partner.cleverrx.com/ffga</u>	(800) 974-3135