

**BASTROP ISD 2025-2026**

OPEN ENROLLMENT  
JULY 14TH - AUGUST 15TH

# EMPLOYEE BENEFITS GUIDE

PLAN YEAR: SEPTEMBER 1ST, 2025 - AUGUST 31ST, 2026



Taylor Silguero  
Sr. Account Administrator  
512-630-6654 | [taylor.silguero@ffga.com](mailto:taylor.silguero@ffga.com)



Stephanie Davis  
Benefits and Wellness Coordinator  
512-772-7135 | [stdavis@bisdtx.org](mailto:stdavis@bisdtx.org)

# Contents

<b>3</b>	EMPLOYEE BENEFITS CENTER
<b>4</b>	ENROLLMENT INFORMATION AND SCHEDULE
<b>5</b>	HELPFUL INFORMATION AND TIPS
<b>6</b>	APPS TO DOWNLOAD
<b>7</b>	MEDICAL INSURANCE RATES AND COVERAGE
<b>11</b>	DENTAL INSURANCE
<b>15</b>	VISION INSURANCE
<b>20</b>	FLEXIBLE SPENDING ACCOUNTS (FSA)
<b>21</b>	HEALTH SAVINGS ACCOUNTS (HSA)
<b>22</b>	FSA AND HSA RESOURCES
<b>23</b>	TELEHEALTH
<b>26</b>	PERMANENT LIFE INSURANCE
<b>31</b>	GROUP TERM LIFE AND AD&D - <b>NEW CARRIER!</b>
<b>35</b>	LONG TERM DISABILITY INSURANCE
<b>43</b>	ACCIDENT INSURANCE - <b>NEW CARRIER!</b>
<b>48</b>	CANCER INSURANCE
<b>51</b>	CRITICAL ILLNESS INSURANCE - <b>NEW CARRIER!</b>
<b>56</b>	HOSPITAL INDEMNITY INSURANCE - <b>NEW CARRIER!</b>
<b>58</b>	MEDICAL TRANSPORT INSURANCE
<b>60</b>	IDENTITY THEFT PROTECTION
<b>62</b>	LEGAL INSURANCE
<b>68</b>	EMPLOYEE ASSISTANCE PROGRAM
<b>70</b>	RETIREMENT PLANS
<b>78</b>	CLEVER RX
<b>78</b>	PET INSURANCE
<b>78</b>	BASTROP EDUCATION FOUNDATION
<b>79</b>	BASTROP ISD LEAVE BENEFITS
<b>80</b>	COBRA

## 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

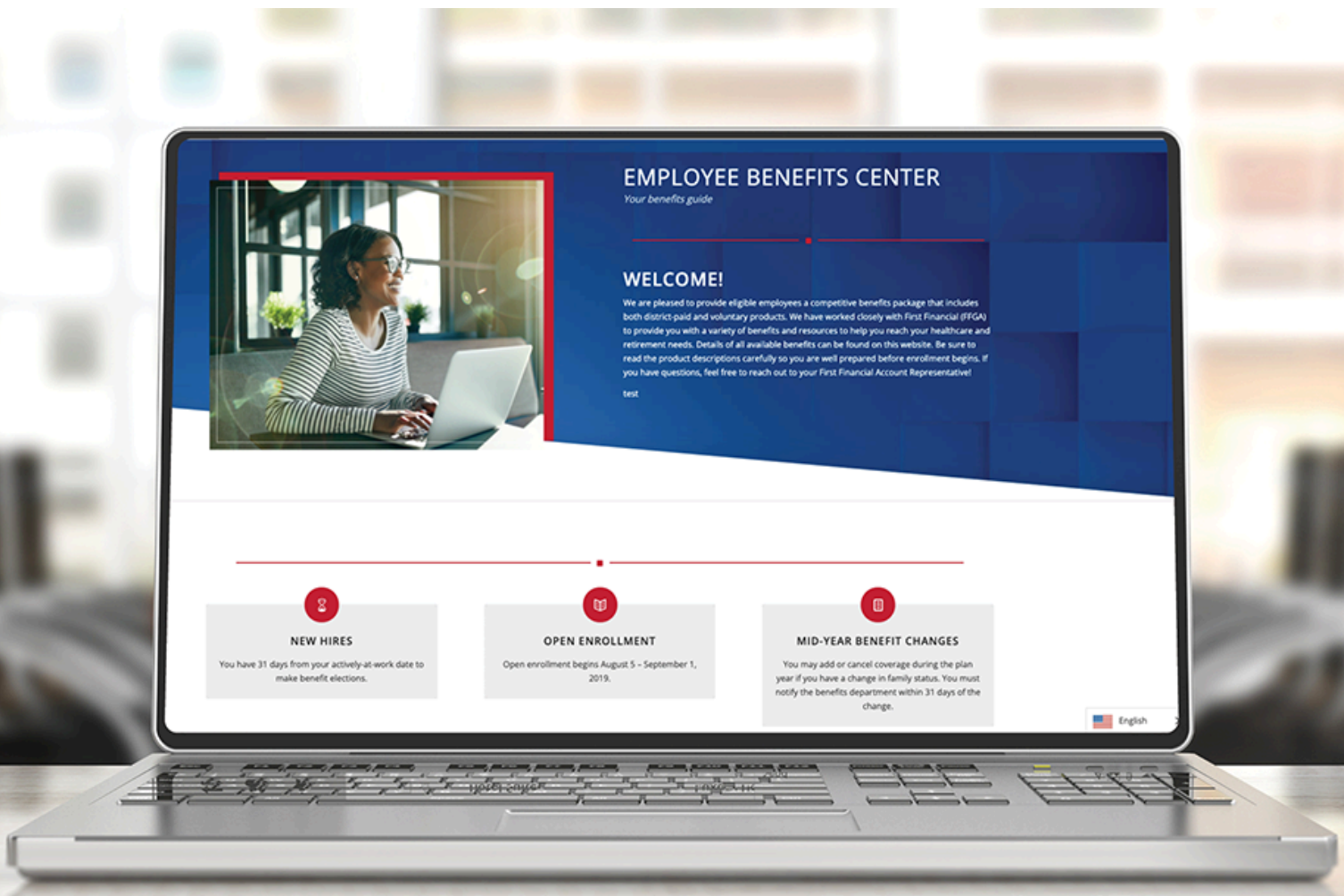
## A guide to your benefits!

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 scan the QR code below or type the URL below into your browser and you will be directed to your Employee Benefits Center.



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



# Enrollment Information

\*\*\*If you are a new hire, you will complete your enrollment over the phone with your First Financial Representative, Taylor Silguero. You will receive an email with a link to sign up for a day and time for Taylor to call you. \*\*\*

## In-Person Enrollment Schedule

Date	Day	Location	Time
July 30*	Wednesday	Service Center	8 AM - 4 PM
July 31*	Thursday	Service Center	8 AM - 4 PM
August 4*	Monday	Service Center	8 AM - 4 PM
August 5	Tuesday	Over the phone	TBD
August 6	Wednesday	Over the phone	TBD
August 7	Thursday	Over the phone	TBD
August 8*	Friday	Service Center	8 AM - 4 PM
August 11	Monday	Service Center	8 AM - 4 PM
August 12	Tuesday	Service Center	8 AM - 4 PM

**Service Center** is located at 906 Farm Street, Bastrop, TX 7860

**Over the phone:** visit <https://bastropisdcoe.timetap.com> to sign up for a phone appointment

\*Un representante que habla español estará disponible en esta fecha

## 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 30 days of the QLE. If you do not notify within 30 days, the change cannot be made until the next open enrollment period.

## QUALIFYING LIFE EVENTS INCLUDE:

- Loss or gain of other coverage, birth of a child, 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 2025-2026 benefits will begin on September 1, 2025. If you are a new hire, your benefits will begin on the first day of the month following your “actively at work” 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 monthly premium. All supplemental benefits begin on the first day of the month following your date of hire.

## DEDUCTIONS FROM PAY BEGIN:

Please note the rates you see in this guide are the “per paycheck” rate and that we are paid twice a month. You will be paid on the 15th and the next to the last working day of each month. The BISD Pay Schedule can be found under Staff Resources on the BISD website. If you are hired in August, your first deduction for your benefit elections will be your September 15th paycheck, for coverage beginning 9/1/2025.

## 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 2026-2027 Plan Year. For current employees you can only make changes during open enrollment, July 14th – August 15th, 2025!

## 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 complete your enrollment. 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

Express Scripts is the administrator for the prescription drug benefits for all BCBSTX Health plans. For more information and to check prescription costs, please visit [www.expressscripts.com/trsactivecare](http://www.expressscripts.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](http://benefits.ffga.com/bastropisd).

– Stephanie Davis, BISD Benefits & Wellness Coordinator

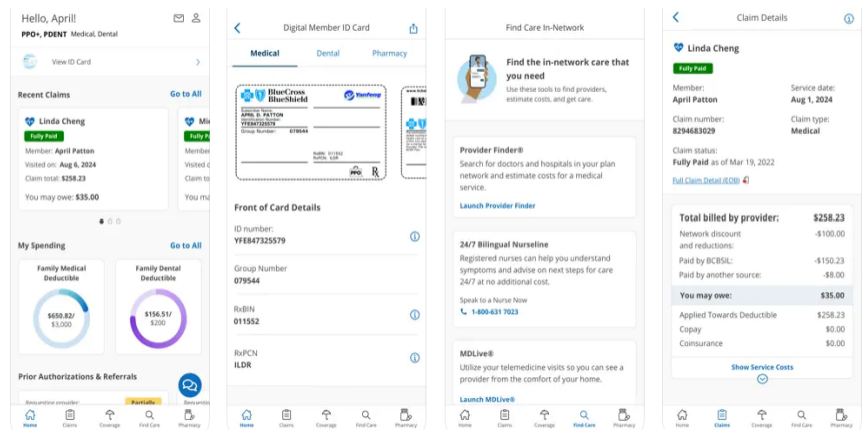
# Apps You'll Be Happy You Installed

## 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.

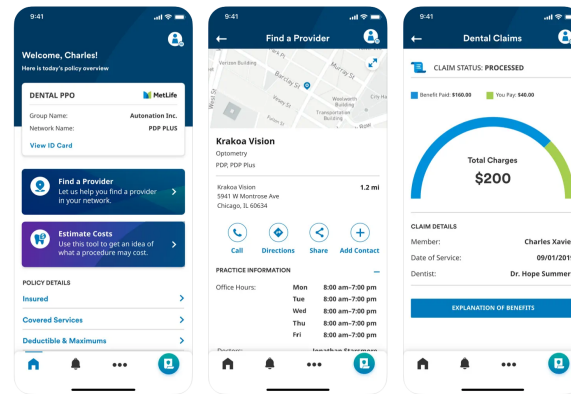
To download the app, text\* BCBSTXAPP to 33633 or it is available for Apple® or Android™ devices on the App StoreSM or the Google Play StoreTM



## MetLife Mobile App



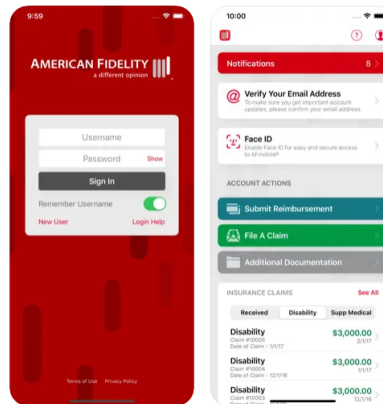
- Access coverage/claim details
- Find in-network Dentist/Vision providers
- Personalized procedure estimates
- View your ID card
- Available for iPhone and Android users



## AFmobile App



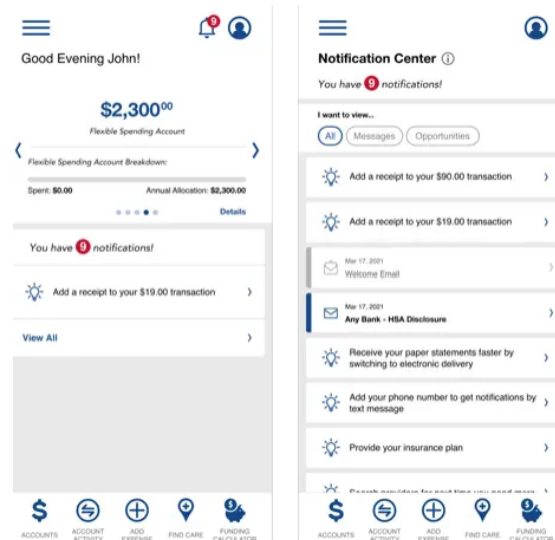
- File and track claims
- View coverage documents
- Upload documentation
- This can be used for your Disability, Cancer, or Accident coverage
- Available on the App store and Google Play Store



## FF Mobile Account App



- Access account information
- View card details & profile information
- Submit claims
- View pending claims
- Upload receipts & documentation
- This is for Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA).
- Available on the App store and Google Play Store





<b>2025-2026 TRS-ActiveCare Primary</b>	<b>Monthly Premium (Before BISD Contribution)</b>	<b>Monthly Cost (amount you pay per month after employer contribution)</b>	<b>2025-2026 Semi-Monthly Paycheck Rate</b>
Individual	\$484.00	<b>\$39.00</b>	<b>\$19.50</b>
w/Spouse	\$1,307.00	<b>\$862.00</b>	<b>\$431.00</b>
w/Child(ren)	\$823.00	<b>\$378.00</b>	<b>\$189.00</b>
w/Family	\$1,646.00	<b>\$1,201.00</b>	<b>\$600.50</b>
<b>2025-2026 TRS-ActiveCare HD</b>	<b>Monthly Premium (Before BISD Contribution)</b>	<b>Monthly Cost (amount you pay per month after employer contribution)</b>	<b>2025-2026 Semi-Monthly Paycheck Rate</b>
Individual	\$500.00	<b>\$40.00</b>	<b>\$20.00</b>
w/Spouse	\$1,350.00	<b>\$905.00</b>	<b>\$452.50</b>
w/Child(ren)	\$850.00	<b>\$405.00</b>	<b>\$202.50</b>
w/Family	\$1,700.00	<b>\$1,255.00</b>	<b>\$627.50</b>
<b>2025-2026 TRS-ActiveCare Primary +</b>	<b>Monthly Premium (Before BISD Contribution)</b>	<b>Monthly Cost (amount you pay per month after employer contribution)</b>	<b>2025-2026 Semi-Monthly Paycheck Rate</b>
Individual	\$568.00	<b>\$123.00</b>	<b>\$61.50</b>
w/Spouse	\$1,477.00	<b>\$1,032.00</b>	<b>\$516.00</b>
w/Child(ren)	\$966.00	<b>\$521.00</b>	<b>\$260.50</b>
w/Family	\$1,875.00	<b>\$1,430.00</b>	<b>\$715.00</b>
<b>2025-2026 TRS-ActiveCare 2</b>	<b>Monthly Premium (Before BISD Contribution)</b>	<b>Monthly Cost (amount you pay per month after employer contribution)</b>	<b>2025-2026 Semi-Monthly Paycheck Rate</b>
Individual	\$1,013.00	<b>\$605.00</b>	<b>\$302.50</b>
w/Spouse	\$2,402.00	<b>\$1,994.00</b>	<b>\$997.00</b>
w/Child(ren)	\$1,507.00	<b>\$1,099.00</b>	<b>\$549.50</b>
w/Family	\$2,841.00	<b>\$2,433.00</b>	<b>\$1,216.50</b>

\*Bastrop ISD contributes \$445 per month toward the Primary and Primary + plans, \$460 per month toward the HD employee-only plan, \$445 to all other HD plan options, and \$408 per month toward the ActiveCare 2 plan.

\*\* Bastrop ISD employees receive a paycheck semi-monthly, on the 15<sup>th</sup> and the last business day of the month.

All plans and rates are effective 9-1-2025.



# 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 HD

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

### TRS-ActiveCare Primary

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

### TRS-ActiveCare Primary +

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

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

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

### TRS-ActiveCare Plan Prescription Benefits

Express Scripts | <https://info.express-scripts.com/trsactivecare/> | 1.844.367.6108

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

# 2025-26 TRS-ActiveCare Plan Highlights

Sept. 1, 2025 – Aug. 31, 2026



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

### How to Calculate Your Monthly Premium

Total Monthly Premium

➖ Your Employer Contribution

===== Your Premium

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

### Wellness Benefits at No Extra Cost\*

Being healthy is easy with:

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

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

### Primary Plans & Mental Health

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

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

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$484	\$445	\$39	\$568	\$445	\$123	\$500	\$460	\$40
Employee and Spouse	\$1,307	\$445	\$862	\$1,477	\$445	\$1,032	\$1,350	\$445	\$905
Employee and Children	\$823	\$445	\$378	\$966	\$445	\$521	\$850	\$445	\$405
Employee and Family	\$1,646	\$445	\$1,201	\$1,875	\$445	\$1,430	\$1,700	\$445	\$1,255

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,300/\$6,600	\$6,600/\$13,200
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$8,300/\$16,600	\$20,500/\$41,000
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

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

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

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

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

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

Total Premium	Employer Contribution	Your Premium
\$1,013	\$408	\$605
\$2,402	\$408	\$1,994
\$1,507	\$408	\$1,099
\$2,841	\$408	\$2,433

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	
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	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

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

[www.trs.texas.gov](http://www.trs.texas.gov)



# Dental Insurance



MetLife | [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) | 800-942-0854

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

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

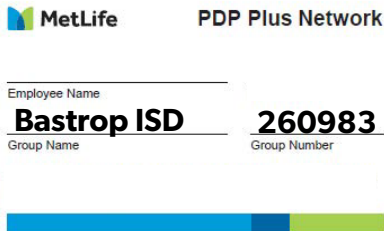
Dental Semi-Monthly Premiums		
	Low Plan	High Plan
Employee Only	\$12.17	\$18.34
Employee & Spouse	\$25.44	\$48.29
Employee & Child(ren)	\$31.41	\$50.46
Employee & Family	\$44.45	\$73.68

# METLIFE DENTAL PLAN SUMMARY

Group Number: 260983

Network: PDP PLUS

## ID CARD



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

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

<sup>1</sup> "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.  
<sup>2</sup> 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.  
<sup>\*</sup> 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.  
<sup>†</sup> 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
<b>Type A — Preventive</b>		
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 <sup>th</sup> birthday	One fluoride treatment per calendar year for dependent children up to his/her 15 <sup>th</sup> birthday
X-rays	<ul style="list-style-type: none"> <li>Full mouth X-rays; one per 60 months</li> <li>Bitewings X-rays; one set per calendar year for adults; two sets per calendar year for children</li> </ul>	<ul style="list-style-type: none"> <li>Full mouth X-rays; one per 60 months</li> <li>Bitewing X-rays; one set per calendar year for adults; two sets per calendar year for children</li> </ul>
Space Maintainers	Space maintainers for dependent children up to his/her 15 <sup>th</sup> birthday	Space maintainers for dependent children up to his/her 15 <sup>th</sup> birthday
Sealants	One application of sealant material for each non-restored, non-decayed 1 <sup>st</sup> and 2 <sup>nd</sup> molar of a dependent child up to his/her 15 <sup>th</sup> birthday, per lifetime	One application of sealant material for each non-restored, non-decayed 1 <sup>st</sup> and 2 <sup>nd</sup> molar of a dependent child up to his/her 15 <sup>th</sup> birthday, per lifetime
<b>Type B — Basic Restorative</b>		
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		
<b>Type C — Major Restorative</b>		
Periodontics	<ul style="list-style-type: none"> <li>Periodontal scaling and root planning once per quadrant, every 36 months</li> <li>Periodontal surgery once per quadrant, every 36 months</li> <li>Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Periodontal scaling and root planning once per quadrant, every 36 months</li> <li>Periodontal surgery once per quadrant, every 36 months</li> <li>Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year</li> </ul>
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"> <li>Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>Dentures and bridgework replacement; one every 5 calendar years</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>Dentures and bridgework replacement; one every 5 calendar years</li> <li>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</li> </ul>
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
<b>Type D — Orthodontia</b>		
	<ul style="list-style-type: none"> <li>You, your spouse and your children, up to age 26 are covered while Dental insurance is in effect.</li> <li>All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia</li> <li>Payments are on a repetitive basis</li> <li>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</li> <li>Orthodontic benefits end at cancellation of coverage</li> </ul>	<ul style="list-style-type: none"> <li>You, your spouse and your children, up to age 26 are covered while Dental insurance is in effect.</li> <li>All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia</li> <li>Payments are on a repetitive basis</li> <li>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</li> <li>Orthodontic benefits end at cancellation of coverage</li> </ul>

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.



**PDP Plus Network**

Employee Name

**Bastrop ISD**

Group Name

**260983**

Group Number

[metlife.com/mybenefits](https://metlife.com/mybenefits)

- Locate a participating dentist.
- Verify eligibility and plan design information.
- Review claim status and claim history for your entire family.
- View and print processed claims with one click.
- Obtain claims forms and educational information (including interactive risk assessment).
- Get instant answers to Frequently Asked Questions.
- Access trained customer service representatives.

**1-800-942-0854**

- Virtually 24 hours a day, 7 days a week to confirm eligibility, order claim forms or request dentist directories
- Monday-Friday, 8 a.m. to 11 p.m., Eastern Time, to speak with a live customer service representative
- MetLife Dental Claims P.O. Box 981282 El Paso, TX 79998-1282
- For International Dental Travel Assistance call 1-312-356-5970 (collect)

00780522



# Vision Insurance

MetLife | [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) | 833-393-5433

Proper vision care is essential to your overall well-being. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come. Here are just a few of the areas where you will save money with your plan:

- Eye Exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction

Vision Semi-Monthly Premiums		
	Low Plan	High Plan
Employee Only	\$3.99	\$5.67
Employee & Spouse	\$8.57	\$12.19
Employee & Child(ren)	\$6.45	\$9.18
Employee & Family	\$11.76	\$16.73



## Superior Vision Network

Group Number: 260983

## 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:**<sup>5</sup> 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:**<sup>5</sup> 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

**Additional savings on frames:**<sup>5</sup> 20% off any amount over your frames allowance.

**Additional savings on contacts:**<sup>5</sup> 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:**<sup>5</sup> 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>	<b>\$3.99</b>
• <i>Employee + Spouse:</i>	<b>\$8.57</b>
• <i>Employee + Child(ren):</i>	<b>\$6.45</b>
• <i>Employee + Family:</i>	<b>\$11.76</b>

### 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
<b>Eye exam</b>	Once every <b>12</b> months
• Eye health exam, dilation, prescription, and refraction for glasses: after a <b>\$10</b> copay.	
• Retinal imaging: Up to a <b>\$39</b> copay on routine retinal screening when performed by a private practice.	

<b>Frame</b>	Once every <b>24</b> months
• Allowance: <b>\$150</b> <sup>1</sup>	
• Additional allowance of 20% at select providers. Visit <a href="https://metlife.com/mybenefits">metlife.com/mybenefits</a> to locate participating providers Look for the dollar sign icon (\$).	


<b>Standard corrective lenses</b>	Once every <b>12</b> months
• Single vision, lined bifocal, lined trifocal, lenticular: after a <b>\$10</b> eyewear copay. <sup>1</sup>	

<b>Standard lens enhancements</b> <sup>2</sup>	Once every <b>12</b> months
• Standard Polycarbonate (child up to age 18) <sup>3</sup> : 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 <a href="https://metlife.com/mybenefits">metlife.com/mybenefits</a> .	

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses.

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

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

<b>Vision Identification Card</b>	
Employee Name <b>Bastrop ISD</b>	Group Number <b>260983</b>
This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.	
<b>SuperiorVision</b> By 	
<a href="https://metlife.com/mybenefits">metlife.com/mybenefits</a>	
<ul style="list-style-type: none"> <li>Locate a participating eye doctor or print your ID card.</li> <li>Review benefits information and past services.</li> <li>Obtain claims forms and educational information.</li> </ul>	
<b>1-833-EYE-LIFE (1-833-393-5433)</b> Hearing impaired AT&T relay service: Dial 711.	
<ul style="list-style-type: none"> <li>Call Monday through Friday from 8:00 a.m. to 9:00 p.m. ET, and Saturday from 9:00 a.m. to 4:00 p.m. ET, to speak with a customer service representative.</li> <li>Superior Vision by MetLife, PO Box 967, Rancho Cordova, CA 95741</li> </ul>	



Other in-network features - continued:

**Hearing discounts:** <sup>5</sup> 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)<sup>4</sup>

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:<sup>4</sup>
  - 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](http://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](http://www.metlife.com/mybenefits).

- 1 <sup>4</sup> 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.
- 2 <sup>5</sup> 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](http://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

Group Number: 260983

## 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: Semi - Monthly Premiums**

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

**Additional savings on frames:**<sup>5</sup> 20% off any amount over your frames allowance.

**Additional savings on contacts:**<sup>5</sup> 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:**<sup>5</sup> 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>	<b>\$5.67</b>
• <i>Employee + Spouse:</i>	<b>\$12.19</b>
• <i>Employee + Child(ren):</i>	<b>\$9.18</b>
• <i>Employee + Family:</i>	<b>\$16.73</b>

**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

- 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 **12** months

- Allowance: **\$200**<sup>1</sup>
- Additional allowance of 20% at select providers. Visit [metlife.com/mybenefits](http://metlife.com/mybenefits) to locate participating providers Look for the dollar sign icon (\$).

**Standard corrective lenses**Once every **12** months

- Single vision, lined bifocal, lined trifocal, lenticular: after a **\$10** eyewear copay.<sup>1</sup>

**Standard lens enhancements**<sup>2</sup>Once every **12** months

- Standard Polycarbonate (child up to age 18)<sup>3</sup>: 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](http://metlife.com/mybenefits).

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses.

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

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

<b>Vision Identification Card</b>	
Employee Name <b>Bastrop ISD</b>	Group Number <b>260983</b>
This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.	
<b>SuperiorVision</b> By MetLife	
<a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a>	
<ul style="list-style-type: none"> <li>Locate a participating eye doctor or print your ID card.</li> <li>Review benefits information and past services.</li> <li>Obtain claims forms and educational information.</li> </ul>	
<b>1-833-EYE-LIFE (1-833-393-5433)</b> Hearing impaired AT&T relay service: Dial 711	
<ul style="list-style-type: none"> <li>Call Monday through Friday from 8:00 a.m. to 9:00 p.m. ET, and Saturday from 9:00 a.m. to 4:00 p.m. ET, to speak with a customer service representative.</li> <li>Superior Vision by MetLife, PO Box 967, Rancho Cordova, CA 95741</li> </ul>	

Other in-network features - continued:

**Hearing discounts:** <sup>5</sup> 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.

<b>Contact lenses (instead of eyeglasses)</b> <sup>4</sup>	Once every 12 months
Contact fitting and evaluation:	
• Standard fitting; Covered in full after <b>\$25</b> copay	
• Specialty fitting: <b>\$50</b> allowance after <b>\$25</b> copay	
• Elective lenses: <b>\$200</b> allowance	
• Necessary lenses: <b>Covered in full</b> with prior authorization	
• Discounts: <sup>4</sup>	
• Conventional contacts: <b>20%</b> off the amount that you pay over your allowance and on purchases of additional contact lenses	
• Disposable contacts: <b>10%</b> off the amount that you pay over your allowance and on purchases of additional contact lenses	

Second Pair Plan Enhancement

Once every 12 months

This benefit gives you additional eyewear coverage.

- Two pairs of prescription eyeglasses (\$200 towards each); or
- \$200 towards one pair of prescription eyeglasses and \$200 towards contact lenses; or
- \$400 towards contact lenses

We're here to help

Find a Superior Vision provider at [www.metlife.com/vision](http://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](http://www.metlife.com/mybenefits).

1 <sup>4</sup> 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.

2 <sup>5</sup> 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](http://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.

# Flexible Spending Accounts (FSA)

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 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. Bastrop ISD has the \$660 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$660 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$660 will be forfeited under the use-it-or-lose-it rule.

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

### Medical FSA Highlights

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

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

## Dependent Care FSA

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

**You may allocate up to \$5,000 per tax year for reimbursement of dependent care services. If you are married and file a separate tax return, the limit is \$2,500.**

### Dependent Care FSA Highlights

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



# Health Savings Account (HSA)

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 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 the TRS ActiveCare HD Medical plan 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. 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
- You cannot be enrolled in Tricare or Medicare or covered under your spouse’s traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- Limited Purpose Flexible Spending Accounts are permitted (dental and vision expenses only).
- You cannot participate if your spouse has a general purpose FSA or HRA at their place of employment.
- You cannot participate if you are being claimed as a dependent on another person’s tax return.

	2025	2026
HSA Annual Contribution Limits	<ul style="list-style-type: none"><li>• Self: \$4,300</li><li>• Family: \$8,550</li></ul>	<ul style="list-style-type: none"><li>• Self Only: \$4,400</li><li>• Family: \$8,750</li></ul>

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

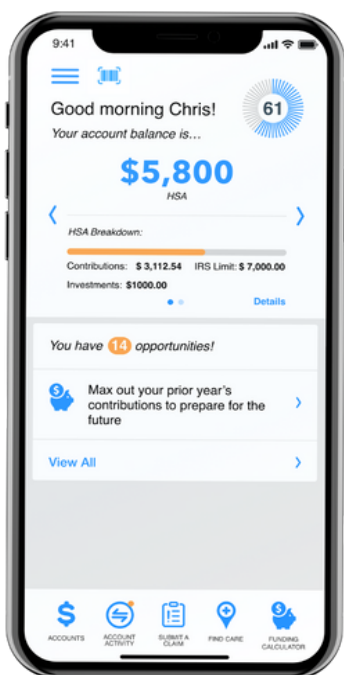
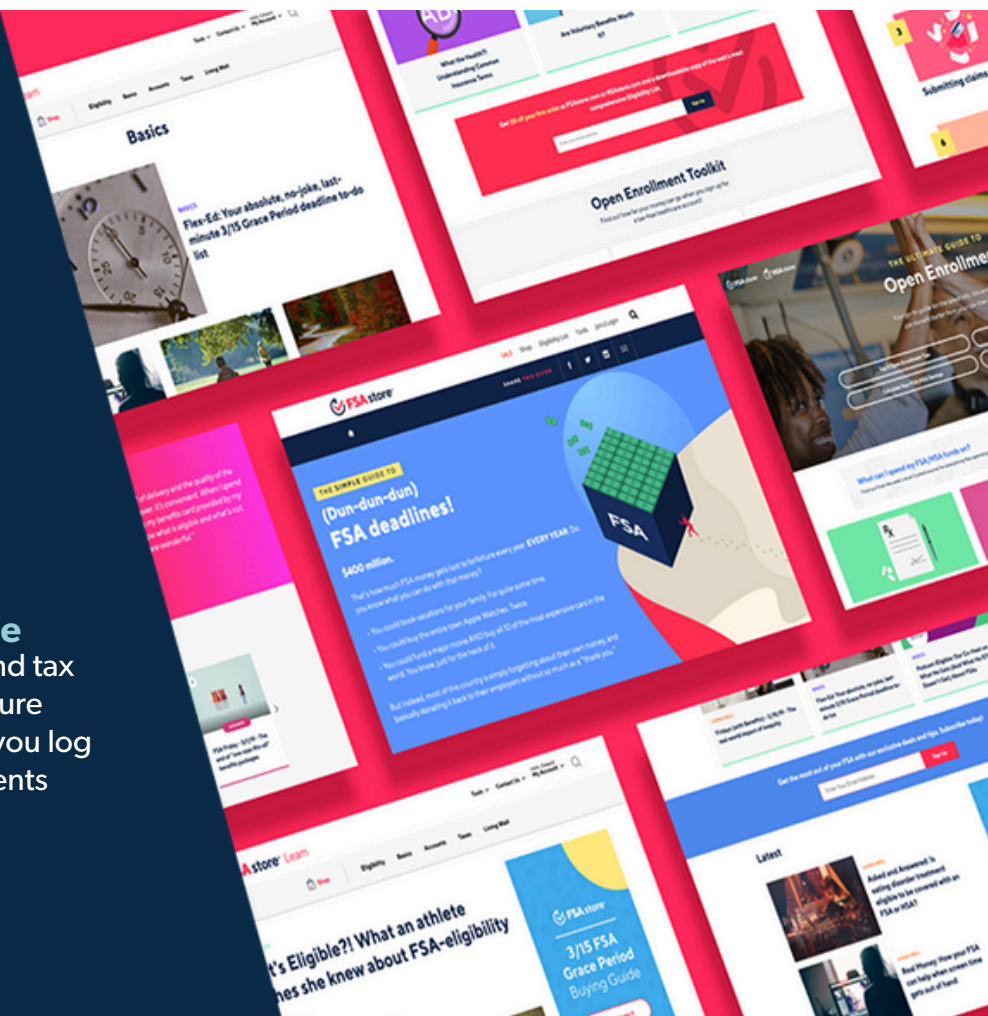
# FSA & HSA Resources

## Benefits Card

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

## View Your Account Details Online

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



## FF Mobile Account App

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

## FSA/HSA Store

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



# TeleHealth



Recuro | [www.recurohealth.com](http://www.recurohealth.com) | 855-673-2876

Studies show that more than 50 percent of doctor’s office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room.

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

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

TeleHealth Semi-Monthly Premiums	
Employee Only	\$5.00
Employee & Family	\$5.00



**RECURO**  
HEALTH



# 24/7 On-Demand Care Access

Access board-certified physicians 24/7, 365 days a year for you and your family for only **\$5 per paycheck!** Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

**Consult Fee: \$0**



**Call 1.855.6RECURO**

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



Visit Us  
Online



Speak With  
an Agent



Download  
Our App

## Common Conditions Treated



Sore Throat



Congestion



Cough



Cold & Flu



Yeast Infection



Insect Bites



Allergies



More



**RECURO**  
HEALTH

[customerservice@recurohealth.com](mailto:customerservice@recurohealth.com) | 855.6RECURO

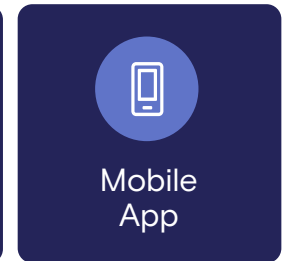
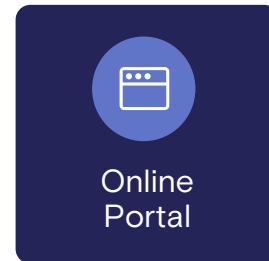
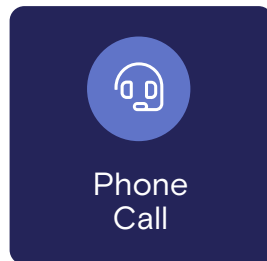





- ➔ **Primary Care**
- ➔ **Pediatrics**
- ➔ **Urgent Care**

# Easy, Convenient, Affordable

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



## Healthcare that makes sense

Type of Visit	Average Cost
Primary Care	\$100
Urgent Care	\$150
Emergency Room	\$1400
 <b>\$0</b>	
2013 Medical Expenditure Panel Survey / MEPS	

## Common Conditions Treated

- ✓ Acid Reflux
- ✓ Allergies
- ✓ Asthma
- ✓ Nausea
- ✓ Bronchitis
- ✓ Cold & Flu
- ✓ Infections
- ✓ Bladder Infection
- ✓ Rashes
- ✓ Sinus Conditions
- ✓ Sore Throat
- ✓ Thyroid Conditions
- ✓ UTIs
- ✓ And More...

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



**Call 1.855.6RECURO**



**Visit [www.recurohealth.com](http://www.recurohealth.com)**

# Texas Life

## Permanent Life Insurance



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

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

The peace of mind permanent life insurance provides is unmatched. Texas Life Insurance provides life insurance that you can keep for a lifetime. Coverage is affordable and dependable, and Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

#### **Permanent Life Insurance Highlights**

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



# 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.<sup>1</sup>
- **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 Living<sup>2</sup> 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



# VOLUNTARY PERMANENT LIFE INSURANCE

## Additional Contract Benefits

PURELIFE-PLUS

TEXASLIFE  
INSURANCE COMPANY

FFGA  
Benefit Solutions Simplified

## Accelerated Death Benefit Due To Chronic Illness Rider

This valuable living benefit will be included upon approval in the life contract for employees and their spouses at an additional cost.<sup>1</sup> This rider can help offset the unplanned expense of care should the insured be faced with a qualifying disabling chronic illness or severe cognitive impairment. Here's how it works:

- If, for a period of 90 days, you're no longer able to perform any two of the six Activities of Daily Living or if you suffer Severe Cognitive Impairment, you can receive a living benefit.<sup>2</sup>
  - Example: You own a \$100,000 Texas Life insurance policy with the Chronic Illness rider. A medical

professional certifies that you can no longer perform two of the six Activities of Daily Living or have suffered Severe Cognitive Impairment. You can apply for a lump sum of \$92,000 minus a \$150 processing fee.<sup>3</sup>

- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

The agent/agency offering this coverage is not affiliated with Texas Life other than to market its products. Underwritten and claims paid by Texas Life. Licensed in DC and all states except NY.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. See a Texas Life representative or the Purelife-plus brochure for costs and complete details. Any outstanding loans will reduce the cash value and death benefit. Form series PRFNG-NI.

<sup>1</sup> Issuance requires responses to additional underwriting questions.

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

<sup>3</sup> The Accelerated Death Benefit Rider for Chronic Illness pays 92% of the insurance proceeds less a \$150 administration fee in lieu of the benefit payable at death. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died. Form series ULABR-CI.

Texas Life Insurance Company | 900 Washington Ave | PO Box 830 | Waco, Texas 76703-0830 | 800.283.9233 | [texaslife.com](http://texaslife.com)



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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									Age to Which Coverage is Guaranteed at
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Table Premium
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	CHILDREN AND GRANDCHILDREN (NON-TOBACCO) with Accidental Death Rider  Grandchild coverage available through age 18.				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

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

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

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

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

23M014-C-SM FFGA-NT 1012 (exp0325)

Indicates  
Spouse  
Coverage  
Available

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									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

23M014-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

# Group Term Life & AD&D - New Carrier!

## Employer-Paid & Voluntary

One America | [www.oneamerica.com](http://www.oneamerica.com) | 800-553-5318

**One America is the new provider for the Group Term Life and AD&D!**

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

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Bastrop ISD provides all eligible employees a \$10,000 policy. The cost of this policy is paid for 100% by Bastrop ISD. This is a group term life policy that is in effect only while you are employed by Bastrop ISD.

### Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan. 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, please see policy for details. Visit the Employee Benefits Center for more details.



## Voluntary Term Life Benefits

You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not to exceed 5 times your annual base salary only, rounded to the next higher \$1,000.

### Payroll Deduction Illustration: 2 Times Per Month Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$10,000	\$0.24	\$0.24	\$0.24	\$0.29	\$0.39	\$0.49	\$0.74	\$1.24	\$2.19	\$3.04	\$5.54	\$9.94	\$9.94
\$20,000	\$0.46	\$0.46	\$0.46	\$0.56	\$0.76	\$0.96	\$1.46	\$2.46	\$4.36	\$6.06	\$11.06	\$19.86	\$19.86
\$30,000	\$0.70	\$0.70	\$0.70	\$0.85	\$1.15	\$1.45	\$2.20	\$3.70	\$6.55	\$9.10	\$16.60	\$29.80	\$29.80
\$40,000	\$0.92	\$0.92	\$0.92	\$1.12	\$1.52	\$1.92	\$2.92	\$4.92	\$8.72	\$12.12	\$22.12	\$39.72	\$39.72
\$50,000	\$1.16	\$1.16	\$1.16	\$1.41	\$1.91	\$2.41	\$3.66	\$6.16	\$10.91	\$15.16	\$27.66	\$49.66	\$49.66
\$60,000	\$1.38	\$1.38	\$1.38	\$1.68	\$2.28	\$2.88	\$4.38	\$7.38	\$13.08	\$18.18	\$33.18	\$59.58	\$59.58
\$70,000	\$1.62	\$1.62	\$1.62	\$1.97	\$2.67	\$3.37	\$5.12	\$8.62	\$15.27	\$21.22	\$38.72	\$69.52	\$69.52
\$80,000	\$1.84	\$1.84	\$1.84	\$2.24	\$3.04	\$3.84	\$5.84	\$9.84	\$17.44	\$24.24	\$44.24	\$79.44	\$79.44
\$90,000	\$2.08	\$2.08	\$2.08	\$2.53	\$3.43	\$4.33	\$6.58	\$11.08	\$19.63	\$27.28	\$49.78	\$89.38	\$89.38
\$100,000	\$2.30	\$2.30	\$2.30	\$2.80	\$3.80	\$4.80	\$7.30	\$12.30	\$21.80	\$30.30	\$55.30	\$99.30	\$99.30
\$110,000	\$2.54	\$2.54	\$2.54	\$3.09	\$4.19	\$5.29	\$8.04	\$13.54	\$23.99	\$33.34	\$60.84	\$109.24	\$109.24
\$120,000	\$2.76	\$2.76	\$2.76	\$3.36	\$4.56	\$5.76	\$8.76	\$14.76	\$26.16	\$36.36	\$66.36	\$119.16	\$119.16
\$130,000	\$3.00	\$3.00	\$3.00	\$3.65	\$4.95	\$6.25	\$9.50	\$16.00	\$28.35	\$39.40	\$71.90	\$129.10	\$129.10
\$140,000	\$3.22	\$3.22	\$3.22	\$3.92	\$5.32	\$6.72	\$10.22	\$17.22	\$30.52	\$42.42	\$77.42	\$139.02	\$139.02
\$150,000	\$3.46	\$3.46	\$3.46	\$4.21	\$5.71	\$7.21	\$10.96	\$18.46	\$32.71	\$45.46	\$82.96	\$148.96	\$148.96
\$160,000	\$3.68	\$3.68	\$3.68	\$4.48	\$6.08	\$7.68	\$11.68	\$19.68	\$34.88	\$48.48	\$88.48	\$158.88	\$158.88
\$170,000	\$3.92	\$3.92	\$3.92	\$4.77	\$6.47	\$8.17	\$12.42	\$20.92	\$37.07	\$51.52	\$94.02	\$168.82	\$168.82
\$180,000	\$4.14	\$4.14	\$4.14	\$5.04	\$6.84	\$8.64	\$13.14	\$22.14	\$39.24	\$54.54	\$99.54	\$178.74	\$178.74
\$190,000	\$4.38	\$4.38	\$4.38	\$5.33	\$7.23	\$9.13	\$13.88	\$23.38	\$41.43	\$57.58	\$105.08	\$188.68	\$188.68
\$200,000	\$4.60	\$4.60	\$4.60	\$5.60	\$7.60	\$9.60	\$14.60	\$24.60	\$43.60	\$60.60	\$110.60	\$198.60	\$198.60
The amounts below require Statement of Insurability form													
\$210,000	\$4.84	\$4.84	\$4.84	\$5.89	\$7.99	\$10.09	\$15.34	\$25.84	\$45.79	\$63.64	\$116.14	\$208.54	\$208.54
\$220,000	\$5.06	\$5.06	\$5.06	\$6.16	\$8.36	\$10.56	\$16.06	\$27.06	\$47.96	\$66.66	\$121.66	\$218.46	\$218.46
\$230,000	\$5.30	\$5.30	\$5.30	\$6.45	\$8.75	\$11.05	\$16.80	\$28.30	\$50.15	\$69.70	\$127.20	\$228.40	\$228.40
\$240,000	\$5.52	\$5.52	\$5.52	\$6.72	\$9.12	\$11.52	\$17.52	\$29.52	\$52.32	\$72.72	\$132.72	\$238.32	\$238.32
\$250,000	\$5.76	\$5.76	\$5.76	\$7.01	\$9.51	\$12.01	\$18.26	\$30.76	\$54.51	\$75.76	\$138.26	\$248.26	\$248.26
\$260,000	\$5.98	\$5.98	\$5.98	\$7.28	\$9.88	\$12.48	\$18.98	\$31.98	\$56.68	\$78.78	\$143.78	\$258.18	\$258.18
\$270,000	\$6.22	\$6.22	\$6.22	\$7.57	\$10.27	\$12.97	\$19.72	\$33.22	\$58.87	\$81.82	\$149.32	\$268.12	\$268.12
\$280,000	\$6.44	\$6.44	\$6.44	\$7.84	\$10.64	\$13.44	\$20.44	\$34.44	\$61.04	\$84.84	\$154.84	\$278.04	\$278.04
\$290,000	\$6.68	\$6.68	\$6.68	\$8.13	\$11.03	\$13.93	\$21.18	\$35.68	\$63.23	\$87.88	\$160.38	\$287.98	\$287.98
\$300,000	\$6.90	\$6.90	\$6.90	\$8.40	\$11.40	\$14.40	\$21.90	\$36.90	\$65.40	\$90.90	\$165.90	\$297.90	\$297.90
\$310,000	\$7.14	\$7.14	\$7.14	\$8.69	\$11.79	\$14.89	\$22.64	\$38.14	\$67.59	\$93.94	\$171.44	\$307.84	\$307.84
\$320,000	\$7.36	\$7.36	\$7.36	\$8.96	\$12.16	\$15.36	\$23.36	\$39.36	\$69.76	\$96.96	\$176.96	\$317.76	\$317.76
\$330,000	\$7.60	\$7.60	\$7.60	\$9.25	\$12.55	\$15.85	\$24.10	\$40.60	\$71.95	\$100.00	\$182.50	\$327.70	\$327.70
\$340,000	\$7.82	\$7.82	\$7.82	\$9.52	\$12.92	\$16.32	\$24.82	\$41.82	\$74.12	\$103.02	\$188.02	\$337.62	\$337.62
\$350,000	\$8.06	\$8.06	\$8.06	\$9.81	\$13.31	\$16.81	\$25.56	\$43.06	\$76.31	\$106.06	\$193.56	\$347.56	\$347.56
\$360,000	\$8.28	\$8.28	\$8.28	\$10.08	\$13.68	\$17.28	\$26.28	\$44.28	\$78.48	\$109.08	\$199.08	\$357.48	\$357.48
\$370,000	\$8.52	\$8.52	\$8.52	\$10.37	\$14.07	\$17.77	\$27.02	\$45.52	\$80.67	\$112.12	\$204.62	\$367.42	\$367.42
\$380,000	\$8.74	\$8.74	\$8.74	\$10.64	\$14.44	\$18.24	\$27.74	\$46.74	\$82.84	\$115.14	\$210.14	\$377.34	\$377.34

**Note:** Premiums are based on your age as of 09/01 and amount of coverage chosen.

*OneAmerica Financial® is the marketing name for the companies of OneAmerica Financial.*



## Voluntary Term Life Benefits

You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not to exceed 5 times your annual base salary only, rounded to the next higher \$1,000.

### Payroll Deduction Illustration: 2 Times Per Month Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$390,000	\$8.98	\$8.98	\$8.98	\$10.93	\$14.83	\$18.73	\$28.48	\$47.98	\$85.03	\$118.18	\$215.68	\$387.28	\$387.28
\$400,000	\$9.20	\$9.20	\$9.20	\$11.20	\$15.20	\$19.20	\$29.20	\$49.20	\$87.20	\$121.20	\$221.20	\$397.20	\$397.20
\$410,000	\$9.44	\$9.44	\$9.44	\$11.49	\$15.59	\$19.69	\$29.94	\$50.44	\$89.39	\$124.24	\$226.74	\$407.14	\$407.14
\$420,000	\$9.66	\$9.66	\$9.66	\$11.76	\$15.96	\$20.16	\$30.66	\$51.66	\$91.56	\$127.26	\$232.26	\$417.06	\$417.06
\$430,000	\$9.90	\$9.90	\$9.90	\$12.05	\$16.35	\$20.65	\$31.40	\$52.90	\$93.75	\$130.30	\$237.80	\$427.00	\$427.00
\$440,000	\$10.12	\$10.12	\$10.12	\$12.32	\$16.72	\$21.12	\$32.12	\$54.12	\$95.92	\$133.32	\$243.32	\$436.92	\$436.92
\$450,000	\$10.36	\$10.36	\$10.36	\$12.61	\$17.11	\$21.61	\$32.86	\$55.36	\$98.11	\$136.36	\$248.86	\$446.86	\$446.86
\$460,000	\$10.58	\$10.58	\$10.58	\$12.88	\$17.48	\$22.08	\$33.58	\$56.58	\$100.28	\$139.38	\$254.38	\$456.78	\$456.78
\$470,000	\$10.82	\$10.82	\$10.82	\$13.17	\$17.87	\$22.57	\$34.32	\$57.82	\$102.47	\$142.42	\$259.92	\$466.72	\$466.72
\$480,000	\$11.04	\$11.04	\$11.04	\$13.44	\$18.24	\$23.04	\$35.04	\$59.04	\$104.64	\$145.44	\$265.44	\$476.64	\$476.64
\$490,000	\$11.28	\$11.28	\$11.28	\$13.73	\$18.63	\$23.53	\$35.78	\$60.28	\$106.83	\$148.48	\$270.98	\$486.58	\$486.58
\$500,000	\$11.50	\$11.50	\$11.50	\$14.00	\$19.00	\$24.00	\$36.50	\$61.50	\$109.00	\$151.50	\$276.50	\$496.50	\$496.50

**Note:** Premiums are based on your age as of 09/01 and amount of coverage chosen.

*OneAmerica Financial<sup>®</sup> is the marketing name for the companies of OneAmerica Financial.*

### Voluntary Term Life Benefits

You may select a minimum Spouse benefit of \$5,000 up to a maximum amount of \$100,000, in \$5,000 increments, not exceed 100% of the Employee benefit selected. You must select Employee coverage to select any Dependent coverage.

#### Payroll Deduction Illustration: 2 Times Per Month Spouse Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$5,000	\$0.12	\$0.12	\$0.12	\$0.15	\$0.20	\$0.25	\$0.37	\$0.62	\$1.10	\$1.52	\$2.77	\$4.97	\$4.97
\$10,000	\$0.24	\$0.24	\$0.24	\$0.29	\$0.39	\$0.49	\$0.74	\$1.24	\$2.19	\$3.04	\$5.54	\$9.94	\$9.94
\$15,000	\$0.36	\$0.36	\$0.36	\$0.43	\$0.58	\$0.73	\$1.11	\$1.86	\$3.28	\$4.56	\$8.31	\$14.91	\$14.91
\$20,000	\$0.46	\$0.46	\$0.46	\$0.56	\$0.76	\$0.96	\$1.46	\$2.46	\$4.36	\$6.06	\$11.06	\$19.86	\$19.86
\$25,000	\$0.58	\$0.58	\$0.58	\$0.71	\$0.96	\$1.21	\$1.83	\$3.08	\$5.46	\$7.58	\$13.83	\$24.83	\$24.83
The amounts below require Statement of Insurability form													
\$30,000	\$0.70	\$0.70	\$0.70	\$0.85	\$1.15	\$1.45	\$2.20	\$3.70	\$6.55	\$9.10	\$16.60	\$29.80	\$29.80
\$35,000	\$0.82	\$0.82	\$0.82	\$0.99	\$1.34	\$1.69	\$2.57	\$4.32	\$7.64	\$10.62	\$19.37	\$34.77	\$34.77
\$40,000	\$0.92	\$0.92	\$0.92	\$1.12	\$1.52	\$1.92	\$2.92	\$4.92	\$8.72	\$12.12	\$22.12	\$39.72	\$39.72
\$45,000	\$1.04	\$1.04	\$1.04	\$1.27	\$1.72	\$2.17	\$3.29	\$5.54	\$9.82	\$13.64	\$24.89	\$44.69	\$44.69
\$50,000	\$1.16	\$1.16	\$1.16	\$1.41	\$1.91	\$2.41	\$3.66	\$6.16	\$10.91	\$15.16	\$27.66	\$49.66	\$49.66
\$55,000	\$1.28	\$1.28	\$1.28	\$1.55	\$2.10	\$2.65	\$4.03	\$6.78	\$12.00	\$16.68	\$30.43	\$54.63	\$54.63
\$60,000	\$1.38	\$1.38	\$1.38	\$1.68	\$2.28	\$2.88	\$4.38	\$7.38	\$13.08	\$18.18	\$33.18	\$59.58	\$59.58
\$65,000	\$1.50	\$1.50	\$1.50	\$1.83	\$2.48	\$3.13	\$4.75	\$8.00	\$14.18	\$19.70	\$35.95	\$64.55	\$64.55
\$70,000	\$1.62	\$1.62	\$1.62	\$1.97	\$2.67	\$3.37	\$5.12	\$8.62	\$15.27	\$21.22	\$38.72	\$69.52	\$69.52
\$75,000	\$1.74	\$1.74	\$1.74	\$2.11	\$2.86	\$3.61	\$5.49	\$9.24	\$16.36	\$22.74	\$41.49	\$74.49	\$74.49
\$80,000	\$1.84	\$1.84	\$1.84	\$2.24	\$3.04	\$3.84	\$5.84	\$9.84	\$17.44	\$24.24	\$44.24	\$79.44	\$79.44
\$85,000	\$1.96	\$1.96	\$1.96	\$2.39	\$3.24	\$4.09	\$6.21	\$10.46	\$18.54	\$25.76	\$47.01	\$84.41	\$84.41
\$90,000	\$2.08	\$2.08	\$2.08	\$2.53	\$3.43	\$4.33	\$6.58	\$11.08	\$19.63	\$27.28	\$49.78	\$89.38	\$89.38
\$95,000	\$2.20	\$2.20	\$2.20	\$2.67	\$3.62	\$4.57	\$6.95	\$11.70	\$20.72	\$28.80	\$52.55	\$94.35	\$94.35
\$100,000	\$2.30	\$2.30	\$2.30	\$2.80	\$3.80	\$4.80	\$7.30	\$12.30	\$21.80	\$30.30	\$55.30	\$99.30	\$99.30

#### Child Options

Life & AD&D	Child(ren) 6 months to age 26	Child(ren) live birth to 6 months	Deduction amount Child(ren)
Option 1:	\$10,000	\$1,000	\$0.53

**Note:** Spouse premiums are based on your age as of 09/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

*OneAmerica Financial<sup>®</sup> is the marketing name for the companies of OneAmerica Financial.*

# Long Term Disability Insurance

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

## Why Do I Need Disability Insurance?

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

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

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





# 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<sup>2/3</sup>% 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	Semi-Monthly Premium
\$100.00	\$3.00
\$150.00	\$4.50



## 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	Semi-Monthly Premium
\$500.00	up to \$10,000.00	\$2.00
\$1,000.00	\$10,001.00 - \$20,000.00	\$4.00
\$1,500.00	\$20,001.00 - \$30,000.00	\$6.00
\$2,000.00	\$30,001.00 and over	\$8.00

## 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	Semi-Monthly Premium
\$300.00	\$2.25
\$400.00	\$3.00
\$500.00	\$3.75
\$600.00	\$4.50

## 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	Semi-Monthly Premium
\$10,000.00	\$4.90
\$15,000.00	\$6.59
\$20,000.00	\$8.28
\$25,000.00	\$9.97



## 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.

# Accident Insurance - New Carrier!

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

**American Fidelity is the new carrier for the Accident plan!** The costs associated with any type of accident can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage provides a benefit for costs associated with things such as:

- X-rays
- MRI/CT/CAT Scans
- Fractures
- Dislocations Ambulance, ground or air
- ER Visits/Hospital stays

Accident Semi-Monthly Premiums		
	Low Plan	High Plan
Employee	\$5.36	\$6.82
Employee & Spouse	\$10.16	\$12.96
Employee & Child(ren)	\$15.52	\$19.76
Employee & Family	\$20.88	\$26.58





# Group Accident Insurance

## 24-Hour Coverage

Marketed by:



## Are you financially prepared for an accident?

Accidents happen all the time and are always unexpected. Even though you can't plan for an accident, you can help prepare for unexpected medical expenses. **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident costs.

### ACCIDENTAL INJURY\*

#### Hypothetical Example

A bad fall off a bicycle leads to a broken arm and head injury, resulting in a fractured radius and concussion. Treatment is received within three days.

	LEVEL 2	LEVEL 3
Initial Treatment	\$150	\$200
X-Rays (two different days)	\$200	\$300
Anesthesia	\$200	\$300
Hospital Admission (day one)	\$1,000	\$1,500
Hospital Confinement (days two through four)	\$600	\$900
Concussion	\$300	\$350
Open Reduction Radius Fracture Repair	\$800	\$1,000
Appliance – Arm Brace	\$150	\$200
Follow-Up Treatment (three visits)	\$150	\$150
<b>TOTAL</b>	<b>\$3,550</b>	<b>\$4,900</b>

### ACCIDENT SCREENING BENEFIT\*

This benefit is paid directly to you once per policy per calendar year and covers several tests, including, but not limited to:

- Routine Physical Exam
- Bone Density Screening
- Sports Physical Exam
- Stress Test

LEVEL 2  
\$50

LEVEL 3  
\$50

## Plan Benefit Highlights\*

### ACCIDENTAL DEATH & DISMEMBERMENT

LEVEL 2	For Employee / Spouse	For Child
Common Carrier	\$100,000	\$50,000
Other Accident	\$40,000	\$20,000
Dismemberment	\$3,500 to \$50,000	\$1,750 to \$25,000
LEVEL 3	For Employee / Spouse	For Child
Common Carrier	\$150,000	\$75,000
Other Accident	\$60,000	\$30,000
Dismemberment	\$5,250 to \$75,000	\$2,625 to \$37,500

\*The benefit amounts vary depending on the plan level selected at the time of application.

# Plan Benefit Highlights

The benefit amounts vary depending on the plan level selected at the time of application.

## BENEFITS

### TREATMENTS

<b>Initial Treatment</b> Up to four treatments per Calendar Year	
<b>Follow Up Treatment</b> Up to four treatments per Covered Accident	

## LEVEL 2 LEVEL 3

\$150	\$200
\$50	\$50

### MEDICAL IMAGING

<b>CT, CAT, MRI, PET, US, SPECT</b>	
<b>X-Rays</b> Up to two days	

\$150	\$200
\$100	\$150

### HOSPITAL

<b>ICU Admission</b>	
<b>Hospital Admission</b>	
<b>ICU Confinement</b> Up to 30 days	
<b>Hospital Confinement</b> Up to 365 days	
<b>Rehabilitation</b> Up to 30 days	

\$1,500	\$2,000
\$1,000	\$1,500
\$400	\$600
\$200	\$300
\$100	\$150

### SURGICAL

<b>Internal Injuries Surgery</b> Open abdominal/thoracic surgery	
<b>Exploratory Surgery</b>	
<b>Tendons, Ligaments, and Rotator Cuff Surgery</b> One tendon, ligament, or rotator cuff More than one tendon, ligament, or rotator cuff	
<b>Ruptured Disc or Torn Knee Cartilage Surgery</b>	
<b>Miscellaneous Surgery</b>	
<b>Outpatient Hospital or Ambulatory Surgical Center</b>	
<b>Anesthesia</b>	

\$1,500	\$2,000
\$300	\$350
\$500	\$500
\$750	\$750
\$500	\$500
\$200	\$200
\$200	\$300
\$200	\$300

### AMBULANCE

<b>Ground/Water</b>	
<b>Air</b>	

\$500	\$500
\$1,500	\$1,500

### TRANSPORTATION, LODGING, AND MEALS

<b>Transportation</b> Up to three round trips per Covered Accident	
<b>Family Member Lodging and Meals</b> Per day of Covered Accident, up to 30 days combined	

\$300	\$300
\$200	\$200

## BENEFITS

### INJURY TREATMENTS

<b>Fractures</b> Depending on open or closed reduction and bone involved <i>Chip fracture (25% of closed reduction amount)</i>
<b>Dislocations</b> Depending on open or closed reduction and joint involved <i>With local or no anesthesia (25% of closed reduction amount)</i>
<b>Lacerations</b> (Depending on severity and length of laceration)
<b>Severe Burns, 2nd &amp; 3rd Degree</b> Skin grafts are 50% of benefit

## LEVEL 2 LEVEL 3

\$150 to \$4,000	\$187.50 to \$5,000
\$150 to \$4,000	\$187.50 to \$5,000
\$50-\$500	\$75-\$600
\$100 to \$10,000	\$100 to \$10,000

### ADDITIONAL BENEFITS

<b>Appliances</b> Crutches, leg braces, etc.
<b>Blood, Plasma, and Platelets</b>
<b>Concussion</b>
<b>Traumatic Brain Injury</b>
<b>Coma</b>
<b>Emergency Dental Work</b> Broken teeth repaired with crown or extraction of a broken natural tooth
<b>Epidural Pain Management</b>
<b>Eye Injury</b> Injury with surgical repair or removal of foreign body by physician, for one or both eyes
<b>Gunshot Wound</b>
<b>Paralysis</b> Paraplegia/Uniplegia Quadriplegia
<b>Physical, Occupational, or Speech Therapy</b> Per day of treatment, up to eight days combined
<b>Prosthesis</b> Up to two devices
<b>Organized Sports Benefit</b>

\$150	\$200
\$200	\$200
\$300	\$350
\$1,500	\$2,000
\$10,000	\$15,000
\$200	\$300
\$75	\$100
\$250	\$300
\$500	\$500
\$10,000 to \$20,000	\$10,000 to \$20,000
\$25	\$25
\$500	\$500
Additional 25% of benefit payable	Additional 25% of benefit payable

## SEMI-MONTHLY PREMIUMS

Employee
Employee & Spouse
Employee & Child(ren)
Family

## LEVEL 2 LEVEL 3

\$5.36	\$6.82
\$10.16	\$12.96
\$15.52	\$19.76
\$20.88	\$26.58

The premium and benefit amounts vary depending on the plan level selected at the time of application.



A Covered Person (thereafter referred to as "Person") under **Limited Benefit Accident Only Insurance** policy may be eligible for the following benefits when a Covered Accident (thereafter referred to as "Accident") happens. All benefits are paid once per Person per Accident unless otherwise specified. All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is active. All treatment, procedures, and medical equipment must be diagnosed, recommended, and treated by a physician.

**Initial Treatment Benefit** Payable for the first treatment received within 30 days of the Accident. The initial treatment must be administered by a physician or medical professional. Not payable for initial treatment received via telemedicine. This benefit is payable once per Person per Accident, up to four initial treatment(s) per Person per calendar year].

**Follow-Up Treatment Benefit** Payable for up to six follow-up treatments. Not payable for a visit in which a Physical, Occupational, or Speech Therapy benefit is paid. This benefit will only be payable if the Initial Treatment Benefit was paid for the Covered Accident.

**Accident Screening Benefit** Payable when a Person receives one of the following screenings rendered by a physician: bone density screening; Epworth Sleepiness Scale for the purpose of diagnosing a sleeping disorder; hemoglobin A1C; routine physical exam; sports physicals; or stress test. This benefit is payable once per policy per calendar year. This benefit doesn't cover dental or eye exams and is not payable for services performed as treatment for an injury. An Accident is not required for this benefit to be payable.

**Accidental Death and Dismemberment Benefit** The applicable benefits apply when an Accidental Death or Dismemberment occurs within 90 days of an Accident. In the event that Accidental Death and Dismemberment results from the same Accident, only the Accidental Death Benefit will be payable. Common Carrier means any type of licensed, motorized conveyance operated on a regular schedule for which a transportation charge is made (does not include courtesy transportation, taxis, privately-chartered vehicles, ridesharing programs, or conveyance owned by a Person or family member.)

**Ambulance Benefit** If air and ground/water ambulance transportation is required for the same Accident, only the highest benefit will be payable.

**Anesthesia Benefit** Payable for the services of an anesthesiologist for a surgery performed due to an Accident. Hospital confinement is not required to receive this benefit. Only one Anesthesia Benefit is payable per Person in a 24-hour period even if more than one surgical procedure is performed. This benefit is not payable for local anesthesia.

**Appliances Benefit** Payable for one of the following as prescribed by a physician: wheelchair, motorized scooter, walker, walking boot, leg brace, back brace, cane, or crutches. Not payable for prosthetic devices. Not payable for appliances prescribed by a physician via telemedicine.

**Blood, Plasma, and Platelets Benefit** Payable for blood, plasma, and platelets. This benefit does not provide benefits for immunoglobulins.

**Severe Burns Benefit** Payable for 2nd and 3rd degree burns when treated within three days of the Accident. Not payable for severe burns that are treated by a physician via telemedicine.

**Coma Benefit** Must be diagnosed by a physician and continue for at least 14 days. Coma does not include medically induced coma or a coma that results directly from alcohol or drug use.

**Concussion Benefit** Payable when a concussion is sustained within seven days of the Accident. If both a Concussion and a Traumatic Brain Injury occur in the same Accident, only the highest benefit will be paid.

**Dislocation Benefit** Amount payable varies by the joint involved, type of treatment, and type of anesthesia. If a Person receives more than one dislocation in an Accident, the benefit for all dislocations will be payable up to two times the highest benefit amount shown in the certificate for the dislocation involved. No other amount will be payable

under this benefit. Benefits are payable only for the first dislocation of a joint which occurs while this policy is active.

**Emergency Dental Work Benefit** Payable for repair by crown or extraction to natural teeth, free of decay, when treated by a physician or dentist. Initial dental treatment must be received within three days of the Accident.

**Epidural Pain Management Benefit** Payable when an epidural injection into the epidural space is received for management of pain due to an injury. This benefit is not payable for an epidural administered before a surgical procedure.

**Exploratory Surgery Benefit** Payable when an exploratory surgical operation without surgical repair is performed.

**Eye Injury Benefit** Payable for one or both eyes requiring surgery or removal of foreign object by a physician. If permanent loss of use of one or both eyes occurs, benefits will be paid under the Dismemberment Benefit.

**Family Member Lodging and Meals Benefit** Payable for lodging and meals for a family member to be near a Person who is confined in a non-local Hospital. The Hospital must be at least 50 miles away, one way, using the most direct route from the family member's residence.

**Fracture Benefit** Varies based on the bone involved, type of fracture, and type of treatment. If more than one bone is fractured, the benefit amount payable is up to two times the amount for the bone involved that has the highest benefit amount.

**Gunshot Wound Benefit** Payable if gunshot wound doesn't cause death and is caused by a shot from a conventional firearm. Requires treatment within 24 hours of Accident and hospital confinement. If dismemberment occurs within 90 days of the Accident the highest benefit will be payable.

**Hospital Admission Benefit** Payable for the first day a Person is confined to a Hospital.

**Hospital Confinement Benefit** A daily benefit is payable for a Hospital confinement up to 365 days. This benefit is not payable for the same day a Hospital Admission or ICU Admission Benefit is payable.

**Intensive Care Unit (ICU) Admission Benefit** A daily benefit is payable for an ICU confinement up to 30 days. This benefit is not payable for the same day a Hospital Admission or ICU Admission Benefit is payable. This benefit is payable in addition to the Hospital Confinement Benefit.

**Intensive Care Unit (ICU) Confinement Benefit** A daily benefit is payable for an ICU confinement up to 30 days. This benefit is not payable for the same day a Hospital Admission or ICU Admission Benefit is payable. This benefit is payable in addition to the Hospital Confinement Benefit.

**Internal Injuries Benefit** Payable for an open abdominal or thoracic surgery performed within three days of the Accident.

**Lacerations Benefit** This benefit varies based on the method of repair and total length of all lacerations due to an Accident. Not payable for lacerations that are treated by a physician via telemedicine.

**Medical Imaging Benefit** Payable for a Computerized Tomography (CT or CAT), Magnetic Resonance Imaging (MRI), Single-Photon Emission Computed Tomography (SPECT), Positron Emission Tomography (PET) or an ultrasound for diagnosing an injury due to an Accident.

**Miscellaneous Surgery Benefit** Payable when a Person receives a surgery requiring general anesthesia due to an Accident that is not payable under any other benefit. Epidural injections are not payable under this benefit.

**Organized Sports Benefit** Any benefit payable under the policy will be increased by the Organized Sports Benefit percentage if the Injury results from participation in an organized sport of amateur athletic supervised organized practices or competitions (i.e., no pay, profit, or sponsorship in a professional or semi-professional capacity).

**Outpatient Hospital or Ambulatory Surgical Center Benefit** Payable when a surgical procedure is performed on an outpatient basis in a Hospital or ambulatory surgical center. Only one Outpatient Hospital or Ambulatory Surgical Center Benefit is payable in a 24-hour period even if more than one surgical procedure is performed. This benefit will not be payable for surgery performed in an emergency room, urgent care facility, or in a physician's office.

## Plan Benefit Highlights (cont.)

**Paralysis Benefit** The duration of the paralysis must be a minimum of 90 consecutive days. If more than one type of paralysis occurs due to the same Accident, only the highest benefit will be paid. Payable once per lifetime per Person.

**Physical, Occupational, or Speech Therapy Benefit** Payable for one treatment per day for up to eight treatments by a licensed physical, occupational, or speech therapist for all therapies combined. If treatment in an emergency room, physician's office, or urgent care facility occurs in the same visit, only the highest applicable benefit is payable.

**Prosthesis Benefit** Payable for up to two devices. This benefit is not payable for hearing aids, dental aids, eyeglasses, false teeth, cosmetic aids such as wigs, or joint replacements such as artificial hips or knees.

**Rehabilitation Benefit** Payable for each day a Person is an inpatient in a rehabilitation unit. The treatment must begin immediately after the date of discharge from the Hospital. This benefit is payable for up to 30 days. This benefit is not payable for any day for which a Hospital Admission, Hospital Confinement, ICU Admission, ICU Confinement, or Physical, Occupational, and Speech Therapy Benefit is payable (if such benefits are applicable).

**Tendons, Ligaments, and Rotator Cuff Surgery Benefit** Payable for the repair of one or more tendons, ligaments, or rotator cuffs.

**Ruptured Disc or Torn Knee Cartilage Benefit** Payable for surgical repair. Benefit is two times amount when both are repaired due to same Accident.

**Transportation Benefit** Payable for the Person's transportation when specialized treatment and Hospital confinement in a non-local Hospital is required. A non-local Hospital must be at least 50 miles away, one way, using the most direct route, from the Person's home. Travel must be by scheduled bus, plane, train, or car. The treatment must be prescribed by a physician and not be available locally. This benefit is payable up to three round trips per Person per Accident. This benefit is not payable on any day that an Ambulance Benefit is payable.

**Traumatic Brain Injury (TBI) Benefit** Payable for a Person who is confined for at least 48 hours as the result of a TBI. Diagnosis by a physician and confinement must occur within three days of the Accident. If both a TBI and concussion occur in the same Accident, only the highest benefit will be paid.

**X-Ray Benefit** Payable once per day up to two days for an x-ray performed due to Injuries sustained in an Accident. This benefit does not cover any tests payable under the Medical Imaging Benefit or any other screening or medical imaging tests.

## Limitations and Exclusions

No benefits will be provided for loss incurred due to an Accident that is caused by or occurs as a result of:

- (1) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;

- (2) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
- (3) war or act of war declared or undeclared while serving in the military or an auxiliary unit thereto;
- (4) participation in any activity or event while under the influence of any narcotic, drug, or controlled substance unless administered by a physician or taken according to the physician's instructions;
- (5) voluntary ingestion, injection, inhalation or absorption of any narcotic, drug, controlled substance, poison, gas, fume, narcotic, drug or controlled substance as defined in the Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a physician and used as directed;
- (6) participation in, or attempting to participate in, a felony, riot or insurrection. (A felony is as defined by the law of the jurisdiction in which the activity takes place.);
- (7) participation in any sport for pay or profit or sponsorship, in a professional or semi-professional capacity;
- (8) participation in any contest of speed in a power driven vehicle for pay or profit;
- (9) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

A Covered Accident is defined as an Injury caused by an Accident, for which benefits are provided, which is independent of any disease, illness, or bodily infirmity or any other cause and that takes place while the Person is covered under the policy.

A hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged.

**Eligibility** Includes you, your lawful spouse and each natural child, legally adopted child or stepchild who is under 26 years of age.

**Continuation of Coverage** Coverage for you and your covered dependents may be continued for up to one year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid, and you remain eligible for the coverage under the policy.

**Portability** Upon becoming no longer eligible for coverage, you will have 30 days to request continuation of coverage. Providing you pay premiums when due, you may continue your coverage provided under the policy upon leaving employment until: the date the policy is terminated or the date you fail to pay the required premium (subject to the grace period provision), whichever date is earlier. You must have been continuously covered for 12 consecutive months prior to the date your coverage under the policy ends.

**Termination of Coverage** Your coverage will end when you no longer qualify as an insured, premiums are not paid (subject to the grace period provision), you retire, you are not on active employment, or your employment terminates. Your dependent's coverage will end if your coverage ends, premiums are not paid (subject to the grace period provision), they no longer meet the definition of a dependent, or the policy is modified to exclude dependents. Your coverage can be terminated on any premium due date with 31 days' advance written notice to the policyholder. If premium rates are increased, we will provide a 60 day advance notice.

*Underwritten by American Fidelity Assurance Company. This is a brief description of the coverage. This product contains limitations and exclusions. For complete benefits and other provisions, please refer to your certificate. This coverage does NOT replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.***



American Fidelity Assurance Company  
americanfidelity.com

# Cancer Insurance

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

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

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

Cancer Semi-Monthly Premiums		
	Basic	Enhanced
Employee	\$7.90	\$15.81
Employee & Family	\$13.43	\$26.90







## 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 Premiums

	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.

# Critical Illness Insurance - New Carrier!

MetLife | [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) | 800-638-5433

## **MetLife is the new provider for Critical Illness insurance!**

### **Prepare For the Unexpected**

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

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

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances.



## Critical Illness Insurance

Benefits you can use as you see fit, such as to help cover expenses that are not covered by your medical plan.

## Bastrop Independent School District

### Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
<b>Coverage Options</b>		
<b>Employee</b>	<b>\$10,000, \$20,000, \$30,000, \$40,000 or \$50,000</b>	Coverage is guaranteed provided you are actively at work. <sup>1</sup>
<b>Spouse/Domestic Partner<sup>2</sup></b>	<b>50% of the Employee's Initial Benefit</b>	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>
<b>Dependent Child(ren)<sup>3</sup></b>	<b>50% of the Employee's Initial Benefit</b>	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>

### Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum Recurrence Benefit<sup>4</sup> for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions.

Please refer to the table below for the percentage benefit payable for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
<b>Autism Spectrum Disorder Category</b>		
Autism Spectrum Disorder payable for a covered person (adult or child) for a diagnosis of any severity	\$3,000	NONE
<b>Benign Tumor Category</b>		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
<b>Cancer Category</b>		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	100% of Initial Benefit, but not less than \$250
<b>Coronary Artery Disease Category</b>		
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	25% of Benefit Amount	100% of Initial Benefit
<b>Childhood Disease Category</b>		
Cerebral Palsy	50% of Benefit Amount	NONE



## Critical Illness Insurance

Cleft Lip or Cleft Palate	50% of Benefit Amount	NONE
Cystic Fibrosis	50% of Benefit Amount	NONE
Diabetes (Type 1)	50% of Benefit Amount	NONE
Down Syndrome	50% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	50% of Benefit Amount	NONE
<b>Functional Loss Category</b>		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit
<b>Heart Attack Category</b>		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	100% of Benefit Amount	NONE
<b>Infectious Disease Category</b>		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days.</i>		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
Diphtheria	25% of Benefit Amount	100% of Initial Benefit
Encephalitis	25% of Benefit Amount	100% of Initial Benefit
Legionnaire's Disease	25% of Benefit Amount	100% of Initial Benefit
Malaria	25% of Benefit Amount	100% of Initial Benefit
Necrotizing Fasciitis	25% of Benefit Amount	100% of Initial Benefit
Osteomyelitis	25% of Benefit Amount	100% of Initial Benefit
Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	100% of Initial Benefit
Tuberculosis	25% of Benefit Amount	100% of Initial Benefit
<b>Kidney Failure Category</b>		
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit
<b>Major Organ Transplant Category</b>		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	100% of Initial Benefit
<b>Progressive Disease Category</b>		
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	25% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	25% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE
<b>Severe Burn Category</b>		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
<b>Stroke Category</b>		
Stroke	100% of Benefit Amount	100% of Initial Benefit
Transient Ischemic Attack	10% of Benefit Amount	100% of Initial Benefit



## Critical Illness Insurance

### \* Notes Regarding Covered Conditions

MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Infectious Disease Covered Condition Category – For an Infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for a consecutive number of days as specified in the certificate.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
  - Coma
  - Loss of: Ability to Speak; Hearing; or Sight
  - Paralysis
  - Severe Burn

### Health Screening Benefit

MetLife will provide an annual benefit of \$200 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in all states.

### Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$50,000.

Illness – Covered Condition	Payment
Heart Attack — first verified diagnosis	Initial Benefit payment of \$50,000 or 100%
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of \$50,000 or 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of \$50,000 or 100%

**This example is for illustrative purposes only. The MetLife Critical Illness Insurance Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.**

## Critical Illness Semi-Monthly Rates

Employee – Non-Tobacco					
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Under 30	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00
30 - 39	\$3.05	\$6.10	\$9.15	\$12.20	\$15.25
40 - 49	\$4.80	\$9.60	\$14.40	\$19.20	\$24.00
50 - 59	\$7.50	\$15.00	\$22.50	\$30.00	\$37.50
60+	\$11.25	\$22.50	\$33.75	\$45.00	\$56.25

Spouse – Non-Tobacco					
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
Under 30	\$1.78	\$3.55	\$5.33	\$7.10	\$8.88
30 - 39	\$2.08	\$4.15	\$6.23	\$8.30	\$10.38
40 - 49	\$2.88	\$5.75	\$8.63	\$11.50	\$14.38
50 - 59	\$4.70	\$9.40	\$14.10	\$18.80	\$23.50
60+	\$7.33	\$14.65	\$21.98	\$29.30	\$36.63

Employee – Tobacco					
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Under 30	\$2.80	\$5.60	\$8.40	\$11.20	\$14.00
30 - 39	\$4.05	\$8.10	\$12.15	\$16.20	\$20.25
40 - 49	\$7.40	\$14.80	\$22.20	\$29.60	\$37.00
50 - 59	\$12.35	\$24.70	\$37.05	\$49.40	\$61.75
60+	\$19.15	\$38.30	\$57.45	\$76.60	\$95.75

Spouse – Tobacco					
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
Under 30	\$1.98	\$3.95	\$5.93	\$7.90	\$9.88
30 - 39	\$2.48	\$4.95	\$7.43	\$9.90	\$12.38
40 - 49	\$3.98	\$7.95	\$11.93	\$15.90	\$19.88
50 - 59	\$7.28	\$14.55	\$21.83	\$29.10	\$36.38
60+	\$12.03	\$24.05	\$36.08	\$48.10	\$60.13

# Hospital Indemnity Insurance - New Carrier!

MetLife | [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) | 800-638-5433

**MetLife is the new provider for the Hospital Indemnity insurance!**

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, mental disorder, substance abuse, or rehabilitation, 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		
	High Plan	Highest Plan
Employee	\$8.16	\$12.98
Employee & Spouse	\$14.77	\$23.18
Employee & Child(ren)	\$13.68	\$21.09
Employee & Family	\$20.29	\$31.28



## Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

## Bastrop Independent School District

### Hospital Indemnity Insurance Benefits

With MetLife's Hospital Indemnity Insurance, you'll have a choice of two plans (called the "High Plan" and the "Highest Plan") which provide benefit payments for covered events regardless of any other insurance payments you may receive. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.<sup>A</sup>

### Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	High Plan	Highest Plan
<b>Hospital Benefits</b>				
Admission Benefit	4 time(s) per calendar year <sup>1</sup>	Admission	\$1,000	\$2,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$1,000	\$2,000
Confinement Benefit	31 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 31 of those days	Confinement <sup>4</sup>	\$150	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$150	\$200
Confinement Benefit for Newborn Nursery Care	3 day(s) per confinement	Confinement Benefit for Newborn Nursery Care <sup>5</sup>	\$200	\$200
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	\$200	\$300
<b>Other Benefits</b>				
Health Screening Benefit <sup>7</sup>	1 time(s) per calendar year per covered person	Health Screening	\$100	\$100

\*Any benefit(s) marked with an asterisk requires a prior Hospital Admission or Confinement.

<sup>1</sup> If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.

<sup>4</sup> If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

<sup>5</sup> Payable for the period of newborn confinement for a newborn child who is not sick or injured.

<sup>7</sup> In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid doppler, complete blood count (CBC), chest x-rays, clinical testicular exam, colonoscopy, coronavirus testing, dental exam, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), electroencephalogram (EEG), endoscopy, eye exam, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hearing test, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, immunization, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill, successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms and virtual colonoscopy.



# Medical Transport Insurance

MASA | [www.masamts.com](http://www.masamts.com) | 800-643-9023

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





## EMERGENCY TRANSPORTATION COSTS

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

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DONOT!

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



## HOW MASA IS DIFFERENT

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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



**Any Ground. Any Air.  
Anywhere.™**

## OUR BENEFITS

Benefit *	Platinum	Emergent Plus	
Emergent Ground Transportation	U.S./Canada	U.S./Canada	
Emergent Air Transportation	U.S./Canada	U.S./Canada	
Non-Emergent Air Transportation	Worldwide	U.S./Canada	
Repatriation	Worldwide	U.S./Canada	
Escort Transportation	Worldwide		
Mortal Remains Transportation	Worldwide		
Visitor Transportation	BCA*		
Minor Children/Grandchildren Return	BCA*		
Vehicle Return	BCA*		
Pet Return	BCA*		
Organ Retrieval	U.S./Canada		
Organ Recipient Transportation	U.S./Canada		

\* Please refer to the MSA for a detailed explanation of benefits and eligibility.

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



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

# Identity Theft Protection

iLock360 | [www.iLock360.com](http://www.iLock360.com) | 855-287-8888

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

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

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

Identity Theft Protection Semi-Monthly Premiums		
	Plus Plan	Premium Plan
Employee	\$4.00	\$7.50
Employee & Spouse	\$7.50	\$11.00
Employee & Child(ren)	\$6.50	\$10.00
Employee & Family	\$10.00	\$13.50



## 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 defines 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)
Individual
Individual and Spouse
Individual and Children
Individual and Family

Plus	Premium
\$4.00	\$7.50
\$7.50	\$11.00
\$6.50	\$10.00
\$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			



# Legal Plan

MetLife | [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) | 833-214-4172

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

## 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.<sup>1</sup>

<b>Money Matters</b>	Debt Collection Defense Financial wellness Programs <sup>2</sup>	Identity Restoration <sup>3</sup> Identity Theft Defense Negotiations with Creditors Personal Bankruptcy	Promissory Notes Tax Audit Representation Tax Collection Defense
<b>Home &amp; Real Estate</b>	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
<b>Estate Planning</b>	Codicils Complex wills Healthcare Proxies	Living wills Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	Revocable & Irrevocable Trusts Simple wills
<b>Family &amp; Personal</b>	Adoption Affidavits Conservatorship Demand Letters Garnishment 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
<b>Civil Lawsuits</b>	Administrative Hearings Civil Litigation Defense	Disputes Over Consumer goods & Services Incompetency Defense	Pet Liabilities Small Claims Assistance
<b>Elder-care Issues</b>	Consultation & Document Review for Issues Related to Your Parents Deeds Leases	Medicaid Medicare Notes Nursing Home Agreements	Powers of Attorney Prescription Plans Wills
<b>Traffic &amp; Other</b>	Defense of Traffic Tickets <sup>4</sup> Driving Privileges Restoration	Habeas Corpus	Repossession
<b>Rate</b>	<b>\$8.63 per paycheck (semi-monthly)</b> (Covers spouse and dependents)		

<b>Additional features:</b>	<b>Telephone advice, office consultations, demand letters and document review</b> on an unlimited number of personal legal matters.
	For non-covered matters that are not otherwise excluded, employees get <b>four additional hours</b> of network attorney time and services per plan year. <sup>6</sup>
	<b>Reduced fees</b> for personal injury, probate, and estate administration matters, provided by network attorneys.
	Access to a <b>digital estate planning solution</b> for wills, living wills, power of attorney and living trusts.

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. 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.

6. 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
<b>Office Consultation</b> 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.	Fully Covered	\$70
<b>Supplemental Coverage - Four Hour Maximum</b> 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.	Fully Covered	\$100 per hour to max of \$400
<b>Telephone Advice</b> (see Office Consultation definition)	Fully Covered	\$70
Consumer Protection Matters	In-Network	Out-of-Network
<b>Consumer Protection Matters</b> 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.		
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
<b>Personal Property Protection</b> 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.	Fully Covered	\$125
<b>Small Claims Assistance</b> 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.	Fully Covered	\$200
Defense of Civil Lawsuits	In-Network	Out-of-Network
<b>Administrative Hearing Representation</b> 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.		
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
<b>Civil Litigation Defense</b> 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.		
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
<b>Incompetency Defense</b> 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.		
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
<b>Affidavits</b> This service covers preparation of any affidavit in which the participant is the person making the statement.	Fully Covered	\$75
<b>Deeds</b> This service covers the preparation of any deed for which the participant is either the grantor or grantee.	Fully Covered	\$100
<b>Demand Letters</b> 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
<b>Document Review</b> This service covers the review of any personal legal document of the participant, such as letters, leases or purchase agreements.	Fully Covered	\$100
<b>Elder Law Matters</b> 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
<b>Mortgages</b> This service covers the preparation of any mortgage or deed of trust for which the participant is the mortgagor.	Fully Covered	\$70
<b>Promissory Notes</b> 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
<b>Living Wills</b> This service covers the preparation of a living will for the participant.		
Individual	Fully Covered	\$75
Member and Spouse	Fully Covered	\$80
<b>Powers of Attorney</b> 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
<b>Trusts</b> 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
<b>Wills and Codicils (Including Simple Support Trust for Minor Children)</b> 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
<b>Adoption and Legitimization</b> This service covers all legal services and court work in a state or federal court for an adoption for the plan member and spouse. Legitimization 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
<b>Guardianship or Conservatorship</b> 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
<b>Name Change</b> This service covers the participant for all necessary pleadings and court hearings for a legal name change.	Fully Covered	\$400

<b>Prenuptial Agreement</b> 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 fiancé/ 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 fiancé/partner must either have separate counsel or waive his/her right to representation.	Fully Covered	\$750
<b>Protection from Domestic Violence</b> 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
<b>Financial Matters</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Debt Collection Defense</b> 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.		
<b>Debt Collection Defense (Consumer Debts)</b>		
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
<b>Debt Collection Defense (Foreclosures)</b>		
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
<b>Identity Restoration</b> 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 White Glove 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	
<b>Identity Theft Defense</b> 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
<b>Personal Bankruptcy or Wage Earner Plan</b> This service covers the participant and spouse in pre- bankruptcy planning, the preparation and filing of a personal bankruptcy or Wage 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
<b>Tax Audit Representation</b> 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
<b>Immigration</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Immigration Assistance</b> 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
<b>Juvenile Matters</b>	<b>In-Network</b>	<b>Out-of-Network</b>



<b>Juvenile Court Defense</b> 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
<b>Personal Injury</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Personal Injury (25% Network Maximum)</b> 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.		
<b>Probate</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Probate (10% Network Reduced Fee)</b> 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.		
<b>Real Estate Matters</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Boundary or Title Disputes</b> 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
<b>Eviction and Tenant Problems</b> 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
<b>Home Equity Loan</b> This service covers the review or preparation of a home equity loan on the Participant's residence.	Fully Covered	\$350
<b>Property Tax Assessments</b> 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
<b>Refinancing of Home</b> 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
<b>Sale or Purchase of Home</b> 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
<b>Security Deposit Assistance (Primary Residence – Tenant only)</b> 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
<b>Zoning Applications</b> 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
<b>Traffic &amp; Other Matters</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Habeas Corpus</b> 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
<b>Restoration of Driving Privileges</b> This service covers the participant with representation in proceedings to restore the participant's driving license.	Fully Covered	\$385
<b>Traffic Ticket Defense (No DUI)</b> 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.

# Your Life. Your Work. Your Best.®

## Your GuidanceResources® Program

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

Life is challenging.

We can help.

Confidential 24/7 support.

**OneAmerica<sup>SM</sup>**  
Financial

**COMPSYCH®**  
GuidanceResources® Worldwide

OneAmerica Financial® is the marketing name of the companies of OneAmerica Financial. OneAmerica Financial markets ComPsych® services. ComPsych® is not an affiliate of the companies of OneAmerica Financial.

### Services:

#### Confidential Emotional Support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

#### Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

#### Legal Guidance

- Divorce, adoption and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation

#### Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

#### Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings

#### Online Will Preparation

- Quickly and easily complete a will on your computer with EstateGuidance®
- Specify guardians, trustees and property division
- Provide funeral and burial instructions



**24/7 Live Assistance:**  
Call: 855.387.9727  
TRS: Dial 711



Online: [guidanceresources.com](https://www.guidanceresources.com)  
App: GuidanceNow<sup>SM</sup>  
Web ID: ONEAMERICA3



# For Employees: What is the Employee Assistance Program?



The Employee Assistance Program is provided by ComPsych® GuidanceResources® and offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to all our employees and their household family members.

## Why provide an EAP?

Because we care about our employees and their dependents. The EAP can be used free of charge as needed when you or your dependents are facing emotional, financial, legal or other concerns.

## Are the services confidential?

Yes, the EAP is strictly confidential. No information about your participation in the program is provided to your employer.

## Why might my family or I use the services?

There are many reasons to use these services. You may wish to contact the EAP if you:

- Are feeling overwhelmed by the demands of balancing work and family
- Are experiencing stress, anxiety or depression
- Are dealing with grief and loss
- Need assistance with child or elder care concerns
- Have legal or financial questions
- Have concerns about substance abuse for yourself or a dependent

## What happens when I call?

When you call, you will speak with a GuidanceConsultant<sup>SM</sup>, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant<sup>SM</sup> will provide the name of a counselor who can assist you. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

## What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

## Can my children use the EAP?

Yes. The EAP is a confidential benefit for employees and their household family members.

**OneAmerica<sup>SM</sup>**  
Financial

**COMPSYCH<sup>®</sup>**  
GuidanceResources® Worldwide

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**24/7 Live Assistance:**  
Call: 855.387.9727  
TRS: Dial 711



Online: [guidanceresources.com](https://guidanceresources.com)  
App: GuidanceNow<sup>SM</sup>  
Web ID: ONEAMERICA3







# Empowering the shift from **safety** to **freedom**

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 your dollar could go further, 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!



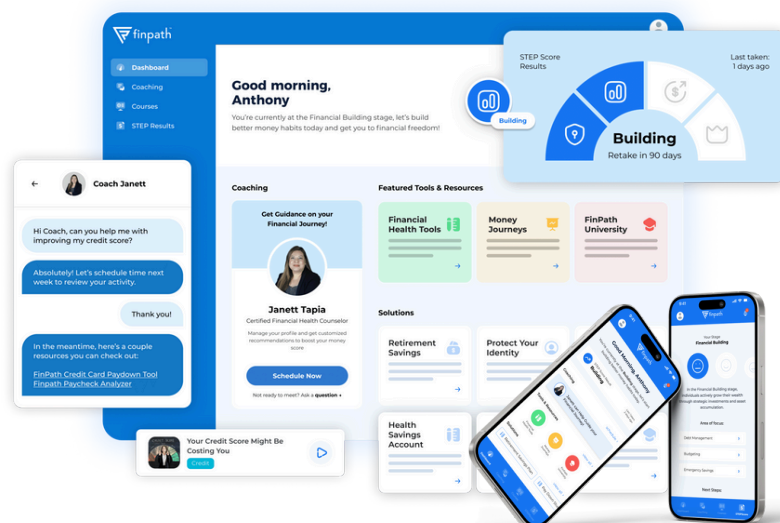
### FinPath University

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 \$1,000 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.

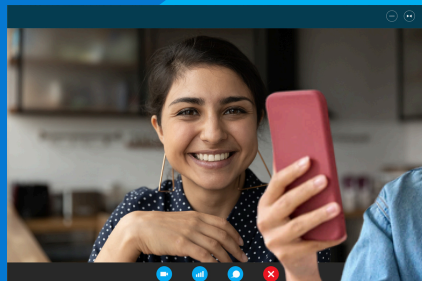


## Real coaches, real advice, real solutions.

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](https://finpathwellness.com/register)
2. Enter your work email address
3. Check inbox for your unique activation link

## Have Questions? Get Answers.

833-777-6545

[finpathwellness.com/support](https://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:

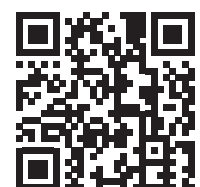
- Retirement and investment planning
- How your pension and Social Security work together
- Investment and cash flow strategies
- Consolidating old employer plans



**Schedule a TeleWealth™ Meeting with Dominick at [www.tcgservices.com/dzuconni](http://www.tcgservices.com/dzuconni)**

You may contact Dominick at [dzuconni@tcgservices.com](mailto: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.



## 2025 Contribution Limits

You can contribute 100% of your compensation up to \$23,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$31,000. You can contribute to both 403(b) and 457(b) plans simultaneously.



## Plan Highlights

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

**Get started at [www.region10rams.org/457b](http://www.region10rams.org/457b)**

Enrollment assistance is available at [www.region10rams.org/telewealth](http://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

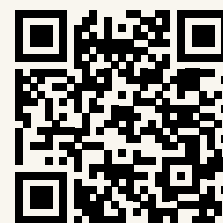
We can help you take the stress away from your tax bill. Our team can assist with **filing your W-2 tax returns at no cost to you** and or a \$250 credit towards complex preparation services.‡

## Ready to start saving?

1. Visit [www.region10rams.org/457b](http://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](http://www.region10rams.org/telewealth) or by calling 800-943-9179.



# 403(b) Retirement Savings Plan

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

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

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

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



## Why Contribute?

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

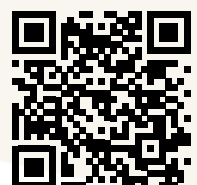
## 2025 Contribution Limits

You can contribute 100% of your compensation up to \$2,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$10,000.

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

**Get started at [www.region10rams.org/403b](http://www.region10rams.org/403b)**

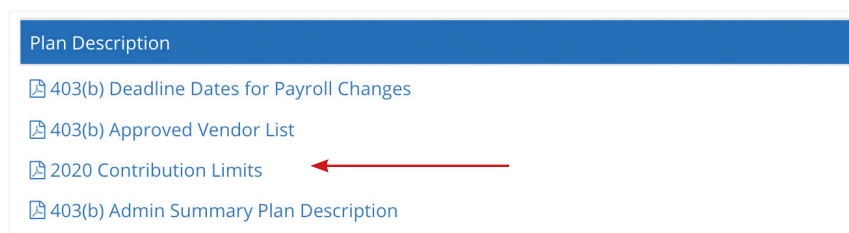
Enrollment assistance is available at [www.region10rams.org/telewealth](http://www.region10rams.org/telewealth) or by calling the Enrollment Hotline at 800-943-9179.



## How to Register

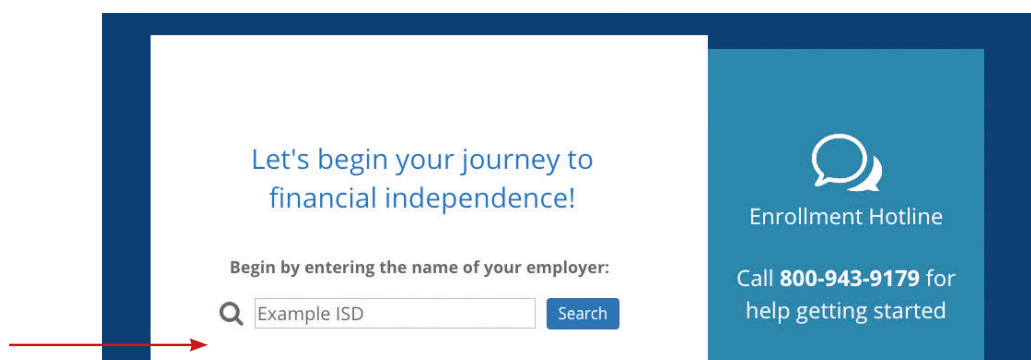
### Step One: Create an account with an approved vendor

1. Visit [www.region10rams.org/documents](http://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](http://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](http://www.region10rams.org/403b)**

Enrollment assistance is available at [www.region10rams.org/telewealth](http://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)
<b>Contribution maximum limits (can contribute to both plans)</b>	2025: \$23,500; \$31,000 age 50+	2025: \$23,500; \$31,000 age 50+
<b>Retirement Contributions Tax Credit</b>	Up to \$1,000 (\$2,000 if filing jointly)	Up to \$1,000 (\$2,000 if filing jointly)
<b>Early withdrawal penalty tax</b>	None	10%
<b>Investment options</b>	Managed allocations or self-directed mutual funds.	Fixed/Variable interest annuities or mutual funds/custodial accounts
<b>Investment committee/advisor oversight</b>	Yes, managed by TCG Advisors.	No
<b>Distribution restrictions</b>	Funds can be requested upon: <ul style="list-style-type: none"> <li>o Age 59 1/2</li> <li>o Separation from employer</li> <li>o Disability</li> <li>o Death</li> <li>o Unforeseeable emergency</li> </ul>	Funds can be requested upon: <ul style="list-style-type: none"> <li>o Age 59 1/2</li> <li>o Age 55 and/or leaving employer</li> <li>o Disability</li> <li>o Death</li> <li>o Financial hardship</li> </ul>
<b>Financial Hardship/Unforeseeable Emergency Distributions</b>	Must be an unforeseeable Emergency. Can include the following criteria is met: <ul style="list-style-type: none"> <li>o Medical expenses</li> <li>o Funeral expenses</li> <li>o Foreclosure/eviction</li> <li>o Certain hurricanes and natural disasters</li> </ul>	Qualified for the following causes: <ul style="list-style-type: none"> <li>o Medical care</li> <li>o Foreclosure/eviction</li> <li>o Tuition payment</li> <li>o Buying a home</li> <li>o Funeral costs</li> <li>o Home repair costs</li> <li>o Disaster relief</li> </ul>
<b>Loans</b>	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.
<b>Required minimum distributions</b>	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](https://www.tcgservices.com/telewealth) or by calling the Advisor Hotline at 512-600-5204.



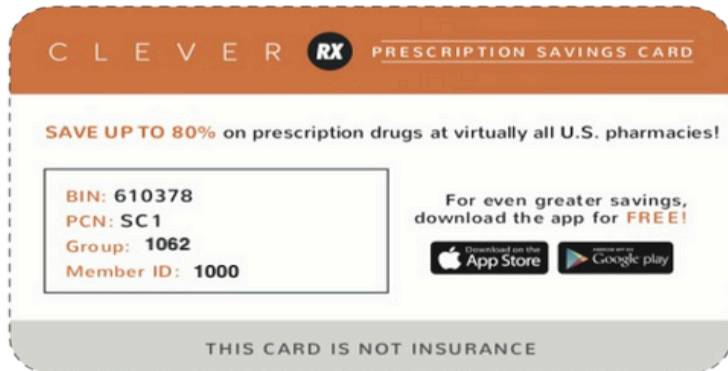


## Clever RX

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!*



## 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](http://www.petinsurance.com/bisdtx) to get a quote.



## 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.

## 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](mailto:ctorresvargas@bisdtx.org) or 512-772-7160 for paperwork, eligibility requirements or any leave related questions you may have.*

# COBRA

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

## COBRA Highlights

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

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

## Medical Insurance Cobra Administation

### 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>