

Uvalde CISD 2024-2025

BENEFITS GUIDE



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

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

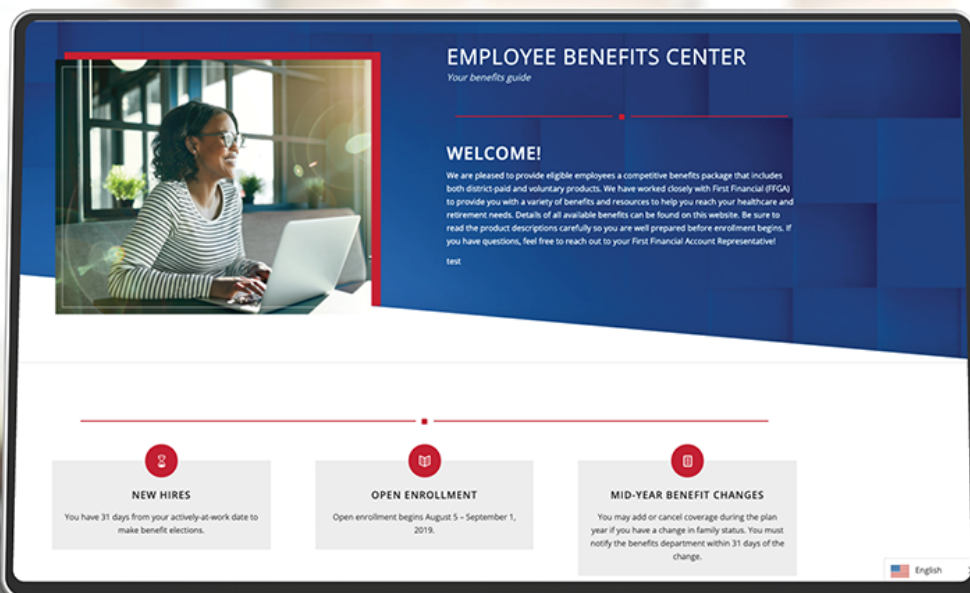
EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Uvalde and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer, as well as find claims, important phone number, and enrollment information.

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

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



HOW TO ENROLL

ONLINE ENROLLMENT

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

LOGIN

- Login: Your Employee ID or Social Security Number (no dashes)
- PIN (first login only): The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)
- New PIN: The first time you log in you will be required to change to a new PIN. Please note your new PIN because you will use the new PIN from that point forward.

VIEW CURRENT BENEFITS

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

VIEW/ADD DEPENDENTS

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their social security numbers and birth dates.

BEGIN ELECTIONS

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections. Visit your EBC to view the on-site enrollment schedule.

ELIGIBILITY

ELIGIBILITY

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. To enroll, please contact your First Financial representative Chuck Egli 512-707-9666.

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

MID-YEAR BENEFIT CHANGE

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change.

QUALIFYING LIFE EVENTS INCLUDE:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption, or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual & student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

HERE'S HOW IT WORKS

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you're already eligible – all you must do is enroll.

IS IT RIGHT FOR ME?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer's Section 125 Plan – that's a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

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

SECTION 125 PLAN SAMPLE PAYCHECK

	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!

**The figures in the sample paycheck above are for illustrative purposes only.*

High Plan: Dental Plan Summary

Policy #35752 Effective Date: 11/1/2024

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$5/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	Usual and Customary
Dental Rewards®	Included
Waiting Period	None

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	12 months

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 5 years) Cleaning (2 per benefit period) Fluoride for Children 13 and under (2 per benefit period) Sealants (age 13 and under) 	<ul style="list-style-type: none"> Space Maintainers Restorative Amalgams Restorative Composites (anterior and posterior teeth) Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Simple Extractions 	<ul style="list-style-type: none"> Onlays Crowns (1 in 8 years per tooth) Crown Repair Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years) Complex Extractions Anesthesia

Monthly Rates

Employee Only (EE)	\$34.80
EE + Spouse	\$66.00
EE + Children	\$83.76
EE + Spouse & Children	\$114.52

Ameritas Information

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

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Eyetopia Benefits		
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.		
BENEFIT ONE ² (choose either one of the following 2 options every 12 months):	Allowance	Co-pay ¹
1. Refractive Exam. One routine Vision Exam.	N/A	\$10.00
2. Coverage towards a medical eye exam copay or other services or materials. ²	\$45.00	None
BENEFIT TWO (choose only one of the following Vision Correction Options): Eyetopia provides you with 3 options for correcting your vision every 12 months. ³		
1. Prescription Lenses ⁴ CR-39 plastic single vision, bifocal, trifocal lenses.	Allowance	Co-pay ¹
• CR-39 plastic Progressive (no-line multi-focal) lenses that retail for up to \$199.	N/A	\$20.00
• CR-39 plastic Progressive (no-line multi-focal) lenses that retail for more than \$199.	\$200.00	\$20.00
• Polycarbonate material upgrade	N/A	\$25.00
• Polycarbonate material upgrade for child dependents (under age 26)	Covered	None
• Basic Coating (Ultraviolet Protection & Scratch Resistant Coating)	Covered	None
• Mid-Level Anti-Reflective Coatings that retail up to \$99.	Covered	None
• Premium Anti-Reflective Coatings that retail for \$100 or more copay not to exceed:	N/A	\$130.00
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.	N/A	\$105.00
• Tint (Solid or Gradient)	N/A	\$12.00
• Photochromatic or Polarized Lenses	N/A	\$90.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia. ⁵	\$400.00	None
♦ Anti-Fatigue lenses.	Covered	\$20.00
♦ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance.	\$130	None
2. Contact Lens Option: In lieu of spectacles. Allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶	\$150.00	None
♦ Medically necessary contact lenses - \$145.00 evaluation allowance and \$400.00 contact lens allowance. ⁷	\$550.00	None
3. Refractive Surgery Option. ⁸ In lieu of spectacles or contact lenses. A \$350.00 per eye allowance with contracted surgeons or a \$75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	\$350/eye \$75/eye	None

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

⁴ Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ The Shaw Lens coverage includes a premium anti-reflective coating and an upgraded lens material. .

⁶ If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

⁷ Total maximum benefit allowance is \$550.00 the Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia.

In-Network coverage is available through Participating Providers. Out of network services are not covered.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.



Find us on [Facebook.com/eyetopiaivision](https://www.facebook.com/eyetopiaivision)

Emp - \$10
E+1 - \$19
Fam - \$27

For more information please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org

Eyetopia Benefits		
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.		
BENEFIT ONE ² (choose either one of the following 2 options every 12 months):	Allowance	Co-pay¹
1. Refractive Exam. One routine vision exam.	N/A	\$5.00
2. Coverage toward medical eye exam co-pay or other services or materials. ²	\$65.00	None
BENEFIT TWO (choose only 1 of the following Vision Correction Options) Eyetopia provides you with 3 options for correcting your vision every 12 months. ³		
1. Prescription Lenses ^{3,4} Single Vision, Bi-focal or Tri-focal lenses	Allowance Covered	Co-pay¹ None
• Progressive (no line multifocal) lenses that retail for up to \$219.	Covered	None
• Progressive (no line multifocal) lenses that retail for more than \$219.	\$219.00	None
• Lens Materials: polycarbonate, Trivex®, 1.60 or 1.67 index plastic.	Covered	None
• Basic Coating (ultraviolet protection and scratch resistant coating)	Covered	None
• Mid-Level Anti-Reflective Coatings that retail up to \$99.	Covered	None
• Premium Anti-Reflective Coatings that retail for \$100 or more.	\$60.00	None
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.	N/A	\$50.00
• Tint (Solid and Gradient)	N/A	\$12.00
• Photochromic or polarized lens upgrade	N/A	\$90.00
◆ Medically necessary spectacles for Aniseikonia or Amblyopia. ⁵	\$400.00	None
◆ Anti-Fatigue lenses.	Covered	None
◆ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance.	\$180.00	None
2. Contact Lens Option in lieu of spectacles. Allowance to be applied toward prescription contact lenses. ◆ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶	\$300.00	None
◆ Medically necessary contact lenses - \$300.00 evaluation allowance and \$400.00 contact lens allowance. ⁷	\$700.00	None
3. Refractive Surgery Option ⁸ in lieu of spectacles or contact lenses. A \$500.00 per eye allowance with contracted surgeons or a \$150.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	\$500/eye \$150/eye	None
4. Hearing Aid Option. ⁹ If you do not use any other benefit options you can elect to apply your benefit toward hearing aids. Please see the attached Eartopia benefit forms. The benefit increases each year for 3 years if not used.	N/A	See Eartopia Forms

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

⁴ Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ The Shaw Lens coverage includes a premium anti-reflective coating and an upgraded lens material.

⁶ If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

⁷ Total maximum benefit allowance is \$700.00. The Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.

⁹ To access your hearing aid benefit, you must call AudioNet America at (568) 250-2731 or go to www.AudioNetAmerica.com to arrange for a hearing evaluation. Your copay will vary based on your choice of hearing aid and which year of three possible years you qualify for the benefit.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia plan. In-Network coverage is available through Participating Providers. Out of network services are not covered.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

Emp - \$20
E+1 - \$39
Fam - \$54

**For more information, please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org**

ClinicName	Address	Line2	City	ST	Zip	Phone	Doctor	Last	Suffix	Services	Miles
The Eye Center of Uvalde	931 E. Main		Uvalde	TX	78801	830.278.2597	Steven	Cox	O.D.	Computer Wear, Contact Lenses, Eye Exams, Glasses, Pediatric Care, Refractive Surgery Care, Safety Glasses	2.24
Galo Eye Care Center	2112 E. Main Street		Uvalde	TX	78801	830-278-2565	Kevin	Ermis	O.D.	Contact Lenses, Eye Exams, Glasses	2.98
Coyote Optical	3040 East Main St	Suite Q	Uvalde	TX	78801	830-278-2010	Santonio	Lujan	O.D.	Computer Wear, Contact Lenses, Eye Exams, Glasses, Safety Glasses	3.16
Eye Associates of South Texas	3202 Avenue G		Hondo	TX	78861	830-379-3937	Sharron	Acosta	M.D.	Contact Lenses, Glasses, Refractive Surgery Care	41.04
EyeTx - Frio Family	315 E Colorado		Pearsall	TX	78061	830-334-8077	Monica	Allison	O.D.	Contact Lenses, Eye Exams, Glasses	49.06
Dimmit County Eye Institute	1203 W Pena Street		Carrizo Springs	TX	78834	830-876-0282	Ricky	Alaniz	O.D.	Contact Lenses, Eye Exams, Glasses, Refractive Surgery Care	49.31
Southwest Texas Eye Care	2076 North Veterans Blvd	Suite E	Eagle Pass	TX	78852	830-757-2222	Herbert	Bowden Jr.	M.D.	Contact Lenses, Eye Exams, Glasses	54.11
Ophthalmic Consultants of Texas	708 South Bibb Ave		Eagle Pass	TX	78852	956-631-8875	Sameer	Al Shweiki	M.D.	Contact Lenses, Eye Exams	55.49
Bandera Eye Care	1136 Main Street		Bandera	TX	78003	830-850-0628	Jeremiah	Flower	O.D.	Computer Wear, Contact Lenses, Eye Exams, Glasses, Low Vision, Pediatric Care, Refractive Surgery Care, Safety Glasses	55.84
Galo Optical	590 East Main Street	Suite D	Eagle Pass	TX	78852	830-757-2020	Marcus	Hinojosa	O.D.	Contact Lenses, Eye Exams, Glasses	55.93
Eye Associates of South Texas	405 Paris Street		Castroville	TX	78009	830-379-3937	Andres	Parra	M.D.	Contact Lenses, Eye Exams	56.73
Dr. Rick's Optical	19690 IH 35 S		Lytle	TX	78052	830-772-4000	Rick	Ortiz	O.D.	Contact Lenses, Eye Exams, Glasses, Refractive Surgery Care	61.61
Nueva Vista Eyecare	14633 Potranco Road	Suite 200	San Antonio	TX	78253	210-446-0966	Wendy	Lopez	O.D.	Contact Lenses, Eye Exams, Glasses, Pediatric Care, Refractive Surgery Care, Safety Glasses	62.89
Potranco Eye Care	14244 Potranco Road	Suite 450	San Antonio	TX	78253	210-701-8303	Peter	Nguyen	O.D.	Computer Wear, Contact Lenses, Eye Exams, Glasses, Low Vision	63.48
Amaro Eye Clinic	305 E Garfield Street		Del Rio	TX	78840	830-774-6167	Edgardo	Amaro	O.D.	Contact Lenses, Eye Exams, Glasses	66.09
Galo Eye Care Center	901 Bedel Ave	Suite E	Del Rio	TX	78840	830-775-2020	Anjli	Patel	O.D.	Contact Lenses, Eye Exams, Glasses, Pediatric Care	66.18
Laredo Retina Associates-Del Rio	1947 N Bedell Ave	Suite 100	Del Rio	TX	78840	830-461-6160	Juan	Farias, Jr	O.D.	Contact Lenses, Eye Exams, Refractive Surgery Care	66.87

FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539

P.O. Box 161968 | Altamonte Springs, FL 32716

MEDICAL FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer allows for a grace period that can give up to 2 ½ months for participants to incur claims after the close of the plan year from the previous plan year's funds. This option gives you the opportunity to carry over the balance of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances after 2 ½ months will be forfeited under the use-it-or-lose-it rule.

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

HIGHLIGHTS

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

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

FSA RESOURCES

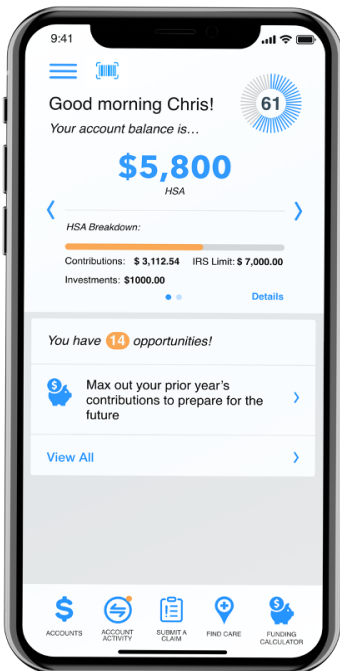
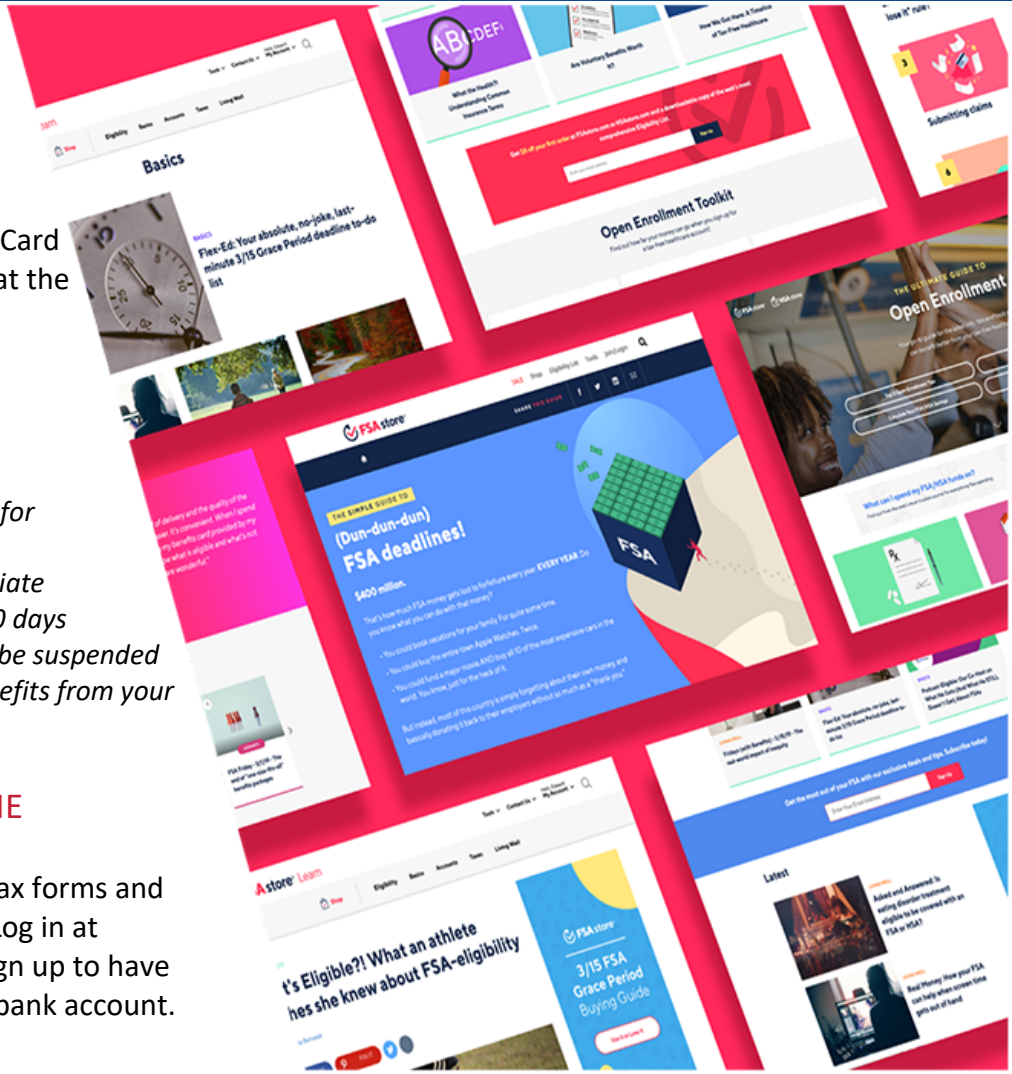
BENEFITS CARD

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

The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.

VIEW YOUR ACCOUNT DETAILS ONLINE

Sign up to view your account balance, find tax forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account. View the [Portal Log-in Guide](#) now!



FF MOBILE ACCOUNT APP

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App StoreSM or Google Play StoreTM. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

FSA STORE

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



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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									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	9.25	16.25	81
2-4	9.50	16.75	80
5-8	9.75	17.25	79
9-10	10.00	17.75	79
11-16	10.25	18.25	77
17-20	12.25	22.25	75
21-22	12.50	22.75	74
23	12.75	23.25	75
24-25	13.00	23.75	74
26	13.50	24.75	75

Indicates Spouse Coverage Available

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

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

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

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

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

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

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

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

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
17-20	17.25	32.25	71
21-22	18.00	33.75	71
23	18.75	35.25	72
24-25	19.25	36.25	71
26	19.75	37.25	72

Indicates Spouse Coverage Available



AF™ Long-Term Disability Income Insurance

Uvalde CISD

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 on the day of Disability due to a covered Injury or Sickness.

Plan I	On the 1st/4th day	Plan IV	On the 61st day
Plan II	On the 15th day	Plan V	On the 91st day
Plan III	On the 31st day	Plan VI	On the 151st day



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 70% of your monthly compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$5.84	\$5.12	\$4.52	\$3.68	\$3.48	\$2.28
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$8.76	\$7.68	\$6.78	\$5.52	\$5.22	\$3.42
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$11.68	\$10.24	\$9.04	\$7.36	\$6.96	\$4.56
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$14.60	\$12.80	\$11.30	\$9.20	\$8.70	\$5.70
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$17.52	\$15.36	\$13.56	\$11.04	\$10.44	\$6.84
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$20.44	\$17.92	\$15.82	\$12.88	\$12.18	\$7.98
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$23.36	\$20.48	\$18.08	\$14.72	\$13.92	\$9.12
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$26.28	\$23.04	\$20.34	\$16.56	\$15.66	\$10.26
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$29.20	\$25.60	\$22.60	\$18.40	\$17.40	\$11.40
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$32.12	\$28.16	\$24.86	\$20.24	\$19.14	\$12.54
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$35.04	\$30.72	\$27.12	\$22.08	\$20.88	\$13.68
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$37.96	\$33.28	\$29.38	\$23.92	\$22.62	\$14.82
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$40.88	\$35.84	\$31.64	\$25.76	\$24.36	\$15.96
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$43.80	\$38.40	\$33.90	\$27.60	\$26.10	\$17.10
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$46.72	\$40.96	\$36.16	\$29.44	\$27.84	\$18.24
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$49.64	\$43.52	\$38.42	\$31.28	\$29.58	\$19.38
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$52.56	\$46.08	\$40.68	\$33.12	\$31.32	\$20.52
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$55.48	\$48.64	\$42.94	\$34.96	\$33.06	\$21.66
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$58.40	\$51.20	\$45.20	\$36.80	\$34.80	\$22.80
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$61.32	\$53.76	\$47.46	\$38.64	\$36.54	\$23.94
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$64.24	\$56.32	\$49.72	\$40.48	\$38.28	\$25.08
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$67.16	\$58.88	\$51.98	\$42.32	\$40.02	\$26.22
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$70.08	\$61.44	\$54.24	\$44.16	\$41.76	\$27.36
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$73.00	\$64.00	\$56.50	\$46.00	\$43.50	\$28.50
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$75.92	\$66.56	\$58.76	\$47.84	\$45.24	\$29.64
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$78.84	\$69.12	\$61.02	\$49.68	\$46.98	\$30.78
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$81.76	\$71.68	\$63.28	\$51.52	\$48.72	\$31.92
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$84.68	\$74.24	\$65.54	\$53.36	\$50.46	\$33.06
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$87.60	\$76.80	\$67.80	\$55.20	\$52.20	\$34.20
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$90.52	\$79.36	\$70.06	\$57.04	\$53.94	\$35.34
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$93.44	\$81.92	\$72.32	\$58.88	\$55.68	\$36.48
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$96.36	\$84.48	\$74.58	\$60.72	\$57.42	\$37.62
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$99.28	\$87.04	\$76.84	\$62.56	\$59.16	\$38.76
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$102.20	\$89.60	\$79.10	\$64.40	\$60.90	\$39.90
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$105.12	\$92.16	\$81.36	\$66.24	\$62.64	\$41.04
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$108.04	\$94.72	\$83.62	\$68.08	\$64.38	\$42.18
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$110.96	\$97.28	\$85.88	\$69.92	\$66.12	\$43.32

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$113.88	\$99.84	\$88.14	\$71.76	\$67.86	\$44.46
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$116.80	\$102.40	\$90.40	\$73.60	\$69.60	\$45.60
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$119.72	\$104.96	\$92.66	\$75.44	\$71.34	\$46.74
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$122.64	\$107.52	\$94.92	\$77.28	\$73.08	\$47.88
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$125.56	\$110.08	\$97.18	\$79.12	\$74.82	\$49.02
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$128.48	\$112.64	\$99.44	\$80.96	\$76.56	\$50.16
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$131.40	\$115.20	\$101.70	\$82.80	\$78.30	\$51.30
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$134.32	\$117.76	\$103.96	\$84.64	\$80.04	\$52.44
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$137.24	\$120.32	\$106.22	\$86.48	\$81.78	\$53.58
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$140.16	\$122.88	\$108.48	\$88.32	\$83.52	\$54.72
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$143.08	\$125.44	\$110.74	\$90.16	\$85.26	\$55.86
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$146.00	\$128.00	\$113.00	\$92.00	\$87.00	\$57.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$148.92	\$130.56	\$115.26	\$93.84	\$88.74	\$58.14
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$151.84	\$133.12	\$117.52	\$95.68	\$90.48	\$59.28
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$154.76	\$135.68	\$119.78	\$97.52	\$92.22	\$60.42
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$157.68	\$138.24	\$122.04	\$99.36	\$93.96	\$61.56
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$160.60	\$140.80	\$124.30	\$101.20	\$95.70	\$62.70
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$163.52	\$143.36	\$126.56	\$103.04	\$97.44	\$63.84
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$166.44	\$145.92	\$128.82	\$104.88	\$99.18	\$64.98
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$169.36	\$148.48	\$131.08	\$106.72	\$100.92	\$66.12
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$172.28	\$151.04	\$133.34	\$108.56	\$102.66	\$67.26
\$8,572.00 - \$8,714.99	\$6,000.00	\$20,000.00	\$175.20	\$153.60	\$135.60	\$110.40	\$104.40	\$68.40
\$8,715.00 - \$8,857.99	\$6,100.00	\$20,000.00	\$178.12	\$156.16	\$137.86	\$112.24	\$106.14	\$69.54
\$8,858.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$181.04	\$158.72	\$140.12	\$114.08	\$107.88	\$70.68
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$183.96	\$161.28	\$142.38	\$115.92	\$109.62	\$71.82
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$186.88	\$163.84	\$144.64	\$117.76	\$111.36	\$72.96
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$189.80	\$166.40	\$146.90	\$119.60	\$113.10	\$74.10
\$9,429.00 - \$9,571.99	\$6,600.00	\$20,000.00	\$192.72	\$168.96	\$149.16	\$121.44	\$114.84	\$75.24
\$9,572.00 - \$9,714.99	\$6,700.00	\$20,000.00	\$195.64	\$171.52	\$151.42	\$123.28	\$116.58	\$76.38
\$9,715.00 - \$9,857.99	\$6,800.00	\$20,000.00	\$198.56	\$174.08	\$153.68	\$125.12	\$118.32	\$77.52
\$9,858.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$201.48	\$176.64	\$155.94	\$126.96	\$120.06	\$78.66
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$204.40	\$179.20	\$158.20	\$128.80	\$121.80	\$79.80
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$207.32	\$181.76	\$160.46	\$130.64	\$123.54	\$80.94
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$210.24	\$184.32	\$162.72	\$132.48	\$125.28	\$82.08
\$10,429.00 - \$10,571.99	\$7,300.00	\$20,000.00	\$213.16	\$186.88	\$164.98	\$134.32	\$127.02	\$83.22
\$10,572.00 - \$10,714.99	\$7,400.00	\$20,000.00	\$216.08	\$189.44	\$167.24	\$136.16	\$128.76	\$84.36
\$10,715.00 - \$10,857.99	\$7,500.00*	\$20,000.00	\$219.00	\$192.00	\$169.50	\$138.00	\$130.50	\$85.50

*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.

Physician Expense Benefit

Injury - \$150.00 per Injury
Sickness - \$50.00

If you need personal treatment by a physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to Sickness, you must have returned to work for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Injury Benefit.

Accidental Death Benefit

A lump sum of \$20,000 will be paid to your designated beneficiary if you die as the direct result of an Injury within 90 days after the Injury.

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 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. Only those days during which you are Hospital confined will be paid until you have met your elimination period required for Disability.

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 schedule. After 12 months, your Disability Payment will be the Disability benefit described in the 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.

• Family Care Benefit

If you are Disabled and working and have one or more eligible family members, you may be eligible for a Family Care Benefit. This benefit is for expenses incurred up to 25% of your Monthly Disability Benefit. Your Disability earnings, gross Disability Benefit, and Family Care Benefit cannot exceed 100% of your monthly compensation. Payment of this benefit ends when you cease to be eligible for benefits under the Disabled and working provision of the policy.

• 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 caused by or resulting from a Pre-Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician for 12 consecutive months for such condition(s).

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

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

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

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

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

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



Spousal Accident Only Disability Benefit Rider

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

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

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

COBRA Funding Rider

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

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

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

Critical Illness Benefit Rider

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

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

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

C11 CANCER Insurance Plan

Underwritten by American Fidelity Assurance Company



Limited Benefit Cancer Expense Insurance Policy



Marketed by:
First Financial Capital Corporation
P.O. Box 670329 • Houston, TX 77267-0329
Local (281) 847-8422 | Toll Free (800) 523-8422
www.ffga.com

Cancer C11 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 Individual Cancer Insurance offers a solution to help you and your family focus on fighting the disease.

Cancer Insurance Benefits

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

Example Cancer insurance benefits include:



Experimental Treatment

This benefit may help pay for experimental treatment to give you alternatives in your healing. These treatment types may not be covered by major medical plans.



Transportation and Lodging

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

Plan Highlights

This plan is designed to help cover expenses, should you be diagnosed with cancer. With more than 25 built-in plan benefits, this plan provides benefits for the treatment of cancer, transportation, hospitalization, and more.

In addition, this is a portable plan, so you own the policy. You can take the coverage with you if you choose to leave your current job, and your premiums will not increase because you left your employment.

American Fidelity's Limited Benefit Cancer Insurance features:

- **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.

SCREENING BENEFIT⁺

Receive a benefit for your annual internal cancer screening test, including but not limited to Mammogram, PAP, Prostate-Specific Antigen Blood Test (PSA), Chest X-ray, Flexible Sigmoidoscopy, ThinPrep Pap test, and Colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT (per calendar year)

Basic
\$60

Enhanced
\$75

Plan Options

You can take advantage of the following options to extend coverage to your family:

- **Individual Plan**
The Insured, age 18 through 70, at the date of policy issue, is the only Covered Person.
- **Single Parent Family Plan**
The Insured, age 18 through 70, at the date of policy issue, and each Eligible Child, to age 26, or as defined in the policy.
- **Family Plan**
The Insured and spouse age 18 through 70, at the date of policy issue, and Eligible Child, to age 26, or as defined in the policy.

⁺The premium and amount of benefits vary based upon the plan selected.

Schedule of Benefits by Plan⁺

Marketed by: First Financial Group of America

	Basic	Enhanced
SCREENING BENEFITS		
Diagnostic and Prevention Benefit <i>(one per calendar year)</i>	\$60	\$75
Cancer Screening Follow-Up Benefit <i>(one per calendar year)</i>	\$60	\$75
TREATMENT BENEFITS		
Radiation Therapy/Chemotherapy/Immunotherapy Benefit <i>(per 12-month period) (Actual Charges)</i>	up to \$15,000	up to \$20,000
Medical Imaging Benefit <i>(per image - max 2 per calendar year)</i>	\$200	\$300
Hormone Therapy Benefit <i>(per treatment - max 12 treatments/calendar year)</i>	\$50	\$50
Administrative/Lab Work Benefit <i>(per calendar month)</i>	\$75	\$100
Blood, Plasma, and Platelets Benefit <i>(per day)</i> <i>(per calendar year max)</i>	\$150 \$7,500	\$200 \$10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit	
Bone Marrow/Stem Cell Transplant Benefit Autologous <i>(Patient provided) (per calendar year)</i> Non-autologous <i>(Donor provided) (per calendar year)</i>	\$1,000 \$3,000	\$1,500 \$4,500
Donor Benefit	\$1,000 per donation	
Inpatient Special Nursing Services Benefit <i>(benefit per day while Hospital Confined)</i>	\$150	\$150
Dread Disease Benefit <i>(benefit per day for the first 30 days per Hospital Confinement)</i> <i>(benefit per day thereafter)</i>	\$200 \$400	\$300 \$600
HOSPITALIZATION BENEFITS		
Hospital Confinement Benefit* <i>(per day for the first 30 days)</i> <i>(per day after the first 30 days of Hospital Confinement)</i>	\$200 \$400	\$300 \$600
Drugs & Medicine Benefit Hospital Confinement <i>(per Confinement)</i> Outpatient <i>(per prescription - \$100 monthly max for Basic; \$150 for Enhanced) per calendar month</i>	\$200 \$50	\$300 \$50
Attending Physician Benefit <i>(per day while Hospital Confined)</i>	\$40	\$50
U.S. Government/Charity Hospital or HMO Benefit <i>(per day in lieu of most benefits)</i> Hospital Confinement Outpatient Services	\$200 \$200	\$300 \$300
AMBULANCE, TRANSPORTATION, & LODGING BENEFITS		
Ambulance Benefit <i>(per trip - max 2 trips any combination per confinement)</i> Ground Air	\$200 \$2,000	\$200 \$2,000
Transportation & Lodging Benefit (Patient and/or Family) Transportation <i>(\$1,500 max per round trip; max 12 trips/calendar year)</i> Outpatient Lodging <i>(per day up to 90 days per calendar year)</i>	Coach fare or \$.50/mile by car \$60	Coach fare or \$.50/mile by car \$80

Schedule of Benefits by Plan⁺ (continued)

	Basic	Enhanced
SURGICAL TREATMENT BENEFITS		
Surgical Benefit <i>Unit Dollar Amount (per surgical unit)</i> <i>Maximum Per Operation</i>	\$30 \$3,000	\$40 \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Outpatient Hospital or Ambulatory Surgical Center Benefit (per day)	\$400	\$600
Second & Third Surgical Opinion Benefit (per diagnosis) <i>(Additional \$300 for 3rd if required)</i>	\$300	\$300
CONTINUING CARE BENEFITS		
Prosthesis Benefit Non-Surgical (per device - 1 per site, lifetime max of 3) Surgical Implantation (per device, includes surgical fee - 1 per site, lifetime max of 2) Hair Prosthesis (once per life)	\$150 \$1,500 \$150	\$200 \$2,000 \$200
Extended Care Facility Benefit <i>(per day for up to the same number of days of paid Hospital Confinement)</i>	\$75	\$100
Physical or Speech Therapy Benefit <i>(per visit up to 4 per calendar month - lifetime max of \$1,000)</i>	\$25	\$25
Hospice Care Benefit <i>(per day - \$13,500 lifetime max for Basic; \$18,000 lifetime max for Enhanced)</i>	\$75	\$100
Home Health Care Benefit <i>(per day for up to the same number of days of paid Hospital Confinement)</i>	\$75	\$100
Waiver of Premium <i>(as long as the primary insured remains disabled)</i>	after 90 continuous days of disability	

Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Enhance your plan⁺⁺

Critical Illness Rider

Thanks to medical technology, more people are surviving critical illnesses. This rider is designed to help with the cost associated with surviving these types of illnesses.

Schedule of Benefits	
Cancer Benefit <i>(per unit - maximum \$10,000)</i>	\$2,500
Heart Attack/Stroke Benefit <i>(per unit - maximum \$10,000)</i>	\$2,500

Summary of Critical Illness Rider Benefits:

- Pays when diagnosed after 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke, depending upon the Critical Illness coverage elected at time of application.
- Pays the specified Maximum Benefit Amount per Covered Critical Illness, as defined under this rider (this rider only pays a benefit for the first to occur of either a heart attack or stroke).
- Each benefit is a one-time paid benefit.
- All Critical Illness amounts reduce by 50% at age 70.

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

++Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.

Hospital Intensive Care Unit Rider

This rider can provide a benefit to help by paying for each day a Covered Person is confined in an Intensive Care Unit (ICU), as defined in the rider.

Schedule of Benefits	
ICU Confinement Benefit <i>(per day up to 30 days)</i>	\$600
Ambulance Benefit <i>(per admission in an ICU)</i>	\$100

Summary of Hospital ICU Rider Benefits:

- Confinement must be due to an accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.
- For ambulance charges, \$100 for transportation to a Hospital where the Covered Person is admitted to an ICU within 24 hours of arrival.
- All ICU amounts reduce by 50% at age 70.

Cancer Insurance Premiums

Base Plan Monthly Premiums*

BASIC	18-40	41-50	51-60	61+
Individual	16.30	23.60	32.60	44.20
1 Parent Family	24.40	35.20	48.70	65.90
2 Parent Family	31.80	45.70	63.30	85.80

ENHANCED	18-40	41-50	51-60	61+
Individual	21.00	30.80	42.40	57.30
1 Parent Family	31.40	45.80	63.30	85.60
2 Parent Family	40.80	59.50	82.30	111.30

Optional Benefit Rider Monthly Premiums*

Hospital Intensive Care Unit Rider Monthly Premiums

ICU RIDER	18-40	41-50	51-60	61+
Individual	3.40	4.20	5.50	7.10
1 Parent Family	5.10	6.30	8.20	10.60
2 Parent Family	6.60	8.20	10.70	13.80

Optional Benefit Rider Monthly Premiums*

Critical Illness Rider Monthly Premiums

CANCER ONLY												
\$2,500			\$5,000			\$7,500			\$10,000			
Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	
18-40	1.50	2.20	2.90	3.00	4.40	5.80	4.50	6.60	8.70	6.00	8.80	11.60
41-50	3.00	4.50	5.80	6.00	9.00	11.60	9.00	13.50	17.40	12.00	18.00	23.20
51-60	4.90	7.30	9.40	9.80	14.60	18.80	14.70	21.90	28.20	19.60	29.20	37.60
61+	7.10	10.60	13.80	14.20	21.20	27.60	21.30	31.80	41.40	28.40	42.40	55.20

HEART ATTACK/STROKE ONLY												
\$2,500			\$5,000			\$7,500			\$10,000			
Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	
18-40	0.80	1.20	1.50	1.60	2.40	3.00	2.40	3.60	4.50	3.20	4.80	6.00
41-50	2.10	3.10	4.10	4.20	6.20	8.20	6.30	9.30	12.30	8.40	12.40	16.40
51-60	3.10	4.60	6.00	6.20	9.20	12.00	9.30	13.80	18.00	12.40	18.40	24.00
61+	4.60	6.90	8.90	9.20	13.80	17.80	13.80	20.70	26.70	18.40	27.60	35.60

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

This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. **These products are inappropriate for people who are eligible for Medicaid Coverage.**



View and print your policies or file a claim at americanfidelity.com

American Fidelity's Online Service Center provides you convenient, secure access to manage your account.

Guaranteed Renewable

You are guaranteed the right to renew your base policy during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.

Underwritten and administered by:



9000 Cameron Parkway • Oklahoma City, Oklahoma 73114 • 800-654-8489 • www.americanfidelity.com



By your side

Aetna Critical Illness Plan

Be prepared for what happens next

Critical illness coverage can keep you focused on your health when it matters most. This is extra coverage to help ease financial worries during a stressful time.

What is the Aetna Critical Illness Plan?

The Aetna Critical Illness Plan pays benefits when a doctor diagnoses you with a covered serious illness or condition. For instance, a heart attack, stroke, cancer and more.* You can use the benefits to help pay out-of-pocket medical costs. Or you can use the benefits for everyday expenses.

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But those plans usually don't cover all of the medical costs or unexpected out-of-pocket expenses that can come with a serious illness.

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

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way **you** choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered illness. We will pay benefits directly to you by check or direct deposit.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96844.

*Refer to your plan documents to see all covered illnesses under the plan.

Did you know?

More than **1 in 3** Americans have heart disease, making it the most expensive health condition in the U.S. at a combined \$555 billion¹.

Less stress



Dan* knows that heart disease runs in his family. And when a heart attack struck, he was thankful he had the Aetna Critical Illness plan.

He filed his claim online and since he had signed up for direct deposit, his benefits went directly into his bank account. He was able to use the money to help pay his out-of-pocket medical costs and other bills, like his son's day care tuition.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com) to view plan documents, submit and track claims, access discounts, and sign up for direct deposit. You can also access the portal from [Aetna.com](https://aetna.com).

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM. to 6 PM.



¹WebMD. Top 11 Medical Expenses. November, 2021. Available at: <https://www.webmd.com/healthy-aging/ss/slideshow-top-11-medical-expenses>. Accessed June 3, 2023.

* For illustrative purposes only; does not reflect events experienced by an actual participant.



Benefit Summary



Aetna Critical Illness Plan

Uvalde Independent School District

6501040

The critical illness plan helps financially



- You'll get guaranteed enrollment, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Financial support in your time of need.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

This is a summary of your benefits. See the plan documents for a complete description of the benefits, exclusions, limitations, and conditions of coverage.

Note: The Aetna Critical Illness Plan pays benefits for the diagnosis of a covered illness, condition, or treatment. The plan doesn't pay benefits for diagnoses that occur before your plan's effective date. If you or a covered dependent are diagnosed with two or more critical illnesses on the same day, we will pay the diagnosis with the highest benefit amount.



Critical illness plan



Face amount

Coverage by member	Percentage	Option 1	Option 2	Option 3	Option 4	Option 5
Your — face amount	100%	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Spouse — percent of employee face amount or benefit amount	50%	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
Child(ren) — percent of employee face amount or benefit amount	50%	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000

Note: The face amount is the maximum benefit a plan pays for a covered diagnosis for a member. Your benefits are based on a percentage of the face amount, or a specific dollar amount, as shown. Your dependents' benefits are based on a percentage of your benefits. See the plan documents for complete details, including limitations and exclusions that apply.

Critical illness benefits — autoimmune

Covered benefit	Percentage of face amount
Addison's disease (<i>adrenal hypofunction</i>)	25%
Lupus	25%
Multiple sclerosis	100%
Myasthenia gravis	25%
Muscular dystrophy	25%

Critical illness benefits — childhood conditions

Covered benefit	Percentage of face amount
Autism spectrum disorder (<i>type I, II & III</i>)	\$3,000
Cerebral palsy	50%
Cleft lip or cleft palate	50%
Cystic fibrosis	50%
Down syndrome	50%
Phenylketonuria (<i>PKU</i>)	50%
Spina bifida	50%

Critical illness benefits — chronic condition

Covered benefit	Percentage of face amount
Diabetes — type I	50%
Primary sclerosing cholangitis (<i>PSC</i>)	25%
Systemic sclerosis (<i>scleroderma</i>)	25%

Note: Diabetes benefits are subject to a 1 benefit per lifetime maximum.

Critical illness plan



Critical illness benefits — neurological (*brain*)

Covered benefit	Percentage of face amount
Amyotrophic lateral sclerosis (<i>ALS</i>)	100%
Alzheimer's disease	100%
Benign brain or spinal cord tumor	100%
Coma (<i>non-induced</i>)	100%
Huntington's disease	100%
Parkinson's disease	100%
Persistent vegetative state (<i>PVS</i>)	100%
Stroke	100%
Transient ischemic attack (<i>TIA</i>)	25%

Note: Maximum 1 TIA diagnosis per lifetime.

Critical illness benefits — other

Covered benefit	Percentage of face amount
Bone marrow transplant (Include Autologous)	100%
End-stage renal or kidney failure	100%
Hemophilia	100%
Idiopathic pulmonary fibrosis	100%
Loss of hearing	100%
Loss of sight (<i>blindness</i>)	100%
Loss of speech	100%
Major organ failure (<i>heart, liver, lung(s), or pancreas</i>)	100%
<i>Maximum per plan year</i>	<i>NoMax</i>
Paralysis — quadriplegia	100%
Paralysis — triplegia	100%
Paralysis — paraplegia	100%
Paralysis — hemiplegia	100%
Paralysis — diplegia	100%
Paralysis — monoplegia	100%
Sarcoidosis	25%
Burns (<i>third degree</i>)	100%

Note: Maximum 1 bone marrow transplant per lifetime.

Note: Sarcoidosis requires a hospital stay of at least 5 days to be eligible for benefits.

Critical illness benefits — vascular (*heart*)

Covered benefit	Percentage of face amount
Coronary artery condition requiring bypass surgery	25%
Heart attack (<i>myocardial infarction</i>)	100%
Sudden cardiac arrest	100%

Note: No maximum sudden cardiac arrest benefit.

Critical illness plan



Critical illness plan features

Covered benefit	Percentage of face amount
Subsequent (<i>other</i>) critical illness diagnosis	100%
Recurrence (<i>same</i>) critical illness diagnosis	100%

Note: Recurrence (*same*) illness diagnoses must occur at least 90 days after initial diagnosis.

Cancer benefits

Covered benefit	Percentage of face amount
Cancer (<i>invasive</i>)	100%
Carcinoma in situ (<i>non-invasive</i>)	25%
Skin cancer	\$500
Recurrence cancer (<i>invasive</i>) diagnosis	100%
Recurrence carcinoma in situ (<i>non-invasive</i>) diagnosis	100%

Note: Maximum 1 skin cancer diagnosis per lifetime.

Note: Recurrence (*same*) cancer diagnoses must occur at least 90 treatment-free days after initial diagnosis.

Additional plan benefits

Covered benefit	Benefit amount
Waiver of premium	Included

Critical illness plan



Additional plan benefits

Covered benefit	Benefit amount
Health screening benefit (<i>pays once per member per plan year for covered preventive tests</i>)	\$100

Covered health screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Breast MRI
- Breast ultrasound
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemoccult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Infectious disease testing
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

Note: COVID-19 testing is an eligible health screening benefit.

Aetna Critical Illness Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Rates are based on your (the subscriber's) age and tobacco usage.

Non-tobacco rates

Option 1 face amount: \$10,000

Age	You only	You + spouse	You + children	You + family
<30	\$6.25	\$10.25	\$6.25	\$10.25
30-39	\$9.28	\$16.00	\$9.28	\$16.00
40-49	\$15.18	\$25.00	\$15.18	\$25.00
50-59	\$20.25	\$33.68	\$20.25	\$33.68
60-69	\$24.65	\$40.20	\$24.65	\$40.20
70+	\$32.10	\$51.78	\$32.10	\$51.78

Option 2 face amount: \$20,000

Age	You only	You + spouse	You + children	You + family
<30	\$9.55	\$16.13	\$9.55	\$16.13
30-39	\$15.62	\$26.00	\$15.62	\$26.00
40-49	\$26.64	\$43.92	\$26.64	\$43.92
50-59	\$37.25	\$60.29	\$37.25	\$60.29
60-69	\$44.73	\$74.47	\$44.73	\$74.47
70+	\$61.94	\$99.70	\$61.94	\$99.70

Option 3 face amount: \$30,000

Age	You only	You + spouse	You + children	You + family
<30	\$13.64	\$23.54	\$13.64	\$23.54
30-39	\$23.49	\$36.50	\$23.49	\$36.50
40-49	\$40.77	\$64.20	\$40.77	\$64.20
50-59	\$55.49	\$92.98	\$55.49	\$92.98
60-69	\$70.02	\$116.35	\$70.02	\$116.35
70+	\$98.20	\$157.96	\$98.20	\$157.96

Option 4 face amount: \$40,000

Age	You only	You + spouse	You + children	You + family
<30	\$17.43	\$29.83	\$17.43	\$29.83
30-39	\$30.26	\$46.80	\$30.26	\$46.80
40-49	\$53.04	\$83.70	\$53.04	\$83.70
50-59	\$72.64	\$121.45	\$72.64	\$121.45
60-69	\$92.18	\$153.02	\$92.18	\$153.02
70+	\$130.13	\$209.24	\$130.13	\$209.24

Option 5 face amount: \$50,000

Age	You only	You + spouse	You + children	You + family
<30	\$21.22	\$36.12	\$21.22	\$36.12
30-39	\$37.04	\$57.10	\$37.04	\$57.10
40-49	\$65.30	\$103.20	\$65.30	\$103.20
50-59	\$89.78	\$149.92	\$89.78	\$149.92
60-69	\$114.35	\$189.69	\$114.35	\$189.69
70+	\$162.05	\$260.52	\$162.05	\$260.52

Tobacco rates**Option 1 face amount: \$10,000**

Age	You only	You + spouse	You + children	You + family
<30	\$8.45	\$14.63	\$8.45	\$14.63
30-39	\$13.25	\$21.35	\$13.25	\$21.35
40-49	\$23.15	\$36.05	\$23.15	\$36.05
50-59	\$35.75	\$55.45	\$35.75	\$55.45
60-69	\$51.35	\$68.28	\$51.35	\$68.28
70+	\$57.25	\$90.89	\$57.25	\$90.89

Option 2 face amount: \$20,000

Age	You only	You + spouse	You + children	You + family
<30	\$14.65	\$23.60	\$14.65	\$23.60
30-39	\$24.15	\$37.15	\$24.15	\$37.15
40-49	\$43.10	\$66.18	\$43.10	\$66.18
50-59	\$63.35	\$104.73	\$63.35	\$104.73
60-69	\$78.75	\$132.05	\$78.75	\$132.05
70+	\$111.52	\$180.35	\$111.52	\$180.35

Option 3 face amount: \$30,000

Age	You only	You + spouse	You + children	You + family
<30	\$21.34	\$32.60	\$21.34	\$32.60
30-39	\$34.86	\$53.00	\$34.86	\$53.00
40-49	\$64.10	\$96.90	\$64.10	\$96.90
50-59	\$93.51	\$160.79	\$93.51	\$160.79
60-69	\$120.92	\$205.26	\$120.92	\$205.26
70+	\$174.26	\$278.00	\$174.26	\$278.00

Option 4 face amount: \$40,000

Age	You only	You + spouse	You + children	You + family
<30	\$27.48	\$41.60	\$27.48	\$41.60
30-39	\$45.50	\$68.72	\$45.50	\$68.72
40-49	\$84.62	\$127.30	\$84.62	\$127.30
50-59	\$123.12	\$211.65	\$123.12	\$211.65
60-69	\$159.84	\$271.35	\$159.84	\$271.35
70+	\$231.33	\$368.70	\$231.33	\$368.70

Option 5 face amount: \$50,000

Age	You only	You + spouse	You + children	You + family
<30	\$33.63	\$50.50	\$33.63	\$50.50
30-39	\$56.20	\$84.40	\$56.20	\$84.40
40-49	\$105.00	\$157.68	\$105.00	\$157.68
50-59	\$152.74	\$262.52	\$152.74	\$262.52
60-69	\$198.77	\$337.45	\$198.77	\$337.45
70+	\$288.40	\$459.40	\$288.40	\$459.40



AF™ Limited Benefit Accident Only Insurance

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.



Prepare for the unexpected.

Accidents* can happen to anyone. And even though you can't plan for an accident, you can help prepare for unexpected medical costs. AF™ **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident expenses.

EMERGENCY ACCIDENT

Hypothetical Example ¹

Twisted knee in the parking lot resulting in a torn meniscus and treatment is received within 72 hours.

	BASIC	ENHANCED
Accident Emergency Treatment	\$150	\$200
Accident Follow-Up Treatment (4 visits)	\$200	\$200
Physical Therapy (8 treatments)	\$200	\$200
Medical Imaging	\$200	\$200
X-Ray	\$50	\$100
Appliances	\$100	\$100
Surgical Facility	\$150	\$250
Torn Knee Cartilage Repair	\$500	\$500
Anesthesia	\$150	\$200
TOTAL	\$1,700	1,950

Annual Wellness Benefit

BASIC

\$50

ENHANCED

\$75

Paid directly to you!

Benefits for Policy and Enhancement Rider

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

BASIC	PRIMARY	SPOUSE	CHILD
Common Carrier	\$50,000	\$50,000	\$25,000
Other Accident	\$15,000	\$15,000	\$7,500
Dismemberment	\$1,000 to \$15,000	\$1,000 to \$15,000	\$500 to \$7,500
ENHANCED	PRIMARY	SPOUSE	CHILD
Common Carrier	\$100,000	\$100,000	\$50,000
Other Accident	\$30,000	\$30,000	\$15,000
Dismemberment	\$1,500 to \$30,000	\$1,500 to \$30,000	\$750 to \$15,000

¹Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258 Series.

***Accident** is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause.

Benefits

ACCIDENT BENEFITS	BASIC	ENHANCED
EMERGENCY ACCIDENT TREATMENT		
Accident Emergency Treatment	\$150	\$200
Emergency Accident Follow-up Treatment (up to four treatments)	\$50	\$50
NON-EMERGENCY ACCIDENT TREATMENT		
Non-Emergency Accident Initial Treatment	\$75	\$100
Non-Emergency Accident Follow-up Treatment (up to two treatments)	\$50	\$50
MEDICAL IMAGING		
MRI, CT, CAT, PET, US	\$200	\$200
X-Rays	\$50	\$100
HOSPITAL CONFINEMENT		
Hospital Admission	\$500	\$1,000
Intensive Care Unit (up to 15 days)	\$300	\$600
Hospital Confinement (up to 365 days)	\$100	\$200
AMBULANCE		
Ground	\$300	\$300
Air	\$1,500	\$1,500
TREATMENT		
Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250
Anesthesia	\$150	\$200
TRANSPORTATION BENEFITS		
Transportation Patient only, per round trip for up to 3 round trips per calendar year	\$300	\$300
Family Member Lodging and Meals Per day per accident; up to 30 days per confinement	\$100	\$100
MONTHLY PREMIUMS For Policy And Benefit Enhancement Rider**		
Individual	\$19.90	\$26.10
Individual & Spouse	\$28.30	\$34.90
Individual & Child(ren)	\$31.50	\$41.00
Family	\$39.90	\$49.80

ACCIDENT INJURY BENEFITS	ALL COVERAGE LEVELS	
INJURY TREATMENT		
Fractures Benefit Depending on open or closed reduction, bone involved, or chip fracture	\$25 to \$3,000	
Dislocations Benefit Depending on open or closed reduction, with or without anesthesia and joint involved	\$25 to \$3,000	
Internal Injuries Benefit Resulting in open abdominal or thoracic surgery	\$1,000	
Tendons, Ligaments, and Rotator Cuff Benefit One tendon, ligament, or rotator cuff	\$500	
More than one tendon, ligament, or rotator cuff	\$750	
2nd & 3rd Degree Burns Skin grafts are 25% of benefit	\$100 to \$10,000	
Torn Knee Cartilage or Ruptured Disc Benefit	\$500	
Eye Injury Benefit Injury with surgical repair, for one or both eyes	\$250	
Removal of foreign body by a physician, for one or both eyes	\$50	
Emergency Dental Work Benefit Broken teeth repaired with crown	\$150	
Extraction of broken teeth (regardless of number)	\$50	
Concussion Benefit	\$200	
Lacerations Benefit Not requiring sutures	\$25	
Sutured lacerations up to two inches	\$100	
Sutured lacerations totaling two to six inches	\$200	
Sutured lacerations totaling over six inches	\$400	
Appliances Benefit Crutches, leg braces, etc.	\$100	
Physical Therapy Benefit Per treatment up to eight treatments	\$25	
Prosthesis Benefit	\$500	
Blood, Plasma, and Platelets Benefit	\$250	
Exploratory Surgery without Surgical Repair Benefit	\$250	
Paralysis Benefit: Paraplegia / Quadriplegia	\$5,000 / \$10,000	
WELLNESS BENEFIT		
WELLNESS		
Annual Routine Physical Exam Requires a 12-month waiting period before use. One exam per policy per calendar year	\$50	\$75

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



Less stress

Aetna Hospital Indemnity Plan

Be prepared for what lies ahead

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

What is the Aetna Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or an unplanned hospital stay. It can be for an illness, injury, surgery or to deliver a baby. The Aetna Hospital Indemnity Plan pays a lump-sum benefit for admission and daily benefits for a covered hospital stay. You can use these benefits to help pay your part of medical costs or for ongoing bills.

How is this different from a major medical plan?

Medical plans help pay **doctors and hospitals** for services and treatment. But they don't cover everything, including unexpected costs that might result from a hospital stay.

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

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way **you** choose.

Easy to use

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

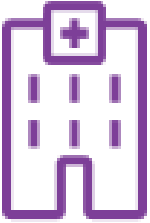
Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01.



Because it happens

\$1.24 trillion was spent on hospital services in 2020. **60%-65%** of all bankruptcies are related to medical expenses¹.

Ready ... or not



Carter* is a hard worker, so he doesn't always slow down to listen to his body. Before he knew it, a little cough turned into pneumonia — and a hospital stay.

Good thing he had the Aetna Hospital Indemnity Plan. He filed his claim online and, since he had signed up for direct deposit, his benefits went directly into his bank account.

He used the cash to help make up for the earnings he lost from the time he missed work while recovering and to help pay some of his deductible. Now, he can focus more on his health.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com) to view plan documents, submit and track claims, access discounts and sign up for direct deposit. You can also access the portal from [Aetna.com](https://aetna.com).

Filing a claim is easy! Click “Report New Claim” and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.



¹Debt.org. Hospital and Surgery Costs. October 2021. Available at: <https://www.debt.org/medical/hospital-surgery-costs/>. Accessed June 3, 2022.

* For illustrative purposes only; does not reflect events experienced by an actual participant.



Benefit Summary



Aetna Hospital Indemnity Plan

Uvalde Independent School District

6501040

The hospital indemnity plan helps financially



- Your enrollment is guaranteed, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Make your hospital stay a bit easier.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

This is a summary of your benefits. See the plan documents for a complete description of the benefits, maximums, exclusions, limitations, and conditions of coverage.

Note: The Aetna Hospital Indemnity Plan pays benefits when you have a covered hospital stay and other covered services. This plan doesn't pay for any stays or other services that happen before your effective date of coverage.

This plan is compatible with a Health Savings Account (HSA).



Hospital indemnity plan



A **stay** is a period during which you are inpatient and confined in a hospital, or other covered facility, and are charged for room, board, and general nursing services.

A stay does not include time in the hospital due to custodial or personal needs that do not require medical skills or training. A stay does not include time in the hospital in the emergency room unless this leads to a stay. A stay only covers the specific benefits listed below.

Inpatient benefits

Covered benefit	Low	High
Hospital admission (<i>initial day</i>)	\$1,000	\$2,000
Hospital daily stay — non-ICU	\$150	\$200
Hospital daily stay — ICU	\$300	\$400
Substance abuse daily stay	\$150	\$200
Mental disorder daily stay	\$150	\$200
Rehabilitation unit daily stay	\$150	\$200
Observation unit	\$150	\$200
Waiver of premium	Included	Included

Note for hospital admission benefits: No max admissions per plan year. Admissions must be separated by at least 30 days in a row.

Note for inpatient daily stay benefits: All inpatient stay benefits begin on day one and count toward the plan year 30 days combined max days.

Note for observation benefits: Max 1 day lump sum daily benefit per member per year for hospital observation visit. (*Non-admission into hospital.*) *Observation unit stays 24 hours or longer will be treated as an admission.*

Newborn benefits

Covered benefit for newborn	Low	High
Newborn routine care	\$150	\$200

Note for newborn routine care benefits: Max lump sum benefit once per birth per year for delivery in a hospital. This will not pay for an outpatient birth.

Aetna Hospital Indemnity Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	\$18.75	\$37.35	\$33.45	\$52.19
Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	\$33.67	\$65.78	\$52.73	\$84.30

CONTACT INFORMATION

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FIRST FINANCIAL
GROUP OF AMERICA

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CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Medical	BCBS	www.bcbs.com	866.355.5999
Dental	AMERITAS	www.ameritas.com	800.487.5553
Flexible Spending Accounts	FFGA	www.ffga.com	866.853.3539
Disability & Voluntary and Whole Life	American Fidelity	www.americanfidelity.com	800.654.8489
Vision	Eyetopia	www.eyetopia.org	800.662.8264
Accident	American Fidelity	www.americanfidelity.com	800.654.8489
Cancer	American Fidelity	www.americanfidelity.com	800.654.8489
Critical Illness	Aetna	www.aetna.com	800.607.3366
Medical Transport	MASA	www.masamts.com	800.643.9023
Permanent Life Insurance	Texas Life	www.texaslife.com	800.283.9233
Hospital Indemnity	Aetna	www.aetna.com	800.607.3366
Life & AD&D	BCBS	www.bcbstx/ancillary	877.442.4207
Pharmacy	Express Scripts	www.express-scripts.com	800.282.2881

EMPLOYEE BENEFITS CENTER –

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

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit <https://benefits.ffga.com/uvaldecisd> today!