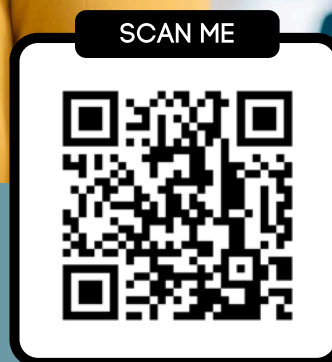
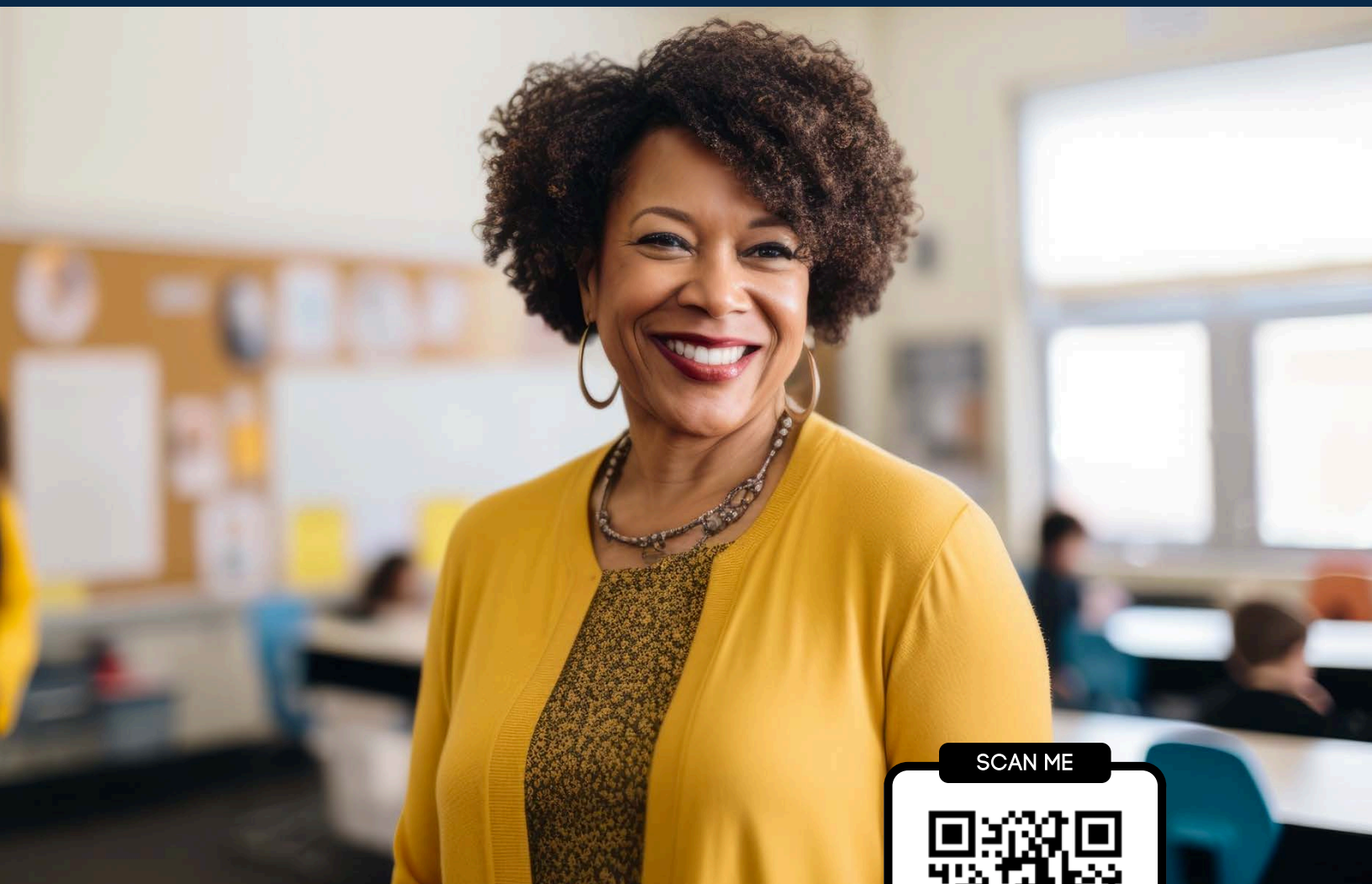


# *SOUTH TEXAS ISD 2025-2026* **BENEFITS GUIDE**



Nick Sullenger, Account Manager  
956-998-8117  
nick.sullenger@ffga.com

[ffbenefits.ffga.com/southtexasisd](https://ffbenefits.ffga.com/southtexasisd)

South Texas ISD Benefits Office  
Marla Knaub  
(956) 565-2454  
[www.stisd.net](http://www.stisd.net)

# Contents

- [EMPLOYEE BENEFITS CENTER](#)
- [HOW TO ENROLL](#)
- [BENEFIT ELIGIBILITY & COVERAGE](#)
- [SECTION 125 PLANS](#)
- [DENTAL](#)
- [VISION](#)
- [FSA](#)
- [FSA RESOURCES](#)
- VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS
  - [TERM LIFE & AD&D](#)
  - [TEXAS LIFE](#)
  - [DISABILITY INSURANCE](#)
    - [LONG TERM](#)
    - [SHORT TERM](#)
  - [CANCER INSURANCE](#)
  - [CRITICAL ILLNESS INSURANCE](#)
  - [HOSPITAL INDEMNITY INSURANCE](#)
  - [ACCIDENT ONLY INSURANCE](#)
  - [IDENTITY THEFT PROTECTION](#)
  - [MEDICAL TRANSPORT](#)
  - [TELEHEALTH](#)
  - [COBRA](#)
  - [MEDICARE](#)
  - [CLEVER RX](#)
- [BENEFIT CONTACT INFORMATION](#)

*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!

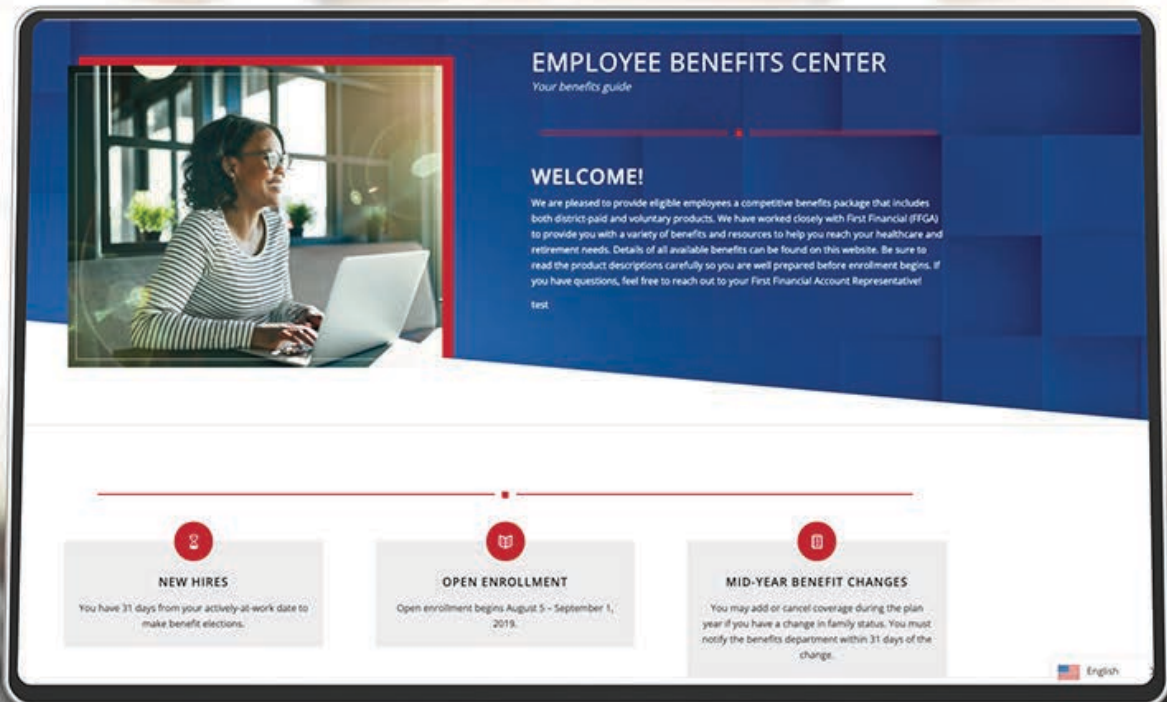
South Texas ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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!*

[ffbenefits.ffga.com/southtexasisd](https://ffbenefits.ffga.com/southtexasisd)



# How to Enroll

## Benefits Enrollment

### On-Site Enrollment

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

### Online Enrollment

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

**Enroll Now**

#### Login

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

#### View Current Benefits

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

#### View/Add Dependents

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

#### Begin Elections

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

# 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.*



# Dental Insurance

## Plan Choices



Humana | [www.humana.com](http://www.humana.com) | 800-233-4013

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	
	Traditional Plus
Employee Only	Employer Paid
Employee + Family	\$85.14

# Humana Dental Traditional Plus

South Texas ISD

TEXAS

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
<b>Calendar-year deductible</b> (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$1,500 + extended annual maximum (see section below)			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Routine oral examinations (3 per year)</li> <li>• Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>• Routine cleanings (3 per year)</li> <li>• Periodontal cleanings (4 per year)</li> <li>• Fluoride treatment (1 per year, through age 16)</li> <li>• Sealants (permanent molars, through age 16)</li> <li>• Space maintainers (primary teeth, through age 15)</li> <li>• Oral Cancer Screening (1 per year, ages 40 and older)</li> </ul>	100% no deductible		100% no deductible	
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Emergency care for pain relief</li> <li>• Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>• Stainless steel crowns</li> <li>• Harmful habit appliances for children (1 per lifetime, through age 14)</li> </ul>	90% after deductible		90% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>• Crowns (1 per tooth every 5 years)</li> <li>• Inlays/onlays (1 per tooth every 5 years)</li> <li>• Bridges (1 per tooth every 5 years)</li> <li>• Dentures (1 per tooth ever 5 years)</li> <li>• Denture relines/rebases (1 every 3 years, following 6 months of denture use)</li> <li>• Denture repair and adjustments (following 6 months of denture use)</li> <li>• Oral surgery (tooth extractions including impacted teeth)</li> <li>• Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years)</li> <li>• Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)</li> <li>• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li> </ul>	50% after deductible		50% after deductible	
<b>Extended Annual Max</b> Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	30%		30%	



## Orthodontia services

Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

## Waiting periods

### Employer-sponsored funding: 5+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant <sup>1,2</sup>	No	12 months	12 months	12 months (24 months for 5-9 enrolled employees)

<sup>1</sup> Late applicants not allowed with open enrollment option.

<sup>2</sup> Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

## Bi-monthly rates\* (24 deductions per year)

**Employee:** \$23.88

**Family:** \$85.14

\* This is not a substitute for a quote. Rates must be approved by Humana Dental underwriting.



## Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit **Humana.com**.

# Vision Insurance

Eyetopia | [www.eyetopia.org/member](http://www.eyetopia.org/member) | 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	Employer Paid	\$10.00
Employee + One	\$9.00	\$29.00
Employee + Family	\$17.00	\$44.00



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.		
<b>BENEFIT ONE</b> <sup>2</sup> (choose either one of the following 2 options every 12 months):	<b>Allowance</b>	<b>Co-pay</b> <sup>1</sup>
1. Refractive Exam. One routine Vision Exam.	N/A	\$10.00
2. Coverage towards a medical eye exam copay or other services or materials. <sup>2</sup>	\$45.00	None
<b>BENEFIT TWO</b> (Has four options: Glasses and Contact lenses or Medically Necessary glasses or Medically Necessary Contact Lenses or Refractive Surgery. Available every 12 months. <sup>3</sup>		
<b>Prescription Lenses</b> <sup>4</sup>	<b>Allowance</b>	<b>Co-pay</b> <sup>1</sup>
CR-39 plastic single vision, bifocal, trifocal lenses.	N/A	\$20.00
• CR-39 plastic Progressive (no-line multi-focal) lenses that retail for up to \$199.	N/A	\$20.00
• CR-39 plastic Progressive (no-line multi-focal) lenses that retail for more than \$199.	\$200.00	\$20.00
• Polycarbonate material upgrade	N/A	\$25.00
• Polycarbonate material upgrade for child dependents (under age 26)	Covered	None
• Basic Coating (Ultraviolet Protection & Scratch Resistant Coating)	Covered	None
• Mid-Level Anti-Reflective Coatings that retail up to \$99.	Covered	None
• Premium Anti-Reflective Coatings that retail for \$100 or more copay not to exceed:	N/A	\$130.00
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.	N/A	\$105.00
• Tint (Solid or Gradient)	N/A	\$12.00
• Photochromatic or Polarized Lenses	N/A	\$90.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia. <sup>5</sup>	\$400.00	None
♦ Anti-Fatigue lenses.	Covered	\$20.00
♦ <b>Frame:</b> The member may select any frame on display and is responsible for any amount exceeding the allowance.	\$130	None
<b>Contact Lenses:</b> Allowance can be applied toward prescription contact lenses each eligibility period.		
♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. <sup>6</sup>	\$150.00	\$0.00
♦ Medically necessary contact lenses - \$150.00 evaluation allowance and \$400.00 contact lens allowance. <sup>7</sup>	\$550.00	None
<b>Refractive Surgery Option.</b> <sup>8</sup> In lieu of other materials options. 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

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

<sup>2</sup> 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.

<sup>3</sup> If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may get both contact lenses and glasses every 12 months. You can opt for medically necessary glasses, medically necessary contact lenses or refractive surgery in lieu of glasses and contact lenses.

<sup>4</sup> 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.

<sup>5</sup> Medically necessary spectacle lenses usually include a premium anti-reflective coating and an upgraded lens material as a bundled package, the allowance is applied to the entire bundle.

<sup>6</sup> The contact lens allowance can be used in the same eligibility period as the spectacle allowances but cannot be exchanged for a second pair of glasses.

<sup>7</sup> Total maximum benefit allowance is \$550.00. The Participating Provider must pre-authorize medical necessity.

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

### Exclusions & Limitations

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

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

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



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

Employee: Paid by Employer  
Employee +1: \$9.00  
Family: \$17.00

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.		
<b>BENEFIT ONE</b> <sup>2</sup> (choose either one of the following 2 options every 12 months):	<b>Allowance</b>	<b>Co-pay<sup>1</sup></b>
1. Refractive Exam. One routine vision exam.	N/A	\$5.00
2. Coverage toward medical eye exam co-pay or other services or materials. <sup>2</sup>	\$65.00	None
<b>BENEFIT TWO</b> (Has five options: Glasses and Contact lenses or Medically Necessary glasses or Medically Necessary Contact Lenses or Refractive Surgery or Hearing Aids. Available every 12 months. <sup>3</sup>		
<b>Prescription Lenses</b> <sup>3,4</sup>	<b>Allowance</b>	<b>Co-pay<sup>1</sup></b>
Single Vision, Bi-focal or Tri-focal lenses	Covered	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. <sup>5</sup>	\$400.00	None
♦ Anti-Fatigue lenses.	Covered	None
♦ <b>Frame:</b> The member may select any frame on display and is responsible for any amount exceeding the allowance.	\$180.00	None
<b>Contact Lenses.</b> Allowance to be applied toward prescription contact lenses each eligibility period.		
♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. <sup>6</sup>	\$300.00	None
♦ Medically necessary contact lenses - \$300.00 evaluation allowance and \$400.00 contact lens allowance. <sup>7</sup>	\$700.00	None
<b>2. Refractive Surgery Option<sup>8</sup></b> in lieu of other materials options. 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
<b>3. Hearing Aid Option.<sup>9</sup></b> 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

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

<sup>2</sup> 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.

<sup>3</sup> If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may get both contact lenses and glasses every 12 months. You can opt for medically necessary glasses, medically necessary contact lenses, refractive surgery or hearing aids in lieu of glasses and contact lenses..

<sup>4</sup> 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.

<sup>5</sup> Medically necessary spectacle lenses usually include a premium anti-reflective coating and an upgraded lens material as a bundled package, the allowance is applied to the entire bundle.

<sup>6</sup> 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.

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

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

<sup>9</sup> To access your hearing aid benefit, you can call AudioNet America directly at (586) 250-2731 or go to [www.AudioNetAmerica.com](http://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.

Employee: \$10.00 Employee +1: \$29.00 Family: \$44.00
--



# Flexible Spending Accounts

First Financial Administrators, Inc. | [www.ffga.com](http://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 \$640 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$640 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$640 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.



# FSA Resources

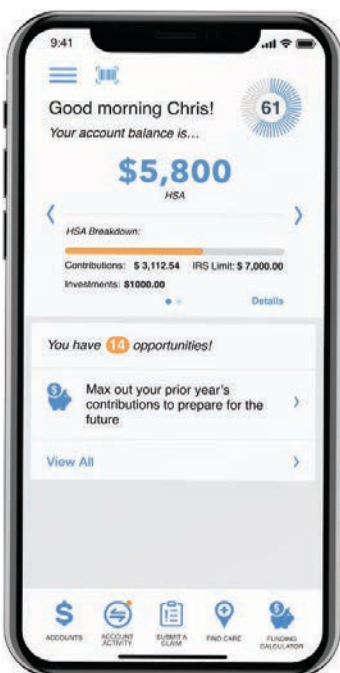
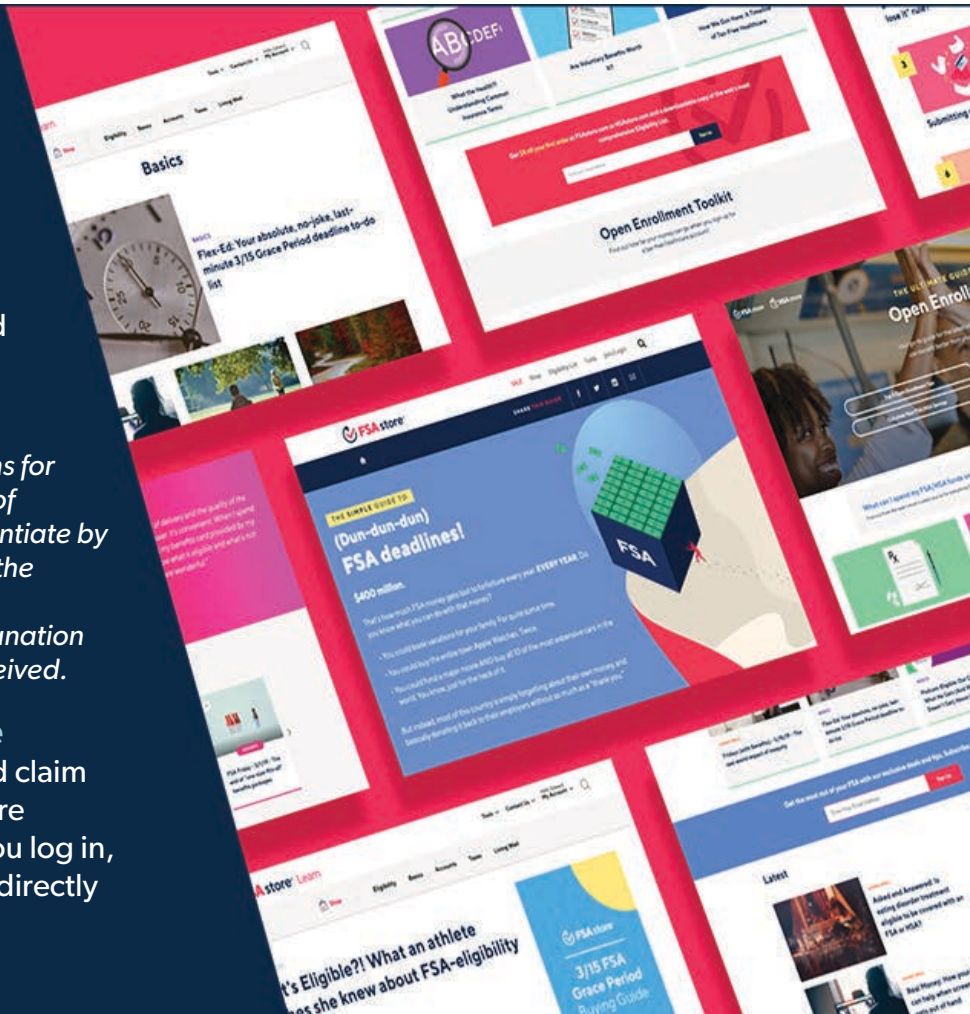
## Benefits Card

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

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

## View Your Account Details Online

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



## FF Mobile Account App

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

## FSA Store

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



# Term Life & AD&D

## Employer-Paid & Voluntary

Blue Cross Blue Shield | [www.bcbstx.com/ancillary](http://www.bcbstx.com/ancillary) | 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 \$50,000 policy. 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.

### 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.





# Texas Life

## Permanent Life



Texas Life | [www.texaslife.com](http://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.



# WOW!

## LIFE INSURANCE YOU CAN KEEP!

### LIFE INSURANCE HIGHLIGHTS

For the employee

PURELIFE-PLUS



IT'S AFFORDABLE  
YOU OWN IT



YOU CAN TAKE IT  
WITH YOU WHEN YOU  
CHANGE JOBS OR RETIRE



YOU CAN COVER YOUR SPOUSE, CHILDREN  
AND GRANDCHILDREN, TOO<sup>1</sup>



YOU CAN GET A LIVING BENEFIT IF YOU  
BECOME TERMINALLY ILL<sup>2</sup>



YOU PAY FOR IT THROUGH CONVENIENT  
PAYROLL DEDUCTIONS: NO CHECKS TO  
WRITE OR LINKS TO CLICK



YOU CAN GET CASH TO COVER  
LIVING EXPENSES IF YOU BECOME  
CHRONICALLY ILL<sup>3</sup>



YOU CAN QUALIFY BY ANSWERING JUST 3 QUESTIONS - NO EXAM OR NEEDLES

During the last six months, has the proposed insured:

1. Been actively at work on a full time basis, performing usual duties?
2. Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?



**TEXASLIFE** INSURANCE  
COMPANY  
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

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

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

<b>CHILDREN AND GRANDCHILDREN (NON-TOBACCO)</b> with Accidental Death Rider Grandchild coverage available through age 18.			
Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	9.25	16.25	81
2-4	9.50	16.75	80
5-8	9.75	17.25	79
9-10	10.00	17.75	79
11-16	10.25	18.25	77
17-20	12.25	22.25	75
21-22	12.50	22.75	74
23	12.75	23.25	75
24-25	13.00	23.75	74
26	13.50	24.75	75

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

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

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

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

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

**Indicates  
Spouse  
Coverage  
Available**



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

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

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

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

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

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

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

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

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

**Indicates Spouse Coverage Available**

# Disability Insurance

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

## Why Do I Need Disability Insurance?

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

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

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



# SOUTH TEXAS ISD

## Long-Term Disability Income Insurance

### Plan Benefit Highlights

#### Eligibility

As defined by the policyholder or employer.

#### Benefits are Payable

Benefits are payable up to age 65 for a covered Injury or sickness. After age 65, the benefit period will be extended to the greater of 12 months or your Social Security Normal Retirement Age.

#### Disability Benefit

60% of your Monthly Compensation, not to exceed a maximum covered Monthly Compensation of \$12,500; and the amount for which premium is being paid. If applicable, the insured's Disability Benefit will be reduced by Deductible Sources of Income.

Disability Benefit - 60% of Your Monthly Compensation		
Plan 1	On the 91st day of Disability due to a covered injury or Sickness.	*\$7.00

#### Accidental Death Benefit

A lump sum of \$10,000 will be paid to the designated beneficiary if you die as the direct result of an Injury within 90 days after the Injury.

#### Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of the insured's death their 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 90 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

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.

**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.

#### Return To Work Incentives: Disabled and Working

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

#### Family Care Benefit

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

#### Worksite Accommodation

As a part of our claim's 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 15 days 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 mean: 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

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the policy for 24 months. 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 24 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 12 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.

\* Monthly Premium per Employee.





## AF™ Short-Term Disability Income Insurance

South Texas ISD

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™ **Short-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.

### Choose the Right Plan for You

#### BENEFITS BEGIN

Plan I	On the 8th day of Disability due to a covered Injury or Sickness.	\$0.85*
--------	---	---------

*\*The premium is per \$100 of covered monthly compensation.*

### Disability Benefit

60% of your monthly compensation not to exceed: a maximum covered monthly compensation of \$12,500.00; and the amount for which premium is being paid. If applicable, your Disability Benefit will be reduced by Deductible Sources of Income.



**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 means that you are unable to perform the material and substantial duties of your regular occupation.

## Maximum Benefit Period

Benefits are payable up to 90 days for a covered Injury or Sickness.

## When Coverage Begins

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

## Physician Expense Benefit

Injury - \$150.00 per Injury

If you need personal treatment by a physician due to an Injury, we will pay the amount shown above provided no other claim has been paid under the policy. This benefit will be limited to 8 payments per calendar year.

## 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 30 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

Your disability payment will be the lesser of: the Disability Benefit; or 60% of your monthly compensation 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.

- **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.

## Alcoholism and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days 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.

## Pre-Existing Condition Limitation

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the policy for 12 months. 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 12 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.

## 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.

*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](http://americanfidelity.com)



# Cancer Insurance

## Plan Options



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

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

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

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.



## 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	ENHANCED PLUS
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (actual charges)	\$10,000	\$15,000	\$15,000
Administrative/Lab Work Benefit (per calendar month)	\$50	\$75	\$75
Hormone Therapy Benefit (per treatment - max 1 treatment/ calendar month)	\$50	\$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	\$300/day
Medical Imaging Benefit (per image - max 2 per calendar year)	\$200	\$300	\$300
Surgical Benefit	\$20 surgical unit/ Max per operation: \$2,000	\$30 surgical unit/Max per operation: \$3,000	\$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	\$300
Outpatient Hospital or Ambulatory Surgical Center Benefit	\$200/day of surgery	\$400/day of surgery	\$600/day of surgery
Bone Marrow or Stem Cell Transplant Benefit			
Patient Provided (per calendar year)	\$500	\$1,000	\$1,500
Donor Provided (per calendar year)	\$1,500	\$3,000	\$4,500
Prosthesis and Orthotic Benefit and Related Services			
Surgical (1/site; lifetime max 2/ covered person)	\$1,000	\$1,500	\$2,000
Non-surgical (1/site; lifetime max 3/covered person)	\$100	\$150	\$200
Hair Prosthesis (once per life)	\$100	\$150	\$200
Hospital Confinement Benefit			
Day 1-30	\$100/day	\$200/day	\$300/day
Day 31+	\$200/day	\$400/day	\$600/day
U.S. Government/Charity Hospital Benefit (paid in lieu of most benefits) (inpatient and outpatient)	\$100/day	\$200/day	\$300/day
Extended Care Facility Benefit (up to the same number of days of paid hospital confinement)	\$100/day	\$200/day	\$300/day
Home Health Care (up to the same number of days of paid hospital confinement)	\$100/day	\$200/day	\$300/day
Hospice Care Benefit (\$18,000 lifetime max for Basic; \$54,000 lifetime max for Enhanced Plus)	\$100/day	\$200/day	\$300/day
Inpatient Special Nursing Services Benefit	\$100/day	\$200/day	\$300/day

TREATMENT BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
Dread Disease Benefit (paid per day while hospital confined)			
Day 1-30	\$100/day	\$200/day	\$300/day
Day 31+	\$200/day	\$400/day	\$600/day
Donor Benefit	\$1,000/donation		
Drugs and Medicine Benefit			
Inpatient (payable per confinement)	\$50	\$100	\$200
Outpatient (\$50/prescription/ calendar month up to max shown)	\$50	\$50	\$100
Attending Physician Benefit (while hospital confined)	\$50/day	\$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	Coach fare or \$.50/ mile by car
Lodging (per day up to 90 days per calendar year)	\$50	\$50	\$75
Ambulance Benefit			
Ground (per trip, up to 2 per confinement)			
Air (per trip, up to 2 per confinement)	\$200 \$2,000	\$200 \$2,000	\$200 \$2,000
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$50	\$50	\$50
Diagnostic and Prevention Benefit (one per calendar year)	\$25	\$50	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$25	\$50	\$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	\$5,000
Heart Attack or Stroke Diagnosis Benefit (paid once/covered person/ lifetime; benefits reduce 50% at age 70)	N/A	\$5,000	\$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.



# Plan Benefit Highlights

## Monthly Premium

	BASIC	ENHANCED	ENHANCED PLUS
Individual	\$15.80	\$24.26	\$31.62
Family	\$26.86	\$41.26	\$53.80

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

**Only loss for cancer** Unless otherwise indicated, benefits are payable only for loss pays only for loss resulting from definitive Cancer diagnosis or treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. The Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically covered under the Dread Disease Benefit or Hospital Intensive Care Unit Benefit; or Heart Attack or Stroke Diagnosis Benefit, if included.

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

Such Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. Diagnosis must be made based on a microscopic examination of fixed tissue, or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue and/or specimen.

**Radiation Therapy, Chemotherapy or Immunotherapy Benefit** We will pay the actual charges up to the benefit listed in the schedule per 12 month period. If Proof of Loss regarding actual charges for treatment is not submitted, we will pay the daily amount shown in your certificate for each day treatment is received, up to the actual charges maximum per 12-month period. Upon receipt of actual charges Proof of Loss, we will pay the difference, up to the maximum per 12-month period. Actual charges are the amount actually paid by or on behalf of the Covered Person and accepted by the provider for services provided.

This benefit does not cover other related procedures such as treatment planning, treatment management or consultation, design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.).

**Administrative and Lab Work Benefit** Paid only if the Covered Person is also receiving the Radiation Therapy, Chemotherapy or Immunotherapy Benefit during the same calendar month.

**Hormone Therapy Benefit** Drugs and medicines covered under the Drugs and Medicine Benefit or the Radiation Therapy, Chemotherapy or Immunotherapy Benefit are not included. This benefit does not cover associated administrative processes.

**Experimental Treatment Benefit** Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

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

**Medical Imaging Benefit** Payable for a Covered Person who has been diagnosed with Cancer who receives either an MRI, CT scan, CAT scan, PET scan, or RAIU (thyroid) test when performed at the request of a physician.

**Surgical Benefit** Payable when a surgical operation is performed for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the unit dollar amount shown in your certificate schedule. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, surgeries required for administration of Radiation Therapy, Chemotherapy or Immunotherapy are not covered under this benefit.

**Anesthesia Benefit** Services of an anesthesiologist for Skin Cancer or surgical prosthesis implantation are not covered.

**Second and Third Surgical Opinion Benefit** Payable once per diagnosis of Cancer for a second surgical opinion, and a third if the second disagrees with the first. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered.

**Outpatient Hospital or Ambulatory Surgical Center Benefit** Surgical procedures for Skin Cancer are not covered.

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

**Prosthesis and Orthotic Benefit and Related Services** Payable for a Prosthetic or Orthotic Device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. Benefits for a hair prosthesis will only be covered under the Hair Prosthesis Benefit.

Covered benefits under this provision are limited to the most appropriate model of Prosthetic Device or Orthotic Device that adequately meets the medical needs of the Covered Person as determined by the Covered Person's treating Physician or podiatrist and prosthetist or orthotist, as applicable. The Prosthesis Benefit will include repair and replacement of a Prosthetic Device or Orthotic Device, unless the repair or replacement is necessitated by misuse by the Covered Person.

**Hospital Confinement Benefit** Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. Hospital shall not include an institution, or part thereof, used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as a hospice or swing bed; 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.

**U.S. Government or Charity Hospital Benefit** Payable when an itemized list of services is not available and the Covered Person is confined in a charity Hospital or a Hospital owned or operated by the U.S. government as a result of Cancer or Dread Disease or covered under a Diagnostic Related Group where no charges are made to the Covered Person for treatment of Cancer or Dread Disease. This benefit will be paid in lieu of most benefits listed on the schedule.

# Critical Illness Insurance

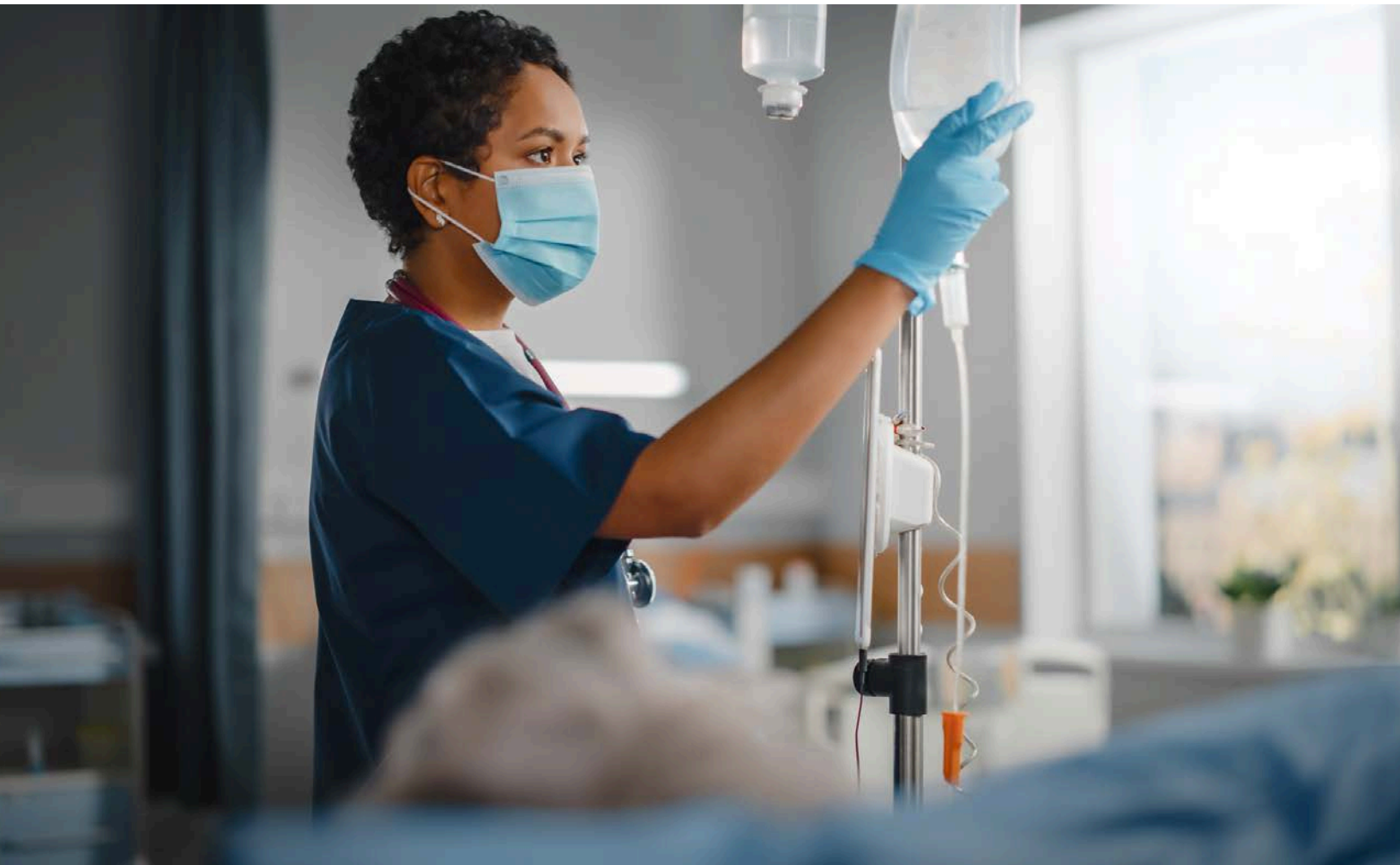
Aflac | [www.aflacgroupinsurance.com](https://www.aflacgroupinsurance.com) | 800-433-3036

## 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.





## Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

### That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

## What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.



## Here's why the Aflac Group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac Group Critical Illness plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

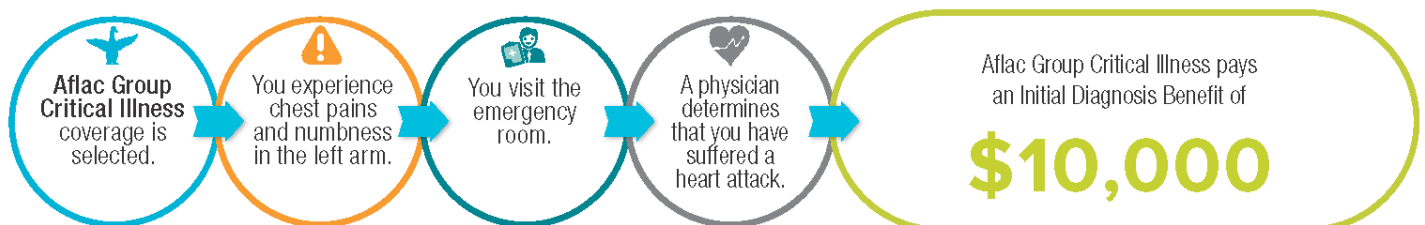
### The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
  - Cancer
  - Heart Attack (Myocardial Infarction)
  - Stroke
  - Kidney Failure (End-Stage Renal Failure)
  - Major Organ Transplant
  - Bone Marrow Transplant (Stem Cell Transplant)
  - Sudden Cardiac Arrest
  - Coronary Artery Bypass Surgery
  - Non-Invasive Cancer
  - Skin Cancer
  - Coma
  - Severe Burn
  - Paralysis
  - Loss of Speech/Sight/Hearing
- Health Screening Benefit

### Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

### How it works



Amount payable based on \$10,000 Initial Diagnosis Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).

# Hospital Indemnity Insurance

Aflac | [www.aflacgroupinsurance.com](https://www.aflacgroupinsurance.com) | 800-433-3036

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!



# AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



## The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

**That's how the Aflac Group Hospital Indemnity plan can help.**

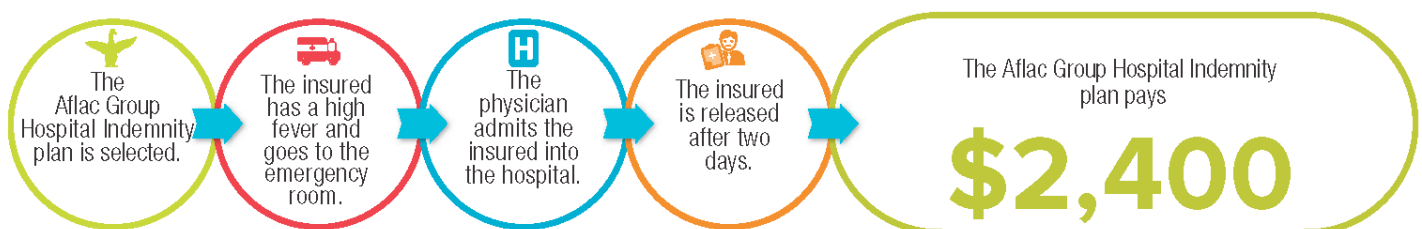
It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Successor Insured Benefit



### How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$2,000) and Hospital Confinement (\$200 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.



# Accident Insurance

Allstate | [www.allstatebenefits.com](http://www.allstatebenefits.com) | 800-521-3535

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







## Allstate<sup>®</sup> BENEFITS

Protection for accidental  
injuries on- and off-the-job,  
24 hours a day

## Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

### Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

### Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations\*
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.

### Practical benefits for everyday living.<sup>®</sup>

\*Please refer to the Exclusions and Limitations section of this brochure. <sup>1</sup>National Safety Council, Injury Facts<sup>®</sup>, 2019 Edition

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW

## DID YOU KNOW ?

The number of injuries suffered  
by workers in one year, both  
on- and off-the-job, includes:<sup>1</sup>

**ON-THE-JOB** (in millions)



Work  
**4.4**

**OFF-THE-JOB** (in millions)



Home  
**25.0**



Non-Auto  
**12.6**



Auto  
**4.3**

**Offered to the employees of:  
South Texas ISD**

## Group Voluntary Accident (GVAP6)

### 24-Hour Accident Insurance from Allstate Benefits

#### BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFIT	PLAN 1	PLAN 2
Initial Hospital Confinement (pays once/year)	\$1,000	\$1,500
Daily Hospital Confinement (pays daily)	\$200	\$300
Intensive Care (pays daily)	\$400	\$600
RIDER BENEFITS	PLAN 1	PLAN 2
Accident Treatment & Urgent Care Rider		
Ambulance		
Ground	\$100	\$300
Air	\$300	\$900
Accident Physician's Treatment	\$50	\$150
X-ray	\$100	\$300
Urgent Care	\$50	\$150
Dislocation/Fracture Rider <sup>1</sup>	\$4,000	\$8,000
Emergency Room Services Rider	\$100	\$300
Accidental Death <sup>1</sup> , Dismemberment <sup>1,2</sup> and Functional Loss <sup>1,2</sup> Rider	\$20,000	\$60,000
Common Carrier (fare-paying passenger)	\$50,000	\$150,000
BENEFIT ENHANCEMENT RIDER	PLAN 1	PLAN 2
Accident Follow-Up Treatment (pays daily)	N/A	\$50
Lacerations	N/A	\$50
Burns		
< 15% body surface	N/A	\$100
15% or more	N/A	\$500
Skin Graft (% of Burns Benefit)	N/A	50%
Brain Injury Diagnosis	N/A	\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)	N/A	\$50
Paralysis (pays once)		
Paraplegia	N/A	\$7,500
Quadriplegia	N/A	\$15,000
Coma with Respiratory Assistance	N/A	\$10,000
Open Abdominal or Thoracic Surgery	N/A	\$1,000
Tendon, Ligament, Rotator Cuff		
Surgery	N/A	\$500
or Knee Cartilage Surgery		
Exploratory	N/A	\$150
Ruptured Spinal Disc Surgery	N/A	\$500
Eye Surgery	N/A	\$100
General Anesthesia	N/A	\$100
Blood and Plasma	N/A	\$300
Appliance	N/A	\$125
Medical Supplies	N/A	\$5.00
Medicine	N/A	\$5.00
Prosthesis		
1 device	N/A	\$500
2 or more devices	N/A	\$1,000
Physical, Occupational or Speech Therapy (pays daily)	N/A	\$30
Rehabilitation Unit (pays daily)	N/A	\$100
Non-Local Transportation	N/A	\$250
Family Member Lodging (pays daily)	N/A	\$100
Post-Accident Transportation (pays once/year)	N/A	\$200
Broken Tooth	N/A	\$100
Residence/Vehicle Modification	N/A	\$500
Pain Management (Epidural Injection)	N/A	\$50
Miscellaneous Outpatient Surgery	N/A	\$100

\*Each benefit pays the amount shown. <sup>1</sup>Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

### Offered to the employees of: South Texas ISD

#### PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$6.27	\$10.83	\$14.84	\$16.84

#### PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$15.91	\$27.49	\$36.23	\$43.09

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

Injury Benefit Schedule is on reverse



# Identity Theft Protection

iLock 360 | [www.ilock360.com](http://www.ilock360.com) | 855-287-8888

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

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

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





# iLOCK360

Your identity is your most valuable asset. Is yours protected?

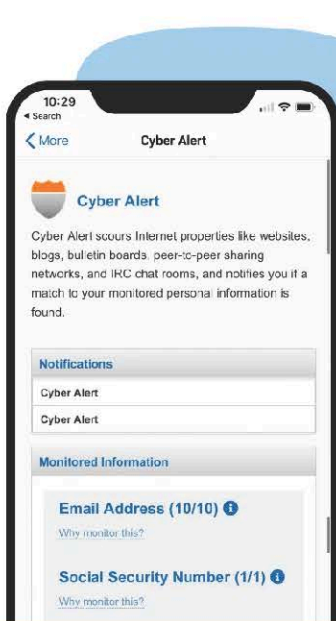


**39 seconds** is how often cyber-attacks occur

**25% of kids** are projected to be affected by identity theft before turning 18

**17% increase** in data breaches 2022 to 2023

Identity theft is the **fastest growing crime**. With iLOCK360, you can rest easier knowing you have experienced professionals in your corner restoring your identity. Your identity is more than simply reviewing your credit card charges. That's why we offer a comprehensive monitoring service of online activity, financial affairs, and immediate resolution.



## Defend

Your personal information is monitored 24 / 7 / 365



## Protect

Alerts inform you of potential threats for immediate action



## Restore

iLOCK360 does the work to restore your identity

## Sign up during enrollment








For educator pricing




Coverage plan	Essential	Elite
Employee	\$6.95	\$11.95
Employee + Family	\$13.95	\$22.95

**Please note:** A valid email address is required for enrollment in iLOCK360. All iLOCK360 alerts and/or notifications are sent via email. Consider utilizing an email address that you check regularly. • Account activation & setup of monitored elements is required upon the start of your new benefit plan year.

# Learn more about the protections that iLOCK360 offers:

iLOCK360

Plan features	Service description	Essential	Elite
Identity theft resolution services			
<b>Full-Service Identity Theft Restoration &amp; Lost Wallet Protection</b> <b>MOST VALUABLE SERVICE.</b> Dependable help that's just a phone call away!	If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will work on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with. Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.	 	 
<b>\$1M Identity Theft Insurance</b>	If you incur expenses associated with your identity theft recovery, you will be covered with <b>\$1M reimbursement</b> (\$10 deductible). Covered costs include: <ul style="list-style-type: none"> <li>• Lost wages or income</li> <li>• Attorney and legal fees</li> <li>• Expenses incurred for refiling of loans, grants and other lines of credit</li> <li>• Costs of childcare and/or elderly care incurred as a result of identity restoration</li> </ul>		
Comprehensive identity monitoring			
<b>CyberAlert™ monitors:</b> <ul style="list-style-type: none"> <li>• one Social Security Number</li> <li>• two Phone Numbers</li> <li>• two Email Addresses</li> <li>• five Credit/Debit Cards</li> <li>• two Medical ID Numbers</li> <li>• five Bank Accounts</li> <li>• one Drivers License Number</li> <li>• one Passport</li> </ul>	We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.	 	 
<b>Change of Address Monitoring</b>	A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected in the USPS National Change of Address (NCOA) Registry.		
<b>Payday Loan Monitoring</b>	High-interest, easy-to-obtain payday loans can negatively impact your credit score. Alerts you if a non-credit loan was opened in your name at a payday/quick cash loan provider.		
<b>Social Security Number Trace</b>	Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.	 	 
<b>Medical ID Monitoring</b>	If your Medical ID number is found compromised by CyberAlert™, a Restoration Specialist can help you report it as fraud.		
<b>Court/Criminal Records Monitoring</b>	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth		
Credit monitoring services			
<b>Bank Account Takeover &amp; Credit Card Application Monitoring</b>	Notifies you when your Social Security number and personal information have been used to apply for or open a new bank or credit card account; or if changes have been made to your existing bank account - such as an attempt to add a new account holder.		
<b>Daily Monitoring of Experian Credit</b>	Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.		
<b>Daily Monitoring of all 3 Credit Bureaus</b>	Provides higher-level credit protection with monitoring from all three credit bureaus: Experian, Equifax & TransUnion. You receive notifications for changes in your credit report such as loan data, inquiries, new accounts, judgments, liens and more.		
<b>ScoreTracker</b>	Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.		
<b>3-Bureau Credit Score &amp; Report</b>	Provides you with access to your credit score and report reported by each credit bureau - Experian, Equifax & TransUnion. These are reported once a year.		
<b>Experian Positive Activity Notifications</b>	Alerts you when positive activity is reported on your Experian credit file, a key indicator that your credit may be improving.		
<b>Experian Score Variance Alerts</b>	Receive alerts when your Experian credit score increases or decreases by a certain amount, changes risk level/score rank, or reaches a target score value.		
Advanced tools			
<b>Sex Offender Alerts</b>	Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area.		
<b>Social Media Monitoring</b>	Receive notifications if the content you share on social media could pose a privacy or reputational risk. With Family coverage, you can monitor your child's social media presence.		
<b>Solicitation Reduction</b>	Limit access to the amount of personal information that is public to reduce your exposure to fraud and declutter your mailbox and phone line. Also, opt-out of direct marketing campaigns including utilizing the National Do Not Call Registry.		

 adults
 Children to age 18
 adults
 Children to age 18

# Medical Transport

MASA | [www.masamts.com](http://www.masamts.com) | 954-334-8261

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.







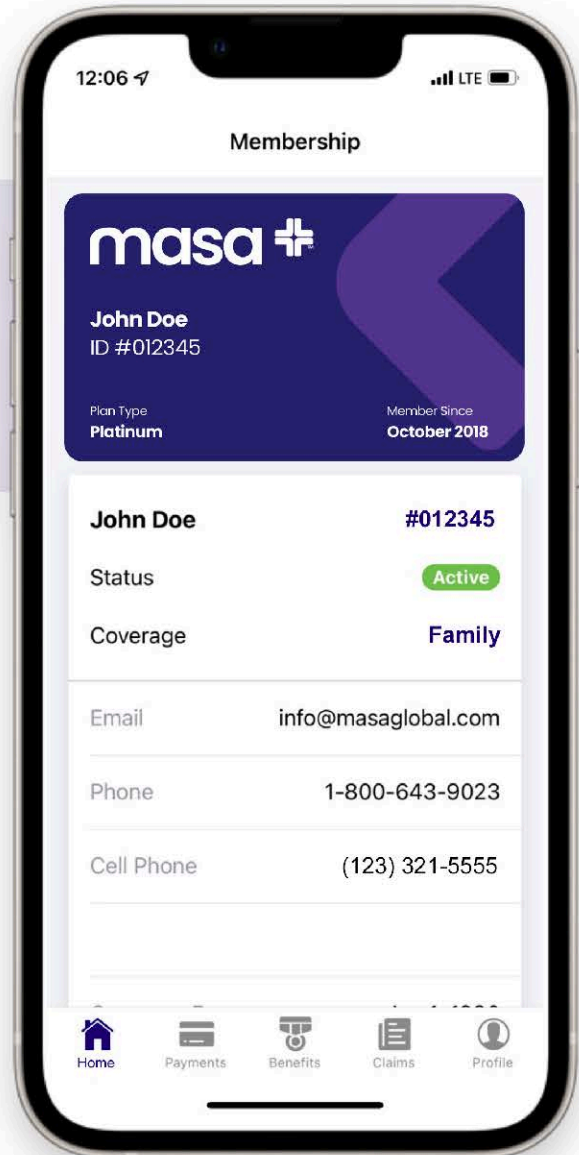
# Download the MASA mobile app today!

Registration is easy with your member ID.

- ✓ Access your digital ID cards.
- ✓ View plan documents and benefits.
- ✓ View your claims history.

You now have access to emergency transportation solutions in the palm of your hand. The MASA App allows you to check and update your membership information, view payment history, immediately access benefits and to view up-to-the minute claims processing information, along with many more exciting features to come.

This one stop shop is a must have app for all MASA Global members, while at home or traveling.





# TeleHealth



RECURO | [www.recurohealth.com](http://www.recurohealth.com) | 855.6RECURO

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!

NextGen Care

# Virtual Urgent Care

## 24/7 Acute Care Access

24/7 access to board-certified doctors for treatment of common medical concerns with ongoing communication with your doctor.



## Product Highlights



### Coordinated

If needed, urgent care can seamlessly transition to Recuro's ongoing virtual primary care to improve patient health and preempt future issues.



### Convenient

Patients can see a board-certified physician wherever they are, whenever they need it.



### Personalized

Patients receive treatment plans based on their unique needs and can ask follow-up questions to their doctors after the visit, free of charge.



24/7 Access



Multi-Channel Options



Consult Transcription



Integrated Prescriptions



Primary Care Coordination





**10**  
Minutes

## Did you know?

The average wait time for an urgent care consult is only 10 minutes.

**Digital  
Medical  
Home**



NEXTGEN CARE



BENEFITS

# Product Details

## 24/7 Access

Recuro physicians are available whenever our patients need them, day or night.

## Integrated Prescriptions

Prescriptions are immediately sent to the patient's preferred pharmacy for easy pickup.

## Primary Care Coordination

Primary care and behavioral health can be integrated with urgent care.

## Multi-Channel Options

Live video, phone, and messaging options let each patient receive care the way they like.

## Consult Transcription

Consults can be recorded and transcribed, allowing patients continuous access to information.

# Conditions Treated

- Acne / Rashes
- Allergies
- Cold / Flu / Cough
- GI Issues
- Ear Problems
- Fever / Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Respiratory Issues
- UTI's / Vaginitis
- And More

## Available MDs

Available doctors in your network.

98765



**Dr. Jessica Parks**  
In-Network



**Dr. Wesley Holmes**  
In-Network



**Dr. Kenneth Lang**  
In-Network



**Dr. Sarah Connors**  
In-Network

Coverage   Advocacy   Concierge

View All



# COBRA

First Financial Administrators, Inc. | [www.ffga.com](http://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:  
Dental, Vision, and FSA





# Medicare & Age 65



FFMS | <https://www.ffga.com/medicare-solutions> | 800-523-8422

## Questions to Consider Before Retiring

- Do I **plan** to Retire?
- Am I **eligible** to Enroll?
- **When** can I enroll?
- Do I really **want** to enroll?
- **Should** I enroll now or wait?
- What happens if I **don't** enroll when I'm eligible?

**Robert Dawson**  
**FFMS Coordinator**  
Cell: 281-889-9382

Whether or not you intend to retire yet, these questions and more may occur as you approach age 65.

Planning for your future is important, and you don't have to do it alone.

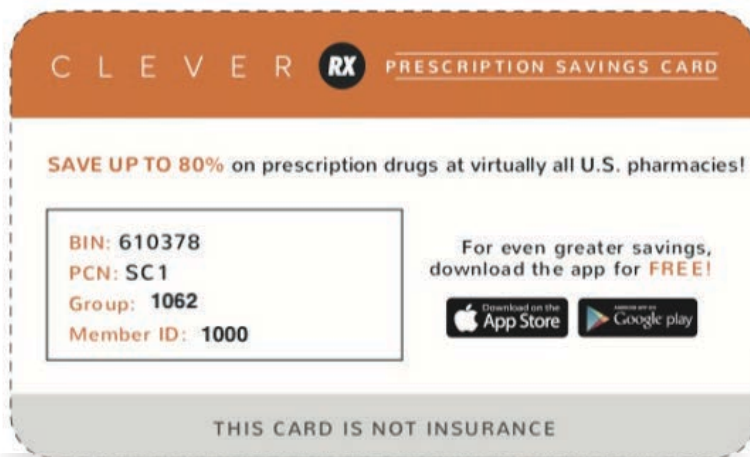
Let the experts at First Financial assist you through this process.

# 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

7001 E. Expressway 83  
Mercedes, TX 78570  
956-565-2454  
[www.stisd.net](http://www.stisd.net)

Nick Sullenger, Account Manager  
956-998-8117 / [nick.sullenger@ffga.com](mailto:nick.sullenger@ffga.com)

Product	Carrier	Website	Phone
Dental	Humana	<a href="http://www.humana.com">www.humana.com</a>	800-233-4013
Vision	Eyetopia	<a href="http://www.eyetopia.org/member">www.eyetopia.org/member</a>	800-662-8264
Flexible Spending Accounts	FFGA FSA Department	<a href="http://ffa.wealthcareportal">ffa.wealthcareportal</a>	(866) 853-3539
Term Life & AD&D	BCBS	<a href="http://www.bcbstx.com/ancillary">www.bcbstx.com/ancillary</a>	(877) 442-4207
Permanent Life Insurance	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	(800) 283-9233
Disability	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	(800) 654-8489
Cancer Insurance	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	(800) 654-8489
Critical Illness & Hospital Indemnity	Aflac	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	(800) 433-3036
Accident	Allstate	<a href="http://www.allstatebenefits.com">www.allstatebenefits.com</a>	(800) 521-3535
Identity Theft	i-Lock 360	<a href="http://www.ilock360.com">www.ilock360.com</a>	(855) 287-8888
Medical Transport	MASA	<a href="http://www.masamts.com">www.masamts.com</a>	(954) 334-8261
Telehealth	RECURO	<a href="http://www.recurohealth.com">www.recurohealth.com</a>	(855) 6RECURO
COBRA	FFGA COBRA	<a href="http://www.ffga.com">www.ffga.com</a>	(800) 523-8422
Medicare	First Financial Administrators	<a href="http://www.ffga.com/medicare-solutions">www.ffga.com/medicare-solutions</a>	(800) 523-8422
Prescription Drug Savings	Clever RX	<a href="http://www.partner.cleverrx.com/ffga">www.partner.cleverrx.com/ffga</a>	(800) 873-1195