# GREGORY-PORTLAND ISD 2025-2026 BENEFITS GUIDE







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# Contents

- EMPLOYEE BENEFITS CENTER
- HOW TO ENROLL
- BENEFIT ELIGIBILITY & COVERAGE
- <u>SECTION 125 PLANS</u>
- <u>MEDICAL</u>
- <u>DENTAL</u>
- <u>VISION</u>
- <u>FSA</u>
- <u>HSA</u>
- FSA & HSA RESOURCES
- VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS
  - TERM LIFE & AD&D
  - <u>TEXAS LIFE</u>
  - <u>CANCER INSURANCE</u>
  - HOSPITAL INDEMNITY
  - **DISABILITY INSURANCE**
  - ACCIDENT INSURANCE
  - <u>CRITICAL ILLNESS INSURANCE</u>
  - IDENTITY THEFT PROTECTION
  - MEDICAL TRANSPORT
  - 403(b) RETIREMENT PLANS
  - 457(b) RETIREMENT PLANS
  - EMPLOYEE ASSISTANCE PROGRAM
  - <u>TELEHEALTH</u>
  - <u>COBRA</u>
  - <u>MEDICARE</u>
  - <u>CLEVER RX</u>
- BENEFIT CONTACT INFORMATION

# **Employee Benefits Center** A guide to your benefits!

Gregory-Portland 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/gregoryportlandisd



# How to Enroll Benefits Enrollment

**Benefits By Phone** 

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

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## **Online Enrollment**

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

## 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:

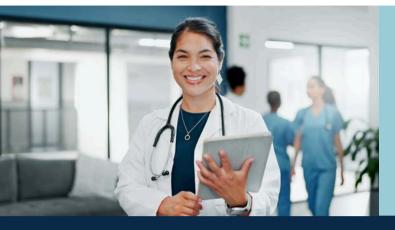
- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

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**

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

## **TRS-ActiveCare Plan Prescription Benefits**

Express Scripts <u>https://info.express-scripts.com/trsactivecare</u> 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.



## TRS-ActiveCare PLAN HIGHLIGHTS 2025-26

## LEARN THE TERMS

TRS-ActiveCare

• PREMIUM: The monthly amount you pay for health care coverage.

REGIONZ

- DEDUCTIBLE: The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- COPAY: The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- COINSURANCE: The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- OUT-OF-POCKET MAXIMUM: The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

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

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y         TRS-ActiveCare Primary+         TRS-ActiveCare HD           eldectible         -Lower deductible films the HD and Primary Plans         - Compatible with a Health Samigs Account           eldectible         -Opages fir many services and drugs         - Compatible with a Health Samigs Account           -Statewide network         - Reformany Care Provides or referras - No compatible with a Health Samigs Account         - No care interview           - No compatible with a Health Samigs Account         - No care interview         - No care interview           - No compatible with a Health Samigs Account         - No care interview         - No care interview		ur see	3
Instructive Care Primary -         TRS-ActiveCare HD           - Lower deductible than the HD and Primary plans         - Compatible with a Health StampsAccount           - Oraps for many services and drugs         - Compatible with a Health StampsAccount           - Home browkt         - Banowide network           - Banowide network         - Name of the Private Private Names and strugs           - Name Compatible with a Health StampsAccount         - Name of the Private Na		s de	<b>_</b>
Intel         Inst-ActiveCare Primary+         TRS-ActiveCare HD           Intel         - Lover deductible than the HD and Primary Mars         - Compatible with a Health Samigs Account           Intel         - Compatible with a Health Samigs Account         - Compatible with a Health Samigs Account           Integration         - Statewards network         - Rearry Mars           - Statewards network         - Rearry Mars         - Non equimentant of Primary Care Provides or referrings           - Primary Care Provide relates sequined to see specialists         - Naist meet your deductible before plan pags for non-preventine care           - Non compatible with a Health Samigs Account         - Naist meet your deductible before plan pags for non-preventine care		onp oac	
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eCare Primary+         TRS-ActiveCare HD           HD and Primary plans and drugs         • Compatible with a Health Samings Account Nationwork network with cut-of-network coverage No experiment for Primary Care Dividies or referrals • No experiment for Primary Care Dividies or referrals • Must meet your deductible before plan pags for non-preventine care in Samings Account           ps         • Must meet your deductible before plan pags for non-preventine care in Samings Account		rage fee	E.
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Your Employer Contribution

**Total Monthly Premium** 

**Monthly Premium** 

How to Calculate Your

Your Premium

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

 Emplo	Employe	Employ		Monthly Premiums	
 Employee and Family	Employee and Children	Employee and Spouse	Employee Only		
\$1,731 \$400	\$866	\$1,375	\$509	Total Premium	
	\$400	\$400	\$400	Employer Contribution	
\$1,331	\$466	\$975	\$109	Your Premium	
\$1,974 \$400	\$1,017	\$1,555	\$598	Total Premium	
	\$400	\$400	\$400	Employer Contribution	
\$1,574	\$617	\$1,155	\$198	Your Premium Total Premium	
\$1,782 \$400	\$891	\$1,415	\$524	Total Premium	
\$400	\$400	\$400	\$400	Employer Contribution	
\$1,382	\$491	\$1,015	\$124	Your Premium	
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	PCP Required	Network	Individual/Family Maximum Out of Pocket	Coinsurance	Individual/Family Deductible	Type of Coverage	Plan Features
	Yes	Statewide Network	\$8,050/\$16,100	You pay 30% after deductible	\$2,500/\$5,000	In-Network Coverage Only	
******	Yes	Statewide Network	\$6,900/\$13,800	You pay 20% after deductible	\$1,200/\$2,400	In-Network Coverage Only	
	N	Nationwide Network	\$8,300/\$16,600	You pay 30% after deductible You pay 50% after deductible	\$3,300/\$6,600	In-Network	
	0	Network	\$20,500/\$41,000	You pay 50% after deductible	\$6,600/\$13,200	Out-of-Network	

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

 fter deductible	You nav 30% after deductible	You nav 20% after deductible	You nav 30% after deductible	Emernency Care
 You pay 50% after deductible	You pay 30% after deductible	\$50 copay	\$50 copay	Urgent Care
				Immediate Care

				Imn
TRS Virtual Health-Teladoc®	TRS Virtual Health-RediMD <sup>TM</sup>	Emergency Care	Urgent Care	mediate Care
\$12 per medical consultation	\$0 per medical consultation	You pay 30% after deductible	\$50 copay	
\$12 per medical consultation	\$0 per medical consultation	You pay 20% after deductible	\$50 copay	
\$42 per medical consultation	\$30 per medical consultation	You pay 30% after deductible	You pay 30% after deductible You pay 50% after deductible	
al consultation	al consultation	fter deductible	You pay 50% after deductible	

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
Insulin Out-of-Pocket Costs	Insulin Out-of-Pocket Costs \$25 copay for 31-day supply; \$75 for 61-90 day supply \$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$25 copay for 31-day supply; \$75 for 61-90 day supply \$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specially medications

You pay 50% after deductible You pay 50% after deductible You pay 25% after deductible You pay 25% after deductible (

: (\$100 min/\$200 max)/ : (\$215 min/\$430 max)

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

**TRS-ActiveCare 2** choose to stay in plan

ramy services and drugs retwork with out-of-network coverage ent for Primary Care Providers or referrals

0N -

\$2,841	\$1,507	\$2,402	\$1,013	Total Premium	
\$400	\$400	\$400	\$400	Employer Contribution	
\$2,441	\$1,107	\$2,002	\$613	Your Premium	

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

\$30 copay	
You pay 40% after deductible	

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\$30 copay	
You pay 40% after deductible	

\$30 copay	
You pay 40% after deductible	

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

You pay a \$250 copay plus 20% after deductible

\$12 per medical consultation \$0 per medical const

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\$200 branc

\$20/\$43

(\$40 n

1/\$80 max)/ \$210 max)

\$50 copay

You pay 40% after deductibl

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 Weight loss programs 

Nutrition programs

\$0 preventive care

Being healthy is easy with:

 One-on-one health coaches 24/7 customer service No Extra Cost\*

Wellness Benefits at

Ovia<sup>TM</sup> pregnancy support

TRS Virtual Health

Mental health benefits

And much more!

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

**Mental Health** Primary Plans &

Both Primary and Primary+ offer \$0 virtual mental health visits with any

in-network provider.

## **Compare Prices for Common Medical Services**

## **REMEMBER:**

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

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		re 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%			Office/Indpendent Lab: You pay \$0	You pay 40%
	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	Not Covered	Not Covered		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
	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.

www.trs.texas.gov

# **Dental Insurance** Plan Choices



## Ameritas | <u>www.ameritas.com</u> | 800-487-5553

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

- Comprehensive Exams
- Cleanings
- X-Rays

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

Dental Monthly Premiums				
	Low	High		
Employee Only	\$20.13	\$37.01		
Employee + Spouse	\$40.24	\$71.18		
Employee + Children	\$44.19	\$73.14		
Employee + Family	\$64.32	\$103.15		

## **Gregory Portland ISD**

Dental Highlight Sheet



## Low Dental Plan Summary

#### Effective Date: 9/1/2025

Plan Benefit		
Type 1	80%	
Type 2	50%	
Type 3	25%	
Deductible	\$50 Lifetime Type 2,3	
	Waived Type 1	
	No Family Maximum	
Maximum (per person)	\$1,000 per calendar year	
Allowance	U&C	
Waiting Period	None	
Annual Open Enrollment	Included	

### **Orthodontia Summary - Adult and Child Coverage**

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

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

	Type 1		Туре 2		Туре 3
•	Routine Exam	•	Fillings for Cavities	•	Space Maintainers
	(2 per benefit period)	•	Restorative Composites	•	Onlays
•	Bitewing X-rays		(anterior and posterior teeth)	•	Crowns
	(2 per benefit period)	•	Endodontics (nonsurgical)		(1 in 5 years per tooth)
•	Full Mouth/Panoramic X-rays	•	Endodontics (surgical)	•	Crown Repair
	(1 in 3 years)	•	Periodontics (nonsurgical)	•	Denture Repair
•	Periapical X-rays	•	Periodontics (surgical)	•	Prosthodontics (fixed bridge; removable
•	Cleaning	•	Simple Extractions		complete/partial dentures)
	(2 per benefit period)	•	Complex Extractions		(1 in 5 years)
•	Fluoride for Children 18 and under			•	Anesthesia
	(1 per benefit period)				
	Sealants (age 13 and under)				

#### **Monthly Rates**

Montiny Rates	
Employee Only (EE)	\$20.13
EE + Spouse	\$40.24
EE + Children	\$44.19
EE + Spouse & Children	\$64.32

#### **Ameritas Information**

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

#### **Dental Health Scorecard**

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

#### **Rx Savings**

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

## **Gregory Portland ISD**

Dental Highlight Sheet

## High Dental Plan Summary



#### Effective Date: 9/1/2025

Plan Benefit		
Type 1	100%	
Type 2	80%	
Type 3	50%	
Deductible	\$50 Lifetime Type 2,3	
	Waived Type 1	
	No Family Maximum	
Maximum (per person)	\$1,500 per calendar year	
Allowance	U&C	
Waiting Period	None	
Annual Open Enrollment	Included	

#### Orthodontia Summary - Adult and Child Coverage

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

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

	Type 1		Туре 2		Туре 3
•	Routine Exam	•	Fillings for Cavities	•	Space Maintainers
	(2 per benefit period)	•	Restorative Composites	•	Onlays
•	Bitewing X-rays		(anterior and posterior teeth)	•	Crowns
	(2 per benefit period)	•	Endodontics (nonsurgical)		(1 in 5 years per tooth)
•	Full Mouth/Panoramic X-rays	•	Endodontics (surgical)	•	Crown Repair
	(1 in 3 years)	•	Periodontics (nonsurgical)	•	Denture Repair
•	Periapical X-rays	•	Periodontics (surgical)	•	Prosthodontics (fixed bridge; removable
•	Cleaning	•	Simple Extractions		complete/partial dentures)
	(2 per benefit period)	•	Complex Extractions		(1 in 5 years)
•	Fluoride for Children 18 and under			•	Anesthesia
	(1 per benefit period)				
•	Sealants (age 13 and under)				

## Monthly Potos

Monthly Rates	
Employee Only (EE)	\$37.01
EE + Spouse	\$71.18
EE + Children	\$73.14
EE + Spouse & Children	\$103.15

#### **Ameritas Information**

**We're Here to Help:** This plan was designed specifically for the associates of Gregory Portland ISD. At Ameritas, 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.

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To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

# **Vision Insurance**

## Metlife Superior | <u>www.supervision.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	\$7.85			
Employee + Spouse	\$15.59			
Employee + Child(ren)	\$15.26			
Employee + Family	\$23.24			





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



befitting

## Vision Care Plan for

**Superior**Vision<sup>®</sup>

## **Gregory-Portland 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	
(base	d on date of service)	



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

Exams	Materials <sup>1</sup>		
Eye exam copay: <b>\$10</b>	Materials copay: <b>\$25</b>	Mont hly Premiur	ns
Contact lens fitting <sup>2</sup> copay (standard and specialty):		Employee only:	\$7.85
<b>\$25</b> Specialty In-network allowance:		Employee + spouse:	\$15.59
\$50		Employee + child(ren):	\$15.26
Frames	Contacts <sup>4</sup> in lieu of glasses	Employee + family:	\$23.24
In-network allowance: \$150	In- net work allowance: <b>\$150</b>		

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Singlevision	Covered-in-full	Up to \$32
Bifocal	Covered-in-full	Up to \$46
Trifocal	Covered-in-full	Up to \$61
Progressives <sup>3</sup>	Covered-in-full	Up to \$46
Polycarbonate	Covered-in-full	Not covered

GLASSES.COM CONTACTS direct

Lens Add- On Discount s <sup>5</sup>	Your Cost
Anti-scratch coating	\$13
Ultraviolet coating	\$15
Tints- solid / gradient	\$25
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (premium/ ultra/ ultimate)	\$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



LASIK Discounts<sup>5</sup>

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.

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

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

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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.

Overage Discounts⁵	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance

Non-Covered Services Discount s⁵	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)	Upto\$42
Eye exam (OD)	Upto\$37
Frame	Up to \$68
Contact lens fitting (standard / specialty) $^2$	Not covered
Contact lenses	Upto\$100

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Cert ain 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 cert ain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please cont act MetLife or your plan administrat or for costs and complete defails. 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 cont act lens fitting applies to acurrent contact lens user who wears disposable, daily wear, or ext ended 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. If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses 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 appoint ment to confirm if they offer the discount and member out-of-pocket features. Discounts 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.

# **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

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.

	• Eligible dependents must be claimed as an exemption on your tax return.
	• Eligible dependents must be children under age 13 or an adult dependent
Dependent Care FSA	incapable of self-care.
Highlights	• 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.

- Balances roll over from year to year and earn interest along the way.
- Portable you keep it even after you leave employment.

## Health Savings Account Highlights

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.

• Tax advantages - invest money in mutual funds to grow your tax savings for

- 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	<ul><li>Self: \$4,300</li><li>Family: \$8,550</li></ul>	<ul><li>Self Only: \$4,400</li><li>Family: \$8,750</li></ul>
Health Insurance Deductible Limits	<ul><li>Self Only: \$1,650</li><li>Family: \$3,300</li></ul>	<ul><li>Self Only: \$1,700</li><li>Family: \$3,400</li></ul>

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

# **FSA & HSA Resources**

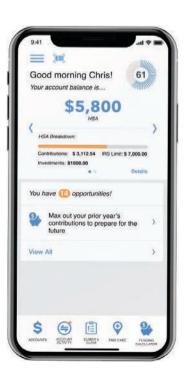
## **Benefits Card**

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

## View Your Account Details Online

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





## **FF Mobile Account App**

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android<sup>™</sup> 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.





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

Blue Cross Blue Shield | www.bcbstx.com/trsactivecare.com | 866-355-5999

## **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 \$10,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

## **Voluntary Term Life Insurance**

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





## Group Voluntary AD&D Insurance Plan Design Summary for GREGORY-PORTLAND ISD / TEEBC TRUST F021842 - 352

	Employee Only Plan	Family Plan
Eligibility	All active full-time Employees who	All active full-time Employees;
	regularly work 20 hours per week	Spouse of Covered Employee;
	are eligible for insurance on the first	Children of Covered Employee to
	of the month following or coinciding	age 26
	with their date of hire.	
Employee Voluntary AD&D Benefit	\$10,000 - \$500,000 in increments of	\$10,000 - \$500,000 in increments c
	\$10,000 not to exceed 5x's annual	\$10,000 not to exceed 5x's annual
	earnings.	earnings
Family Plan Benefits		Spouse: 50%
(Pct of Covered Employee Benefit)		Child: 10%.
Age Reduction Schedule Benefits are reduced by the	35% at age 65	35% at age 65
percentage indicated and are calculated from the original	50% at age 70	50% at age 70
amount at the attainment of the age shown.	Terminate at retirement	Terminate at retirement
Additional AD&D Features		
Seat Belt Benefit	10% - \$10,000	10% - \$10,000
Air Bag Benefit	5% - \$5,000	5% - \$5,000
Education Benefit	N/A	3% - \$3,000 per year
		Up to four years
Repatriation Benefit	\$5,000	\$5,000
Felonious Assault Benefit	10% - \$25,000	10% - \$25,000
Coma Benefit	1% - 11 months	1% - 11 months
Waiver of Premium	Included	Included
COSTS		
Policyholder Contribution	0%	0%
	Employee Only	Spouse or Child
	Monthly Rate per \$1,000	Monthly Rate per \$1,000
	\$0.03	\$0.03

- Infection
- Suicide or attempted suicide
- Intentionally self-inflicted injury
- War
- Travel or flight in any aircraft while a member of the crew
- Under the influence of any narcotic
- Intoxication

Participation in a riot

\*Refer to the policy and certificate for other exclusions and limitations that may apply.

# **Texas Life** Permanent Life



Texas Life | <u>www.texaslife.com</u> | 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	<ul> <li>You own the policy, even if you change jobs or retire.</li> <li>The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.</li> </ul>
Highlights	<ul> <li>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.</li> </ul>

# **ADDITIONAL POLICY BENEFITS**

## Accelerated Death Benefit Due to Chronic Illness Rider

Optional for employees at an additional cost, this valuable living benefit can help offset the unplanned expense of care should the insured be faced with a disabling chronic illness or serious cognitive impairment.

Here's how it works:

- If you're no longer able to perform any two of the six activities of daily living (eating, bathing, dressing, toileting, transferring, maintaining continence) or if you suffer serious cognitive impairment, you can receive a living benefit.<sup>4</sup>
  - Example: You own a \$100,000 Texas Life insurance policy with the Chronic Illness rider. A medical professional certifies that you can no longer perform 2 of the 6 activities or have suffered serious cognitive impairment, you can receive \$92,000 minus a \$150 processing fee.<sup>3</sup>
- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal just 10% of the policy's base premium.

For pennies a day, you can get both a living benefit, should you need it, and a death benefit if you don't.

<sup>1</sup> Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

<sup>2</sup> Conditions apply. See rider for details. Form ICC07-ULABR-07 or Form Series ULABR-07.

<sup>3</sup> The Accelerated Death Benefit Rider for Chronic Illness is available for an additional cost for employees only. This rider pays 92% of the insurance proceeds less a \$150 administration fee (\$100 in FL) in lieu of the benefit payable at death. Conditions apply. Any outstanding loans will reduce the cash value and death benefit. Contract Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15.

<sup>4</sup> Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

## PURELIFE-PLUS

# DO NOT CROSS

## **Accidental Death Benefit Rider**

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Included in the contract at the option of your employer, the Accidental Death Benefit Rider covers all employees and spouses between the ages of 17-59.<sup>6</sup> This rider costs \$0.08 per thousand of the face amount per month and pays the insured's beneficiary double the death benefit if the insured dies within 180 days of an accident from injuries incurred in that accident (90 days in DE, FL, ND, and SD).<sup>7</sup> The benefit is payable through the insured's age 65. Maximum in-force limits and exclusions apply. See the complete list of exceptions to coverage on the following page.

According to the Center for Disease Control, accidents are the third leading cause of death in the U.S.<sup>5</sup>

5 Heron, Melonie, PhD. "Deaths: Leading Causes for 2017." National Vital Statistics Reports, Volume 68, Number 6, June 24, 2019.

6 Available to children and grandchildren at issue age 17-26.

7 Rider details vary by state. Conditions apply. See contract for complete coverage description. Form ICC07-ULABR-07 or Form Series ULABR-07

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the PureLife-plus brochure for costs and complete details. Contract form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Texas Life is licensed to do business in the District of Columbia and every state but New York.

## TEXASLIFE INSURANCE

#### PureLife-plus – Standard Risk Table Premiums – Non-Tobacco – Express Issue **GUARANTEED** Monthly Premiums for Life Insurance Face Amounts Shown PERIOD Includes Added Cost for Age to Which Accidental Death Benefit (Ages 17-59) Issue Coverage is and Accelerated Death Benefit for Chronic Illness (All Ages) Age Guaranteed at \$75,000 \$100,000 \$150,000 \$200,000 \$10,000 \$25,000 \$50,000 \$250,000 \$300,000 Table Premium (ALB) 17-2013.0523.8534.65 45.4567.05 88.65 110.25131.85 7521 - 2213.3324.4035.4846.5568.70 90.85 113.00135.15742.3 13.6024.95 36.30 47.6570.3593.05115.75138.457595.25 24 - 2513.8825.5037.1348.7572.00118.50141.757426 14.4326.6038.78 50.9575.3099.65 124.00 148.35 75 27 - 2814.7027.1539.60 52.0576.95101.85126.75151.65742914.9827.7040.4353.1578.60104.05129.50154.957430-31 15.2528.2541.2554.2580.25 106.25132.25158.2573 112.853216.0829.9043.7357.5585.20 140.50168.157488.50 117.2533 16.6331.0045.3859.75146.00174.757493.45 34 17.4532.6547.85 63 05 123.85 154.25184.65 753567.45100.05132.65165.25197.857618.5534 85 51 15 36 35.95 52.8069.65 103.35137.05170.75204.45 7619.1077 37 72.95143.65179.00214.3519.9337.6055.28108.3038 20.7539.25 57.7576.25113.25150.25187.25224.25 77 39 81.75 121.50161.25201.00 240.7522.1342.0061.88 7840 10.7566.00 87.25 129.75172.25214.75257.257923.5044.75187.6594.95 141.30280.35 41 11.5248.6071.78234.0080 25.43103.7542 12.4027.6353.0078.38154.50205.25256.00306.7581 166.05220.65275.25329.85 82 43 13.1729.5556.8584.15111.4544 13.94 31.4860.70 89.93 119.15177.60236.05294.50352.95 83 4514.7133.40 64.5595.70 126.85189.15251.45313.75376.05 83 102.30 15.5935.6068.95 135.65202.35 269.05335.75 402.45 46 84 108.08 4716.3637.53 72.80143.35213.90284.45355.00425.5584 48 39.4576.65113.85151.05225.45299.85 374.25448.65 85 17.13 $\overline{49}$ 18.12 41.9381.60 121.28160.95240.30 319.65 399.00 478.3585 87.10129.53171.95 5019.22 44.68 86 20.5447.9893.70 139.4387 51185.155221.9751.55100.85 150.15199.4588 158.405323.0754.30106.35210.4588 5424.1757.05111.85 166.65221.4588 117.90 175.735525.3860.08233.5589 5626.4862.83123.40183.98244.5589 CHILDREN AND 5727.8066.13130.00193.88 257.7589 58 29.0169.15136.05202.95 269.85 GRANDCHILDREN 89 5930.33 72.45142.65212.85283.05 89 (NON-TOBACCO) 60 31.1874.58146.90219.23291.5590 with Accidental Death Rider 61 32.6178.15154.05229.95 305.85 90 Grandchild coverage available 62 34.3782.55162.85243.15323.4590 63 36.1386.95 171.65256.35341.05 90 64 38.0091.63 181.00270.38359.7590 Premium Issue Guaranteed 6540.0996.85191.45286.05380.6590 Period Age \$25,000 \$50,000 66 42.4090 67 44.9391 15D-1 9.25 16.25 81 68 47.6891 2-49.50 16.75 80 50.4369 915-8 9.75 17.25 79 7053.29919-10 10.00 17.75 79 PureLife-plus is permanent life insurance to Attained Age 121 that can 11-16 10.25 18.25 77 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 17-20 12.25 22.25 75 the Table Premium. See the brochure under "Permanent Coverage". Indicates 21-22 12.50 22.75 74 Spouse Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO 12.75 23 23.25 75 Coverage Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, 24-25 13.00 23.75 74 ULABR-CI-15 or CA-ULABR-CI-18 Available 24.75 75 26 13.50 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

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#### TEXASLIFE INSURANCE **EMPLOYEE & SPOUSE** with Accidental Death & Chronic Illness Riders Standard Risk Table Premiums - Tobacco - Express Issue PureLife-plus — **GUARANTEED** Monthly Premiums for Life Insurance Face Amounts Shown PERIOD Includes Added Cost for Age to Which Accidental Death Benefit (Ages 17-59) Issue Coverage is and Accelerated Death Benefit for Chronic Illness (All Ages) Age Guaranteed at \$100,000 \$150,000 \$10,000 \$50,000 \$75,000 \$200,000 \$250,000 \$300,000 \$25,000 Table Premium (ALB)17-2018.5534.85 51.1567.45 100.05132.65165.25197.85 7121 - 2219.3836.50 53.6370.75105.00139.25173.50207.75712.3 20.2038.1556.1074.05109.95145.85 181.75217.657224 - 2520.7539.2557.7576.25113.25150.25187.25224.257126 21.3040.3559.4078.45 116.55154.65192.75230.85 72 27 - 2821.8541.4561.0580.65 119.85159.05198.25237.45712922.1342.0061.88 81.75 121.50161.25201.00 240.757170.1330-31 24.88 47.5092.75138.00 183.25228.50 273.7572 3225.7049.1572.6096.05 142.95189.85236.75283.65 7233 25.9849.7073.4397.15144.60192.05239.50286.95727134 26.2550.2574.2598.25 146.25194.25242.25290.2535 80.03 105.95157.80209.65261.50 313.35 7228.1854.1036 29.00 109.25162.75216.25269.75323.25 $\overline{79}$ 55.7582.50 37 116.95174.3073 30.93 59.6088.28 231.65289.00346.3538 31.7561.2590.75120.25179.25238.25297.25356.25 7339 97.35129.05192.45382.65 33.95 65 65 255 85 319.257416.14 71.70 141.15 210.60280.05 349.50 418.95 764036.98 106.43 151.05225.4577 17.1376.65113.85299.85374.25448.6541 39.45122.93 163.1542 18.3442.48 82.70 243.60324.05404.50 484.9578178.55266.7080 43 19.8846.3390.40 134.48354 85 443.00 531.1544 20.6548.2594.25 140.25186.25278.25370.25 462.25 554.2580 4551.0099.75148.50197.25 294.75392.25489.75587.2581 21.7522.63 104.15155.10206.05 307.95 511.75613.65 81 46 53.20409.854723.7355.95109.65163.35217.05324.45431.85539.25646.6582 114.60 170.78226.95 339.30 564.00676.35 82 48 24.7258.43451.65 $\overline{49}$ 62.00 121.75181.50241.25360.75 480.25 599.75719.25 83 26.15127.80253.355027.3665.03190.5883 28.57265.455168.05133.85199.6583 5230.33 72.45142.65212.85 283.05 84 5331.8776.30150.35 224.40298.4585 33.30 79.88 157.50 235.13312.7585 54165.205583.73 246.68328.1585 34.845636.60 88.13174.00259.88 345.7585 5738.36 92.53182.80273.08 363.35 86 58 40.23 97.20 192.15287.10382.05 86 5942.10101.88 201.50 301.13 400.7586 60 43.28104.83207.40309.98 412.5586 61 45.81111.15220.05 328.95 437.8586 62 48.23117.20232.15347.10462.0587 63 50.65123.25244.25365.25486.2587 **CHILDREN AND** 87 64 53.07129.30 256.35383.40510.45GRANDCHILDREN 6555.71135.90269.55403.20536.8587 (TOBACCO) 66 58.5788

with Accidental Death Rider

Grandchild coverage available through age 18.

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

88

88

88

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

23M014-C-M FFGA-T 1012 (exp 0325)

61.65

64.84

68.25

71.88

67

68

69

70

# Cancer Insurance Plan Options



## American Fidelity | <u>www.americanfidelity.com</u> | 800-654-8489

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

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

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

## Group Cancer Insurance



## Group Cancer Insurance





## Focus on the fight.

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

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

## Did You Know?

New cancer cases in America are diagnosed at the rate of about 5,255 per day.

American Cancer Society: Cancer Facts and Figures 2022, P4

## Plan Benefit Highlights

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

## Benefits designed to help cover costs.

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

## Examples:



## **Diagnostic and Prevention**

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for quick processing.



## Travel Expenses

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

## Plan Benefit Highlights

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

BENEFITS	BASIC	ENHANCED PLUS
Dread Disease Per day while hospital confined Day 1-30 Day 31+	\$100 \$200	\$300 \$600
Donor	\$1,0	000/donation
Drugs and Medicine Inpatient Per confinement Outpatient \$50 per prescription up to maximum shown per calendar month	\$50 \$50	\$200 \$100
Attending Physician While hospital confined, per day	\$50	\$50
Transportation & Lodging (Patient & Family Member) Transportation \$1,500 max per round trip, max 12 trips per calendar year Lodging	Coach fare or \$.50/ mile by car	Coach fare or \$.50/ mile by car
Per day, up to 90 days per calendar year	\$50	\$75
<b>Ambulance</b> <b>Ground</b> Per trip, up to 2 per confinement <b>Air</b> Per trip, up to 2 per confinement	\$200 \$2,000	\$200 \$2,000
<b>Physical or Speech Therapy</b> Per visit, up to 4 per calendar month, lifetime max of \$1,000.	\$50	\$50
<b>Diagnostic and Prevention</b> One per calendar year	\$25	\$75
Cancer Screening Follow-Up One per calendar year	\$25	\$75
<b>Waiver of Premium</b> Employee only		ter 90 days of ous disability
Internal Cancer Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	\$2,500	\$5,000
Heart Attack or Stroke Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	N/A	\$5,000
Hospital Intensive Care Unit Per day, up to 30 days per confinement; benefits reduced 50% at age 70 Ambulance		\$600 \$100

3

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

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

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

# **Hospital Indemnity Insurance**

Aetna | <u>www.aetna.com</u> | 800-607-3366

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!



# Less stress

# **Aetna Hospital Indemnity Plan**

## Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, you can plan ahead to give yourself an extra financial cushion.

## What is the Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or unplanned hospital stay for an illness, injury, surgery or delivering a baby. It also pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

## How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with a stay in the hospital.

The Aetna Hospital Indemnity Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

## How can you use the cash benefits?

It's completely up to you. You can use the money any way you want, like paying for:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or for anything else **you** choose.

## Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered stay in a hospital. And, benefits get paid directly to you by check or direct deposit.

## The Aetna Hospital Indemnity Plan is underwritten by Aetna Life Insurance Company (Aetna).



## **Inpatient Stays**

inpacient stays		
Covered Benefit	Low	High
<b>Hospital stay - Admission</b> Provides a lump sum benefit for the initial day of your stay in a hospital. Observation unit stays longer than 24 hours will be payable under admission and daily stay benefits.	\$1,000	\$2,000
Maximum 2 stays per plan year; separated by 30 days in a row		
<b>Hospital stay - Daily</b> Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital.	\$100	\$200
Maximum 30 days per plan year		
<b>Hospital stay - (ICU) Daily</b> Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital.	\$200	\$400
Maximum 30 days per plan year		
<b>Newborn routine care</b> Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.	\$100	\$200
<b>Observation unit</b> Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury.	\$100	\$200
Maximum 1 day per plan year		
<b>Substance abuse stay - Daily</b> Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse.	\$100	\$200
Maximum 30 days per plan year		
<b>Mental disorder stay - Daily</b> Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders.	\$100	\$200
Maximum 30 days per plan year		
<b>Rehabilitation unit stay - Daily</b> Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury. <i>Maximum 30 days per plan year</i>	\$50	\$100
maximum so days per plan year		

Important Note:

All daily inpatient stay benefits begin on day two and count toward the plan year maximum .

## **Exclusions and Limitations**

This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits will not be paid for any stay or other service for an illness or accidental injury related to the following:

- 1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving;
- 2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment;
- 3. Act of war, riot, war;
- 4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
- 5. Assault, felony, illegal occupation, or other criminal act;
- 6. Care provided by a spouse, parent, child, sibling or any other household member;
- 7. Cosmetic services and plastic surgery, with certain exceptions;
- 8. Custodial Care;
- 9. Hospice services, except as specifically provided in the Benefits under your plan section of the certificate;
- 10. Self-harm, suicide, except when resulting from a diagnosed disorder;
- 11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
- 12. Care or services received outside the United States or its territories;
- 13. Education, training or retraining services or testing;
- 14. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant;
- 15. Exams except as specifically provided in the Benefits under your plan section of the certificate;
- 16. Dental and orthodontic care and treatment;
- 17. Family planning services;
- 18. Any care, prescription drugs, and medicines related to infertility;
- 19. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins;
- 20. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
- 21. Vision-related care



Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken.

Hospital Indemnity Plan You may enroll in one option only			
Low	Cost	<u>Hiah</u>	<u>Cost</u>
Yourself only	\$13.32	Yourself only	\$25.59
Yourself & spouse	\$29.46	Yourself & spouse	\$56.75
Yourself plus child(ren)	\$22.67	Yourself plus child(ren)	\$43.61
Yourself and family	\$37.65	Yourself and family	\$72.29



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# **Disability Insurance**

American Fidelity | <u>www.americanfidelity.com</u> | 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 begß receiving payments.

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

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



## Disability Income Insurance



## AF<sup>™</sup> Long-Term Disability Income Insurance

Texas Schools





EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

## Focus on Recovery, Not Expenses

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

## **Plan Highlights**



Benefits are Payable Directly to You

You have the freedom to use the funds for your daily expenses such as: 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	
Plan I	On the 1st day of Disability due to a Disability requiring hospitalization and on the 8th day of Disability due to a covered Injury or Sickness.
Plan II	On the 1st day of Disability due to a Disability requiring hospitalization and on the 15th day of Disability due to a covered Injury or Sidkness.
Plan III	On the 1st day of Disability due to a Disability requiring hospitalization and on the 31st day of Disability due to a covered Injury or Sidkness.
Plan IV	On the 61st day of Disability due to a covered Injury or Sickness.
Plan V	On the 91st day of Disability due to a covered Injury or Sickness.
Plan VI	On the 151st day of Disability due to a covered Injury or Sickness.



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



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



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



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

## Benefit Policy Schedule

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

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

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

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

#### Disability Income Insurance



### AF<sup>™</sup> Long-Term Disability Income Insurance Texas Schools

Marketed by:





EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

## Focus on Recovery, Not Expenses

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

### Plan Highlights



Benefits are Payable Directly to You

You have the freedom to use the funds for your daily expenses such as: 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

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



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



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



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



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

## Benefit Policy Schedule

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

		Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	Plan l (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

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

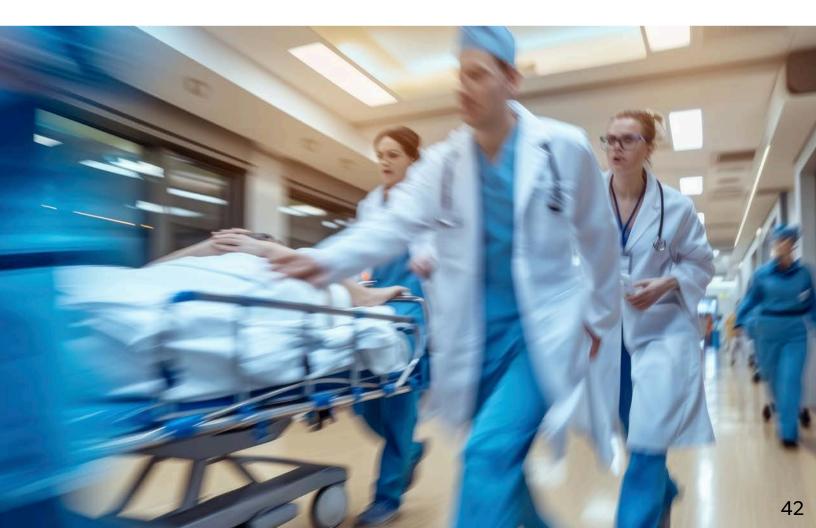
\*Higher benefit amounts available up to a maximum Monthly Disability Benefit of \$10,000.

## **Accident Insurance**

Aetna | <u>www.aetna.com</u> | 800-607-3366

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit



# Covering your bases

## Aetna Accident Plan

#### Be prepared for the unexpected

Accidents are just that — accidents. You can't plan for them. But, you can protect yourself financially as much as possible.

#### What is the Accident Plan?

The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and serious injuries. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

#### How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with an accidental injury.

The Aetna Accident Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

#### How can you use the cash benefits?

It's completely up to you. You can use the money any way you want, like paying for:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or anything else you choose.

#### Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered injury or treatment. And, benefits get paid directly to you by check or direct deposit.

The Aetna Accident Plan is underwritten by Aetna Life Insurance Company (Aetna).



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Initial Care		
Covered Benefit	Low Plan	High Plan
Ambulance		
Ground ambulance		
Pays a benefit for when you are transported by a licensed professional ambulance company by a Ground ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within 24 hours after an accidental injury.	\$300	\$300
Air ambulance		
Pays a benefit for when you are transported by a licensed professional ambulance company by an Air ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within 48 hours after an accidental injury.	\$1,500	\$1,500
Maximum trips per accident, air and ground combined	1	1
Initial Treatment		
Emergency room/Hospital		
Pays a benefit if an insured person requires initial examination and treatment in an emergency room as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the accidental injury.	\$100	\$150
Physician's office/Urgent care facility		
Pays a benefit if an insured person requires initial examination and treatment in a physician's office or urgent care center as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the	\$100	\$150
accidental injury. Walk-in clinic/Telemedicine	¢EO	¢
	\$50	\$50
Maximum visits per accident, combined for all places of service	1	1
Maximum visits per plan year, combined for all places of service X-ray/Lab	3	3
Pays if an insured person receives an X-ray due to an accidental injury. The X-ray(s) must be prescribed by a physician and performed by a licensed facility within 30 days after the accidental injury.	\$25	\$50
Medical imaging		
Pays a benefit if an insured person receives a medical imaging test due to an accidental injury. Medical imaging tests include only the following: 1. Positron Emission Tomography (PET)		
2. Computed Tomography Scan (CT)	\$100	\$150
3. Computed Axial Tomography (CAT)	7.20	7.00
4. Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI)		
5. Electroencephalogram (EEG)		
The test must be ordered by a physician and performed in a medical facility on an outpatient basis within 180 days after the accidental injury.		

outpatient basis within 180 days after the accidental injury.

Proprietary

### **Follow-up Care**

Follow-up Care		
Covered Benefit	Low Plan	High Plan
Accident follow-up		
Emergency room/Hospital		
Pays a benefit if an insured person receives follow-up treatment in emergency	\$50	\$50
room or hospital for an accidental injury within one year of the accident.		
Physician's office/Urgent care facility		
Pays a benefit if an insured person receives follow-up treatment in a physician's	\$50	\$50
office or urgent care center for an accidental injury within one year of the accident.		
Walk-in clinic/Telemedicine	\$25	\$25
Maximum visits per accident, combined for all places of service	2	3
Maximum visits per plan year, combined for all places of service	6	9
Appliances		
<b>Major:</b> Back brace, body jacket, knee scooter, wheelchair, motorized scooter or	¢100	¢200
wheelchair	\$100	\$200
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in	\$50	\$100
your physical movement	\$0C¢	\$100
Chiropractic treatment and alternative therapy	\$15	\$25
Maximum visits per accident	10	10
Maximum visits per plan year	30	30
Pain management (epidural anesthesia)		
Pays a benefit if an insured person receives epidural anesthesia as the result of an	\$50	\$100
accidental injury. The epidural anesthesia must be administered within 60 days after	400	\$100
the accidental injury.		
Prescription drugs	\$10	\$10
Prosthetic device/Artificial limb		
One limb	\$500	\$750
Multiple limbs	\$1,000	\$1,500
Maximum benefit per accident	1	1
Repair or replace	25%	25%
Maximum benefit per plan year	1	1
Therapy services - Speech, occupational, or physical therapy or cognitive	<u>  ተ</u>	<u></u> ተጋር
rehabilitation	\$15	\$25
Maximum visits per accident	10	10

Hospital Care		
Covered Benefit	Low Plan	High Plan
Hospital stay – admission (initial day)		
Non-ICU admission		
Pays a benefit if an insured person is admitted into the hospital due to an accidental injury. We will not pay this benefit if you're admitted into an observation unit, treated in an emergency room or outpatient surgery. The stay must begin within 180 days after an accidental injury.	\$500	\$1,000
ICU admission		
Pays a benefit if an insured person is admitted directly to ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury.	\$1,000	\$2,000
Hospital stay – daily*		
Non-ICU daily		
Pays a benefit if an insured person has a stay in a hospital due to an accidental injury.	\$100	\$200
ICU daily		
Pays a benefit if an insured person has a stay in an ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury.	\$200	\$400
Step down intensive care unit daily	\$150	\$300
Maximum days per accident (combined for all stays due to the same accident)	365	365
Rehabilitation unit stay – daily		
Pays a benefit if an insured person is transferred to a rehabilitation unit immediately after a stay in a hospital due to an accidental injury.	\$50	\$100
Maximum days per accident	30	30
Observation unit		
Pays a benefit if an insured person requires services in an observation unit as the result of an accidental injury. The Hospital Stay Admission Benefit will not be payable if the Observation Unit Benefit is payable. Observation services must begin within 72 hours after the accidental injury.	\$100	\$100

\* Important Note: All Hospital stay – daily benefits begin on day two.

Proprietary



Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken.

Accident Plan You may enroll in one option only					
Low	<u>Cost</u>	<u>High</u>	<u>Cost</u>		
Yourself only	\$6.64	Yourself only	\$10.26		
Yourself & spouse	\$11.48	Yourself & spouse	\$17.80		
Yourself plus child(ren)	\$12.87	Yourself plus child(ren)	\$19.58		
Yourself and family	\$17.36	Yourself and family	\$26.43		

## **Critical Illness Insurance**

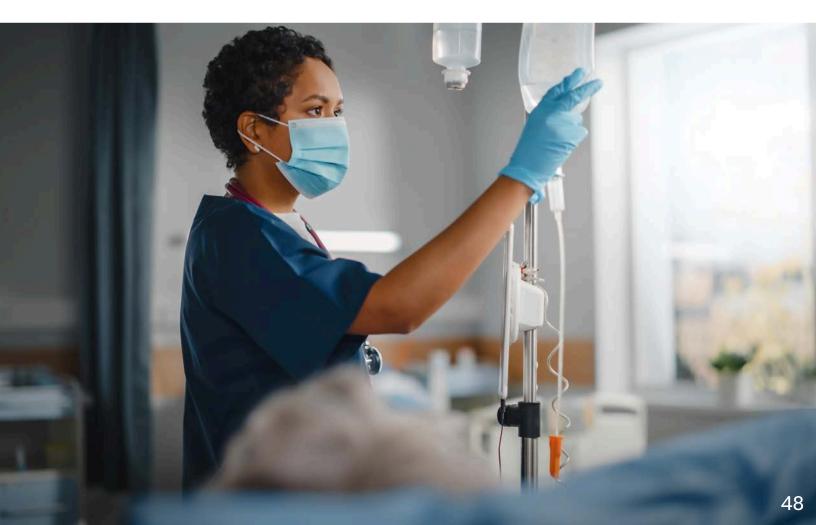
The Hartford | <u>www.thehartford.com/employee-benefits/value-added-services</u> | 800-964-3577

#### **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.



#### COVERAGE AMOUNT(S)

- Employee: Choice of \$10,000 to \$30,000 in increments of \$10,000 (\$10,000; \$20,000 or \$30,000)
- **Spouse**: 50% of the Employee's elected Coverage Amount
- Dependent Child(ren): 50% of the Employee's elected Coverage Amount (per child)

Any amount of insurance for a Spouse or Dependent Child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000. All Coverage Amount(s) are Guaranteed Issue.

#### **CRITICAL ILLNESS BENEFITS**

All Critical Illness Benefits are subject to all of the applicable Definitions, Additional Requirements, maximums, limitations, Exclusions and other provisions of the Policy. The amounts shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy, as described in the Critical Illness Benefits and General Limitations & Exclusions sections of the Certificate.

All **Initial Occurrence Benefit Amounts** are a percentage of the applicable Coverage Amount in effect for a Covered Person at the time of Diagnosis of a Critical Illness, unless otherwise stated as a specific dollar amount.

All **Reoccurrence Benefit Amounts** are a percentage of the Initial Occurrence Benefit Amount for the applicable Critical Illness that is payable or was previously paid under the Policy for a Covered Person.

	Initial Occurrence	Reoccurrence
Critical Illness:	Benefit Amount:	Benefit Amount:

#### **CANCER & BENIGN TUMOR CATEGORY**

Cancer (Invasive)	100%	100%
Carcinoma in Situ (Non-Invasive)	25%	100%
Skin Cancer	\$500	None
Benign Brain or Spinal Cord (Intradural) Tumor		
Early Diagnosis	10%	None
Advanced Diagnosis	100%	None

#### **HEART & VASCULAR CATEGORY**

Heart Attack (Myocardial Infarction)		
ST-Segment Elevation Myocardial Infarction (STEMI)	100%	100%
Non-ST Segment Elevation Myocardial Infarction (NSTEMI)	25%	100%
Coronary Artery Disease		
Minor Diagnosis	10%	100%
Major Diagnosis	100%	100%
Stroke		
Mild Stroke	10%	100%
Moderate Stroke	50%	100%
Severe Stroke	100%	100%
Abdominal Aortic Aneurysm or Thoracic Aortic Aneurysm		
Major Diagnosis	100%	100%

#### MAJOR ORGAN CATEGORY

Major Organ Failure	100%	100%
End Stage Renal Disease (ESRD)	100%	None

#### **NEUROLOGICAL CONDITIONS CATEGORY**

Dementia		
Advanced Diagnosis	100%	None
Parkinson's Disease		
Advanced Diagnosis	100%	None
Amyotrophic Lateral Sclerosis (ALS)		
Advanced Diagnosis	100%	None
Multiple Sclerosis (MS)		
Advanced Diagnosis	100%	None

#### CHRONIC/PROGRESSIVE & INFECTIOUS CONDITIONS CATEGORY

Other Chronic/Progressive Condition		
Advanced Diagnosis	100%	None
Severe Infectious Disease		
Major Diagnosis	25%	None

#### FUNCTIONAL LOSS & CATASTROPHIC CONDITIONS CATEGORY

Coma	100%	100%
Loss of Hearing	100%	None
Loss of Sight	100%	None
Loss of Speech	100%	None
Permanent Paralysis	100%	None
Severe Burn		
Greater than 36% of Total Body Surface Area	100%	None

#### CHILD CONDITIONS CATEGORY

Cerebral Palsy		
Advanced Diagnosis	100%	None
Congenital Heart Defect	100%	None
Congenital Metabolic Disorder	100%	None
Genetic Disorder	100%	None
Structural Congenital Defect	100%	None

Critical Illnesses included in the Child Conditions Category must be Diagnosed during Childhood.

**Policy Benefit Maximum.** 500% – The Policy Benefit Maximum is a percentage of the applicable Coverage Amount in effect for a Covered Person at the time of Diagnosis of a Critical Illness. A Covered Person may receive multiple Critical Illness benefit payments under the Policy until the maximum is reached.

#### ADDITIONAL BENEFIT(S)

All Additional Benefits are subject to the applicable Definitions, Exclusions and other provisions of the Policy. The amounts and maximums shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy, as described in the Additional Benefit(s) and General Limitations & Exclusions sections of this Certificate.

Benefit:	Benefit Amount:	Benefit Maximum:
Health Screening	\$50	Once per Policy Year

#### **GENERAL LIMITATIONS & EXCLUSIONS**

The limitations and exclusions included below apply to all benefits included in this Certificate unless otherwise noted below. Please note that certain Critical Illness Benefits and Additional Benefits may have additional limitations or requirements presented in the benefit provisions and definitions of this Certificate. All limitations and exclusions are fully described in the Certificate.

Unless otherwise stated in the Certificate, We will not pay benefits for any Critical Illness included in the Policy if a Covered Person was Diagnosed with such illness or condition prior to the Covered Person's effective date under the Policy.

**Reoccurrence Benefit Separation Period.** Once a Critical Illness is Diagnosed for which a benefit is payable for a Covered Person, in order for a Reoccurrence Benefit to be payable for that same Critical Illness, a Reoccurrence Benefit Separation Period of 180 days must be satisfied.

**Related Critical Illness Limitation.** Once a Critical Illness is Diagnosed for which an Initial Occurrence Benefit is payable for a Covered Person, in order for an Initial Occurrence Benefit to be payable for any Related Critical Illness for the Covered Person, the date of Diagnosis of any Related Critical Illness must occur more than 30 days after the date Diagnosis for the prior Critical Illness. This limitation is fully described in the Certificate.

**Policy Benefit Maximum.** Each Covered Person may receive multiple payments for Critical Illness Benefits under this Certificate until the Policy Benefit Maximum shown in the Benefit Schedule is reached. Any payments received by a Covered Person for any Additional Benefit(s) do not count toward this maximum. This limitation is fully described in the Certificate.

#### **GROUP CRITICAL ILLNESS INSURANCE PREMIUM WORKSHEET**

#### For Employees of:

#### **GREGORY-PORTLAND INDEPENDENT SCHOOL DISTRICT** (Policyholder)

This worksheet will assist you in determining the premium for the coverage you elect for yourself and any dependent(s). The amounts presented below may vary from amount(s) provided to you when you enroll or from amount(s) you actually pay for the coverage due to rounding or changes in your age/how your age is calculated for purposes of this coverage.

A few important things to know:

- Employee and Spouse premiums are determined/calculated using the Employee's age as of the Policy Effective Date or as of the most recent Policy Anniversary (whichever is later).
- Premiums for Employee and Spouse coverage will increase over time as the Employee reaches the starting age of each subsequent age band.
- Coverage for any Dependent Child(ren) is automatic with Employee enrollment/participation. A separate premium is not required for child coverage.
- Please contact the Policyholder or your benefits administrator if questions or for additional information on premiums for this coverage.

#### **CLASS & POLICY INFORMATION**

Eligible Class(es): All Eligible Employees

Policy Situs/Issue State: Texas	Policy Number: VCI-897790
Policy Effective Date: September 1, 2022	Policy Anniversary: September 1

#### **EMPLOYEE PREMIUMS** (12 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

	Age												
Coverage Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	\$3.11	\$3.87	\$4.74	\$5.90	\$7.76	\$11.38	\$15.08	\$19.59	\$26.49	\$35.61	\$46.47	\$58.84	\$71.17
\$20,000	\$6.22	\$7.74	\$9.48	\$11.80	\$15.52	\$22.76	\$30.16	\$39.18	\$52.98	\$71.22	\$92.94	\$117.68	\$142.34
\$30,000	\$9.33	\$11.61	\$14.22	\$17.70	\$23.28	\$34.14	\$45.24	\$58.77	\$79.47	\$106.83	\$139.41	\$176.52	\$213.51

#### SPOUSE PREMIUMS (12 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

							Age						
Coverage Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$5,000	\$1.14	\$1.52	\$1.96	\$2.54	\$3.47	\$5.28	\$7.13	\$9.39	\$12.83	\$17.39	\$22.82	\$29.01	\$35.18
\$10,000	\$2.28	\$3.04	\$3.92	\$5.08	\$6.94	\$10.56	\$14.26	\$18.77	\$25.66	\$34.78	\$45.64	\$58.01	\$70.35
\$15,000	\$3.42	\$4.56	\$5.88	\$7.62	\$10.41	\$15.84	\$21.39	\$28.16	\$38.49	\$52.17	\$68.46	\$87.02	\$105.53

#### **EMPLOYEE PREMIUMS** (24 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

	Age												
Coverage Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	\$1.56	\$1.94	\$2.37	\$2.95	\$3.88	\$5.69	\$7.54	\$9.80	\$13.25	\$17.81	\$23.24	\$29.42	\$35.59
\$20,000	\$3.11	\$3.87	\$4.74	\$5.90	\$7.76	\$11.38	\$15.08	\$19.59	\$26.49	\$35.61	\$46.47	\$58.84	\$71.17
\$30,000	\$4.67	\$5.81	\$7.11	\$8.85	\$11.64	\$17.07	\$22.62	\$29.39	\$39.74	\$53.42	\$69.71	\$88.26	\$106.76

#### SPOUSE PREMIUMS (24 PREMIUM/PAYROLL DEDUCTIONS PER YEAR)

	Age												
Coverage Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$5,000	\$0.57	\$0.76	\$0.98	\$1.27	\$1.74	\$2.64	\$3.57	\$4.69	\$6.42	\$8.70	\$11.41	\$14.50	\$17.59
\$10,000	\$1.14	\$1.52	\$1.96	\$2.54	\$3.47	\$5.28	\$7.13	\$9.39	\$12.83	\$17.39	\$22.82	\$29.01	\$35.18
\$15,000	\$1.71	\$2.28	\$2.94	\$3.81	\$5.21	\$7.92	\$10.70	\$14.08	\$19.25	\$26.09	\$34.23	\$43.51	\$52.76



## **Identity Theft Protection**

iLock 360-Cypher Security | <u>www.ilock360.com</u> | 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?



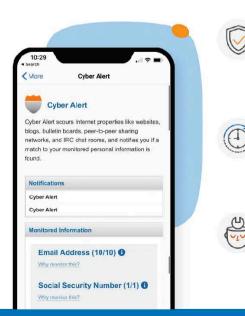
39 seconds is how often cyber-attacks to occur

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	\$7.95	\$11.95
Employee + Family		\$14.95	\$22.95

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

### Protect your identity **TODAY!**

Please note: A valid email address is required for enrollment in iLOCK360. All iLOCK360 alerts and/or notifications are sent via email. Consider utilizing an email address that you check regularly. Account activation & setup of monitored elements is required upon the start of your new benefit plan year. 5

## Learn more about the protections that iLOCK360 offers:

		Basic	Plus	Premium
Plan features	Service description			
Identity theft resolution services				
Full-Service Identity Theft Restoration & Lost Wallet Protection MOST VALUABLE SERVICE. Dependable help that's just a phone call away!	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 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 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.		<b>(</b> )	<b>(</b> )
\$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		0	0
Comprehensive identity monitoring				
CyberAlert™ monitors:				
<ul> <li>one Social Security Number</li> <li>two Phone Numbers</li> <li>two Email Addresses</li> <li>five Credit/Debit Cards</li> <li>two Medical ID Numbers</li> <li>five Bank Accounts</li> <li>one Drivers License Number</li> <li>one Passport.</li> </ul>	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 your personal information.	0	<b>v</b>	<ul><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li></ul>
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.		Ø	V
Court/Criminal Records Monitoring	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.		0	Ø
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 payday or quick cash loan provider.		Ø	Ø
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.		<b>V</b>	<ul><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li></ul>
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.		<b>v</b>	Ø
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.			
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

## **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.







#### **DID YOU KNOW?**

25 MILLION are sent to the emergency room through ground or air ambulance

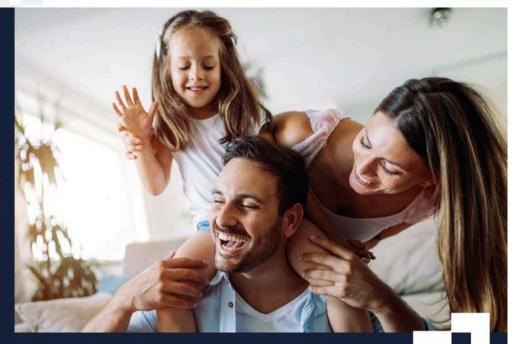
through ground or air ambulance every year<sup>\*</sup>. Insurance companies may I

Insurance companies may not cover all air and ground ambulance expenses which can result in max in-network out-of-pocket<sup>\*\*</sup> costs of:



\$8,700 Individual \$17,400 Family

Ground ambulance out-of-network transportation costs may be even higher than in-network since the No Surprises Act does not apply to ground ambulance at this time.



### EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses<sup>-</sup> for emergency ambulance transportation assistance and other related services.

#### Emergency Air Ambulance Coverage<sup>1</sup>

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

#### Emergency Ground Ambulance Coverage<sup>1</sup>

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

#### Hospital to Hospital Ambulance Coverage<sup>1</sup>

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

#### Repatriation to Hospital Near Home Coverage<sup>1</sup>

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

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

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#### **DID YOU KNOW?**

25 MILLION PEOPLE

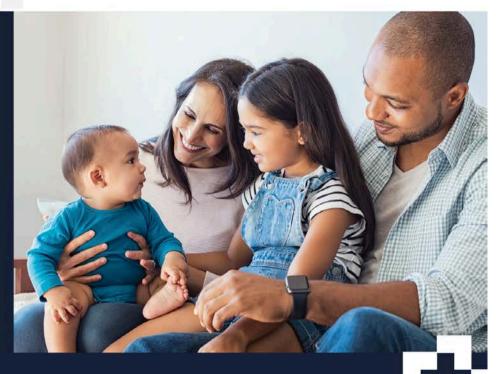
are sent to the emergency room through ground or air ambulance every year\*.

Insurance companies may not cover all air and ground ambulance expenses which can result in max in-network out-of-pocket<sup>\*\*</sup> costs of:



\$8,700 Individual \$17,400 Family

Ground ambulance out-of-network transportation costs may be even higher than in-network since the No Surprises Act does not apply to ground ambulance at this time.



### PLATINUM MEMBERSHIP BENEFITS

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A MASA MTS Membership provides the ultimate peace of mind at an aff ordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

#### Emergency Air Ambulance Coverage<sup>3</sup>

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

#### Emergency Ground Ambulance Coverage<sup>3</sup>

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

#### Hospital to Hospital Ambulance Coverage<sup>3</sup>

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

#### Repatriation to Hospital Near Home Coverage<sup>1</sup>

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

#### Patient Return Transportation Coverage<sup>1</sup>

MASA MTS provides services and covers the out-of-pocket expenses associated with coordinating a Member's transportation when hospitalized more than one hundred (100) miles from home, after discharge from the medical facility, by a regularly scheduled commercial airline to the commercial airport nearest the Member's home.





### PLATINUM MEMBERSHIP BENEFITS

#### **Companion Transportation Coverage**<sup>2</sup>

MASA MTS provides services associated with the coordination of transportation for the Member's spouse, other family member, or companion to accompany the Member's emergency transport by a medically equipped, rotary (i.e., helicopter) or fixed-wing aircraft, giving due priority to the medical personnel and/or equipment and the welfare and safety of the patient.

#### Hospital Visitor Transportation Coverage<sup>2</sup>

MASA MTS provides services and covers air transportation expenses associated with coordinating a round-trip, regularly scheduled, commercial airfare for Member's spouse, other family Member or companion to join the Member in the event of inpatient hospitalization more than one hundred (100) statute miles from Member's home.

#### Minor Return Transportation Coverage<sup>2</sup>

MASA MTS provides services and covers out-of-pocket expenses associated with minor return transportation to a parent, legal guardian, or another person that can be responsible for the minor in the event that the minor is unattended as a result of Member's Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, or Mortal Remains Transportation coverages. MASA MTS also provides for a qualified attendant to accompany the minor during travel when the minor's age and/or medical condition may require such care.

#### Vehicle & RV Return Coverage<sup>2</sup>

MASA MTS provides services and covers the out-of-pocket expenses associated with vehicle return transportation for one (1) a safe operational car, truck, van, motorcycle, travel trailer, or motor home to the Member's home. This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages. MASA MTS pays the cost of fuel, oil and driver.

#### Pet Return Transportation Coverage<sup>2</sup>

MASA MTS provides services and covers out-of-pocket expenses for the return transportation to a Member's home for up to two (2) pet(s) belonging to the Member that includes either a dog, cat or other small animal(s). This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages.

#### Organ Retrieval & Organ Recipient Transportation Coverage<sup>4</sup>

MASA MTS provides services and covers air transportation expenses associated with coordinating transportation for an organ when the Member requires an organ transplant. MASA MTS will also provide service and cover transportation costs of Member and Member's spouse, other family Member or a companion should the Member need to travel to the location where the procedure will occur. If medically necessary, the organ will be transported by a medically equipped fixed-wing aircraft; otherwise, the organ is delivered by a commercial airline to the suitable airport nearest the location of the operation.

#### Mortal Remains Transportation Coverage<sup>1</sup>

MASA MTS covers the air transportation expense for a Member's mortal remains in the event of their death when it occurs more than one hundred (100) statute miles from home. Remains are transported by a regularly scheduled commercial airline to the commercial airport nearest a Member's home.

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

## 403(b) Retirement Plans

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

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

#### How a 403(b) Works

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

#### **Benefits**

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

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

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

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.

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

## **Employee Assistance Program**

All One Health | www.allonehealth.com | 888-993-7650

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.





## Life comes with challenges. **Your Assistance Program** is here to help.

Your Employee Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

> All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:



Sessions

Life

**Mental Health** Coaching

0



Financial Consultation

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	-

Legal Referrals



Work-Life Resources



Medical Advocacy

## **Unlimited Resources, Always Available**

Access your benefits 24/7/365 through your member portal with online requests and chat options. Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.



Call: 888-993-7650

Visit: www.allonehealth.com/deeroaks 62

## **TeleHealth**



#### Recuro Health | <u>www.recurohealth.com</u> | 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.

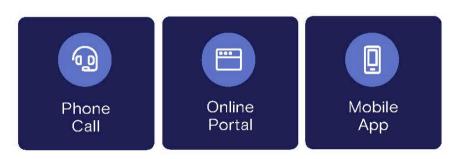
Board Certified physicians will diagnose your illness, recommend treatment, and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They can treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections,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



### Primary Care

Pediatrics

\* 8 C

Urgent Care

# Healthcare that makes sense

Type of Visit	Average Cost
Primary Care Urgent Care	\$100 \$150
Emergency Room	\$1400
RECURO	\$0

2013 Medical Expenditure Panel 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**



<u>©</u>

#### Call 1.855.6RECURO

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Visit www.recurohealth.com





## COBRA

### First Financial Administrators, Inc. | <u>www.ffga.com</u> | 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 | <u>https://www.ffga.com/medicare-solutions</u> | 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 | 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 | <u>https://partner.cleverrx.com/ffga</u> | 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**

1200 Broadway Blvd. | Portland, TX 78374 361-777-1091 | <u>www.g-pisd.org</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	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	www.americanfidelity.com	(800) 654-8489
Cancer	American Fidelity	www.americanfidelity.com	(800) 654-8489
Critical Illness	The Hartford	<u>www.thehartford.com/employee-</u> benefits/value-added-services	(800) 964-3577
Accident	Aetna	<u>www.aetna.com</u>	(800) 607-3366
Medical Transport	MASA MTS	www.masamts.com	(954) 334-8261
Voluntary Retirement Plans	TCG Services	www.tcgservices.com	(800) 943-9179
403(b) Retirement Plans	First Financial Administrator´s, Inc.	<u>www.ffga.com</u> <u>retirement@ffga.com</u>	(800) 523-8422, option 2
457(b) Retirement Plans	TCG Services	www.tcgservices.com	(800) 943-9179

## **Contact Information**

1200 Broadway Blvd. | Portland, TX 78374 361-777-1091 | <u>www.g-pisd.org</u> Marissa Wenning, Account Manager 210-380-0832 / marissa.wenning@ffga.com

Product	Carrier	Website	Phone
Employee Assistance Program	All One Health	www.allonehealth.com	(888) 993-7650
Telehealth	Recuro	www.recurohealth.com	(855) 6RECURO
Hospital Indemnity	Aetna	www.aetna.com	(800) 607-3366
COBRA	First Financial Administrators, Inc.	<u>www.ffga.com</u>	(800) 523-8422, option 4
Medicare	FFMS	www.ffga.com/medicare-solutions	(800) 523-8422
Prescription Savings Plan	Clever RX	partner.cleverrx.com/ffga	(800) 974-3135