

Bastrop ISD

2023 – 2024 Plan Year
September 1, 2023 – August 31, 2024

EMPLOYEE BENEFITS GUIDE



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ELIGIBILITY

Employees regularly scheduled to work 20 or more hours each work week are eligible to participate in all benefit plans on the first day of the month following date of hire. Eligible dependents include your legal spouse and dependent children up to age 26, unless disabled. You must be actively at work on the plan effective date for new benefits to be effective. This means you are physically capable of performing the functions of your job on the day your benefits would become effective.

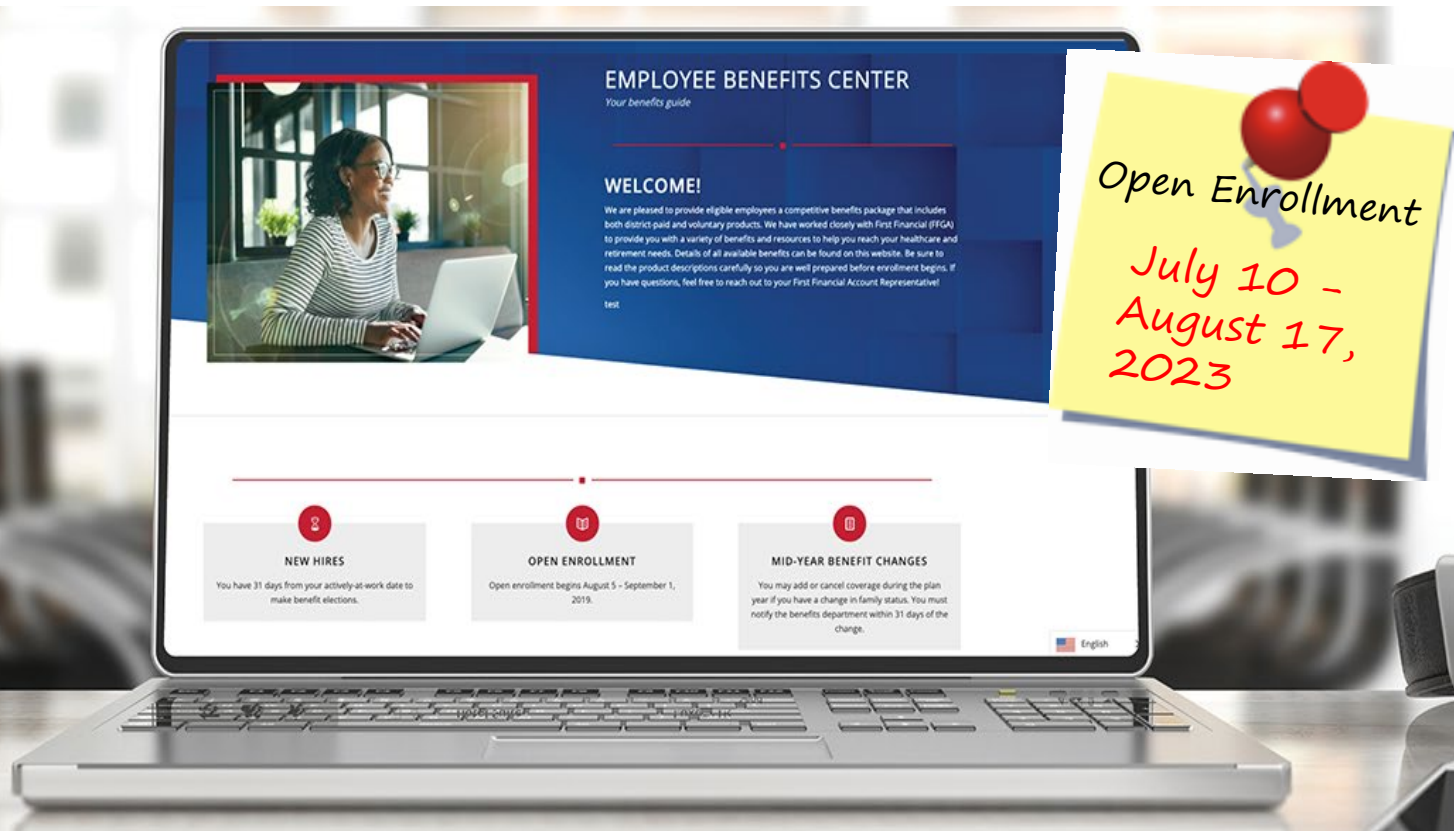
NOTE: This Booklet is an outline of benefits only. If there is a conflict between the terms of this outline of benefits and the contract, the terms of the contract will prevail.

EMPLOYEE BENEFITS CENTER YOUR ONE-STOP-SHOP FOR EMPLOYEE BENEFIT INFORMATION



Bastrop ISD and First Financial 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 claims, important phone number, and enrollment information. There's no need to register for site access. Simply type the URL below into your browser or scan the QR code and you will be directed to your Employee Benefits Center.

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



**OPEN ENROLLMENT DATES: JULY 10 - AUGUST 17, 2023 FOR CURRENT/RETURNING EMPLOYEES.
NEW HIRES, YOU HAVE 31 DAYS FROM YOUR DATE OF HIRE TO COMPLETE YOUR ENROLLMENT.**

ENROLLMENT INFORMATION

FFenroll, YOUR NEW BENEFITS ENROLLMENT PLATFORM!

Your enrollment selections will be completed in a new online enrollment system, called FFenroll. Please see the next page for instructions on how to enroll.

This Open Enrollment is MANDATORY and every employee must complete their enrollment. This will ensure that all information and insurance plans are correct in the transition to FFenroll. Please see the enrollment schedule below of when FFGA representatives will be onsite to assist with Open Enrollment.

OPEN ENROLLMENT SCHEDULE

DATE	DAY OF THE WEEK	LOCATION	TIME
July 18 th , 2023	Tuesday	Service Center	8 am – 4 pm
July 19 th , 2023	Wednesday	Service Center	8 am – 4 pm
July 20 th , 2023	Thursday	Service Center	8 am – 4 pm
July 24 th , 2023	Monday	Service Center	8 am – 4 pm
July 31 st , 2023	Monday	Service Center	8 am – 4 pm
August 3 rd , 2023	Thursday	Service Center	8 am – 4 pm

The Service Center is located at 906 Farm Street, Bastrop, TX 78602.

*****If you are a new hire, you will complete your enrollment over the phone with your First Financial Representative, Taylor Silguero. Once you are entered into FFenroll, you will receive an email with a link to sign up for a day and time for Taylor to call you. There will be appointments available during work hours and also evenings.*****

DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE all coverages, you must still complete your enrollment. You must complete the district paid life insurance and update/review your beneficiaries.

MID-YEAR BENEFIT CHANGES

You may add or cancel coverage during the plan year if you have a Qualified Life Event. You must notify the benefits department within 31 days of the Qualified Life Event. If you do not notify within 31 days, the change cannot be made until the next open enrollment period.

QUALIFYING LIFE EVENTS INCLUDE:

- Loss or gain of other coverage, marriage, divorce, death of a dependent, gaining/losing eligibility of governmental programs (Medicare, Medicaid, CHIP), turning 26 and losing coverage through a parent's plan, and several others.

HOW TO ENROLL ONLINE

Step 1: Go to <https://ffga.benselect.com> and enter your login information. Enter your full Social Security Number with no dashes in the top box. Your PIN is the last 4 digits of your SSN and the last 2 digits of the year you were born. It is a 6 digit number. Ex: If the last 4 of your SSN is 1234 and you were born in 1975, your PIN is 123475.



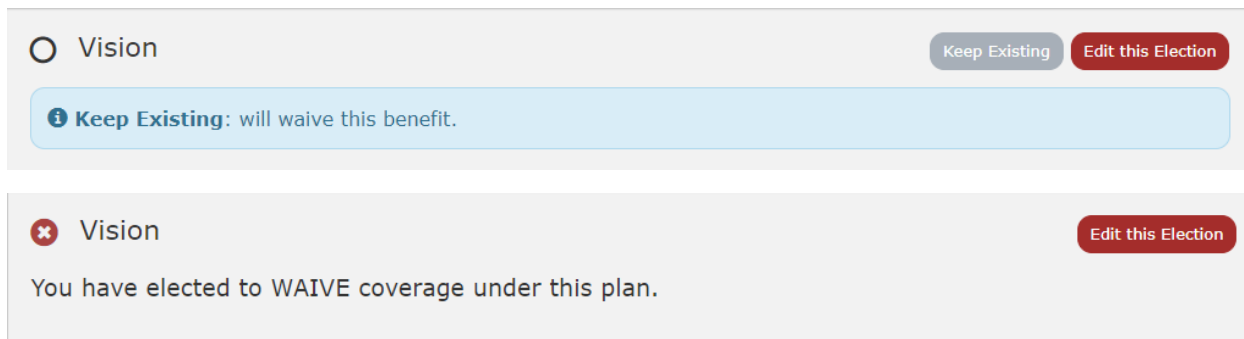
The screenshot shows the FFenroll ENROLLMENT SITE login page. At the top is the FFenroll logo. Below it, the text "ENROLLMENT SITE" is centered. There are two input fields: "Employee ID or Social Security Number" and "Personal Identification Number (PIN)". Below the input fields is a small disclaimer: "By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Consent to Enroll Electronically](#)". At the bottom is a blue "Log in" button.

2. Once logged in, you will see the blue bar at the top with different headings (see below). Make sure you go through each heading before completing your enrollment.



3. Under You & Your Family, verify/update all of your personal and dependent information. This includes names, date of births, SSNs and genders. If you need to add a Dependent, click the Add Dependent button.

4. On the My Benefits page, all of your current plans you are enrolled in will be displayed in the green box at the top. Below that lists all benefits offered in BISD. If you currently are enrolled in a certain plan, it will display that way and you will not need to do anything unless you want to change or drop that plan. For all plans that you are not currently enrolled in, you will need to either enroll or decline/waive each product. You must choose one of these options before the system will let you complete your enrollment. For example, if you are not currently enrolled in Vision and want to enroll, you would click the "Edit this Election" button seen below. This will open the Vision benefit with more information/pricing and allow you to enroll. If you do not want to enroll in the Vision plan, you can click the "Keep Existing" button and it will automatically decline/waive the benefit and change to the 2nd picture below.



The screenshot shows two panels for the Vision benefit. The top panel has a radio button next to "Vision" and two buttons: "Keep Existing" and "Edit this Election". Below this is a light blue box with an information icon and the text "Keep Existing: will waive this benefit." The bottom panel has a radio button with a red 'x' next to "Vision" and an "Edit this Election" button. Below this is the text "You have elected to WAIVE coverage under this plan."

- Enroll or decline/waive each benefit until all have been completed.
- Once you have made a decision on each benefit, you will be taken to the Sign & Submit page (see below). Review all of your information and benefit elections. Once verified, enter your 6 digit PIN at the bottom of the page and click "Sign Form."

Home You & Your Family - My Benefits - Sign & Submit

Sign Forms Page

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

Benefit Confirmation / Deduction Authorization

Name	Test Test	Date of Birth	01/01/1975	Home Phone		Work Phone		Address	123 Texas Street Austin, TX 78735
Employee ID	2	Hire/Eff Date	10/01/2021	Gender	M	E-mail Address	test@test.com	Reason for Completing Form	Open Enrollment
Location	Houston - North	Department	Cypress - HSA	Job Class	FT Class 1 (Exempt)	Title	Teacher		

Benefit Plan	Option	Cvg	Cycle	Effective Date	Benefit Amount	Requested Cost	Employee Cost	Pre-tax	After-tax	Employee Cost
TRS Medical	TRS - ActiveCare HD	EO	12	10/01/2021				104.00	0.00	104.00
Employee Assistance Prog	Employee Assistance Program	EO	12	10/01/2021				0.00	0.00	0.00
Dental (PPO)	Waived									
Dental (DHMO)	Waived									
Vision	Waived									
Flexible Spending Account	Waived									
Health Savings Account - H	Waived									
Short Term Disability (SRP)	Sunlife Short Term Disability	EO	12	10/01/2021	577			0.00	0.00	18.62
Voluntary Long Term Disab	Waived									
Group Cancer	Waived									
Accident	Waived									
Critical Illness	Waived									
Group Hospital Indemnity II	Waived									
Group Hospital Indemnity II	Waived									
Basic Group Life	Standard Life - DB	EO	12	10/01/2021	100,000			0.00	0.00	5.80
Voluntary Emp Life and AD	Waived									
Texas Life Insurance	Waived									

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Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the Benefit Verification/Deduction Confirmation Form above. Please review it carefully before entering your PIN.

PIN:

7. Once you have received the Congratulations message below, you will know you have completed your benefits. You will also receive an email confirmation at the email you have listed in your account.

Sign/Submit Complete

Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

If you have any questions or issues regarding your enrollment, please contact your First Financial representative, Taylor Silguero, at 512-630-6654 or Taylor.Silguero@ffga.com.

HELPFUL INFO AND TIPS

BENEFIT START DATE:

Your 2023-2024 benefits will begin on September 1, 2023 for all employees beginning work in August. For anyone starting during the year, the first day of the month following your “actively at work” date will be your benefit start date. You do have the option to begin your medical insurance on your “actively at work” date, but please note you will be required to pay the full month premium. All supplemental benefits must begin on the first day of the month following your date of hire.

DEDUCTIONS FROM PAY BEGIN:

Please note the rates you see in this guide are the “per paycheck” rate and that we are paid twice a month. You will be paid on the 15th and the next to the last working day of each month. The BISD Pay Schedule can be found under Staff Resources on the BISD website. If you are hired in August, your first deduction for your benefit elections will be your September 15th paycheck, for coverage beginning 9/1/2023.

ENROLLMENT/DECLINATION IS REQUIRED:

Even if you don’t need to enroll in any of the coverages we offer you still have to do something! Due to requirements of the Affordable Care Act (ACA), we (BISD) must offer health insurance to both you and your eligible dependents. You (our employee) must either enroll or decline health insurance for you and your eligible dependents.

DEADLINES FOR ENROLLMENT:

For new hires, you have 31 days from your “actively at work date.” If you do not complete the enrollment in that time frame, the portal will be closed until Open Enrollment begins for the 2024-2025 Plan Year. For current employees you can only make changes during open enrollment, July 10 – August 17, 2023!

SECTION 125 CAFETERIA PLAN RULES:

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 have to do is enroll. Eligible benefits under Section 125 include: medical, dental, vision, critical illness, cancer and accident insurance; as well as FSA and HSA accounts.

BCBSTX HEALTH PLAN ID CARDS

TRS – ActiveCare ID cards will be mailed to the employee’s mailing address. Employees and dependents on a TRS-ActiveCare Primary or TRS-ActiveCare Primary+ family plan will each get their own card with their PCP’s name printed on it. Employees on a TRS-ActiveCare HD or TRS-ActiveCare 2 plan will receive 2 cards. The cards will only have the primary subscriber/policyholders name on them with all covered family members listed and can be used by all dependents enrolled under the policy. Should a participant have any questions upon receiving their ID cards, please contact a Personal Health guide at 1-866-355-5999.

NEW PRESCRIPTION DRUG BENEFITS ARE CHANGING TO EXPRESS SCRIPTS

Effective September 1, 2023, the prescription drug benefits for all BCBSTX Health plans will change to Express Scripts. You will continue to use your current CVS Caremark ID card through August 31, 2023. For more information and to check prescription costs, please visit www.express-scripts.com/trsactivecare.

Plan participants enrolled in a BCBSTX Health plan will have two ID cards – one from Blue Cross Blue Shield of Texas for medical benefits and a separate card from Express Scripts for the prescription drug benefits.

BAYLOR SCOTT & WHITE HEALTH PLAN ID CARDS

Employees on the Scott and White Health Plan will receive an ID card with all covered dependents listed on it. The employee will receive one ID card for individual coverage and two cards if additional dependents are covered. Contact customer service at 1-844-633-5325 to request additional ID cards or get an electronic version through the Member Portal at the trs.swhp.org website.

Please don’t hesitate to reach out with any questions you may have. This guide contains information that you may need throughout the plant year. You can access this information online at <https://benefits.ffga.com/bastropisd>. – Stephanie Davis, BISD Benefits & Wellness Coordinator

MEDICAL INSURANCE RATES

2023-2024 TRS-ActiveCare Primary	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2023-2024 Semi-Monthly Paycheck** Rate
Individual	\$395.00	\$0.00	\$0.00
+Spouse	\$1,067.00	\$672.00	\$336.00
+Children	\$672.00	\$277.00	\$138.50
+Family	\$1,343.00	\$948.00	\$474.00
2023-2024 TRS-ActiveCare HD	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2023-2024 Semi-Monthly Paycheck** Rate
Individual	\$408.00	\$0.00	\$0.00
+Spouse	\$1,102.00	\$694.00	\$347.00
+Children	\$694.00	\$286.00	\$143.00
+Family	\$1,388.00	\$980.00	\$490.00
2023-2024 TRS-ActiveCare Primary +	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2023-2024 Semi-Monthly Paycheck** Rate
Individual	\$463.00	\$55.00	\$27.50
+Spouse	\$1,204.00	\$796.00	\$398.00
+Children	\$788.00	\$380.00	\$190.00
+Family	\$1,528.00	\$1,120.00	\$560.00
2023-2024 TRS-ActiveCare 2	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2023-2024 Semi-Monthly Paycheck** Rate
Individual	\$1,013.00	\$605.00	\$302.50
+Spouse	\$2,402.00	\$1,994.00	\$997.00
+Children	\$1,507.00	\$1,099.00	\$549.50
+Family	\$2,841.00	\$2,433.00	\$1,216.50
2023-2024 Baylor Scott & White	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2023-2024 Semi-Monthly Paycheck** Rate
Individual	\$515.37	\$107.37	\$53.69
+Spouse	\$1,293.46	\$885.46	\$442.73
+Children	\$828.11	\$420.11	\$210.06
+Family	\$1,488.60	\$1,080.60	\$540.30

*In order to offer two EO plans at no cost to the full-time employee, Bastrop ISD is contributing \$395 per month towards the EO Primary Plan premium and \$408 per month toward all other TRS ActiveCare plan premiums. ** Bastrop ISD employees receive paychecks semi-monthly; on the 15th and the next to the last business day of each month. All plans and rates are effective 9/1/2023.

2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 – Aug. 31, 2024



How to Calculate Your Monthly Premium

- ➖ Total Monthly Premium
Your District and State Contributions
- ➕ Your Premium

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

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

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

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

Semi-Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$395	\$0	\$463	\$27.50
Employee and Spouse	\$1,067	\$336	\$1,204	\$398
Employee and Children	\$672	\$138.50	\$788	\$190
Employee and Family	\$1,343	\$474	\$1,528	\$560

Total Premium	Your Premium
\$1,013	\$302.50
\$2,402	\$997
\$1,507	\$549.50
\$2,841	\$1216.50

Plan Features

Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$6,900/\$13,800	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network
PCP Required	Yes	Yes	No

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

Doctor Visits

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

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

Immediate Care

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

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

Prescription Drugs

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

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

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

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

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

New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

What's New and What's Changing



This table shows you the changes between 2022-23 premium price and this year's 2023-24 regional price for your Education Service Center.

	2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$364	\$395	<ul style="list-style-type: none"> Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500. Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000. Teladoc virtual mental health visit copay decreased from \$70 to \$0.
	Employee and Spouse	\$1,026	\$1,067	
	Employee and Children	\$654	\$672	
	Employee and Family	\$1,228	\$1,343	
TRS-ActiveCare HD	Employee Only	\$376	\$408	<ul style="list-style-type: none"> Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500. Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000. These changes apply only to in-network amounts.
	Employee and Spouse	\$1,058	\$1,102	
	Employee and Children	\$675	\$694	
	Employee and Family	\$1,265	\$1,388	
TRS-ActiveCare Primary+	Employee Only	\$457	\$463	<ul style="list-style-type: none"> Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400. Primary care provider and mental health copays decreased from \$30 to \$15. Teladoc virtual mental health visit copay decreased from \$70 to \$0.
	Employee and Spouse	\$1,117	\$1,204	
	Employee and Children	\$735	\$788	
	Employee and Family	\$1,405	\$1,528	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	<ul style="list-style-type: none"> No changes. This plan is still closed to new enrollees.
	Employee and Spouse	\$2,402	\$2,402	
	Employee and Children	\$1,507	\$1,507	
	Employee and Family	\$2,841	\$2,841	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2023

Compare Prices for Common Medical Services

REMEMBER:

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

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


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

2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

REMEMBER:

Remember that when you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options. HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson



2023 - 2024 Benefit Highlights

- \$0 copay for virtual care - now available 24/7/365
- \$0 copay for dependent Primary Care (PCP) visits (ages 0-18)
- \$0 copay for first sick visit to PCP (Adults 19+); \$20 copay for additional visits
- NO referrals needed for in-network specialists

Total Semi-Monthly Premiums	Total Premium	Your Premium
Employee Only	\$515.37	\$53.69
Employee and Spouse	\$1,293.46	\$442.73
Employee and Children	\$828.11	\$210.06
Employee and Family	\$1,488.60	\$540.30

Out-of-Pocket Cost Comparison

Effective September 1, 2023

BENEFIT	2022-2023	2023-2024
Individual Deductible	\$1,900	\$2,400
Family Deductible	\$4,750	\$4,800
Individual Out-of-Pocket Maximum	\$8,000	\$8,150
Family Out-of-Pocket Maximum	\$15,000	\$16,300
Member Coinsurance	20%	25%
PCP Copay (Adults 19+) First Sick Visit	\$15 \$0	\$20 \$0
PCP Copay (Dependents 0-18)	\$0	\$0
Generic Rx Copay	\$12	\$14
Preferred Brand Rx Copay	30%	35%
Specialty Drug Copay	Tier 1-2: 25%; Tier 3: 35%	Tier 1-3 35%

Plan Features	
Type of Coverage	In-Network Coverage Only
Individual/Family Deductible	\$2,400/\$4,800
Coinsurance	You pay 25% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300

Doctor Visits	
Primary Care	\$20 copay
Specialist	\$70 copay

Immediate Care	
Urgent Care	\$40 copay
Emergency Care	\$500 copay after deductible

Prescription Drugs	
Drug Deductible	\$200 (excl. generics)
Days Supply	30-day supply/90-day supply
Generics	\$14/\$35
Preferred Brand	You pay 35% after deductible
Non-preferred Brand	You pay 50% after deductible
Specialty	You pay 35% after deductible

www.trs.texas.gov

Plan Year 2023-24 Benefits Summary



Fully Covered Healthcare Services

Preventive Services	No Charge
Standard Lab and X-Ray	No Charge
Disease Management and Complex Case Management	No Charge
Well Child Care Annual Exams	No Charge
Immunizations (age appropriate)	No Charge
Nurse Advice Line 877.505.7947	No Charge
Telehealth (MyBSWHealth and MDLIVE)	\$0 copay

Plan Provisions

Annual Deductible	\$2,400 Individual/ \$4,800 Family
Annual out-of-pocket maximum (including medical and prescription copays and coinsurance)	\$8,150 Individual/ \$16,300 Family (includes combined Medical and Rx copays, deductibles and coinsurance)
Lifetime Paid Benefit Maximum	None

Outpatient Services

Primary Care ¹ (adults 19+)	\$20 Copay First Primary Care Visit for Illness - \$0 Copay ²
Primary Care Dependents¹ (0-18)	\$0 Copay²
After-Hours Primary Care Clinics	\$20 copay
Specialty Care	\$70 copay
Other Outpatient Services	25% after deductible ³
Diagnostic/Radiology Procedures	25% after deductible
Eye Exam (one annually)	No Charge
Allergy Serum & Injections	25% after deductible
Outpatient Surgery	25% after deductible

Inpatient Services

Overnight hospital stay: includes all medical services including semi-private room or intensive care	25% after deductible
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Maternity Care

Prenatal Care	No Charge
Inpatient Delivery	25% after deductible
Maternity Care Management ⁶	No Charge

Equipment and Supplies

Preferred Diabetic Supplies and Equipment - Rx only	\$14/\$35 copay; no deductible
Non-Preferred Diabetic Supplies and Equipment - Rx only	50% after Rx deductible
Durable Medical Equipment/Prosthetics	25% after deductible

Home Health Services

Home Health Care Visit	\$70 copay
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Worldwide Emergency Care

Emergency Medical Transportation	\$40 copay plus 25% of charges after deductible
Emergency Room ⁵	\$500 copay after deductible
Urgent Care Facility	\$45 copay

Prescription Drugs

Annual Benefit Maximum	Unlimited
Rx Deductible per Individual Does not apply to preferred generic drugs	\$200

Ask a BSWHP Pharmacy representative how to save money on your prescriptions.	Retail Quantity (Up to a 30-day supply)	Maintenance Quantity (Up to a 90-day supply) Available at BSW Pharmacies, in-network retail pharmacies and mail order

ACA Preventive*	\$0 copay	\$0 copay
Preferred Generic	\$14 copay	\$35 copay
Preferred Brand	35% after Rx deductible	35% after Rx deductible
Non-Preferred	50% after Rx deductible	50% after Rx deductible

Online Refills	BSWHealthPlan.com/TRS
Mail Order	BSWH: 855.388.3090 OptumRx: 855.205.9182

Specialty Medications (up to a 30-day supply)

Tier 1	35% after Rx deductible
Tier 2	35% after Rx deductible
Tier 3	35% after Rx deductible

Diagnostic & Therapeutic Services

Physical and Speech Therapy	\$70 copay
Manipulative Therapy ⁴	25% without office visit \$40 plus 25% with office visit

Wellness

Wondr⁶	No Charge
Well-Being Assessment ⁶	No Charge
Digital Health Coaching ⁶	No Charge

¹Including all services billed with office visit

²Does not apply to wellness or preventive visits

³Includes other services, treatments, or procedures received at time of office visit

⁴35 visits per year maximum

⁵Copay waived if admitted within 24 hours

⁶See member guide for additional information

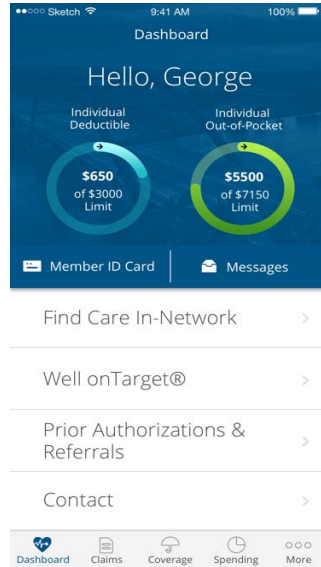
*See list of ACA preventive drugs on the Pharmacy Benefits page at BSWHealthPlan.com/TRS

BCBSTX Mobile App

Features:

- Find a doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- Ability to view and email your ID
- Available in Spanish
- Available for iPhone and Android users.

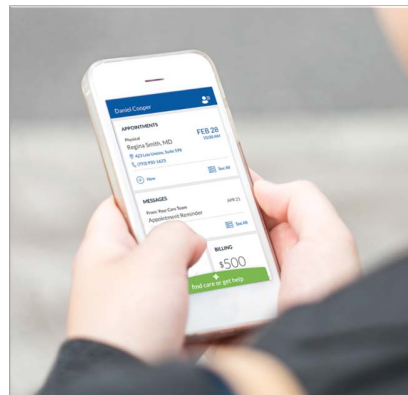
To download the app, text* BCBSTXAPP to 33633 or it is available for Apple® or Android™ devices on the App StoreSM or the Google Play Store™



Download the MyBSWHealth App

Features:

- Find a provider
- Send a secure message
- See copays, track deductible and out-of-pocket max
- Pay bills and track claims
- View test results and past visit summaries
- Experience eVisits or video visits
- Manage and refill prescriptions
- View your digital ID card

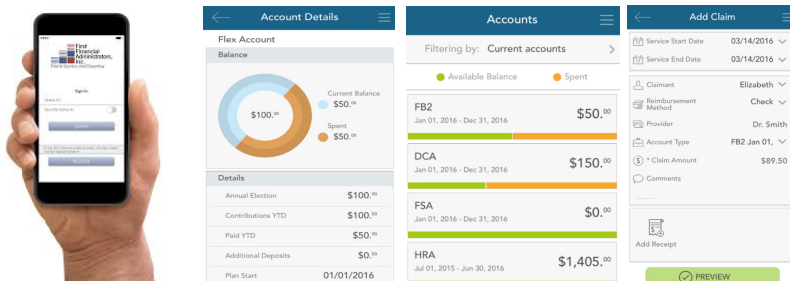


Just a download away:



Download the FF Mobile Account App

Access Account Information, View Card Details & Profile Information, Submit Claims, View Pending claims, Upload Receipts & Documentation.



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



DENTAL - HUMANA

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 the right to see which option is best for you and your family's dental needs.

DENTAL—HUMANA		
	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$12.17	\$18.34
EMPLOYEE + SPOUSE	\$25.44	\$48.29
EMPLOYEE + CHILD(REN)	\$31.41	\$50.46
EMPLOYEE + FAMILY	\$44.45	\$73.68



VISION - SUPERIOR

Proper vision care is essential to your overall wellbeing. 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.

VISION—SUPERIOR VISION	
EMPLOYEE ONLY	\$3.98
EMPLOYEE + SPOUSE	\$8.57
EMPLOYEE + CHILD(REN)	\$6.45
EMPLOYEE + FAMILY	\$11.76



TELEMEDICINE - RECURO (FORMERLY WELLVIA)

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 are able to treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

TELEHEALTH—RECURO	
EMPLOYEE ONLY	\$5.00
EMPLOYEE + FAMILY	\$5.00

UNUM EMPLOYER-PAID BASIC 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 life insurance policy. The cost of this policy is paid for 100% by BISD and is only in effect while you are employed with BISD. ***If you are offered this coverage, you must choose your beneficiary(ies) in Ffenroll.***

UNUM VOLUNTARY TERM LIFE INSURANCE

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by BISD. 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. Limitations apply, visit the Employee Benefits Center for more details.

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.

HIGHLIGHTS

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



CANCER INSURANCE - AMERICAN FIDELITY

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.

Anyone can sign up for the Cancer plan as there are no medical questions that could deny anyone. However, they will be subject to pre-existing conditions for any claims made in the first year of coverage. Any claims after the first year, there will be no questions.

CANCER INSURANCE—AMERICAN FIDELITY		
	BASIC PLAN	ENHANCED PLAN
EMPLOYEE ONLY	\$ 7.90	\$15.81
EMPLOYEE + SPOUSE	\$13.43	\$26.90
EMPLOYEE + CHILD(REN)	\$13.43	\$26.90
EMPLOYEE + FAMILY	\$13.43	\$26.90



ACCIDENT INSURANCE - AFLAC

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 INSURANCE—AFLAC	
EMPLOYEE ONLY	\$7.17
EMPLOYEE + SPOUSE	\$12.21
EMPLOYEE + CHILD(REN)	\$15.74
EMPLOYEE + FAMILY	\$20.78



CRITICAL ILLNESS INSURANCE - AFLAC

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, this plan helps you focus on getting well rather than worrying about finances.

2023-2034 BENEFITS AT A GLANCE



HOSPITAL INDEMNITY PLAN - AFLAC

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

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

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

HOSPITAL INDEMNITY INSURANCE—AFLAC		
	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$11.16	\$16.74
EMPLOYEE + SPOUSE	\$20.27	\$32.49
EMPLOYEE + CHILD(REN)	\$16.54	\$25.65
EMPLOYEE + FAMILY	\$25.65	\$41.40

NEW



DISABILITY INSURANCE - AMERICAN FIDELITY

NEW

Long Term Disability is switching carriers to American Fidelity. There are benefit enhancements included in this new policy including payment for being confined to a hospital and others. If you currently have Disability coverage, you must re-enroll in the new American Fidelity plan to keep your coverage. If you do not re-enroll, you will lose your Disability coverage.

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 of time you are unable to work due to those reasons.

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?
- How close are you to retirement?



IDENTITY THEFT PROTECTION - iLOCK360

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. 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 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.

IDENTITY THEFT PROTECTION—iLOCK360		
	PLUS PLAN	PREMIUM PLAN
EMPLOYEE ONLY	\$4.00	\$7.50
EMPLOYEE + SPOUSE	\$7.50	\$11.00
EMPLOYEE + CHILD(REN)	\$6.50	\$10.00
EMPLOYEE + FAMILY	\$10.00	\$13.50



MEDICAL TRANSPORT - MASA

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs. Most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill. With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.

MEDICAL TRANSPORT—MASA		
	EMERGENT PLUS	PLATINUM PLAN
EMPLOYEE ONLY	\$7.00	\$19.50
EMPLOYEE + FAMILY	\$7.00	\$19.50



EMPLOYEE ASSISTANCE PROGRAM - UNUM

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 each 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.

EMPLOYEE ASSISTANCE PROGRAM—UNUM	
EMPLOYEE + FAMILY	FREE TO EMPLOYEE AND FAMILY - AVAILABLE 24/7



PET INSURANCE - NATIONWIDE (This is not a payroll deduction)

Nationwide® provides affordable pet health coverage from preventive care to significant medical incidents. Your employees are eligible for preferred pricing which makes this peace-of-mind protection even more affordable. Find out why Nationwide is the #1 choice in America for pet insurance.

Just like all other pet insurers, we don't cover preexisting conditions. However, we go above and beyond with extra features such as emergency boarding, lost pet advertising and more. This plan has a low \$250 annual deductible and a generous \$7,500 maximum annual benefit. Also available with wellness. Please Note: This will not be payroll deducted but you can get a discount using the link provided or calling and letting them know you have special pricing with Bastrop ISD. Visit www.petinsurance.com/bisdtx to get a quote.



PRESCRIPTION ASSISTANCE TOOL - CLEVER RX

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!

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 below to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

Use Clever RX every time you pay for a medication for instant savings! Download the app or visit the site to price a drug. [Clever RX | https://partner.cleverrx.com/ffga](https://partner.cleverrx.com/ffga) | 800-873-1195

C L E V E R **RX** PRESCRIPTION SAVINGS CARD C L E V E R **RX** CLEVERRX.COM

SAVE UP TO 80% on prescription drugs at virtually all U.S. pharmacies!

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PCN: SC 1
Group: 1062
Member ID: 1000

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Pharmacist Help Line: 800-974-3135
Customer Help Line: 800-873-1195

THIS CARD IS NOT INSURANCE

This card valid exclusively at CVS, Target, Longs Drugs, Walmart, Kroger, Fry's, Harris Teeter, Walgreens, and Duane Reade. For thousands more pharmacies, download the [Clever RX App](#).



BASTROP EDUCATION FOUNDATION - BEF

The Bastrop Education Foundation is a local, grassroots, philanthropic organization committed to improving education and education opportunities in Bastrop ISD. The Foundation has awarded hundreds of grants, totaling millions of dollars. The scope of the grants varies widely: affecting individual classrooms, a full grade level, multiple campuses, or the entire district.

Please consider joining your colleagues who have enrolled in the BEF donation program and directly impact your district. You can choose to support BEF through a payroll contribution. Your tax-deductible contribution can be \$1 or more per month, taken out semi-monthly.

FLEXIBLE SPENDING ACCOUNTS, DEPENDENT CARE ACCOUNTS & HEALTH SAVINGS ACCOUNTS

First Financial Administrators, Inc.
| <http://www.ffga.com> | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

HEALTHCARE FSA

A Health Flexible Spending Account (Health 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 \$610 roll-over option for your Health FSA plan. This option allows you the opportunity to roll over up to \$610 of unclaimed Health FSA funds into the following plan year. Keep in mind that balances more than \$610 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2023 is \$3,050.

HIGHLIGHTS

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Any amount over \$610 left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront so you don't have to spend money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include: 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 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 child care, babysitters and adult day care.

HIGHLIGHTS

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Contributions are not loaded upfront. 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

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

HIGHLIGHTS

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

Comparing HSAs & FSAs

Differences in HSAs and FSAs



Health Savings Accounts (HSAs), and Flexible Spending Accounts (FSAs) are common types of reimbursement accounts offered by First Financial Administrators, Inc. These accounts allow you to set aside money for qualified medical expenses, while reducing your overall tax burden.

However, there are significant differences between an HSA and a FSA. With an HSA, you own the account and can take it with you wherever you go, with funds that you can't lose. Also – unlike a FSA – your funds are generally available in your account only as contributions are made, instead of from the beginning of the plan year.

HSA	FSA
ELIGIBILITY REQUIREMENTS	
Must have qualified HDHP and no other disqualified health plan. Cannot be covered under a traditional FSA or spouses traditional health plan. Can not be enrolled in MediCare.	No FSA specific eligibility requirements.
YEARLY CONTRIBUTION AMOUNTS	
\$3,850 Individual, \$7,750 Family (2023). Employee and employer contributions both count towards the limit.	IRS limit of \$3,050 Per FSA (2023). Limits are set by the employer
AVAILABILITY OF FUNDS	
Funds are available as contributions are made.	The full election amount is available on the first day of the plan year.
CHANGING CONTRIBUTION AMOUNTS	
Contributions can be changed at any time.	May be adjusted at open enrollment or with a qualifying life event in employment or family status.
ROLLOVER	
Any unused balance always rolls over to the next plan year.	FSAs are “use it or lose it” and you forfeit any unused balance at the end of the plan year. Bastrop ISD has chosen the \$610 rollover option allowing you to use funds up to \$610 for expenses in the new plan year.

For more information on your UMB HSA, call (866) 853-3539 or visit www.ffga.com.

HSA	FSA
PORTABILITY	
It's your account. You can take it with you wherever you go.	You will lose your FSA with a change in employment.
EFFECT ON TAXES	
Contributions may be taken out of your paycheck pre-tax. Growth and distributions for qualified expenses are tax free or be made on the portal with after-tax contributions. Tax deduction on taxes at end of year.	Contributions are taken out of your paycheck pre-tax. Distributions are tax free for qualified expenses.
DOCUMENTATION	
You are responsible to maintain documentation in case of an IRS audit.	You will be requested to provide documentation to substantiate the expense.
TAX DOCUMENTS	
1099-SA distributions will be sent to you by January 31. 5498 Contributions will be issued in May.	Reported on W-2.
INVESTMENTS	
Investment options available once you have accumulated over \$1,000. Investments can be made online by logging into the secure portal at www.ffga.com .	No investment options
DISTRIBUTIONS	
Any distribution amount not used exclusively to pay for qualified medical expenses is included in your gross income and may be subject to an additional 20% tax.	Expenses must be incurred during the plan year.



VIEW YOUR FLEX ACCOUNT DETAILS ONLINE

Sign up to view your Flex Account balance, find claim forms, and view claim status and history on our secure website. Go to www.ffga.com and log in.

After log in is complete, you may sign up for direct deposit for your reimbursements.

Notice: For quality control and security purposes, we did not transfer any of your banking information when transitioning to our new and improved portals. If you previously signed up for direct deposit for your FSA, you will need to reestablish your banking information.

DOWNLOAD OUR FF MOBILE ACCOUNT APP

The **FF Mobile Account App** is available for Apple® or Android™ devices on the App StoreSM or the Google Play Store™. Submit claims, set up text mobile alerts, and much more, all from our convenient mobile app.

USE YOUR FLEX BENEFITS CARD

For qualified FSA purchases, you may pay with your **FFA Benefits Flex Card** at the time you incur the expense. You can find a list of eligible products and services on our website, www.ffga.com.

3 EASY WAYS TO SUBMIT RECEIPTS:

1. UPLOAD PHOTO TO OUR
SECURE, ONLINE PORTAL



2. USE THE FF MOBILE
ACCOUNT APP



3. SEND TO US BY MAIL OR FAX



TIPS FOR USING YOUR FLEX BENEFITS CARD:

- » **Save Your Receipts!** The IRS requires validation of transactions. Upon request, you will have 60 days from the date of the transaction to provide documentation. Failure to provide documentation will result in suspension of your card privileges until the necessary documentation is received. With our updated system we will be sending receipt notification using the email address you provided during open enrollment.
- » **Take a photo of your receipt.** You can upload documentation by taking a photo using the FF Flex Mobile App or by logging into your participant account portal.
- » **Dependent Day Care contributions must be received from your employer and deposited to your account before they are available for use.** Funds cannot be reimbursed until the expense has been incurred.
- » **The card cannot be used for prescribed over-the-counter drugs.**

FFGA-2022-0815

QUESTIONS? CONTACT US TODAY!

Online: www.ffga.com | Email: flex@ffga.com | Phone: 866-853-FLEX | Fax: 800-298-7785

First Financial Group of America • FSA Department • PO Box 670329 • Houston, TX 77267-0329

Examples of Eligible HSA Expenses

For a complete list, visit <https://www.ffga.com/individuals>

- » Copays & Deductibles
- » Prescriptions
- » Dental Care
- » Contacts & Eyeglasses
- » Hearing aids
- » Laser Eye Surgery
- » Orthodontia
- » Chiropractic Care

Your HSA as an Investment Account

HSA's are often overlooked as powerful retirement tools. The more you save, the more you earn. The account offers significant tax advantages and provides opportunities to invest in mutual funds. Account holders can choose to invest any funds over the minimum threshold the bank requires for various investment options. This is a great way to potentially grow your savings for future healthcare costs or retirement.

Distributions and accessing the funds in your HSA

Online Reimbursement

You can request funds online and receive a check or a direct deposit into your selected account.

Online Bill Pay

You can request funds online to pay your provider directly from your HSA account.

Distribution Request Form

You can fax or mail a Distribution Request Form to receive your funds by check or direct deposit.

Is it possible to get a distribution without an eligible medical expense?

- » If you are 65 and older, the funds may be used for any expense with no penalty. The distribution is subject to taxation.
- » If you are under 65, you may incur a 20% penalty and the funds are subject to taxation.

Keep good records of your expenses

Receipts are NOT required at the time of distribution. Be sure to keep receipts for all of your medical expenses, for which you received a reimbursement, for at least three years for tax-reporting purposes. Keep track of your receipts and payments by using the portal to see balances, view transactions, create reports, and upload receipts.

HSA RESOURCES

Benefits Card

The Benefits Card is available to all employees that participate in a Health Savings Account (HSA) and Limited Purpose Flexible Spending 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 eligible dependents that are at least 18 years old.

Online & Mobile Access

Get account information from our easy-to-use online portal and mobile application. See your account and investment balances in real time, request distributions, and save receipts by snapping a photo!

Visit www.ffga.com to set up your online account.

Search for **FF Mobile Account App** from your Apple or Android device to download the mobile app today!

HSA Store

<https://www.ffga.com/individuals>

First Financial has partnered with the HSA Store to bring you an easy to use online store to better understand and manage your HSA. Shop at the HSA Store for eligible items from bandages to wheel chairs and thousands of products in between, browse or search for eligible products and services using the HSA Eligibility List, and visit the HSA Learning Center to help find answers to questions you may have about your HSA.



2023-2024 LEAVE BENEFITS AT A GLANCE

Paid Leave

State Personal Leave – 5 days

Local Leave – 5 days

Sick Leave Bank – Must opt-in during open enrollment to be eligible. Must meet criteria, available for employee, spouse or child. Leave based on years of BISD service.

Catastrophic Injury or Illness Leave – Must meet criteria, available for employee, spouse or child.

Mental Health Leave for Peace Officers – 5 days, must meet criteria. (Created by Texas Legislature during 87th Regular session, effective 9/1/2021.)

Assault Leave – Must be requested by the employee

Unpaid Leave

Family Medical Leave – Up to 12 weeks

Temporary Disability Leave – 180 days (for full time SBEC certified employees only). Runs concurrent with FMLA when applicable.

State Personal Leave

- Earned at a rate of 1/2 day per 18 days worked
- Prorated for employees who start after the official beginning date of their position
- Requires approval 3 days in advance
- May not take more than 3 days in a semester without approval
- May not take more than 5 days in a year without approval
- Runs concurrent with FMLA and Temporary Disability Leave when applicable
- End of year balance carries over to next year
- Used for personal reasons, illness in extended family, or death in extended family

Local Sick Leave

- Earned at a rate of 1/2 day per 18 days worked
- Prorated for employees who start after the official beginning date of their position
- Must have a doctor's note if out for more than 3 consecutive days
- Runs concurrent with FMLA and Temporary Disability Leave when applicable
- End of year balance carries over to next year
- Used for personal illness, illness in immediate family or death in immediate family

Sick Leave Bank

- Leave available after all state and local leave has been exhausted. Will be allocated based on years of experience with the district.
- May be used for the employee or employee's parent, spouse, or child.
- Participation is voluntary for all employees who receive leave, and are eligible for BISD insurance benefits.
- Employees join during annual open enrollment.
- Only employees who contribute and join are eligible to use the sick leave bank.

Catastrophic Leave

- Must be certified by a doctor and approved by the district's physician.
- Leave granted with full pay
- Available after all state and local leave has been exhausted.

Leave Proration

If an employee separates from employment with the district before his or her last duty day of the year, or begins employment after the first duty day, local sick leave and personal leave will be prorated based on the actual time employed. Local sick and personal leave will be earned at a rate of one - half day for each 18 workdays per school year not to exceed the five days respectively. When an employee separates from employment before the last duty day of the school year, the employee's final paycheck will be reduced by the amount of local sick leave the employee used beyond his or her pro rata entitlement for the school year.

Family Medical Leave

- Completed medical certification must be received
- Unpaid leave if all paid leave is exhausted
- Runs concurrent with all types of leave
- Used for the birth/adoption or foster placement of a child or a "serious health condition" of a child, spouse, parent or the employee, qualifying exigency because of a family member's active military duty or to care for a covered service member with a serious injury or illness
- Must be employed with the district for one year and worked a minimum of 1,250 hours

Temporary Disability Leave

- Qualified employees may be eligible for up to 180 calendar days with proper medical certification
- Unpaid leave if employee has exhausted all paid leave
- Runs concurrent with district paid leave and Family Medical Leave
- Must be certified by a doctor
- May not be taken on intermittent basis
- For own personal illness only

Mental Health Leave for Peace Officers

Bastrop ISD is required to provide mental health leave to peace officers employed by the district who experience a traumatic event in the scope of employment. Criteria outlined in Employee Handbook. (Effective 9/1/2021).

Neutral Absence Control

If an employee does not return to work after exhausting all available paid and unpaid leave, the District shall provide the employee written notice that he or she no longer has leave available for use. The District shall automatically pursue termination of an employee who has exhausted all available leave, regardless of the reason for the absence. The employee's eligibility for reasonable accommodations, as required by the Americans with Disabilities Act, shall be considered before termination. If terminated, the employee may apply for reemployment with the District.

Please contact **Stephanie Davis, BISD Benefits & Wellness Coordinator** at stdavis@bisdtx.org or 512-772-7135 for paperwork, eligibility requirements or any leave related questions you may have.

This is only a summary of Policies and Regulations:
See Bastrop ISD Employee Handbook for Administrative Regulations for all leaves. Also DEC(LOCAL) and DEC(LEGAL) Policies. (REV. 6-2023)

Humana Dental Traditional Plus 14

SEMI MONTHLY RATES

TEXAS
LOW PLAN

EE- \$12.17 EESP- \$25.44 EECH-\$31.41 FAM - \$44.45

BASTROP ISD

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$50	\$150	\$50	\$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$1,000 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)			
Preventive services	100% no deductible		100% no deductible	
<ul style="list-style-type: none"> Routine oral examinations (2 per year) Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) Routine cleanings (2 per year) Fluoride treatment (1 per year, through age 14) Sealants (permanent molars, through age 14) Space maintainers (primary teeth, through age 14) Oral Cancer Screening (1 per year, ages 40 and older) 				
Basic services	50% after deductible		50% after deductible	
<ul style="list-style-type: none"> Emergency care for pain relief Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) Oral surgery (tooth extractions including impacted teeth) Stainless steel crowns Harmful habit appliances for children (1 per lifetime, through age 14) 				
Major services	30% after deductible		30% after deductible	
<ul style="list-style-type: none"> Crowns (1 per tooth every 5 years) Inlays/onlays (1 per tooth every 5 years) Bridges (1 per tooth every 5 years) Dentures (1 per tooth every 5 years) Denture relines/rebases (1 every 3 years, following 6 months of denture use) Denture repair and adjustments (following 6 months of denture use) Implants (1 every 5 years for implant placement, crowns, bridges, and dentures) Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 				
Orthodontia services	Adult/child orthodontia. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.			

Humana Dental Traditional Plus 14

SEMI MONTHLY RATES

TEXAS

HIGH PLAN

EE- \$18.34 EESP- \$48.29 EECH- \$50.46 FAM- \$73.68

BASTROP ISD

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$50	\$150	\$50	\$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$1,250 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)			
Preventive services	100% no deductible		100% no deductible	
<ul style="list-style-type: none"> • Routine oral examinations (2 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (2 per year) • Fluoride treatment (1 per year, through age 14) • Sealants (permanent molars, through age 14) • Space maintainers (primary teeth, through age 14) • Oral Cancer Screening (1 per year, ages 40 and older) 				
Basic services	80% after deductible		80% after deductible	
<ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) 				
Major services	50% after deductible		50% after deductible	
<ul style="list-style-type: none"> • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implants (1 every 5 years limited to crowns, bridges, and dentures. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered) • Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 				
Orthodontia services	Adult/child Orthodontia. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to \$1,000 lifetime orthodontia maximum.			



Vision plan benefits for Bastrop Independent School District

Copays		Semi-Monthly premiums		Services/frequency	
Exam ¹	\$10	Emp. only	\$3.99	Exam	12 months
Eyewear ²	\$10	Emp. + spouse	\$8.57	Frame	24 months
		Emp. + child(ren)	\$6.45	Lenses	12 months
		Emp. + family	\$11.76	Contact lenses	12 months

(Based on date of service)

Benefits through Superior Select Southwest network

	In-network	Out-of-network
Exam	Covered in full	Up to \$35 retail
Frames	\$150 retail allowance	Up to \$70 retail
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description ³	Up to \$45 retail
Scratch coat	Covered in full	Not covered
Ultraviolet coat	Covered in full	Not covered
Contact lenses ⁴	\$150 retail allowance	Up to \$80 retail
Medically necessary contact lenses	Covered in full	Up to \$150 retail
LASIK vision correction ⁵		\$200 allowance

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Eye exam copay is a single payment due to the provider at the time of service

² Eyewear copay applies to eyeglass lenses / frame and contact lenses. Eyewear copay is a single payment that applies to the entire purchase of eyeglasses (frame and lenses)

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

⁴ Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

⁵ Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

Discount features

Discounts on covered materials⁶

These discounts apply to the glasses and contacts that are covered under the vision benefits.

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	10% off amount over allowance

superiorvision.com

(800) 507-3800

Discounts on non-covered exam, services and materials⁶

Exams, frames, and prescription lenses:	30% off retail
Contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

Laser vision correction (LASIK)⁶

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

Hearing discounts⁶

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories.

These discounts should be verified prior to service.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Lens type*	Member out-of-pocket ⁶
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses	
Standard/Premium/Ultra/Ultimate	\$55 / \$110 / \$150 / \$225
Anti-reflective coating	
Standard/Premium/Ultra/Ultimate	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
High Index (1.67 / 1.74)	\$80 / \$120

* The above table highlights some of the most popular lens type and is not a complete listing. This table outlines member out-of-pocket costs⁵ and are not available for premium/upgraded options unless otherwise noted.

⁶Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.



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Term Life and Accidental Death & Dismemberment (AD&D) Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to \$200,000 to meet your growing needs — with no health questions or exams.

What else is included?

A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 20 hours per week, you may apply for coverage for:

You	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings. If you previously purchased coverage, you can increase it up to \$200,000, your guaranteed issue amount, with no health questions. If you previously declined coverage, you may have to answer some health questions.
Your Spouse	Get up to \$100,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to \$25,000, their guaranteed issue amount, with no health questions or exams, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your Children	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is \$1,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
Your Spouse	Get up to \$100,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
Your Children	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

No questions or health exams required for AD&D coverage. Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.



LIFE INSURANCE HIGHLIGHTS

For the employee



PURELIFE-PLUS

Voluntary permanent life insurance can be an ideal complement to the group term and optional term life insurance your employer might provide. This voluntary permanent universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term life insurance may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

The contract, PURELIFE-PLUS, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** Written on a minimal cash-value Universal Life frame, PURELIFE-PLUS features one of the highest death benefits per payroll-deducted dollar offered at the worksite.¹
- **Refund of Premium.** Unique in the workplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICCo7-ULABR-07 or Form Series ULABR-07)*
- **Accelerated Death Benefit for Chronic Illness Rider.** Included on employees and spouse contracts at an additional cost, this rider will be triggered by the loss of two out of six Activities of Daily Living² or severe cognitive impairment for a period of 90 days. It pays the insured up to 92% of the death benefit minus a small administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility. *(Conditions apply; see the following pages for additional details. Form Series CA-ULABR-CI-18)*



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

Additional Features

- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-PLUS helps provide peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).³

You may apply for this permanent coverage, not only for yourself, but also for your spouse, children and grandchildren.⁴



3 QUICK QUESTIONS

You can qualify by answering just 3 questions⁵ – no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

Important Note: Texas Life does not offer legal or financial advice. Contact an attorney and a financial advisor in your state for legal and financial information on wills, estates and trusts.

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.

¹ Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, March 2022

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

³ As long as you pay the necessary premium. Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength. 45 years average for all ages based on our actuarial review.

⁴ 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.

⁵ Issuance of coverage will depend on the answer to these questions.

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

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

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

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

Indicates Spouse Coverage Available

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

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

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

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

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

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

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

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

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

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

Indicates Spouse Coverage Available



AF™ Group Cancer Insurance

Focus on the fight.

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

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

Did You Know?

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

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

Plan Highlights

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

Cancer Insurance Benefits

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

Example cancer insurance benefits include:



Diagnostic and Prevention

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



Travel Expenses

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

AMERICAN FIDELITY 
a different opinion

Choose Your Coverage

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

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

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

Semi-Monthly Premium

	BASIC	ENHANCED PLUS
Individual	\$7.90	\$15.81
Family	\$13.43	\$26.90

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

Exclusions, limitations and specific plan information can be found on the Employee Benefits Center website, <https://benefits.ffga.com/bastropisd>.

Employee Benefit Center



GROUP ACCIDENT INSURANCE



INITIAL ACCIDENT TREATMENT BENEFITS	BENEFIT AMOUNT
<p>INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:</p>	
Hospital emergency room with X-Ray / without X-Ray	\$200/\$150
Urgent care facility with X-Ray / without X-Ray	\$200/\$150
Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray	\$150/\$100
<p>AMBULANCE (once per day, within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.</p>	\$400 Ground \$1,000 Air
<p>MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.</p>	\$100
<p>EMERGENCY ROOM OBSERVATION (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.</p>	\$200 Each 24 hour period \$100 Less than 24 hours, but at least 4 hours
<p>PRESCRIPTIONS (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured. This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).</p>	\$10
<p>BLOOD/PLASMA/PLATELETS (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.</p>	\$600
<p>PAIN MANAGEMENT (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.</p>	\$100
<p>CONCUSSION (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.</p>	
<p>COMA (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.</p>	\$10,000

EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.	\$50 Extraction \$200 Repair with a crown
BURNS (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.	
Second Degree	
Less than 10%	\$100
At least 10% but less than 25%	\$200
At least 25% but less than 35%	\$500
35% or more	\$1,000
Third Degree	
Less than 10%	\$1,000
At least 10% but less than 25%	\$5,000
At least 25% but less than 35%	\$10,000
35% or more	\$20,000
EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.	\$200
FRACTURES (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one bone fractured in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.	Up to \$4,000 based on a schedule
DISLOCATIONS (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.	Up to \$3,000 based on a schedule
LACERATIONS (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):	
Over 15 centimeters	\$200
5-15 centimeters	\$100
Under 5 centimeters	\$25
Lacerations not requiring stitches	\$12.50
OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	\$500
FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).	\$50

<p>OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of one procedure per accident, within one year of the accident)</p> <p>Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.</p>	\$50
<p>INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	\$2,000
<p>TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident)</p> <p>Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital care or diagnostic study that is not available in the insured's resident city.</p>	\$1,000 Plane \$300 Any ground transportation

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

LIFE CHANGING EVENTS BENEFITS

DISMEMBERMENT (once per accident, within 6 months after the accident)

Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident.

Dismemberment means:

- Loss of a hand -The hand is removed at or above the wrist joint;
- Loss of a foot -The foot is removed at or above the ankle;
- Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or
- Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).

If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)	BENEFIT AMOUNT
Employee	\$20,000
Spouse	\$5,000
Child(ren)	\$2,500
DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)	
Employee	\$40,000
Spouse	\$10,000
Child(ren)	\$5,000
LOSS OF ONE OR MORE FINGERS OR TOES	
Employee	\$4,000
Spouse	\$500
Child(ren)	\$250
PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)	
Employee	\$400
Spouse	\$125
Child(ren)	\$125

<p>PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident) Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.</p> <p>Paraplegia Quadriplegia</p>	<p>\$15,000 \$30,000</p>
<p>PROSTHESIS (once per accident, one replacement per device per insured)* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements.</p> <p>* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.</p>	<p>\$1,000</p>
<p>RESIDENCE/VEHICLE MODIFICATION (once per accident, within one year after the accident) Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:</p> <ul style="list-style-type: none"> • The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg. 	<p>\$1,000</p>
<p>HOSPITALIZATION BENEFITS</p>	<p>BENEFIT AMOUNT</p>
<p>HOSPITAL ADMISSION (once per accident, within 6 months after the accident) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.</p> <p>This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.</p>	<p>\$1,000 per confinement</p>
<p>HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident) Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.</p>	<p>\$200 per day</p>
<p>HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury.</p> <p>If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	<p>\$400 per day</p>
<p>FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident) Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:</p> <ul style="list-style-type: none"> • The insured must be confined to a hospital for treatment of a covered accidental injury; • The hospital and motel/hotel must be more than 100 miles from the insured's residence; and • The treatment must be prescribed by the insured's treating doctor. 	<p>\$200 per day</p>

AFTER CARE BENEFITS**BENEFIT
AMOUNT****APPLIANCES** (within 6 months after the accident)

Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.

Cane, Ankle Brace

\$250

Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar

\$250

Wheelchair, Knee Scooter, Body Jacket, Back Brace

\$250

ACCIDENT FOLLOW-UP TREATMENT (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident)

Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident.

\$100

Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.

REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)

Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement.

\$200
per day

We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.

THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)

Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.

\$60

OUTPATIENT DOCTOR'S OFFICE VISIT RIDER**BENEFIT
AMOUNT****OUTPATIENT DOCTOR'S OFFICE VISIT BENEFIT** (per day/2 visits per person)

Payable when an insured is treated by a doctor outside a hospital for a covered accidental injury or preventive care.

This benefit is only payable for treatment performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. Visits to a chiropractor's office are not payable under the rider. We will not pay the Outpatient Doctor's Office Visit Benefit for the same day that a Wellness Benefit (if applicable to the plan) is paid. We will pay the highest eligible benefit.

\$25

ACCIDENTAL DEATH RIDER**BENEFIT
AMOUNT****ACCIDENTAL DEATH BENEFIT** (within 90 days after the accident*)

Payable if a covered accidental injury causes the insured to die.

The spouse benefit is 50% of the employee benefit shown. The child benefit is 20% of the employee benefit shown.

We will pay 300% of the amount payable if the insured:

- Is a fare-paying passenger on a common carrier;
- Is injured in a covered accident; and
- Dies within 90 days* after the covered accident.

\$50,000

AFLAC GROUP CRITICAL ILLNESS ADVANTAGE



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

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

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

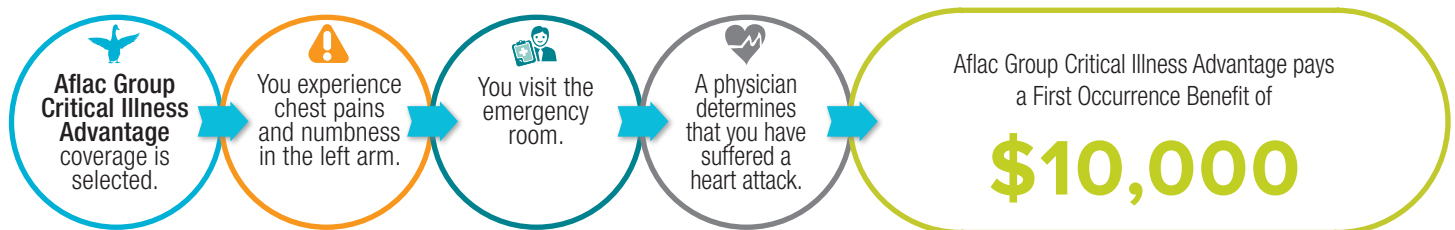
The Aflac Group Critical Illness plan benefits include:

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

Features:

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

How it works



Amount payable based on \$10,000 First Occurrence Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Benefits Overview

COVERED CRITICAL ILLNESSES:

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

INITIAL DIAGNOSIS

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

ADDITIONAL DIAGNOSIS

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

REOCCURRENCE

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

CHILD COVERAGE AT NO ADDITIONAL COST

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

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

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

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

SKIN CANCER BENEFIT

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

WAIVER OF PREMIUM

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

SUCCESSOR INSURED BENEFIT

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

HEALTH SCREENING BENEFIT (Employee and Spouse only)

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

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

This benefit is not paid for dependent children.

COVERED HEALTH SCREENING TESTS INCLUDE:

- | | |
|---|---|
| <ul style="list-style-type: none">• Blood test for triglycerides• Bone marrow testing• Breast ultrasound• CA 15-3 (blood test for breast cancer)• CA 125 (blood test for ovarian cancer)• CEA (blood test for colon cancer)• Chest X-ray• Colonoscopy• DNA stool analysis• Fasting blood glucose test• Flexible sigmoidoscopy | <ul style="list-style-type: none">• Hemocult stool analysis• Mammography• Pap smear• PSA (blood test for prostate cancer)• Serum cholesterol test to determine level of HDL and LDL• Serum protein electrophoresis (blood test for myeloma)• Spiral CT screening for lung cancer• Stress test on a bicycle or treadmill• Thermography |
|---|---|

OPTIONAL BENEFITS RIDER

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

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

PROGRESSIVE DISEASE RIDER:

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

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

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

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

CHILDHOOD CONDITIONS RIDER

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

One Time Benefit Amount

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

Aflac Critical Illness Semi-Monthly Rates

Employee Non-Tobacco Semi-Monthly Premiums					
Age	\$5,000	\$10,000	\$20,000	\$30,000	\$40,000
18 - 29	\$2.62	\$3.78	\$6.09	\$8.40	\$10.71
30 - 39	\$3.26	\$5.06	\$8.64	\$12.23	\$15.82
40 - 49	\$4.87	\$8.26	\$15.06	\$21.86	\$28.66
50 - 59	\$7.90	\$14.33	\$27.19	\$40.05	\$52.91
60+	\$13.66	\$25.85	\$50.23	\$74.62	\$99.00

Spouse Non-Tobacco Semi-Monthly Premiums					
Age		\$5,000	\$10,000	\$15,000	\$20,000
18 - 29		\$2.48	\$3.50	\$4.52	\$5.53
30 - 39		\$3.12	\$4.78	\$6.43	\$8.09
40 - 49		\$4.69	\$7.92	\$11.15	\$14.37
50 - 59		\$7.76	\$14.05	\$20.34	\$26.63
60+		\$13.52	\$25.57	\$37.63	\$49.68

Employee Tobacco Semi-Monthly Premiums					
Age	\$5,000	\$10,000	\$20,000	\$30,000	\$40,000
18 - 29	\$3.03	\$4.60	\$7.74	\$10.87	\$14.01
30 - 39	\$4.19	\$6.91	\$12.35	\$17.79	\$23.23
40 - 49	\$6.68	\$11.89	\$22.31	\$32.74	\$43.16
50 - 59	\$11.76	\$22.06	\$42.64	\$63.23	\$83.82
60+	\$20.41	\$39.36	\$77.25	\$115.15	\$153.04

Spouse Tobacco Semi-Monthly Premiums					
Age		\$5,000	\$10,000	\$15,000	\$20,000
18 - 29		\$2.89	\$4.32	\$5.75	\$7.18
30 - 39		\$4.05	\$6.63	\$9.21	\$11.79
40 - 49		\$6.54	\$11.61	\$16.69	\$21.76
50 - 59		\$11.62	\$21.78	\$31.93	\$42.09
60+		\$20.27	\$39.08	\$57.89	\$76.70

AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



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

Does your major medical insurance cover all of your bills?

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

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

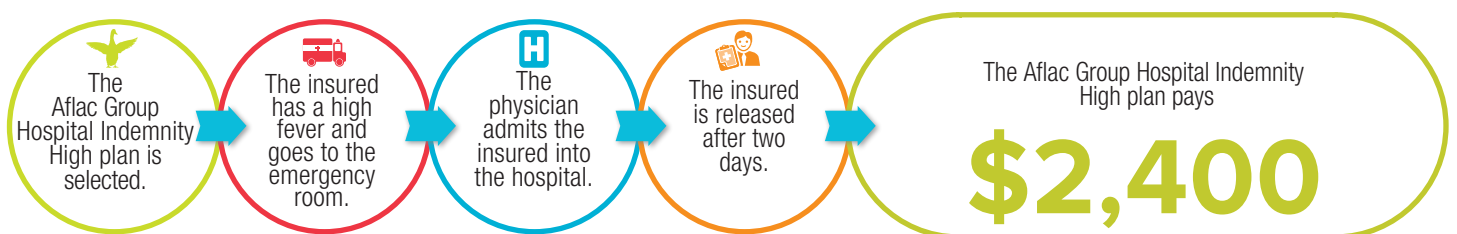
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time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

The Aflac Group Hospital Indemnity plan benefits include the following:

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



How it works



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

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

Benefits Overview

	HIGH	LOW
<p>HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured) Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p>	\$2,000	\$1,000
<p>HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured) Payable for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	\$200	\$150
<p>HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured) Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$200	\$150
<p>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured) Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$100	\$75

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).



AF™ 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: groceries, mortgage, daycare, etc.



Customized to Meet Your Individual Needs

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



Return-to-Work Benefit

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

Choose the Right Plan for You

BENEFITS BEGIN

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



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



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



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



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

Benefit Policy Schedule

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

Monthly Salary	Monthly Disability Benefit	Semi - Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$300.00 - \$449.99	\$200.00	\$3.68	\$3.14	\$2.60	\$1.62	\$1.20	\$.78
\$450.00 - \$599.99	\$300.00	\$5.52	\$4.71	\$3.90	\$2.43	\$1.80	\$1.17
\$600.00 - \$749.99	\$400.00	\$7.36	\$6.28	\$5.20	\$3.24	\$2.40	\$1.56
\$750.00 - \$899.99	\$500.00	\$9.20	\$7.85	\$6.50	\$4.05	\$3.00	\$1.95
\$900.00 - \$1,049.99	\$600.00	\$11.04	\$9.42	\$7.80	\$4.86	\$3.60	\$2.34
\$1,050.00 - \$1,199.99	\$700.00	\$12.88	\$10.99	\$9.10	\$5.67	\$4.20	\$2.73
\$1,200.00 - \$1,349.99	\$800.00	\$14.72	\$12.56	\$10.40	\$6.48	\$4.80	\$3.12
\$1,350.00 - \$1,499.99	\$900.00	\$16.56	\$14.13	\$11.70	\$7.29	\$5.40	\$3.51
\$1,500.00 - \$1,649.99	\$1,000.00	\$18.40	\$15.70	\$13.00	\$8.10	\$6.00	\$3.90
\$1,650.00 - \$1,799.99	\$1,100.00	\$20.24	\$17.27	\$14.30	\$8.91	\$6.60	\$4.29
\$1,800.00 - \$1,949.99	\$1,200.00	\$22.08	\$18.84	\$15.60	\$9.72	\$7.20	\$4.68
\$1,950.00 - \$2,099.99	\$1,300.00	\$23.92	\$20.41	\$16.90	\$10.53	\$7.80	\$5.07
\$2,100.00 - \$2,249.99	\$1,400.00	\$25.76	\$21.98	\$18.20	\$11.34	\$8.40	\$5.46
\$2,250.00 - \$2,399.99	\$1,500.00	\$27.60	\$23.55	\$19.50	\$12.15	\$9.00	\$5.85
\$2,400.00 - \$2,549.99	\$1,600.00	\$29.44	\$25.12	\$20.80	\$12.96	\$9.60	\$6.24
\$2,550.00 - \$2,699.99	\$1,700.00	\$31.28	\$26.69	\$22.10	\$13.77	\$10.20	\$6.63
\$2,700.00 - \$2,849.99	\$1,800.00	\$33.12	\$28.26	\$23.40	\$14.58	\$10.80	\$7.02
\$2,850.00 - \$2,999.99	\$1,900.00	\$34.96	\$29.83	\$24.70	\$15.39	\$11.40	\$7.41
\$3,000.00 - \$3,149.99	\$2,000.00	\$36.80	\$31.40	\$26.00	\$16.20	\$12.00	\$7.80
\$3,150.00 - \$3,299.99	\$2,100.00	\$38.64	\$32.97	\$27.30	\$17.01	\$12.60	\$8.19
\$3,300.00 - \$3,449.99	\$2,200.00	\$40.48	\$34.54	\$28.60	\$17.82	\$13.20	\$8.58
\$3,450.00 - \$3,599.99	\$2,300.00	\$42.32	\$36.11	\$29.90	\$18.63	\$13.80	\$8.97
\$3,600.00 - \$3,749.99	\$2,400.00	\$44.16	\$37.68	\$31.20	\$19.44	\$14.40	\$9.36
\$3,750.00 - \$3,899.99	\$2,500.00	\$46.00	\$39.25	\$32.50	\$20.25	\$15.00	\$9.75
\$3,900.00 - \$4,049.99	\$2,600.00	\$47.84	\$40.82	\$33.80	\$21.06	\$15.60	\$10.14
\$4,050.00 - \$4,199.99	\$2,700.00	\$49.68	\$42.39	\$35.10	\$21.87	\$16.20	\$10.53
\$4,200.00 - \$4,349.99	\$2,800.00	\$51.52	\$43.96	\$36.40	\$22.68	\$16.80	\$10.92
\$4,350.00 - \$4,499.99	\$2,900.00	\$53.36	\$45.53	\$37.70	\$23.49	\$17.40	\$11.31
\$4,500.00 - \$4,649.99	\$3,000.00	\$55.20	\$47.10	\$39.00	\$24.30	\$18.00	\$11.70
\$4,650.00 - \$4,799.99	\$3,100.00	\$57.04	\$48.67	\$40.30	\$25.11	\$18.60	\$12.06
\$4,800.00 - \$4,949.99	\$3,200.00	\$58.88	\$50.24	\$41.60	\$25.92	\$19.20	\$12.48
\$4,950.00 - \$5,099.99	\$3,300.00	\$60.72	\$51.81	\$42.90	\$26.73	\$19.80	\$12.87
\$5,100.00 - \$5,249.99	\$3,400.00	\$62.56	\$53.38	\$44.20	\$27.54	\$20.40	\$13.26
\$5,250.00 - \$5,399.99	\$3,500.00	\$64.40	\$54.95	\$45.50	\$28.35	\$21.00	\$13.65
\$5,400.00 - \$5,549.99	\$3,600.00	\$66.248	\$56.52	\$46.80	\$29.16	\$21.60	\$14.04
\$5,550.00 - \$5,699.99	\$3,700.00	\$68.08	\$58.09	\$48.10	\$29.97	\$22.20	\$14.43
\$5,700.00 - \$5,849.99	\$3,800.00	\$69.92	\$59.66	\$49.40	\$30.78	\$22.80	\$14.82

Benefit Policy Schedule (continued)

		Semi - Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,850.00 - \$5,999.99	\$3,900.00	\$71.76	\$61.23	\$50.70	\$31.59	\$23.40	\$15.21
\$6,000.00 - \$6,149.99	\$4,000.00	\$73.60	\$62.80	\$52.00	\$32.40	\$24.00	\$15.60
\$6,150.00 - \$6,299.99	\$4,100.00	\$75.44	\$64.37	\$53.30	\$33.21	\$24.60	\$15.99
\$6,300.00 - \$6,449.99	\$4,200.00	\$77.28	\$65.94	\$54.60	\$34.02	\$25.20	\$16.38
\$6,450.00 - \$6,599.99	\$4,300.00	\$79.12	\$67.51	\$55.90	\$34.83	\$25.80	\$16.77
\$6,600.00 - \$6,749.99	\$4,400.00	\$80.96	\$69.08	\$57.20	\$35.64	\$26.40	\$17.16
\$6,750.00 - \$6,899.99	\$4,500.00	\$82.80	\$70.65	\$58.50	\$36.45	\$27.00	\$17.55
\$6,900.00 - \$7,049.99	\$4,600.00	\$84.64	\$72.22	\$59.80	\$37.26	\$27.60	\$17.94
\$7,050.00 - \$7,199.99	\$4,700.00	\$86.48	\$73.79	\$61.10	\$38.07	\$28.20	\$18.33
\$7,200.00 - \$7,349.99	\$4,800.00	\$88.32	\$75.36	\$62.40	\$38.88	\$28.80	\$18.72
\$7,350.00 - \$7,499.99	\$4,900.00	\$90.16	\$76.93	\$63.70	\$39.69	\$29.40	\$19.11
\$7,500.00 - \$7,649.99	\$5,000.00	\$92.00	\$78.50	\$65.00	\$40.50	\$30.00	\$19.50
\$7,650.00 - \$7,799.99	\$5,100.00	\$93.84	\$80.07	\$66.30	\$41.31	\$30.60	\$19.89
\$7,800.00 - \$7,949.99	\$5,200.00	\$95.68	\$81.64	\$67.60	\$42.12	\$31.20	\$20.28
\$7,950.00 - \$8,099.99	\$5,300.00	\$97.52	\$83.21	\$68.90	\$42.93	\$31.80	\$20.67
\$8,100.00 - \$8,249.99	\$5,400.00	\$99.36	\$84.78	\$70.20	\$43.74	\$32.40	\$21.06
\$8,250.00 - \$8,399.99	\$5,500.00	\$101.20	\$86.35	\$71.50	\$44.55	\$33.00	\$21.45
\$8,400.00 - \$8,549.99	\$5,600.00	\$103.04	\$87.92	\$72.80	\$45.36	\$33.60	\$21.84
\$8,550.00 - \$8,699.99	\$5,700.00	\$104.88	\$89.49	\$74.10	\$46.17	\$34.20	\$22.23
\$8,700.00 - \$8,849.99	\$5,800.00	\$106.72	\$91.06	\$75.40	\$46.98	\$34.80	\$22.62
\$8,850.00 - \$8,999.99	\$5,900.00	\$108.56	\$92.63	\$76.70	\$47.79	\$35.40	\$23.01
\$9,000.00 - \$9,149.99	\$6,000.00	\$110.40	\$94.20	\$78.00	\$48.60	\$36.00	\$23.40
\$9,150.00 - \$9,299.99	\$6,100.00	\$112.24	\$95.77	\$79.30	\$49.41	\$36.60	\$23.79
\$9,300.00 - \$9,449.99	\$6,200.00	\$114.08	\$97.34	\$80.60	\$50.22	\$37.20	\$24.18
\$9,450.00 - \$9,599.99	\$6,300.00	\$115.92	\$98.91	\$81.90	\$51.03	\$37.80	\$24.57
\$9,600.00 - \$9,749.99	\$6,400.00	\$117.76	\$100.48	\$83.20	\$51.84	\$38.40	\$24.96
\$9,750.00 - \$9,899.99	\$6,500.00	\$119.60	\$102.05	\$84.50	\$52.65	\$39.00	\$25.35
\$9,900.00 - \$10,049.99	\$6,600.00	\$121.44	\$103.62	\$85.80	\$53.46	\$39.60	\$25.74
\$10,050.00 - \$10,199.99	\$6,700.00	\$123.28	\$105.19	\$87.10	\$54.27	\$40.20	\$26.13
\$10,200.00 - \$10,349.99	\$6,800.00	\$125.12	\$106.76	\$88.40	\$55.08	\$40.80	\$26.52
\$10,350.00 - \$10,499.99	\$6,900.00	\$126.96	\$108.33	\$89.70	\$55.89	\$41.40	\$26.91
\$10,500.00 - \$10,649.99	\$7,000.00	\$128.80	\$109.90	\$91.00	\$56.70	\$42.00	\$27.30
\$10,650.00 - \$10,799.99	\$7,100.00	\$130.64	\$111.47	\$92.30	\$57.51	\$42.60	\$27.69
\$10,800.00 - \$10,949.99	\$7,200.00	\$132.48	\$113.04	\$93.60	\$58.32	\$43.20	\$28.08
\$10,950.00 - \$11,099.99	\$7,300.00	\$134.32	\$114.61	\$94.90	\$59.13	\$43.80	\$28.47
\$11,100.00 - \$11,249.99	\$7,400.00	\$136.16	\$116.18	\$96.20	\$59.94	\$44.40	\$28.86
\$11,250.00 - \$11,399.99	\$7,500.00*	\$138.00	\$117.75	\$97.50	\$60.75	\$45.00	\$29.25

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

Plan Benefit Highlights

Maximum Benefit Period

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

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

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

Social Security Filing Assistance

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

When Coverage Begins

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

Hospital Confinement Benefit

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

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

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

Survivor Benefit

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

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

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

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



Minimum Disability Benefit

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

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

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

Return To Work Incentives: Disabled and Working

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

- **Worksite Accommodation**

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

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

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

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

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

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

This rider is designed to pay a daily benefit amount for a Hospital Confinement, up to a maximum of 90 days, if you are confined to a Hospital.

Benefits are not payable for Injury or Sickness incurred in the first 12 months of coverage due to a Pre-Existing Condition as defined in the base policy. Patient must be confined to a Hospital for a minimum of 18 hours and charged room and board.

Daily Benefit	Monthly Premium
\$100.00	\$6.00
\$150.00	\$9.00



Spousal Accident Only Disability Benefit Rider

This rider is designed to provide a monthly benefit if your Spouse suffers a Disability due to a non-occupational accident.

Pays a monthly benefit amount to you for your Spouse who is Disabled as a result of a non-occupational accident. Benefits begin on the 31st consecutive day after the Injury and will continue for up to two years.

Monthly Benefit Amount	Annual Salary	Monthly Premium
\$500.00	up to \$10,000.00	\$4.00
\$1,000.00	\$10,001.00 - \$20,000.00	\$8.00
\$1,500.00	\$20,001.00 - \$30,000.00	\$12.00
\$2,000.00	\$30,001.00 and over	\$16.00

COBRA Funding Rider

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

In order to receive benefits under this rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the Disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
\$300.00	\$4.50
\$400.00	\$6.00
\$500.00	\$7.50
\$600.00	\$9.00

Critical Illness Benefit Rider

This rider is designed to provide a lump sum benefit based on diagnosis of a certain Critical Illness.

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions heart attack, stroke, kidney failure, paralysis, or major organ failure. In the case of heart attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Benefit Amount	Monthly Premium
\$10,000.00	\$9.80
\$15,000.00	\$13.18
\$20,000.00	\$16.56
\$25,000.00	\$19.94

Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the policy. In addition to the exclusions listed in the policy, no benefits will be payable under this rider for any Hospital confinement that is caused by or resulting from mental illness or drug or alcohol abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a 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 as an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Critical Illness Benefit Rider

The Critical Illness Benefit rider will not be payable for any loss caused by or resulting from: a Critical Illness when the date of diagnosis occurs during the waiting period; a Critical Illness diagnosed outside of the United States; or a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness date of diagnosis occurs before you have been continuously covered under this rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12-month period immediately before the effective date of this rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the date of diagnosis occurs during the Critical Illness waiting period. The waiting period is 30 days from the effective date of this rider.

COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this rider. Your employment must have terminated for the benefit to be payable.

Spousal Accident Only Disability Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this policy for any period during which your Spouse is entitled to Workers' Compensation benefits; participation in any sport for wage or profit; participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. Your spouse must be engaged in Full Time Employment for benefits to be payable. Full Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your spouse is working while self-employed. No benefits are payable for your Spouse under this rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from Spousal abuse.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These riders will terminate on the same date as the policy or certificate to which it is attached.



COMPREHENSIVE IDENTITY PROTECTION AT YOUR FINGERTIPS

- » Complete CyberAlert™ protection
- » Credit bureau monitoring
- » Lost wallet protection
- » \$1M insurance

PROTECT YOURSELF AGAINST ONE OF THE FASTEST GROWING CRIMES

Your identity is your most important asset. It who you are, determines how much you can borrow, and can be a deciding factor in employment. For these reasons, your identity is a target for online criminals. iLOCK360's identity protection solution provides multiple layers of defense to ensure the integrity of your identity.

In 2015, identity fraud affected 13.1 million consumers costing a total of \$15 billion. Last year, 20% of all fraud losses were due to new account fraud—meaning that fraudsters were opening new accounts under stolen identities, going beyond the usual credit card fraud many consumers anticipate. Keep your identity protected 24/7/365 with iLOCK360's comprehensive identity theft protection.

Coverage Plan (semimonthly rates)		Plus	Premium
Individual		\$4.00	\$7.50
Individual and Spouse	-	\$7.50	\$11.00
Individual and Children	-	\$6.50	\$10.00
Individual and Family	-	\$10.00	\$13.50

Service		Plus	Premium
CyberAlert™ monitors: • one Social Security number • two phone numbers • two email addresses • • two medical ID numbers • nts • one driver's license number • one passport		✓ ✓	✓ ✓
Social Security number trace		✓ ✓	✓ ✓
Change of address		✓	✓
Sex offender alerts		✓	✓
Payday loan		✓	✓
Court/criminal records		✓	✓
Full service restoration and lost wallet protection		✓	✓ ✓
\$1M insurance		✓	✓
Daily monitoring of TransUnion credit bureau		✓	✓
Daily monitoring of Experian credit bureau			✓
Daily monitoring of Equifax credit bureau			✓
ScoreT			✓
✓ adults ✓ children to age 18			




The Harrison's Story

- Jim and his family were at a local festival when his daughter, Sara, suddenly began experiencing horrible abdominal and back pain, after a fall from earlier in the day.
- His wife, Heather, called 911 and Sara was transported to a local hospital, where it was decided that she needed to be flown to another hospital.
- Upon arrival, Sara underwent multiple procedures and her condition was stabilized.
- After further testing, it was discovered that Sara needed additional specialized treatment at another hospital requiring transport on a non-emergent basis.



Based on a true story. Names were changed to protect identities in compliance with HIPAA.

And then, the bills came...

		As a MASA Member	If a Non-MASA Member	
		Sara would pay*	If In-Network**	If Out-of-Network**
911 Ground Ambulance Cost: \$1,800		\$0	\$300	\$1,600
Emergent Air Ambulance Cost: \$45,000		\$0	\$4,000	\$30,000
Non-Emergent Air Transport† Cost: \$20,000		\$0	\$20,000	\$20,000
Total Out-of-Pocket Cost		\$0	\$24,300	\$51,600

*Benefit is dependent on Membership Enrolled.

**Out-of-pocket dollars vary dependent on provider, distance, health plan design, current status of deductible and out-of-pocket max. These figures are an example of the costs one may incur.

†More and more health plans are not covering interfacility transports on a non-emergent basis.

Any Ground. Any Air. Anywhere.TM

No matter how comprehensive your local in-network coverage may be, you still have significant exposure to out-of-network emergency transportation. Moreover, when you and your family travel outside your area, there is an 80% chance of being picked up by an out-of-network provider.

A MASA Membership prepares you for the unexpected. ONLY MASA MTS provides you with:

- **Coverage ANYWHERE** in all 50 states and Canada whether at home or away
- Coverage for BOTH emergent ground ambulance and air ambulance transport **REGARDLESS of the provider**
- **Non-emergent transport services**, which are frequently covered inadequately by your insurance, if at all

Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™
— helps you save on medical bills



Who is covered?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.



Employee Assistance Program — Work/Life Balance

Toll-free 24/7 access:

- 1-800-854-1446
(multi-lingual)
- www.unum.com/lifebalance



Turn to us, when you don't know where to turn.

Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Family and parenting problems
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- And more

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Financial services, debt management, credit report issues
- Elder care
- Even reducing your medical/dental bills!
- Legal questions
- And more
- Identity theft

Help is easy to access:

- **Online/phone support:** Unlimited, confidential, 24/7.
- **In-person:** You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult

your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Insurance products are underwritten by the subsidiaries of Unum Group.

unum.com

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Unum's Employee Assistance Program

Medical Bill Saver™ makes Unum's EAP even more valuable



The Medical Bill Saver advantage



- Negotiations for medical/dental bills with a non-covered balance of \$400 or more
- Expert use of critical pricing-trend information to obtain discounts from providers
- Easy-to-read Savings Result Statement summarizing the outcome of the negotiation
- Provider sign-off on payment terms and conditions
- Speedy provider payments

Employee Assistance Program services are available 24/7 at:



1-800-854-1446 (multi-lingual)
www.unum.com/lifebalance

As health care costs continue to rise, many people have trouble paying medical expenses that insurance doesn't cover. Luckily, our EAP — with the Medical Bill Saver feature — can help.

How does it work?



When a covered employee has a medical or dental bill totaling over \$400 in out-of-pocket costs, our skilled negotiating team works with the provider(s) to get a discount. Successful negotiations can save employees hundreds, and sometimes thousands, of dollars.



Our experts can also show employees how to keep bills lower in the future — for example, by using in-network providers.



By helping reduce employees' out-of-pocket-costs, Medical Bill Saver can make consumer-driven health plans (CDHPs) more attractive — and more effective.

Medical Bill Saver is one more way the Unum Employee Assistance Program helps employees manage the stresses of modern life.

Real stories. Real people. Real results.

MEDICAL BILL SAVER: CASE #1

Issue: An employee had an outstanding bill for surgery performed at an out-of-network hospital.

Resolution: Unum's EAP service worked with the provider to reduce the bill.

Billed Charges: \$5,032

Negotiated Discount: 50%

Savings: \$2,516

MEDICAL BILL SAVER: CASE #2

Issue: An employee received a bill for a dental implant that was not covered by her dental plan.

Resolution: Unum's EAP service worked with the provider, who agreed to accept a lower fee.

Billed Charges: \$1,600

Negotiated Discount: 55%

Savings: \$880

MEDICAL BILL SAVER: CASE #3

Issue: Following a surgery, an employee received a large bill from a non-participating anesthesia group.

Resolution: Unum's EAP service negotiated an arrangement that reduced the employee's responsibility.

Billed Charges: \$3,275

Negotiated Discount: 38%

Savings: \$1,245

* The savings in these case studies cannot be guaranteed. Results may vary.



Empowering the shift from surviving to thriving



In the United States, 7 in 10 Americans report high levels of financial stress. We're here to change that.

If you've ever felt like you're living paycheck to paycheck or like your dollar can go farther, we have just the tools to make a difference. And it's all available at **no cost to you**.

Meet FinPath

FinPath is a financial education program paid for by your employer to help you take control of your finances and reduce your financial stress. With FinPath, focusing on your financial goals and getting answers to your questions is easy.

Here's what you get:



Unlimited 1:1 Coaching

Personalized, confidential coaching sessions tailored to your financial needs



Financial Health Tools

Over 30+ tools to help you budget, reduce debt, plan for emergencies, and more!



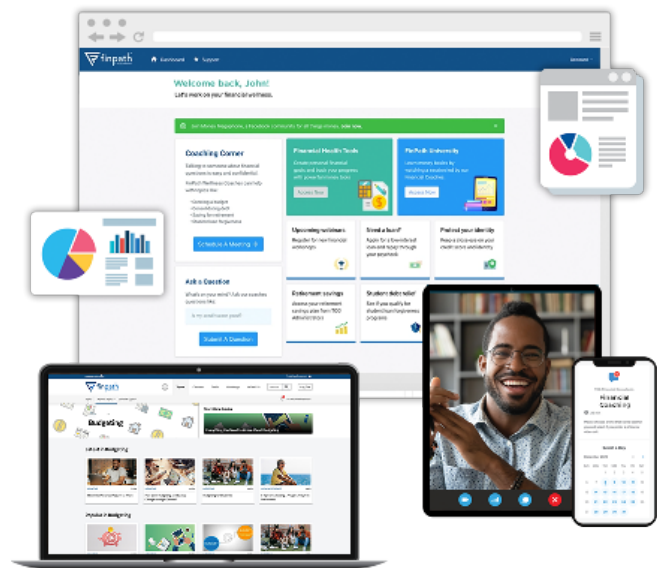
FinPath University

Participate in live and self-paced courses accessible anytime, anywhere



FinPath Perks

Get rewarded by building better financial habits through monthly gift card raffles, including a \$500 giveaway





Program Focus

- ✓ **Budgeting & Spending**
Financial success doesn't require a lot of money, just a little extra planning. We help give each dollar a purpose.
- ✓ **Debt Management**
Piling debt can make it hard to move forward. We can help you create a plan to pay down debt.
- ✓ **Emergency Savings**
A little goes a long way. We'll help you prepare for the next financial shock with an emergency savings strategy.
- ✓ **Credit Score Improvement**
Credit scores are crucial to your financial success. We work to identify how you can improve your score.
- ✓ **Retirement**
Unclear about your retirement plans? We focus on your goals today so you can have better tomorrows.
- ✓ **Student-Debt Relief**
Millions of Americans suffer with student loan debt every year. We'll help you explore your options.
- ✓ **Security & Protection**
Safety always comes first. We help identify areas of need and encourage individuals to seek coverage.
- ✓ **Smart Borrowing**
It's likely you'll need to borrow money down the road. We'll help explore options and avoid bad loans.



Real coaches, real advice, real solutions.

FinPath isn't a product, it's a process. Discussing finances is a pivotal part of the process, but it's one people tend to avoid. Whether from anxiety or fear, people refer to their loved ones for financial advice rather than trusted experts.


Our Financial Coaches know how nerve-wracking it is to talk about money, which is why every conversation is 100% confidential. We approach every person with the utmost care and respect. We're here for you every step of the way.



Activate your free account in three easy steps!

1. Head to finpathwellness.com/register
2. Enter your **work email address**
3. Check your email for your unique **activation link**

Have Questions? Get Answers.

833-777-6545 

finpathwellness.com/support 

TeleWealth™ Virtual Assistance

What are your Retirement Numbers?



What age can I retire?



How much will my pension pay me?



How much do I need to save?

Whether retirement is around the corner or decades away, it's important to plan early and know your **three key numbers**. At TCG Advisors, a HUB International company, we are here to help you approach retirement planning with confidence.

Retirement Plan Specialist Dominick Zuconni can help you create a plan of action to address your unique retirement goals.

Convenient meetings from virtually anywhere at no cost to you

Through TeleWealth™ Virtual Meetings, we can provide the assistance you need without disrupting your busy schedule whether it's by phone or live video chat right from your desktop or mobile device.

We can address topics like:

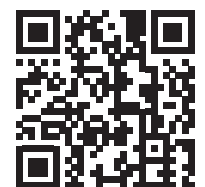
- Retirement and investment planning
- How your pension and Social Security work together
- Investment and cash flow strategies
- Consolidating old employer plans



Schedule a TeleWealth™ Meeting with Dominick at www.tcgservices.com/dzuconni

You may contact Dominick at dzuconni@tcgservices.com

Scan code for quick meeting booking access





457(b) Retirement Savings Plan

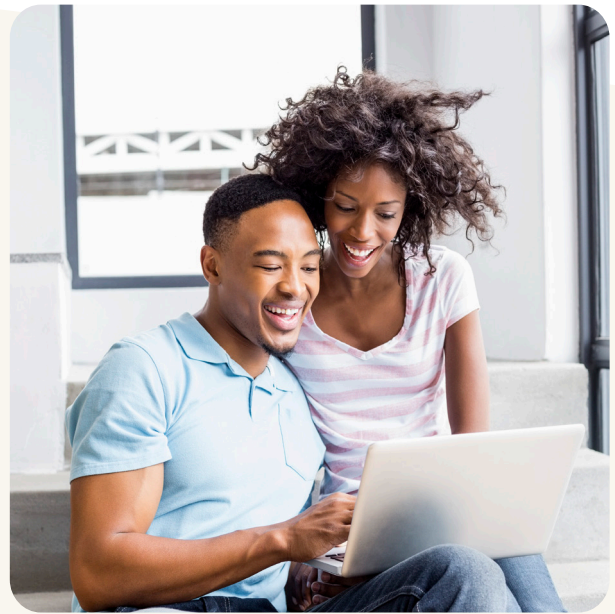
A Section 457(b) plan is a special type of employer-sponsored retirement plan that certain governmental employers, and other tax-exempt organizations can establish for their employees.

Your employer offers the **RAMS 457(b)** plan as a way to help you save for life beyond your full-time working years. Contributing regularly to a 457(b) can help give you the power and confidence to retire with more in your pocket to cover housing, health care, vacations, bills, and other expenses upon retirement.



2023 Contribution Limits

You can contribute 100% of your compensation up to \$22,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$30,000. You can contribute to both 403(b) and 457(b) plans simultaneously.



Plan Highlights

- Oversight by Superintendents, HR Directors, and Chief Financial Officers—bringing peace of mind public employee interests are represented
- Low, transparent fees
- Wide range of investments to choose from—including managed portfolios, target date funds, and self-directed options
- No 10% early distribution tax/penalty
- No surrender charges or hidden fees
- No product commissions
- Full control on starting/pausing contributions
- Access to financial education through **FinPath Wellness**, including 1:1 financial coaching, online financial health tools and monthly opportunities to win prizes*†
- Access to no-cost W-2 tax preparation and complimentary creation of a personal will†

Get started at www.region10rams.org/457b

Enrollment assistance is available at www.region10rams.org/telewealth or by calling the Enrollment Hotline at 800-943-9179.



Exclusive RAMS 457(b) Account Holder Perks

As a benefit of having your retirement dollars managed by the RAMS program, you're automatically eligible for exclusive financial resources for you and your family. This is just another way saving for retirement can benefit you now and in the long run.



FinPath Financial Wellness

FinPath is a financial wellness program* designed to help you build better financial habits and help your dollars can go farther.

Here's what you get:

- Unlimited 1:1 confidential financial coaching
- Financial health tools to help you budget, reduce debt, plan for emergencies, explore student loan forgiveness, and more!
- FinPath University financial education workshops and courses
- Monthly giveaways, including a \$1,000 sweepstakes



Estate Planning

Spending a bit of time creating a solid estate plan can help you prepare for the expected and unexpected.

Redeem a complimentary will† (valued at \$259) to help you secure your legacy and your loved ones.



Tax Preparation

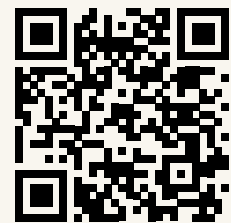
We can help you take the stress away from your tax bill. Our team can assist with **filing your W-2 tax returns at no cost to you** and or a \$250 credit towards complex preparation services.‡

Ready to start saving?

1. Visit www.region10rams.org/457b and click **Enroll Now**.
2. Enter your employer's name and choose the **457(b) Savings Plan**.
3. Follow the steps on screen to select your salary contribution and investment selection. Don't forget to designate a beneficiary!

*Note: If you're unsure about which investment option to select, please book a TeleWealth** virtual meeting.*

4. Continue until you get a confirmation notice, and you're done!



Scan QR code to begin enrollment



Need help?

Enrollment assistance is available at www.region10rams.org/telewealth or by calling 800-943-9179.



403(b) Retirement Savings Plan

A 403(b) plan is a special type of employer-sponsored retirement plan designed for eligible public education, religious, and other tax-exempt organizations.

Saving with a 403(b) plan gives you the ability to defer a portion of your paycheck and invest funds in a portfolio of your choosing. By participating, you can take advantage of tax savings, reduce your retirement income gap, and get one step closer to achieving financial independence.

To establish a 403(b) account, you must first select an investment provider from a list of approved vendors, and then elect contributions on a pre-tax or Roth basis.

Please note that early withdrawals from a 403(b) account are subject to a 10% early withdrawal penalty unless a qualifying event takes place.



Why Contribute?

- Avoid a gap in your income during retirement
- Take advantage of tax benefits
- Improve your financial wellbeing
- Automatic payroll deductions take stress out of planning
- Decrease your dependency on government-funded pension plans

2023 Contribution Limits

You can contribute 100% of your compensation up to \$22,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$30,000.

You can contribute to both 403(b) and 457(b) plans simultaneously.

Get started at www.region10rams.org/403b

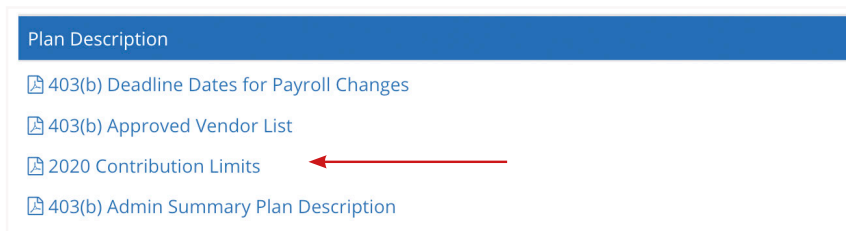
Enrollment assistance is available at www.region10rams.org/telewealth or by calling the Enrollment Hotline at 800-943-9179.



How to Register

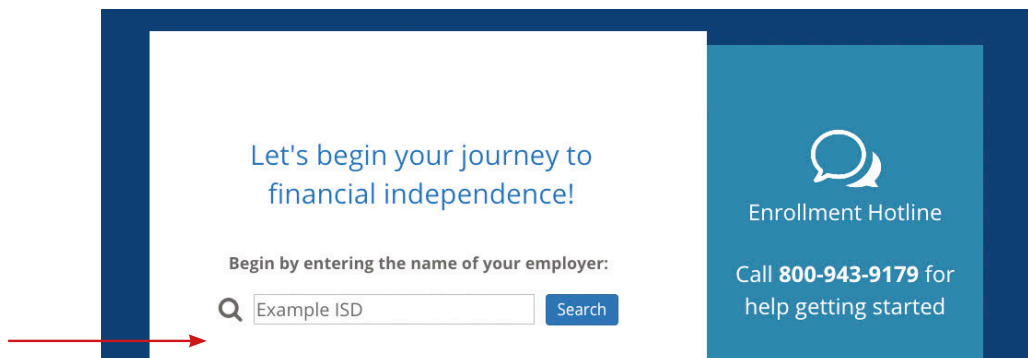
Step One: Create an account with an approved vendor

1. Visit www.region10rams.org/documents.
2. Search for your employer and open the 403(b) Approved Vendor list.
3. Do your research and contact a vendor on the list directly to establish your retirement account.



Step Two: Create an administration account

1. Visit www.region10rams.org/403b and click Enroll.
2. Enter the name of your employer and select the 403(b) Admin Plan.
3. Follow each step until you get a completion notice.
4. You're done! Login your account any time you wish to make contribution adjustments.



Get started at www.region10rams.org/403b

Enrollment assistance is available at www.region10rams.org/telewealth or by calling the Enrollment Hotline at 800-943-9179.





403(b) vs 457(b) Plan Comparison

Feature	457(b)	403(b)
Contribution maximum limits (can contribute to both plans)	2023: \$22,500; \$30,000 age 50+	2023: \$22,500; \$30,000 age 50+
Retirement Contributions Tax Credit	Up to \$1,000 (\$2,000 if filing jointly)	Up to \$1,000 (\$2,000 if filing jointly)
Early withdrawal penalty tax	None	10%
Investment options	Managed allocations or self-directed mutual funds.	Fixed/Variable interest annuities or mutual funds/custodial accounts
Investment committee/advisor oversight	Yes, managed by TCG Advisors.	No
Distribution restrictions	Funds can be requested upon: <ul style="list-style-type: none"> o Age 59 1/2 o Separation from employer o Disability o Death o Unforeseeable emergency 	Funds can be requested upon: <ul style="list-style-type: none"> o Age 59 1/2 o Age 55 and/or leaving employer o Disability o Death o Financial hardship
Financial Hardship/Unforeseeable Emergency Distributions	Must be an unforeseeable Emergency. Can include the following criteria is met: <ul style="list-style-type: none"> o Medical expenses o Funeral expenses o Foreclosure/eviction o Certain hurricanes and natural disasters 	Qualified for the following causes: <ul style="list-style-type: none"> o Medical care o Foreclosure/eviction o Tuition payment o Buying a home o Funeral costs o Home repair costs o Disaster relief
Loans	Permitted; loans from all qualified plans limited to the lesser of 50,000 or 50% of vested account balance.	Permitted; loans from all qualified plans limited to the lesser of \$50,000 or 50% of vested account balance.
Required minimum distributions	RMD rules apply at age 72 or later, severance from service, or after death.	RMD rules apply at age 72 or later, severance from service, or after death

Have questions? We're here to help.

Schedule a TeleWealth™ virtual meeting at www.tcgservices.com/telewealth or by calling the Advisor Hotline at 512-600-5204.



FFGA COBRA ADMINISTRATION

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.

FIRST FINANCIAL IS THE COBRA ADMINISTRATOR FOR DENTAL, VISION, AND FLEXIBLE SPENDING ACCOUNTS. FOR COBRA MEDICAL, PLEASE SEE BELOW.

First Financial Administrators, Inc. | <https://cobrapoint.benaissance.com> | 1.800.523.8422, option 4

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.

MEDICAL INSURANCE COBRA ADMINISTRATION

Health Plan	Contacts for Applications and Inquiries
TRS-ActiveCare Plans	bswift (TRS-ActiveCare) P.O. Box 860620 Minneapolis MN 55486-0620 Phone: 1-833-682-8972 7:00 a.m.-7:00 p.m. CT (Mon-Fri) https://trsactivecare.bswift.com/TrsMain/Home.aspx
Baylor Scott and White Health Plan	WageWorks, Inc. P.O. Box 226101 Dallas, TX 75222-6101 Fax to: 877-353-2948 Phone: 1-877-722-2667 7:00 a.m.-7:00 p.m. (Mon-Fri) MyBenefits.WageWorks.com