

Luling ISD 2025-2026 **BENEFITS GUIDE**



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

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www.luling.txed.net

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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!

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

There'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/lulingisd>



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.**

Section 125 Plans

Section 125 Plan Information & Rules

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

Here’s How It Works

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

Is It Right For Me?

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

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

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

Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Tax Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

You could save \$70 per month in taxes by paying for your benefits on a pre-tax basis!

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

Medical Coverage

TRS-ActiveCare



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

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

TRS-ActiveCare Primary

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

TRS-ActiveCare HD

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

TRS-ActiveCare Primary +

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

TRS-ActiveCare 2 - Closed to New Enrollees

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

TRS-ActiveCare Plan Prescription Benefits

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

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

TRS ActiveCare Medical Premiums

Medical Semi-Monthly Premiums				
	Primary	Primary+	HD	AC2
Employee Only	\$38	\$80	\$46	\$302.50
Employee + Spouse	\$449.50	\$534.50	\$471	\$997
Employee + Children	\$207.50	\$279	\$221	\$549.50
Employee + Family	\$619	\$733.50	\$646	\$1,216.50

Semi-Monthly Premiums shown above include the Employer contribution of \$408

For more information, please refer to the TRS-ActiveCare website.





TRS-ActiveCare
REGION 13

LEARN THE TERMS

- **PREMIUM:** The monthly amount you pay for health care coverage.
- **DEDUCTIBLE:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **COPAY:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **COINSURANCE:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **OUT-OF-POCKET MAXIMUM:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2025-26 TRS-ActiveCare Plan Highlights

Sept. 1, 2025 – Aug. 31, 2026



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

How to Calculate Your Monthly Premium

Total Monthly Premium
– Your Employer Contribution

= Your Premium

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

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

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

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

Primary Plans & Mental Health

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

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

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$484			\$568			\$500		
Employee and Spouse	\$1,307			\$1,477			\$1,350		
Employee and Children	\$823			\$966			\$850		
Employee and Family	\$1,646			\$1,875			\$1,700		

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

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

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

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

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

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

Total Premium	Employer Contribution	Your Premium
\$1,013		
\$2,402		
\$1,507		
\$2,841		

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

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

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

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

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

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible


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

www.trs.texas.gov

2025-26 Health Maintenance Organization Plans and Premiums for Select Regions of the State

REMEMBER: When you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options. HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	Blue Essentials - South Texas HMO SM <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO SM <i>Brought to you by TRS-ActiveCare</i>
	You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	-	-	-	\$1,214.50		
Employee and Spouse	-	-	-	\$2,961.60		
Employee and Children	-	-	-	\$1,915.00		
Employee and Family	-	-	-	\$3,145.30		

Plan Features		
Type of Coverage	N/A	In-Network Coverage Only
Individual/Family Deductible	N/A	\$950/\$2,850
Coinsurance	N/A	You pay 25% after deductible
Individual/Family Maximum Out of Pocket	N/A	\$7,450/\$14,900

Doctor Visits		
Primary Care	N/A	\$20 copay
Specialist	N/A	\$70 copay

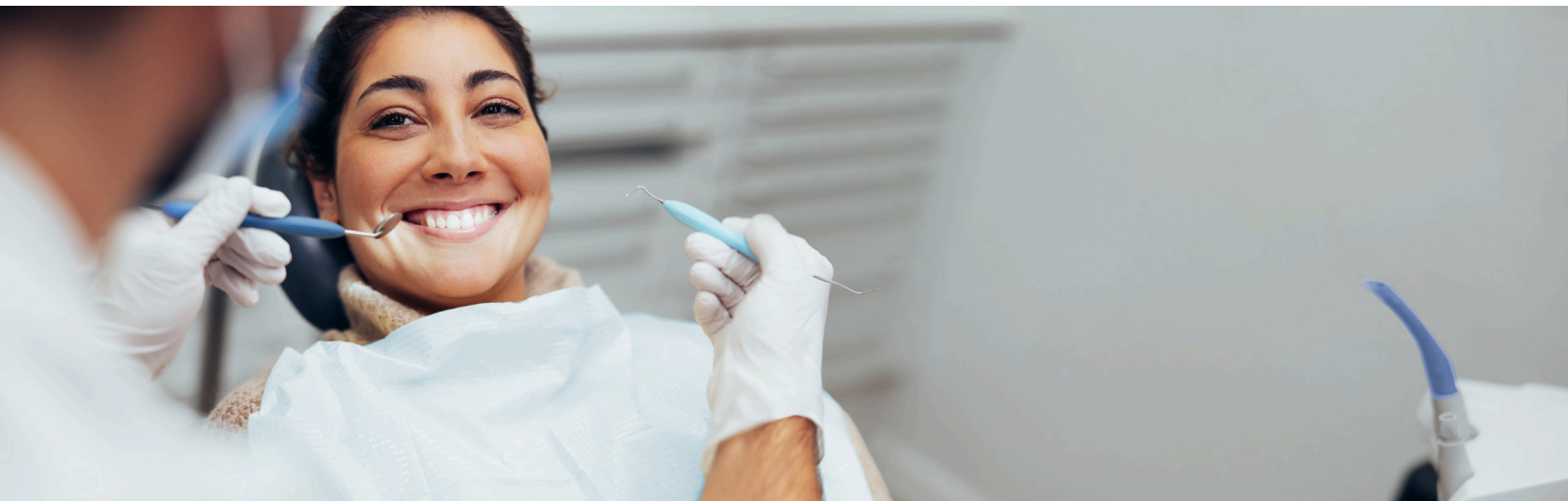
Immediate Care		
Urgent Care	N/A	\$50 copay
Emergency Care	N/A	\$500 copay before deductible + 25% after deductible

Prescription Drugs		
Drug Deductible	N/A	\$150
Days Supply	N/A	30-Day Supply/90-Day Supply
Generics	N/A	\$5/\$12.50 copay; \$0 for certain generics
Preferred Brand	N/A	You pay 30% after deductible
Non-preferred Brand	N/A	You pay 50% after deductible
Specialty	N/A	You pay 15%/25% after deductible (preferred/non-preferred)

www.trs.texas.gov

Dental Insurance

Plan Choices



Ameritas | www.ameritas.com | 800-4875553

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 + 1	\$68.36
Employee + 2 or More	\$105.12

Dental Plan Summary

Effective Date: 10/1/2025

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year
	Type 1,2,3
	3 Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	U&C
Dental Rewards®	Included
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (1 in 6 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (1 in 6 months) Fluoride for Children 13 and under (1 in 12 months) Sealants (age 13 and under) 	<ul style="list-style-type: none"> Space Maintainers Fillings for Cavities Restorative Composites (anterior and posterior teeth) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

Monthly Rates

Employee Only (EE)	\$36.52
EE + 1 Dependent	\$68.36
EE + 2 or more Dependents	\$105.12

Ameritas Information

Our customer relations associates will be pleased to assist you from 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 10% 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.

Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium. Highlights include a hearing exam for only \$50 (saving you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit greatearingbenefits.com/ameritas to learn more.

Dental Rewards®

Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553. Your provider network is Ameritas Classic Network.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance covers and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleaning, and fluoride applications for the first 12 months they are covered.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Dental Cost Estimator

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at ameritas.com/applications/group/estimator. After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how the proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

Worldwide Support

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network. AXA contact information is available in the secure member account.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of the plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Vision Insurance

Eyetopia | www.eyetopia.com | 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	\$17.00	\$37.00
Employee + Family	\$24.00	\$52.00



Eyetopia Benefits		
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.		
BENEFIT ONE ² (choose either one of the following 2 options every 12 months):	Allowance	Co-pay¹
1. Refractive Exam. One routine Vision Exam.	N/A	\$10.00
2. Coverage towards a medical eye exam copay or other services or materials. ²	\$45.00	None
BENEFIT TWO (choose only one of the following Vision Correction Options): Eyetopia provides you with 3 options for correcting your vision every 12 months. ³		
1. Prescription Lenses ⁴	Allowance	Co-pay¹
CR-39 plastic single vision, bifocal, trifocal lenses.	N/A	\$20.00
• CR-39 plastic Progressive (no-line multi-focal) lenses.	\$200.00	\$20.00
• Polycarbonate material upgrade	N/A	\$25.00
• Polycarbonate material upgrade for child dependents (under age 26)	Covered	None
• Basic Coating (Ultraviolet Protection & Scratch Resistant Coating)	Covered	None
• Mid-Level Anti-Reflective Coatings that retail up to \$99.	Covered	None
• Premium Anti-Reflective Coatings that retail for \$100 or more copay not to exceed:	N/A	\$130.00
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.	N/A	\$105.00
• Tint (Solid or Gradient)	N/A	\$12.00
• Photochromatic or Polarized Lenses	N/A	\$90.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia. ⁵	\$400.00	None
♦ Anti-Fatigue lenses.	Covered	\$20.00
♦ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance.	\$130	None
2. Contact Lens Option: In lieu of spectacles. Allowance to be applied toward prescription contact lenses.		
♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶	\$150.00	None
♦ Medically necessary contact lenses - \$145.00 evaluation allowance and \$400.00 contact lens allowance. ⁷	\$550.00	None
3. Refractive Surgery Option. ⁸ In lieu of spectacles or contact lenses. A \$350.00 per eye allowance with contracted surgeons or a \$75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	\$350/eye \$75/eye	None

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

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

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

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

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

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

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

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

Exclusions & Limitations

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

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

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

Emp - \$10
E+1 - \$17
Fam - \$24



Find us on Facebook.com/eyetopiaivision

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

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

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

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

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

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

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

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

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

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

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

Exclusions & Limitations

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

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

Emp - \$20
E+1 - \$37
Fam - \$52

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

Eyetopia 180/300H Year 1 Summary of Benefits - Commercial Plan Design Effective: May 1, 2023

All services require preauthorization. Providers seeking authorization or members with questions who are seeking Participating Providers in their area should call AudioNet America at (586) 250-2731 or click www.audionetamerica.com

Service	Obtained at a Participating Provider <i>Participating Provider means a physician, audiologist, hearing instrument specialist or dispenser who participates in the AudioNet America Hearing Aid Program.</i>	Frequency
Audiometric Examination	Covered in Full	Once every 12 months
Hearing Aid Evaluation Test	Covered in Full per ear	Once every 12 months
Dispensing Fee	Covered in Full per ear	Once every 12 months
Digital Hearing Aids	Essential-Level standard digital hearing devices will be covered with a \$350 monaural /\$1,400 binaural member co-payment. Mid-Level standard digital hearing devices will be covered with a \$630 monaural /\$1,960 binaural member co-payment. Advanced Level standard digital hearing devices will be covered with a \$910 monaural /\$2,520 binaural member co-payment. Flagship Level standard digital hearing devices will be covered with a \$1,180 monaural /\$3,060 binaural member co-payment. Premium Level standard digital hearing devices will be covered with a \$1,530 monaural /\$3,760 binaural member co-payment.	Once every 12 months Three-year repair warranty and three-year loss and damage warranty (one-time replacement)
Conformity Evaluation	Covered in Full per ear	Once every 12 months
Replacement Ear Molds (For children up to age 7)	Up to four (4) replacement ear molds annually are covered in full for children up to age 3. Up to two (2) replacement ear molds annually are covered in full for children ages 3-7. Additional molds are charged to member.	No more than four (4) replacement ear molds annually for children up to age 3. No more than two (2) replacement ear molds annually for children ages 3-7. Any additional molds are not covered.
Ear Molds (Enrollees over age 7)	First is Covered in Full. Additional molds are charged to member.	First is included with initial hearing aid. Any additional molds are not covered.
Batteries	Covered in Full per ear. First 48 batteries, one-time supply	First year only
Accessories	Not Covered	
Maintenance / Fittings / Follow-Up Visits	Covered in Full within first 6 months, \$45 copay thereafter for the remaining 30 months.	

Out of Network Benefits: If an eligible member lives within 25 miles of a Network provider, a Network provider must be utilized in order to receive coverage. If an eligible member lives within 25 miles of a Network provider and receives hearing aid services and materials from a non-Network provider, there is no coverage. If an eligible member lives more than 25 miles from the closest In-Network provider, the member will be reimbursed at the in-network provider fee level. However, members must contact AudioNet prior to seeking service with a non-Network provider in order to qualify for reimbursement.

Eyetopia 180/300H Year 2

Summary of Benefits - Commercial Plan Design

Effective: May 1, 2023

All services require preauthorization. Providers seeking authorization or members with questions who are seeking Participating Providers in their area should call AudioNet America at (586) 250-2731 or click www.audionetamerica.com

Service	<u>Obtained at a Participating Provider</u> <i>Participating Provider means a physician, audiologist, hearing instrument specialist or dispenser who participates in the AudioNet America Hearing Aid Program.</i>	Frequency
Audiometric Examination	Covered in Full	Once every 24 months
Hearing Aid Evaluation Test	Covered in Full per ear	Once every 24 months
Dispensing Fee	Covered in Full per ear	Once every 24 months
Digital Hearing Aids	Essential-Level standard digital hearing devices will be covered with a \$0 monaural / \$550 binaural member co-payment. Mid-Level standard digital hearing devices will be covered with a \$0 monaural / \$1,110 binaural member co-payment. Advanced Level standard digital hearing devices will be covered with a \$60 monaural / \$1,670 binaural member co-payment. Flagship Level standard digital hearing devices will be covered with a \$330 monaural / \$2,210 binaural member co-payment. Premium Level standard digital hearing devices will be covered with a \$680 monaural / \$2,910 binaural member co-payment.	Once every 24 months Three-year repair warranty and three-year loss and damage warranty (one-time replacement)
Conformity Evaluation	Covered in Full per ear	Once every 24 months
Replacement Ear Molds (For children up to age 7)	Up to four (4) replacement ear molds annually are covered in full for children up to age 3. Up to two (2) replacement ear molds annually are covered in full for children ages 3-7. Additional molds are charged to member.	No more than four (4) replacement ear molds annually for children up to age 3. No more than two (2) replacement ear molds annually for children ages 3-7. Any additional molds are not covered.
Ear Molds (Enrollees over age 7)	First is Covered in Full. Additional molds are charged to member.	First is included with initial hearing aid. Any additional molds are not covered.
Batteries	Covered in Full per ear. First 48 batteries, one-time supply	First year only
Accessories	Not Covered	
Maintenance / Fittings / Follow-Up Visits	Covered in Full within first 6 months, \$45 copay thereafter for the remaining 30 months.	

Out of Network Benefits: If an eligible member lives within 25 miles of a Network provider, a Network provider must be utilized in order to receive coverage. If an eligible member lives within 25 miles of a Network provider and receives hearing aid services and materials from a non-Network provider, there is no coverage. If an eligible member lives more than 25 miles from the closest In-Network provider, the member will be reimbursed at the in-network provider fee level. However, members must contact AudioNet prior to seeking service with a non-Network provider in order to qualify for reimbursement.

Eyetopia 180/300H Year 3

Summary of Benefits - Commercial Plan Design

Effective: May 1, 2023

All services require preauthorization. Providers seeking authorization or members with questions who are seeking Participating Providers in their area should call AudioNet America at (586) 250-2731 or click www.audionetamerica.com

Service	<u>Obtained at a Participating Provider</u> <i>Participating Provider means a physician, audiologist, hearing instrument specialist or dispenser who participates in the AudioNet America Hearing Aid Program.</i>	Frequency
Audiometric Examination	Covered in Full	Once every 36 months
Hearing Aid Evaluation Test	Covered in Full per ear	Once every 36 months
Dispensing Fee	Covered in Full per ear	Once every 36 months
Digital Hearing Aids	Essential-Level standard digital hearing devices will be covered in Full . Mid-Level standard digital hearing devices will be covered with a \$0 monaural /\$160 binaural member co-payment . Advanced Level standard digital hearing devices will be covered with a \$0 monaural /\$720 binaural member co-payment . Flagship Level standard digital hearing devices will be covered with a \$0 monaural /\$1,260 binaural member co-payment . Premium Level standard digital hearing devices will be covered with a \$0 monaural /\$1,960 binaural member co-payment .	Once every 36 months Three-year repair warranty and three-year loss and damage warranty (one-time replacement)
Conformity Evaluation	Covered in Full per ear	Once every 36 months
Replacement Ear Molds (For children up to age 7)	Up to four (4) replacement ear molds annually are covered in full for children up to age 3. Up to two (2) replacement ear molds annually are covered in full for children ages 3-7. Additional molds are charged to member.	No more than four (4) replacement ear molds annually for children up to age 3. No more than two (2) replacement ear molds annually for children ages 3-7. Any additional molds are not covered.
Ear Molds (Enrollees over age 7)	First is Covered in Full. Additional molds are charged to member.	First is included with initial hearing aid. Any additional molds are not covered.
Batteries	Covered in Full per ear. First 48 batteries, one-time supply	First year only
Accessories	Not Covered	
Maintenance / Fittings / Follow-Up Visits	Covered in Full within first 6 months, \$45 copay thereafter for the remaining 30 months.	

Out of Network Benefits: If an eligible member lives within 25 miles of a Network provider, a Network provider must be utilized in order to receive coverage. If an eligible member lives within 25 miles of a Network provider and receives hearing aid services and materials from a non-Network provider, there is no coverage. If an eligible member lives more than 25 miles from the closest In-Network provider, the member will be reimbursed at the in-network provider fee level. However, members must contact AudioNet prior to seeking service with a non-Network provider in order to qualify for reimbursement.

Flexible Spending Accounts

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

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$660 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$660 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$660 will be forfeited under the use-it-or-lose-it rule.

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

Medical FSA Highlights

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

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

Dependent Care FSA

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

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

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

Dependent Care FSA Highlights

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

Health Savings Account

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	<ul style="list-style-type: none">• Self: \$4,300• Family: \$8,500	<ul style="list-style-type: none">• Self Only: \$4,400• Family: \$8,750
Health Insurance Deductible Limits	<ul style="list-style-type: none">• Self Only: \$1,650• Family: \$3,300	<ul style="list-style-type: none">• Self Only: \$1,700• Family: \$3,400

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

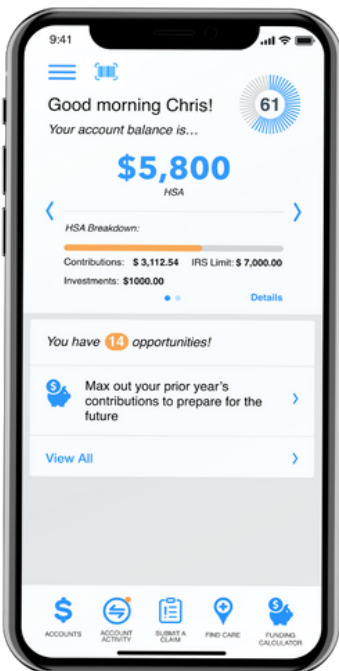
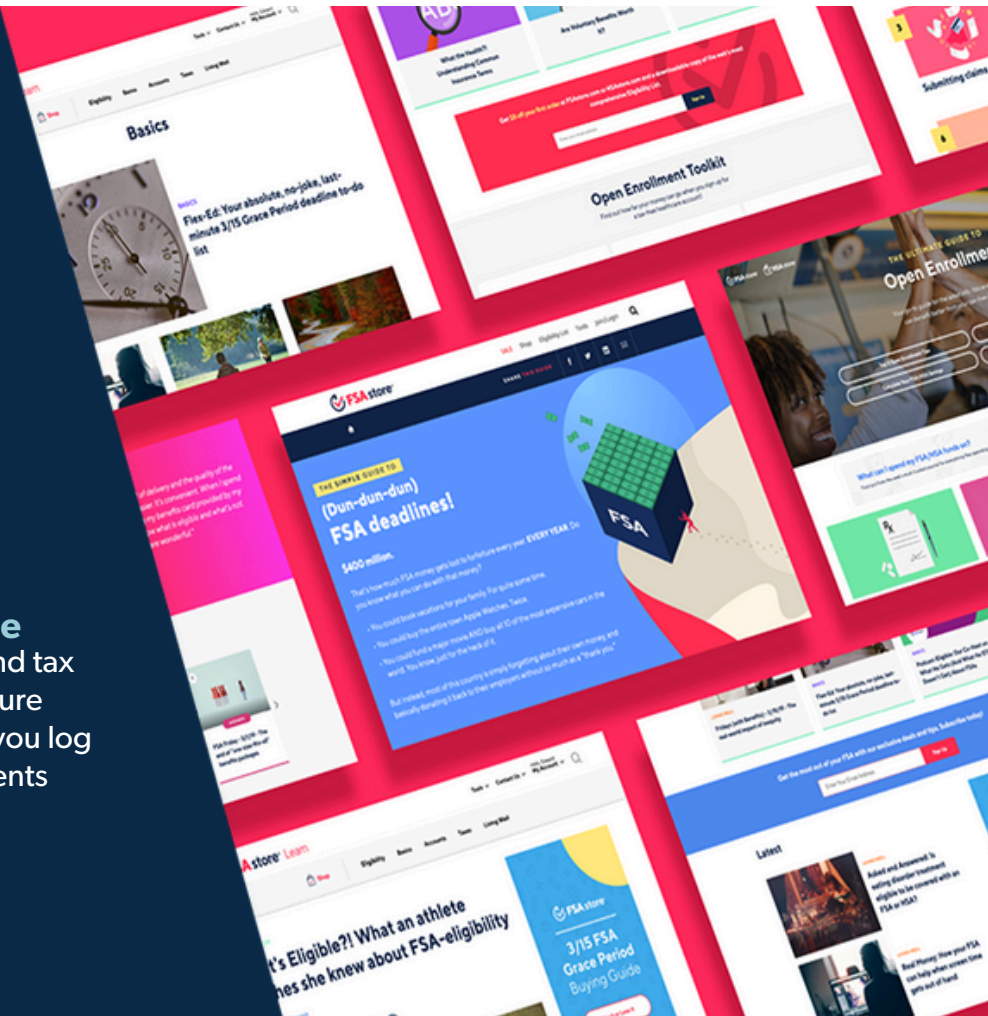
FSA & HSA Resources

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 | 877-442-4207

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$30,000. 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.

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

Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.





LULING ISD / TEEBC TRUST F021842 - 341

Eligibility

All Active Full Time Employees who regularly work 10 hours per week are eligible for insurance on their date of hire.

Supplemental Life and AD&D

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.
(not to exceed 50% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

Child Coverage (Life Only)

Live Birth to Age 26: **\$10,000**

Guarantee Issue*

Employee **\$150,000**
Spouse **\$50,000**

***NEW HIRES ONLY**

Employee: Life & AD&D benefits reduce by 50% of the original amount at age 70.

All benefits terminate at retirement.

Spouse: Benefits terminate at Employee's age 70.

Supplemental Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

Premium Cost (Based on 1/2 pay-on-additions per year)												
Employee	ATTAINED AGE											
Benefit Amount		<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$10,000		\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90
\$20,000		\$1.60	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80
\$30,000		\$2.40	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70
\$40,000		\$3.20	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60
\$50,000		\$4.00	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50
\$60,000		\$4.80	\$4.80	\$5.40	\$6.60	\$7.80	\$10.80	\$16.80	\$26.40	\$42.00	\$52.20	\$89.40
\$70,000		\$5.60	\$5.60	\$6.30	\$7.70	\$9.10	\$12.60	\$19.60	\$30.80	\$49.00	\$60.90	\$104.30
\$80,000		\$6.40	\$6.40	\$7.20	\$8.80	\$10.40	\$14.40	\$22.40	\$35.20	\$56.00	\$69.60	\$119.20
\$90,000		\$7.20	\$7.20	\$8.10	\$9.90	\$11.70	\$16.20	\$25.20	\$39.60	\$63.00	\$78.30	\$134.10
\$100,000		\$8.00	\$8.00	\$9.00	\$11.00	\$13.00	\$18.00	\$28.00	\$44.00	\$70.00	\$87.00	\$149.00
\$110,000		\$8.80	\$8.80	\$9.90	\$12.10	\$14.30	\$19.80	\$30.80	\$48.40	\$77.00	\$95.70	\$163.90
\$120,000		\$9.60	\$9.60	\$10.80	\$13.20	\$15.60	\$21.60	\$33.60	\$52.80	\$84.00	\$104.40	\$178.80
\$130,000		\$10.40	\$10.40	\$11.70	\$14.30	\$16.90	\$23.40	\$36.40	\$57.20	\$91.00	\$113.10	\$193.70
\$140,000		\$11.20	\$11.20	\$12.60	\$15.40	\$18.20	\$25.20	\$39.20	\$61.60	\$98.00	\$121.80	\$208.60
\$150,000		\$12.00	\$12.00	\$13.50	\$16.50	\$19.50	\$27.00	\$42.00	\$66.00	\$105.00	\$130.50	\$223.50

Spouse (Employee Attained Age)

Benefit Amount	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$5,000	\$0.40	\$0.40	\$0.45	\$0.55	\$0.65	\$0.90	\$1.40	\$2.20	\$3.50	\$4.35	\$7.45
\$10,000	\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90
\$15,000	\$1.20	\$1.20	\$1.35	\$1.65	\$1.95	\$2.70	\$4.20	\$6.60	\$10.50	\$13.05	\$22.35
\$20,000	\$1.60	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80
\$25,000	\$2.00	\$2.00	\$2.25	\$2.75	\$3.25	\$4.50	\$7.00	\$11.00	\$17.50	\$21.75	\$37.25
\$30,000	\$2.40	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70
\$35,000	\$2.80	\$2.80	\$3.15	\$3.85	\$4.55	\$6.30	\$9.80	\$15.40	\$24.50	\$30.45	\$52.15
\$40,000	\$3.20	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60
\$45,000	\$3.60	\$3.60	\$4.05	\$4.95	\$5.85	\$8.10	\$12.60	\$19.80	\$31.50	\$39.15	\$67.05
\$50,000	\$4.00	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50

**Employee/Spouse
Supplemental Life and AD&D**

Monthly rates per \$1,000

Age	Rates
Under 20	\$0.080
20-24	\$0.080
25-29	\$0.090
30-34	\$0.110
35-39	\$0.130
40-44	\$0.180
45-49	\$0.280
50-54	\$0.440
55-59	\$0.700
60-64	\$0.870
65+	\$1.490

Dependent Life (Children)

Monthly Premium per Family

Life	Premium
\$10,000	\$1.00

Term Life Insurance

Underwritten by: American Fidelity Assurance Company

10, 20 & 30 Year Renewable and Convertible



Easy Application Process • No Medical Exams • Excellent Customer Service • Learn More » »



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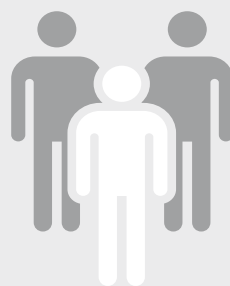
Why Term Life Insurance

Life insurance is an important piece of a strong financial plan. While there is no complete replacement for the loss of a loved one, American Fidelity Assurance Company's Term Life Insurance can help protect your family in your absence. It provides short-term coverage at a competitive price. For those on a limited budget, Term Life Insurance can help fill temporary needs.



62% of adults in the United States have no individual life insurance.

LIMRA: 2015 Insurance Barometer Study; April 2015.



Did You Know?

Almost **2 out of 3** people say the life insurance they receive from their employer is not enough.

LIMRA: 2014 Insurance Barometer Study April 2014.

Why You Need Life Insurance

Consider the following expenses when choosing the right life insurance plan for you.



Final Expenses

Funeral Costs
Unpaid Medical Bills

Self Time

Time to Grieve
Housing Decision

Income Replacement

Mortgage/Rent
Other Loans

Nest Egg

Estate Planning
Income Replacement

Life insurance provided by your employer is an important benefit. However, it may not be enough protection to provide for your loved ones.

A term life policy may help supplement your existing coverage and may assist in meeting financial demands, should you need it. Plus, this is an individual policy which means you own it and can take it with you to a different job or in retirement.

Financial Protection for You

American Fidelity Assurance Company's Term Life Insurance is a great option for your working and earning years when expenses are usually at their highest.

With our Term Life Insurance, premiums will remain the same for the initial term period selected.¹ The death benefit will not change for the life of the policy, and death benefits are generally paid tax free.

Three Easy Steps to Get Covered



¹Premiums are subject to increase upon renewal. ²Issuance of the policy may depend on the answer to these questions. ³Interim coverage for death will be in force from the date your application is signed if on such date the proposed insured is insurable per our underwriting guidelines for the requested coverage in accordance with the terms of the policy. This interim coverage for death will remain in force until the earlier of: 1) the date a policy becomes effective; 2) the date we decline the application; or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy, Children's Term Rider and Spouse Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, or Accelerated Benefit Rider for Long Term Illness.

EMPLOYEE ISSUE AGES
10 Year Term: 17-65 20 Year Term: 17-60 30 Year Term: 17-50
EMPLOYEE ISSUE MAXIMUM
Ages 17-49: \$300,000 Ages 50-65: \$100,000
GUARANTEED LEVEL DEATH BENEFIT
You will receive the full face amount of your policy. (Provided no accelerated benefits are paid.)

SPOUSE ISSUE AGES AND MAXIMUMS
Ages 17-49: \$50,000 Ages 50-60: \$25,000
RATES BASED ON ISSUE AGE AND TOBACCO STATUS
Your premiums will be based on your age on the date your policy becomes effective. You can be eligible for reduced rates if you are a non-tobacco user.
RENEWABLE AND CONVERTIBLE ⁴
You may renew your coverage to age 90. You may convert to a whole life policy prior to age 70.

SAMPLE 20-YEAR TERM NON- TOBACCO MONTHLY PREMIUM RATES ⁵					
	\$25K ⁺	\$50K ⁺	\$100K	\$150K	\$300K
25	\$6.50	\$9.00	\$16.00	\$20.00	\$38.00
35	\$7.50	\$11.50	\$21.00	\$27.50	\$53.00
45	\$11.75	\$20.50	\$39.00	\$56.00	\$110.00
55	\$25.25	\$38.50	\$75.00	n/a	n/a

*Shaded amounts available for spouse base policy purchases.

⁴Premiums remain level for the initial term period selected. If you choose the 10 or 20 Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60 respectively. Thereafter, premiums are renewable annually. The 30 Year Term Life Plan is renewable annually after the initial term period. All term plans expire the policy anniversary following age 90. Rates will be adjusted on each renewed term period; ⁵Example is based on a 20-year term, monthly, non-tobacco, base policy with no attached riders. For specific ages, rates, term periods or face amounts, see your American Fidelity account manager.

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)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		6.53	11.93	17.33	22.73	33.53	44.33	55.13	65.93	75
21-22		6.67	12.20	17.74	23.28	34.35	45.43	56.50	67.58	74
23		6.80	12.48	18.15	23.83	35.18	46.53	57.88	69.23	75
24-25		6.94	12.75	18.57	24.38	36.00	47.63	59.25	70.88	74
26		7.22	13.30	19.39	25.48	37.65	49.83	62.00	74.18	75
27-28		7.35	13.58	19.80	26.03	38.48	50.93	63.38	75.83	74
29		7.49	13.85	20.22	26.58	39.30	52.03	64.75	77.48	74
30-31		7.63	14.13	20.63	27.13	40.13	53.13	66.13	79.13	73
32		8.04	14.95	21.87	28.78	42.60	56.43	70.25	84.08	74
33		8.32	15.50	22.69	29.88	44.25	58.63	73.00	87.38	74
34		8.73	16.33	23.93	31.53	46.73	61.93	77.13	92.33	75
35		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	76
36		9.55	17.98	26.40	34.83	51.68	68.53	85.38	102.23	76
37		9.97	18.80	27.64	36.48	54.15	71.83	89.50	107.18	77
38		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	77
39		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	78
40	5.38	11.75	22.38	33.00	43.63	64.88	86.13	107.38	128.63	79
41	5.76	12.72	24.30	35.89	47.48	70.65	93.83	117.00	140.18	80
42	6.20	13.82	26.50	39.19	51.88	77.25	102.63	128.00	153.38	81
43	6.59	14.78	28.43	42.08	55.73	83.03	110.33	137.63	164.93	82
44	6.97	15.74	30.35	44.97	59.58	88.80	118.03	147.25	176.48	83
45	7.36	16.70	32.28	47.85	63.43	94.58	125.73	156.88	188.03	83
46	7.80	17.80	34.48	51.15	67.83	101.18	134.53	167.88	201.23	84
47	8.18	18.77	36.40	54.04	71.68	106.95	142.23	177.50	212.78	84
48	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	85
49	9.06	20.97	40.80	60.64	80.48	120.15	159.83	199.50	239.18	85
50	9.61	22.34	43.55	64.77	85.98					86
51	10.27	23.99	46.85	69.72	92.58					87
52	10.99	25.78	50.43	75.08	99.73					88
53	11.54	27.15	53.18	79.20	105.23					88
54	12.09	28.53	55.93	83.33	110.73					88
55	12.69	30.04	58.95	87.87	116.78					89
56	13.24	31.42	61.70	91.99	122.28	CHILDREN AND GRANDCHILDREN (NON-TOBACCO) with Accidental Death Rider Grandchild coverage available through age 18.				89
57	13.90	33.07	65.00	96.94	128.88					89
58	14.51	34.58	68.03	101.48	134.93					89
59	15.17	36.23	71.33	106.43	141.53					89
60	15.59	37.29	73.45	109.62	145.78					90
61	16.31	39.08	77.03	114.98	152.93					90
62	17.19	41.28	81.43	121.58	161.73					90
63	18.07	43.48	85.83	128.18	170.53					90
64	19.00	45.82	90.50	135.19	179.88					90
65	20.05	48.43	95.73	143.03	190.33					90
66	21.20									90
67	22.47									91
68	23.84									91
69	25.22									91
70	26.65									91

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	4.63	8.13	81
2-4	4.75	8.38	80
5-8	4.88	8.63	79
9-10	5.00	8.88	79
11-16	5.13	9.13	77
17-20	6.13	11.13	75
21-22	6.25	11.38	74
23	6.38	11.63	75
24-25	6.50	11.88	74
26	6.75	12.38	75

Indicates Spouse Coverage Available

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

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

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

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

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	71
21-22		9.69	18.25	26.82	35.38	52.50	69.63	86.75	103.88	71
23		10.10	19.08	28.05	37.03	54.98	72.93	90.88	108.83	72
24-25		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	71
26		10.65	20.18	29.70	39.23	58.28	77.33	96.38	115.43	72
27-28		10.93	20.73	30.53	40.33	59.93	79.53	99.13	118.73	71
29		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	71
30-31		12.44	23.75	35.07	46.38	69.00	91.63	114.25	136.88	72
32		12.85	24.58	36.30	48.03	71.48	94.93	118.38	141.83	72
33		12.99	24.85	36.72	48.58	72.30	96.03	119.75	143.48	72
34		13.13	25.13	37.13	49.13	73.13	97.13	121.13	145.13	71
35		14.09	27.05	40.02	52.98	78.90	104.83	130.75	156.68	72
36		14.50	27.88	41.25	54.63	81.38	108.13	134.88	161.63	72
37		15.47	29.80	44.14	58.48	87.15	115.83	144.50	173.18	73
38		15.88	30.63	45.38	60.13	89.63	119.13	148.63	178.13	73
39		16.98	32.83	48.68	64.53	96.23	127.93	159.63	191.33	74
40	8.07	18.49	35.85	53.22	70.58	105.30	140.03	174.75	209.48	76
41	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	77
42	9.17	21.24	41.35	61.47	81.58	121.80	162.03	202.25	242.48	78
43	9.94	23.17	45.20	67.24	89.28	133.35	177.43	221.50	265.58	80
44	10.33	24.13	47.13	70.13	93.13	139.13	185.13	231.13	277.13	80
45	10.88	25.50	49.88	74.25	98.63	147.38	196.13	244.88	293.63	81
46	11.32	26.60	52.08	77.55	103.03	153.98	204.93	255.88	306.83	81
47	11.87	27.98	54.83	81.68	108.53	162.23	215.93	269.63	323.33	82
48	12.36	29.22	57.30	85.39	113.48	169.65	225.83	282.00	338.18	82
49	13.08	31.00	60.88	90.75	120.63	180.38	240.13	299.88	359.63	83
50	13.68	32.52	63.90	95.29	126.68					83
51	14.29	34.03	66.93	99.83	132.73					83
52	15.17	36.23	71.33	106.43	141.53					84
53	15.94	38.15	75.18	112.20	149.23					85
54	16.65	39.94	78.75	117.57	156.38					85
55	17.42	41.87	82.60	123.34	164.08					85
56	18.30	44.07	87.00	129.94	172.88					85
57	19.18	46.27	91.40	136.54	181.68					86
58	20.12	48.60	96.08	143.55	191.03					86
59	21.05	50.94	100.75	150.57	200.38					86
60	21.64	52.42	103.70	154.99	206.28					86
61	22.91	55.58	110.03	164.48	218.93					86
62	24.12	58.60	116.08	173.55	231.03					87
63	25.33	61.63	122.13	182.63	243.13					87
64	26.54	64.65	128.18	191.70	255.23					87
65	27.86	67.95	134.78	201.60	268.43					87
66	29.29									88
67	30.83									88
68	32.42									88
69	34.13									88
70	35.94									89

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

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

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

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

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

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

Indicates
Spouse
Coverage
Available

Disability Insurance

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

Why Do I Need Disability Insurance?

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

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

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





AF™ Long-Term Disability Income Insurance

Texas Schools

Marketed by:



EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights



Benefits are Payable Directly to You

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



Customized to Meet Your Individual Needs

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



Return-to-Work Benefit

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

Choose the Right Plan for You

BENEFITS BEGIN

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



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



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



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



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

Benefit Policy Schedule

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

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$300.00 - \$449.99	\$200.00	\$7.36	\$6.28	\$5.20	\$3.24	\$2.40	\$1.56
\$450.00 - \$599.99	\$300.00	\$11.04	\$9.42	\$7.80	\$4.86	\$3.60	\$2.34
\$600.00 - \$749.99	\$400.00	\$14.72	\$12.56	\$10.40	\$6.48	\$4.80	\$3.12
\$750.00 - \$899.99	\$500.00	\$18.40	\$15.70	\$13.00	\$8.10	\$6.00	\$3.90
\$900.00 - \$1,049.99	\$600.00	\$22.08	\$18.84	\$15.60	\$9.72	\$7.20	\$4.68
\$1,050.00 - \$1,199.99	\$700.00	\$25.76	\$21.98	\$18.20	\$11.34	\$8.40	\$5.46
\$1,200.00 - \$1,349.99	\$800.00	\$29.44	\$25.12	\$20.80	\$12.96	\$9.60	\$6.24
\$1,350.00 - \$1,499.99	\$900.00	\$33.12	\$28.26	\$23.40	\$14.58	\$10.80	\$7.02
\$1,500.00 - \$1,649.99	\$1,000.00	\$36.80	\$31.40	\$26.00	\$16.20	\$12.00	\$7.80
\$1,650.00 - \$1,799.99	\$1,100.00	\$40.48	\$34.54	\$28.60	\$17.82	\$13.20	\$8.58
\$1,800.00 - \$1,949.99	\$1,200.00	\$44.16	\$37.68	\$31.20	\$19.44	\$14.40	\$9.36
\$1,950.00 - \$2,099.99	\$1,300.00	\$47.84	\$40.82	\$33.80	\$21.06	\$15.60	\$10.14
\$2,100.00 - \$2,249.99	\$1,400.00	\$51.52	\$43.96	\$36.40	\$22.68	\$16.80	\$10.92
\$2,250.00 - \$2,399.99	\$1,500.00	\$55.20	\$47.10	\$39.00	\$24.30	\$18.00	\$11.70
\$2,400.00 - \$2,549.99	\$1,600.00	\$58.88	\$50.24	\$41.60	\$25.92	\$19.20	\$12.48
\$2,550.00 - \$2,699.99	\$1,700.00	\$62.56	\$53.38	\$44.20	\$27.54	\$20.40	\$13.26
\$2,700.00 - \$2,849.99	\$1,800.00	\$66.24	\$56.52	\$46.80	\$29.16	\$21.60	\$14.04
\$2,850.00 - \$2,999.99	\$1,900.00	\$69.92	\$59.66	\$49.40	\$30.78	\$22.80	\$14.82
\$3,000.00 - \$3,149.99	\$2,000.00	\$73.60	\$62.80	\$52.00	\$32.40	\$24.00	\$15.60
\$3,150.00 - \$3,299.99	\$2,100.00	\$77.28	\$65.94	\$54.60	\$34.02	\$25.20	\$16.38
\$3,300.00 - \$3,449.99	\$2,200.00	\$80.96	\$69.08	\$57.20	\$35.64	\$26.40	\$17.16
\$3,450.00 - \$3,599.99	\$2,300.00	\$84.64	\$72.22	\$59.80	\$37.26	\$27.60	\$17.94
\$3,600.00 - \$3,749.99	\$2,400.00	\$88.32	\$75.36	\$62.40	\$38.88	\$28.80	\$18.72
\$3,750.00 - \$3,899.99	\$2,500.00	\$92.00	\$78.50	\$65.00	\$40.50	\$30.00	\$19.50
\$3,900.00 - \$4,049.99	\$2,600.00	\$95.68	\$81.64	\$67.60	\$42.12	\$31.20	\$20.28
\$4,050.00 - \$4,199.99	\$2,700.00	\$99.36	\$84.78	\$70.20	\$43.74	\$32.40	\$21.06
\$4,200.00 - \$4,349.99	\$2,800.00	\$103.04	\$87.92	\$72.80	\$45.36	\$33.60	\$21.84
\$4,350.00 - \$4,499.99	\$2,900.00	\$106.72	\$91.06	\$75.40	\$46.98	\$34.80	\$22.62
\$4,500.00 - \$4,649.99	\$3,000.00	\$110.40	\$94.20	\$78.00	\$48.60	\$36.00	\$23.40
\$4,650.00 - \$4,799.99	\$3,100.00	\$114.08	\$97.34	\$80.60	\$50.22	\$37.20	\$24.18
\$4,800.00 - \$4,949.99	\$3,200.00	\$117.76	\$100.48	\$83.20	\$51.84	\$38.40	\$24.96
\$4,950.00 - \$5,099.99	\$3,300.00	\$121.44	\$103.62	\$85.80	\$53.46	\$39.60	\$25.74
\$5,100.00 - \$5,249.99	\$3,400.00	\$125.12	\$106.76	\$88.40	\$55.08	\$40.80	\$26.52
\$5,250.00 - \$5,399.99	\$3,500.00	\$128.80	\$109.90	\$91.00	\$56.70	\$42.00	\$27.30
\$5,400.00 - \$5,549.99	\$3,600.00	\$132.48	\$113.04	\$93.60	\$58.32	\$43.20	\$28.08
\$5,550.00 - \$5,699.99	\$3,700.00	\$136.16	\$116.18	\$96.20	\$59.94	\$44.40	\$28.86
\$5,700.00 - \$5,849.99	\$3,800.00	\$139.84	\$119.32	\$98.80	\$61.56	\$45.60	\$29.64

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,850.00 - \$5,999.99	\$3,900.00	\$143.52	\$122.46	\$101.40	\$63.18	\$46.80	\$30.42
\$6,000.00 - \$6,149.99	\$4,000.00	\$147.20	\$125.60	\$104.00	\$64.80	\$48.00	\$31.20
\$6,150.00 - \$6,299.99	\$4,100.00	\$150.88	\$128.74	\$106.60	\$66.42	\$49.20	\$31.98
\$6,300.00 - \$6,449.99	\$4,200.00	\$154.56	\$131.88	\$109.20	\$68.04	\$50.40	\$32.76
\$6,450.00 - \$6,599.99	\$4,300.00	\$158.24	\$135.02	\$111.80	\$69.66	\$51.60	\$33.54
\$6,600.00 - \$6,749.99	\$4,400.00	\$161.92	\$138.16	\$114.40	\$71.28	\$52.80	\$34.32
\$6,750.00 - \$6,899.99	\$4,500.00	\$165.60	\$141.30	\$117.00	\$72.90	\$54.00	\$35.10
\$6,900.00 - \$7,049.99	\$4,600.00	\$169.28	\$144.44	\$119.60	\$74.52	\$55.20	\$35.88
\$7,050.00 - \$7,199.99	\$4,700.00	\$172.96	\$147.58	\$122.20	\$76.14	\$56.40	\$36.66
\$7,200.00 - \$7,349.99	\$4,800.00	\$176.64	\$150.72	\$124.80	\$77.76	\$57.60	\$37.44
\$7,350.00 - \$7,499.99	\$4,900.00	\$180.32	\$153.86	\$127.40	\$79.38	\$58.80	\$38.22
\$7,500.00 - \$7,649.99	\$5,000.00	\$184.00	\$157.00	\$130.00	\$81.00	\$60.00	\$39.00
\$7,650.00 - \$7,799.99	\$5,100.00	\$187.68	\$160.14	\$132.60	\$82.62	\$61.20	\$39.78
\$7,800.00 - \$7,949.99	\$5,200.00	\$191.36	\$163.28	\$135.20	\$84.24	\$62.40	\$40.56
\$7,950.00 - \$8,099.99	\$5,300.00	\$195.04	\$166.42	\$137.80	\$85.86	\$63.60	\$41.34
\$8,100.00 - \$8,249.99	\$5,400.00	\$198.72	\$169.56	\$140.40	\$87.48	\$64.80	\$42.12
\$8,250.00 - \$8,399.99	\$5,500.00	\$202.40	\$172.70	\$143.00	\$89.10	\$66.00	\$42.90
\$8,400.00 - \$8,549.99	\$5,600.00	\$206.08	\$175.84	\$145.60	\$90.72	\$67.20	\$43.68
\$8,550.00 - \$8,699.99	\$5,700.00	\$209.76	\$178.98	\$148.20	\$92.34	\$68.40	\$44.46
\$8,700.00 - \$8,849.99	\$5,800.00	\$213.44	\$182.12	\$150.80	\$93.96	\$69.60	\$45.24
\$8,850.00 - \$8,999.99	\$5,900.00	\$217.12	\$185.26	\$153.40	\$95.58	\$70.80	\$46.02
\$9,000.00 - \$9,149.99	\$6,000.00	\$220.80	\$188.40	\$156.00	\$97.20	\$72.00	\$46.80
\$9,150.00 - \$9,299.99	\$6,100.00	\$224.48	\$191.54	\$158.60	\$98.82	\$73.20	\$47.58
\$9,300.00 - \$9,449.99	\$6,200.00	\$228.16	\$194.68	\$161.20	\$100.44	\$74.40	\$48.36
\$9,450.00 - \$9,599.99	\$6,300.00	\$231.84	\$197.82	\$163.80	\$102.06	\$75.60	\$49.14
\$9,600.00 - \$9,749.99	\$6,400.00	\$235.52	\$200.96	\$166.40	\$103.68	\$76.80	\$49.92
\$9,750.00 - \$9,899.99	\$6,500.00	\$239.20	\$204.10	\$169.00	\$105.30	\$78.00	\$50.70
\$9,900.00 - \$10,049.99	\$6,600.00	\$242.88	\$207.24	\$171.60	\$106.92	\$79.20	\$51.48
\$10,050.00 - \$10,199.99	\$6,700.00	\$246.56	\$210.38	\$174.20	\$108.54	\$80.40	\$52.26
\$10,200.00 - \$10,349.99	\$6,800.00	\$250.24	\$213.52	\$176.80	\$110.16	\$81.60	\$53.04
\$10,350.00 - \$10,499.99	\$6,900.00	\$253.92	\$216.66	\$179.40	\$111.78	\$82.80	\$53.82
\$10,500.00 - \$10,649.99	\$7,000.00	\$257.60	\$219.80	\$182.00	\$113.40	\$84.00	\$54.60
\$10,650.00 - \$10,799.99	\$7,100.00	\$261.28	\$222.94	\$184.60	\$115.02	\$85.20	\$55.38
\$10,800.00 - \$10,949.99	\$7,200.00	\$264.96	\$226.08	\$187.20	\$116.64	\$86.40	\$56.16
\$10,950.00 - \$11,099.99	\$7,300.00	\$268.64	\$229.22	\$189.80	\$118.26	\$87.60	\$56.94
\$11,100.00 - \$11,249.99	\$7,400.00	\$272.32	\$232.36	\$192.40	\$119.88	\$88.80	\$57.72
\$11,250.00 - \$11,399.99	\$7,500.00*	\$276.00	\$235.50	\$195.00	\$121.50	\$90.00	\$58.50

*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.

Hospital Confinement Benefit

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

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

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

Survivor Benefit

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

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

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

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



Minimum Disability Benefit

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

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

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

Return To Work Incentives: Disabled and Working

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

- **Worksite Accommodation**

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

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

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

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

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

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

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

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



Spousal Accident Only Disability Benefit Rider

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

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

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

COBRA Funding Rider

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

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

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

Critical Illness Benefit Rider

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

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

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

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the policy. In addition to the exclusions listed in the policy, no benefits will be payable under this rider for any Hospital confinement that is caused by or resulting from mental illness or drug or alcohol abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a Hospital.

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

Critical Illness Benefit Rider

The Critical Illness Benefit rider will not be payable for any loss caused by or resulting from: a Critical Illness when the date of diagnosis occurs during the waiting period; a Critical Illness diagnosed outside of the United States; or a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness date of diagnosis occurs before you have been continuously covered under this rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12-month period immediately before the effective date of this rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the date of diagnosis occurs during the Critical Illness waiting period. The waiting period is 30 days from the effective date of this rider.

COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this rider. Your employment must have terminated for the benefit to be payable.

Spousal Accident Only Disability Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this policy for any period during which your Spouse is entitled to Workers' Compensation benefits; participation in any sport for wage or profit; participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. Your spouse must be engaged in Full Time Employment for benefits to be payable. Full Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your spouse is working while self-employed. No benefits are payable for your Spouse under this rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from Spousal abuse.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These riders will terminate on the same date as the policy or certificate to which it is attached.

Policy Exclusions

The policy does not cover any loss, fatal or non-fatal, resulting from:

- Intentionally self-inflicted Injury while sane or insane.
- An act of war, declared or undeclared.
- Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.
- Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation.

The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this policy for any period during which you are entitled to Workers' Compensation benefits.

Your coverage may be extended for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.



Your benefits, all in one place.

Manage your American Fidelity benefits and reimbursement accounts through your online account or the AFmobile® app.

Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile.

Pre-Existing Conditions may apply.

*This brochure highlights important features of the policy.
Please refer to your certificate for complete details.*



Underwritten and Administered by:
American Fidelity Assurance Company
800-662-1113 • americanfidelity.com

Cancer Insurance

Plan Options



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

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

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

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		
Monthly Premium	Basic	Enhanced Plus
Individual	\$15.80	\$31.62
Family	\$26.86	\$53.80



AF™ Group Cancer Insurance

Focus on the fight.

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

AF™ **Limited Benefit Group Cancer Insurance** offers a solution to help you and your family focus on fighting the disease.

Did You Know?

New cancer cases in America are diagnosed at the rate of about 4,626 per day.

American Cancer Society: Cancer Facts and Figures 2017, pg. 4.

Plan Highlights

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

Cancer Insurance Benefits

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

Example cancer insurance benefits include:



Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for our AFQuickClaims®.



Travel Expenses

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

**AMERICAN
FIDELITY** 
a different opinion

Choose Your Coverage

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (actual charges)	\$10,000	\$15,000
Administrative/Lab Work Benefit (per calendar month)	\$50	\$75
Hormone Therapy Benefit (per treatment - max 1 treatment/ calendar month)	\$50	\$50
Experimental Treatment Benefit	Paid in the same manner and under the same maximums as any other treatment	
Blood, Plasma, and Platelets Benefit (\$10,000 Basic, \$15,000 Enhanced Plus per calendar year max)	\$200/day	\$300/day
Medical Imaging Benefit (per image - max 2 per calendar year)	\$200	\$300
Surgical Benefit	\$20 surgical unit/ Max per operation: \$2,000	\$40 surgical unit/ Max per operation: \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Second and Third Surgical Opinion Benefit(per diagnosis)	\$300	\$300
Outpatient Hospital or Ambulatory Surgical Center Benefit	\$200/day of surgery	\$600/day of surgery
Bone Marrow or Stem Cell Transplant Benefit		
Patient Provided (per calendar year)	\$500	\$1,500
Donor Provided (per calendar year)	\$1,500	\$4,500
Prosthesis and Orthotic Benefit and Related Services	\$1,000	\$2,000
Surgical (1/site; lifetime max 2/ covered person)	\$100	\$200
Non-surgical (1/site; lifetime max 3/ covered person)	\$100	\$200
Hair Prosthesis (once per life)		
Hospital Confinement Benefit		
Day 1-30	\$100/day	\$300/day
Day 31+	\$200/day	\$600/day
U.S. Government/Charity Hospital Benefit (paid in lieu of most benefits) (inpatient and outpatient)	\$100/day	\$300/day
Extended Care Facility Benefit (up to the same number of days of paid hospital confinement)	\$100/day	\$300/day
Home Health Care (up to the same number of days of paid hospital confinement)	\$100/day	\$300/day
Hospice Care Benefit (\$18,000 lifetime max for Basic; \$54,000 lifetime max for Enhanced Plus)	\$100/day	\$300/day
Inpatient Special Nursing Services Benefit	\$100/day	\$300/day
Dread Disease Benefit (paid per day while hospital confined)		
Day 1-30	\$100/day	\$300/day
Day 31+	\$200/day	\$600/day

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Donor Benefit	\$1,000/donation	
Drugs and Medicine Benefit		
Inpatient (payable per confinement)	\$50	\$200
Outpatient (\$50/prescription/ calendar month up to max shown)	\$50	\$100
Attending Physician Benefit (while hospital confined)	\$50/day	\$50/day
Transportation & Lodging Benefit (Patient & Family Member)		
Transportation (\$1,500 max per round trip; max 12 trips/calendar year)	Coach fare or \$.50/ mile by car	Coach fare or \$.50/ mile by car
Lodging (per day up to 90 days per calendar year)	\$50	\$75
Ambulance Benefit		
Ground (per trip, up to 2 per confinement)	\$200	\$200
Air (per trip, up to 2 per confinement)	\$2,000	\$2,000
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$50	\$50
Diagnostic and Prevention Benefit (one per calendar year)	\$25	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$25	\$75
Waiver of Premium (employee only)	After 90 days of continuous disability	
Internal Cancer Diagnosis Benefit (paid once/Covered Person/Lifetime; Benefits reduce 50% at age 70)	\$2,500	\$5,000
Heart Attack or Stroke Diagnosis Benefit (paid once/covered person/lifetime; benefits reduce 50% at age 70)	N/A	\$5,000
Hospital Intensive Care Unit Benefit (per day; max 30 days/confinement; benefits reduce 50% at age 70)		\$600
Ambulance		\$100

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Monthly Premium

	BASIC	ENHANCED PLUS
Individual	\$15.80	\$31.62
Family	\$26.86	\$53.80

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

Critical Illness Insurance

Aflac | www.aflac.com | 800-992-3522

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.



RATES TABLE FOR: LULING ISD - GP-10981 / GROUP CRITICAL ILLNESS - PLAN-77732**DEDUCTION FREQUENCY: Monthly (12pp / yr)****Employee - Non-Tobacco**

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.19	\$7.46	\$9.72	\$11.99	\$14.25	\$16.52	\$18.78	\$21.05	\$23.31	\$25.58
30-39	\$6.45	\$9.96	\$13.48	\$17.00	\$20.51	\$24.03	\$27.55	\$31.06	\$34.58	\$38.10
40-49	\$9.53	\$16.12	\$22.72	\$29.31	\$35.91	\$42.51	\$49.10	\$55.70	\$62.30	\$68.89
50-59	\$14.84	\$26.75	\$38.66	\$50.57	\$62.47	\$74.38	\$86.29	\$98.20	\$110.11	\$122.02
60-69	\$22.44	\$41.94	\$61.45	\$80.96	\$100.47	\$119.97	\$139.48	\$158.99	\$178.50	\$198.00

Employee - Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.00	\$9.07	\$12.15	\$15.22	\$18.29	\$21.36	\$24.44	\$27.51	\$30.58	\$33.65
30-39	\$8.26	\$13.59	\$18.93	\$24.26	\$29.59	\$34.92	\$40.26	\$45.59	\$50.92	\$56.25
40-49	\$13.15	\$23.36	\$33.58	\$43.79	\$54.01	\$64.22	\$74.44	\$84.65	\$94.87	\$105.08
50-59	\$22.00	\$41.06	\$60.13	\$79.19	\$98.26	\$117.32	\$136.39	\$155.45	\$174.52	\$193.58
60-69	\$33.24	\$63.56	\$93.87	\$124.19	\$154.50	\$184.82	\$215.13	\$245.45	\$275.76	\$306.08

Spouse - Non-Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.92	\$6.91	\$8.91	\$10.90	\$12.89	\$14.88	\$16.88	\$18.87	\$20.86	\$22.85
30-39	\$6.17	\$9.42	\$12.66	\$15.91	\$19.15	\$22.40	\$25.64	\$28.89	\$32.13	\$35.38
40-49	\$9.25	\$15.58	\$21.90	\$28.23	\$34.55	\$40.87	\$47.20	\$53.52	\$59.84	\$66.17
50-59	\$14.58	\$26.23	\$37.88	\$49.54	\$61.19	\$72.84	\$84.49	\$96.14	\$107.79	\$119.45
60-69	\$22.22	\$41.50	\$60.79	\$80.07	\$99.36	\$118.64	\$137.93	\$157.21	\$176.50	\$195.78

Spouse - Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
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18-29	\$5.73	\$8.53	\$11.33	\$14.13	\$16.93	\$19.73	\$22.53	\$25.33	\$28.13	\$30.93
30-39	\$7.99	\$13.05	\$18.11	\$23.17	\$28.23	\$33.29	\$38.35	\$43.41	\$48.47	\$53.53
40-49	\$12.87	\$22.82	\$32.76	\$42.70	\$52.65	\$62.59	\$72.53	\$82.47	\$92.42	\$102.36
50-59	\$21.74	\$40.55	\$59.35	\$78.16	\$96.97	\$115.78	\$134.59	\$153.39	\$172.20	\$191.01
60-69	\$33.17	\$63.41	\$93.66	\$123.90	\$154.14	\$184.38	\$214.63	\$244.87	\$275.11	\$305.35

Accident Insurance

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

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





Group Accident Insurance

24-Hour Coverage

Marketed by:



Are you financially prepared for an accident?

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

ACCIDENTAL INJURY*

Hypothetical Example

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

	LEVEL 1	LEVEL 2	LEVEL 3
Initial Treatment	\$100	\$150	\$200
X-Rays (two different days)	\$50	\$100	\$150
Anesthesia	\$100	\$200	\$300
Hospital Admission (day one)	\$500	\$1,000	\$1,500
Hospital Confinement (days two through four)	\$300	\$600	\$900
Concussion	\$250	\$300	\$350
Open Reduction Radius Fracture Repair	\$600	\$800	\$1,000
Appliance – Arm Brace	\$100	\$150	\$200
Follow-Up Treatment (three visits)	\$150	\$150	\$150
TOTAL	\$2,150	\$3,450	\$4,750

ACCIDENT SCREENING BENEFIT*

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

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

LEVEL 1

\$50

LEVEL 2

\$50

LEVEL 3

\$50

Plan Benefit Highlights*

ACCIDENTAL DEATH & DISMEMBERMENT

LEVEL 1	For Employee / Spouse	For Child
Common Carrier	\$50,000	\$25,000
Other Accident	\$20,000	\$10,000
Dismemberment	\$1,750 to \$25,000	\$875 to \$12,500
LEVEL 2	For Employee / Spouse	For Child
Common Carrier	\$100,000	\$50,000
Other Accident	\$40,000	\$20,000
Dismemberment	\$3,500 to \$50,000	\$1,750 to \$25,000
LEVEL 3	For Employee / Spouse	For Child
Common Carrier	\$150,000	\$75,000
Other Accident	\$60,000	\$30,000
Dismemberment	\$5,250 to \$75,000	\$2,625 to \$37,500

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

Plan Benefit Highlights

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

BENEFITS	LEVEL 1	LEVEL 2	LEVEL 3
TREATMENTS			
Initial Treatment	\$100	\$150	\$200
Follow-Up Treatment Up to six treatments	\$50	\$50	\$50
MEDICAL IMAGING			
CT, CAT, MRI, PET, US, SPECT	\$100	\$150	\$200
X-Rays Up to two days	\$50	\$100	\$150
HOSPITAL			
ICU Admission	\$1,000	\$1,500	\$2,000
Hospital Admission	\$500	\$1,000	\$1,500
ICU Confinement Up to 30 days	\$200	\$400	\$600
Hospital Confinement Up to 365 days	\$100	\$200	\$300
Rehabilitation Up to 30 days	\$50	\$100	\$150
SURGICAL			
Internal Injuries Surgery Open abdominal/ thoracic surgery	\$1,000	\$1,500	\$2,000
Exploratory Surgery	\$250	\$300	\$350
Tendons, Ligaments, and Rotator Cuff Surgery One tendon, ligament, or rotator cuff	\$500	\$500	\$500
More than one tendon, ligament, or rotator cuff	\$750	\$750	\$750
Ruptured Disc or Torn Knee Cartilage Surgery	\$500	\$500	\$500
Miscellaneous Surgery	\$200	\$200	\$200
Outpatient Hospital or Ambulatory Surgical Center	\$100	\$200	\$300
Anesthesia	\$100	\$200	\$300
AMBULANCE			
Ground/Water	\$500	\$500	\$500
Air	\$1,500	\$1,500	\$1,500
TRANSPORTATION, LODGING, AND MEALS			
Transportation Up to three round trips per Covered Person per Covered Accident	\$300	\$300	\$300
Family Member Lodging and Meals Per day of Covered Accident, up to 30 days combined	\$200	\$200	\$200

BENEFITS	LEVEL 1	LEVEL 2	LEVEL 3
INJURY TREATMENTS			
Fractures Depending on open or closed reduction and bone involved <i>Chip fracture</i> (25% of closed reduction amount)	\$112.50 to \$3,000	\$150 to \$4,000	\$187.50 to \$5,000
Dislocations Depending on open or closed reduction and joint involved <i>With local or no anesthesia</i> (25% of closed reduction amount)	\$112.50 to \$3,000	\$150 to \$4,000	\$187.50 to \$5,000
Lacerations (Depending on severity and length of laceration)	\$25-\$400	\$50-\$500	\$75-\$600
2nd & 3rd Degree Burns Skin grafts are 50% of benefit	\$100 to \$10,000	\$100 to \$10,000	\$100 to \$10,000
ADDITIONAL BENEFITS			
Appliances Crutches, leg braces, etc.	\$100	\$150	\$200
Blood, Plasma, and Platelets	\$200	\$200	\$200
Concussion	\$250	\$300	\$350
Traumatic Brain Injury	\$1,000	\$1,500	\$2,000
Coma	\$5,000	\$10,000	\$15,000
Emergency Dental Work Broken teeth repaired with crown or extraction of a broken natural tooth	\$100	\$200	\$300
Epidural Pain Management	\$50	\$75	\$100
Eye Injury Injury with surgical repair or removal of foreign body by physician, for one or both eyes	\$200	\$250	\$300
Gunshot Wound	\$500	\$500	\$500
Paralysis Paraplegia/Uniplegia Quadriplegia	\$10,000 \$20,000	\$10,000 \$20,000	\$10,000 \$20,000
Physical, Occupational, or Speech Therapy Per day of treatment, up to eight days combined	\$25	\$25	\$25
Prosthesis Up to two devices	\$500	\$500	\$500
Organized Sports Benefit	Additional 25% of benefit payable	Additional 25% of benefit payable	Additional 25% of benefit payable
MONTHLY PREMIUMS			
Employee	\$9.02	\$12.48	\$15.92
Employee & Spouse	\$15.78	\$21.82	\$27.86
Employee & Child(ren)	\$18.04	\$24.94	\$31.84
Family	\$24.82	\$34.30	\$43.78

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

Identity Theft Protection

iLOCK360 | www.iLOCK360.com | 855-287-8888

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

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

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



Medical Transport

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

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

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

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





EMERGENCY TRANSPORTATION COSTS

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

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

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



HOW MASA IS DIFFERENT

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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



**Any Ground. Any Air.
Anywhere.™**

OUR BENEFITS

Benefit *	Platinum \$39/Month	Emergent Plus \$14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	
Mortal Remains Transportation	Worldwide	
Visitor Transportation	BCA**	
Minor Children/Grandchildren Return	BCA**	
Vehicle Return	BCA**	
Pet Return	BCA**	
Organ Retrieval	U.S./Canada	
Organ Recipient Transportation	U.S./Canada	

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

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



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

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

**For more information, please contact
Jaran Floyd or Brice Calahan**

830-377-8637 | jfloyd@masamts.com
956-252-6818 / bcalahan@masamts.com

EVERY FAMILY DESERVES A MASA MEMBERSHIP

403(b) Retirement Plans

First Financial Administrators, Inc. | www.ffga.com |
800-523-8422, option 2 | retirement@ffga.com

The 403(b) can be an excellent way to save money for retirement. It can serve as a supplement to a traditional pension plan or other retirement plan(s), or as a stand-alone plan. The 403(b) is a tax deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. The 403(b) is named after the section of the IRS code governing it.

How a 403(b) Works

Employees enroll and participate through their employer. Contributions to a 403(b) are made on a pre-tax basis through a Salary Reduction Agreement. This is an arrangement where the participating employee agrees to take a reduction in salary. The amount by which the salary is reduced is directed to investments offered through the employer and selected by the employee. These contributions are called elective deferrals and are excluded from the employee’s taxable income. Contributions grow tax-deferred until the time of retirement when withdrawals are taxed as ordinary income.

Benefits

- Tax deferred growth: no annual taxation on earnings
- Investment options: fixed annuities, variable annuities, or mutual funds
- Competitive interest rates
- Flexibility: start, stop, and adjust your contributions as allowed by your employer’s plan.
- Receive periodic account statements

Contribution Limits	
2024	2025
\$23,000	\$23,500
Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500.	

All investing involves risk. Past performance is not a guarantee of future returns.

457(b) Retirement Plans



First Financial Administrators, Inc. | www.ffga.com |
800-523-8422, option 2 | retirement@ffga.com

A 457(b) plan is a Tax Deferred Retirement Plan available to employees of state and local governmental agencies, including public school employees. They are similar to 401(k) plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on what you contribute or your earnings made until you withdraw the money.

Benefits

- Investment options: fixed annuities, variable annuities, or mutual funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan
- Receive periodic account statements
- No 10% federal penalty on interest or earnings for early withdrawal
- No current federal income taxes on the money you put into the plan until it is time to take withdrawals

Contribution Limits	
2024	2025
\$23,000	\$23,500
Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500.	

All investing involves risk. Past performance is not a guarantee of future returns.

TeleHealth



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

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

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

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

Hospital Indemnity Insurance

Aflac | www.aflac.com | 800-992-3522

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!



RATES TABLE FOR: LULING ISD - GP-10981 / GROUP HOSPITAL INDEMNITY - PLAN-77699

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency
Monthly (12pp / yr)

Employee Periodic Cost
\$17.28

Employee And Spouse Periodic Cost
\$34.84

Employee And Child Periodic Cost
\$28.08

Family Periodic Cost
\$45.64

RATES TABLE FOR: LULING ISD - GP-10981 / GROUP HOSPITAL INDEMNITY - PLAN-77699

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency
Monthly (12pp / yr)

Employee Periodic Cost
\$17.28

Employee And Spouse Periodic Cost
\$34.84

Employee And Child Periodic Cost
\$28.08

Family Periodic Cost
\$45.64

COBRA

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

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

COBRA Highlights

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

First Financial Administrators, Inc. provides COBRA administration services for the following plans:
<insert: Medical, Dental, Vision, FSA, HRA, Group Cancer>

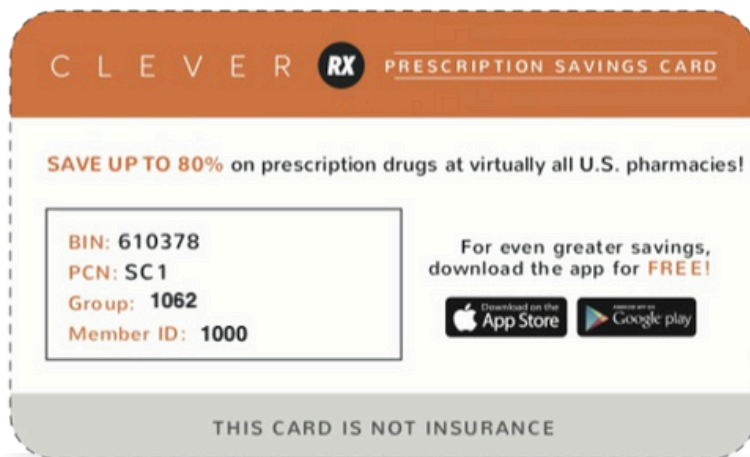


Clever RX

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

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

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



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

Clever RX Highlights

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

Contact Information

Product	Carrier	Website	Phone
Medical	TRS	www.trs.com	888-697-06833
Dental	Ameritas	www.ameritas.com	800-487-5553
Vision	Eyetopia	www.eyetopia.com	800-662-8264
FSA & HSA	First Financial	www.ffga.com	866-853-3539
Employer Paid Life	Blue Cross Blue Shield	www.bcbstx.com	877-442-4207
Voluntary Term Life	American Fidelity	www.americanfidelity.com	800-654-8489
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Disability	American Fidelity	www.americanfidelity.com	800-654-8489
Cancer	American Fidelity	www.americanfidelity.com	800-654-8489
Critical Illness	Aflac	www.aflac.com	800-992-3522
Accident	American Fidelity	www.americanfidelity.com	800-654-8489
Hospital	Aflac	www.aflac.com	800-992-3522
Identity Theft Protection	iLOCK360	www.iLOCK360.com	855-287-8888
Medical Transport	MASA	www.masamts.com	800-643-9023
Telehealth	Recuro	www.recurohealth.com	855-673-2876