

INSCRIPCIÓN ABIERTA

14 DE JULIO - 15 DE AGOSTO

BASTROP ISD 2025 -2026

GUÍA DE BENEFICIOS PARA EMPLEADOS

AÑO DEL PLAN: 1 DE SEPTIEMBRE DE 2025 - 31 DE AGOSTO DE 2026



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Bastrop ISD
Their future is our focus.

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Centro de Beneficios para Empleados

¡Una guía para sus beneficios!

Bastrop ISD y FFGA se complacen en ofrecerle un sitio web personalizado con información sobre sus beneficios. Visite el Centro de Beneficios para Empleados para ver las opciones de beneficios actuales para su empleador, así como para encontrar formularios de reclamación, números de teléfono importantes e información de inscripción.

No es necesario registrarse para acceder al sitio. Simplemente ingrese la URL que aparece a continuación en su navegador y será dirigido a su Centro de Beneficios para Empleados.



¡Escanee el código QR para obtener más información sobre los planes que están disponibles este año del plan!

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



Información de inscripción

Calendario de inscripción en persona

Date	Day	Location	Time
30 de julio*	Miércoles	Centro de servicio	8 AM - 4 PM
31 de julio*	Jueves	Centro de servicio	8 AM - 4 PM
4 de agosto*	Jueves	Centro de servicio	8 AM - 4 PM
8 de agosto*	Viernes	Centro de servicio	8 AM - 4 PM
11 de agosto	Lunes	Centro de servicio	8 AM - 4 PM
12 de agosto	Martes	Centro de servicio	8 AM - 4 PM

El centro de servicio está ubicado en 906 Farm Street, Bastrop, TX 78602

*Un representante que habla español estará disponible en esta fecha

COBERTURA DESCENDENTE

Si es elegible para recibir beneficios, pero desea RECHAZAR todas las coberturas, aún debe completar su inscripción. Debe completar el seguro de vida pagado por el distrito y actualizar/revisar sus beneficiarios.

CAMBIOS EN LOS BENEFICIOS A MITAD DE AÑO

Puede agregar o cancelar cobertura durante el año del plan si tiene un Evento de Vida Calificado (QLE). Debe notificar al departamento de beneficios dentro de los 30 días posteriores a la QLE. Si no notifica dentro de los 30 días, el cambio no se podrá realizar hasta el próximo período de inscripción abierta.

LOS EVENTOS DE VIDA QUE CALIFICAN INCLUYEN:

- Pérdida o ganancia de otra cobertura, nacimiento de un hijo, matrimonio/divorcio, muerte de un dependiente, obtención/pérdida de elegibilidad para programas gubernamentales (Medicare, Medicaid, CHIP), cumplir 26 años y perder la cobertura a través del plan de uno de los padres, y varios otros..

Información y consejos útiles

FECHA DE INICIO DEL BENEFICIO:

Sus beneficios para 2025-2026 comenzarán el 1 de septiembre de 2025. Si es un nuevo empleado, sus beneficios comenzarán el primer día del mes siguiente a su fecha de "trabajo activo". Tiene la opción de comenzar su seguro médico en su fecha de "trabajo activo", pero tenga en cuenta que deberá pagar la prima mensual completa. Todos los beneficios suplementarios comienzan el primer día del mes siguiente a la fecha de contratación..

COMIENZAN LAS DEDUCCIONES DEL PAGO:

Tenga en cuenta que las tarifas que ve en esta guía son la tarifa "por cheque de pago" y que nos pagan dos veces al mes. Se le pagará el día 15 y el penúltimo día hábil de cada mes. El calendario de pagos de BISD se puede encontrar en Recursos del personal en el sitio web de BISD. Si lo contratan en agosto, su primera deducción por sus elecciones de beneficios será su cheque de pago del 15 de septiembre, para la cobertura a partir del 1 de septiembre de 2025.

SE REQUIERE INSCRIPCIÓN/DECLINACIÓN:

Incluso si no necesitas inscribirte en ninguna de las coberturas que ofrecemos, ¡aún tienes que hacer algo! Debido a los requisitos de la Ley de Atención Médica Asequible (ACA), nosotros (BISD) debemos ofrecer seguro médico tanto a usted como a sus dependientes elegibles. Usted (nuestro empleado) debe inscribirse o rechazar el seguro médico para usted y sus dependientes elegibles.

PLAZOS DE INSCRIPCIÓN:

Para los nuevos empleados, tiene 31 días a partir de su "fecha de trabajo activo". Si no completa la inscripción en ese período de tiempo, el portal se cerrará hasta que comience la Inscripción Abierta para el Año del Plan 2026-2027. ¡Para los empleados actuales, solo pueden realizar cambios durante la inscripción abierta, del 14 de julio al 15 de agosto de 2025!

SECCIÓN 125 REGLAS DEL PLAN DE CAFETERÍA:

Un Plan de la Sección 125 reduce sus impuestos y aumenta sus ingresos para gastar al permitirle deducir el costo de los beneficios elegibles de sus ganancias antes de impuestos. Además, el plan está disponible para usted sin costo y ya es elegible. Lo único que tienes que hacer es completar tu inscripción. Los beneficios elegibles según la Sección 125 incluyen: seguro médico, dental, de la vista, de enfermedades críticas, de cáncer y de accidentes; así como cuentas FSA y HSA.

TARJETAS DE IDENTIFICACIÓN DEL PLAN DE SALUD DE BCBSTX:

TRS: las tarjetas de identificación de ActiveCare se enviarán por correo a la dirección postal del empleado. Los empleados y dependientes de un plan familiar TRS-ActiveCare Primary o TRSActiveCare Primary+ recibirán cada uno su propia tarjeta con el nombre de su PCP impreso. Los empleados con un plan TRS-ActiveCare HD o TRSActiveCare 2 recibirán 2 tarjetas. Las tarjetas solo tendrán el nombre del suscriptor principal/titular de la póliza con todos los miembros de la familia cubiertos enumerados y podrán ser utilizadas por todos los dependientes inscritos bajo la póliza. Si un participante tiene alguna pregunta al recibir sus tarjetas de identificación, comuníquese con un guía de Salud Personal al 1-866-355-5999.

EXPRESS SCRIPTS:

Express Scripts es el administrador de los beneficios de medicamentos recetados para todos los planes de salud de BCBSTX. Para obtener más información y consultar los costos de los medicamentos recetados, visite www.expressscripts.com/trsactivecare. Los participantes del plan inscritos en un plan de BCBSTX Health tendrán dos tarjetas de identificación: una de Blue Cross Blue Shield of Texas para beneficios médicos y una tarjeta separada de Express Scripts para beneficios de medicamentos recetados.

No dude en comunicarse con cualquier pregunta que pueda tener. Esta guía contiene información que puede necesitar durante el año del plan. Puede acceder a esta información en línea en Benefits.ffga.com/bastropisd.

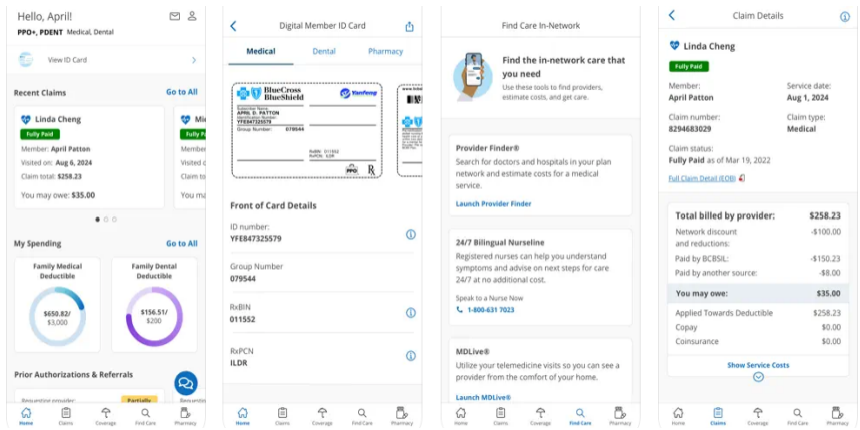
Aplicaciones que te alegrará haber instalado

BCBSTX Mobile App



- Encuentre un médico, hospital o centro de atención de urgencia
- Acceda a sus reclamaciones, cobertura e información sobre deducibles
- Posibilidad de ver y enviar por correo electrónico su identificación
- Disponible en español
- Disponible para usuarios de iPhone y Android.

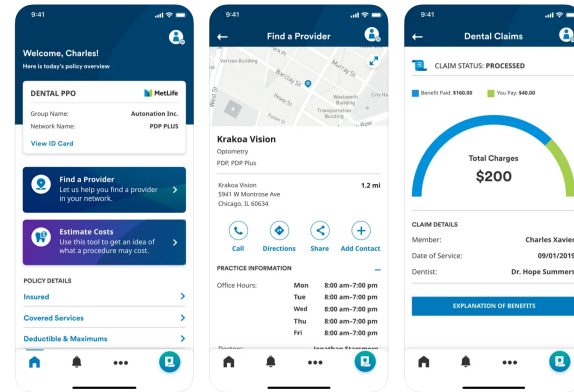
Para descargar la aplicación, envíe un mensaje de texto* BCBSTXAPP al 33633 o está disponible para dispositivos Apple® o Android™ en App StoreSM o Google Play Store™



MetLife Mobile App



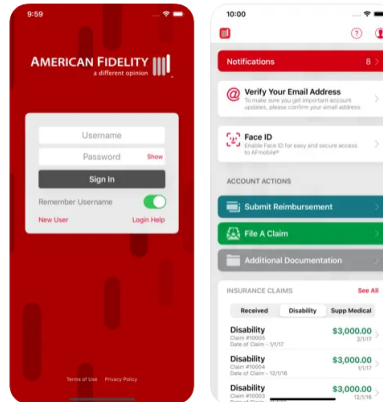
- Acceder a detalles de cobertura/reclamo
- Encuentre dentistas/proveedores de la vista dentro de la red
- Estimaciones de procedimientos personalizados
- Ver su tarjeta de identificación
- Disponible para usuarios de iPhone y Android



AFmobile App



- Presentar y realizar un seguimiento de las reclamaciones
- Ver documentos de cobertura
- Cargar documentación
- Esto puede usarse para su cobertura de Incapacidad, Cáncer o Accidente.
- Disponible en App Store y Google Play Store

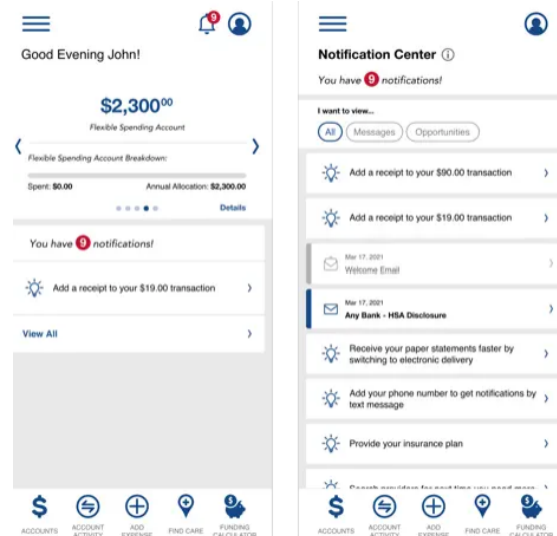


FF Mobile Account App



- Acceder a la información de la cuenta
- Ver detalles de la tarjeta e información del perfil
- Enviar reclamaciones
- Ver reclamos pendientes
- Cargar recibos y documentación
- Esto es para Cuentas de Gastos Flexibles (FSA) y Cuentas de Ahorros para la Salud (HSA).

• Disponible en App Store y Google Play Store





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

*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 15th and the last business day of the month.

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

Cobertura Médica

TRS-ActiveCare



Sus planes médicos se ofrecen a través de TRS. Desde opciones dentro y fuera de la red hasta cobertura integral de medicamentos recetados y programas especiales de salud y bienestar, TRS-Activecare ha sido diseñado para satisfacer de manera flexible las necesidades de casi medio millón de empleados de educación pública.

Blue Cross Blue Shield of Texas | <https://www.bcbstx.com/trsactivecare/> | 1.866.355.5999

TRS-ActiveCare Primary

- Copagos por visitas al médico y recetas genéricas antes de cumplir con el deducible
- Red estatal
- Los participantes deben seleccionar un proveedor de atención primaria que hará derivaciones a especialistas
- No hay cobertura fuera de la red
- El empleado recibirá dos (2) tarjetas de identificación (BCBS y Express Scripts)

TRS-ActiveCare HD

- Debe alcanzar el deducible antes de que el plan pague la atención no preventiva
- Beneficios dentro y fuera de la red – deducible/gasto máximo de bolsillo fuera de la red por separado Red nacional
- El deducible se aplica a gastos médicos y de farmacia
- Sin requisitos de PCP o derivaciones
- Compatible con la cuenta de ahorros para la salud (HSA)
- El empleado recibirá dos (2) tarjetas de identificación (BCBS y Express scripts)

TRS-ActiveCare Primary +

- Copagos por muchos servicios y medicamentos
- Red estatal
- Los participantes deben seleccionar un proveedor de atención primaria que hará derivaciones a especialistas
- Sin cobertura fuera de la red
- El empleado recibirá dos (2) tarjetas de identificación (BCBS y Express scripts)

TRS-ActiveCare 2 - Cerrado a nuevos participantes

- Copagos por muchos servicios y medicamentos
- Red nacional con cobertura fuera de la red
- El empleado recibirá dos (2) tarjetas de identificación (BCBS y Express scripts)

Beneficios de Medicamentos Recetados del Plan TRS-ActiveCare

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

Cuando se inscribe en un Plan BCBSTX, recibe automáticamente la cobertura de medicamentos recetados a través de Express Scripts, que le da acceso a una gran red nacional de farmacias minoristas.

2025-26 TRS-ActiveCare Plan Highlights

Sept. 1, 2025 – Aug. 31, 2026



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.

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

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	• Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$484	\$445	\$39	\$568	\$445	\$123
Employee and Spouse	\$1,307	\$445	\$862	\$1,477	\$445	\$1,032
Employee and Children	\$823	\$445	\$378	\$966	\$445	\$521
Employee and Family	\$1,646	\$445	\$1,201	\$1,875	\$445	\$1,430

Plan Features	In-Network Coverage Only	In-Network Coverage Only	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$6,600/\$13,200
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$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
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible

Immediate Care			
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation
TRS Virtual Health-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
• Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

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

Seguro Dental



MetLife | www.metlife.com/mybenefits | 800-942-0854

Cuidar su salud bucal no es un lujo, es una necesidad para tener una salud óptima a largo plazo. El seguro dental puede reducir en gran medida sus costos cuando se trata de procedimientos preventivos, restaurativos y de emergencia. Revise los beneficios del plan para ver qué opción es mejor para usted y las necesidades dentales de su familia. Se pueden cubrir una variedad de procedimientos, tales como:

- Exámenes completos
 - Limpiezas
 - Rayos X
- Empastes
 - Extracciones de dientes
 - Anestesia general
- Coronas
 - Endodoncias

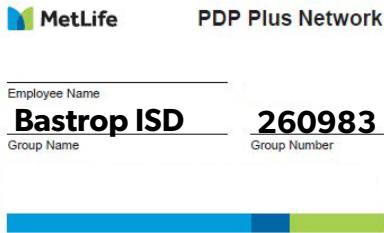
Primas semestrales dentales		
	Plan bajo	Plan Alto
Empleado Solo	\$12.17	\$18.34
Empleado + Cónyuge	\$25.44	\$48.29
Empleado + Hijos	\$31.41	\$50.46
Empleado + Familia	\$44.45	\$73.68

METLIFE DENTAL PLAN SUMMARY

Group Number: 260983

Network: PDP PLUS

ID CARD



	Plan option 1 Low Plan		Plan option 2 High Plan	
	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ 90% of Maximum Allowable Charge* % of R&C Fee	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ 90% of Maximum Allowable Charge* % of R&C Fee
Coverage Type				
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, extractions)	50%	50%	80%	80%
Type C: Major Restorative (bridges, dentures)	30%	30%	50%	50%
Type D: Orthodontia	50%	50%	50%	50%

Deductible[†]				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Annual Maximum Benefit				
Per Person	\$1500	\$1500	\$2000	\$2000
Orthodontia Lifetime Maximum				
Per Person	\$1000	\$1000	\$1000	\$1000

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

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

Dental Insurance

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

List of Primary Covered Services & Limitations*

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

Plan Type	Plan Option 1: Low Plan How Many/How Often	Plan Option 2: High Plan How Many/How Often
Type A — Preventive		
Prophylaxis (cleanings)	Two per calendar year	Two per calendar year
Oral Examinations	Two exams per calendar year	Two exams per calendar year
Topical Fluoride Applications	One fluoride treatment per calendar year for dependent children up to his/her 15 th birthday	One fluoride treatment per calendar year for dependent children up to his/her 15 th birthday
X-rays	- Full mouth X-rays; one per 60 months - Bitewings X-rays; one set per calendar year for adults; two sets per calendar year for children	- Full mouth X-rays; one per 60 months - Bitewing X-rays; one set per calendar year for adults; two sets per calendar year for children
Space Maintainers	Space maintainers for dependent children up to his/her 15 th birthday	Space maintainers for dependent children up to his/her 15 th birthday
Sealants	One application of sealant material for each non-restored, non-decayed 1 st and 2 nd molar of a dependent child up to his/her 15 th birthday, per lifetime	One application of sealant material for each non-restored, non-decayed 1 st and 2 nd molar of a dependent child up to his/her 15 th birthday, per lifetime
Type B — Basic Restorative		
Fillings	One application per tooth per 24 months	One application per tooth per 24 months
Simple Extractions		
Oral Surgery		
Crown, Denture and Bridge Repair/ Recementations		
Type C — Major Restorative		
Periodontics	- Periodontal scaling and root planning once per quadrant, every 36 months - Periodontal surgery once per quadrant, every 36 months - Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year	- Periodontal scaling and root planning once per quadrant, every 36 months - Periodontal surgery once per quadrant, every 36 months - Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year
Endodontics	Root canal treatment limited to once per tooth per lifetime	Root canal treatment limited to once per tooth per lifetime
Implants	Replacement once every 5 calendar years	Replacement once every 5 calendar years

Dental Insurance

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

Bridges and Dentures	- Initial placement to replace one or more natural teeth, which are lost while covered by the plan - Dentures and bridgework replacement; one every 5 calendar years - Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed	- Initial placement to replace one or more natural teeth, which are lost while covered by the plan - Dentures and bridgework replacement; one every 5 calendar years - Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Endodontics	Root canal treatment limited to once per tooth per lifetime	Root canal treatment limited to once per tooth per lifetime
Crowns, Inlays and Onlays		
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Type D — Orthodontia		
	- You, your spouse and your children, up to age 26 are covered while Dental insurance is in effect. - All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia - Payments are on a repetitive basis 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary - Orthodontic benefits end at cancellation of coverage	- You, your spouse and your children, up to age 26 are covered while Dental insurance is in effect. - All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia - Payments are on a repetitive basis 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary - Orthodontic benefits end at cancellation of coverage

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



PDP Plus Network

Employee Name

Bastrop ISD

Group Name

260983

Group Number

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



Seguro de Visión

MetLife | www.metlife.com/mybenefits | 800-942-0854

El cuidado adecuado de la vista es esencial para su bienestar general. Los exámenes regulares de la vista a cualquier edad ayudarán a prevenir enfermedades oculares y mantendrán su visión fuerte en los años venideros.

Su empleador le ofrece un plan de visión para atender sus necesidades y las de su familia. Debe inscribirse en el plan de visión cada año del plan y las primas generalmente se pagan mediante deducciones de nómina. Éstas son sólo algunas de las áreas en las que ahorrará dinero con su plan:

- Exámenes de la vista
- Lentes de contacto
- Corrección de la visión
- Anteojos
- Cirugías oculares

Primas semimensuales de Vision			
		Low Plan	High Plan
Empleado Solo		\$3.99	\$5.67
Empleado + Cónyuge		\$8.57	\$12.19
Empleado + Hijos		\$6.45	\$9.18
Empleado + Familia		\$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:⁵ Save an average 20-25% savings over retail on all lens enhancements not otherwise covered under the Superior Vision Insurance program.

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

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

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

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

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

In-network benefits

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

	Frequency
Eye exam	Once every 12 months
• Eye health exam, dilation, prescription, and refraction for glasses: after a \$10 copay.	
• Retinal imaging: Up to a \$39 copay on routine retinal screening when performed by a private practice.	
Frame	Once every 24 months
• Allowance: \$150 ¹	
• Additional allowance of 20% at select providers. Visit metlife.com/mybenefits to locate participating providers Look for the dollar sign icon (\$).	
Standard corrective lenses	Once every 12 months
• Single vision, lined bifocal, lined trifocal, lenticular: after a \$10 eyewear copay. ¹	
Standard lens enhancements ²	Once every 12 months
• Standard Polycarbonate (child up to age 18) ³ : Covered in full.	
• Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at metlife.com/mybenefits .	

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

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

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

Vision Identification Card	
Employee Name Bastrop ISD	Group Number 260983
This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.	
SuperiorVision By 	
metlife.com/mybenefits	
- Locate a participating eye doctor or print your ID card. - Review benefits information and past services. - Obtain claims forms and educational information.	
1-833-EYE-LIFE (1-833-393-5433) Hearing impaired AT&T relay service: Dial 711.	
- 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. - Superior Vision by MetLife, PO Box 967, Rancho Cordova, CA 95741	

Other in-network features - continued:

Hearing discounts: ⁵ A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

Contact lenses (instead of eyeglasses)⁴

Once every 12 months

Contact fitting and evaluation:

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

We're here to help

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

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

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

Out-of-network reimbursement

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

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

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

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

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

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

Superior Vision Network

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

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

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

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

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

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

In-network benefits

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

Frequency

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**¹
- Additional allowance of 20% at select providers. Visit metlife.com/mybenefits to locate participating providers Look for the dollar sign icon (\$).

Standard corrective lenses

Once every **12 months**

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

Standard lens enhancements²

Once every **12 months**

- Standard Polycarbonate (child up to age 18)³: Covered in full
- Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at metlife.com/mybenefits.

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Other in-network features - continued:

Hearing discounts: ⁵ A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

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

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

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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.

1 ⁴ Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.

2 ⁵ These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart and Sam's Club. Please check with your in-network vision provider.

Out-of-network reimbursement

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

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

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

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

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Cuentas de Gastos Flexibles

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

FSA de Atención Médica

Una Cuenta de Gastos Flexibles de Atención Médica (FSA de Atención Médica) es un programa aprobado por el IRS para ayudarle a ahorrar impuestos y reembolsarse los gastos médicos de bolsillo que no están cubiertos por su plan médico. Su empleador ha elegido la opción de transferencia de \$640 para su plan de FSA de Atención Médica. Esta opción le da la oportunidad de transferir hasta \$640 de fondos no reclamados de la FSA de Atención Médica al siguiente año del plan. Tenga en cuenta que los saldos superiores a \$640 se perderán según la regla de "úselo o piérdalo".

El monto máximo de su contribución para 2025 es de \$3,300.

Puntos Destacados de la FSA de Atención Médica

- Las contribuciones se deducen automáticamente de su cheque de pago antes de impuestos, lo que ayuda a reducir sus ingresos imposables y aumentar sus ingresos disponibles.
- Su elección completa estará disponible para usted al comienzo del año del plan.
- Sea conservador – cualquier dinero que quede en su cuenta al final del año del plan se perderá.
- Use su tarjeta de beneficios para pagar los gastos calificados por adelantado para que no tenga que gastar dinero de su bolsillo.
- Guarde todos los recibos en caso de que necesite fundamentar una reclamación a efectos fiscales.

NOTA: El IRS requiere pruebas de que todos los gastos son elegibles. Guarde todos los recibos en caso de que necesite justificar una reclamación a efectos fiscales. Su recibo debe incluir la fecha de la compra o del servicio, el monto que debía pagar después del seguro, la descripción del producto o servicio, el nombre del comerciante o proveedor y el nombre del paciente.

FSA para el Cuidado de Dependientes

Con una Cuenta de Gastos Flexibles para el Cuidado de Dependientes, usted puede apartar parte de su sueldo antes de impuestos para pagar los gastos elegibles del cuidado de dependientes, como cuidado de niños, niñeras y cuidado diurno para adultos.

Puede asignar hasta \$5,000 por año fiscal para el reembolso de los servicios de cuidado de dependientes. Si está casado y presenta una declaración de impuestos por separado, el límite es de \$2,500.

Puntos destacados de la FSA para el Cuidado de Dependientes

- Los dependientes elegibles deben ser declarados como una exención en su declaración de impuestos.
- Los dependientes elegibles deben ser hijos menores de 13 años o un adulto dependiente incapaz de cuidarse a sí mismo.
- Los fondos están disponibles a medida que se realizan contribuciones a su cuenta.
- Guarde todos los recibos en caso de que necesite fundamentar una reclamación a efectos fiscales.
- Los saldos se perderán al final del período de "runoff" o de gracia.

Recursos de la FSA

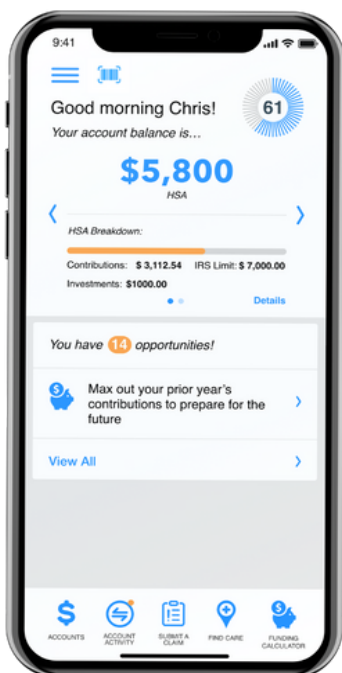
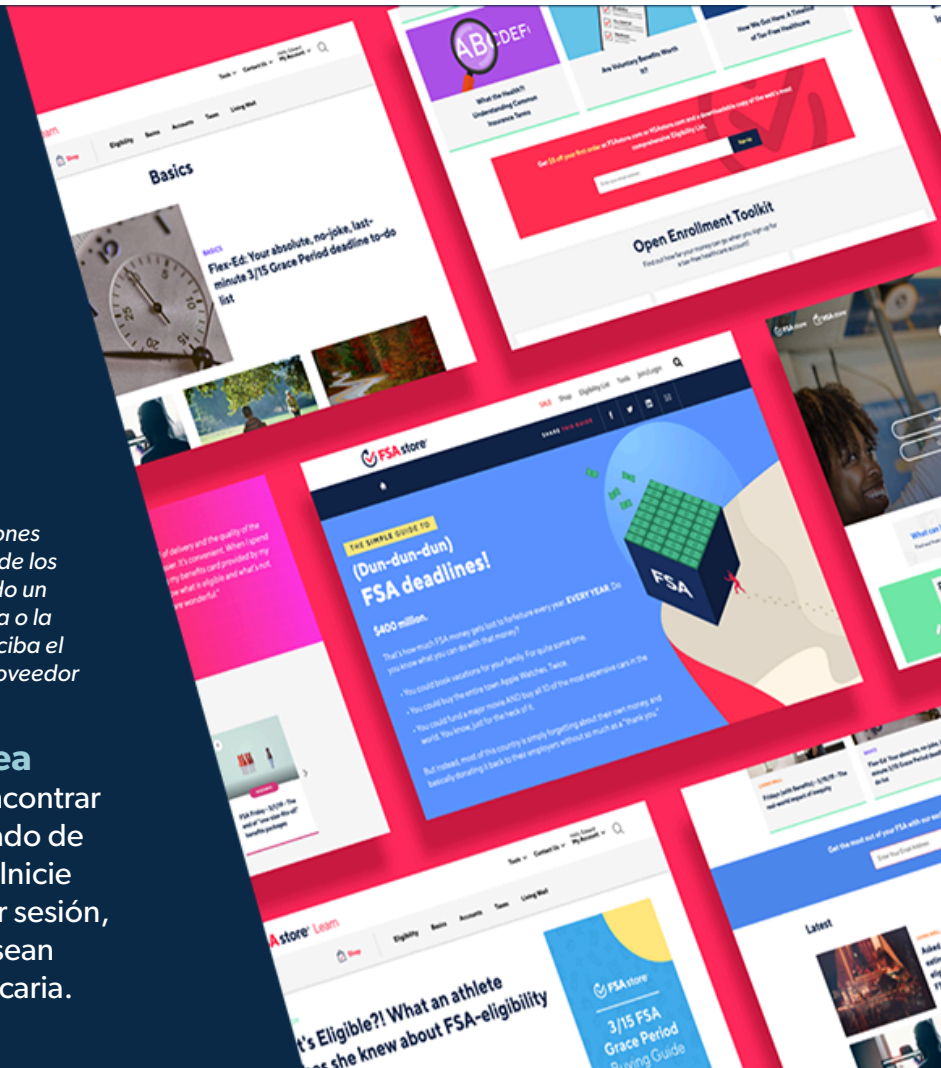
Tarjeta de Beneficios

La Tarjeta de Beneficios de FFGA está disponible para todos los empleados que participan en una FSA de Atención Médica y/o una FSA para el Cuidado de Dependientes. La Tarjeta de Beneficios le proporciona acceso inmediato a su dinero en el punto de compra. Las tarjetas están disponibles para los empleados participantes, su cónyuge y sus dependientes elegibles que tengan al menos 18 años de edad.

El IRS requiere la validación de la mayoría de las transacciones para las FSA. Deberá presentar recibos para la validación de los gastos cuando se le solicite. Si no lo justifica proporcionando un recibo a FFGA dentro de los 60 días posteriores a la compra o la fecha del servicio, su tarjeta se suspenderá hasta que se reciba el recibo necesario o la explicación de los beneficios de su proveedor de seguros.

Vea los detalles de su cuenta en línea

Regístrese para ver el saldo de su cuenta, encontrar formularios de reclamación y verificar el estado de reclamaciones en nuestro sitio web seguro. Inicie sesión en www.ffga.com. Después de iniciar sesión, puede registrarse para que los reembolsos sean depositados directamente en su cuenta bancaria.



Aplicación FF Mobile Account

Con la Aplicación FF Mobile Account, puede presentar reclamaciones, ver el saldo y el historial de la cuenta, verificar el estado de las reclamaciones, ver alertas, cargar recibos y documentación, ¡y más! La aplicación FF Mobile Account está disponible para dispositivos Apple® y Android™ en App Store o Google Play Store.

Tienda de la FSA

FFGA se ha asociado con la Tienda de la FSA para ofrecerle una tienda en línea fácil de usar para comprender y administrar mejor su cuenta. Puede comprar artículos médicos elegibles como vendajes y solución de lentes de contacto, buscar productos y servicios utilizando la Lista de Elegibilidad y visitar el Centro de Aprendizaje para encontrar respuestas a las preguntas más frecuentes. Visite la tienda en <http://www.ffga.com/individuals/#stores> para obtener más detalles y ofertas especiales.



Cuenta de Ahorros para la Salud

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

Una Cuenta de Ahorros para la Salud (HSA) es una excelente manera de ayudarle a controlar sus costos de atención médica. Funciona en conjunto con un Plan de Salud con Deducible Alto (HDHP) calificado para combinar ahorros libres de impuestos destinados a gastos médicos calificados. Una HSA le permite ahorrar dinero para pagar deducibles más altos asociados con un HDHP de prima mensual más baja. El dinero que ahorra en primas de seguro mensuales está reservado para gastos médicos elegibles en los que incurra en el futuro. Los gastos elegibles incluyen cosas como copagos y deducibles, recetas, gastos de visión, atención dental, terapia y suministros médicos.

Puntos destacados de la Cuenta de Ahorros para la Salud

- 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.

¿Quién puede participar en una HSA?

- Debe estar inscrito en un Plan de Salud con Deducible Alto (HDHP) calificado.
- No puede estar inscrito en Tricare o Medicare ni estar cubierto por el plan de atención médica tradicional (no HDHP) de su cónyuge.
- No puede participar en una Cuenta de Gastos Flexibles (FSA) de propósito general o en un Acuerdo de Reembolso de Gastos Médicos.
- Se permiten Cuentas de Gastos Flexibles de Propósito Limitado (sólo gastos dentales y de visión).
- No puede participar si su cónyuge tiene una FSA de propósito general o un HRA en su lugar de trabajo.
- No puede participar si lo reclaman como dependiente en la declaración de impuestos de otra persona.

	2025	2026
Límites de contribución a la HSA	• Sólo usted: \$4,300 • Familia: \$8,550	• Sólo usted: \$4,300 • Familia: \$8,550

Contribuciones de \$1,000 para ponerse al día (55 años o más)

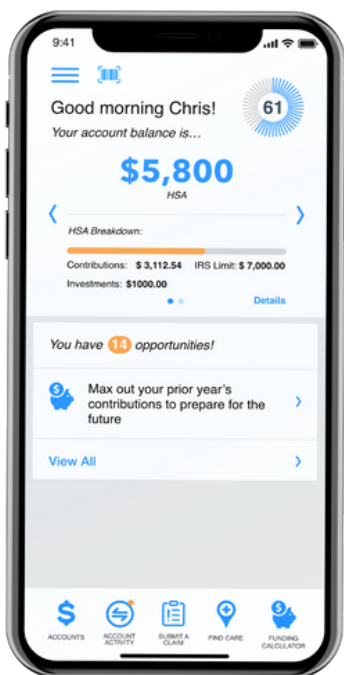
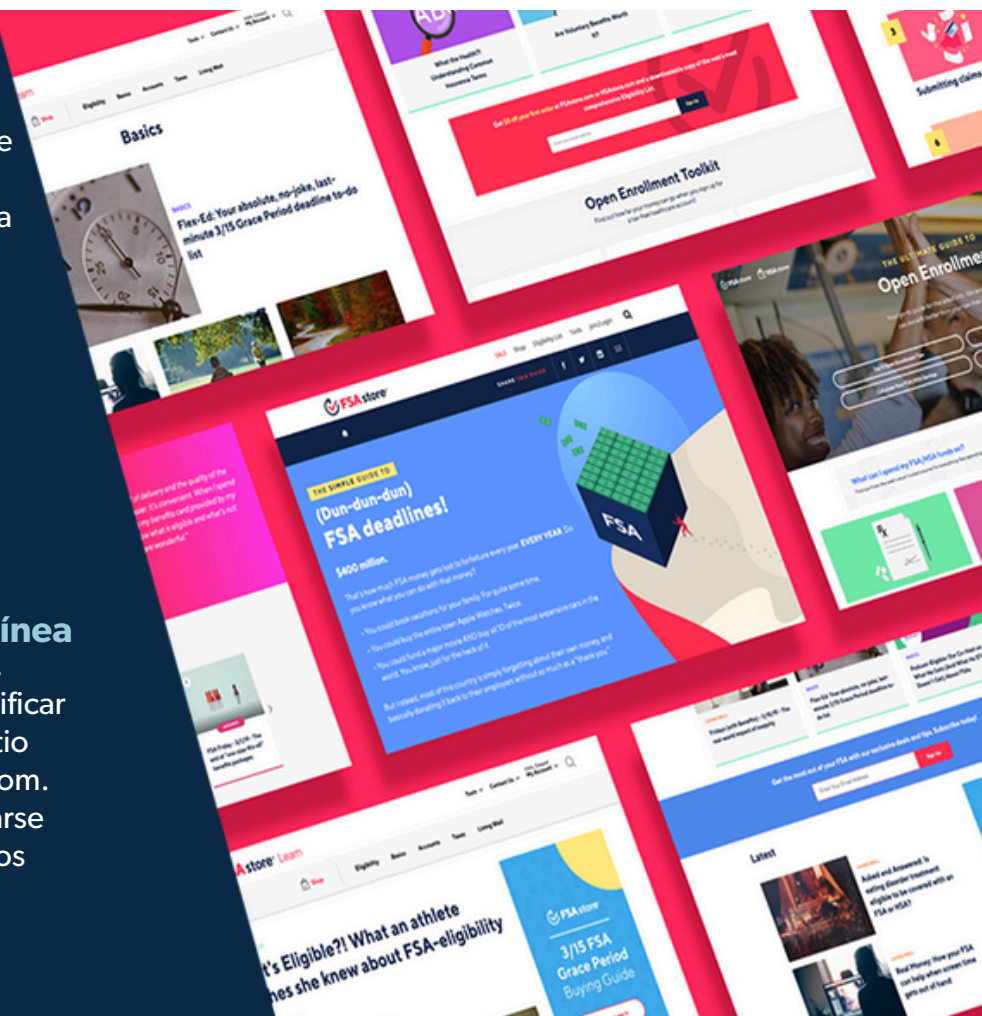
Recursos de la FSA y HSA

Tarjeta de Beneficios

La Tarjeta de Beneficios de FFGA está disponible para todos los empleados que participan en una Cuenta de Gastos Flexibles o una Cuenta de Ahorros para la Salud. La Tarjeta de Beneficios le proporciona acceso inmediato a su dinero en el punto de compra. Las tarjetas están disponibles para los empleados participantes, su cónyuge y sus dependientes elegibles que tengan al menos 18 años de edad.

Vea los detalles de su cuenta en línea

Regístrese para ver el saldo de su cuenta, encontrar formularios de impuestos y verificar el estado de reclamaciones en nuestro sitio web seguro. Inicie sesión en www.ffga.com. Después de iniciar sesión, puede registrarse para que los reembolsos sean depositados directamente en su cuenta bancaria.



Aplicación FF Mobile Account

Con la Aplicación FF Mobile Account, puede presentar reclamaciones, ver el saldo y el historial de la cuenta, verificar el estado de las reclamaciones, ver alertas, cargar recibos y documentación, ¡y más! La aplicación FF Mobile Account está disponible para dispositivos Apple® y Android™ en App Store o Google Play Store.

Tienda de la FSA/HSA

FFGA se ha asociado con la Tienda de la FSA y la Tienda de la HSA para ofrecerle tiendas en línea fáciles de usar para comprender y administrar mejor su cuenta. Puede comprar artículos médicos elegibles como vendajes y solución de lentes de contacto, buscar productos y servicios utilizando la Lista de Elegibilidad y visitar el Centro de Aprendizaje para encontrar respuestas a las preguntas más frecuentes. Visite las tiendas en <http://www.ffga.com/individuals/#stores> para obtener más detalles y ofertas especiales.



Telesalud



Recuro | www.recurohealth.com | 855-673-2876

Los estudios muestran que más del 50 por ciento de las visitas al consultorio del médico se pueden manejar por teléfono. Con el programa de Telesalud, puede obtener un diagnóstico más rápido y pasar menos tiempo en la sala de espera.

Los médicos acreditados diagnosticarán su enfermedad, recomendarán el tratamiento y recetarán medicamentos por teléfono o vídeo. Puede comunicarse con ellos desde cualquier lugar – su hogar, trabajo, escuela, incluso durante las vacaciones. Pueden tratar problemas de salud comunes como el reflujo ácido, las alergias, el asma, el resfriado y la gripe, las infecciones de los senos paranasales, las erupciones cutáneas, el dolor de garganta y más.

Es como tener un médico de guardia cada vez que necesita asesoramiento médico. ¡El acceso está a una sola llamada o un solo clic!

Primas semimensuales de telesalud

Empleado	\$5.00
Empleado + Familia	\$5.00

Atención virtual de urgencias

La solución de atención virtual de urgencias de Recuro ofrece acceso ininterrumpido a médicos colegiados, lo que permite a los pacientes y a sus familias abordar rápidamente problemas médicos comunes con una comunicación personalizada y continua para el seguimiento de la atención. Este servicio rentable y sin contratiempos garantiza que la orientación de expertos esté a solo un toque de distancia, lo que brinda una experiencia de atención médica más fluida y accesible.

Qué incluye

- Acceso 24/7
- Por teléfono, video, móvil, web, computador de escritorio
- Coordinación de la atención primaria



Escanee el código QR

Para obtener más información en la página web de nuestro producto

Ejemplo de afecciones que tratamos

- Acné / erupciones cutáneas
- Alergias
- Resfriado / gripe / tos
- Problemas gastrointestinales
- Problemas de oído
- Fiebre / dolores de cabeza
- Picaduras de insectos
- Náuseas / vómitos
- Conjuntivitis
- Problemas respiratorios
- Infecciones urinarias / vaginitis



Aspectos destacados del servicio

- **Acceso 24/7:** Los médicos de Recuro están disponibles siempre que los pacientes los necesitan, de día o de noche. Esto garantiza una atención oportuna para problemas médicos urgentes, lo que reduce la necesidad de visitas en persona o de acudir a la sala de emergencias.
- **Opciones multicanal:** Las opciones de video en directo y llamada telefónica permiten que cada paciente reciba la atención de la forma que desee. Estas opciones flexibles se adaptan a las diversas preferencias de los pacientes y hacen que el acceso a la atención sea más cómodo que nunca.
- **Certificado HITRUST:** HITRUST desempeña un papel crucial en garantizar el máximo nivel de protección de la información de los pacientes a través de un análisis en profundidad de los sistemas de infraestructura, plataforma y servicios de Recuro.
- **Transcripción de consultas:** Las consultas pueden grabarse y transcribirse, lo que permite a los pacientes un acceso continuo a su información. Esta función ayuda a los pacientes a revisar sus planes de atención y compartir detalles con familiares o cuidadores, según sea necesario.



Salud Conductual Virtual

Atención integral de salud conductual, desde terapia y asesoramiento hasta psiquiatría y gestión de la medicación. La mayoría de las visitas de salud conductual están disponibles en un plazo de 48 horas*, mucho más accesibles que la atención presencial.

*Sujeto a la disponibilidad indicada por el proveedor

Qué incluye

- Psiquiatría virtual
- Terapia y asesoramiento
- Admisión y evaluación de PHQ9
- Estratificación del riesgo
- Coordinación de la atención primaria



Escanee el código QR

Para obtener más información en la página web de nuestro producto

Ejemplo de afecciones que tratamos

- TDAH/TDA
- Control de la ira
- Ansiedad y estrés
- Trastorno bipolar
- Depresión
- Trastornos alimentarios
- Trastornos del sueño
- Adicción al tabaco
- Abuso de sustancias
- Duelo y pérdida
- TEPT
- TOC



Aspectos destacados del servicio

- **Psiquiatría:** Psicoterapia y gestión de la medicación para la salud mental, que ofrece planes de atención individualizados y personalizados para apoyar el bienestar emocional y la recuperación. Este servicio garantiza un seguimiento y ajustes continuos para ayudar a los pacientes a lograr resultados óptimos de salud mental.
- **Terapia y asesoramiento:** Servicios de terapia y asesoramiento de trabajadores sociales y psicólogos de salud mental, centrados en prácticas basadas en la evidencia para promover la resiliencia y mejorar la calidad de vida.
- **Admisión y evaluación:** Evaluación centrada en la salud conductual, incluyendo la evaluación de depresión, para facilitar la detección temprana y las intervenciones personalizadas. Estas evaluaciones son fundamentales para identificar los factores de riesgo y proporcionar apoyo oportuno para mitigar posibles crisis.
- **Estratificación del riesgo:** Se realiza un análisis para identificar a las personas con mayor riesgo de problemas de salud conductual, a fin de involucrarlas y tratarlas de manera proactiva, lo que permite una asignación eficiente de recursos y el logro del máximo impacto.



Texas Life

Seguro de Vida Permanente



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

Texas Life Insurance - Seguro de Vida Permanente Transferible

La tranquilidad que ofrece el seguro de vida permanente y voluntario es incomparable. Es un compañero sólido para su plan de seguro de vida grupal. Texas Life ofrece un seguro de vida que usted puede conservar durante toda la vida. El plan es fácil de comprar, pagar y mantener gracias a la conveniencia de la deducción de nómina. La cobertura es asequible y confiable. Además, Texas Life tiene más de un siglo de experiencia en la protección de familias y la tranquilidad que sólo puede dar un seguro de vida permanente.

Puntos destacados del Seguro de Vida Permanente de Texas Life

- Usted es dueño de la póliza, incluso si cambia de trabajo o se jubila.
- La póliza permanece en vigor hasta que usted fallezca o hasta los 121 años, siempre que pague la prima necesaria a tiempo.
- Se trata de una póliza de vida permanente y universal, lo que significa que puede estar tranquilo sabiendo que sus seres queridos estarán bien atendidos cuando usted se vaya.



LIFE INSURANCE HIGHLIGHTS

For the employee

PURELIFE-PLUS

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

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

- **High Death Benefit.** Written on a minimal cash-value Universal Life frame, PURELIFE-PLUS features one of the highest death benefits per payroll-deducted dollar offered at the worksite.¹
- **Refund of Premium.** Unique in the workplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)*
- **Accelerated Death Benefit for Chronic Illness Rider.** Included on employees and spouse contracts at an additional cost, this rider will be triggered by the loss of two out of six Activities of Daily Living² or severe cognitive impairment for a period of 90 days. It pays the insured up to 92% of the death benefit minus a small administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility. *(Conditions apply; see the following pages for additional details. Form Series CA-ULABR-CI-18)*

TEXASLIFE INSURANCE COMPANY

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

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.¹ 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.²
 - 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.³

- 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.

¹ Issuance requires responses to additional underwriting questions.

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

³ 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

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

Seguro de Vida a Término y AD&D

Pagado por el Empleador y Voluntario

One America | www.oneamerica.com | 800-553-5318

Seguro de Vida a Término y AD&D Pagado por el Empleador

El seguro de vida protege a sus seres queridos. Paga un beneficio para que puedan pagar los gastos del funeral, pagar deudas y mantener su nivel de vida actual. Es una de las mejores formas de mostrarles que usted se preocupa por ellos. Su empleador proporciona a todos los empleados elegibles una póliza de **\$10,000**. Su empleador paga el 100% del costo de esta póliza. Se trata de una póliza de vida a término que está en vigor mientras esté empleado.

Seguro de Vida a Término Voluntario

El seguro de vida voluntario es una cobertura de vida a término que usted puede comprar además del plan de seguro básico de vida proporcionado por su empleador. Lo cubrirá por un período específico mientras esté empleado. Los montos de los planes se ofrecen en niveles para que pueda elegir el monto de cobertura que mejor se adapte a usted y su familia. Como se trata de un plan grupal, las primas suelen ser más bajas, así que es más económico obtener la tranquilidad que ofrece un seguro de vida. Se aplican limitaciones. Consulte la póliza para obtener más detalles. Visite el Centro de Beneficios para Empleados para obtener más detalles.



Beneficios de seguro de vida a término voluntario

Puede seleccionar un beneficio mínimo de \$10,000 hasta un beneficio máximo de \$500,000 en incrementos de \$10,000 que no superen el 5 veces su salario base anual solamente, redondeado a los próximo más alto \$1,000.

Ilustración de la deducción de nómina: 2 veces por mes Opciones para empleados

De vida y por MAYD	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
Los montos que se muestran a continuación requieren un formulario de declaración de asegurabilidad													
\$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: Las primas para se basan en su edad a partir del 09/01 y del monto de cobertura seleccionado.

ONEAMERICA FINANCIAL® ES EL NOMBRE COMERCIAL DE LAS EMPRESAS DE ONEAMERICA FINANCIAL

Beneficios de seguro de vida a término voluntario

Puede seleccionar un beneficio mínimo de \$10,000 hasta un beneficio máximo de \$500,000 en incrementos de \$10,000 que no superen el 5 veces su salario base anual solamente, redondeado a los próximo más alto \$1,000.

Ilustración de la deducción de nómina: 2 veces por mes Opciones para empleados

De vida y por MAYD	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: Las primas para se basan en su edad a partir del 09/01 y del monto de cobertura seleccionado.

ONEAMERICA FINANCIAL[®] ES EL NOMBRE COMERCIAL DE LAS EMPRESAS DE ONEAMERICA FINANCIAL

Beneficios de seguro de vida a término voluntario

Puede seleccionar un beneficio mínimo de \$5,000 hasta un beneficio semanal máximo de \$100,000 en incrementos de \$5,000 que no supere el 100% del beneficio para empleados seleccionado. A fin de seleccionar cualquier cobertura para dependientes, debe optar por una cobertura para empleados.

Ilustración de la deducción de nómina: 2 veces por mes Opciones para cónyuges

Vida & MAYD	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
Los montos que se muestran a continuación requieren un formulario de declaración de asegurabilidad													
\$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

Opciones para hijos

Vida y MAYD	Hijos desde los 6 meses a los 26 años edad	Hijos desde su nacimiento con vida hasta los 6 meses de vida	Monto de deducción Hijos
Opción 1:	\$10,000	\$1,000	\$0.53

Note: Las primas para cónyuges se basan en su edad a partir del 09/01 y del monto de cobertura seleccionado. Las primas para hijos son para todos los hijos elegibles combinados.

ONEAMERICA FINANCIAL[®] ES EL NOMBRE COMERCIAL DE LAS EMPRESAS DE ONEAMERICA FINANCIAL

Seguro por Discapacidad

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

¿Por qué necesito un seguro por discapacidad?

¿Alguna vez se ha preguntado qué pasaría con sus ingresos si tuviera una lesión accidental, una enfermedad o un embarazo? Es por eso que necesita cobertura por discapacidad. Reemplaza una parte de los ingresos por el período de tiempo que no pueda trabajar por esos motivos. Usted puede elegir el monto del beneficio, que es el monto de sus ingresos por reemplazar, y el "período de espera" en el que comienza a recibir pagos.

¿Cómo decide si necesita un seguro por discapacidad? Considere estas preguntas cuando tome su decisión:

- ¿Cuánta tiempo de excedencia del empleador tiene?
- ¿Tiene ahorros?
- ¿De cuántos otros ingresos puede usted depender, como de orden de manutención de cónyuge o infantil?
- ¿Cuánto tiempo le queda antes de la jubilación?
- ¿Puede solicitar beneficios del Seguro Social por Discapacidad o Jubilación por Discapacidad?
- ¿Cuáles son sus otras fuentes de ingresos?





AF™ Long-Term Disability Income Insurance

Texas Schools

Marketed by:



EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights



Benefits are Payable Directly to You

You have the freedom to use the funds for your daily expenses such as: groceries, mortgage, daycare, etc.



Customized to Meet Your Individual Needs

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



Return-to-Work Benefit

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

Choose the Right Plan for You

BENEFITS BEGIN

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



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



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



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



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

Benefit Policy Schedule

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

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

Benefit Policy Schedule (continued)

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

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

Plan Benefit Highlights

Maximum Benefit Period

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

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

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

Social Security Filing Assistance

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

When Coverage Begins

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

Hospital Confinement Benefit

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

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

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

Survivor Benefit

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

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

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

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



Minimum Disability Benefit

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

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

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

Return To Work Incentives: Disabled and Working

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

- **Worksite Accommodation**

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

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

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

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

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

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

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

Daily Benefit	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.

Seguro contra Accidentes

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

Los costos asociados con una lesión pueden acumularse. Entre las visitas al hospital, los exámenes y el tratamiento, los gastos de bolsillo pueden ponerlo en una situación económica difícil. Un plan de seguro contra accidentes le paga los beneficios directamente a usted para que pueda determinar dónde gastar el dinero. Es reconfortante saber que una póliza de seguro contra accidentes puede estar disponible en todas las etapas de su atención, desde el tratamiento inicial hasta la atención de seguimiento. La cobertura de accidentes está disponible para usted a través de deducciones de la nómina y puede proporcionar un beneficio por los costos asociados con:

- Conmociones cerebrales
- Laceraciones
- Dientes rotos
- Visitas a la sala de emergencias
- Ambulancia, terrestre o aérea
- Unidad de cuidados intensivos

Primas Semestrales por Accidentes		
	Level 2	Level 3
Empleado Solo	\$5.36	\$6.82
Empleado + Cónyuge	\$10.16	\$12.96
Empleado + Hijos	\$15.52	\$19.76
Empleado + Familia	\$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
TOTAL	\$3,550	\$4,900

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		LEVEL 2	LEVEL 3
TREATMENTS			
Initial Treatment Up to four treatments per Calendar Year		\$150	\$200
Follow Up Treatment Up to four treatments per Covered Accident		\$50	\$50
MEDICAL IMAGING			
CT, CAT, MRI, PET, US, SPECT		\$150	\$200
X-Rays Up to two days		\$100	\$150
HOSPITAL			
ICU Admission		\$1,500	\$2,000
Hospital Admission		\$1,000	\$1,500
ICU Confinement Up to 30 days		\$400	\$600
Hospital Confinement Up to 365 days		\$200	\$300
Rehabilitation Up to 30 days		\$100	\$150
SURGICAL			
Internal Injuries Surgery Open abdominal/thoracic surgery		\$1,500	\$2,000
Exploratory Surgery		\$300	\$350
Tendons, Ligaments, and Rotator Cuff Surgery One tendon, ligament, or rotator cuff		\$500	\$500
Ruptured Disc or Torn Knee Cartilage Surgery More than one tendon, ligament, or rotator cuff		\$750	\$750
Miscellaneous Surgery		\$500	\$500
Outpatient Hospital or Ambulatory Surgical Center		\$200	\$200
Anesthesia		\$200	\$300
AMBULANCE			
Ground/Water		\$500	\$500
Air		\$1,500	\$1,500
TRANSPORTATION, LODGING, AND MEALS			
Transportation Up to three round trips per Covered Accident		\$300	\$300
Family Member Lodging and Meals Per day of Covered Accident, up to 30 days combined		\$200	\$200

BENEFITS		LEVEL 2	LEVEL 3
INJURY TREATMENTS			
Fractures Depending on open or closed reduction and bone involved <i>Chip fracture (25% of closed reduction amount)</i>		\$150 to \$4,000	\$187.50 to \$5,000
Dislocations Depending on open or closed reduction and joint involved <i>With local or no anesthesia (25% of closed reduction amount)</i>		\$150 to \$4,000	\$187.50 to \$5,000
Lacerations (Depending on severity and length of laceration)		\$50-\$500	\$75-\$600
Severe Burns, 2nd & 3rd Degree Skin grafts are 50% of benefit		\$100 to \$10,000	\$100 to \$10,000
ADDITIONAL BENEFITS			
Appliances Crutches, leg braces, etc.		\$150	\$200
Blood, Plasma, and Platelets		\$200	\$200
Concussion		\$300	\$350
Traumatic Brain Injury		\$1,500	\$2,000
Coma		\$10,000	\$15,000
Emergency Dental Work Broken teeth repaired with crown or extraction of a broken natural tooth		\$200	\$300
Epidural Pain Management		\$75	\$100
Eye Injury Injury with surgical repair or removal of foreign body by physician, for one or both eyes		\$250	\$300
Gunshot Wound		\$500	\$500
Paralysis Paraplegia/Uniplegia Quadriplegia		\$10,000 to \$20,000	\$10,000 to \$20,000
Physical, Occupational, or Speech Therapy Per day of treatment, up to eight days combined		\$25	\$25
Prosthesis Up to two devices		\$500	\$500
Organized Sports Benefit		Additional 25% of benefit payable	Additional 25% of benefit payable
SEMI-MONTHLY PREMIUMS		LEVEL 2	LEVEL 3
Employee		\$5.36	\$6.82
Employee & Spouse		\$10.16	\$12.96
Employee & Child(ren)		\$15.52	\$19.76
Family		\$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

Seguro contra Cáncer



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

A miles de estadounidenses se les diagnostica cáncer todos los días. Sin duda, la noticia es devastadora, tanto personal como económicamente. Es imposible anticipar un diagnóstico de cáncer, pero es posible prepararse para ello con un plan de seguro contra el cáncer.

Es probable que su cobertura médica principal no cubra todos los costos asociados con un diagnóstico de cáncer. Complementar su seguro médico principal con un seguro contra el cáncer puede ayudarle a pagar los gastos relacionados, como copagos y deducibles, especialistas, tratamiento experimental, hospitales especializados, gastos de viaje, atención domiciliaria y más.

Las primas se pagan mediante una conveniente deducción de la nómina para garantizar que su póliza permanezca en vigor si la necesita. Los beneficios se le pagan directamente a usted, por lo que puede elegir cómo gastar el dinero. Visite el Centro de Beneficios para Empleados y consulte la póliza para obtener más detalles.

Primas Semestrales de Cáncer		
	Plan Básico	Plan Mejorado
Empleado Solo	\$7.90	\$15.81
Empleado + Cónyuge	\$13.43	\$26.90
Empleado + Hijos	\$13.43	\$26.90
Empleado + Familia	\$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.

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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.

Seguro contra Enfermedades Graves

MetLife | www.metlife.com/mybenefits | 800-638-5433

Prepárese para lo inesperado

Si ha oído hablar de ataques cardíacos, accidentes cerebrovasculares, trasplantes de órganos o parálisis, entonces está familiarizado con las enfermedades graves. Es probable que usted o alguien que conozca haya experimentado uno de estos eventos que le cambiaron la vida. Muchas veces, una enfermedad grave tiene un impacto poderoso en la vida de las personas, afectando su sustento y sus finanzas.

Un plan de enfermedades graves puede ayudar con los costos de tratamiento de enfermedades cubiertas. Los beneficios se le pagan directamente a usted, a menos que se haya asignado de otra forma, lo que le da la opción de decidir cómo gastar el dinero. Además, hay planes disponibles para brindarle cobertura a usted, su cónyuge y sus hijos dependientes.

Prepárese ahora para lo inesperado con un plan de seguro contra enfermedades graves. El plan le ayuda a concentrarse en recuperarse en lugar de preocuparse por las finanzas. Visite el Centro de Beneficios para Empleados y consulte la póliza para obtener más detalles.



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
Coverage Options		
Employee	\$10,000, \$20,000, \$30,000, \$40,000 or \$50,000	Coverage is guaranteed provided you are actively at work. ¹
Spouse/Domestic Partner²	50% of the Employee's Initial Benefit	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. ¹
Dependent Child(ren)³	50% of the Employee's Initial Benefit	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. ¹

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 Benefit⁴ 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
Autism Spectrum Disorder Category		
Autism Spectrum Disorder payable for a covered person (adult or child) for a diagnosis of any severity	\$3,000	NONE
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
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
Coronary Artery Disease Category		
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
Childhood Disease Category		
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
Functional Loss Category		
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
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	100% of Benefit Amount	NONE
Infectious Disease Category		
<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
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit
Major Organ Transplant Category		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	100% of Initial Benefit
Progressive Disease Category		
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
Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
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.

Tarifas Quincenales de Enfermedades Críticas

Empleado – No Tabaco					
	\$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

Cónyuge – No Tabaco					
	\$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

Empleado – Tabaco					
	\$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

Cónyuge – Tabaco					
	\$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

Seguro de Indemnización Hospitalaria

MetLife | www.metlife.com/mybenefits | 800-638-5433

Las estadías en el hospital son costosas. Si usted o un miembro de su familia se encuentran en el hospital debido a un accidente o una enfermedad repentina, es posible que tengan dificultades económicas, incluso si tienen un buen plan médico. Con un plan de indemnización hospitalaria, puede estar seguro de que esos gastos adicionales no serán una carga financiera.

A diferencia de los planes médicos, no hay deducibles por cumplir con un plan de indemnización hospitalaria. Tan pronto como incurra en un evento calificado, puede presentar una reclamación y comenzar a recibir beneficios.

El plan paga un beneficio de suma global en una cantidad establecida previamente. El dinero se puede utilizar para gastos médicos, deducibles de seguros, comestibles, transporte, cuidado de niños – ¡usted decide!

Primas semimensuales de HIP		
	High Plan	Highest Plan
Empleado Solo	\$8.16	\$12.98
Empleado + Cónyuge	\$14.77	\$23.18
Empleado + Hijos	\$13.68	\$21.09
Empleado + Familia	\$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.^A

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
Hospital Benefits				
Admission Benefit	4 time(s) per calendar year ¹	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 ⁴	\$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 ⁵	\$200	\$200
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	\$200	\$300
Other Benefits				
Health Screening Benefit ⁷	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.

¹ 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.

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

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

⁷ 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.

Transporte Médico

MASA | www.masamts.com | 800-643-9023

Los estadounidenses de hoy sufren de una falsa sensación de seguridad de que su cobertura médica pagará todos los costos asociados con el transporte de emergencia o cuidados intensivos. La realidad es que la mayoría de los estadounidenses sólo están parcialmente cubiertos por estos altos costos.

La mayoría de los planes médicos sólo pagarán una parte de los costos, dejándolo con el resto de la factura. También existe la posibilidad de que su proveedor médico niegue su reclamación por completo, lo que significa que usted sería responsable de pagar toda la factura.

Con la protección de transporte médico, tendrá cero gastos de bolsillo para cualquier transporte médico aéreo o terrestre de emergencia desde cualquier lugar de los Estados Unidos, independientemente de quién lo transporte. Recibirá soluciones de transporte de emergencia médica para ayudarle a cubrir los costos de transporte médico de su bolsillo cuando su seguro se quede corto.

Primas Semestrales de Transporte Médico

	Emergent Plus	Platinum
Empleado Solo	\$7.00	\$19.50
Empleado + Familia	\$7.00	\$19.50



\$14/mes

Esté preparado con MASA[®] AccessSM

Cobertura y atención integral del
transporte de emergencia.

Nuestro plan de membresía Emergent Plus incluye:

Cobertura de ambulancia terrestre de emergencia¹

Sus gastos de bolsillo para su transporte terrestre de emergencia a un centro médico están cubiertos con MASA.

Cobertura de ambulancia aérea de emergencia¹

Sus gastos de bolsillo para su transporte aéreo de emergencia a un centro médico están cubiertos con MASA.

Cobertura de ambulancia de hospital a hospital¹

Cuando se necesita atención especializada pero no está disponible en el centro de emergencia inicial, sus gastos de bolsillo para el traslado en ambulancia terrestre o aérea al centro médico apropiado más cercano están cubiertos por MASA.

Cobertura de repatriación cerca de casa¹

Si necesita atención continua y su proveedor de atención ha aprobado su traslado a un hospital más cercano a su casa, MASA coordina y cubre los gastos de transporte en ambulancia al centro médico aprobado.

Territorios de cobertura

1: Solo Estados Unidos y Canadá.

Descargos de responsabilidad

Este material tiene fines informativos únicamente y no da ninguna cobertura. Los beneficios listados y sus descripciones no garantizan la cobertura y no representan los términos y condiciones completos aplicables para el uso y es posible que solo se ofrezcan en algunas membresías o pólizas. Las primas, los beneficios y la cobertura varían según el plan seleccionado. Para obtener una lista completa de beneficios, primas, términos, condiciones y restricciones, consulte el acuerdo o la política de servicios para miembros correspondiente a su estado. Para obtener información adicional y revelaciones sobre los planes MASA MTS, visite: <https://info.masamts.com/masa-mts-disclaimers>.



¿Sabía usted...?

51.3 millones

de respuestas de emergencia
ocurren cada año

MASA protege a las familias contra costos no cubiertos por transporte de emergencia y da conexiones con servicios de atención.

Fuente: NEMSIS, National EMS Data Report, 2023

Sobre MASA

MASA es cobertura y atención con la que puede contar para protegerlo de lo inesperado. Con nosotros, no hay una ambulancia “fuera de la red.” Simplemente envíenos la factura cuando llegue y trabajaremos para garantizar que los cargos estén cubiertos. Además, estaremos allí para ayudarlo más allá de su viaje inicial, con servicios de coordinación expertos de guardia para gestionar necesidades de transporte complejas durante o después de su emergencia, como trasladarlo a usted y a sus seres queridos a casa de manera segura.

Protéjase a usted, a su familia y al futuro financiero de su familia con MASA.

Protección contra el Robo de Identidad

iLock360 | www.iLock360.com | 855-287-8888

Millones de estadounidenses informan que les roban su identidad cada año. Las personas están en línea y en dispositivos móviles más que en cualquier otro momento de la historia, por lo que no sorprende que el robo de identidad esté en aumento. Y va más allá del simple robo de su número de tarjeta de crédito. Si bien el fraude con tarjetas de crédito es uno de los tipos de robo de identidad más reportados, también incluye fraude bancario, crediticio, telefónico y fiscal.

El seguro contra robo de identidad no evitará que le roben su identidad. Pero estará allí para avisarle si se detecta alguna actividad sospechosa bajo su nombre. El plan incluye monitoreo de agencias de crédito, uso del número de seguro social y protección de billetera perdida. Las cuentas se controlan a diario para que pueda estar tranquilo sabiendo que su identidad está protegida incluso mientras duerme. Cuanto antes pueda tomar medidas para cerrar sus cuentas, más rápido podrá recuperar su identidad.

Lleva años establecer una buena reputación con prestamistas y empleadores. Asegúrese de que siga siendo suya aprovechando las ventajas del seguro contra robo de identidad ofrecido a través de su empleador.

Robo de Identidad Primas Semestrales		
	Plus Plan	Premium Plan
Empleado Solo	\$4.00	\$7.50
Empleado + Cónyuge	\$7.50	\$11.00
Empleado + Hijos	\$6.50	\$10.00
Empleado + Familia	\$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			

Plan Legal



MetLife | www.metlife.com/mybenefits | 833-214-4172

¿Alguna vez ha necesitado asesoramiento legal pero no está seguro de adónde acudir? Un plan legal grupal voluntario ayuda a satisfacer esa necesidad. Le brinda acceso a abogados profesionales a una tarifa mensual baja. Por sólo unos pocos dólares al mes, puede consultar a un abogado sobre cómo preparar su testamento, revisar documentos, impugnar una multa de tránsito, demandas, divorcios y mucho más. Asesoramiento legal experto está disponible a su alcance.

Primas Semestrales Legales	
Empleado Solo	\$8.63
Empleado + Familia	\$8.63

Benefit Definitions & Reimbursements

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

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

Prenuptial Agreement This service covers representation of the participant and includes the negotiation, preparation, review and execution of a prenuptial agreement between the participant and his or her 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
Protection from Domestic Violence This service covers the participant only, not the spouse or dependents, as the victim of domestic violence. It provides the participant with representation to obtain a protective order, including all required paperwork and attendance at all court appearances. The service does not include representation in suits for damages, defense of any action or representation for the offender.	Fully Covered	\$425
Financial Matters	In-Network	Out-of-Network
Debt Collection Defense This benefit provides participants with an attorney's services for negotiation with creditors for a repayment schedule and to limit creditor harassment, and representation in defense of any action for personal debt collection, tax agency debt collection, foreclosure, repossession or garnishment, up to and including trial if necessary. It includes a motion to vacate a default judgment. It does not include counter, cross or third-party claims, bankruptcy, any action arising out of family law matters including support and post decree issues or any matter where the creditor is affiliated with the sponsor or employer.		
Debt Collection Defense (Consumer Debts)		
Negotiation and Settlement	Fully Covered	\$350
Negotiation and Settlement after Complaint and Answer Filed	Fully Covered	\$600
Trial	Fully Covered	\$1,050
Plus Trial Supplement for Out-of-Network Service*		\$100,000
Debt Collection Defense (Foreclosures)		
Negotiation	Fully Covered	\$500
Complaint and Answer Filed, Settlement Negotiations	Fully Covered	\$850
Trial	Fully Covered	\$1,500
Plus Trial Supplement for Out-of-Network Service*		\$100,000
Identity Restoration This service provides the Participant and their enrolled family members with access to full-service Identity Restoration support provided by Aura's U.S.-based 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	
Identity Theft Defense This service provides the participant with consultations with an attorney regarding potential creditor actions resulting from identity theft and attorney services as needed to contact creditors, credit bureaus and financial institutions. It also provides defense services for specific creditor actions over disputed accounts. The defense services include limiting creditor harassment and representation in defense of any action that arises out of the identity theft such as foreclosure, repossession or garnishment, up to and including trial if necessary. The service also provides the participant with online help and information about identity theft and prevention. It does not include counter, cross or third-party claims, bankruptcy, any action arising out of family law matters, including support and post-decree matters or any matter where the creditor is affiliated with the sponsor or employer.	Fully Covered	\$250
Personal Bankruptcy or Wage Earner Plan This service covers the participant and spouse in pre- bankruptcy planning, the preparation and filing of a personal bankruptcy or 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
Tax Audit Representation This service covers reviewing tax returns and answering questions the IRS or a state or local taxing authority has concerning the participant's tax return, negotiating with the agency advising the participant on necessary documentation, and attending an IRS or a state or local taxing authority audit. The service does not include prosecuting a claim for the return of overpaid taxes or the preparation of any tax returns.		
Negotiation and Settlement	Fully Covered	\$500
Audit Hearing	Fully Covered	\$1,200
Immigration	In-Network	Out-of-Network
Immigration Assistance This service covers advice and consultation, preparation of affidavits and powers of attorney, review of any immigration documents and helping the participant prepare for hearings.	Fully Covered	\$500
Juvenile Matters	In-Network	Out-of-Network

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

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

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

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

Programa de Asistencia al Empleado

La vida nos empuja en muchas direcciones diferentes. Entre los niños, las relaciones personales, las actividades extracurriculares y el tiempo en familia, parece que no tenemos suficiente tiempo en el día para encajarlo todo. Cuando se sienta estresado por la vida, llame a la línea de asistencia al empleado proporcionada por su empleador. Ofrece acceso las 24 horas del día, los 7 días de la semana a profesionales que pueden ayudarle a enfrentar con éxito los problemas emocionales.

Un programa de asistencia al empleado, o EAP por sus siglas en inglés, es un programa voluntario y gratuito que ofrece su empleador. Con una llamada telefónica, tendrá acceso a asesoramiento a corto plazo y evaluaciones confidenciales cada vez que tenga un problema personal o laboral.

Los programas de asistencia al empleado abordan una amplia gama de problemas, incluido el bienestar mental y emocional, el abuso de sustancias y el dolor. Los asesores cumplen con los más altos estándares éticos y están capacitados para mantener la confidencialidad de su situación. Trabajan con usted para determinar la mejor manera de abordar sus necesidades y orientarlo en una dirección positiva.





Comuníquese con su programa GuidanceResources® de ComPsych® en cualquier momento para obtener ayuda en forma confidencial.

Llame al: **855.387.9727**
En línea: **guidanceresources.com**

TDD: 800.697.0353
ID Web de su compañía: **ONEAMERICA3**

Los problemas personales, la planificación para sucesos vitales o simplemente la organización de su vida cotidiana pueden afectar su trabajo, su salud y su familia. Su programa GuidanceResources (Recursos de orientación) brinda apoyo, recursos e información para abordar problemas personales y laborales. El programa está patrocinado por la compañía, es confidencial y gratuito para usted y sus dependientes. Este folleto explica la forma en que GuidanceResources puede ayudarlos a usted y a su familia a afrontar los desafíos de la vida cotidiana.

Asesoramiento Confidencial

Plan de 3 sesiones

Este servicio de asesoría sin costo los ayuda a tratar el estrés y los problemas personales y de relaciones con otras personas. En este programa, trabajan los GuidanceConsultants™ (Consultores de orientación): médicos clínicos con títulos superiores de máster y doctorado que escucharán sus inquietudes y lo derivarán de inmediato a servicios de asesoría en persona (hasta 3 sesiones por problema por año) y otros recursos para:

- › Estrés, ansiedad y depresión
- › Problemas con los hijos
- › Conflictos de relaciones/matrimoniales
- › Presiones laborales
- › Abuso de sustancias
- › Duelo y pérdidas

Información Financiera y Recursos

Descubra sus mejores opciones.

Consulte por teléfono con nuestros Contadores Públicos Matriculados y Planificadores Financieros Certificados sobre una amplia gama de problemas financieros, incluyendo:

- › Cómo salir de las deudas
- › Consultas impositivas
- › Problemas con tarjetas de crédito o préstamos
- › Planificación para el retiro
- › Ahorros para la universidad
- › Planificación de bienes

Soporte Legal y Recursos

Información de expertos cuando usted la necesita.

Consulte a nuestros abogados en el teléfono. Si necesita representación, lo derivaremos a un abogado calificado en su área para una consulta de 30 minutos con un descuento del 25% en los honorarios legales habituales posteriores. Llame para consultar acerca de:

- › Divorcio y derecho de familia
- › Deuda y bancarrota
- › Problemas entre propietarios/inquilinos
- › Acciones civiles y penales
- › Contratos
- › Transacciones con bienes inmuebles

Equilibrio Trabajo y Vida

Delegue su lista de cosas por hacer.

Nuestros especialistas sobre la vida laboral realizarán la investigación por usted, ofreciendo referencias calificadas y recursos personalizados para:

- › Cuidado de niños y ancianos
- › Mudanzas y reubicaciones
- › Compras de importancia
- › Planificación para la universidad
- › Cuidado de mascotas
- › Reparaciones en el hogar

GuidanceResources® Online

El conocimiento en la punta de sus dedos.

GuidanceResources Online es un sitio único donde podrá obtener información de expertos acerca de los problemas que más lo preocupan...las relaciones, el trabajo, la escuela, los niños, el bienestar, cuestiones legales, financieras, el tiempo libre y más.

- › Artículos oportunos, HelpSheets™, tutoriales, videos en directo y auto evaluaciones
- › Respuestas personales a sus preguntas por medio del servicio "Pregunte a los expertos"
- › Cuidado de niños, cuidado de ancianos, búsquedas de abogados y planificadores financieros

Preparación de testamento en línea

Quédese tranquilo.

EstateGuidance® le permite rápida y fácilmente escribir un testamento en el equipo. Sólo tiene que ir a www.guidanceresources.com y haga clic en el enlace EstateGuidance. Siga las instrucciones para crear y descargar tu voluntad sin costo alguno. El soporte en línea e instrucciones para la ejecución y la presentación de su testamento están incluidos. Usted puede:

- › Nombre de un ejecutor para administrar su patrimonio
- › Elegir un tutor para sus hijos
- › Especificar sus deseos para su propiedad
- › Proporcionar instrucciones de funeral y entierro



ONEAMERICA® es el nombre comercial de las empresas de OneAmerica. OneAmerica comercializa servicios de ComPsych. ComPsych no se encuentra asociado a OneAmerica y no es una empresa de esta última.

Paz mental cuando viaje

Asistencia de viaje

Las emergencias ocurren, pero ahora la ayuda está a solo una llamada telefónica o un correo electrónico de distancia. On Call International® ofrece un conjunto de servicios para ayudarle en momentos de necesidad, desde inconvenientes pequeños como el extravío de su equipaje hasta situaciones que amenacen la vida, todos proporcionados con cuidado y un toque humano.

Encuentre comodidad sabiendo que sus seres queridos están protegidos por los beneficios de Travel Assistance cuando viaja más de 100 millas de casa por negocios o placer. Los beneficios de Travel Assistance le protegen cuando está cubierto por una póliza colectiva de seguro de vida de la compañía OneAmerica®. También amplía la cobertura a su cónyuge, pareja de hecho e hijos (menores de 21 o 25 años y que vivan en casa como estudiantes a tiempo completo), incluso cuando viajen sin usted. El beneficio de Travel Assistance no requiere de una prima adicional; no obstante, se aplican exclusiones.

Servicios de asistencia médica y transporte

Planificación antes del viaje para proporcionar información actualizada relacionada con las vacunas, los riesgos para la salud, las restricciones de viaje y las condiciones del clima.

Seguimiento médico y revisión de la documentación utilizando gestores de casos profesionales y profesionales médicos para garantizar que se recibe la atención adecuada.

Línea de ayuda de enfermería las 24 horas del día para proporcionar evaluación clínica, educación e información de salud general.

Sustitución de recetas y gafas perdidas o robadas, mediante consulta con el proveedor que las prescribe para transferir la receta o mediante concertación de una cita con un proveedor local.

Referencias médicas, de salud mental o de la conducta, dentales y de farmacia para ayudar a encontrar proveedores de atención e instalaciones médicas.

Coordinación de los beneficios mediante la solicitud de información de salud al participante e intentando coordinar los beneficios durante un caso de asistencia de viaje activo.



Asistencia de viaje las 24 horas del día



Travel Assistance está disponible a través de OneAmerica® mediante un acuerdo con On Call International®

1-866-816-2103 (EE. UU./Canadá)

1-603-328-1754 (llamada por cobrar desde otras localidades)

Correo electrónico: **mail@oncallinternational.com**

ONEAMERICA® es el nombre comercial para las compañías de OneAmerica | OneAmerica.com

Evacuación médica de emergencia para organizar y coordinar el transporte aéreo y/o terrestre y la atención médica durante el transporte al hospital más cercano donde se disponga de la atención de salud adecuada.

Repatriación médica para organizar el transporte del participante con un asistente médico calificado, si es médicamente necesario, hasta su residencia u hospital de su localidad.

Retorno de los restos mortales para organizar el transporte de los restos mortales de un participante a su domicilio en caso de que fallezca durante el viaje.

Servicios de asistencia de viaje

- Información antes del viaje
- Arreglos de viaje de emergencia 24 horas del día/7 días de la semana
- Referencia de traductor e intérprete
- Asistencia para fondos de viaje de emergencia
- Consultas y referencias legales
- Asistencia por pérdida o robo de documentos de viaje
- Mensajes de emergencia
- Asistencia por pérdida de equipaje

Nota: Los productos colectivos de vida los emiten y suscriben contra riesgos American United Life Insurance Company® (AUL), Indianapolis, IN., una compañía OneAmerica. No está disponible en todos los estados o puede variar de un estado a otro. La asistencia de viaje la proporciona On Call International®, On Call International no es una filial de AUL, y no es una compañía OneAmerica. On Call International proporciona servicios especificados para las personas cubiertas y los dependientes aprobados. Puede que los servicios no estén disponibles en países que actualmente estén bajo sanciones económicas y comerciales por parte de EE. UU. Por favor consulte su póliza para ver los límites cubiertos y los detalles de la elegibilidad. • Este es un breve resumen de la cobertura para los participantes que no están asegurados. Este no es un contrato de seguro. La cobertura se rige por una póliza de seguro emitida a OneAmerica®. La póliza está suscrita contra riesgos por International Insurance Co. de Hannover Ltd. La información completa sobre el seguro está contenida en el Certificado de seguro archivado en OneAmerica. Si hay una diferencia entre la descripción de este programa y el texto del certificado, el certificado prevalece. • **This has been translated into Spanish for informational purposes only as an accommodation or courtesy. In the event of a dispute the translated version may not be construed to modify or change any policy or contract which are only available in English. The English version of this material is considered the official version and controlling in the event of a dispute or complaint. Other materials, prospectus, or online tools may only be available in English.** • Esto ha sido traducido al español con fines informativos solamente, como como un gesto de conveniencia o cortesía. En caso de una disputa la versión traducida no puede ser interpretada para modificar o cambiar una póliza o contrato los cuales están solo disponibles en inglés. La versión en inglés de este material se considera la versión oficial y de control en caso de una disputa o queja. Otros materiales, prospectos o herramientas en línea pueden estar únicamente disponibles en inglés.



Cuando contacte a On Call International, esté listo para proporcionar:

- Nombre y apellido
- El nombre de su empleador
- Un número de teléfono donde se le pueda contactar

ONEAMERICA® es el nombre comercial para las compañías de OneAmerica | OneAmerica.com



Empoderando el cambio de la **seguridad** a la **libertad**

En los Estados Unidos, 7 de cada 10 personas reportan niveles de estrés financiero. Estamos aquí para cambiar esa realidad.

Si está viviendo de cheque en cheque o siente que el dinero no le alcanza, contamos con herramientas diseñadas para ayudarle a marcar una diferencia en su vida financiera. Y lo mejor de todo es que están disponibles sin costo alguno para usted.



Le presentamos FinPath

FinPath es un programa de educación financiera completamente cubierto por su empleador para ayudarle a tomar el control de sus finanzas y reducir el estrés financiero. Con FinPath, lograr sus objetivos financieros y obtener respuestas a sus preguntas le será más fácil.

Esto es lo que obtendrás:



Entrenamiento financiero 1:1 ilimitado

Sesiones de entrenamiento personalizadas y confidenciales adaptadas a sus necesidades financieras.



Herramientas de bienestar financiero

Más de 30 recursos diseñados para ayudarle a crear un presupuesto efectivo, reducir deudas, planificar para ahorros de emergencia y mucho más.



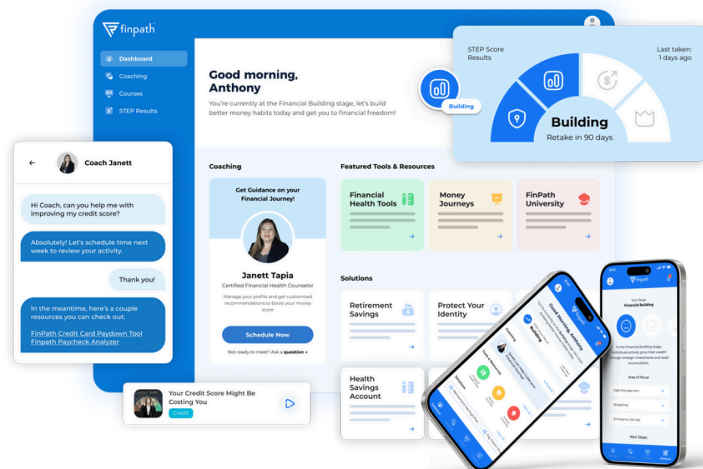
Universidad FinPath

Acceda a cursos en vivo, a su propio ritmo y disponibles a cualquier hora y conveniencia.



Beneficios de FinPath

Reciba recompensas por mejorar sus finanzas y hábitos a través de sorteos mensuales de tarjetas de regalo, incluyendo un premio de \$1,000.





Objetivos del Programa

✓ Presupuesto y Gastos

El éxito financiero no depende de cuánto gane, sino de cómo lo gestione. Le ayudamos a asignar un propósito a cada dólar, asegurando un mejor control de sus finanzas.

✓ Manejo de Deudas

La acumulación de deudas puede dificultar el logro de sus metas financieras. Estamos aquí para ayudarle a desarrollar un plan efectivo para reducir y pagar sus deudas.

✓ Ahorros de Emergencia

Prepárese para lo inesperado. Le ayudaremos a establecer una estrategia para construir un fondo de ahorros de emergencia para así poder enfrentar cualquier shock financiero.

✓ Mejora de la Puntuación de Crédito

Un buen puntaje de crédito es clave para su éxito financiero. Le daremos estrategias para mejorar su puntuación crediticia.

✓ Jubilación

¿No está seguro sobre sus planes de jubilación? Nos enfocamos en sus metas actuales para construir un futuro más seguro y estable.

✓ Alivio de la Deuda Estudiantil

Millones de estadounidenses sufren por tener una deuda de préstamos estudiantiles. Le podemos ayudar a explorar recursos.

✓ Protección de Seguridad

La seguridad siempre es lo primero. Ayudamos a identificar áreas de necesidad y alentar individuos a buscar cobertura.

✓ Préstamo Inteligente

Es probable que necesite financiamiento en algún momento. Le ayudaremos a explorar opciones inteligentes, evitando préstamos costosos o difíciles de pagar.

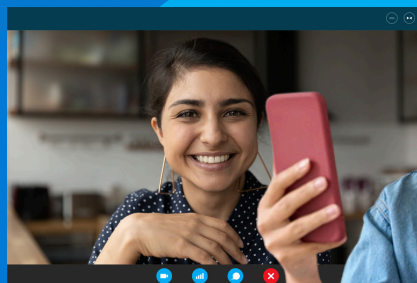


Entrenadores financieros de verdad, consejos verdaderos, soluciones reales.

FinPath no es solo un producto, es un proceso. Hablar de finanzas es una parte esencial de este proceso, pero muchas personas tienden a evitar el tema debido a la ansiedad o el miedo. Como resultado, suelen buscar asesoramiento financiero en sus seres queridos en lugar de acudir a expertos de confianza.

Nuestros entrenadores financieros entienden lo estresante que puede ser hablar de dinero. Por eso, cada conversación es 100% confidencial. Respetamos y cuidamos a cada persona que decide dar el paso de trabajar con nosotros.

Estamos aquí para usted, acompañándolo en cada paso del camino.



¡Activa tu cuenta gratuita en 3 simples pasos!

1. Visite finpathwellness.com/register
2. Ingrese el correo electrónico que le proporcionó su empleador
3. Revise el correo electrónico para acceder a su enlace de activación único

¿Tiene preguntas?
Obtenga respuestas.

833-777-6545

finpathwellness.com/support

TeleWealth™ Virtual Assistance

What are your Retirement Numbers?



What age can I retire?



How much will my pension pay me?



How much do I need to save?

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

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

Convenient meetings from virtually anywhere at no cost to you

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

We can address topics like:

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



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

You may contact Dominick at dzuconni@tcgservices.com

Scan code for quick meeting booking access





Plan de Ahorro 457(b)

El plan 457(b) es un tipo de plan de jubilación especial ofrecido por empleadores gubernamentales y otras organizaciones exentas de impuestos.

Su empleador ofrece el plan **RAMS 457(b)** como una forma de ayudarlo a construir ahorros para sus gastos después de su retiro. Contribuir regularmente a un plan 457(b) puede ayudarlo a tener el poder y la confianza para jubilarse con más en su bolsillo para cubrir vivienda, atención médica, vacaciones, facturas y otros gastos al momento de la jubilación.



Límites de Contribución en el 2025

En el 2025, puede contribuir el 100 por ciento de su compensación hasta \$23,500, lo que sea menor. Si tiene 50 años o más, puede contribuir hasta \$7,500 adicionales para un total de \$31,000. Si tiene 60-63 años o, puede contribuir hasta 11,250 adicionales para un total de \$34,750.

Usted puede contribuir simultáneamente a los planes 403(b) y 457(b).



Beneficios del plan

- Supervisión por parte de superintendentes, directores de recursos humanos, brindando tranquilidad que los intereses de empleados públicos son representados
- Tarifas bajas y transparentes
- Amplia gama de inversiones para elegir, incluyendo carteras administradas, fondos con fecha objetivo y opciones autodirigidas
- No se cobra 10% de impuesto/multa por distribución anticipada
- No se cobran cargos de rescate ni tarifas ocultas
- No se cobran comisiones de productos
- Control total sobre el inicio/pausa de las contribuciones
- Acceso a educación financiera a través de FinPath
- Wellness, que incluye asesoramiento financiero, herramientas de salud financiera y oportunidades mensuales para ganar premios**
- Acceso a preparación de impuestos W-2 sin costo y creación gratuita de un testamento personal†

Empiece en www.ramsretirement.com/457b

Asistencia está disponible en www.ramsretirement.com/espanol llamando al 800-943-9179.



Beneficios exclusivos de RAMS 457(b)

Como beneficio de tener sus dólares de jubilación administrados por el programa RAMS, automáticamente es elegible para recursos financieros exclusivos para usted y su familia. Esta es solo otra forma en que ahorrar para la jubilación puede beneficiarlo ahora y a largo plazo.



FinPath - Educación Financiera

FinPath* es un programa de bienestar financiero diseñado para ayudarle a desarrollar mejores hábitos financieros y ayudar a que su dinero rinda más.

El programa incluye:

- o Sesiones ilimitadas de entrenamiento financiero
- o Herramientas de salud financiera para ayudarle a presupuestar, reducir deudas, planificar para emergencias, y más
- o Talleres y cursos de educación financiera de la Universidad FinPath
- o Oportunidades de ganar premios, incluyendo un sorteo de \$1,000 cada mes



Planificación patrimonial

Dedicar un poco de tiempo a crear un plan de patrimonio sólido puede ayudarle a prepararse para lo esperado e inesperado.

Canjee un testamento de cortesía† (valorado en \$259) para ayudarle a proteger su legado y a sus seres queridos.



Preparación de impuestos

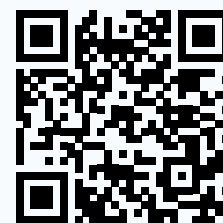
Podemos ayudarle a eliminar el estrés de su factura de impuestos. Nuestro equipo puede ayudarle a presentar sus declaraciones de impuestos W-2 sin costo o un crédito de \$250 para servicios de preparación complejos.‡

¿Listo para empezar a ahorrar?

1. Visite www.ramsretirement.com/457b y haga clic en **Enroll Now**.
2. Ingrese el nombre de su empleador y seleccione la opción **457(b) Savings Plan**.
3. Siga los pasos en pantalla para seleccionar su aporte de sueldo y seleccione su inversión. ¡No olvide designar un beneficiario!

*Nota: Si no está seguro de qué opción de inversión seleccionar, programe una reunión virtual de TeleWealth**.*

4. Continúe hasta que reciba un aviso de confirmación, ¡Y listo!



Escanee el código QR para comenzar la inscripción



Necesita ayuda?

Asistencia está disponible en www.ramsretirement.com/espanol o llamando al 800-943-9179.

Region 10 RAMS | 900 S. Capital of Texas Hwy, Suite 350, Austin, TX 78746 | Servicio al Cliente: 800.943.9179 | www.ramsretirement.com

Servicios de asesoría de inversiones ofrecidos a través de HUB Investment Partners LLC, un asesor de inversiones registrado en la SEC. Servicios de seguros ofrecidos a través de HUB International. Los servicios de encargado de registros y administrador externo se ofrecen a través de TCG Administrators, una empresa internacional de HUB. FinPath se ofrece a través de RPW Solutions. *Es necesario registrarse para utilizar FinPath. †Los servicios se pueden ofrecer a través de proveedores externos. **Reuniones virtuales de TeleWealth proporcionadas por TCG Advisors, una empresa de HUB International. ‡Los servicios de impuestos y patrimonio se pueden proporcionar a través de proveedores externos.



Plan de Ahorro 403(b)

Un plan 403(b) es un tipo de plan de jubilación especial para organizaciones educación pública, religiosas y otras organizaciones exentas de impuestos.

Ahorrar con un plan 403(b) le brinda la posibilidad de diferir una parte de su cheque de pago e invertir fondos en una cartera de su elección. Al participar, puede aprovechar los ahorros fiscales, reducir la brecha de ingresos de jubilación y acercarse un paso más a la independencia financiera.

Para establecer una cuenta 403(b), primero debe seleccionar un proveedor de inversiones de una lista de proveedores aprobados y luego elegir contribuciones.

Tenga en cuenta que los retiros anticipados de una cuenta 403(b) están sujetos a una multa por retiro anticipado del 10 %, a menos que ocurra un evento que califique.



¿Por qué contribuir?

- Evite una brecha en sus ingresos después de su retiro
- Aproveche beneficios fiscales
- Mejore su bienestar financiero
- Las deducciones automáticas de nómina eliminan el estrés de la planificación
- Disminuya su dependencia de los planes de pensión financiados por el gobierno

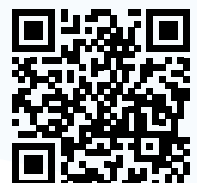
Límites de Contribución en el 2025

En 2025, puede contribuir el 100 por ciento de su compensación hasta \$23,500, lo que sea menor. Si tiene 50 años o más, puede contribuir hasta \$7,500 adicionales para un total de \$31,000. Si tiene 60-63 años, puede contribuir hasta \$11,250 adicionales para un total de \$34,750.

Puede contribuir simultáneamente a los planes 403(b) y 457(b).

Empiece en www.ramsretirement.com/403b

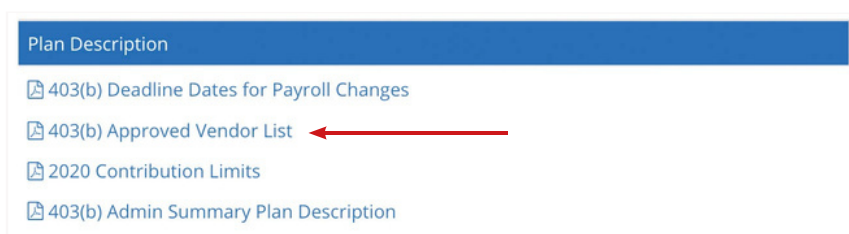
Asistencia está disponible en www.ramsretirement.com/espanol o llamando al 800-943-9179.



Instrucciones

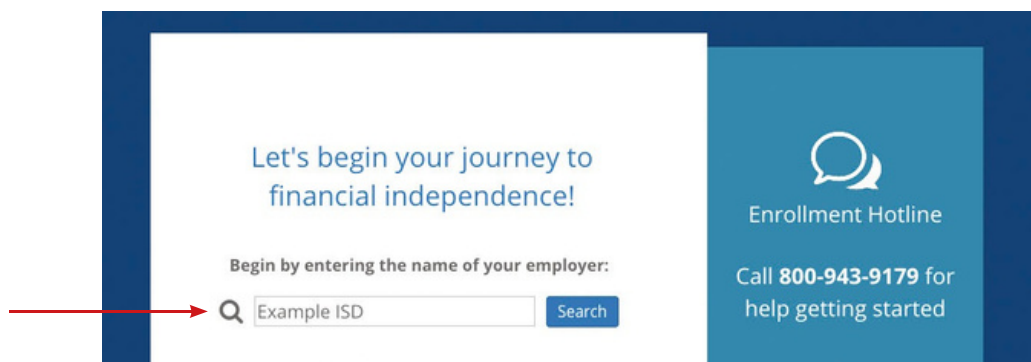
Paso uno: establezca una cuenta con un proveedor aprobado

1. Visite www.ramsretirement.com/documents.
2. Busque el nombre de su empleador y seleccione la lista de proveedores 403(b) aprobados.
3. Investigue y comuníquese directamente con un proveedor de la lista para establecer su cuenta de inversiones.



Paso dos: establezca una cuenta de administración

1. Visite www.ramsretirement.com/403b y seleccione Enroll Now.
2. Ingrese el nombre de su empleador y seleccione el plan 403(b).
3. Siga cada paso hasta que reciba un aviso de finalización.
4. ¡Listo! Inicie sesión en su cuenta cada vez que desee realizar ajustes de contribución.



Empiece en www.ramsretirement.com/403b

Asistencia está disponible en www.ramsretirement.com/espanol o llamando al 800-943-9179.



403(b) vs 457(b) Plan Comparison

Feature	457(b)	403(b)
Contribution maximum limits (can contribute to both plans)	2025: \$23,500; \$31,000 age 50+	2025: \$23,500; \$31,000 age 50+
Retirement Contributions Tax Credit	Up to \$1,000 (\$2,000 if filing jointly)	Up to \$1,000 (\$2,000 if filing jointly)
Early withdrawal penalty tax	None	10%
Investment options	Managed allocations or self-directed mutual funds.	Fixed/Variable interest annuities or mutual funds/custodial accounts
Investment committee/advisor oversight	Yes, managed by TCG Advisors.	No
Distribution restrictions	Funds can be requested upon: - o Age 59 1/2 - o Separation from employer - o Disability - o Death - o Unforeseeable emergency	Funds can be requested upon: - o Age 59 1/2 - o Age 55 and/or leaving employer - o Disability - o Death - o Financial hardship
Financial Hardship/Unforeseeable Emergency Distributions	Must be an unforeseeable Emergency. Can include the following criteria is met: - o Medical expenses - o Funeral expenses - o Foreclosure/eviction - o Certain hurricanes and natural disasters	Qualified for the following causes: - o Medical care - o Foreclosure/eviction - o Tuition payment - o Buying a home - o Funeral costs - o Home repair costs - o Disaster relief
Loans	Permitted; loans from all qualified plans limited to the lesser of 50,000 or 50% of vested account balance.	Permitted; loans from all qualified plans limited to the lesser of \$50,000 or 50% of vested account balance.
Required minimum distributions	RMD rules apply at age 72 or later, severance from service, or after death.	RMD rules apply at age 72 or later, severance from service, or after death

Have questions? We're here to help.

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



COBRA

La vida está llena de eventos inesperados que pueden afectar su cobertura de seguro médico. Según la Ley Ómnibus de Conciliación Presupuestaria Consolidada, más conocida como COBRA, usted tiene derecho a continuar con su cobertura de salud grupal, como el seguro médico, dental, de visión y las cuentas de gastos flexibles por un tiempo limitado.

Puntos destacados de COBRA

- Continuación temporal de la cobertura que generalmente dura 18 meses debido a la terminación del empleo o la reducción de horas de trabajo, divorcio, muerte o un hijo que ya no califica como dependiente. Ciertos eventos calificados, o un segundo evento calificado durante el período inicial de cobertura, pueden permitir que un beneficiario reciba un máximo de 36 meses de cobertura.
- Usted o un miembro de su familia son responsables de notificar a su empleador sobre un divorcio, separación legal o pérdida de la condición de dependiente de un hijo dentro de los 60 días posteriores al evento. En caso de despido, fallecimiento o reducción de horas, su empleador será responsable de informarle al proveedor que usted tiene derecho a continuar con la cobertura bajo COBRA.
- Los beneficios seguirán siendo idénticos a los que tenía mientras estaba empleado. Sin embargo, usted será responsable de pagar la prima completa, más los cargos aplicables.

First Financial Administrators, Inc. ofrece servicios de administración de COBRA para los siguientes planes: dental, visión, and FSA

Administración de Seguros Médicos COBRA

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)

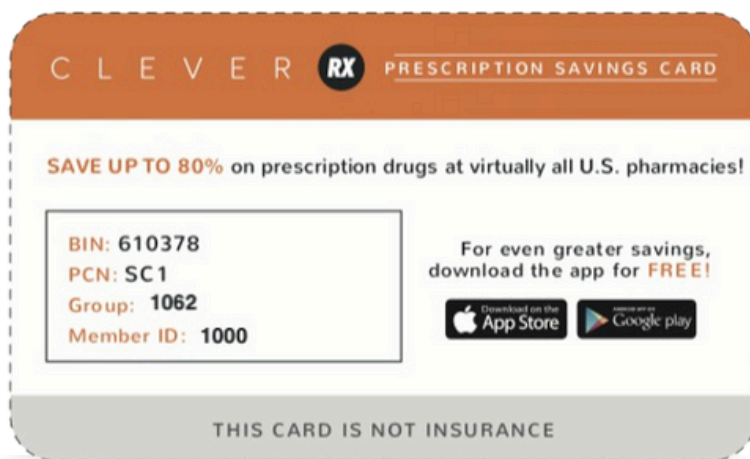
<https://trsactivecare.bswift.com/TrsMain/Home.aspx>

Clever RX

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

Clever RX le ayuda a ahorrar dinero mediante el uso de una tarjeta de ahorro para medicamentos recetados. Se asocian con la comunidad de atención médica para brindarles a los participantes herramientas de última generación para ahorrar dinero. Le ayuda a ahorrar hasta un 80% en medicamentos recetados y, a menudo, supera el copago promedio. Además, es completamente gratis. ¡Gracias a Clever RX, nunca más pagará de más por sus recetas!

¡Use Clever RX cada vez que pague un medicamento para ahorrar al instante!



Descargue la aplicación o visite el sitio para cotizar un medicamento:

<https://partner.cleverrx.com/ffga>

Puntos destacados de Clever RX

- 100% GRATIS de usar.
- Obtenga descuentos en miles de medicamentos.
- Ahorre hasta un 80% en medicamentos recetados – ¡A menudo supera su copago! Descargue la aplicación Clever RX utilizando la información de su tarjeta a continuación para obtener ahorros exclusivos en más de 60,000 farmacias en todo el país.
- ¡Disponible para usar ahora!



Seguro para mascotas - Nationwide - Esto no es una deducción de nómina

Nationwide® proporciona cobertura de salud para mascotas asequible, desde atención preventiva hasta incidentes médicos importantes. Sus empleados son elegibles para obtener precios preferenciales, lo que hace que esta protección de tranquilidad sea aún más asequible. Descubra por qué Nationwide es la opción número uno en Estados Unidos para seguros para mascotas.

Al igual que todas las demás aseguradoras de mascotas, no cubrimos condiciones preexistentes. Sin embargo, vamos más allá con funciones adicionales como embarque de emergencia, publicidad de mascotas perdidas y más. Este plan tiene un deducible anual bajo de \$250 y un generoso beneficio anual máximo de \$7,500.

También disponible con bienestar. Tenga en cuenta: esto no se deducirá de la nómina, pero puede obtener un descuento utilizando el enlace proporcionado o llamando para informarles que tiene precios especiales con Bastrop ISD. Visite www.petinsurance.com/bisdtx para obtener una cotización.



Bastrop Education Foundation

La Bastrop Education Foundation es una organización filantrópica local de base comprometida con mejorar la educación y las oportunidades educativas en Bastrop ISD. La Fundación ha otorgado cientos de subvenciones por un total de millones de dólares. El alcance de las subvenciones varía ampliamente: afectan a aulas individuales, a un nivel de grado completo, a múltiples campus o a todo el distrito. Considere unirse a sus colegas que se han inscrito en el programa de donación de BEF y tienen un impacto directo en su distrito. Puedes optar por apoyar a BEF a través de un aporte de nómina. Su contribución deducible de impuestos puede ser de \$1 o más por mes, desembolsada quincenalmente.