

Georgetown ISD 2024-2025 BENEFITS GUIDE



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

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

Employee Benefits Center

A guide to your benefits!

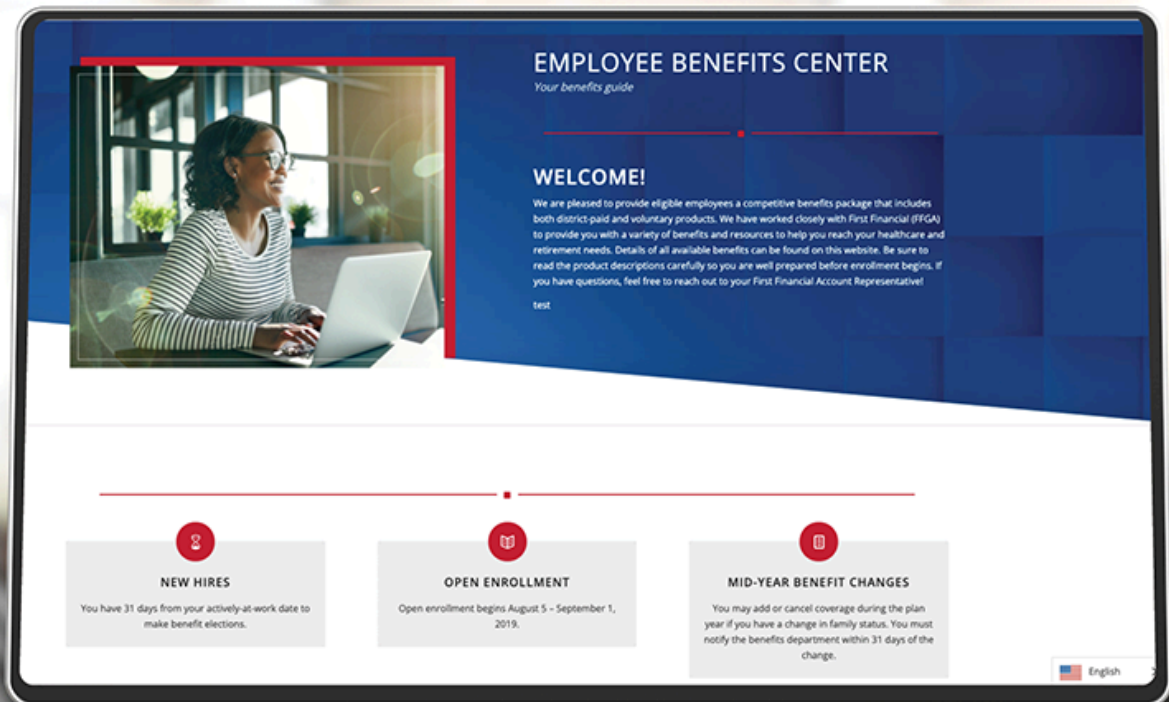
Georgetown ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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 plan year!

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



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 calendar start date to make benefit elections. Insurance coverage becomes effective first of the month following your calendar start date.

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 elect the FREE Basic Life insurance in the amount of \$10k and complete the beneficiary information in order to be enrolled in coverage."**



Wellness Benefits
at No Extra Cost

- Free Preventative Care
- Free Recuro 24/7 Virtual Acute & Behavioral Visits
- Free Generic Drugs Available

Additional Services

Patient Choice Program

- Free or Low Cost Major Imaging and Outpatient Surgeries
- Concierge Healthcare Navigation

International Pharmacy (Can-Path)

- Free or Low Cost Mail Order Prescriptions

Plan
Summary

Monthly Premiums
Employee Only
Employee & Spouse
Employee & Child(ren)
Employee & Family

Plan Features
Type of Coverage
Individual / Family Deductible
Coinsurance
Individual / Family Maximum Out-of-Pocket

Doctor Visits
Primary Care
Specialist
Recuro 24/7 Virtual Acute & Behavioral

Immediate Care
Urgent Care
ER - Emergency Care
ER - Non Emergency Care
Recuro 24/7 Virtual Acute & Behavioral

Prescription Drugs
Drug Deductible
Generics (30 Day Supply/90 Day Supply)
Preferred Brand
Non-Preferred Brand
Specialty
International Mail Order

Basic HD	Standard	Enhanced
<ul style="list-style-type: none">• Low Premiums• Nationwide Network• No PCP referrals• Free Preventative Generic Drugs• Compatible with a Health Savings Account (HSA)	<ul style="list-style-type: none">• Low Deductibles and Out-of-Pocket Maximums• Copays for doctor visits• Nationwide Network• No PCP referrals• Free Generic Drugs	<ul style="list-style-type: none">• Low Deductibles and Out-of-Pocket Maximums• Copays for doctor visits• Nationwide Network• No PCP referrals• Free Generic Drugs
\$35	\$65	\$183
\$971	\$1,067	\$1,180
\$441	\$508	\$599
\$1,259	\$1,384	\$1,575
In Network Only	In Network Only	In Network Only
\$3,500 \$7,000	\$2,750 / \$5,500	\$2,250 / \$4,500
20% after Deductible	30% after Deductible	20% after Deductible
\$8,050/ \$16,100	\$9,000 / \$18,000	\$8,000 / \$16,000
20% after Deductible	\$40 Copay	\$40 Copay
20% after Deductible	\$75 Copay	\$75 Copay
\$0	\$0	\$0
20% after Deductible	\$50 Copay	\$50 Copay
20% after Deductible	30% after Deductible	20% after Deductible
Not Covered	Not Covered	Not Covered
\$0	\$0	\$0
Integrated with Medical	\$500 (Brand /Specialty ONLY)	\$500 (Brand /Specialty ONLY)
\$0 after Deductible	\$0 Retail and Mail Order	\$0 Retail and Mail Order
20% after Deductible	30% Retail / \$300 Mail Order	\$75 Retail / \$150 Mail Order
20% after Deductible	30% Retail / \$300 Mail Order	\$150 Retail / \$300 Mail Order
50% after Deductible to a Max of \$2,500	50% up to a max of \$2,500	50% up to a max of \$2,500
\$0 Brand / Specialty (after Deductible)	\$0 Brand / Specialty (No Deductible)	\$0 Brand / Specialty (No Deductible)

Employee Health Benefits 2024-25



Georgetown ISD Which Plan is Right for You?



Questions to Consider

- How much coverage do I need?
- How often do I access health care?
- Are my doctors in-network?
- Do I prefer higher premiums or pay as I go?
- Do I have regular prescriptions?

Benefits for UBC Members

The Cigna Open Access Plus Network provides you with access to healthcare professionals nationwide to address your health concerns. The UBC plans offer a range of coverage options to best meet the needs of you and your family. This provides you a great deal of flexibility and the option to save significantly on your health insurance premiums.

Choice and Control

The Cigna Open Access Plus Network provides access to 17,000 facilities and more than one million healthcare professionals.

Need Assistance?
help@UBC-Benefits.com

- Cigna Nationwide Network with over 1 million healthcare professionals
- No referral necessary to see a specialist
- Lower out-of-pocket maximums
- In-network benefits



Basic HD - Medical Plan

Overview

The GISD Basic HD plan serves as the primary High Deductible Plan option with low-cost monthly premiums in exchange for higher annual deductibles and out-of-pocket maximums. With in-network benefits, no need for physician referrals, free preventative generic drugs, and lower deductibles and out-of-pocket maximums, this plan provides premium savings to plan members with greater annual savings potential. The Basic HD is the only plan offered that allows you to use an HSA card.

Covered	Monthly Premium
<ul style="list-style-type: none">Employee	<ul style="list-style-type: none">\$35
<ul style="list-style-type: none">Employee + Spouse	<ul style="list-style-type: none">\$971
<ul style="list-style-type: none">Employee + Child(ren)	<ul style="list-style-type: none">\$441
<ul style="list-style-type: none">Employee + Family	<ul style="list-style-type: none">\$1,259



Basic HD - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

Basic HD - Medical Plan

Feature	Your Network Costs	Your Out-of-Network Costs
Annual Deductible	\$3,500 individual/\$7,000 family	N/A
Coinsurance (after the annual deductible is met)	20% after deductible	N/A
Annual Out-of-Pocket Maximum	\$8,050 individual/\$16,100 family	N/A
Physician Services		
Office Visits - Primary	20% after deductible	N/A
Office Visits - Specialist	20% after deductible	N/A
Urgent Care Visits	20% after deductible	N/A
Emergency Care Visits	20% after deductible	N/A
Non-Emergency Use of ER	Not covered	N/A
Virtual Health/ Behavioral (Recuro)	\$0 per consultation	N/A
Prescription Drugs		
Drug Deductible	Integrated with medical	
Generic (30/90 Day Supply)	\$0 after deductible	
Preferred Brand	20% after deductible	
Non-Preferred Brand	20% after deductible	
Specialty	50% after deductible, up to a maximum of \$2,500 per script	
International Mail-Order	Brand and Specialty \$0, after deductible	

Refer to plan documents for limitations and additional information.

Basic HD - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
Maternity Services		
Routine Prenatal Care	20% after deductible	N/A
Delivery in Hospital	20% after deductible	N/A
Newborn Care in Hospital (Routine)	20% after deductible	N/A
Additional Services		
Inpatient Hospital	20% after deductible	N/A
Outpatient Surgery	20% after deductible	N/A
Outpatient Surgery - Patient Choice	\$0 after \$1,600 deductible	N/A
Lab & X-ray Outpatient (minor)	20% after deductible	N/A
Lab & X-ray Outpatient (major) - Patient Choice	\$0 after \$1,600 deductible	N/A
Hospital Emergency Care Services (treated as network)	20% after deductible	N/A
Chiropractic	20% after deductible	N/A

Refer to plan documents for limitations and additional information.

Basic HD - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
Preventative Care*		
Well-Child Care	Plan pays 100%, no deductible	N/A
Well-Woman Care	Plan pays 100%, no deductible	N/A
Routine Screening Mammography	Plan pays 100%, no deductible	N/A
Adult Health Assessments	Plan pays 100%, no deductible	N/A
Immunizations	Plan pays 100%, no deductible	N/A
Screening Colonoscopy	Plan pays 100%, no deductible	N/A

*Subject to Affordable Care Act requirements.

Patient Choice Network provides a lower out-of-pocket option for:



Outpatient surgeries, such as:

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

Complex/major imaging.

- MRI's
- CAT Scans
- PET Scans

Rehabilitation Therapies

- Physical Therapy
- Occupational Therapy
- Cardiac Therapy
- Speech Therapy

**Lower deductible needs to be met
and zero co-pay**

Contact Us:

888.557.8550

UBC@patientchoicehealth.com

Standard - Medical Plan

Overview

The GISD Standard Plan is designed to provide plan members a copay based offering for Primary Care and Specialist office visits in exchange for slightly higher monthly premiums. Along with in-network benefits, no need for physician referrals, free generic drugs, and lower annual deductibles, this plan provides plan members additional flexibility and cost transparency for services.

Covered	Monthly Premium
<ul style="list-style-type: none">Employee	<ul style="list-style-type: none">\$65
<ul style="list-style-type: none">Employee + Spouse	<ul style="list-style-type: none">\$1,067
<ul style="list-style-type: none">Employee + Child(ren)	<ul style="list-style-type: none">\$508
<ul style="list-style-type: none">Employee + Family	<ul style="list-style-type: none">\$1,384



Standard - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

Standard - Medical Plan

Feature	Your Network Costs	Your Out-of-Network Costs
Annual Deductible	\$2,750 individual/\$5,500 family	N/A
Coinsurance (after the annual deductible is met)	30% after deductible	N/A
Annual Out-of-Pocket Maximum	\$9,000 individual/\$18,000 family	N/A
Physician Services		
Office Visits - Primary	\$40 copay	N/A
Office Visits - Specialist	\$75 copay	N/A
Urgent Care Visits	\$50 copay	N/A
Emergency Care Visits	30% after deductible	N/A
Non-Emergency ER Visit	Not covered	N/A
Virtual Health/Behavioral (Recuro)	\$0 per consultation	N/A
Prescription Drugs		
Drug Deductible	\$500 (Brand/Specialty only)	
Generic (30/90 Day Supply)	Plan pays 100%, no deductible	
Preferred Brand	30% retail / \$300 Mail-Order	
Non-Preferred Brand	30% retail / \$300 Mail-Order	
Specialty	50% up to a maximum of \$2,500 per script	
International Mail-Order	Brand and Specialty \$0, no deductible	

Refer to plan documents for limitations and additional information.

Standard - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
Maternity Services		
Routine Prenatal Care	30% after deductible	N/A
Delivery in Hospital	30% after deductible	N/A
Newborn Care in Hospital (Routine)	30% after deductible	N/A
Additional Services		
Inpatient Hospital	30% after deductible	N/A
Outpatient Surgery	30% after deductible	N/A
Outpatient Surgery - Patient Choice	\$0	N/A
Lab & X-ray Outpatient (minor)	30% after deductible	N/A
Lab & X-ray Outpatient (major) - Patient Choice	\$0	N/A
Hospital Emergency Care services (treated as network)	30% after deductible	N/A
Chiropractic	30% after deductible	N/A

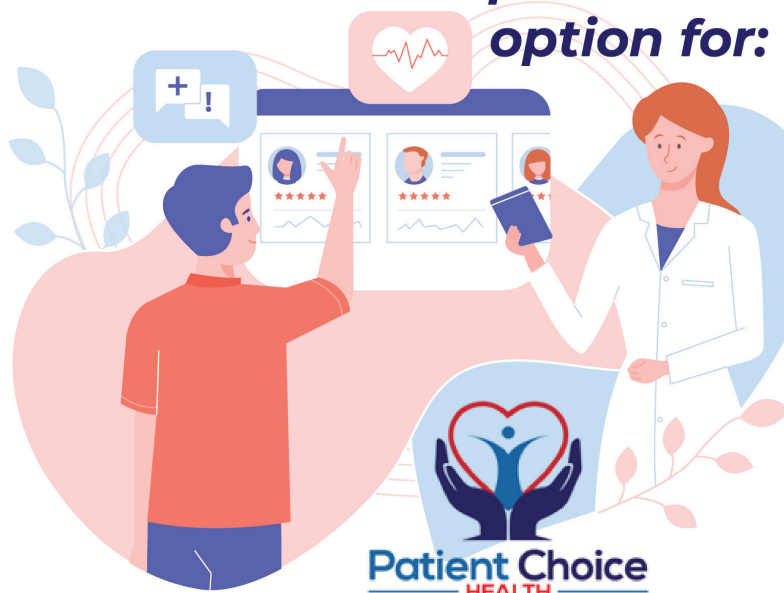
Refer to plan documents for limitations and additional information.

Standard - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
Preventative Care*		
Well-Child Care	Plan pays 100%, no deductible	N/A
Well-Woman Care	Plan pays 100%, no deductible	N/A
Routine Screening Mammography	Plan pays 100%, no deductible	N/A
Adult Health Assessments	Plan pays 100%, no deductible	N/A
Immunizations	Plan pays 100%, no deductible	N/A
Screening Colonoscopy	Plan pays 100%, no deductible	N/A

*Subject to Affordable Care Act requirements.

Patient Choice Network provides a no out-of-pocket option for:



Outpatient surgeries, such as:

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

Complex/major imaging.

- MRI's
- CAT Scans
- PET Scans

Rehabilitation Therapies

- Physical Therapy
- Occupational Therapy
- Cardiac Therapy
- Speech Therapy

**No deductible needs to be met
and zero co-pay**

Contact Us:

888.557.8550

UBC@patientchoicehealth.com

Enhanced - Medical Plan

Overview

The GISD Enhanced Plan provides the richest medical benefits in exchange for higher monthly premiums. Combining the best aspects from all other plan offerings, this plan provides copays for Primary Care and Specialists, low copays for brand drugs, free generic drugs, in-network benefits, no need for physician referrals, and the lowest annual deductibles and out-of-pocket maximums available.

Covered	Monthly Premium
<ul style="list-style-type: none">Employee	<ul style="list-style-type: none">\$183
<ul style="list-style-type: none">Employee + Spouse	<ul style="list-style-type: none">\$1,180
<ul style="list-style-type: none">Employee + Child(ren)	<ul style="list-style-type: none">\$599
<ul style="list-style-type: none">Employee + Family	<ul style="list-style-type: none">\$1,575



Enhanced - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

Enhanced - Medical Plan

Feature	Your Network Costs	Your Out-of-Network Costs
Annual Deductible	\$2,250 individual/\$4,500 family	N/A
Coinsurance (after the annual deductible is met)	20% after deductible	N/A
Annual Out-of-Pocket Maximum	\$8,000 individual/\$16,000 family	N/A
Physician Services		
Office Visits - Primary	\$40 copay	N/A
Office Visits - Specialist	\$75 copay	N/A
Urgent Care Visits	\$50 copay	N/A
Emergency Care Visits	20% after deductible	N/A
Non-Emergency ER Visit	Not covered	N/A
Virtual Health/ Behavioral (Recuro)	\$0 per consultation	N/A
Prescription Drugs		
Drug Deductible	\$500 (Brand/Specialty Only)	
Generic (30/90 Day Supply)	\$0 Retail and Mail-Order	
Preferred Brand	\$75 Retail/\$150 Mail-Order	
Non-Preferred Brand	\$150 Retail/\$300 Mail-Order	
Specialty	50% up to a maximum of \$2,500 per script	
International Mail-Order	Brand and Specialty \$0, no deductible	

Refer to plan documents for limitations and additional information.

Enhanced - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
Maternity Services		
Routine Prenatal Care	20% after deductible	N/A
Delivery in Hospital	20% after deductible	N/A
Newborn Care in Hospital (Routine)	20% after deductible	N/A
Additional Services		
Inpatient Hospital	20% after deductible	N/A
Outpatient Surgery	20% after deductible	N/A
Outpatient Surgery - Patient Choice	\$0	N/A
Lab & X-ray Outpatient (minor)	Lab \$50 copay X-ray \$75 copay	N/A
Lab & X-ray Outpatient (major) - Patient Choice	\$0	N/A
Hospital Emergency Care Services (treated as network)	20% after deductible	N/A
Chiropractic	20% after deductible	N/A

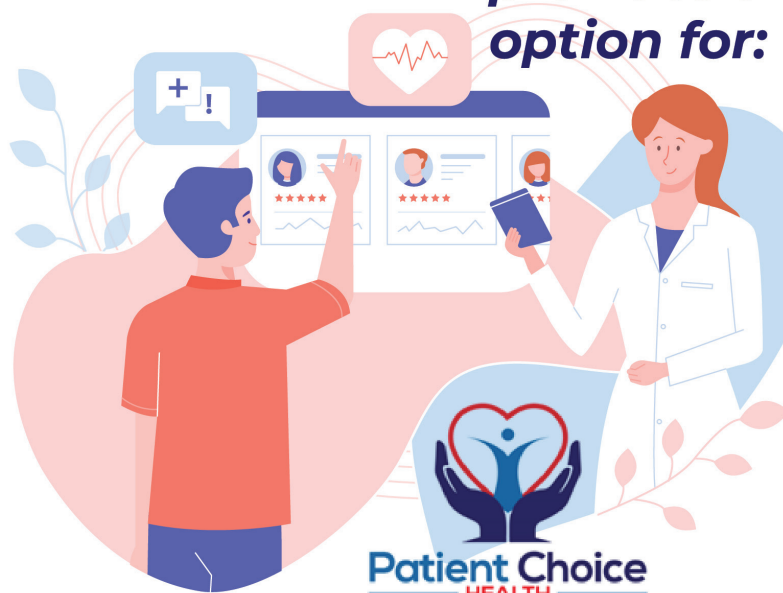
Refer to plan documents for limitations and additional information.

Enhanced - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
Preventative Care*		
Well-Child Care	Plan pays 100%, no deductible	N/A
Well-Woman Care	Plan pays 100%, no deductible	N/A
Routine Screening Mammography	Plan pays 100%, no deductible	N/A
Adult Health Assessments	Plan pays 100%, no deductible	N/A
Immunizations	Plan pays 100%, no deductible	N/A
Screening Colonoscopy	Plan pays 100%, no deductible	N/A

*Subject to Affordable Care Act requirements.

Patient Choice Network provides a no out-of-pocket option for:



Outpatient surgeries, such as:

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

Complex/major imaging.

- MRI's
- CAT Scans
- PET Scans

Rehabilitation Therapies

- Physical Therapy
- Occupational Therapy
- Cardiac Therapy
- Speech Therapy

**No deductible needs to be met
and zero co-pay**

Contact Us:

888.557.8550

UBC@patientchoicehealth.com

FINDING A DOCTOR IN OUR DIRECTORY IS EASY



Is your doctor or hospital in your plan's Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS



Step 1

Go to [Cigna.com](https://www.cigna.com), and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."



Step 2

Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.



Step 3

Answer any clarifying questions, and then verify where you live (as that will determine the networks available).



Step 4

Optional: Select one of the plans offered by your employer during open enrollment. **(OAP) Network Open Access Plus**

That's it! You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

Search first. Then choose Cigna.

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to [myCigna.com](https://mycigna.com) – your one-stop source for managing your health plan, anytime, just about anywhere. On [myCigna.com](https://mycigna.com), you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

Questions? Call **1-800-Cigna24**

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

Providers and facilities that participate in the Cigna network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, see your plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: Medical: OK-HP-APP-1 et al., OR-HP-POL3802-13, TN-HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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Attention: Members Taking a Brand-Name Medication!

As your new pharmacy savings program, VerusPath would like to inform you of an additional benefit added to your pharmacy plan. VerusPath is excited to bring you cost-saving opportunities on your **brand-name** medications through [CANPath](#), our Canadian Pharmacy Program!

Just a few of the benefits to using the CANPath Program are:

- ✓ 90-Day Supplies ➡ Shipped Directly to You
- ✓ \$0.00 Copayment
- ✓ Significant Cost-Savings to Your Plan

On hundreds of medications, such as:

- ✓ Humira
- ✓ Ozempic
- ✓ Jardiance
- ✓ Trulicity
- ✓ Farxiga
- ✓ Lantus Solostar
- ✓ And Many More!

Please note that generic medications are not applicable for this cost-saving opportunity. If you are taking a brand-name medication that is eligible for the program, you will be contacted by phone and/or email by a VerusPath Patient Advocate. We will work directly with your provider to have a new prescription sent to our Canadian Pharmacy Partner.

If you have additional questions about the [CANPath Program](#), please call [1-800-838-0007](tel:1-800-838-0007) or email VerusPath@Verus-Rx.com. Our Patient Advocates are available Monday through Friday, from 9:00AM until 5:00PM CST.



Welcome to

VERUSPATH

This program is being offered to you as a part of your pharmacy benefit plan!

There are three main components to the **VerusPath** Program, which are intended to save you and your employer money on your pharmacy fills!



CAN-Path

The CanPath Program is available on select **brand-name** and high-cost **Specialty** drugs. Our Patient Advocates will work with you and your provider to fill your medication (if eligible) through our partnered Canadian Pharmacy. This is a brick-and-mortar retail pharmacy, located in Canada, that VerusRx contracts with to ship three-month supplies of your medication directly to your door.

The best part?

These medications arrive at **no cost to you.**

No payment information needs to be provided, as there is no copayment and no shipping or handling fees. If your medication(s) is eligible for this cost-saving opportunity, a **VerusPath** Patient Advocate will reach out to you directly.

Key Items to Remember:

If a Patient Advocate from **VerusPath** calls or emails you, we are trying to save you money on your prescriptions! It is very important to return our call or email as soon as possible!



The PAPath Program refers to Patient Assistance Programs that are available for most Specialty medications. If you are currently taking a **Specialty medication** (these are generally high-cost medications used to treat complex, chronic conditions) that has a Patient Assistance Program available, a **VerusPath** Patient Advocate will reach out to you directly to discuss the steps and information needed for successful enrollment.

Key Items to Remember:

Our goal is to keep the process as quick and easy as we possibly can, while saving you and your employer as much money as possible.

Communication is key to make this program successful!

Please note, Patient Assistance Programs will typically cover your drug cost **in full**, saving you and your employer money on each refill.



The CoPath Program refers to **copay cards** (also known as coupon cards) being applied to your medication at the pharmacy. If your drug has a coupon card available, our **VerusPath** Patient Advocates will proactively reach out to your pharmacy on your behalf to apply the card toward your claim.

No action is needed from you for this program to apply!

Key Items to Remember:

We are always here to help answer any questions you may have, or to help you to feel comfortable during the process.

Please email us at VerusPath@Verus-Rx.com, or call us at 800-838-0007.



+



TAKE CONTROL OF YOUR HEALTH



“I am so pleased with the level of care and time you guys take to spend with each person, I feel I am getting on the right track, what you guys do is phenomenal.”



1. 2021 Tria Health Book of Business

TALK TO A DIABETES & MEDICATION EXPERT

Tria Health is coming to your plan! Tria provides private, confidential conversations with a Tria pharmacist by phone. Tria Health's pharmacists are Certified Diabetes Care and Education Specialists (CDCES). Your pharmacist will help you:

- Make sure your medications are working as intended.
- Ensure your health conditions are well managed.
- Help you save money - Tria saves an average of \$250 per year! ¹
- Answer any questions you have about your health.
- Coordinate care with your doctor(s) - Over 95% of recommendations made by Tria Health were accepted by an individual's physician. ¹

Our goal is to ensure you live a happy and active life and reduce the risk of serious health complications.

PARTICIPANTS CAN EARN UP TO \$150

Complete a consultation with a Tria pharmacist, and receive a \$50 Tria Health Prepaid MasterCard. You are not required to change your medications, pharmacy or doctor to receive this benefit. You can receive up to \$150 within a 12-month period.

THIS PROGRAM BEGINS SEPTEMBER 1, 2023.

Look for a postcard in your mailbox in September.

Tria may contact certain members directly by phone.



RxBIN: 610011
RxPCN: IRX
RxGRP: RXBENEFIT

Beginning June 1, 2022, please contact RxBenefits with questions regarding prescription coverage:

Plan Members call Member Support: 800.933.0765
Pharmacists call Pharmacy Help Desk: 800.880.1188

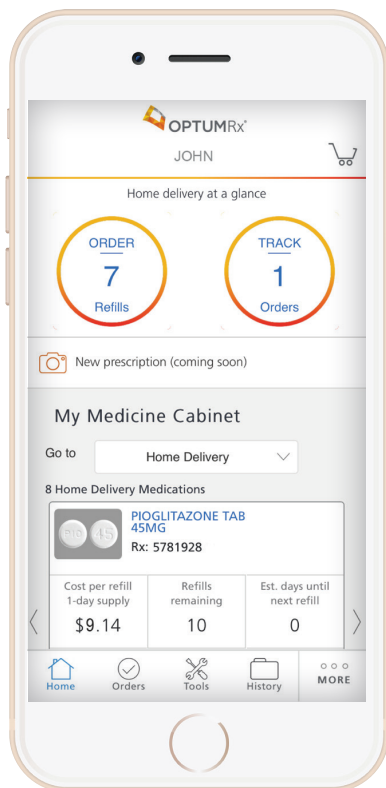
As always, RxBenefits' Member Services team is available to answer any questions you may have. You can reach them Monday – Friday from 7:00 a.m. to 8:00 p.m. CT by calling 800.933.0765 or emailing CustomerCare@rxbenefits.com.

Please reach out to us at any time if you have any questions or concerns. We are thrilled to be partnering with you to take your pharmacy benefit to the next level.

Sincerely,
Your RxBenefits Team



The OptumRx app



The OptumRx® App makes the online pharmacy experience as simple as possible. You can easily:

- Refill or renew a home delivery prescription
- Transfer a retail prescription to home delivery
- Find drug prices and lower-cost options
- View your prescription claim history or order status
- Locate a pharmacy
- Access your ID card, if your plan allows
- Set up refill reminders
- Track your order



Download the OptumRx App now
from the Apple® App Store or Google Play™.



Over ➡



Virtual Urgent Care

Getting Started

INTRODUCTION

Access board-certified physicians 24/7, 365 days a year for urgent medical needs. Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

Consult Fee: \$0

HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:
["member.recurohealth.com"](https://member.recurohealth.com)

02

Enter your employer member ID

03

Create your username and password

04

Complete your medical history

05

Schedule your consult

*Registering your account is not required to use the service, you can call 855.6RECURO anytime for 24/7 access to doctors.



Example Conditions Treated

- Acne / Rash
- Allergies
- Cold / Flu
- GI Issues
- Ear Problems
- Fever
- Insect Bites
- Nausea
- Pink Eye
- Respiratory
- UTI's
- And More...



customerservice@recurohealth.com | 855.6RECURO | Scan QR Code to Download





Virtual Therapy

Getting Started

INTRODUCTION

Receive comprehensive therapy and counseling from Recuro's Clinical Social Workers and Marriage & Family Therapists. Your therapist will work with you to reach your emotional wellness goals, developing a personalized plan and tracking progress over time.

HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:
["member.recurohealth.com"](https://member.recurohealth.com)

02

Enter your employer member ID

03

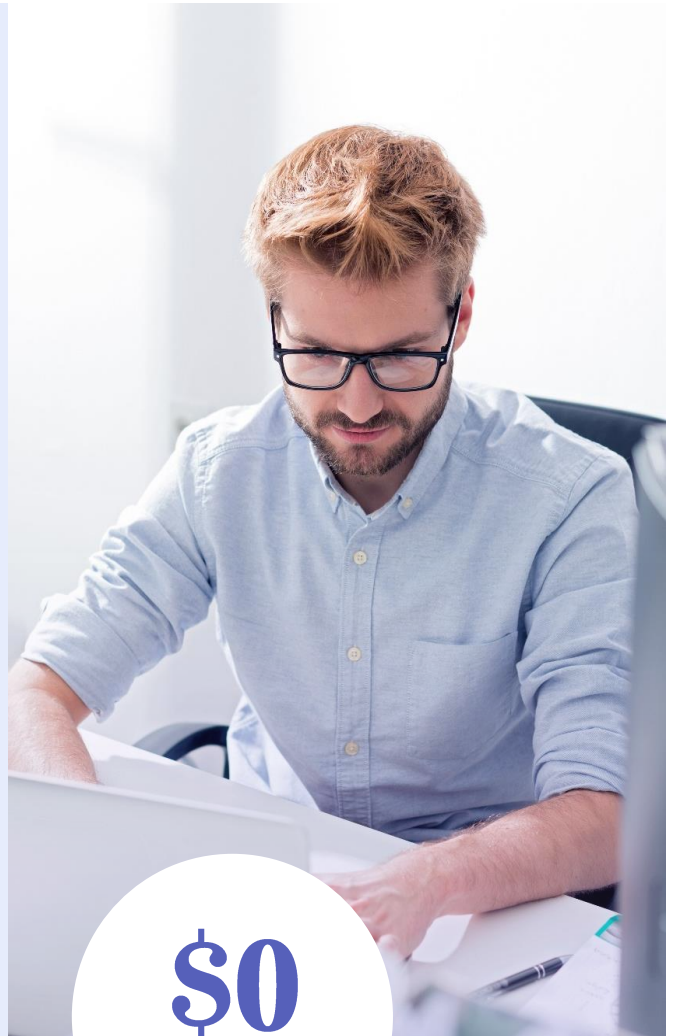
Create your username and password

04

Complete intake and wellness assessment

05

Schedule your consult



\$0

Consults

Example Conditions Treated

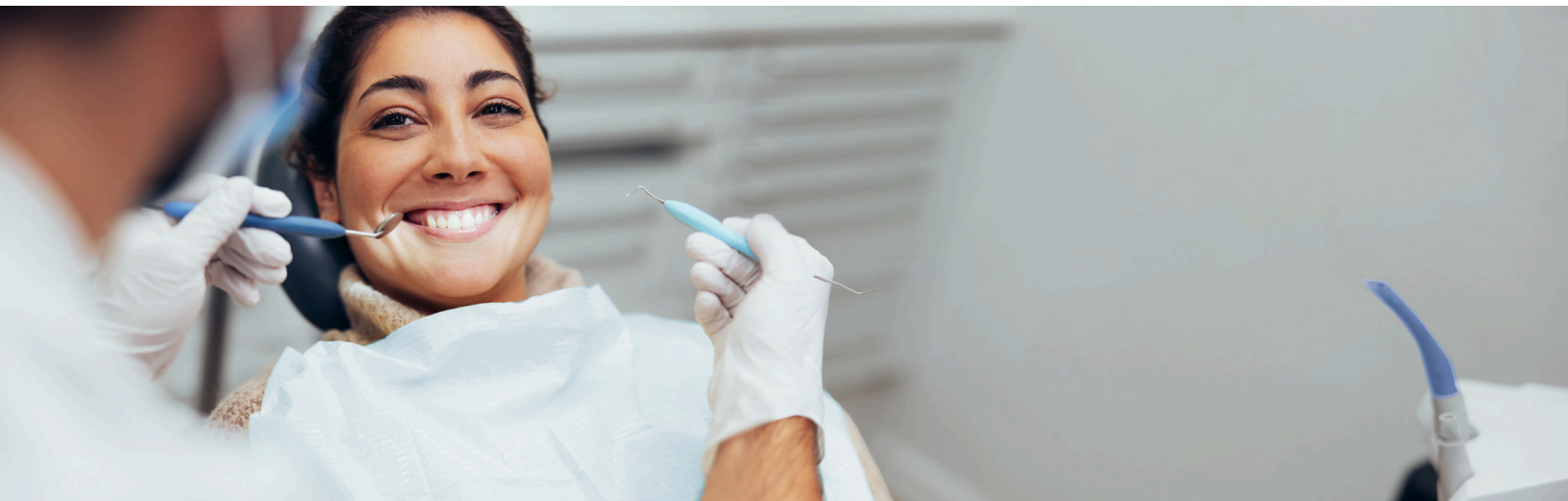
- Anger Mgmt
- Anxiety
- Bipolar
- Depression
- Eating Disorder
- Sleep Disorder
- Addiction
- Substances
- Grief / Loss
- PTSD
- OCD
- And More...



customerservice@recurohealth.com | 855.6RECURO | Scan QR Code to Download



Dental Insurance



MetLife | www.metlife.com | 800-438-6388

MetLife is the new carrier for your Dental insurance. Your monthly premiums are being lowered and your amount of coverage is being increased! See the benefits summaries for details.

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		
	Low Plan	High Plan
Employee Only	\$20.33	\$43.61
Employee + Spouse	\$39.85	\$84.97
Employee + Children	\$55.45	\$96.19
Employee + Family	\$70.15	\$131.38

Dental Insurance

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

Georgetown ISD

Network: PDP Plus

	Plan option 1 Low Plan		Plan option 2 High Plan	
	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of Maximum Allowable Charge*	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ 90% of R&C Fee**
Coverage Type				
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, extractions)	50%	50%	80%	80%
Type C: Major Restorative (bridges, dentures)	30%	30%	50%	50%
Type D: Orthodontia	Not Covered	Not Covered	50%	50%
Deductible†				
Individual	\$75	\$75	\$50	\$50
Family	\$0	\$0	\$0	\$0
Annual Maximum Benefit				
Per Person	\$1,000	\$1,000	\$2,000	\$2,000
Orthodontia Lifetime Maximum				
Per Person***	Not Covered	Not Covered	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26 if a full-time student.

¹"In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

²Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

*Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

†Applies only to Type B & C Services.

*** Orthodontia available for adults and dependent children up to age 19.

Dental Insurance

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

Georgetown ISD

List of Primary Covered Services & Limitations*

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

Plan Type	Plan Option 1: Low Plan How Many/How Often	Plan Option 2: High Plan How Many/How Often
Type A — Preventive		
Prophylaxis (cleanings)	Two per year	Two per year
Oral Examinations	Two exams per year	Two exams per year
Topical Fluoride Applications	Two fluoride treatments per year for dependent children up to his/her 19 th birthday	Two fluoride treatments per year for dependent children up to his/her 19 th birthday
X-rays	<ul style="list-style-type: none"> Full mouth X-rays; one per 3 years Bitewings X-rays; two sets per year 	<ul style="list-style-type: none"> Full mouth X-rays; one per 3 years Bitewings X-rays; two sets per year
Sealants	One application of sealant material every 5 years for each non-restored, non-decayed 1 st and 2 nd molar of a dependent child up to his/her 19 th birthday	One application of sealant material every 5 years for each non-restored, non-decayed 1 st and 2 nd molar of a dependent child up to his/her 19 th birthday
Type B — Basic Restorative		
Fillings		
Simple Extractions		
Consultations		
Type C — Major Restorative		
Crown, Denture and Bridge Repair/ Recementations		
Oral Surgery		
Implants	Not Covered	Replacement once every 5 years
Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement; one every 5 years Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed 	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement; one every 5 years Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	Replacement once every 5 years	Replacement once every 5 years
Endodontics	Root canal once per tooth per lifetime	Root canal once per tooth per lifetime

Dental Insurance

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

Georgetown ISD

General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 2 years Periodontal surgery once per quadrant, every 3 years Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a year 	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 2 years Periodontal surgery once per quadrant, every 3 years Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a year
Type D — Orthodontia		
	<ul style="list-style-type: none"> Not Covered 	<ul style="list-style-type: none"> You, your spouse and your children, up to age 19, are covered while Dental insurance is in effect All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia Payments are on a repetitive basis 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary Orthodontic benefits end at cancellation of coverage

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



PDP Plus Network

Employee Name

GEORGETOWN ISD

Group Name

Employee ID

260558

Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.

metlife.com/mybenefits

- Locate a participating dentist.
- Verify eligibility and plan design information.
- Review claim status and claim history for your entire family.
- View and print processed claims with one click.
- Obtain claims forms and educational information (including interactive risk assessment).
- Get instant answers to Frequently Asked Questions.
- Access trained customer service representatives.

1-800-942-0854

- Virtually 24 hours a day, 7 days a week to confirm eligibility, order claim forms or request dentist directories
- Monday-Friday, 8 a.m. to 11 p.m., Eastern Time, to speak with a live customer service representative
- MetLife Dental Claims P.O. Box 981282 El Paso, TX 79998-1282
- For International Dental Travel Assistance call 1-312-356-5970 (collect)

00760522



Vision Insurance

MetLife | www.metlife.com | 833-393-5433

MetLife is the new carrier for your Vision insurance. There is a new High plan that offers an increased allowance towards frames/contacts and also includes a second pair and safety wear riders! See the benefit summaries for detailed information.

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 Premiums		
	Low Plan	High Plan
Employee Only	\$11.08	\$13.94
Employee + Spouse	\$18.92	\$23.80
Employee + Children	\$20.02	\$25.22
Employee + Family	\$30.27	\$38.06



Georgetown ISD – Superior Vision Network - High Plan Summary

With your Superior Vision Preferred Provider Organization (PPO) Plan you can:

- Go to any licensed Superior vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart®, Sam's Club®, Visionworks®, LensCrafters®, and Target Optical®.

In-network value added features:

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

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

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

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

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

Monthly Premiums

• <i>Employee Only:</i>	\$13.94
• <i>Employee + Spouse:</i>	\$23.80
• <i>Employee + Child(ren):</i>	\$25.22
• <i>Employee + Family:</i>	\$38.06

In-network benefits

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

Frequency

Eye exam

Once every **12** months

- Eye health exam, dilation, prescription, and refraction for glasses: after a **\$10** copay.
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

Frame

Once every **12** months

- Allowance: **\$225**
- Additional allowance of 20% at select providers. Visit metlife.com/mybenefits to locate participating providers Look for the dollar sign icon (\$).

Standard corrective lenses

Once every **12** months

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full

Standard lens enhancements²

Once every **12** months

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

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

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

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

Other in-network features - continued:

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

Contact lenses (instead of eyeglasses) ⁴	Once every 12 months
Contact fitting and evaluation: Standard fitting; Covered in full after \$25 copay	
• Specialty fitting: \$50 allowance after \$25 copay	
• Elective lenses: \$225 allowance	
• Necessary lenses: Covered in full with prior authorization	
• Discounts: ⁴	
• Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses	
• Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses	

We're here to help

Find a Superior Vision provider at www.metlife.com/vision and select 'Superior Vision by MetLife'. For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at www.metlife.com/mybenefits.

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

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

Out-of-network reimbursement

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

- Materials copay of **\$00**
- Eye exam: up to **\$45** after a **\$00** copay
- Frames: up to **\$70**
- Single vision lenses: up to **\$30**
- Lined bifocal lenses: up to **\$50**
- Lined trifocal lenses: up to **\$65**
- Lenticular lenses: up to **\$100**
- Progressive lenses: up to **\$50**
- Elective contact lenses up to **\$105**
- Necessary contact lenses up to **\$210**

Supplemental Rider Benefit Information	
In-Network	Out-of-Network
Safety Eyewear <ul style="list-style-type: none"> Frames: \$0 copay with a standard allowance of \$100 once every 12 months. Lenses: Lenses are covered in full after \$0 copay once every 12 months. Includes Scratch, Tint, UV, Polycarbonate, and Side Shields covered in full. 	Safety eyewear: -Frame—\$25 -Lenses—\$35-\$90

Second Pair Glasses/Contacts	Lenses: Once every 12 Months Frames: Once every 12 Months
This benefit gives you additional eyewear coverage. You can get: <ul style="list-style-type: none"> Two pairs of prescription eyeglasses, or One pair of prescription eyeglasses and an allowance toward contact lenses, or Double your contact lens allowance <p>* Benefit provides for two (2) complete orders for eyewear. Eyewear purchases must be separate; allowances cannot be combined for a single eyewear purchase.</p>	

Out-of-network reimbursement:
 Out of network allowances are the same as enumerated in the main benefit plan above.

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

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

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

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

Vision Identification Card

Employee Name

Georgetown ISD

Employee ID

260558

Group Name

Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.

SuperiorVision

By MetLife

metlife.com/mybenefits

- Locate a participating eye doctor or print your ID card.
- Review benefits information and past services.
- Obtain claims forms and educational information.

1-833-EYE-LIFE (1-833-393-5433)

Hearing impaired AT&T relay service: Dial 711.

- Call Monday through Friday from 8:00 a.m to 9:00 p.m. ET, and Saturday from 9:00 a.m. to 4:00 p.m. ET, to speak with a customer service representative.
- Superior Vision by MetLife, PO Box 967, Rancho Cordova, CA 95741

Georgetown ISD – Superior Vision Network – Low Plan Summary

With your Superior Vision Preferred Provider Organization (PPO) Plan you can:

- Go to any licensed Superior vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart®, Sam's Club®, Visionworks®, LensCrafters®, and Target Optical®.

In-network value added features:

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

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

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

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

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

Monthly Premiums

• <i>Employee Only:</i>	\$11.08
• <i>Employee + Spouse:</i>	\$18.92
• <i>Employee + Child(ren):</i>	\$20.02
• <i>Employee + Family:</i>	\$30.27

In-network benefits

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

Frequency

Eye exam

Once every **12 months**

- Eye health exam, dilation, prescription, and refraction for glasses: after a **\$10 copay**.
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

Frame

Once every **12 months**

- Allowance: **\$180**
- Additional allowance of 20% at select providers. Visit metlife.com/mybenefits to locate participating providers Look for the dollar sign icon (\$).

Standard corrective lenses

Once every **12 months**

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full

Standard lens enhancements²

Once every **12 months**

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

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Other in-network features - continued:

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

Contact lenses (instead of eyeglasses)⁴

Once every **12 months**

Contact fitting and evaluation: Standard fitting; Covered in full after **\$25** copay

- Specialty fitting: **\$50** allowance after **\$25** copay

- Elective lenses: **\$180** allowance

- Necessary lenses: **Covered in full** with prior authorization

- Discounts:⁴

- Conventional contacts: **20%** off the amount that you pay over your allowance and on purchases of additional contact lenses
- Disposable contacts: **10%** off the amount that you pay over your allowance and on purchases of additional contact lenses

We're here to help

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

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

Out-of-network reimbursement

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

- Materials copay of **\$00**
- Eye exam: up to **\$45** after a **\$00** copay
- Frames: up to **\$70**
- Single vision lenses: up to **\$30**
- Lined bifocal lenses: up to **\$50**
- Lined trifocal lenses: up to **\$65**
- Lenticular lenses: up to **\$100**
- Progressive lenses: up to **\$50**
- Contact lenses:
 - Elective lenses up to **\$105**
 - Necessary lenses up to **\$210**

Vision Identification Card

Employee Name

Georgetown ISD

Group Name

Employee ID

260558

Group Number

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SuperiorVision
By  **MetLife**

metlife.com/mybenefits

- Locate a participating eye doctor or print your ID card.
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1-833-EYE-LIFE (1-833-393-5433)

Hearing impaired AT&T relay service: Dial 711.

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- Superior Vision by MetLife, PO Box 967, Rancho Cordova, CA 95741

Checking your benefits just got easier

MetLife's mobile app puts convenience in the palm of your hands. You can quickly access and manage your benefit information — anytime, anywhere.

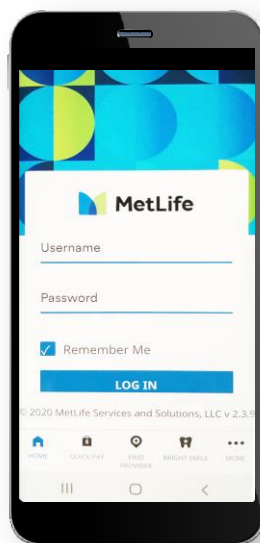


Dental Insurance¹

- Find a dentist
- Plan based cost estimator for dental procedures
- View your Plan Summary
- View your claims
- Book an appointment
- Provider reviews and ratings
- Track your brushing and flossing
- View and save ID card

Vision Insurance

- Find a provider



It is easy to get the MetLife US Mobile app

Search “MetLife” in the App Store® or Google Play® and download the MetLife US Mobile App, or scan these QR codes.



**Questions? Call MetLife
Customer Service.
1-800 GET-MET8**

1. Certain features of the MetLife mobile app are not available for some MetLife dental plans.

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

Flexible Spending Accounts

First Financial Administrators, Inc. | www.ffga.com
1-866-853-3539 P.O. Box 161968 | Altamonte Springs, FL 32716

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your plan includes a \$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 2024 is \$3,200.

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 at the end of the runoff or grace period.

Health Savings Account

First Financial Administrators, Inc. | www.ffga.com | 1-866-853-3539
P.O. Box 161968 | Altamonte Springs, FL 32716

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

Health Savings Account Highlights

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

Who Can Participate in an HSA?

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

	2024	2025
HSA Contribution Limits	<ul style="list-style-type: none">• Self: \$4,150• Family: \$8,300	<ul style="list-style-type: none">• Self Only: \$4,300• Family: \$8,550
\$1,000 catch-up contributions (age 55 or older)		

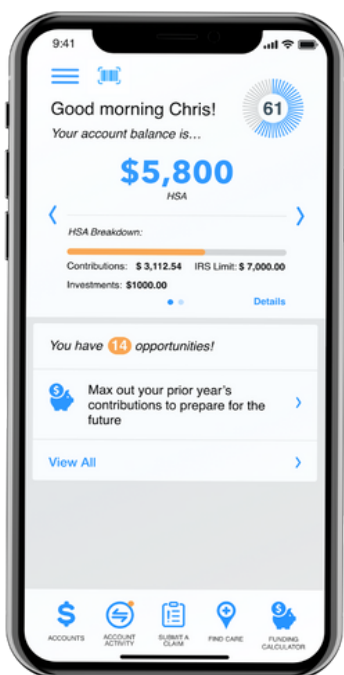
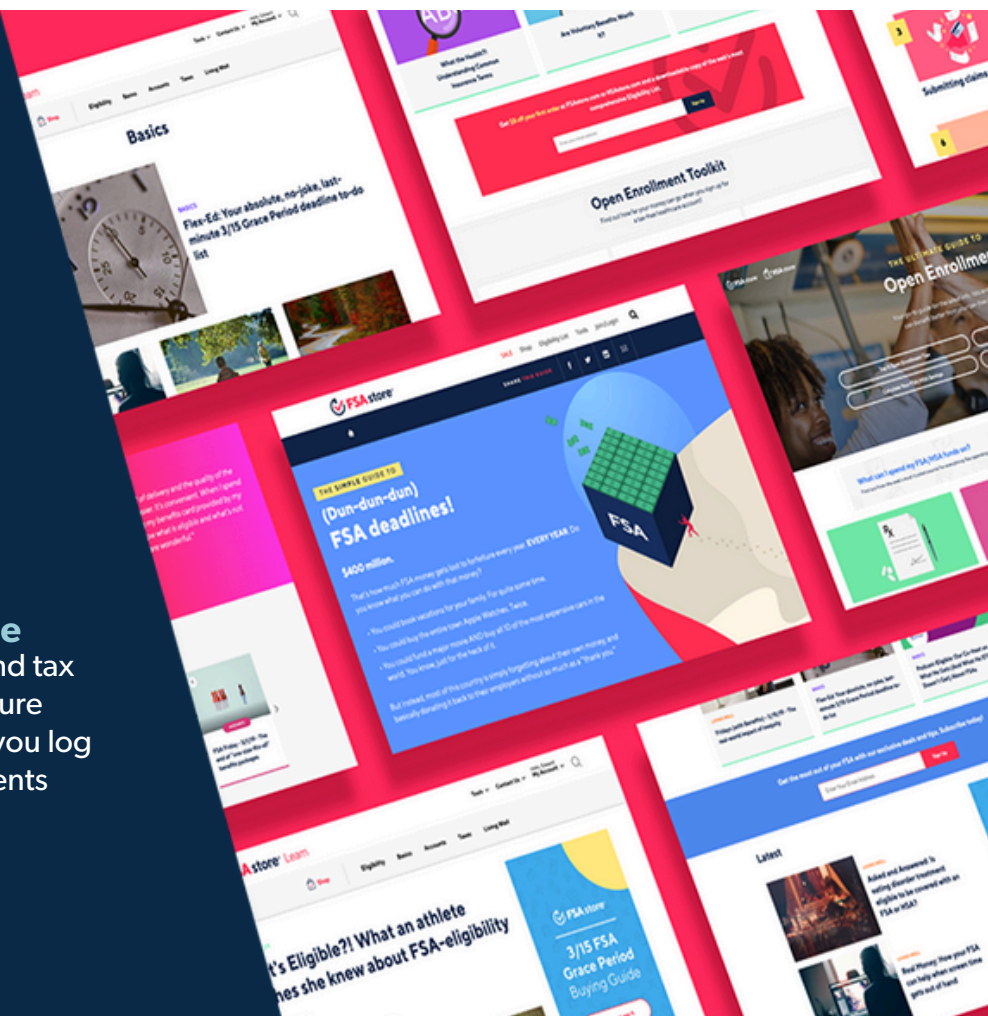
FSA & HSA Resources

Benefits Card

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

View Your Account Details Online

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



FF Mobile Account App

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

FSA/HSA Store

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



Term Life & AD&D

Employer-Paid & Voluntary

Blue Cross Blue Shield | www.bcbstx.com/ancillary | 877-442-4207

Employer-Paid Term Life & AD&D Insurance (Basic Life)

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. Georgetown ISD provides all eligible employees a \$10,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

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.





GEORGETOWN ISD / TEEBC TRUST F021842 - 330

Eligibility

All Active Full Time Employees who regularly work 20 hours per week are eligible for insurance on the first of the month following their date of hire.

Supplemental Life and AD&D

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

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

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

Child Coverage (Life Only)

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

Guarantee Issue*

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

***NEW HIRES ONLY**

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

All benefits terminate at retirement.

Spouse: Benefits terminate at Employee's age 70.

Supplemental Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

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

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

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

Texas Life

Permanent Life



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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

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

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

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

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	9.25	16.25	81
2-4	9.50	16.75	80
5-8	9.75	17.25	79
9-10	10.00	17.75	79
11-16	10.25	18.25	77
17-20	12.25	22.25	75
21-22	12.50	22.75	74
23	12.75	23.25	75
24-25	13.00	23.75	74
26	13.50	24.75	75

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

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

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

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

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

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

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

Indicates Spouse Coverage Available

Disability Insurance

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

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?



GEORGETOWN ISD

Long-Term Disability Income Insurance

Plan Benefit Highlights

Eligibility

All permanent employees in covered group working 20 hours or more per week. Regarding your eligibility, we may require proof of good health and will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

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

Monthly amounts of the Disability Benefits are available from \$200 to \$10,000 in \$100 increments based on 66^{2/3}% of your Monthly Compensation and will not exceed the amount for which premium is being paid. If applicable, the insured's Disability Benefit will be reduced by Deductible Sources of Income.

Hospital means 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.

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include, Other group disability income, Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits, United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability, State Disability, Unemployment compensation, Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 365 calendar days from the date of disability. We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your Certificate.

Minimum Disability Benefit

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

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

For the first 12 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the schedule. After 12 months, your disability payment will be the disability benefit 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 claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Step 1: Calculate the disability Benefit you qualify for based upon your salary.

_____ / 12 = _____ x 0.66^{2/3} = _____

Annual Salary	Monthly Salary	Monthly Disability Benefit
(Rounded down to nearest \$100)		

Step 2: Calculate your Monthly Premium based upon your plan selection.

PLAN	BENEFITS BEGIN	MONTHLY PREMIUM
Plan 1	On the 8th day of Disability due to a covered injury or Sickness.	*\$3.74
Plan 2	On the 15th day of Disability due to a covered injury or Sickness.	*\$3.18
Plan 3	On the 31st day of Disability due to a covered injury or Sickness.	*\$2.26
Plan 4	On the 61st day of Disability due to a covered injury or Sickness.	*\$1.62
Plan 5	On the 91st day of Disability due to a covered injury or Sickness.	*\$1.20
Plan 6	On the 151st day of Disability due to a covered injury or Sickness.	*\$0.78

_____ / 100 = _____ x _____ = \$ _____

Monthly Benefit	Rate from Above	Monthly Premium Cost
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Example Calculation:
Making \$42,000 per year (\$3,500 month), you would qualify for \$2,300 per month:
\$42,000 / 12 = \$3,500 x 0.66^{2/3} = \$2,300 Monthly Disability Benefit
\$2,300 / 100 = 23 x \$0.50 = \$11.50 per month
**Per \$100 Covered Monthly Benefit Rates Based on 12 Deductions per Year*

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. You are not required to miss one full day of work in order to receive the Injury benefit.

Hospital Confinement Benefit

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

Your maximum benefit amount is based upon 66^{2/3}% of your gross monthly compensation. Benefit amounts start at \$200 and go up to a Maximum Monthly Disability Benefit of \$10,000. The benefit will not exceed the amount for which premium has been paid.

		Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	Plan 1 (8th)	Plan 2 (15th)	Plan 3 (31st)	Plan 4 (61st)	Plan 5 (91st)	Plan 6 (151st)
\$300.00 - \$449.99	\$200.00	\$7.48	\$6.36	\$4.52	\$3.24	\$2.40	\$1.56
\$450.00 - \$599.99	\$300.00	\$11.22	\$9.54	\$6.78	\$4.86	\$3.60	\$2.34
\$600.00 - \$749.99	\$400.00	\$14.96	\$12.72	\$9.04	\$6.48	\$4.80	\$3.12
\$750.00 - \$899.99	\$500.00	\$18.70	\$15.90	\$11.30	\$8.10	\$6.00	\$3.90
\$900.00 - \$1,049.99	\$600.00	\$22.44	\$19.08	\$13.56	\$9.72	\$7.20	\$4.68
\$1,050.00 - \$1,199.99	\$700.00	\$26.18	\$22.26	\$15.82	\$11.34	\$8.40	\$5.46
\$1,200.00 - \$1,349.99	\$800.00	\$29.92	\$25.44	\$18.08	\$12.96	\$9.60	\$6.24
\$1,350.00 - \$1,499.99	\$900.00	\$33.66	\$28.62	\$20.34	\$14.58	\$10.80	\$7.02
\$1,500.00 - \$1,649.99	\$1,000.00	\$37.40	\$31.80	\$22.60	\$16.20	\$12.00	\$7.80
\$1,650.00 - \$1,799.99	\$1,100.00	\$41.14	\$34.98	\$24.86	\$17.82	\$13.20	\$8.58
\$1,800.00 - \$1,949.99	\$1,200.00	\$44.88	\$38.16	\$27.12	\$19.44	\$14.40	\$9.36
\$1,950.00 - \$2,099.99	\$1,300.00	\$48.62	\$41.34	\$29.38	\$21.06	\$15.60	\$10.14
\$2,100.00 - \$2,249.99	\$1,400.00	\$52.36	\$44.52	\$31.64	\$22.68	\$16.80	\$10.92
\$2,250.00 - \$2,399.99	\$1,500.00	\$56.10	\$47.70	\$33.90	\$24.30	\$18.00	\$11.70
\$2,400.00 - \$2,549.99	\$1,600.00	\$59.84	\$50.88	\$36.16	\$25.92	\$19.20	\$12.48
\$2,550.00 - \$2,699.99	\$1,700.00	\$63.58	\$54.06	\$38.42	\$27.54	\$20.40	\$13.26
\$2,700.00 - \$2,849.99	\$1,800.00	\$67.32	\$57.24	\$40.68	\$29.16	\$21.60	\$14.04
\$2,850.00 - \$2,999.99	\$1,900.00	\$71.06	\$60.42	\$42.94	\$30.78	\$22.80	\$14.82
\$3,000.00 - \$3,149.99	\$2,000.00	\$74.80	\$63.60	\$45.20	\$32.40	\$24.00	\$15.60
\$3,150.00 - \$3,299.99	\$2,100.00	\$78.54	\$66.78	\$47.46	\$34.02	\$25.20	\$16.38
\$3,300.00 - \$3,449.99	\$2,200.00	\$82.28	\$69.96	\$49.72	\$35.64	\$26.40	\$17.16
\$3,450.00 - \$3,599.99	\$2,300.00	\$86.02	\$73.14	\$51.98	\$37.26	\$27.60	\$17.94
\$3,600.00 - \$3,749.99	\$2,400.00	\$89.76	\$76.32	\$54.24	\$38.88	\$28.80	\$18.72
\$3,750.00 - \$3,899.99	\$2,500.00	\$93.50	\$79.50	\$56.50	\$40.50	\$30.00	\$19.50
\$3,900.00 - \$4,049.99	\$2,600.00	\$97.24	\$82.68	\$58.76	\$42.12	\$31.20	\$20.28
\$4,050.00 - \$4,199.99	\$2,700.00	\$100.98	\$85.86	\$61.02	\$43.74	\$32.40	\$21.06
\$4,200.00 - \$4,349.99	\$2,800.00	\$104.72	\$89.04	\$63.28	\$45.36	\$33.60	\$21.84
\$4,350.00 - \$4,499.99	\$2,900.00	\$108.46	\$92.22	\$65.54	\$46.98	\$34.80	\$22.62
\$4,500.00 - \$4,649.99	\$3,000.00	\$112.20	\$95.40	\$67.80	\$48.60	\$36.00	\$23.40
\$4,650.00 - \$4,799.99	\$3,100.00	\$115.94	\$98.58	\$70.06	\$50.22	\$37.20	\$24.18
\$4,800.00 - \$4,949.99	\$3,200.00	\$119.68	\$101.76	\$72.32	\$51.84	\$38.40	\$24.96
\$4,950.00 - \$5,099.99	\$3,300.00	\$123.42	\$104.94	\$74.58	\$53.46	\$39.60	\$25.74
\$5,100.00 - \$5,249.99	\$3,400.00	\$127.16	\$108.12	\$76.84	\$55.08	\$40.80	\$26.52
\$5,250.00 - \$5,399.99	\$3,500.00	\$130.90	\$111.30	\$79.10	\$56.70	\$42.00	\$27.30
\$5,400.00 - \$5,549.99	\$3,600.00	\$134.64	\$114.48	\$81.36	\$58.32	\$43.20	\$28.08
\$5,550.00 - \$5,699.99	\$3,700.00	\$138.38	\$117.66	\$83.62	\$59.94	\$44.40	\$28.86
\$5,700.00 - \$5,849.99	\$3,800.00	\$142.12	\$120.84	\$85.88	\$61.56	\$45.60	\$29.64
\$5,850.00 - \$5,999.99	\$3,900.00	\$145.86	\$124.02	\$88.14	\$63.18	\$46.80	\$30.42
\$6,000.00 - \$6,149.99	\$4,000.00	\$149.60	\$127.20	\$90.40	\$64.80	\$48.00	\$31.20

Your maximum benefit amount is based upon 66^{2/3}% of your gross monthly compensation. Benefit amounts start at \$200 and go up to a Maximum Monthly Disability Benefit of \$10,000. The benefit will not exceed the amount for which premium has been paid.

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan 1 (8th)	Plan 2 (15th)	Plan 3 (31st)	Plan 4 (61st)	Plan 5 (91st)	Plan 6 (151st)
\$6,150.00 - \$6,299.99	\$4,100.00	\$153.34	\$130.38	\$92.66	\$66.42	\$49.20	\$31.98
\$6,300.00 - \$6,449.99	\$4,200.00	\$157.08	\$133.56	\$94.92	\$68.04	\$50.40	\$32.76
\$6,450.00 - \$6,599.99	\$4,300.00	\$160.82	\$136.74	\$97.18	\$69.66	\$51.60	\$33.54
\$6,600.00 - \$6,749.99	\$4,400.00	\$164.56	\$139.92	\$99.44	\$71.28	\$52.80	\$34.32
\$6,750.00 - \$6,899.99	\$4,500.00	\$168.30	\$143.10	\$101.70	\$72.90	\$54.00	\$35.10
\$6,900.00 - \$7,049.99	\$4,600.00	\$172.04	\$146.28	\$103.96	\$74.52	\$55.20	\$35.88
\$7,050.00 - \$7,199.99	\$4,700.00	\$175.78	\$149.46	\$106.22	\$76.14	\$56.40	\$36.66
\$7,200.00 - \$7,349.99	\$4,800.00	\$179.52	\$152.64	\$108.48	\$77.76	\$57.60	\$37.44
\$7,350.00 - \$7,499.99	\$4,900.00	\$183.26	\$155.82	\$110.74	\$79.38	\$58.80	\$38.22
\$7,500.00 - \$7,649.99	\$5,000.00	\$187.00	\$159.00	\$113.00	\$81.00	\$60.00	\$39.00
\$7,650.00 - \$7,799.99	\$5,100.00	\$190.74	\$162.18	\$115.26	\$82.62	\$61.20	\$39.78
\$7,800.00 - \$7,949.99	\$5,200.00	\$194.48	\$165.36	\$117.52	\$84.24	\$62.40	\$40.56
\$7,950.00 - \$8,099.99	\$5,300.00	\$198.22	\$168.54	\$119.78	\$85.86	\$63.60	\$41.34
\$8,100.00 - \$8,249.99	\$5,400.00	\$201.96	\$171.72	\$122.04	\$87.48	\$64.80	\$42.12
\$8,250.00 - \$8,399.99	\$5,500.00	\$205.70	\$174.90	\$124.30	\$89.10	\$66.00	\$42.90
\$8,400.00 - \$8,549.99	\$5,600.00	\$209.44	\$178.08	\$126.56	\$90.72	\$67.20	\$43.68
\$8,550.00 - \$8,699.99	\$5,700.00	\$213.18	\$181.26	\$128.82	\$92.34	\$68.40	\$44.46
\$8,700.00 - \$8,849.99	\$5,800.00	\$216.92	\$184.44	\$131.08	\$93.96	\$69.60	\$45.24
\$8,850.00 - \$8,999.99	\$5,900.00	\$220.66	\$187.62	\$133.34	\$95.58	\$70.80	\$46.02
\$9,000.00 - \$9,149.99	\$6,000.00	\$224.40	\$190.80	\$135.60	\$97.20	\$72.00	\$46.80
\$9,150.00 - \$9,299.99	\$6,100.00	\$228.14	\$193.98	\$137.86	\$98.82	\$73.20	\$47.58
\$9,300.00 - \$9,449.99	\$6,200.00	\$231.88	\$197.16	\$140.12	\$100.44	\$74.40	\$48.36
\$9,450.00 - \$9,599.99	\$6,300.00	\$235.62	\$200.34	\$142.38	\$102.06	\$75.60	\$49.14
\$9,600.00 - \$9,749.99	\$6,400.00	\$239.36	\$203.52	\$144.64	\$103.68	\$76.80	\$49.92
\$9,750.00 - \$9,899.99	\$6,500.00	\$243.10	\$206.70	\$146.90	\$105.30	\$78.00	\$50.70
\$9,900.00 - \$10,049.99	\$6,600.00	\$246.84	\$209.88	\$149.16	\$106.92	\$79.20	\$51.48
\$10,050.00 - \$10,199.99	\$6,700.00	\$250.58	\$213.06	\$151.42	\$108.54	\$80.40	\$52.26
\$10,200.00 - \$10,349.99	\$6,800.00	\$254.32	\$216.24	\$153.68	\$110.16	\$81.60	\$53.04
\$10,350.00 - \$10,499.99	\$6,900.00	\$258.06	\$219.42	\$155.94	\$111.78	\$82.80	\$53.82
\$10,500.00 - \$10,649.99	\$7,000.00	\$261.80	\$222.60	\$158.20	\$113.40	\$84.00	\$54.60
\$10,650.00 - \$10,799.99	\$7,100.00	\$265.54	\$225.78	\$160.46	\$115.02	\$85.20	\$55.38
\$10,800.00 - \$10,949.99	\$7,200.00	\$269.28	\$228.96	\$162.72	\$116.64	\$86.40	\$56.16
\$10,950.00 - \$11,099.99	\$7,300.00	\$273.02	\$232.14	\$164.98	\$118.26	\$87.60	\$56.94
\$11,100.00 - \$11,249.99	\$7,400.00	\$276.76	\$235.32	\$167.24	\$119.88	\$88.80	\$57.72
\$11,250.00 - \$11,399.99	\$7,500.00	\$280.50	\$238.50	\$169.50	\$121.50	\$90.00	\$58.50

Benefit amounts start at \$200 and go up to a Maximum Monthly Disability Benefit of \$10,000.



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BENEFIT RIDERS AND LIMITATIONS

Long-Term Disability Income Insurance

Hospital Indemnity Limited Benefit Rider

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

Summary of Hospital Indemnity Limited Benefit Rider Benefits:

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

Hospital Indemnity Limited Benefit Rider	
Daily Benefit Amount	Monthly Premium
\$100.00	\$6.00
\$150.00	\$9.00

Spousal Accident Only Disability Benefit Rider

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

Summary of Accident Only Spousal Benefit Rider Benefits:

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

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

COBRA Funding Rider

(not available on plans with less than a 1 year benefit period)

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

Summary of COBRA Funding Rider Benefits:

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

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

Survivor Benefit Rider

(not available on plans with less than a 1 year benefit period)

This rider is designed to provide a benefit to your beneficiary or estate, if you die while receiving Disability Benefits.

Summary of Survivor Benefit Rider Benefits:

Benefits are payable if you have been disabled and not working for at least 90 days, and die while receiving Disability Benefits. Pays a monthly benefit up to one year or until the maximum disability period is exhausted, whichever occurs first.

Survivor Benefit Rider	
Monthly Benefit Amount	Monthly Premium
\$2,000.00	\$6.80

Critical Illness Benefit Rider

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

Summary of Critical Illness Benefit Rider Benefits:

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions Heart Attack, Stroke, Kidney Failure, Paralysis, or Major Organ Failure. In the case of Heart Attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

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

Cancer Insurance



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

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

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

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

Cancer Insurance Monthly Premiums		
Monthly Premium	Basic	Enhanced Plus
Employee	\$15.80	\$31.62
Employee + Family	\$26.86	\$53.80



AF™ Group Cancer Insurance

Focus on the fight.

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

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

Did You Know?

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

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

Plan Highlights

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

Cancer Insurance Benefits

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

Example cancer insurance benefits include:



Diagnostic and Prevention

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



Travel Expenses

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

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

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Dread Disease Benefit (paid per day while hospital confined)		
Day 1-30	\$100/day	\$300/day
Day 31+	\$200/day	\$600/day
Donor Benefit	\$1,000/donation	
Drugs and Medicine Benefit		
Inpatient (payable per confinement)	\$50	\$200
Outpatient (\$50/prescription/ calendar month up to max shown)	\$50	\$100
Attending Physician Benefit (while hospital confined)	\$50/day	\$50/day
Transportation & Lodging Benefit (Patient & Family Member)		
Transportation (\$1,500 max per round trip; max 12 trips/calendar year)	Coach fare or \$.50/ mile by car	Coach fare or \$.50/ mile by car
Lodging (per day up to 90 days per calendar year)	\$50	\$75
Ambulance Benefit		
Ground (per trip, up to 2 per confinement)	\$200	\$200
Air (per trip, up to 2 per confinement)	\$2,000	\$2,000
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$50	\$50
Diagnostic and Prevention Benefit (one per calendar year)	\$25	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$25	\$75
Waiver of Premium (employee only)	After 90 days of continuous disability	
Internal Cancer Diagnosis Benefit (paid once/Covered Person/Lifetime; Benefits reduce 50% at age 70)	\$2,500	\$5,000
Heart Attack or Stroke Diagnosis Benefit (paid once/covered person/lifetime; benefits reduce 50% at age 70)	N/A	\$5,000

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

Monthly Premium

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

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

Critical Illness Insurance

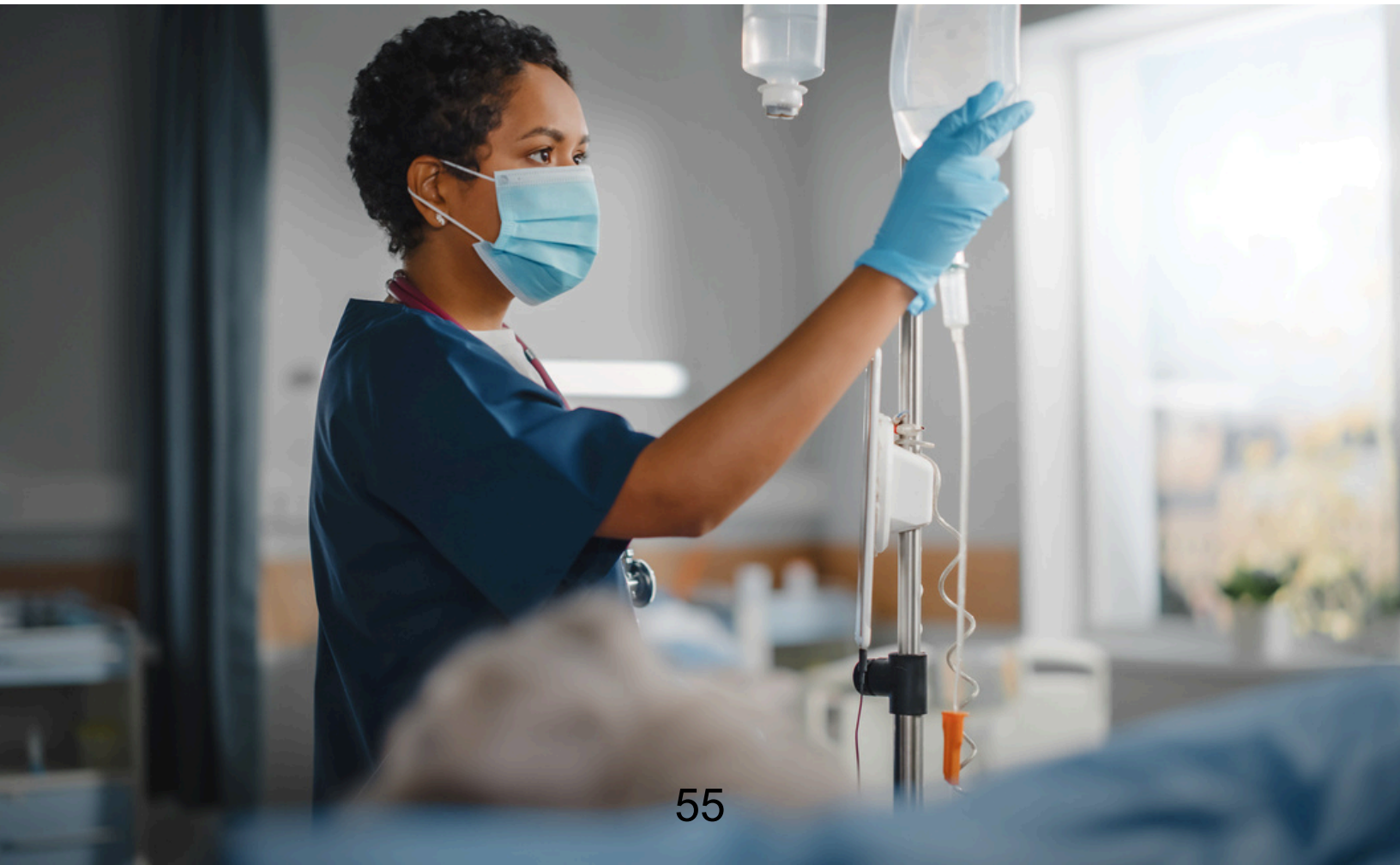
Aflac | www.aflacgroupinsurance.com | 800-433-3036

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.

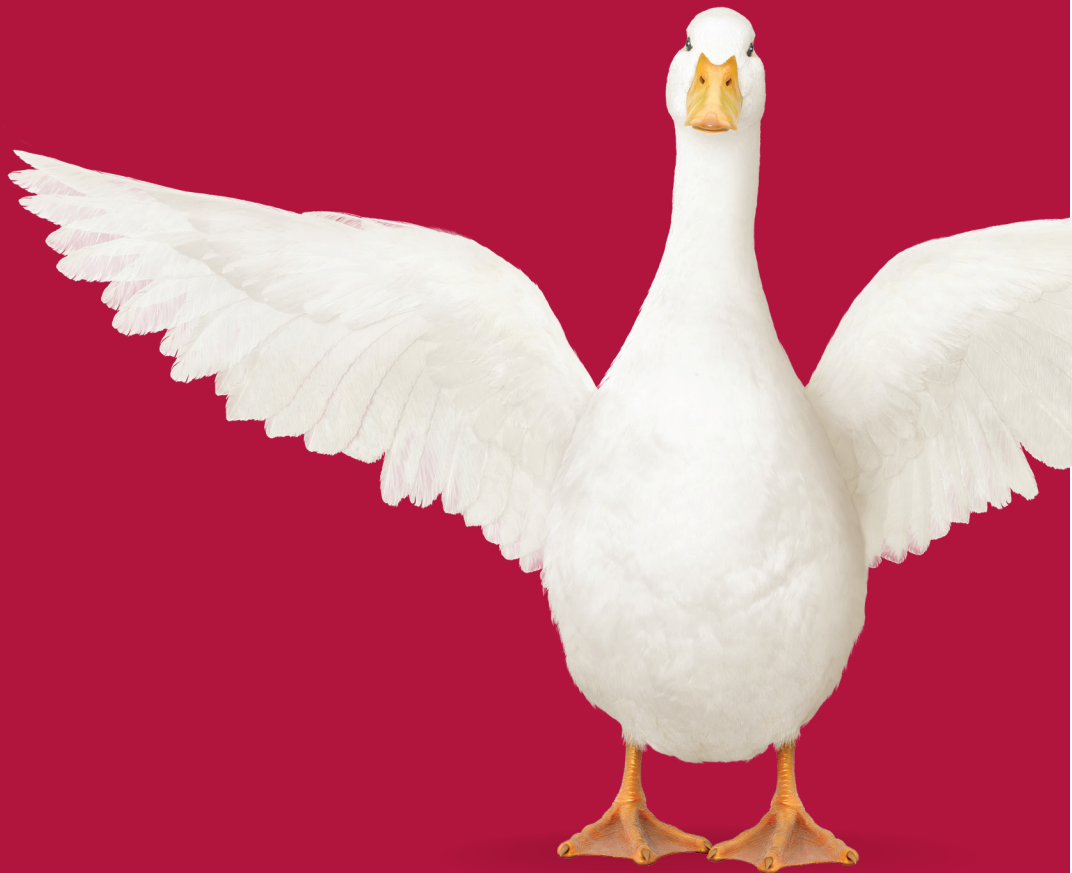
Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.



Aflac Group Critical Illness Advantage

**INSURANCE – PLAN INCLUDES BENEFITS
FOR CANCER AND HEALTH SCREENING**

We help take care of your
expenses while you take
care of yourself.



The plan does not contain comprehensive adult wellness benefits as defined by law.



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.

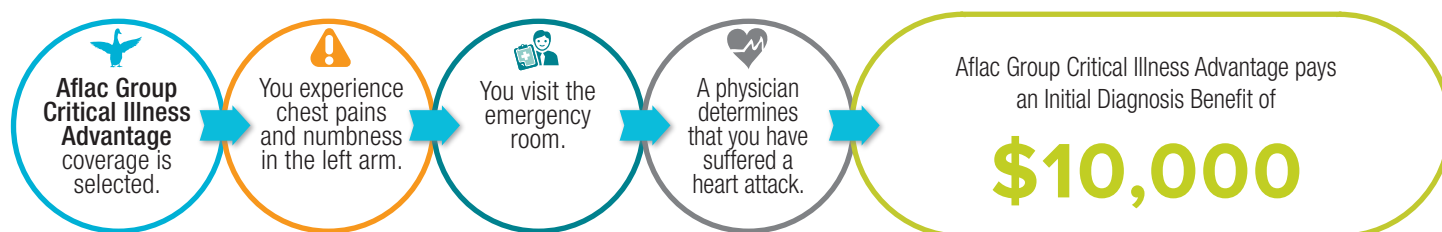
The Aflac Group Critical Illness plan benefits include:

- 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 1.800.33.3036 or visit aflacgroupinsurance.com.

Benefits Overview

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
SEVERE BURN*	100%
PARALYSIS**	100%
COMA**	100%
LOSS OF SPEECH / SIGHT / HEARING**	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured’s benefit amount at no additional charge. Children-only coverage is not available.

*This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.
**These benefits are payable for loss due to a covered underlying disease or a covered accident.

SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$100 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

This benefit is not paid for dependent children.

COVERED HEALTH SCREENING TESTS INCLUDE:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Blood test for triglycerides• Bone marrow testing• Breast ultrasound• CA 15-3 (blood test for breast cancer)• CA 125 (blood test for ovarian cancer)• CEA (blood test for colon cancer)• Chest X-ray• Colonoscopy• DNA stool analysis• Fasting blood glucose test• Flexible sigmoidoscopy | <ul style="list-style-type: none">• Hemocult stool analysis• Mammography• Pap smear• PSA (blood test for prostate cancer)• Serum cholesterol test to determine level of HDL and LDL• Serum protein electrophoresis (blood test for myeloma)• Spiral CT screening for lung cancer• Stress test on a bicycle or treadmill• Thermography |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

OPTIONAL BENEFITS RIDER

OPTIONAL BENEFITS RIDER	
BENIGN BRAIN TUMOR	100%
ADVANCED ALZHEIMER'S DISEASE	25%
ADVANCED PARKINSON'S DISEASE	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

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.

PROGRESSIVE DISEASE RIDER:

AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

SPECIFIED DISEASES RIDER (These benefits will be paid based at 25% of the face amount in effect on the critical illness date of diagnosis.)

Addison's Disease, Cerebrospinal Meningitis, Diphtheria, Huntington's Chorea, Legionnaire's Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis

CHILDHOOD CONDITIONS RIDER

CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
TYPE 1 DIABETES	50%

One Time Benefit Amount

AUTISM SPECTRUM DISORDER (ASD)	\$3,000
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Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

LIMITATIONS AND EXCLUSIONS

All limitations and exclusions that apply to the critical illness plan also apply to the rider unless amended by the rider.

At age 70, benefits reduce by 50%.

Cancer Diagnosis Limitation Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
 - In Alaska: injuring or attempting to injure oneself intentionally
- **Suicide** – committing or attempting to commit suicide, while sane or insane;
 - In Missouri: committing or attempting to commit suicide, while sane
 - In Illinois and Minnesota: this exclusion does not apply

- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job:
 - In Arizona: participating in or attempting to commit a felony, or being engaged in an illegal occupation;
 - In Florida: participating or attempting to participate in an illegal activity, or working at an illegal occupation;
 - In Illinois and Pennsylvania: Illegal Occupation - committing or attempting to commit a felony or being engaged in an illegal occupation;
 - In Michigan: Illegal Occupation – the commission of or attempt to commit a felony, or being engaged in an illegal occupation;
 - In Nebraska: being engaged in an illegal occupation, or commission of or attempting to commit a felony;
 - In Ohio: committing or attempting to commit a felony, or working at an illegal job
- **Participation in Aggressive Conflict:**
 - War (declared or undeclared) or military conflicts;
 - In Florida: War does not include acts of terrorism
 - In Oklahoma: War, or act of war, declared or undeclared when serving in the military service or an auxiliary unit thereto
 - Insurrection or riot
 - Civil commotion or civil state of belligerence

Monthly Premium Rates

Employee Non-Tobacco Monthly Premiums

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

Spouse Non-Tobacco Monthly Premiums

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

Employee Tobacco Monthly Premiums

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

Spouse Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.73	\$8.53	\$11.33	\$14.13	\$16.93	\$19.73	\$22.53	\$25.33	\$28.13	\$30.93
30-39	\$7.99	\$13.05	\$18.11	\$23.17	\$28.23	\$33.29	\$38.35	\$43.41	\$48.47	\$53.53
40-49	\$12.87	\$22.82	\$32.76	\$42.70	\$52.65	\$62.59	\$72.53	\$82.47	\$92.42	\$102.36
50-59	\$21.74	\$40.55	\$59.35	\$78.16	\$96.97	\$115.78	\$134.59	\$153.39	\$172.20	\$191.01
60-69	\$33.02	\$63.11	\$93.21	\$123.30	\$153.39	\$183.48	\$213.58	\$243.67	\$273.76	\$303.85

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

This brochure is subject to the terms, conditions, and limitations of Policy Series C21000. In Texas, C21100TX.

Accident Insurance

Aflac | www.aflacgroupinsurance.com | 800-433-3036

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



Aflac

Group Accident Insurance

Accident protection made for you.

Monthly Premiums

	Low Plan	High Plan
Employee Only	\$7.33	\$15.25
Employee + Spouse	\$12.23	\$25.39
Employee + Children	\$16.30	\$33.80
Employee + Family	\$21.20	\$43.94



Underwritten by:
Continental American Insurance Company (CAIC)
In California, coverage is underwritten by
Continental American Life Insurance Company.



This plan does not contain comprehensive adult wellness benefits as defined by law.

GROUP ACCIDENT INSURANCE

	HIGH	LOW
INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:		
Hospital emergency room with X-Ray / without X-Ray	\$200/\$150	\$100/\$50
Urgent care facility with X-Ray / without X-Ray	\$200/\$150	\$100/\$50
Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray	\$100/\$75	\$50/\$25
AMBULANCE (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.	\$300 Ground \$900 Air	\$200 Ground \$600 Air
MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.	\$200	\$100
EMERGENCY ROOM OBSERVATION (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.	\$100 Each 24 hour period \$50 Less than 24 hours, but at least 4 hours	\$50 Each 24 hour period \$25 Less than 24 hours, but at least 4 hours
PRESCRIPTIONS (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured (in Alaska, Massachusetts and Montana prescriptions do not have to be medically necessary). This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).	\$5	\$5
BLOOD/PLASMA/PLATELETS (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.	\$400	\$300
PAIN MANAGEMENT (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.	\$100	\$50
CONCUSSION (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.	\$400	\$200
TRAUMATIC BRAIN INJURY (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist.	\$2,500	\$1,250

COMA (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.	\$10,000	\$5,000
EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.	\$50 Extraction \$200 Repair with a crown	\$25 Extraction \$100 Repair with a crown
BURNS (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.		
Second Degree		
Less than 10%	\$50	\$25
At least 10% but less than 25%	\$100	\$50
At least 25% but less than 35%	\$250	\$125
35% or more	\$500	\$250
Third Degree		
Less than 10%	\$500	\$250
At least 10% but less than 25%	\$2,500	\$1,250
At least 25% but less than 35%	\$5,000	\$2,500
35% or more	\$10,000	\$5,000
EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.	\$300	\$200
FRACTURES (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one bone fractured in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.	Up to \$3,000 based on a schedule	Up to \$1,500 based on a schedule
DISLOCATIONS (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.	Up to \$3,000 based on a schedule	Up to \$1,500 based on a schedule
LACERATIONS (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):		
Under 5 centimeters	\$50	\$25
5-15 centimeters	\$200	\$100
Over 15 centimeters	\$400	\$200
Lacerations not requiring stitches	\$25	\$12.50

OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	\$400	\$200
FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).	\$100	\$25
OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.	\$50	\$25
INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	\$750	\$375
TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.	\$400 Plane	\$200 Plane
	\$200 Any ground transportation	\$100 Any ground transportation

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

AFTER CARE BENEFITS	HIGH	LOW
APPLIANCES (within 6 months after the accident) Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion. Cane, Ankle Brace Walker, Crutches, Leg Brace, Cervical Collar, Walking Boot, Wheelchair, Knee Scooter, Body Jacket, Back Brace	\$40 \$100	\$20 \$50
ACCIDENT FOLLOW-UP TREATMENT (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident) Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.	\$50	\$25
POST-TRAUMATIC STRESS DISORDER (PTSD) (once per accident, within 6 months after the accident) Payable if the insured is diagnosed with PTSD, a mental health condition triggered by a covered accident. An insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.	\$200	\$100

<p>REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)</p> <p>Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement.</p> <p>We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.</p>	\$100 per day	\$50 per day
<p>THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)</p> <p>Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.</p>	\$25	\$15
<p>CHIROPRACTIC OR ALTERNATIVE THERAPY (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)</p> <p>Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.</p>	\$25	\$15

HOSPITALIZATION BENEFITS	HIGH	LOW
<p>HOSPITAL ADMISSION (once per accident, within 6 months after the accident)</p> <p>Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.</p> <p>This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.</p>	\$1,000 per confinement	\$500 per confinement
<p>HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident)</p> <p>Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury.</p> <p>If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.</p>	\$200 per day	\$100 per day
<p>HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident)</p> <p>Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury.</p> <p>We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury.</p> <p>If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$200 per day	\$100 per day
<p>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT (maximum of 30 days per accident, within 6 months after the accident)</p> <p>Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury.</p> <p>We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury.</p> <p>If we pay benefits for confinement in an intermediate intensive care step-down unit and an insured becomes confined to an intermediate intensive care step-down unit again within 6 months because of the same condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$100 per day	\$50 per day

FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident) Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable: <ul style="list-style-type: none"> • The insured must be confined to a hospital for treatment of a covered accidental injury; • The hospital and motel/hotel must be more than 100 miles from the insured's residence; and • The treatment must be prescribed by the insured's treating doctor. 	\$200 per day	\$100 per day
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LIFE CHANGING EVENTS BENEFITS

DISMEMBERMENT (once per accident, within 6 months after the accident) Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident. Dismemberment means: <ul style="list-style-type: none"> • Loss of a hand -The hand is removed at or above the wrist joint; • Loss of a foot -The foot is removed at or above the ankle; • Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or • Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable). If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.		
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SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)	HIGH	LOW
Employee	\$12,500	\$5,000
Spouse	\$5,000	\$2,500
Child(ren)	\$2,500	\$1,250

DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)		
Employee	\$25,000	\$10,000
Spouse	\$10,000	\$5,000
Child(ren)	\$5,000	\$2,500

LOSS OF ONE OR MORE FINGERS OR TOES		
Employee	\$1,250	\$500
Spouse	\$500	\$250
Child(ren)	\$250	\$125

PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)		
Employee	\$125	\$62.50
Spouse	\$125	\$62.50
Child(ren)	\$125	\$62.50

PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident) Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury. Paraplegia Quadriplegia	\$5,000 \$10,000	\$2,500 \$5,000
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PROSTHESIS (once per accident, up to 2 prosthetic devices and one replacement per device per insured)* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements. * We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.	\$1,500	\$500
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RESIDENCE/VEHICLE MODIFICATION (once per accident, within one year after the accident) Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury: <ul style="list-style-type: none"> • The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg. 	\$1,000	\$500
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ACCIDENTAL DEATH RIDER	HIGH	LOW
ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*) Payable if a covered accidental injury causes the insured to die.	\$50,000 Employee \$25,000 Spouse \$10,000 Child	\$25,000 Employee \$12,500 Spouse \$5,000 Child
ACCIDENTAL COMMON-CARRIER DEATH BENEFIT Payable if the insured: <ul style="list-style-type: none"> • Is a fare-paying passenger on a common carrier; • Is injured in a covered accident; and • Dies within 90 days* after the covered accident. *In Oregon and Utah, within 180 days after the accident; in Pennsylvania, there is no limitation on the number of days.	\$100,000 Employee \$50,000 Spouse \$20,000 Child	\$50,000 Employee \$25,000 Spouse \$10,000 Child

ORGANIZED ATHLETIC ACTIVITY RIDER	BOTH PLANS
ORGANIZED ATHLETIC ACTIVITY BENEFIT We will pay an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event.	20%

Hospital Indemnity Insurance

Aetna | www.myaetnasupplemental.com | 888-772-9682

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!



Inpatient Stays

Covered Benefit	Low	High
Hospital stay - Admission Provides a lump sum benefit for the initial day of your stay in a hospital. <i>Maximum 1 stay per plan year</i>	\$1,000	\$1,500
Hospital stay - Daily Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital. <i>Maximum 30 days per plan year</i>	\$100	\$150
Hospital stay - (ICU) Daily Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital. <i>Maximum 30 days per plan year</i>	\$200	\$300
Newborn routine care Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.	\$100	\$200
*Observation unit Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury. <i>Maximum 1 day per plan year</i>	\$100	\$200
Substance abuse stay - Daily Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse. <i>Maximum 30 days per plan year</i>	\$100	\$150
Mental disorder stay - Daily Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders. <i>Maximum 30 days per plan year</i>	\$100	\$150
Rehabilitation unit stay - Daily Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury. <i>Maximum 30 days per plan year</i>	\$50	\$75
Important Note: All daily inpatient stay benefits begin on day two and count toward the plan year maximum.		
* If your observation period lasts more than 24 hours in a row, the applicable hospital stay admission benefit amount applies and the observation unit benefit amount will not be paid.		

Monthly Rates		
	Low Plan	High Plan
Employee Only	\$20.31	\$30.55
Employee and Spouse	\$42.69	\$64.10
Employee and Child(ren)	\$34.30	\$51.53
Employee and Family	\$54.18	\$81.37

Identity Theft Protection

ILock360 | www.ilock360.com | 855-287-8888

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

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

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



COMPREHENSIVE IDENTITY PROTECTION AT YOUR FINGERTIPS

- » Complete CyberAlert™ protection
- » Credit bureau monitoring
- » Lost wallet protection
- » \$1M insurance

PROTECT YOURSELF AGAINST ONE OF THE FASTEST GROWING CRIMES

Your identity is your most important asset. It defines who you are, determines how much you can borrow, and can be a deciding factor in employment. For these reasons, your identity is a target for online criminals. iLOCK360's identity protection solution provides multiple layers of defense to ensure the integrity of your identity.

In 2015, identity fraud affected 13.1 million consumers costing a total of \$15 billion. Last year, 20% of all fraud losses were due to new account fraud—meaning that fraudsters were opening new accounts under stolen identities, going beyond the usual credit card fraud many consumers anticipate. Keep your identity protected 24/7/365 with iLOCK360's comprehensive identity theft protection.

Coverage Plan (monthly rates)	Plus	Premium
Individual	\$8	\$15
Individual and Spouse	\$15	\$22
Individual and Children	\$13	\$20
Individual and Family	\$20	\$27

Service	Plus	Premium
CyberAlert™ monitors: <ul style="list-style-type: none"> • one Social Security number • two phone numbers • two email addresses • five credit/debit cards • two medical ID numbers • five bank accounts • one driver's license number • one passport 	✓ ✓	✓ ✓
Social Security number trace	✓ ✓	✓ ✓
Change of address	✓	✓
Sex offender alerts	✓	✓
Payday loan	✓	✓
Court/criminal records	✓	✓
Full service restoration and lost wallet protection	✓	✓ ✓
\$1M insurance	✓	✓
Daily monitoring of TransUnion credit bureau	✓	✓
Daily monitoring of Experian credit bureau		✓
Daily monitoring of Equifax credit bureau		✓
ScoreTracker™		✓
✓ adults ✓ children to age 18		

LEARN MORE ABOUT THE BENEFITS OF IDENTITY PROTECTION

iLOCK360



Our 360° approach to identity protection keeps you protected from every angle. Discover more about what iLOCK360 has to offer and choose the appropriate plan for your family.

CyberAlert™ Internet Surveillance

Get peace of mind knowing that our exclusive technology scours websites, chat rooms and bulletin boards 24/7/365 to identify trading or selling of your personal information online. CyberAgent monitors

- one Social Security number
- two email addresses
- two phone numbers
- one driver's licence
- two medical ID numbers
- five credit/debit cards
- five bank accounts
- one passport

\$1 Million of Identity Theft Insurance

For even more peace of mind, you are insured with a one million dollar insurance policy against expenses in the event that your identity is compromised.

Lost Wallet Protection

In the event that you lose your wallet, iLOCK360 agents will make all the calls necessary to replace missing cards and IDs: quick, easy, and less stress for you.

Full-Service Identity Restoration

Contact an iLOCK360 Certified Identity Theft Restoration Management Specialist, who'll work on your behalf to restore your ID, and let you get on with your life.

Change of Address

Prevent criminals from accessing your bank statements, credit card statements, and other identifying information by monitoring any changes to your address.

Sex Offender Reports

Understand if and when any sex offenders reside or move into your zip code, and ensure that your identity isn't being used fraudulently in the sex offender registry.

Court Records

Know if and when your name, date of birth and Social Security number appear in court records for an offense or crime that you did not commit.

Credit Report Monitoring

Find out your credit score, analyze your credit report, and monitor your identity for credit-related activity.

Social Security Number Trace

Know if your Social Security number becomes associated with another individual's name or address.

Non-Credit Loans

See if your personal information becomes linked to payday loans that do not require hard credit inquiries.

ScoreTracker™

Receive a month-after-month report that provides relevant information with trends and credit score insight.

www.iLOCK360.com

900 S Capital of Texas Hwy, Ste 350, Austin, TX 78746
Call us at 855.287.8888

Medical Transport

MASA | www.masamts.com | 800-423-3226

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

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

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





EMERGENCY TRANSPORTATION COSTS

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

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

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



HOW MASA IS DIFFERENT

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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



**Any Ground. Any Air.
Anywhere.™**

OUR BENEFITS

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

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

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



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

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

Voluntary Retirement Plans

TCG Administrators | www.tcgservices.com | 800-943-9179

Staff, this Open Enrollment season, we encourage you to meet with TCG, our Retirement Plan Provider, to talk about your financial situation. They offer one-on-one TeleWealth virtual appointments via phone or video chat. They can help you understand your retirement plan options and actions to consider taking to ensure you’re on the right track.

Get started at <http://tcgservices.com/open-enrollment> or by calling 512-600-5204.

Come prepared with your specific questions! They can help with any of these topics:

- Understanding Social Security and TRS
- Starting or reviewing 403(b) and 457(b) retirement accounts
- Investing for retirement
- Consolidating retirement accounts from previous employers
- Student loan forgiveness options
- ...and more!

Are you confused about where to even start? That’s okay! You can still schedule an initial meeting and TCG will help you determine where to begin. Take advantage of the resources available to you to help with financial readiness and planning for your future retirement!

Schedule an individual appointment here: www.tcgservices.com/telewealth

TeleWealth™ | Virtual Meetings for Personalized Help

Book a TeleWealth™ virtual meeting for personalized help on how to pursue your financial goals. Answer a couple questions to get started.

403(b) Retirement Plan

Research shows that Americans are living well past retirement years. Are you saving enough to be able to enjoy those years? A 403(b) plan can help you get there.

It’s an IRS-approved retirement plan that allows you to set aside money on a pre-tax basis for your retirement. Contributions are conveniently made through payroll deduction, so money is moved from your paycheck into the account automatically. Plus, your employer may even match your contributions based on how much you put into the plan. Now is the time to take full advantage of this opportunity to maximize your retirement savings!

457(b) Retirement Plan

The 457(b) plan is an employer-sponsored voluntary retirement savings plan that allows you to save money for retirement on a tax-deferred or ROTH basis. One significant way the 457(b) differs from the 403(b) is that distributions are never subject to the 10 percent tax for early withdrawal.

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

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

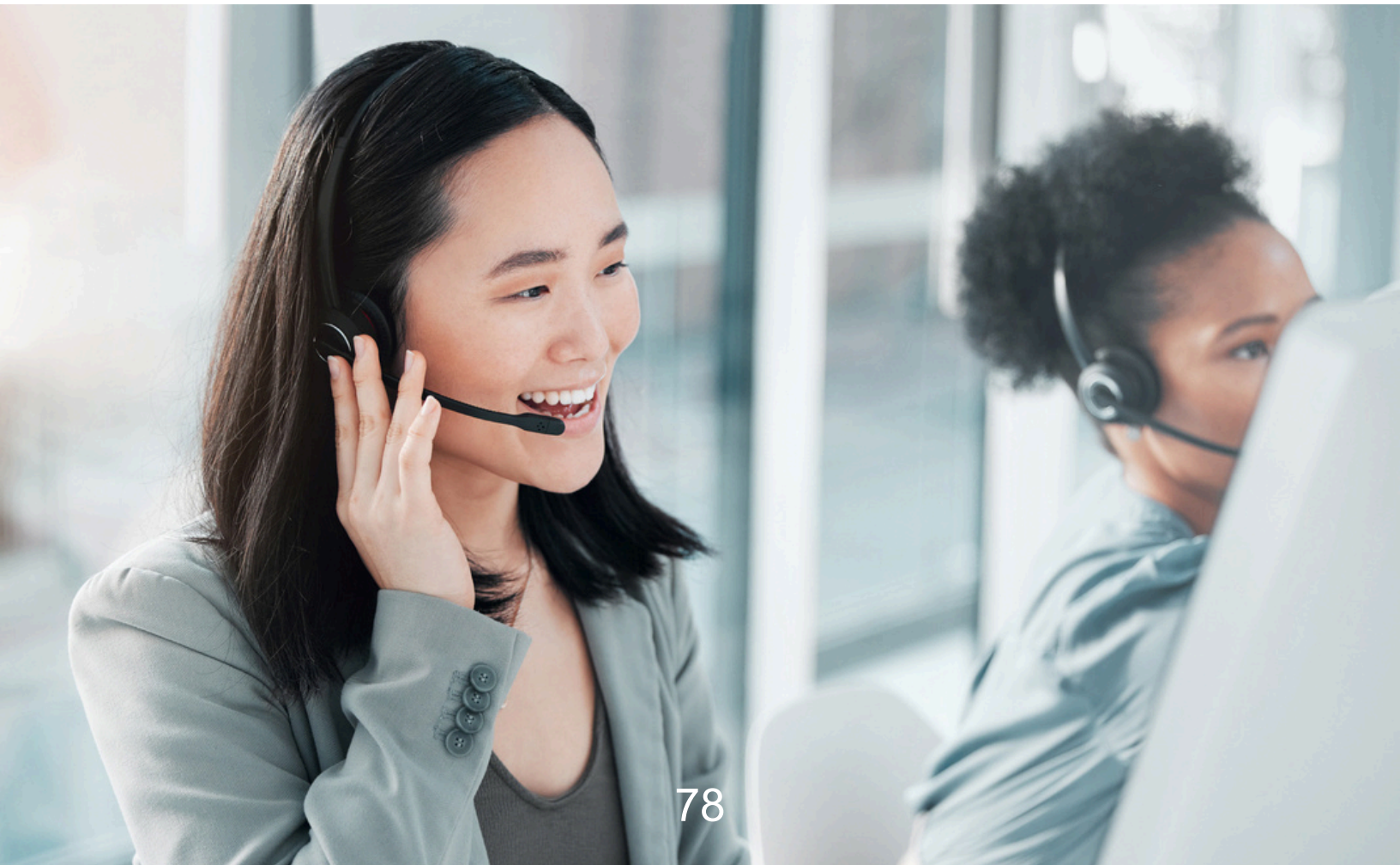
Employee Assistance Program

American Fidelity | <https://americanfidelity.mysupportportal.com> | 800-295-8323

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in a day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you successfully face emotional issues.

An employee assistance program, or EAP, is a free, voluntary program offered by your employer. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem.

Employee assistance programs address a wide range of issues including mental and emotional well-being, substance abuse and grief. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.



American Fidelity Employee Assistance Program (EAP)

Support for Everyday Issues, Every Day

American Fidelity EAP provides emotional wellness and work/life balance resources for you and your immediate family members.

Everyone faces problems or situations that are difficult to resolve. When these instances arise, American Fidelity EAP will be there to help. American Fidelity EAP provides confidential resources to help you navigate life's ups and downs. This includes professional referrals for a wide variety of concerns, such as:

Anxiety

Depression

Marriage and Relationship Problems

Grief and Loss

Substance Abuse

Anger Management

Work Related Pressures

Stress

Expert Referrals and Consultation

Whether you are a new parent, a caregiver, selling your home, or looking for legal advice, you're likely to need guidance and referrals to expert resources.

- **Legal Assist** Free telephonic or face-to-face legal consultation
- **Financial Assist** Expert financial planning and consultation
- **Family Assist** Consultation and referrals for everyday issues, such as: dependent care, auto repair, pet care, and home improvement

Confidentiality: American Fidelity EAP upholds strict confidentiality standards. Nobody, including your employer, will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information. Some products and services may be provided by third party contractors and affiliated companies.

800-295-8323

americanfidelity.mysupportportal.com

American Fidelity Assurance Company
SB-32903-0120



Easy Digital Access

Mobile

- eConnect® mobile app for on-the-go access to the EAP
- Call or live chat with a licensed counselor
- Review a summary of the program

Web

- Secure video counseling through the eConnect® Portal
- Discounted fitness center memberships
- Library of online seminars and eLearning modules
- Bilingual content (English and Spanish)
- Thousands of helpful articles and tip sheets for personal and work related topics
- Search engines and directories for child care, elder care, education, legal, financial, and convenience services

Access eConnect® Mobile App

Username: americanfidelity

AMERICAN FIDELITY 
a different opinion

TeleHealth



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

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

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

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



24/7 On-Demand Care Access

Access board-certified physicians 24/7, 365 days a year for you and your family for only **\$10/month!** Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

Consult Fee: \$0



Call 1.855.6RECURO

Call us, or download our app to speak with a doctor today!



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Speak With an Agent



Download Our App

Common Conditions Treated



Sore Throat



Congestion



Cough



Cold & Flu



Yeast Infection



Insect Bites



Allergies



More



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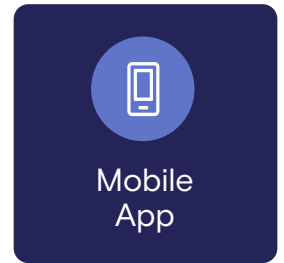
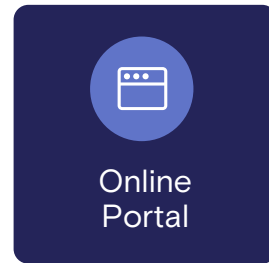
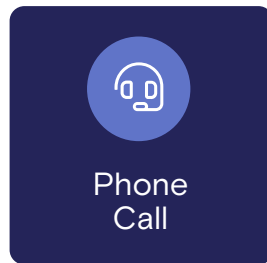





- ➔ **Primary Care**
- ➔ **Pediatrics**
- ➔ **Urgent Care**

Easy, Convenient, Affordable

**24/7/365 Access to U.S. Board
Certified, State Licensed Doctors**

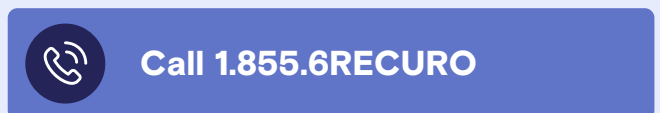


Healthcare that makes sense

Type of Visit	Average Cost
Primary Care	\$100
Urgent Care	\$150
Emergency Room	\$1400
 \$0	
2013 Medical Expenditure Panel Survey / MEPS	

Common Conditions Treated

- ✓ Acid Reflux
- ✓ Allergies
- ✓ Asthma
- ✓ Nausea
- ✓ Bronchitis
- ✓ Cold & Flu
- ✓ Infections
- ✓ Bladder Infection
- ✓ Rashes
- ✓ Sinus Conditions
- ✓ Sore Throat
- ✓ Thyroid Conditions
- ✓ UTIs
- ✓ And More...



Disclaimer: Recuro services are for non-emergency conditions only. Recuro does not replace the primary care physician, services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Recuro doctors do not prescribe DEA controlled substances (schedule I-IV) and does not guarantee that a prescription will be written. For updated full disclosures, please visit www.recurohealth.com



COBRA

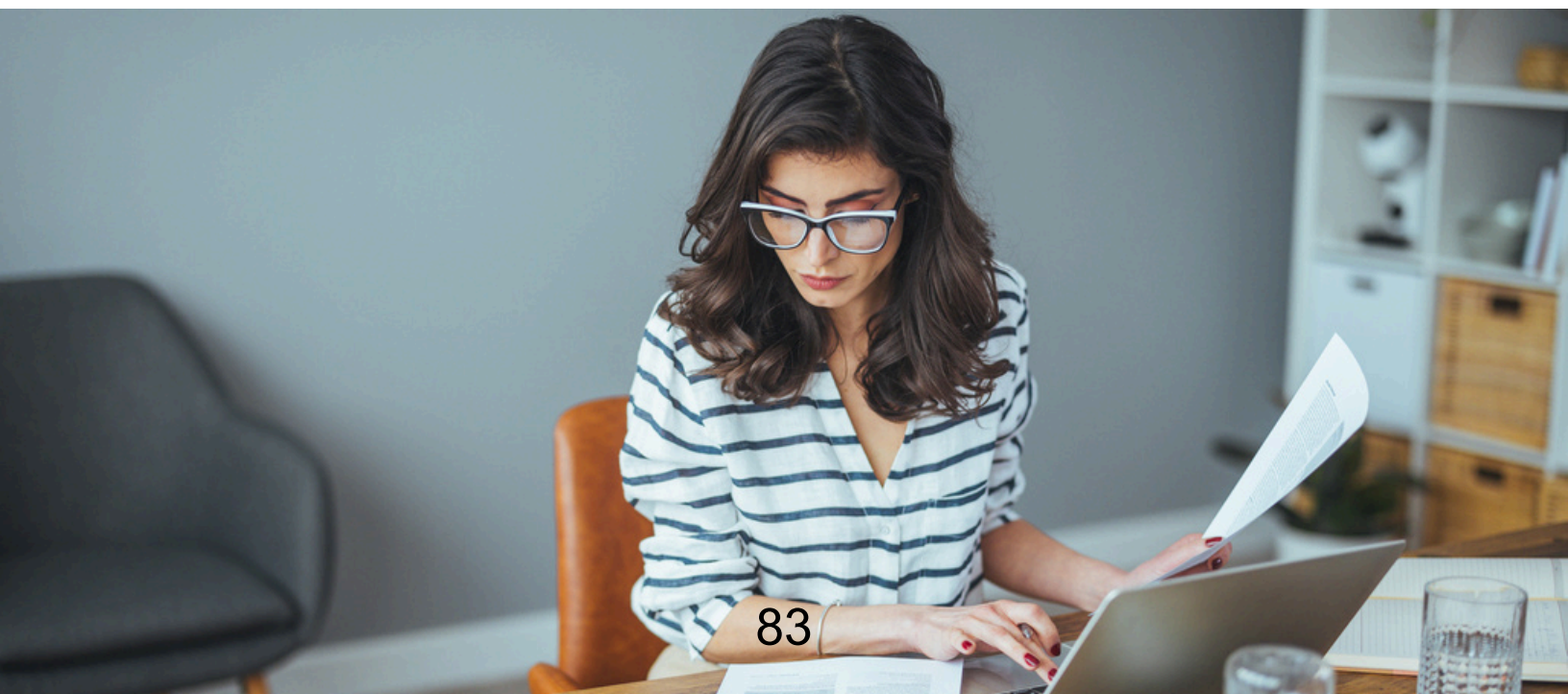
First Financial Administrators, Inc. | www.ffga.com | 800-523-8422, option 4

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

COBRA Highlights

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

First Financial Administrators, Inc. provides COBRA administration services for the following plans:
Dental, Vision, and FSA



Medicare & Age 65



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?

Questions or Enrollment Assistance?

Taylor Silguero

512-630-6654

Taylor.Silguero@ffga.com

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.

Contact Information

Product	Carrier	Website	Phone
Medical	Allegiance	https://www.askallegiance.com	855-999-6808
Prescriptions	RxBenefits	https://www.rxbenefits.com	800-933-0765
Dental & Vision	MetLife	www.metlife.com	Dental: 800-438-6388 Vision: 833-393-5433
FSA & HSA	First Financial	www.ffga.com	866-853-3539
Group Term Life Insurance	Blue Cross Blue Shield	www.bcbstx.com/ancillary	877-442-4207
Permanent Life Insurance	Texas Life	www.texaslife.com	800-283-9233
Disability & Cancer	American Fidelity	www.americanfidelity.com	800-654-8489
Accident & Critical Illness	Aflac	www.aflacgroupinsurance.com	800-433-3036
Hospital Indemnity	Aetna	www.myaetnasupplemental.com	888-772-9682
Identity Theft Protection	iLock360	www.ilock360.com	855-287-8888
Medical Transportation	MASA	www.masamts.com	800-423-3226
403(b) and 457 Retirement Plans	TCG Administrators	www.tcgservices.com	800-943-9179
Employee Assistance Program	American Fidelity (CuraLinc)	https://americanfidelity.mysupportportal.com	800-295-8323
Telehealth	Recuro Health	www.recurohealth.com	855-673-2876
COBRA - Medical	Allegiance	https://www.askallegiance.com/	800-259-2738
COBRA - Dental, Vision, & FSA	FFGA	www.ffga.com	800-523-8422, Option 4
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