

UVALDE CISD 2025-2026 BENEFITS GUIDE



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

Benefits Office
www.uvaldecisd.net
830-278-6655

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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

A guide to your benefits!

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

There'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.



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

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

How to Enroll

Benefits Enrollment

On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Visit your EBC for more information.

Online Enrollment

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

Enroll Now

Login & PIN

- Employee ID
 - The Employee ID is either your social security number or your Employee ID.
- PIN
 - Instructions to access your initial Personal Identification Number (PIN) will be provided to you prior to open enrollment.
 - Upon initial login, the PIN will be required to be changed.
 - Remember your PIN as you will use this to sign your enrollment confirmation form and to login in the future.

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 legal name, 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.

Enrollment Assistance Center Instructions

Call 855-765-4473 and follow the prompts to be connected to your local FFGA branch office. Hours of operation are 8 a.m. to 5 p.m. (local time) Monday through Friday. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours.

Benefit Eligibility & Coverage

Employee Coverage

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. Insurance coverage becomes effective on the first day of the month that follows a waiting period of 30 calendar days.

Existing Employees

When it's time to enroll in your benefits, your FFGA 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 Changes

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:

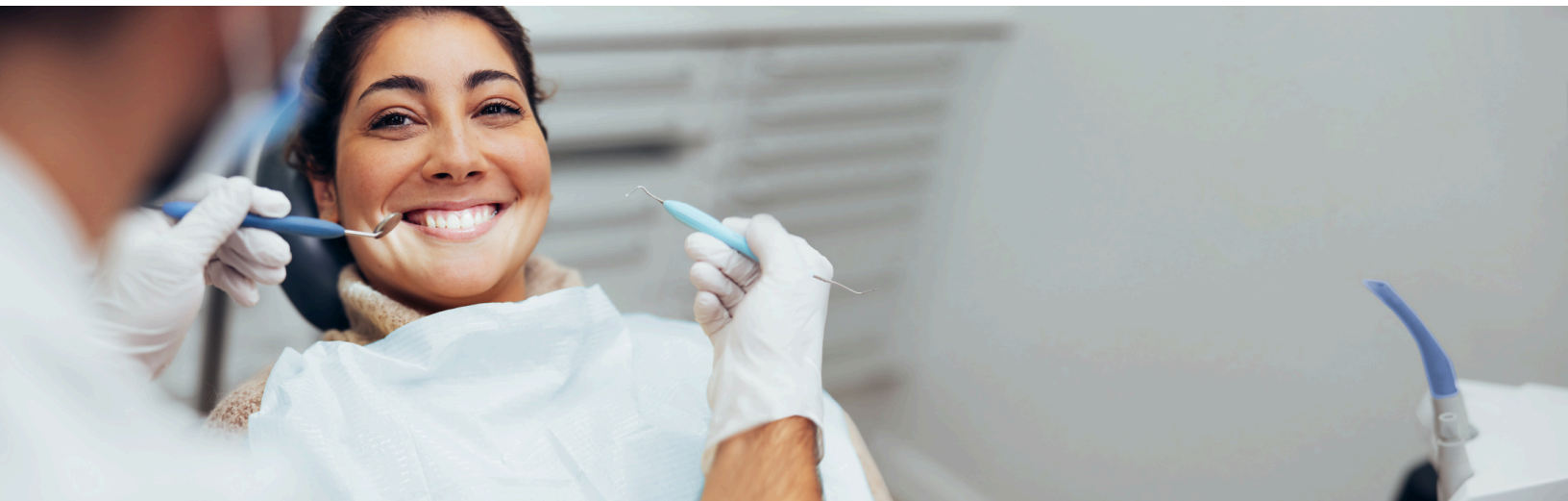
- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual and 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.**

Dental Insurance

Plan Choices



Ameritas | www.ameritas.com | 800-945-1112

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

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

Dental Monthly Premiums	
Employee Only	\$36.52
Employee + Spouse	\$69.28
Employee + Children	\$87.88
Employee + Family	\$120.16

High Dental Plan Summary**Effective Date: 11/1/2025**

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	U & C
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
• 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)	• Space Maintainers • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Simple Extractions	• 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)	\$36.52
EE + Spouse	\$69.28
EE + Children	\$87.88
EE + Spouse & Children	\$120.16

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.

Vision Insurance

Eyetopia | www.eyetopia.org | 800-662-8264

Proper vision care is essential to your overall well-being. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Your employer provides you with a vision plan to take care of you and your family’s needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. Here are just a few of the areas where you will save money with your plan:

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

Vision Monthly Premium		
	Standard	Gold
Employee Only	\$10.00	\$20.00
Employee + One	\$19.00	\$39.00
Employee + Family	\$27.00	\$54.00





Uvalde CISD 2025-2026 Dual-Option Eyetopia Plan Comparison

ABBREVIATED BENEFIT DESCRIPTIONS (Contact Eyetopia for more details)	CO-PAYS / ALLOWANCES	
	130/150 Plan (Standard)	180/300H Plan (Gold)
One Exam + one Materials Option per year (or as noted below)		
Exam Co-pay	\$10	\$5
Material Option (in lieu of Exam)	\$45 Allowance	\$65 Allowance
Materials Co-pay (glasses only)	\$20	No Co-pay
Single Vision Lens	Covered	Covered
Bi-focal Lens	Covered	Covered
Tri-focal Lens	Covered	Covered
Progressive Lens	\$200 Allowance	\$220 Allowance
Polycarbonate material for child dependents	Covered	Covered
Polycarbonate Lenses	\$25 Co-pay	Covered
Trivex Lenses	U&C Upgrade	Covered
1.60 Index Lenses	U&C Upgrade	Covered
1.67 Index Lenses	U&C Upgrade	Covered
Frame Allowance	\$130 Retail	\$180 Retail
Scratch Resistance Coating	Covered	Covered
Ultra-Violet (UV) Protection Coating	Covered	Covered
Blue light blocking lens or coating upgrade	\$105 Co-pay	\$50 Co-pay
Mid-Level Anti-Reflective Coating (up to \$99 retail value)	Covered	Covered
Premium Anti-Reflective Coating	Up to \$130 Co-pay	\$60 Allowance
Lens Tint	\$12 Co-pay	\$12 Co-pay
Photochromatic or Polarized upgrade	\$90.00 Co-pay	\$90.00 Co-pay
^ Medically Necessary Spectacle Lenses	\$400 Allowance	\$400 Allowance
Contact Lens Co-pay	\$0	\$0
Contact Lens Allowance (including fitting fee)	\$150 Retail	\$300 Retail
Medically Necessary Contacts (including fitting fee)	\$550 Allowance	\$700 Allowance
Refractive Surgery (All FDA Approved Procedures)	\$350/Eye Allowance	\$500/Eye Allowance
Exam/Lens/Frame/Contacts Frequency (Months)	12/12/12/12	12/12/12/12
Hearing Aid every 12 months, or	N/A	\$750 Allowance
Hearing Aid every 24 months, or	N/A	\$1,600 Allowance
Hearing Aid every 36 months	N/A	\$2,550 Allowance

^ Offered by special arrangement between many Participating Providers for Amblyopia or Aniseikonia treatment

Fees Collected (per Annual Membership):	Monthly	Monthly
Employee Only	\$10.00	\$20.00
Employee + One	\$19.00	\$39.00
Employee + Family	\$27.00	\$54.00

**Visit Eyetopia.org and learn more about the vision plan that
maximizes benefits for our members while providing flexibility and
reasonable reimbursements to our Participating Providers!**

RECOMMENDED BY MORE TEXAS EYE DOCTORS THAN ANY OTHER VISION PLAN.

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 pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

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

Medical FSA Highlights

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

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

Dependent Care FSA

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

You may allocate up to \$7,500 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is \$3,750.

Dependent Care FSA Highlights

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

Health Savings Account

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

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

Health Savings Account Highlights

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

Who Can Participate in an HSA?

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

	2025	2026
HSA Contribution Limits	• Self: \$4,300 • Family: \$8,550	• Self Only: \$4,400 • Family: \$8,750
Health Insurance Deductible Limits	• Self Only: \$1,650 • Family: \$3,300	• Self Only: \$1,700 • Family: \$3,400

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

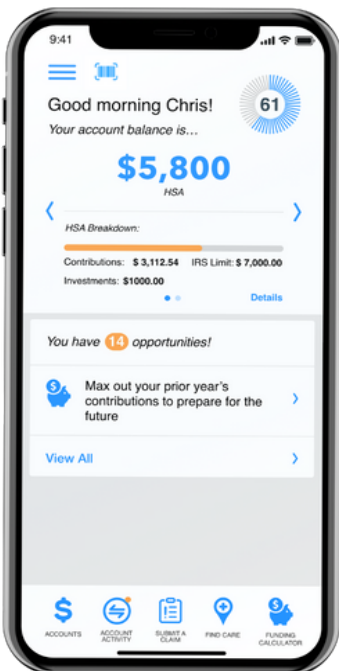
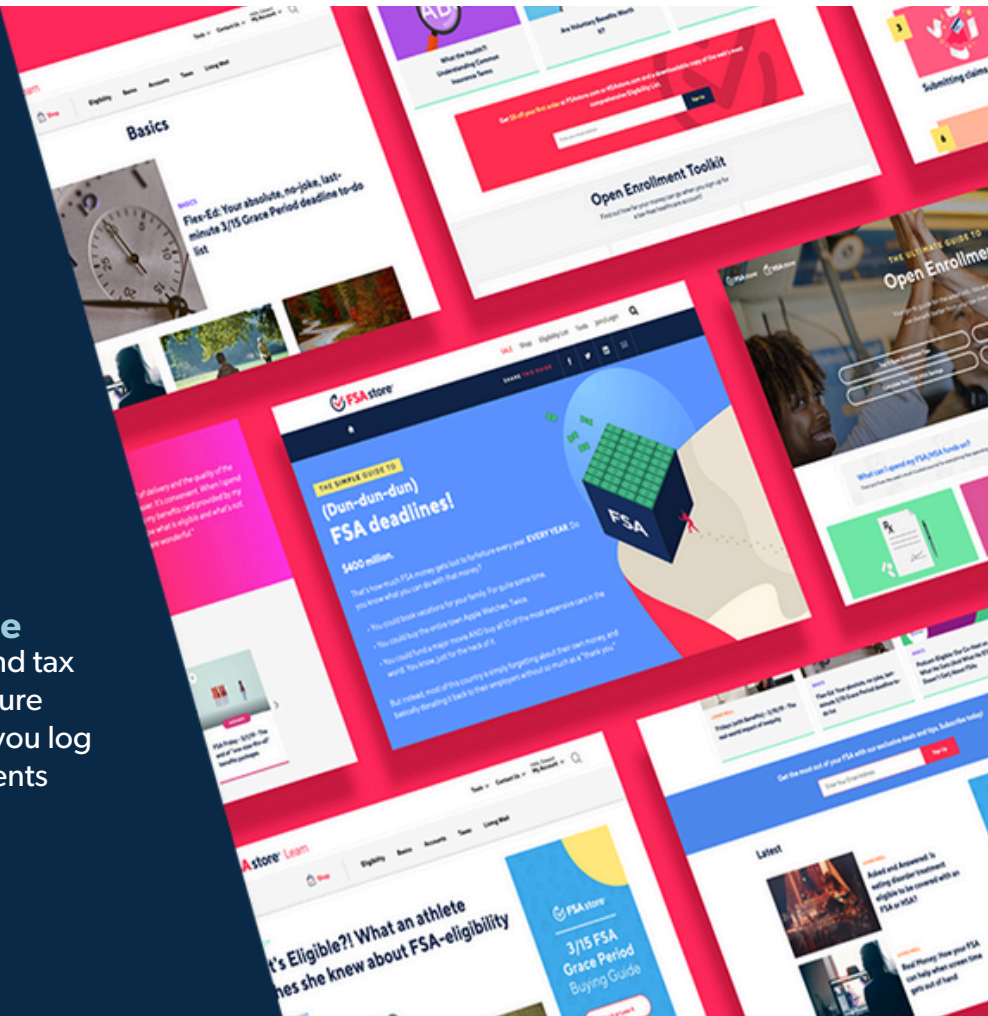
FSA & HSA Resources

Benefits Card

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

View Your Account Details Online

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



FF Mobile Account App

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

FSA/HSA Store

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



Term Life & AD&D

Employer-Paid & Voluntary

Blue Cross Blue Shield | www.bcbstx.com | 800-721-7987

Employer-Paid Term Life Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$15,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.



Texas Life

Permanent Life



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

Texas Life Insurance - Permanent, Portable Life Insurance

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

Texas Life - Permanent Life Highlights

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

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

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

23M014-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

Disability Insurance

American Fidelity | www.americanfidelity.com | 800-662-1113

Why Do I Need Disability Insurance?

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

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

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





AF™ Long-Term Disability Income Insurance

Uvalde CISD

Marketed by:



AMERICAN FIDELITY 
a different opinion

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

Cancer Insurance

Plan Options



American Fidelity | www.americanfidelity.com | 800-662-1113

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

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

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.



Cancer Insurance

Focus on the fight.

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

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

Plan Highlights

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

Benefits

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

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

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	ENHANCED
\$60	\$75

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

Diagnostic and Prevention Benefit not available in all states.

Benefits

BENEFITS	BASIC	ENHANCED
SCREENING		
Diagnostic and Prevention Benefit (one per calendar year)	\$60	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$60	\$75

TREATMENT		
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (actual charges)	up to \$15,000	up to \$20,000
Medical Imaging Benefit (per image - max two per calendar year)	\$200	\$300
Hormone Therapy Benefit (per treatment - max 12 treatments per calendar year)	\$50	\$50
Administrative/Lab Work Benefit (per calendar month)	\$75	\$100
Blood, Plasma and Platelets Benefit (per day) (per calendar year max)	\$150 \$7,500	\$200 \$10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit	
Bone Marrow/Stem Cell Transplant Benefit		
Autologous (patient-provided) (per calendar year)	\$1,000	\$1,500
Non-autologous (donor-provided) (per calendar year)	\$3,000	\$4,500
Donor Benefit	\$1,000 per donation	
Inpatient Special Nursing Services Benefit (per day)	\$150	\$150
Dread Disease Benefit (per day for the first 30 days, per Hospital confinement) (per day thereafter)	\$200 \$400	\$300 \$600

HOSPITALIZATION		
Hospital Confinement Benefit (per day for the first 30 days) (per day thereafter)	\$200 \$400	\$300 \$600
Drugs and Medicine Benefit	\$200	\$300
Hospital Confinement (per confinement)		
Outpatient (per prescription - \$100 monthly max for basic; \$150 for enhanced)	\$50	\$50
Attending Physician Benefit (per day)	\$40	\$50
U.S. Government/Charity Hospital or HMO Benefit (per day in lieu of most benefits)		
Hospital Confinement	\$200	\$300
Outpatient Services	\$200	\$300

BENEFITS	BASIC	ENHANCED
AMBULANCE, TRANSPORTATION AND LODGING		
Ambulance Benefit (per trip - max two trips any combination, per confinement)		
Ground	\$200	\$200
Air	\$2,000	\$2,000
Transportation and Lodging Benefit (Patient and/or Family)		
Transportation (\$1,500 max per round trip - max 12 trips per calendar year)	Coach fare or 50 cents per mile by car	
Outpatient/Family Lodging (per day up to 90 days, per calendar year)	\$60	\$80

SURGICAL TREATMENT		
Surgical Benefit (unit dollar amount, per surgical unit) (max per operation)	\$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 and Third Surgical Opinion Benefit (per diagnosis)	\$300	\$300

CONTINUING CARE		
Prosthesis Benefit		
Non-Surgical (per device - one per site, lifetime max of three)	\$150	\$200
Surgical Implantation (per device, includes surgical fee - one per site, lifetime max of two)	\$1,500	\$2,000
Hair Prosthesis (once per life)	\$150	\$200
Extended Care Facility Benefit (per day for up to the same number of days of paid Hospital confinement)	\$75	\$100
Physical or Speech Therapy Benefit (per visit any combination, up to four per calendar month - lifetime max of \$1,000)	\$25	\$25
Hospice Care Benefit (per day - \$13,500 lifetime max for basic; \$18,000 lifetime max for enhanced)	\$75	\$100
Home Health Care Benefit (per day for up to the same number of days of paid Hospital confinement)	\$75	\$100
Waiver of Premium (as long as the primary insured remains disabled)	After 90 continuous days of disability	

Refer to Plan Benefit Highlights for complete benefit descriptions and limits on the plan.

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

Plan Benefit Highlights

MONTHLY PREMIUMS

BASIC	Age 18-40	Age 41-50	Age 51-60	Age 61-70
Individual	\$16.30	\$23.60	\$32.60	\$44.20
Single Parent Family	\$24.40	\$35.20	\$48.70	\$65.90
Family	\$31.80	\$45.70	\$63.30	\$85.80

ENHANCED	Age 18-40	Age 41-50	Age 51-60	Age 61-70
Individual	\$21.00	\$30.80	\$42.40	\$57.30
Single Parent Family	\$31.40	\$45.80	\$63.30	\$85.60
Family	\$40.80	\$59.50	\$82.30	\$111.30

Administrative/Lab Work Benefit: Pays when procedures related to radiation therapy/chemotherapy/immunotherapy treatment occur and benefits are payable during the same calendar month as the radiation therapy/chemotherapy/immunotherapy benefit.

Blood, Plasma and Platelets Benefit: Benefits for blood, plasma and platelets are only provided under this benefit. Laboratory processes and colony-stimulating factors are not covered.

Bone Marrow/Stem Cell Transplant Benefit: Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

Hospital Confinement Benefit: Payable while confined to a Hospital for at least 18 continuous hours. A Hospital is not an institution, or part thereof, used as a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial care, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. This benefit is not payable for outpatient treatment.

Drugs and Medicine Benefit: Pays for anti-nausea and pain medication prescribed by a physician and administered while also receiving radiation therapy/chemotherapy/immunotherapy, a covered surgery or a bone marrow/stem cell transplant. It does not include associated administrative processes or drugs or medicines covered under the radiation therapy/chemotherapy/immunotherapy benefit or the hormone therapy benefit.

Attending Physician Benefit: Pays for one physician's visit per day when the services of a physician, other than a surgeon, are required while confined in a Hospital.

U.S. Government/Charity Hospital/HMO Benefit: Payable when an itemized list of services is not available due to confinement in a charity Hospital or a Hospital owned or operated by the U.S. government or covered under an HMO or diagnostic-related group where no charges are made for treatment of Cancer or a covered dread disease. This benefit will be paid in lieu of most benefits covered under this policy.

Ambulance Benefit: If air and ground ambulance services are both required on the same day, we will only pay the higher benefit amount. The covered person must be admitted as an inpatient and Hospital-confined for at least 18 consecutive hours.

Transportation and Lodging Benefits: Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient/family lodging to receive radiation therapy, chemotherapy or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. If covered person receives treatment while hospital confined lodging and travel paid once per confinement. Travel must be within the United States or its territories. Pays for one mode of transportation per round trip.

Surgical Benefit: Payable when a surgical operation is performed for covered diagnosed Cancer, skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current physician's relative value table, by the unit dollar amount shown in the policy. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries and surgeries to implant a permanent prosthetic device, are not covered under this benefit. This benefit is payable for reconstructive breast surgery performed on a nondiseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed while covered under this policy. Reconstructive surgery to the nondiseased breast must occur within 24 months of the reconstructive surgery of the diseased breast.

Anesthesia Benefit: Services of an anesthesiologist for bone marrow transplants, skin Cancer or surgical prosthesis implantation are not covered.

Outpatient Hospital or Ambulatory Surgical Center Benefit: Surgical procedures for skin Cancer are not covered.

Plan Benefit Highlights

Only Loss for Cancer: The policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

Cancer: A disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gammopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

All diagnoses of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. **Benefits under this policy pay the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

Diagnostic, Prevention and Cancer Screening Benefit: Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. Benefits will only be paid for tests performed after the 30-day period following the covered person's effective date of coverage. This benefit is available without a diagnosis of Cancer.

Cancer Screening Follow-Up Benefit: Payable for one invasive follow-up screening test needed due to an abnormal result from a covered screening test. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the surgical benefit.

Radiation/Chemotherapy/Immunotherapy Benefit: Pays the Actual Charges up to the maximum amount shown when radiation therapy, chemotherapy or immunotherapy is received as defined in the policy, per 12-month period. The 12-month period begins on the first day the covered radiation therapy, chemotherapy or immunotherapy is received. This benefit does not cover other procedures related to radiation/chemotherapy/immunotherapy. This benefit does not include any drugs/medicines covered under the drugs and medicine benefit or the hormone therapy benefit. Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

Medical Imaging Benefit: Pays the indemnity amount for either an MRI, CT scan, CAT scan or PET scan when performed at the request of a physician.

Hormone Therapy Benefit: Drugs and medicines covered under the drugs and medicine benefit or the radiation/chemotherapy/immunotherapy benefit are not included. This benefit does not cover associated administrative processes.

Critical Illness Insurance

Aetna | www.aetna.com | 800-800-8121

Prepare For the Unexpected

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

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

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.





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



Accident Insurance

American Fidelity | www.americanfidelity.com | 800-662-1113

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit





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.

AMERICAN FIDELITY 
a different opinion

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. **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.

ACCIDENT BENEFITS	BASIC	ENHANCED
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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

	BASIC	ENHANCED
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
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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 More than one tendon, ligament, or rotator cuff	\$500 \$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 Removal of foreign body by a physician, for one or both eyes	\$250 \$50
Emergency Dental Work Benefit Broken teeth repaired with crown Extraction of broken teeth (regardless of number)	\$150 \$50
Concussion Benefit	\$200
Lacerations Benefit Not requiring sutures Sutured lacerations up to two inches Sutured lacerations totaling two to six inches Sutured lacerations totaling over six inches	\$25 \$100 \$200 \$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	BASIC	ENHANCED
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WELLNESS

Annual Routine Physical Exam Requires a 12-month waiting period before use. One exam per policy per calendar year	\$50	\$75
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Medical Transport

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

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs.

Most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill.

With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.



Stay prepared with MASA[®] AccessSM

Comprehensive coverage and
care for emergency transport.

Our Emergent Plus membership plan includes:

Emergency Ground Ambulance Coverage¹

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

Emergency Air Ambulance Coverage¹

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

Hospital to Hospital Ambulance Coverage¹

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

Repatriation Near Home Coverage¹

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

Coverage territories

1: United States and Canada.

Disclaimers

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not guarantee coverage and do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums, benefits, and coverage vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, visit: <https://info.masamts.com/masa-mts-disclaimers>



Did you know?

51.3 million

emergency responses
occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMSIS, National EMS Data Report, 2023

About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no “out-of-network” ambulance. Just send us the bill when it arrives and we’ll work to ensure charges are covered. Plus, we’ll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family’s financial future with MASA.

Hospital Indemnity Insurance

Aetna | www.aetna.com | 800-800-8121

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

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

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





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.

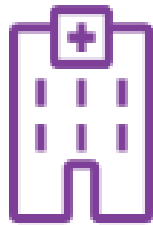
Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01.



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.

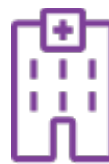
This is a summary of your benefits. See the plan documents for a complete description of the benefits, maximums, exclusions, limitations, and conditions of coverage.

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

Product	Carrier	Website	Phone
Dental	Ameritas	www.ameritas.com	800-945-1112
Vision	Eyetopia	www.eyetopia.org	800-662-8264
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Term Life	American Fidelity	www.americanfidelity.com	800-662-1113
Group and Vol Life	Blue Cross Blue Shield	www.bcbs.com	800-721-7987
Disability	American Fidelity	www.americanfidelity.com	800-662-1113
Cancer	American Fidelity	www.americanfidelity.com	800-662-1113
Accident	American Fidelity	www.americanfidelity.com	800-662-1113
Critical Illness	Aetna	www.aetna.com	800-800-8121
Medical Transpot	MASA	www.masaaccess.com	800-643-9023
Hospital Indemnity	Aetna	www.aetna.com	800-800-8121
Whole Life	American Fidelity	www.americanfidelity.com	800-662-1113