

BASTROP ISD 2024-2025

OPEN ENROLLMENT
JULY 15TH - AUGUST 16TH

EMPLOYEE BENEFITS GUIDE

PLAN YEAR: SEPTEMBER 1, 2024 - AUGUST 31, 2025



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Contents

- EMPLOYEE BENEFITS CENTER
- ENROLLMENT INFORMATION AND SCHEDULE
- HELPFUL TIPS
- MEDICAL RATES
- MEDICAL INFORMATION AND PLAN SUMMARIES
- APPS TO DOWNLOAD
- DENTAL
- VISION
- TELEMEDICINE
- PERMANENT LIFE INSURANCE
- GROUP LIFE INSURANCE
- CANCER INSURANCE
- ACCIDENT INSURANCE
- CRITICAL ILLNESS INSURANCE
- HOSPITAL INDEMNITY INSURANCE
- DISABILITY INSURANCE
- LEGAL INSURANCE
- IDENTITY THEFT PROTECTION
- MEDICAL TRANSPORT INSURANCE
- EMPLOYEE ASSISTANCE PROGRAM
- PET INSURANCE
- CLEVER RX
- BASTROP EDUCATION FOUNDATION
- FLEXIBLE SPENDING ACCOUNTS (FSA)
- HEALTH SAVINGS ACCOUNTS (HSA)
- FSA AND HSA RESOURCES
- RETIREMENT SAVINGS ACCOUNTS
- COBRA
- LEAVE BENEFITS

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.

This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.

Employee Benefits Center

A guide to your benefits!

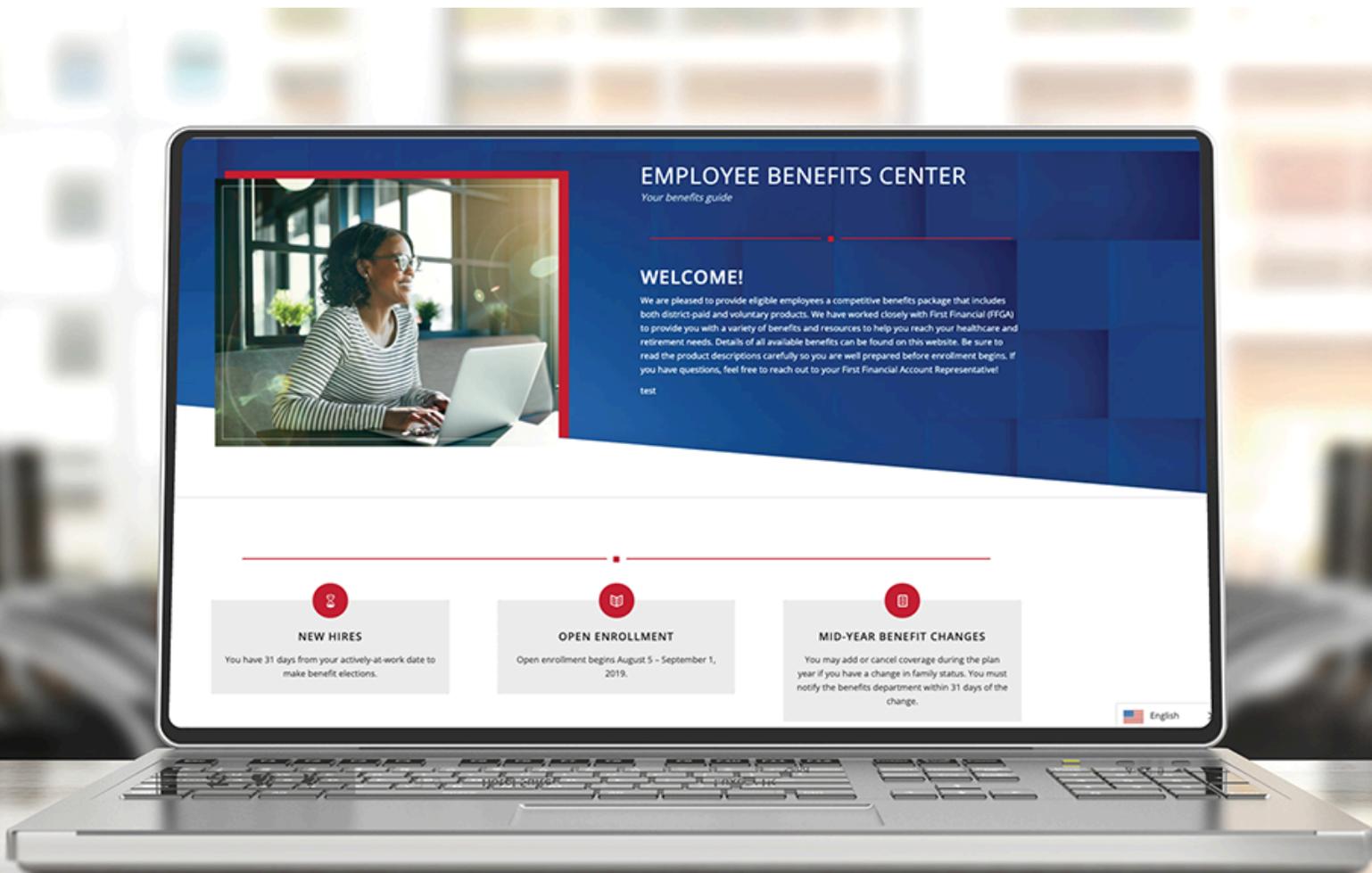
Bastrop ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

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



OPEN ENROLLMENT DATES: JULY 15- AUGUST 16, 2024

NEW HIRES: YOU HAVE 31 DAYS FROM YOUR ACTIVELY AT WORK DATE TO COMPLETE YOUR ENROLLMENT

Enrollment Information

On-Site Open Enrollment Schedule

Date	Day	Location	Time
July 30	Tuesday	Service Center	8 AM - 4 PM
July 31	Wednesday	Service Center	8 AM - 4 PM
August 1	Thursday	Service Center	8 AM - 4 PM
August 2	Friday	Service Center	8 AM - 4 PM
August 7	Wednesday	Service Center	8 AM - 4 PM
August 8	Thursday	Service Center	8 AM - 4 PM
August 9	Friday	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 can 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 (QLE). You must notify the benefits department within 31 days of the QLE. 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.

Helpful Information and Tips

BENEFIT START DATE:

Your 2024-2025 benefits will begin on September 1, 2024 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 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 9/1/2024.

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 2025-2026 Plan Year. For current employees you can only make changes during open enrollment, July 15 – August 16, 2024!

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 TRSActiveCare Primary+ family plan will each get their own card with their PCP’s name printed on it. Employees on a TRS-ActiveCare HD or TRSActiveCare 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.

EXPRESS SCRIPTS

The prescription drug benefits for all BCBSTX Health plans are through Express Scripts. For more information and to check prescription costs, please visit <https://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.

Please don’t hesitate to reach out with any questions you may have. This guide contains information that you may need throughout the plan year. You can access this information online at benefits.ffga.com/bastropisd.

– Stephanie Davis, BISD Benefits & Wellness Coordinator



2024-2025 TRS-ActiveCare Primary	Monthly Premium (Before BIRD Contribution)	Monthly Cost (amount you pay per month after employer contribution)	2024-2025 Semi-Monthly Paycheck Rate
Individual	\$445.00	\$0.00	\$0.00
+Spouse	\$1,202.00	\$757.00	\$378.50
+Children	\$757.00	\$312.00	\$156.00
+Family	\$1,513.00	\$1,068.00	\$534.00
2024-2025 TRS-ActiveCare HD	Monthly Premium (Before BIRD Contribution)	Monthly Cost (amount you pay per month after employer contribution)	2024-2025 Semi-Monthly Paycheck Rate
Individual	\$460.00	\$0.00	\$0.00
+Spouse	\$1,242.00	\$797.00	\$398.50
+Children	\$782.00	\$337.00	\$168.50
+Family	\$1,564.00	\$1,119.00	\$559.50
2024-2025 TRS-ActiveCare Primary +	Monthly Premium (Before BIRD Contribution)	Monthly Cost (amount you pay per month after employer contribution)	2024-2025 Semi-Monthly Paycheck Rate
Individual	\$522.00	\$77.00	\$38.50
+Spouse	\$1,358.00	\$913.00	\$456.50
+Children	\$888.00	\$443.00	\$221.50
+Family	\$1,723.00	\$1,278.00	\$639.00
2024-2025 TRS-ActiveCare 2	Monthly Premium (Before BIRD Contribution)	Monthly Cost (amount you pay per month after employer contribution)	2024-2025 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

*In order to offer two EO plans at no cost to the full-time employee, Bastrop ISD contributes \$445 per month toward the Primary & Primary + plans with the exception of the HD plan in which the contribution is \$460 per month. ** Bastrop ISD employees receive a paycheck semi-monthly; on the 15th and the last business day of each month. **All plans and rates effective 9-1-2024.**

Medical Coverage

TRS-ActiveCare



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

Blue Cross Blue Shield of Texas | <https://www.bcbstx.com/trsactivecare/> | 866.355.5999

TRS-ActiveCare Primary

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

TRS-ActiveCare HD

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

TRS-ActiveCare Primary +

- Copays for many services and drugs
- Statewide network
- Participants must select a Primary Care Provider (PCP) who will make referrals to specialists
- No out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

TRS-ActiveCare 2 - Closed to New Enrollees

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

TRS-ActiveCare Plan Prescription Benefits

Express Scripts | <https://www.express-scripts.com/trsactivecare> | 844.367.6108

When you enroll in a BCBS plan, you automatically receive prescription drug coverage through Express Scripts which gives you access to a large, national network of retail pharmacies.

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



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.

How to Calculate Your Monthly Premium

Total Monthly Premium

➔ Your Employer Contribution

➔ **Your Premium**

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

	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 referrals required to see specialists Not compatible with a Health Savings Account 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 Primary Care Provider referrals required to see specialists Not compatible with a Health Savings Account No out-of-network coverage 	<ul style="list-style-type: none"> Compatible with a Health Savings Account Nationwide network with out-of-network coverage No requirement for Primary Care Providers or referrals Must meet your deductible before plan pays for non-preventive care

TRS-ActiveCare 2

- 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 Primary Care Providers or referrals

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

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

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

Primary Plans & Mental Health

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

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Semi-Monthly Premiums			
Employee Only	\$445	\$445	\$460
Employee and Spouse	\$1,202	\$1,358	\$1,242
Employee and Children	\$757	\$888	\$782
Employee and Family	\$1,513	\$1,723	\$1,564
Total Premium			
	\$445	\$445	\$460
BISD Contribution	\$445	\$445	\$460
Your Premium Per Paycheck	\$0	\$38.50	\$0
	\$378.50	\$456.50	\$398.50
	\$156	\$221.50	\$168.50
	\$534	\$639	\$559.50

Plan Features	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,200/\$6,400
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$8,050/\$16,100
Network	Statewide Network	Statewide Network	Nationwide Network
PCP Required	Yes	Yes	No
Total Premium			
	\$445	\$445	\$460
BISD Contribution	\$445	\$445	\$460
Your Premium Per Paycheck	\$0	\$38.50	\$0
	\$378.50	\$456.50	\$398.50
	\$156	\$221.50	\$168.50
	\$534	\$639	\$559.50

Doctor Visits	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible
Urgent Care	\$50 copay	\$50 copay	You pay 30% 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

Immediate Care	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Urgent Care	\$50 copay	\$50 copay	You pay 30% 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

Prescription Drugs	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Drug Deductible	Integrated with medical	Integrated with medical	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

Total Premium	BISD Contribution	Your Premium Per Paycheck
\$1,013	\$408	\$302.50
\$2,402	\$408	\$997
\$1,507	\$408	\$549.50
\$2,841	\$408	\$1,216.50

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

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

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

\$200 brand deductible	
\$20/\$45 copay	
You pay 25% after deductible (\$40 min/\$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	

Compare Prices for Common Medical Services

REMEMBER:

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

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

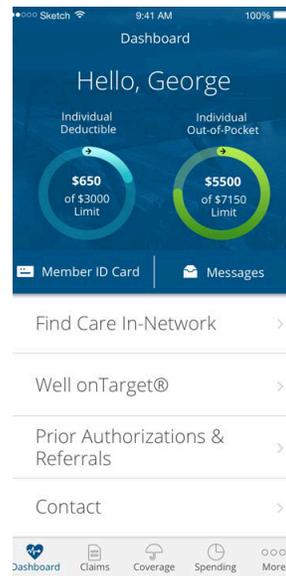
Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999 with questions.

Apps You'll Be Happy You Installed

BCBSTX Mobile App

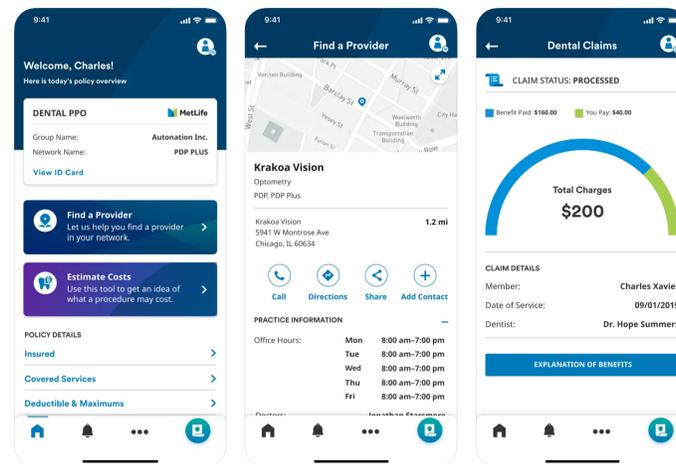
- Find a doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- Ability to view and email your ID
- Available in Spanish
- Available for iPhone and Android users.

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 StoreTM



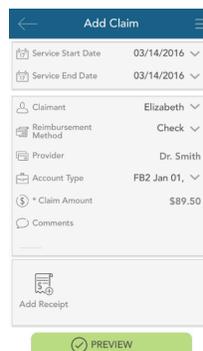
MetLife Mobile App

- Access coverage/claim details
- Find Dentist/Vision providers
- Personalized procedure estimates
- View your ID card
- Available for iPhone and Android users



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 AppStoreSM or Google Play StoreTM.



Dental - MetLife - **NEW CARRIER**

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

Dental Semi-Monthly Premiums		
	Low Plan	High Plan
Employee Only	\$12.17	\$18.34
Employee + Spouse	\$25.44	\$48.29
Employee + Children	\$31.41	\$50.46
Employee + Family	\$44.45	\$73.68

See pages 23-25 for full brochure



Vision - MetLife - **NEW CARRIER**

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 Semi-Monthly Premiums		
	Low Plan	High Plan
Employee Only	\$3.99	\$5.69
Employee + Spouse	\$8.57	\$12.19
Employee + Children	\$6.45	\$9.18
Employee + Family	\$11.76	\$16.73

See pages 26-29 for full brochure



Telemedicine - Recuro

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.

Telemedicine Semi-Monthly Premiums	
Employee Only	\$5.00
Employee + Family	\$5.00

See page 30 for full brochure

Life Insurance

TEXASLIFE
INSURANCE COMPANY



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.

See pages 31-34 for full brochure and rates

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.

See pages 35-36 for full brochure and rates

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

See pages 37-38 for full brochure



Accident - 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 Semi-Monthly Premiums	
Employee Only	\$7.17
Employee + Spouse	\$12.21
Employee + Children	\$15.74
Employee + Family	\$20.78

See pages 39-43 for full brochure



Critical Illness - Aflac

It's likely you or someone you know has experienced a critical illness as they can be 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.

See pages 44-48 for full brochure and rates



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 Semi-Monthly Premiums		
	Low Plan	High Plan
Employee Only	\$11.16	\$16.74
Employee + Spouse	\$20.27	\$32.49
Employee + Children	\$16.54	\$25.65
Employee + Family	\$25.65	\$41.40

See pages 49-50 for full brochure



Disability Insurance - American Fidelity

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? **See pages 51-57 for full brochure and rates**
- Do you have savings?
- Do you have other income you can rely on?
- How close are you to retirement?

NEW Legal Plan - MetLife

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

Legal Semi-Monthly Premiums	
Employee Only	\$8.63
Employee + Family	\$8.63

See pages 58-63 for full brochure



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 Semi-Monthly Premiums		
	Plus Plan	Premium Plan
Employee Only	\$4.00	\$7.50
Employee + Spouse	\$7.50	\$11.00
Employee + Children	\$6.50	\$10.00
Employee + Family	\$10.00	\$13.50

See page 64 for full brochure



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 Semi-Monthly Premiums		
	Emergent Plus	Platinum
Employee Only	\$7.00	\$19.50
Employee + Family	\$7.00	\$19.50

See page 65 for full brochure



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	
Employee + Family	Free to Employee and Family - Available 24/7

See pages 66-67 for full brochure



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.

Clever RX

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

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

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



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

Clever RX Highlights

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



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

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

Medical FSA

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

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

Medical FSA Highlights

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

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

Dependent Care FSA

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

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

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

Dependent Care FSA Highlights

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

Health Savings Account

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

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

Health Savings Account Highlights

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

Who Can Participate in an HSA?

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

	2024	2025
HSA Annual Contribution Limits	<ul style="list-style-type: none">• Self Only: \$4,150• Family: \$8,300	<ul style="list-style-type: none">• Self Only: \$4,300• Family: \$8,550

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

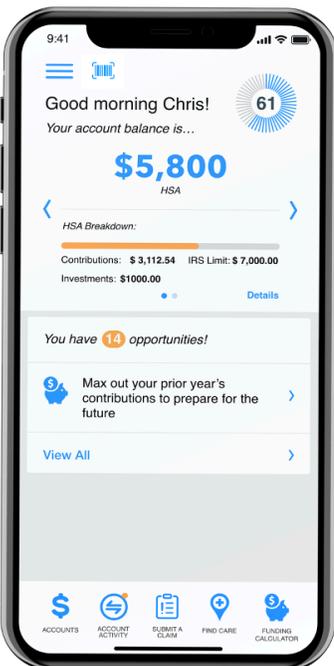
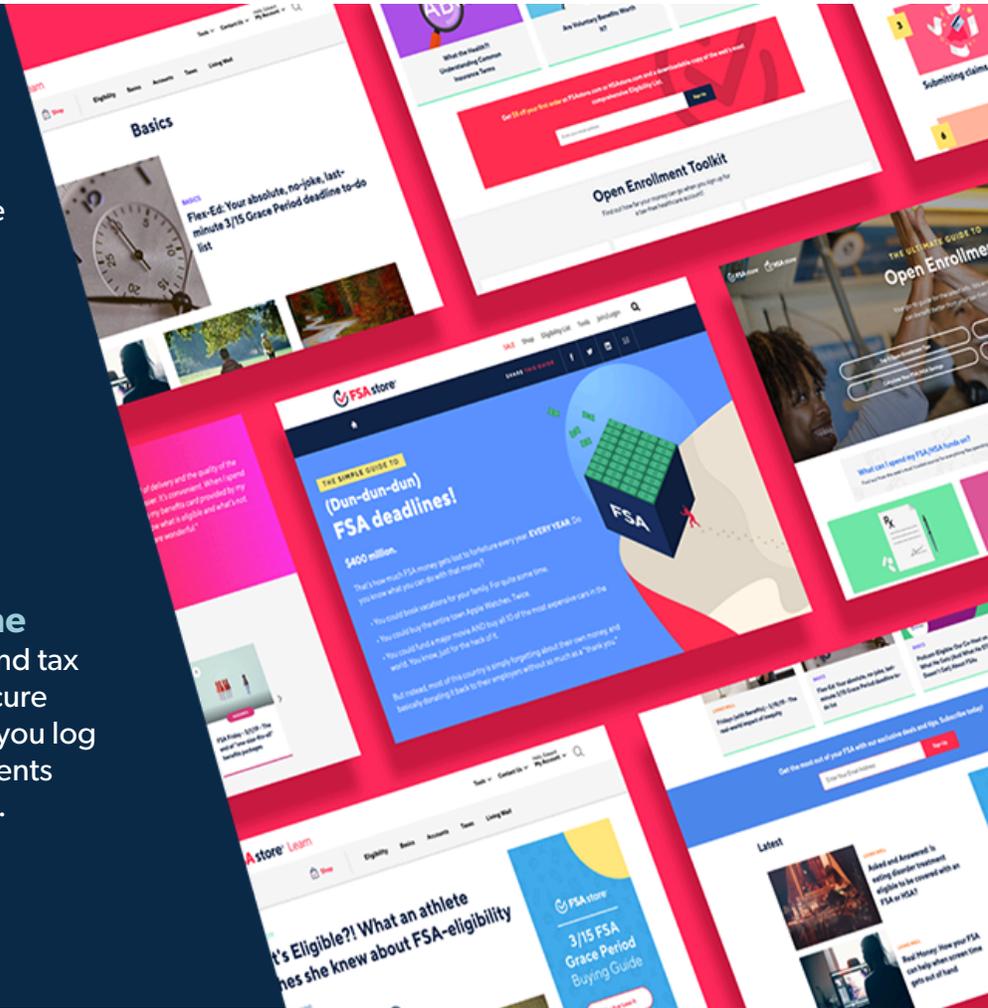
FSA & HSA Resources

Benefits Card

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

View Your Account Details Online

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



FF Mobile Account App

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

FSA/HSA Store

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



Dental Insurance

Semi-Monthly Cost

Low Plan

Employee Only	\$12.17	Employee + Child(ren)	\$31.41
Employee + Spouse	\$25.44	Employee + Family	\$44.45

High Plan

Employee Only	\$18.34	Employee + Child(ren)	\$50.46
Employee + Spouse	\$48.29	Employee + Family	\$73.68

Network: PDP PLUS

	Plan option 1 Low Plan		Plan option 2 High Plan	
	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ 90% of Maximum Allowable Charge* % of R&C Fee	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ 90% of Maximum Allowable Charge* % of R&C Fee
Coverage Type				
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, extractions)	50%	50%	80%	80%
Type C: Major Restorative (bridges, dentures)	30%	30%	50%	50%
Type D: Orthodontia	50%	50%	50%	50%
Deductible[†]				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Annual Maximum Benefit				
Per Person	\$1500	\$1500	\$2000	\$2000
Orthodontia Lifetime Maximum				
Per Person	\$1000	\$1000	\$1000	\$1000

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

¹ "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.
² Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
 *R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.
[†] Applies to Type B and C Services.

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

List of Primary Covered Services & Limitations*

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	Plan Option 1: Low Plan How Many/How Often	Plan Option 2: High Plan How Many/How Often
Type A — Preventive		
Prophylaxis (cleanings)	Two per calendar year	Two per calendar year
Oral Examinations	Two exams per calendar year	Two exams per calendar year
Topical Fluoride Applications	One fluoride treatment per calendar year for dependent children up to his/her 15 th birthday	One fluoride treatment per calendar year for dependent children up to his/her 15 th birthday
X-rays	<ul style="list-style-type: none"> • Full mouth X-rays; one per 60 months • Bitewings X-rays; one set per calendar year for adults; two sets per calendar year for children 	<ul style="list-style-type: none"> • Full mouth X-rays; one per 60 months • Bitewing X-rays; one set per calendar year for adults; two sets per calendar year for children
Space Maintainers	Space maintainers for dependent children up to his/her 15 th birthday	Space maintainers for dependent children up to his/her 15 th birthday
Sealants	One application of sealant material for each non-restored, non-decayed 1 st and 2 nd molar of a dependent child up to his/her 15 th birthday, per lifetime	One application of sealant material for each non-restored, non-decayed 1 st and 2 nd molar of a dependent child up to his/her 15 th birthday, per lifetime
Type B — Basic Restorative		
Fillings	One application per tooth per 24 months	One application per tooth per 24 months
Simple Extractions		
Oral Surgery		
Crown, Denture and Bridge Repair/ Recementations		
Type C — Major Restorative		
Periodontics	<ul style="list-style-type: none"> • Periodontal scaling and root planning once per quadrant, every 36 months • Periodontal surgery once per quadrant, every 36 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year 	<ul style="list-style-type: none"> • Periodontal scaling and root planning once per quadrant, every 36 months • Periodontal surgery once per quadrant, every 36 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year
Endodontics	Root canal treatment limited to once per tooth per lifetime	Root canal treatment limited to once per tooth per lifetime
Implants	Replacement once every 5 calendar years	Replacement once every 5 calendar years

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement; one every 5 calendar years Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed 	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement; one every 5 calendar years Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Endodontics	Root canal treatment limited to once per tooth per lifetime	Root canal treatment limited to once per tooth per lifetime
Crowns, Inlays and Onlays		
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Type D — Orthodontia		
	<ul style="list-style-type: none"> You, your spouse and your children, up to age 26 are covered while Dental insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia Payments are on a repetitive basis 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary Orthodontic benefits end at cancellation of coverage 	<ul style="list-style-type: none"> You, your spouse and your children, up to age 26 are covered while Dental insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia Payments are on a repetitive basis 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary Orthodontic benefits end at cancellation of coverage

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

Superior Vision Network

Low Plan Summary

With your Superior Vision Preferred Provider Organization (PPO) Plan you can:

- Go to any licensed Superior vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco[®] Optical, Walmart[®], Sam's Club[®], Visionworks[®], LensCrafters[®], and Target Optical[®].

In-network value added features: **Semi - Monthly Premiums**

Additional savings on lens enhancements:⁵ Save an average 20-25% savings over retail on all lens enhancements not otherwise covered under the Superior Vision Insurance program.

Additional savings on glasses and sunglasses:⁵ 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

Additional savings on frames:⁵ 20% off any amount over your frames allowance.

Additional savings on contacts:⁵ Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses. Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses.

Laser vision correction:⁵ Savings of 20% - 35% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

• <i>Employee Only:</i>	\$3.99
• <i>Employee + Spouse:</i>	\$8.57
• <i>Employee + Child(ren):</i>	\$6.45
• <i>Employee + Family:</i>	\$11.76

In-network benefits

There are no claims for you to file when you go to an in-network Superior vision provider. Simply pay any copays or member out of pocket amount (MOOP) and, if applicable, any amount over your frame/contact allowance at the time of service.

	Frequency
Eye exam	Once every 12 months
<ul style="list-style-type: none"> • Eye health exam, dilation, prescription, and refraction for glasses: after a \$10 copay. • Retinal imaging: Up to a \$39 copay on routine retinal screening when performed by a private practice. 	
Frame	Once every 24 months
<ul style="list-style-type: none"> • Allowance: \$150¹ • Additional allowance of 20% at select providers. Visit metlife.com/mybenefits to locate participating providers Look for the dollar sign icon (\$). 	
Standard corrective lenses	Once every 12 months
<ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocal, lenticular: after a \$10 eyewear copay.¹ 	
Standard lens enhancements ²	Once every 12 months
<ul style="list-style-type: none"> • Standard Polycarbonate (child up to age 18)³ : Covered in full. • Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at metlife.com/mybenefits. 	

¹Materials co-pay applies to lenses and frames only, not contact lenses.

²The above list highlights some of the most popular lens enhancements and is not a complete listing.

³Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

Other in-network features - continued:

Hearing discounts: ⁵ 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.

Contact lenses (instead of eyeglasses)⁴

Once every 12 months

Contact fitting and evaluation:

- Standard fitting; Covered in full after **\$25** copay
- Specialty fitting: **\$50** allowance after **\$25** copay
- Elective lenses: **\$150** allowance
- Necessary lenses: **Covered in full** with prior authorization
- Discounts:⁴
 - Conventional contacts: **20%** off the amount that you pay over your allowance and on purchases of additional contact lenses
 - Disposable contacts: **10%** off the amount that you pay over your allowance and on purchases of additional contact lenses

We're here to help

Find a Superior Vision provider at www.metlife.com/vision and select 'Superior Vision by MetLife'.

For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at www.metlife.com/mybenefits.

- ⁴ Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.
- ⁵ These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart and Sam's Club. Please check with your in-network vision provider.

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

- Eye exam: up to **\$45**
- Frames: up to **\$70**
- Single vision lenses: up to **\$30**
- Lined bifocal lenses: up to **\$50**
- Lined trifocal lenses: up to **\$65**
- Lenticular lenses: up to **\$100**
- Progressive lenses: up to **\$50**
- Contact lenses:
 - Elective lenses up to **\$105**
 - Necessary lenses up to **\$210**

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision, Inc. ("Superior Vision"), a New York corporation. Superior Vision is part of the MetLife family of companies.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Superior Vision Network

High Plan Summary

With your Superior Vision Preferred Provider Organization (PPO) Plan you can:

- Go to any licensed Superior vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco[®] Optical, Walmart[®], Sam's Club[®], Visionworks[®], LensCrafters[®], and Target Optical[®].

In-network value added features:

Additional savings on lens enhancements:⁵ Save an average 20-25% savings over retail on all lens enhancements not otherwise covered under the Superior Vision Insurance program.

Additional savings on glasses and sunglasses:⁵ 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

Additional savings on frames:⁵ 20% off any amount over your frames allowance.

Additional savings on contacts:⁵ Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses. Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses.

Laser vision correction:⁵ Savings of 20% - 35% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

Semi - Monthly Premiums

- | | |
|---------------------------------|----------------|
| • <i>Employee Only:</i> | \$5.67 |
| • <i>Employee + Spouse:</i> | \$12.19 |
| • <i>Employee + Child(ren):</i> | \$9.18 |
| • <i>Employee + Family:</i> | \$16.73 |

In-network benefits

There are no claims for you to file when you go to an in-network Superior vision provider. Simply pay any copays or member out of pocket amount (MOOP) and, if applicable, any amount over your frame/contact allowance at the time of service.

	Frequency
<u>Eye exam</u>	Once every 12 months
• Eye health exam, dilation, prescription, and refraction for glasses: after a \$10 copay.	
• Retinal imaging: Up to a \$39 copay on routine retinal screening when performed by a private practice.	
<u>Frame</u>	Once every 12 months
• Allowance: \$200 ¹	
• Additional allowance of 20% at select providers. Visit metlife.com/mybenefits to locate participating providers Look for the dollar sign icon (\$).	
<u>Standard corrective lenses</u>	Once every 12 months
• Single vision, lined bifocal, lined trifocal, lenticular: after a \$10 eyewear copay. ¹	
<u>Standard lens enhancements</u> ²	Once every 12 months
• Standard Polycarbonate (child up to age 18) ³ : Covered in full	
• Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at metlife.com/mybenefits .	

¹Materials co-pay applies to lenses and frames only, not contact lenses.

²The above list highlights some of the most popular lens enhancements and is not a complete listing.

³Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

Other in-network features - continued:

Hearing discounts: ⁵ 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.

Contact lenses (instead of eyeglasses)⁴

Once every 12 months

Contact fitting and evaluation:

- Standard fitting: Covered in full after **\$25** copay
- Specialty fitting: **\$50** allowance after **\$25** copay
- Elective lenses: **\$200** allowance
- Necessary lenses: **Covered in full** with prior authorization
- Discounts:⁴
 - Conventional contacts: **20%** off the amount that you pay over your allowance and on purchases of additional contact lenses
 - Disposable contacts: **10%** off the amount that you pay over your allowance and on purchases of additional contact lenses

We're here to help

Find a Superior Vision provider at www.metlife.com/vision and select 'Superior Vision by MetLife'.

For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at www.metlife.com/mybenefits.

- ⁴ Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.
- ⁵ These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart and Sam's Club. Please check with your in-network vision provider.

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

- Eye exam: up to **\$45**
- Frames: up to **\$70**
- Single vision lenses: up to **\$30**
- Lined bifocal lenses: up to **\$50**
- Lined trifocal lenses: up to **\$65**
- Lenticular lenses: up to **\$100**
- Progressive lenses: up to **\$50**
- Contact lenses:
 - Elective lenses up to **\$105**
 - Necessary lenses up to **\$210**

Second Pair Plan Enhancement

Once every 12 months

This benefit gives you additional eyewear coverage.

- Two pairs of prescription eyeglasses; or
- One pair of prescription eyeglasses and an allowance toward contact lenses; or
- Double your contact lens allowance.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision, Inc. ("Superior Vision"), a New York corporation. Superior Vision is part of the MetLife family of companies.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.



24/7 On-Demand Care Access

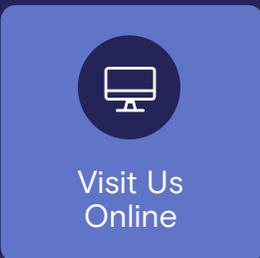
**Don't wait to speak with a doctor,
get the care when you need it**

Getting sick is never planned. Here at Recuro we provide quality care around the clock to fit within your busy lifestyle for **you and your family for only \$10/month!**

Consult Fee: \$0



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



Common Conditions Treated

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





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 ICC07-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
	\$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

23Mo14-C-SM FFGA-T 1012 (exp0325)

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

Indicates Spouse Coverage Available



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.

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

How much coverage can I get?

Calculate your costs

1. Enter the Term Life coverage amount you want.[†]
2. Divide by the amount shown.
3. Multiply by the rate. Use the Term Life rate table (at right) to find the rate based on age. (Choose the age you will be when your coverage becomes effective on 09/01/2020. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on 09/01/2020).
4. Enter your monthly cost.

Term Life	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$ _____	= \$ _____
Spouse	\$ _____,000	÷ \$5,000 = \$ _____	X \$ _____	= \$ _____
Child	\$ _____,000	÷ \$2,000 = \$ _____	X \$ _____	= \$ _____
Total cost				

Term Life monthly rate for employee		Spouse monthly rate	Child monthly rate
Age	Per \$10,000 of coverage Cost	Per \$5,000 of coverage Cost	\$0.18 per \$2,000 of coverage
15-24	\$0.31	\$0.155	
25-29	\$0.31	\$0.155	
30-34	\$0.41	\$0.205	
35-39	\$0.61	\$0.305	
40-44	\$0.81	\$0.405	
45-49	\$1.31	\$0.655	
50-54	\$2.31	\$1.155	
55-59	\$4.21	\$2.105	
60-64	\$5.91	\$2.955	
65-69	\$10.91	\$5.455	
70-74	\$19.71	\$9.855	
75+	\$19.71	\$9.855	

1. Enter the AD&D coverage amount you want.[†]
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your monthly cost.

AD&D	1	2	3	4
Employee	\$ _____,000	÷ \$10,000 = \$ _____	X \$0.150	= \$ _____
Spouse	\$ _____,000	÷ \$5,000 = \$ _____	X \$0.075	= \$ _____
Child	\$ _____,000	÷ \$2,000 = \$ _____	X \$0.030	= \$ _____
Total cost				

AD&D monthly rates		
	Coverage amount	Rate
Employee	per \$10,000 of coverage	\$0.150
Spouse	per \$5,000 of coverage	\$0.075
Child	per \$2,000 of coverage	\$0.030

Billed amount may vary slightly.

[†] If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.



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

<p>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.</p>	<p>\$50 Extraction \$200 Repair with a crown</p>
<p>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.</p>	
<p>Second Degree</p>	
<p>Less than 10%</p>	<p>\$100</p>
<p>At least 10% but less than 25%</p>	<p>\$200</p>
<p>At least 25% but less than 35%</p>	<p>\$500</p>
<p>35% or more</p>	<p>\$1,000</p>
<p>Third Degree</p>	
<p>Less than 10%</p>	<p>\$1,000</p>
<p>At least 10% but less than 25%</p>	<p>\$5,000</p>
<p>At least 25% but less than 35%</p>	<p>\$10,000</p>
<p>35% or more</p>	<p>\$20,000</p>
<p>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.</p>	<p>\$200</p>
<p>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.</p>	<p>Up to \$4,000 based on a schedule</p>
<p>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.</p>	<p>Up to \$3,000 based on a schedule</p>
<p>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):</p> <p>Over 15 centimeters</p> <p>5-15 centimeters</p> <p>Under 5 centimeters</p> <p>Lacerations not requiring stitches</p>	<p>\$200</p> <p>\$100</p> <p>\$25</p> <p>\$12.50</p>
<p>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.</p>	<p>\$500</p>
<p>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).</p>	<p>\$50</p>

<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.

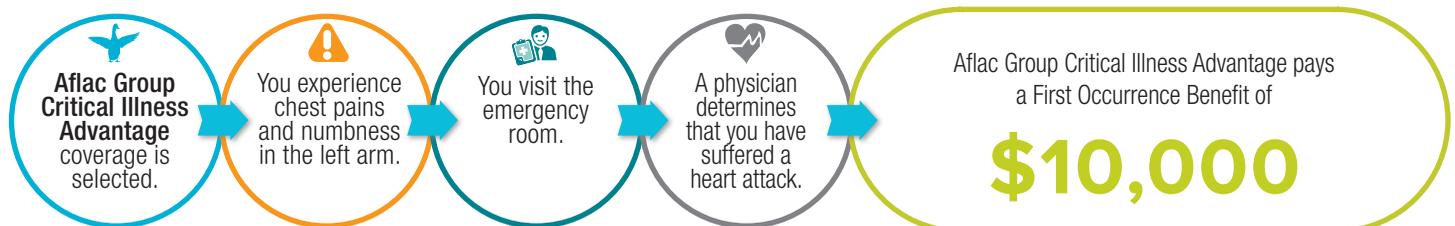
The Aflac Group Critical Illness plan benefits include:

- 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	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 29	\$2.62	\$3.78	\$4.93	\$6.09	\$7.24	\$8.40	\$9.55	\$10.71	\$11.87	\$13.02
30 - 39	\$3.26	\$5.06	\$6.85	\$8.64	\$10.44	\$12.23	\$14.03	\$15.82	\$17.62	\$19.41
40 - 49	\$4.86	\$8.26	\$11.66	\$15.06	\$18.46	\$21.86	\$25.26	\$28.66	\$32.06	\$35.46
50 - 59	\$7.90	\$14.33	\$20.76	\$27.19	\$33.62	\$40.05	\$46.48	\$52.91	\$59.34	\$65.77
60+	\$13.66	\$25.85	\$38.04	\$50.23	\$62.43	\$74.62	\$86.81	\$99.00	\$111.20	\$123.39

Spouse Non-Tobacco Semi-Monthly Premiums										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 29	\$2.48	\$3.50	\$4.52	\$5.53	\$6.54	\$7.55	\$8.56	\$9.57	\$10.58	\$11.59
30 - 39	\$3.12	\$4.78	\$6.43	\$8.09	\$9.74	\$11.39	\$13.04	\$14.69	\$16.34	\$17.99
40 - 49	\$4.69	\$7.92	\$11.15	\$14.37	\$17.60	\$20.83	\$24.06	\$27.29	\$30.52	\$33.75
50 - 59	\$7.76	\$14.05	\$20.34	\$26.63	\$32.92	\$39.21	\$45.50	\$51.79	\$58.08	\$64.37
60+	\$13.52	\$25.57	\$37.63	\$49.68	\$61.73	\$73.78	\$85.83	\$97.88	\$109.93	\$121.98

Employee Tobacco Semi-Monthly Premiums										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 29	\$3.03	\$4.60	\$6.17	\$7.74	\$9.30	\$10.87	\$12.44	\$14.01	\$15.57	\$17.14
30 - 39	\$4.19	\$6.91	\$9.63	\$12.35	\$15.07	\$17.79	\$20.51	\$23.23	\$25.95	\$28.67
40 - 49	\$6.68	\$11.89	\$17.10	\$22.31	\$27.53	\$32.74	\$37.95	\$43.16	\$48.37	\$53.59
50 - 59	\$11.76	\$22.06	\$32.35	\$42.64	\$52.94	\$63.23	\$73.53	\$83.82	\$94.12	\$104.41
60+	\$20.41	\$39.36	\$58.31	\$77.25	\$96.20	\$115.15	\$134.09	\$153.04	\$171.99	\$190.93

Spouse Tobacco Semi-Monthly Premiums										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 29	\$2.89	\$4.32	\$5.75	\$7.18	\$8.61	\$10.04	\$11.47	\$12.90	\$14.33	\$15.76
30 - 39	\$4.05	\$6.63	\$9.21	\$11.79	\$14.37	\$16.95	\$19.53	\$22.11	\$24.69	\$27.27
40 - 49	\$6.54	\$11.61	\$16.69	\$21.76	\$26.83	\$31.91	\$36.98	\$42.06	\$47.13	\$52.21
50 - 59	\$11.62	\$21.78	\$31.93	\$42.09	\$52.24	\$62.39	\$72.54	\$82.69	\$92.84	\$102.99
60+	\$20.27	\$39.08	\$57.89	\$76.70	\$95.50	\$114.31	\$133.12	\$151.93	\$170.74	\$189.55

- Spouse can elect up to 50% of the Employee elected coverage
- Children up to age 26 are covered at 50% of the Employee elected coverage for no additional cost

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.</p> <p>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.</p> <p>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.</p> <p>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)

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)
\$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.

Legal Plan features

The legal plan provides full coverage of attorney fees for the most common personal legal matters with no additional out-of-pocket cost to employees.¹

Money Matters	Debt Collection Defense Financial Wellness Programs ²	Identity Restoration ³ Identity Theft Defense Negotiations with Creditors Personal Bankruptcy	Promissory Notes Tax Audit Representation Tax Collection Defense
Home & Real Estate	Boundary & Title Disputes Deeds Eviction Defense Foreclosure	Mortgages Property Tax Assessments Refinancing & Home Equity Loan Sale or Purchase of Home	Security Deposit Assistance Tenant Negotiations Zoning Applications
Estate Planning	Codicils Complex Wills Healthcare Proxies	Living Wills Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	Revocable & Irrevocable Trusts Simple Wills
Family & Personal	Adoption Affidavits Conservatorship Demand Letters Domestic Violence Defense	Guardianship Immigration Assistance Juvenile Court Defense, Including Criminal Matters Name Change Parental Responsibility Matters Personal Properties Issues	Prenuptial Agreement Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings
Civil Lawsuits	Administrative Hearings Civil Litigation Defense	Disputes Over Consumer Goods & Services Incompetency Defense	Pet Liabilities Small Claims Assistance
Elder-care Issues	Consultation & Document Review for Issues Related to Your Parents Deeds Leases	Medicaid Medicare Notes Nursing Home Agreements	Powers of Attorney Prescription Plans Wills
Traffic & Other Matters	Defense of Traffic Tickets ⁴ Driving Privileges Restoration	Habeas Corpus	Repossession
Rate⁵	\$8.63 per paycheck (semi-monthly) (Covers spouse and dependents)		

Additional features:	Telephone advice, office consultations, demand letters and document review on an unlimited number of personal legal matters.
	For non-covered matters that are not otherwise excluded, employees get four additional hours of network attorney time and services per plan year. ⁶
	Reduced fees for personal injury, probate, and estate administration matters, provided by network attorneys.
	Access to a digital estate planning solution for wills, living wills, power of attorney and living trusts.
As a part of our standard plan, we also offer:	A three-year rate guarantee .
	Reporting Usage reports, analysis, and evaluation of the reports.
	Portability: Offers additional ease of use and flexibility for employees.
	Over 1,700 self-help documents⁷ are available to members and potential members on our website.

1. Exclusions apply. Please see final page for more details.

2. MetLife administers the PlanSmart program and has arranged to have specially trained third-party financial professionals offer financial education. The financial professionals providing financial education are not affiliated with MetLife but are providing the program under a service provider contract offered to groups with 500 or more employees. The MetLife Personal Finance app is available at no cost to all individuals and regardless of any MetLife relationship or project.

3. Aura is a product of Aura Sub, LLC. Aura Sub, LLC. is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.

4. Does not cover DUI.

5. Rate is standard and subject to change. Rate may include broker commissions or associated platform fees. Broker commissions will be paid net of any platform fees. Brokers must be properly licensed in the state of issue for each legal plan contract at the time of purchase.

6. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse, and qualified dependents, annually.

7. The self-help library is offered by Standard Legal. Standard Legal is not a corporate affiliate of MetLife Legal Plans.

Benefit Definitions & Reimbursements

Advice and Consultation	In-Network	Out-of-Network
<p>Office Consultation This service provides the opportunity to discuss with an attorney any personal legal problems that are not specifically excluded. The plan attorney will explain the participant's rights, point out his or her options and recommend a course of action. The plan attorney will identify any further coverage available under the plan, and will undertake representation if the participant so requests. If representation is covered by the plan, the participant will not be charged for the plan attorney's services. If representation is recommended, but is not covered by the plan, the plan attorney will provide a written fee statement in advance. The participant may choose whether to retain the plan attorney at his or her own expense, seek outside counsel, or do nothing. There are no restrictions on the number of times per year a participant may use this service, although it is not intended to provide the participant with continuing access to a plan attorney in order to undertake his or her own representation.</p>	Fully Covered	\$70
<p>Supplemental Coverage - Four Hour Maximum For non-covered matters that are not otherwise excluded, this benefit provides four hours of attorney time and services per year. The Participant is responsible to pay fees beyond the four hours. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents annually.</p>	Fully Covered	\$100 per hour to max of \$400
<p>Telephone Advice (see Office Consultation definition)</p>	Fully Covered	\$70
Consumer Protection Matters	In-Network	Out-of-Network
<p>Consumer Protection Matters This service covers the participant as plaintiff for representation, including trial, in disputes over consumer goods and services where the amount being contested exceeds the small claims court limit in that jurisdiction and is documented in writing. This service does not include disputes over real estate, construction, insurance or collection activities after a judgment.</p>		
Correspondence and Negotiation	Fully Covered	\$500
Filing of Suit, Ending in Settlement or Judgment	Fully Covered	\$2,000
Plus Trial Supplement for Out-of-Network Service*		\$100,000
<p>Personal Property Protection This service covers counseling the participant over the phone or in the office on any personal property issue such as consumer credit reports, contracts for the purchase of personal property, consumer credit agreements or installment sales agreements. Counseling on pursuing or defending small claims actions is also included. The service also includes reviewing any personal legal documents and preparing promissory notes, affidavits and demand letters.</p>	Fully Covered	\$125
<p>Small Claims Assistance This service covers counseling the participant on prosecuting a small claims action; helping the participant prepare documents; advising the participant on evidence, documentation and witnesses; and preparing the participant for trial. The service does not include the plan attorney's attendance or representation at the small claims trial, collection activities after a judgment or any services relating to post-judgment actions.</p>	Fully Covered	\$200
Defense of Civil Lawsuits	In-Network	Out-of-Network
<p>Administrative Hearing Representation This service covers participants in defense of civil proceedings before a municipal, county, state or federal administrative board, agency or commission. It includes the hearing before an administrative board or agency over an adverse government action. It does not apply where services are available or are being provided by virtue of a homeowner or vehicle insurance policy. It does not include family law matters, post judgment matters or litigation of a job-related incident.</p>		
Negotiation and Settlement	Fully Covered	\$500
Contested Hearings Ending in Settlement or Judgment	Fully Covered	\$1,800
Plus Trial Supplement for Out-of-Network Service*		\$100,000
<p>Civil Litigation Defense This service covers the participant in defense of an arbitration proceeding or civil proceeding before a municipal, county, state or federal administrative board, agency or commission, or in a trial court of general jurisdiction. It does not apply where services are available or are being provided by virtue of an insurance policy. It does not include family law matters, post judgment matters, matters with criminal penalties or litigation of a job-related incident. Services do not include bringing counter, third-party or cross claims.</p>		
Negotiation and Settlement	Fully Covered	\$650
Filing Answer, Litigation Ending in Settlement or Judgment	Fully Covered	\$2,000
Plus Trial Supplement for Out-of-Network Service*		\$100,000
<p>Incompetency Defense This service covers the participant in the defense of any incompetency action, including court hearings when there is a proceeding to find the participant incompetent.</p>		
Negotiation and Settlement	Fully Covered	\$500
Trial	Fully Covered	\$1,800
Plus Trial Supplement for Out-of-Network Service*		\$100,000

Document Preparation and Review	In-Network	Out-of-Network
Affidavits This service covers preparation of any affidavit in which the participant is the person making the statement.	Fully Covered	\$75
Deeds This service covers the preparation of any deed for which the participant is either the grantor or grantee.	Fully Covered	\$100
Demand Letters This service covers the preparation of letters that demand money, property or some other property interest of the participant, except an interest that is an excluded service. It also covers mailing them to the addressee, and forwarding and explaining any response to the participant.	Fully Covered	\$75
Document Review This service covers the review of any personal legal document of the participant, such as letters, leases or purchase agreements.	Fully Covered	\$100
Elder Law Matters This service covers counseling the participant over the phone or in the office on any personal issues relating to the participant's parents as they affect the participant. The service includes reviewing documents of the parents to advise the participant on the effect on the participant. The documents include Medicare or Medicaid materials, prescription plans, leases, nursing home agreements, powers of attorney, living wills and wills. The service also includes preparing deeds involving the parents when the participant is either the grantor or grantee, and preparing promissory notes involving the parents when the participant is the payor or payee.	Fully Covered	\$140
Mortgages This service covers the preparation of any mortgage or deed of trust for which the participant is the mortgagor.	Fully Covered	\$70
Promissory Notes This service covers the preparation of any promissory note for which the participant is the payor or payee.	Fully Covered	\$70
Estate Planning Documents	In-Network	Out-of-Network
Living Wills This service covers the preparation of a living will for the participant.		
Individual	Fully Covered	\$75
Member and Spouse	Fully Covered	\$80
Powers of Attorney This service covers the preparation of any power of attorney when the participant is granting the power.		
Individual	Fully Covered	\$65
Member and Spouse	Fully Covered	\$75
Trusts This service covers the preparation of revocable and irrevocable living trusts for the participant. It does not include tax planning or services associated with funding the trust after it is created.		
Individual	Fully Covered	\$325
Member and Spouse	Fully Covered	\$450
Wills and Codicils (Including Simple Support Trust for Minor Children) This service covers the preparation of a simple or complex will for the participant. The creation of any testamentary trust is covered. The benefit includes the preparation of codicils and will amendments. It does not include tax planning.		
Individual	Fully Covered	\$150
Member and Spouse	Fully Covered	\$200
Family Law	In-Network	Out-of-Network
Adoption and Legitimization This service covers all legal services and court work in a state or federal court for an adoption for the plan member and spouse. Legitimation of a child for the plan member and spouse, including reformation of a birth certificate, is also covered.		
Uncontested	Fully Covered	\$650
Contested	Fully Covered	\$1,500
Plus Trial Supplement for Out-of-Network Service*		\$100,000
Guardianship or Conservatorship This service covers establishing a guardianship or conservatorship over a person and his or her estate when the plan member or spouse is being appointed as guardian or conservator. It includes obtaining a permanent and/or temporary guardianship or conservatorship, gathering any necessary medical evidence, preparing the paperwork, attending the hearing and preparing the initial accounting. This service does not include representation of the person over whom guardianship or conservatorship is sought, any annual accountings after the initial accounting, or terminating the guardianship or conservatorship once it has been established.		
Uncontested	Fully Covered	\$650
Contested	Fully Covered	\$1,500
Plus Trial Supplement for Out-of-Network Service*		\$100,000
Name Change This service covers the participant for all necessary pleadings and court hearings for a legal name change.	Fully Covered	\$400

Prenuptial Agreement This service covers representation of the participant and includes the negotiation, preparation, review and execution of a prenuptial agreement between the participant and his or her fianc / partner prior to their marriage or legal union (where allowed by law). It does not include subsequent litigation arising out of a prenuptial agreement. The fianc /partner must either have separate counsel or waive his/her right to representation.	Fully Covered	\$750
Protection from Domestic Violence This service covers the participant only, not the spouse or dependents, as the victim of domestic violence. It provides the participant with representation to obtain a protective order, including all required paperwork and attendance at all court appearances. The service does not include representation in suits for damages, defense of any action or representation for the offender.	Fully Covered	\$425
Financial Matters	In-Network	Out-of-Network
Debt Collection Defense This benefit provides participants with an attorney's services for negotiation with creditors for a repayment schedule and to limit creditor harassment, and representation in defense of any action for personal debt collection, tax agency debt collection, foreclosure, repossession or garnishment, up to and including trial if necessary. It includes a motion to vacate a default judgment. It does not include counter, cross or third-party claims, bankruptcy, any action arising out of family law matters including support and post decree issues or any matter where the creditor is affiliated with the sponsor or employer.		
Debt Collection Defense (Consumer Debts)		
Negotiation and Settlement	Fully Covered	\$350
Negotiation and Settlement after Complaint and Answer Filed	Fully Covered	\$600
Trial	Fully Covered	\$1,050
Plus Trial Supplement for Out-of-Network Service*		\$100,000
Debt Collection Defense (Foreclosures)		
Negotiation	Fully Covered	\$500
Complaint and Answer Filed, Settlement Negotiations	Fully Covered	\$850
Trial	Fully Covered	\$1,500
Plus Trial Supplement for Out-of-Network Service*		\$100,000
Identity Restoration This service provides the Participant and their enrolled family members with access to full-service Identity Restoration support provided by Aura's U.S.-based hite love Fraud Resolution Specialists. Fraud experts will work with Participants to navigate bureaus and financial institutions, make phone calls, and complete forms to quickly restore your identity and secure your assets and information. Aura's experienced agents will take care of the heavy lifting, saving the Participant countless hours of their precious time.	Fully Covered	
Identity Theft Defense This service provides the participant with consultations with an attorney regarding potential creditor actions resulting from identity theft and attorney services as needed to contact creditors, credit bureaus and financial institutions. It also provides defense services for specific creditor actions over disputed accounts. The defense services include limiting creditor harassment and representation in defense of any action that arises out of the identity theft such as foreclosure, repossession or garnishment, up to and including trial if necessary. The service also provides the participant with online help and information about identity theft and prevention. It does not include counter, cross or third-party claims, bankruptcy, any action arising out of family law matters, including support and post-decree matters or any matter where the creditor is affiliated with the sponsor or employer.	Fully Covered	\$250
Personal Bankruptcy or Wage Earner Plan This service covers the participant and spouse in pre- bankruptcy planning, the preparation and filing of a personal bankruptcy or age Earner petition, and representation at all court hearings and trials. This service is not available if a creditor is affiliated with the sponsor or employer, even if the participant or spouse chooses to reaffirm that specific debt.		
Chapter 7 Individual or Member/Spouse	Fully Covered	\$850
Chapter 13 Individual or Member/Spouse	Fully Covered	\$1,400
Tax Audit Representation This service covers reviewing tax returns and answering questions the IRS or a state or local taxing authority has concerning the participant's tax return, negotiating with the agency advising the participant on necessary documentation, and attending an IRS or a state or local taxing authority audit. The service does not include prosecuting a claim for the return of overpaid taxes or the preparation of any tax returns.		
Negotiation and Settlement	Fully Covered	\$500
Audit Hearing	Fully Covered	\$1,200
Immigration	In-Network	Out-of-Network
Immigration Assistance This service covers advice and consultation, preparation of affidavits and powers of attorney, review of any immigration documents and helping the participant prepare for hearings.	Fully Covered	\$500
Juvenile Matters	In-Network	Out-of-Network

Juvenile Court Defense This service covers the defense of a participant and a participant's dependent child in any juvenile court matter, provided there is no conflict of interest between the participants and the dependent child. In that event, this service provides an attorney for the plan member only including services for Parental Responsibility.		
Negotiation and Settlement	Fully Covered	\$500
Trial	Fully Covered	\$1,200
Plus Trial Supplement for Out-of-Network Service*		\$100,000
Personal Injury	In-Network	Out-of-Network
Personal Injury (25% Network Maximum) Subject to applicable law and court rules, plan attorneys will handle personal injury matters (where the participant is the plaintiff) at a maximum fee of 25% of the gross award. It is the participant's responsibility to pay this fee and all costs.		
Probate	In-Network	Out-of-Network
Probate (10% Network Reduced Fee) Subject to applicable law and court rules, plan attorneys will handle probate matters at a fee of 10% less than the plan attorney's normal fee. It is the participant's responsibility to pay this reduced fee and all costs.		
Real Estate Matters	In-Network	Out-of-Network
Boundary or Title Disputes This service covers negotiations and litigation arising from boundary or real property title disputes involving a Participant's residence, where coverage is not available under the Participant's homeowner or title insurance policies. The service includes filing to remove a mechanic's lien.		
Negotiation and Settlement	Fully Covered	\$500
Trial	Fully Covered	\$1,500
Plus Trial Supplement for Out-of-Network Service*		\$100,000
Eviction and Tenant Problems This service assists the Participant as a tenant with matters involving leases, security deposits or other disputes with a residential landlord. The benefit also covers eviction defense, up to and including trial, if necessary. It does not include representation as a plaintiff in a lawsuit against the landlord, including an action for return of a security deposit.		
Correspondence and Negotiations	Fully Covered	\$280
Eviction Trial Defense	Fully Covered	\$840
Plus Trial Supplement for Out-of-Network Service*		\$100,000
Home Equity Loan This service covers the review or preparation of a home equity loan on the Participant's residence.	Fully Covered	\$350
Property Tax Assessments This service covers the Participant for review and advice on a property tax assessment on the Participant's residence. It also includes filing the paperwork; gathering the evidence; negotiating a settlement; and attending the hearing necessary to seek a reduction of the assessment.		
Negotiation and Settlement	Fully Covered	\$270
File Request for Hearing with Attendance at Hearing	Fully Covered	\$620
Plus Trial Supplement for Out-of-Network Service*		\$100,000
Refinancing of Home This service provides the Covered Person with counsel in the refinancing of or obtaining a home equity loan on the Covered Person's primary or secondary residence. It includes the review or preparation of all relevant documents, including the mortgage, deed, and documents pertaining to title, insurance, recordation and taxation. It does not include services provided by an attorney representing a lending institution or title company; the sale or purchase of a home; or the refinancing of or obtaining a home equity loan on rental property; or property held for business or investment.	Fully Covered	\$350
Sale or Purchase of Home This service covers the review or preparation, by an attorney representing the Participant, of all relevant documents (including the construction documents for a new home, the purchase agreement, mortgage and deed, and documents pertaining to title, insurance, recordation and taxation), which are involved in the purchase or sale of a Participant's residence or of a vacant property to be used for building a residence. The benefit also includes attendance of an attorney at closing. It does not include services provided by any attorney representing a lending institution or title company. The benefit does not include the sale or purchase of a rental property, property held for business or investment or leases with an option to buy.	Fully Covered	\$500
Security Deposit Assistance (Primary Residence – Tenant only) This service covers counseling the Participant as a tenant in recovering a security deposit from the Participant's residential landlord; reviewing the lease and other relevant documents; and preparing a demand letter to the landlord for the return of the deposit. It also covers assisting the Participant in prosecuting a small claims action; helping prepare documents; advising on evidence, documentation and witnesses; and preparing the Participant for the small claims trial. This service does not include the Plan Attorney's attendance or representation at the small claims trial, collection activities after a judgment or any services relating to post-judgment actions.		
Demand Letter/Negotiations	Fully Covered	\$250

Counseling on Preparing Small Claims Complaint and Trial Preparation	Fully Covered	\$150
Zoning Applications This service provides the Participant with the services of a lawyer to help get a zoning change or variance for the Participant's residence. Services include reviewing the law, reviewing the surveys, advising the Participant, preparing applications, and preparing for and attending the hearing to change zoning.		
Preparation of Documentation	Fully Covered	\$250
Documentation/Attending Hearing	Fully Covered	\$500
Traffic & Other Matters	In-Network	Out-of-Network
Habeas Corpus This service covers the Participant for the preparation of all paperwork needed, and attendance at the hearing to pursue a habeas corpus proceeding to obtain the release of a Participant who is being unlawfully imprisoned.	Fully Covered	\$420
Restoration of Driving Privileges This service covers the participant with representation in proceedings to restore the participant's driving license.	Fully Covered	\$385
Traffic Ticket Defense (No DUI) This service covers representation of the participant in defense of any traffic ticket including traffic misdemeanor offenses, except driving under the influence or vehicular homicide, including court hearings, negotiation with the prosecutor and trial.		
Plea or Trial at Court	Fully Covered	\$250
Plea or Trial at Court for serious moving violations resulting in jail time or license suspension	Fully Covered	\$500
Plus Trial Supplement for Out-of-Network Service*		\$100,000

*Trial Supplement In addition to fees indicated, we will pay the attorney's fees for representation in trial beyond the third day of trial up to a maximum of \$800 per day up to \$100,000 total trial supplement maximum.

Exclusions No service, including advice and consultations, will be provided for 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates, and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters listed above.



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!



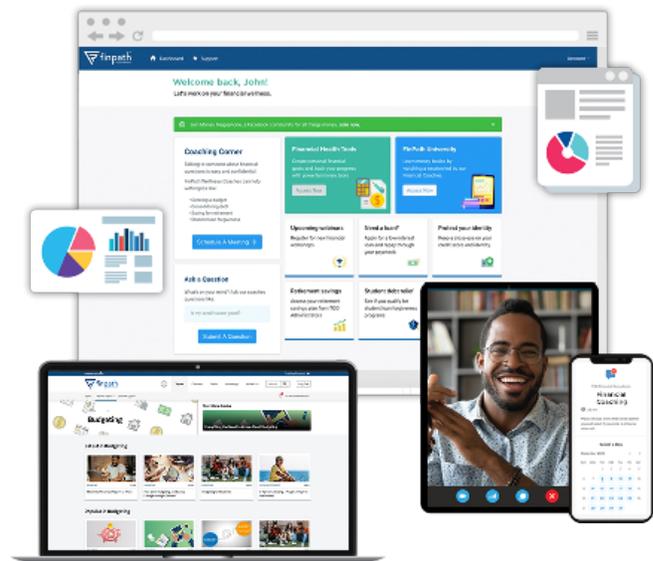
FinPath University

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**

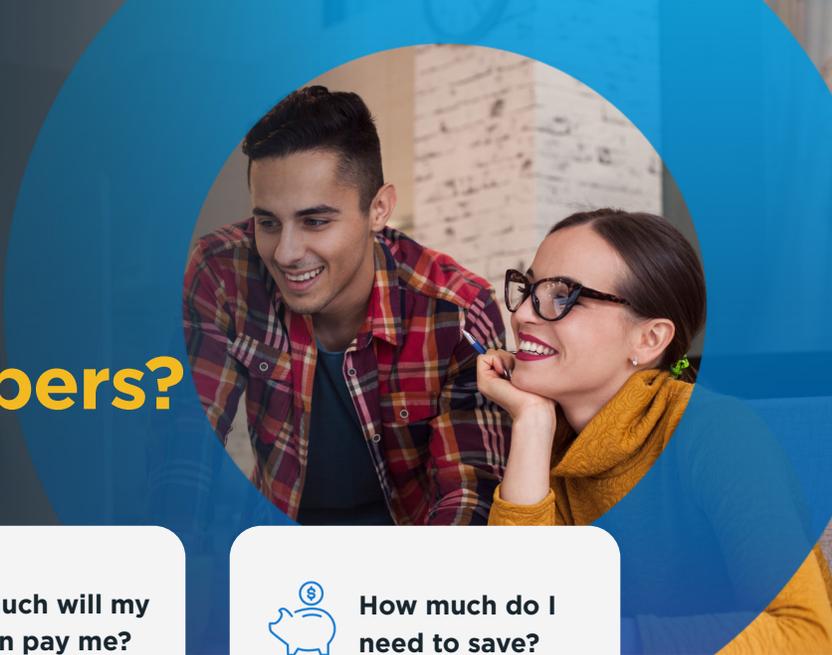
Have Questions? Get Answers.

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

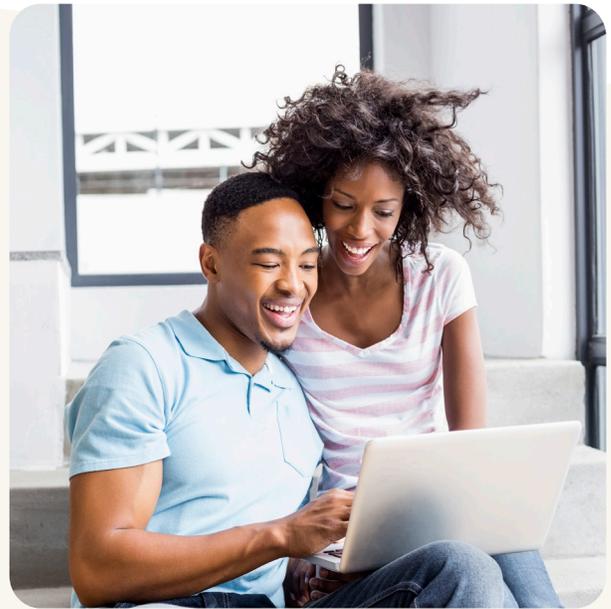
A Section 457(b) plan is a special type of employer-sponsored retirement plan that certain governmental employers, and other tax-exempt organizations can establish for their employees.

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.



2024 Contribution Limits

You can contribute 100% of your compensation up to \$23,000, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$30,500. 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.

Region 10 RAMS | 900 S. Capital of Texas Hwy, Suite 350, Austin, TX 78746 | Customer Service: 800.943.9179 | www.region10rams.org

Investment advisory services offered through TCG Advisors, an SEC-registered investment advisor. Insurance Services offered through HUB International. Recordkeeper and Third Party Administrator services offered through TCG Administrators, a HUB International Company. FinPath is offered through RPW Solutions. *Registration is required to use FinPath. †Services may be offered through third-party vendors. **TeleWealth virtual meetings provided by TCG Advisors, a HUB International company. ‡Tax and estate services may be provided through third party vendors. TCG.83.2022



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

2024 Contribution Limits

You can contribute 100% of your compensation up to \$23,000, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$30,500.

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

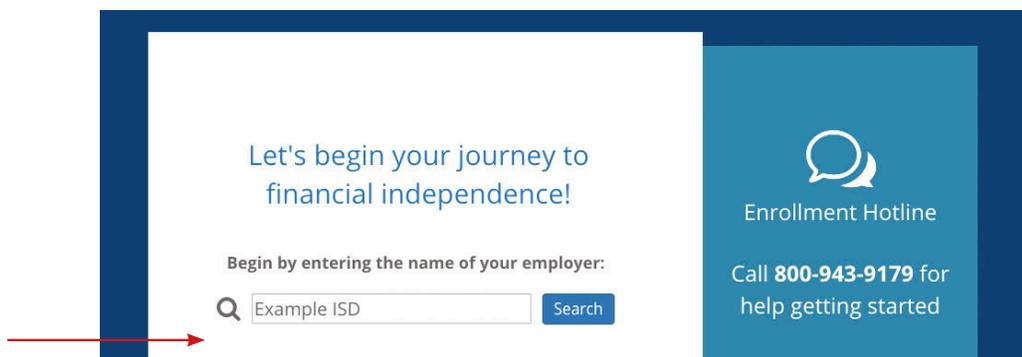
Step One: Create an account with an approved vendor

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)	2024: \$23,000; \$30,500 age 50+	2024: \$23,000; \$30,500 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.



COBRA

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

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

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

COBRA Highlights

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

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>

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.

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. Is allocated based on years of employment 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.

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 **Cindy Torres, BISD Leave & Benefits Specialist** at ctorresvargas@bisdtx.org or 512-772-7160 for paperwork, eligibility requirements or any leave related questions you may have.*