GALENA PARK ISD 2026-2027

BENEFITS GUIDE

SCAN ME

FFGA
Benefit Solutions *Simplified*

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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.

How to Enroll

Benefits Enrollment

On-Site Enrollment

When it's time to enroll in your benefits, your Galena Park ISD and FFGA Representatives will be on-site to assist you with making your elections. Visit your Galena Park ISD Employee Benefits website for more information.

Online Enrollment: May 11, 2026 - August 11, 2026

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

Enroll Now

Username & Password

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

View Current Benefits

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

View/Add Dependents

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

Begin Elections

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

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

You have 31 days from your actively-at-work date to make benefit elections. Some insurance coverages become effective on the first day of the month that follow a waiting period of 30 calendar days.

Existing Employees

When it's time to enroll in your benefits, representatives 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 your Employee Benefits website.

Mid-year Benefit Changes

You may add or cancel coverage during the plan year if you have a Qualifying Life Event (see below). You must notify the benefits department and provide supporting documentation within 31 days of the change.

Qualifying Life Events Include:

- Marriage
- Divorce
- Legal Separation
- Annulment
- Death of a Dependent
- Birth or Adoption
- Loss of health coverage for you or a dependent, including Job-Based, Individual and Student Plans.
- Losing or gaining eligibility for Medicare, Medicaid or CHIP.
- Turning 26 and losing coverage through a parent's plan

Declining Coverage

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

Medicare & Age 65

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

Questions to Consider Before Retiring

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

medicaresolutions@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.

Section 125 Plans

Section 125 Plan Information & Rules

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

Here's How It Works

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

Is It Right For Me?

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

You cannot change your benefit elections for the plan year unless the Employee Benefits Department receives notification in writing within 31 days of a qualifying life event. If the Employee Benefits Department is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements

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

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

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

Employee Assistance Program

ComPsych | www.guidanceresources.com | 800-272-7255

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.

ComPsych® GuidanceResources®

Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.

Holli L. Sherrard
Galena Park I.S.D.
Director of Employee Benefits
hsherrard@galenaparkisd.com
832-386-1507

Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

ComPsych® GuidanceResources® Worldwide

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 800.272.7255
TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant℠, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com
App: GuidanceResources® Now
Web ID: COM589

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information

Contact Your GuidanceResources® Program

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Medical Coverage

TRS-ActiveCare

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

Blue Cross Blue Shield of Texas | https://www.bcbstx.com/trsactivecare/ | 1-866-355-5999

TRS-ActiveCare Primary x Region 4

- Copays for doctor visits and generic prescriptions before you meet deductible
- Tiered facilities coinsurance for cost savings with lower costs, high quality facilities
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- For new enrollments or changes, each enrolled member will receive an ID card with the name of their PCP. Additionally, you will receive the Express Scripts ID card for pharmacy benefits.

TRS-ActiveCare Primary +

- Copays for doctor visits and generic prescriptions before you meet deductible
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- For new enrollments or changes, each enrolled member will receive an ID card with the name of their PCP. Additionally, you will receive the Express Scripts ID card for pharmacy benefits.

TRS-ActiveCare HD

- Must meet deductible before plan pays for non-preventive care
- In-network and out-of-network benefits – separate out-of-network deductible/out-of-pocket maximum Nationwide network
- Deductible applies to medical and pharmacy
- No requirement for PCP or referrals
- Compatible with health savings account (HSA)
- Each enrolled member will receive an ID card for medical and pharmacy benefits.

TRS-ActiveCare 2 - Closed to New Enrollees

- Tiered physician copays for savings with lower cost, high quality physicians
- Nationwide network with out-of-network coverage

TRS-ActiveCare Plan Prescription Benefits

Express Scripts | https://info.express-scripts.com/trsactivecare | 1-844-367-6108
When you enroll in a BCBSTX Plan, you automatically receive prescription drug coverage through Express Scripts which gives you access to a large, national network of retail pharmacies.

2026-27 TRS-ActiveCare Plan Highlights Sept. 1, 2026 – Aug. 31, 2027

TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

Galena Park ISD
EXCELLENCE IN ALL, FOR ALL, BY ALL

Being Healthy is Easy

- $0 preventive services
- One-on-one health coaches
- Weight loss programs and nutrition
- TRS Virtual Health
- Member Rewards is even better. Now you'll get a check when you use Member Rewards and choose low-cost, high-quality doctors and facilities – up to $599* per tax year.
- Airrosti Remote Recovery gives you in-home virtual physical therapy to relieve common aches and pains at no cost.*

** Eligibility rules may apply.*

See the Annual Enrollment Guide for more details.

Mental Health

You have in-office and virtual benefits:

- TRS-ActiveCare Primary x Region 4 Plan: $30 copay for office visits or $0 with Teladoc
- TRS-ActiveCare Primary+ Plan: $15 copay for office visits or $0 with Teladoc
- TRS-ActiveCare HD Plan: 30% coinsurance after deductible or $42 with Teladoc
- TRS-ActiveCare 2 Plan: $20 copay for office visits or $12 with Teladoc

You have **three plan options** — one regional plan and two standard plans — with a wide range of wellness benefits.

This plan is closed to new enrollees. Current TRS-ActiveCare 2 participants can stay enrolled.

	TRS-ActiveCare Primary x Region 4	TRS-ActiveCare Primary+	TRS-ActiveCare HD	TRS-ActiveCare 2
Plan Summary	• Lowest premium of the three available plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage • **New!** Tiering options that lower your out-of-pocket costs when you choose certain facilities.	• Highest premium of the three available plans • Copays for many services and drugs • Lower deductible than the HD and Primary plans • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Higher premium of the three available plans • Must meet your deductible before plan pays for non-preventive care • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Compatible with a Health Savings Account	• Closed to new enrollees • Current enrollees can choose to stay in the plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

SEMI-MONTHLY PREMIUMS	PREMIUM PER PAYCHECK	PREMIUM PER PAYCHECK	PREMIUM PER PAYCHECK	PREMIUM PER PAYCHECK
Employee Only	$78.50	$141.50	$85.50	$344.00
Employee and Spouse	$528.50	$630.00	$547.50	1,011.00
Employee and Children	$275.00	$348.00	$288.00	$582.50
Employee and Family	$727.50	$864.00	$751.50	$1,230.50

Plan Features						
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual/Family Deductible	$2,500/$5,000	$1,200/$2,400	$3,400/$6,800	$6,800/$13,600	$1,000/$3,000	$2,000/$6,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out of Pocket	$8,050/$16,100	$6,900/$13,800	$8,300/$16,600	$20,500/$41,000	$7,900/$15,800	$23,700/$47,400
PCP Required	Yes	Yes	No		No	

Doctor Visits						
Primary Care	$30 copay	$15 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1: $20 copay Tier 2: $40 copay	You pay 40% after deductible
Specialist	$70 copay	$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1: $55 copay Tier 2: $85 copay	You pay 40% after deductible

Immediate Care						
Urgent Care	$50 copay	$50 copay	You pay 30% after deductible	You pay 50% after deductible	$50 copay	You pay 40% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible		You pay a $250 copay plus 20% after deductible	
TRS Virtual Health-RediMD™	$0 per medical consultation	$0 per medical consultation	$30 per medical consultation		$0 per medical consultation	
TRS Virtual Health-Teladoc®	$12 per medical consultation	$12 per medical consultation	GPISD Plan:$0 per medical consultation /TRS Plan:$42 per medical consultation		$12 per medical consultation	

Prescription Drugs					
Drug Deductible	Integrated with medical	$200 deductible per participant (brand drugs only)	Integrated with medical		$200 brand deductible
Generics (31-Day Supply/90-Day Supply)	$15/$45 copay; $0 copay for certain generics	$15/$45 copay	You pay 20% after deductible; $0 coinsurance for certain generics		$20/$45 copay
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible ($100 max)/ You pay 25% after deductible ($265 max)	You pay 25% after deductible		You pay 25% after deductible ($40 min/$80 max)/ You pay 25% after deductible ($105 min/$210 max)
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible		You pay 50% after deductible ($100 min/$200 max)/ You pay 50% after deductible ($215 min/$430 max)
Specialty (31-Day Max) Call **1-844-367-6108** to see if your specialty medication is covered by SaveOnSP.	You pay 30% after deductible; $0 if SaveOnSP eligible	You pay 20% after deductible ($500 max); $0 if SaveOnSP eligible	You pay 20% after deductible		You pay 30% after deductible ($200 min/$900 max); $0 if SaveOnSP eligible
Insulin Out-of-Pocket Costs	$25 copay for 31-day supply; $75 for 61- to 90-day supply	$25 copay for 31-day supply; $75 for 61- to 90-day supply	You pay 25% after deductible		$25 copay for 31-day supply; $75 for 61- to 90-day supply

Questions?

Call a Personal Health Guide at **1-866-355-5999** for help with medical services.
Call Express Scripts® by Evernorth Pharmacy Benefit Services at **1-844-367-6108** for help with your pharmacy benefits.

Compare Prices for Common Medical Services

Closed to new enrollees.

Benefit	TRS-ActiveCare Primary x Region 4	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs	Office/Independent Lab: You pay $0	Office/Independent Lab: You pay $0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay $0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Imaging (like CT Scan, Mammogram and MRI)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + $100 copay per procedure	You pay 40% after deductible + $100 copay per procedure
Outpatient (like colonoscopy, cataract surgery and steroid injections)	Tier 1: 30% coinsurance after deductible Tier 2: 40% coinsurance after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible ($150 facility copay per incident)	You pay 40% after deductible ($150 facility copay per incident)
Inpatient (like childbirth, complex joint replacement and cardiac surgery)	Tier 1: 30% coinsurance after deductible Tier 2: 40% coinsurance after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible ($500 facility per day maximum)	You pay 20% after deductible ($150 facility copay per day)	You pay 40% after deductible ($500 facility copay per incident)
Freestanding Emergency Room	You pay $500 copay + 30% after deductible	You pay $500 copay + 20% after deductible	You pay $500 copay + 30% after deductible	You pay $500 copay + 50% after deductible	You pay $500 copay + 20% after deductible	You pay $500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible ($150 facility copay per day)	Not Covered
	Professional Services: You pay $5,000 copay + 30% after deductible	Professional Services: You pay $5,000 copay + 20% after deductible			Professional Services: You pay $5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year)	Specialist: You pay $70 copay	Specialist: You pay $70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 Specialist: $55 copay Tier 2 Specialist: $85 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	PCP: $30 copay Specialist: $70 copay	PCP: $15 copay Specialist: $70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 PCP: $20 copay Tier 2 PCP: $40 copay Tier 1 Specialist: $55 copay Tier 2 Specialist: $85 copay	You pay 40% after deductible

TeleHealth

Teladoc | www.teladoc.com | 800-835-2362

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 with a $0 consultation fee.

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.

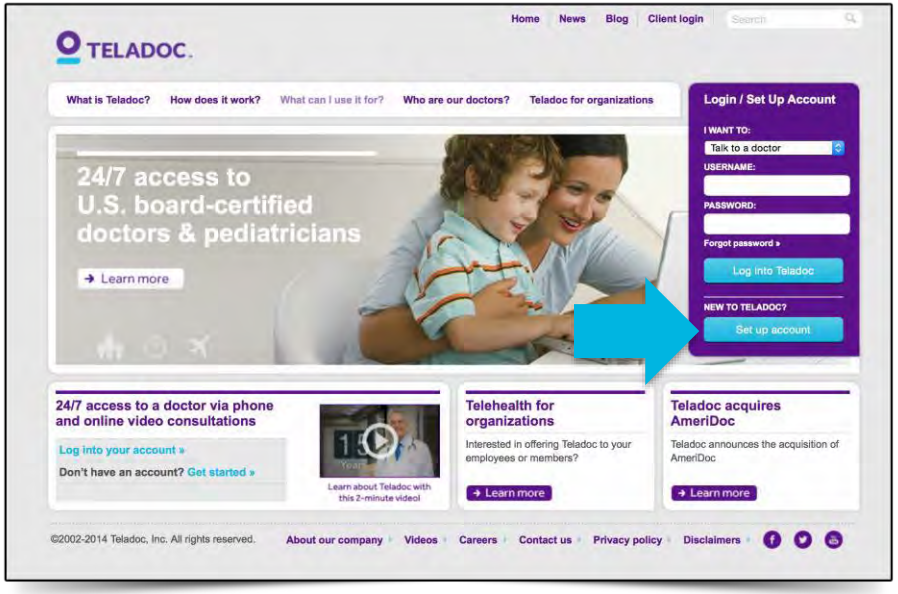
It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!

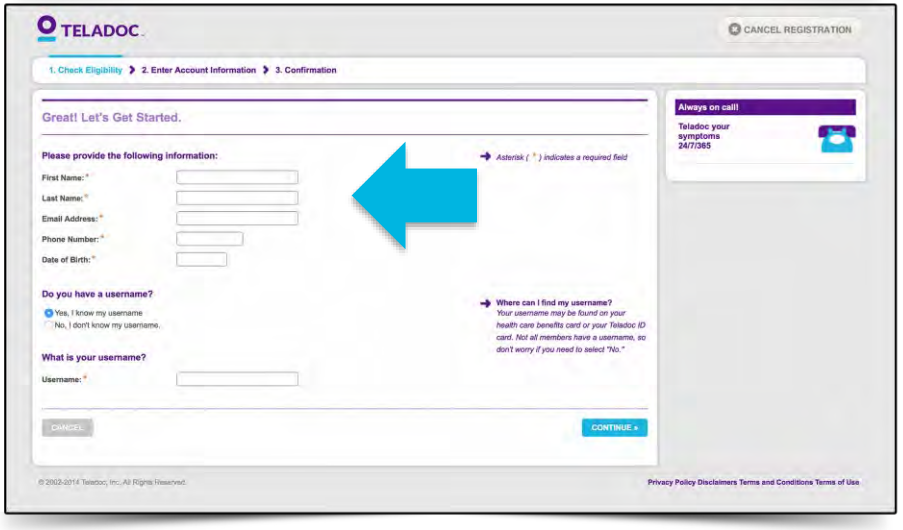
This Employer paid benefit is made available to employees who waive the medical plans or are enrolled in the TRS-ActiveCare HD plan.

Getting started

It's quick and easy to set up your account. And once your account is set up, a doctor is only a call or click away.

1. **Visit teladoc.com**
2. **Click "Register Now"**
3. **Provide the required information.**
4. **If you do not see a username on your welcome kit (or you do not have access to it), choose "No, I do not have a username."**
5. **Select "My employer or insurance provider offers me access to Teladoc."**
6. **Enter "Galena Park I.S.D.." in the "Company Name" field.**
7. **Complete the registration steps.**
8. **You can also complete your registration over the phone by calling 1-800-TELADOC (835-2362).**
9. **Employees on the TRS ActiveCare HD plan and those who waive medical coverage, notify the representative that you have access to consult through the Galena Park I.S.D. Plan. Employees on TRS ActiveCare Primary, TRS ActiveCare Primary+ and TRS ActiveCare2 plans have access to consult through RediMD**





TELADOC

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RediMD™
Leading Telemedicine

All TRS ActiveCare plans, except ActiveCare HD, have $0 copay. The ActiveCare HD plan will have a $30 copay.

Registration Code:trsactivecare

GETTING STARTED WITH REDIMD

PRIORITIZE YOUR HEALTH!

RediMD gives you and your family access to primary care 7 days a week at a time convenient to you. Set up your account today for easy access to care when you need it. RediMD is just a click away!

GET STARTED TODAY

- Enter your registration code
- Create a user and password
- Validate your account
- Complete profile and insurance
- Request a visit when needed

MORE INFORMATION

866-989-CURE

www.redimd.com

RediMD™
Leading Telemedicine

GET STARTED WITH REDIMD

Getting started with RediMD is quick and simple. Go online to redimd.com, click "First Time User" and follow the quick steps.

Enter your registration code

Employer codes are available from your HR/Benefits Department or by sending a "Contact Us" form on redimd.com. If not registering through an employer, use code REDIMD.

Create a user and password

You have the option of creating an account name using your e-mail or cell phone number.

Validate your account

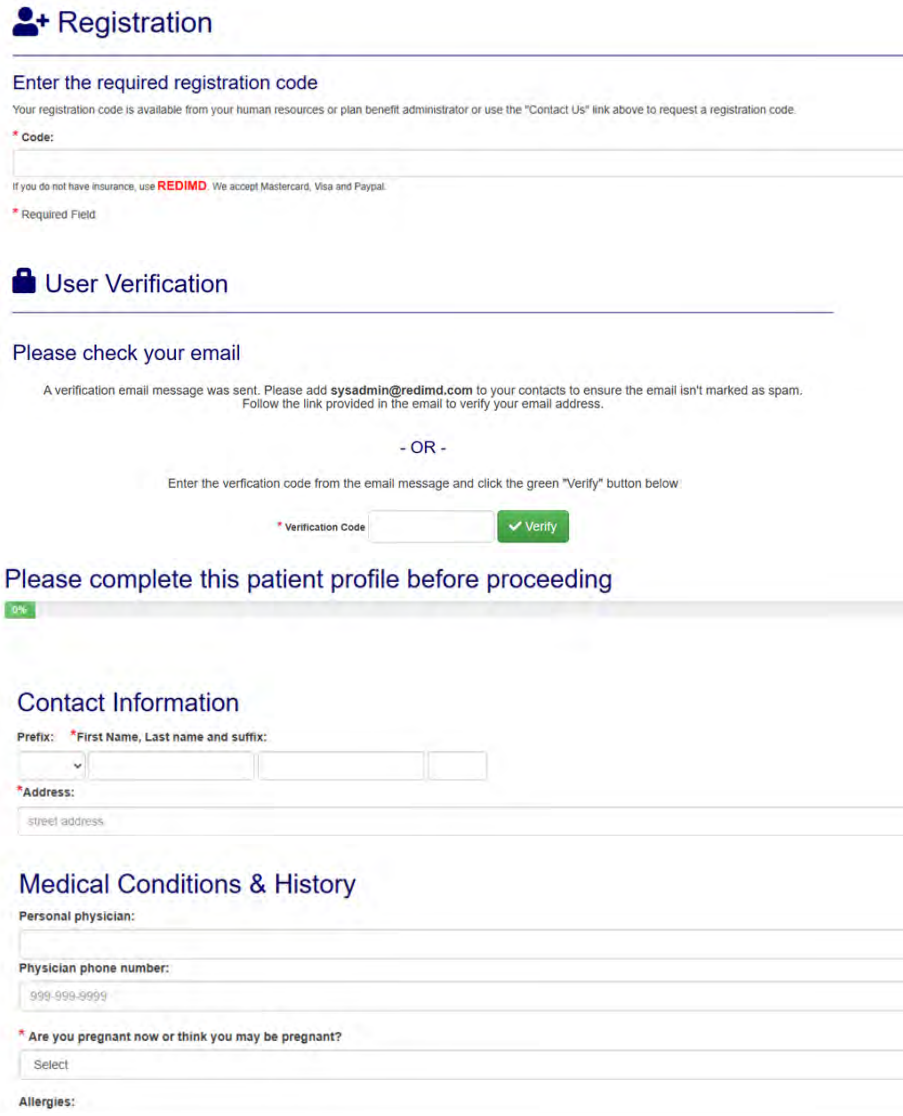
To protect the safety and security of your account, you will be asked to validate your account via e-mail or text message.

Complete profile and insurance

Profiles are quick to complete and asks for your contact information, pharmacy and medical history. You will also select your insurance and type the ID number listed on your insurance card.

Request a visit when needed

Schedule visits when you need them. All you need is your phone or computer with webcam and you are all set!



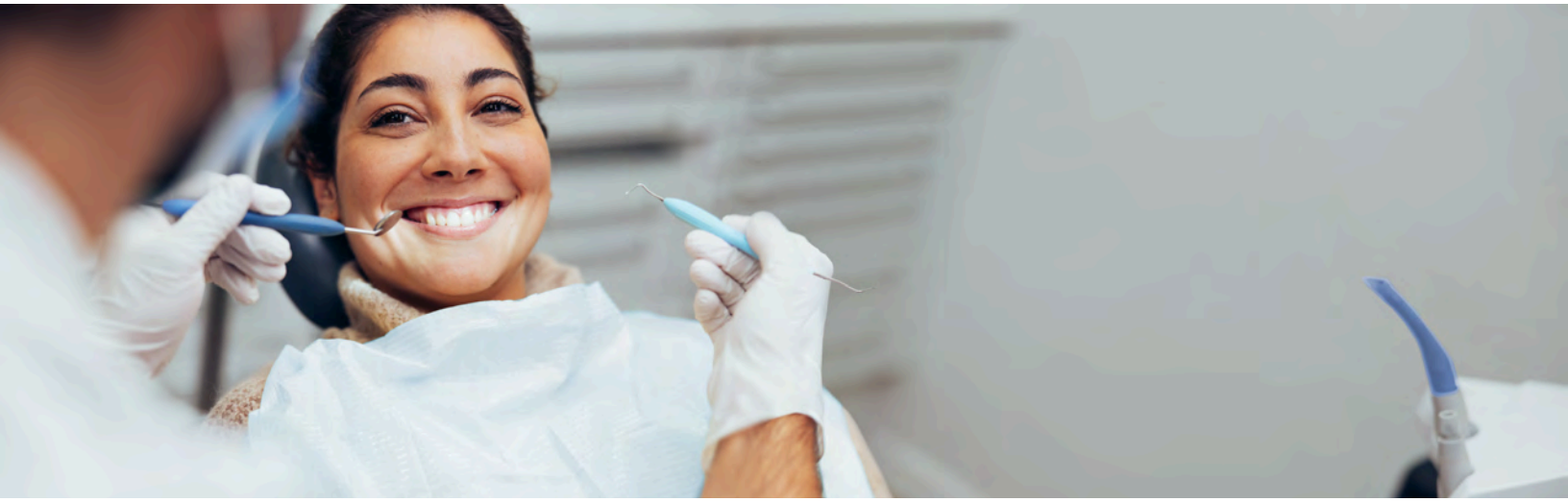
MORE INFORMATION

866-989-CURE

www.redimd.com

Dental Insurance

Guardian | www.guardiananytime.com | 800-541-7846



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 Insurance			
Semi-Monthly Premiums	**DHMO**	**Low PPO**	**High PPO**
Employee Only	$1.21	$8.68	$20.28
Employee + Spouse	$5.42	$20.54	$43.90
Employee + Children	$6.47	$19.94	$42.69
Employee + Family	$11.09	$29.73	$62.19

Semi-Monthly Premiums shown above include the Employer $6.00 dental contribution.

Guardian

GALENA PARK INDEPENDENT SCHOOL DISTRICT
ALL ELIGIBLE EMPLOYEES
Group Number: 00549980

Customer Service (888) 600-1600
Monday to Friday | 8am to 8:30pm ET

Welcome to
Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1. Read through this information.
2. Find out more about your benefits.
3. Talk to your employer if you need help or have any questions.

Your coverage options

Dental insurance	Taking care of teeth and overall health

© Copyright 2020 The Guardian Life Insurance Company of America

This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.

Guardian®

Watch our video
Learn how dental insurance can protect your long-term health.

Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.

You will receive these benefits if you meet the conditions listed in the policy.

Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and strokes may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Worsening oral health is seen as Alzheimer's disease progresses.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2021.

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Your dental coverage

Managed Dental Care plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

Your Dental Plan	**Managed Dental Care**
Your Network is	Managed DentalGuard
Your Semi-monthly premium	**$1.21**
You and Spouse/Domestic Partner	$5.42
You and Child(ren)	$6.47
You, Spouse/Domestic Partner and Child(ren)	$11.09
Plan year deductible	
Individual	No deductible
Family limit	
Waived for	
Charges covered for you (co-insurance)	*Network only*
Preventive Care	You pay a copay for each
Basic Care	covered procedure. See
Major Care	"Plan Details", for
Orthodontia	more information.
Annual Maximum Benefit	
Office visit copay	$5
Dependent Age Limits	26

Guardian®

Your dental coverage

A Sample of Services Covered by Your Plan:

	Managed Dental Care
	You Pay
	Network only
Anesthesia*	$98
Bleaching—Cosmetic Care	$165
Bridges and Dentures	$443-575
Cleaning (prophylaxis)	$0
Frequency	2 in 12 months
Dental Implants	N/A
Fillings	$8-28
Fluoride Treatments	$0
Limits	Under Age 18
Inlays, Onlays, Veneers	$235-420
Oral Exams	$0
Orthodontia	$1895-2195
Limits	Adults & Child(ren)
Perio Surgery	$125-380
Periodontal Maintenance	$27
Frequency	Once every 3 to 6 months (Standard)
Repair & Maintenance of Crowns, Bridges & Dentures	$16-120
Root Canal	$120-180
Scaling & Root Planing (per quadrant)	$30-50
Sealants (per tooth)	$8
Simple Extractions	$15
Single Crowns	$375
Surgical Extractions	$40-140
X-rays	$0

Managed Dental Care: A link to the complete list of dental services can be found on "Our commitment to you" page.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply.

Guardian®

Your dental coverage

LOW plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

Your Dental Plan	**LOW**	
Your Network is	DentalGuard Preferred	
Your Semi-monthly premium	**$8.68**	
You and Spouse/Domestic Partner	$20.54	
You and Child(ren)	$19.94	
You, Spouse/Domestic Partner and Child(ren)	$29.73	
Plan year deductible	*In-Network*	*Out-of-Network*
Individual	$50	$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	*In-Network*	*Out-of-Network*
Preventive Care	100%	100%
Basic Care	60%	60%
Major Care	40%	40%
Orthodontia	Not Covered (applies to all levels)	
Annual Maximum Benefit	$750	
Maximum Rollover	Yes	
Rollover Threshold	$300	
Rollover Amount	$150	
Rollover Account Limit	$500	
Lifetime Orthodontia Maximum	Not Applicable	
Dependent Age Limits	26	

Guardian®

Your dental coverage

A Sample of Services Covered by Your Plan:

		LOW *Plan pays (on average)*	
		In-network	*Out-of-network*
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 19	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Fillings‡	60%	60%
	Simple Extractions	60%	60%
	Surgical Extractions	60%	60%
Major Care	Anesthesia*	40%	40%
	Bridges and Dentures	40%	40%
	Dental Implants	40%	40%
	Inlays, Onlays, Veneers**	40%	40%
	Perio Surgery	40%	40%
	Periodontal Maintenance	40%	40%
	Frequency:	Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	40%	40%
	Root Canal	40%	40%
	Scaling & Root Planing (per quadrant)	40%	40%
	Single Crowns	40%	40%

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filing material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

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Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	Maximum rollover account limit
$750 Maximum claims reimburesment	**$300** Claims amount that determines rollover eligibility	**$150** Additional dollars added to a plan's annual maximum for future years	**$500** The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America ® ©Copyright 2023 The Guardian Life Insurance Company of America.

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2023-158786 (07/25)

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Your dental coverage

HIGH plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	**HIGH**	
Your Network is	DentalGuard Preferred	
Your Semi-monthly premium	**$20.28**	
You and Spouse/Domestic Partner	$43.90	
You and Child(ren)	$42.69	
You, Spouse/Domestic Partner and Child(ren)	$62.19	
Plan year deductible	*In-Network*	*Out-of-Network*
Individual	$50	$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	*In-Network*	*Out-of-Network*
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	$1500	
Maximum Rollover	Yes	
Rollover Threshold	$700	
Rollover Amount	$350	
Rollover Account Limit	$1250	
Lifetime Orthodontia Maximum	$1500	
Dependent Age Limits	26	

Guardian®

Your dental coverage

A Sample of Services Covered by Your Plan:

		HIGH *Plan pays (on average)*	
		In-network	*Out-of-network*
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 14	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Fillings‡	80%	80%
	Simple Extractions	80%	80%
	Surgical Extractions	80%	80%
Major Care	Anesthesia*	50%	50%
	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Perio Surgery	50%	50%
	Periodontal Maintenance	50%	50%
	Frequency:	Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Root Canal	50%	50%
	Scaling & Root Planing (per quadrant)	50%	50%
	Single Crowns	50%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	Adults & Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filing material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

Guardian®

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	Maximum rollover account limit
$1,500 Maximum claims reimburesment	**$700** Claims amount that determines rollover eligibility	**$350** Additional dollars added to a plan's annual maximum for future years	**$1,250** The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America ® ©Copyright 2023 The Guardian Life Insurance Company of America.

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Guardian®

Your dental coverage

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Find A Dentist:

Visit www.Guardianlife.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00549980

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

EXCLUSIONS AND LIMITATIONS

-
- This policy provides dental coverage only. This policy provides managed care dental benefits through a network of participating general dentists and specialty care dentists. Except for limited emergency services, benefits will be provided for services provided by the primary care dentist selected by the member. The member must pay the primary care dentist a patient charge/copayment for most covered services. No benefits will be paid for treatment by a specialist unless the patient is referred by his or her primary care dentist and the referral is approved under the policy. Only those services listed in the policy's schedule of benefits are covered. Certain services are subject to frequency or other periodic limitations. Where orthodontic benefits are specifically included, the policy provides for one course of comprehensive treatment per member. Unless specifically included, the Managed Dental Care policy does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed Dental Care policy. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The applicable Managed Dental Care documents are the final arbiter of coverage .See your Certificate for complete specifics of all Exclusions and Limitations. All products, unless otherwise noted, are underwritten by The Guardian Life. Insurance Company of America ("Guardian") or one of the following wholly-owned Guardian subsidiaries: Managed Dental Care (CA); First Commonwealth Insurance Company (IL); First Commonwealth Limited Health Services Corporation (IN); First Commonwealth Limited Health Services Corporation of Michigan (MI); First Commonwealth of Missouri, Inc. (MO) and Managed DentalGuard, Inc. (NJ, OH and TX). Any reference to a specific product type, including but not limited to "DHMO" or "Prepaid" is not intended to refer to a specific state license designation, but rather is merely intended to refer to a general product design. Such DHMO, or prepaid products, are licensed in the applicable jurisdiction. In addition, certain products are underwritten by Dominion Dental Services, Inc. (DC, DE, MD, PA and VA) and LIBERTY Dental Plan of Nevada, Inc. (NV) and Total Dental Administrators Health Plan, Inc. (AZ). Please see the applicable policy forms for details. In the event of conflict between this brochure and the policy forms, the policy forms shall control.

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

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Guardian®

Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.
Visit **https://www.guardiananytime.com/notice46** to read more.

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.
Visit **https://www.guardiananytime.com/notice48** to read more.

Dental insurance

Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.
Visit **https://www.guardiananytime.com/notice50** to read more.

DHMO Plan and Orthodontic Schedules, Limitations and Exclusions, Fine Print

May include one or more of the following publications, depending upon plan and state: Employee out of pocket charges based on CDT codes, brief summary of limitations and exclusions applicable to the DHMO plan and important plan rules for: emergency & alternate treatment; crown, bridges & dentures; pediatric services; second surgical opinions; noble and high noble metals; general anesthesia & IV sedation; orthodontic treatment; treatment on progress; and continuity of care.
Visit **https://www.guardiananytime.com/notice443** to read more.

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Vision Insurance

Davis Vision | www.davisvision.com | 800-999-5431

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

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

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

Vision Insurance	
Client Code: 2507	
Semi-Monthly Premiums	
Employee Only	$3.51
Employee + Spouse	$6.32
Employee + Child(ren)	$6.67
Employee + Family	$10.53

Galena Park Independent School District

Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

Employee rates	Semi - Monthly	Monthly
Employee	$3.51	$7.02
Employee + Spouse	$6.32	$12.64
Employee + Child(ren)	$6.67	$13.34
Employee + Family	$10.53	$21.06

DavisVision™

Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.800.999.5431.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through Galena Park Independent School District. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA

Your Davis Vision Designer Plan Benefits

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	September 1	$10	Covered in full. *Includes dilation when professionally indicated.*
Spectacle Lenses	September 1	$25	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)
Frame	September 1	$0	**Covered in Full Frames:** Any Fashion or Designer level frame from Davis Vision's Collection[2] (retail value, up to $160). **OR, Frame Allowance:** $150 toward any frame from provider plus 20% off any balance.[1] No copay required. **OR, Visionworks Frame Allowance:** $200 allowance plus 20% off any balance toward any frame from a Visionworks family of store locations.[5] No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	September 1	$25	**Davis Vision Collection Contacts**: After copay, covered in full. **Non Collection Contacts**[3]: $60 allowance less copay plus 15% off balance[1].
Contact Lenses (in lieu of eyeglasses)	September 1	$0	**Covered in Full Contacts**: From Davis Vision's Collection[2], up to: Planned Replacement: Four boxes/multi-packs* Disposable: Eight boxes/multi-packs* **OR, Contact Lens Allowance**: $150 allowance toward any contacts from provider's supply plus 15% off balance.[1] No copay required. **OR, Visually Required Contacts**: Covered in full with prior approval. **Number of contact lens boxes may vary based on manufacturer's packaging.*

Significant savings on optional frames, lens types and coatings! Member Price

Davis Vision Collection Frames: Fashion | Designer | Premier ..... $0 | $0 | $25
Tinting of Plastic Lenses $0
Scratch-Resistant Coating $0
Premium Scratch-Resistant Coating $30
Ultraviolet Coating $12
Anti-Reflective Coating: Standard | Premium | Ultra | Ultimate ..... $35 | $48 | $60 | $85
Polycarbonate Lenses ..... $0[4]-$30
High-Index Lenses 1.67 | 1.74 ..... $55 | $120
Progressive Lenses: Standard | Premium | Ultra | Ultimate ..... $50 | $90 | $140 | $175
Polarized Lenses $75
Photochromic Lenses (i.e. Transitions®, etc.)[6] $65
Scratch Protection Plan: Single Vision | Multifocal Lenses ..... $20 | $40
Trivex Lenses $50
Blue Light Filtering $15

Additional Savings!
Retinal Imaging $39

[1] Some limitations apply to additional discounts, discounts not applicable at all in-network providers.
[2] The Davis Vision Collection is available at most participating independent provider locations.
[3] Including, but not limited to toric, multifocal and gas permeable contact lenses.
[4] For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.
[5] Enhanced frame allowance available at all Visionworks Locations nationwide.
[6] Transitions® is a registered trademark of Transitions Optical Inc.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

Frequently Asked Questions

How can I contact Member Services?
Call 1.800.999.5431 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2847.)

What frames are in Davis Vision's Collection?
Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. Log on to our member Web site at davisvision.com and take a look!

When will I receive my eyewear?
Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

Do I need a claim form?
Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

Can I split my benefits?
You may split your benefits by receiving your eye examination and eyeglasses or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider.

Can I use an out-of-network provider?
Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - $40 | single vision lenses - $40 | bifocal - $60 | trifocal - $80 | lenticular - $100 | frame - $50 | elective contacts - $105 | visually required contacts - $225.

Are there any exclusions to the vision benefits?
Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

DAVIS VISION EXTRAS!

One Year Breakage Warranty Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

Greater Benefits Access a higher frame allowance by visiting a Visionworks family of store locations[/7].

Additional Savings Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.[/8]

Mail Order Contact Lenses Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

Laser Vision Correction Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit www.davisvision.com.

Low Vision Services Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

Eye Health & Wellness Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

For more details... about your vision benefits, patient rights and responsibilities, or more information about Davis Vision, please log on to our member Web site or contact us at 1.800.999.5431.

Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail.

[7/] *Enhanced frame allowance available at all Visionworks Locations nationwide.*

[8/] *Some limitations apply to additional discounts, discounts not applicable at all in-network providers.*

Fully insured product Underwritten by HM Life Insurance Company. Administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California.

Health Savings Account

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

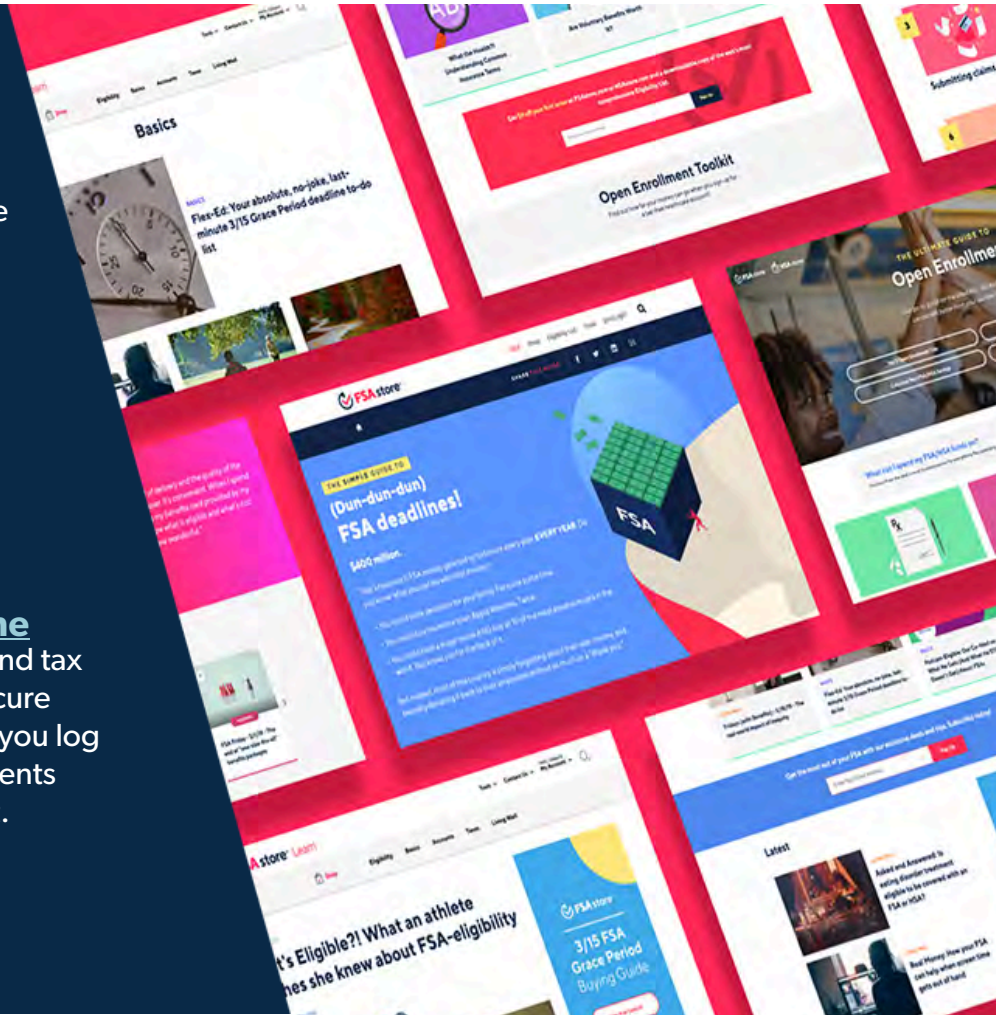
- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- 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.

2026	
HSA Contribution Limits	• Self Only: $4,400 • Family: $8,750
$1,000 catch-up contributions (age 55 or older)	

FSA & HSA Resources

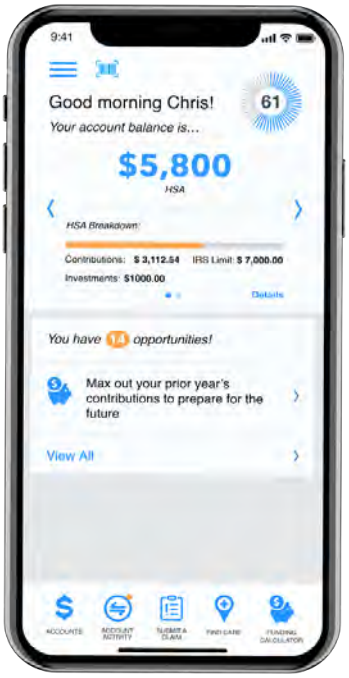
Benefits Card

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.

SCAN ME

FSA store®
Everything Flex Spending.

HSA store®
Health Saving, Simplified.

Flexible Spending Accounts

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

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

2026	
FSA Maximum Contribution	• $3,400

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.

2026	
You may allocate up to $7,500 per household for reimbursement of dependent care services.	If you are married and file a separate tax return, the limit is $3,750.

Dependent Care FSA Highlights

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

Term Life & Accidental Death & Dismemberment

Employer-Paid

Blue Cross Blue Shield of Texas | www.bcbstx.com/ancillary | 888-697-0683

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a $25,000 benefit or a reduced benefit for employees aged 70 and older. 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.

GROUP BENEFIT PROGRAM SUMMARY
For GALENA PARK ISD / TEEBC TRUST F021842 - 19135

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the security they can depend on.

EMPLOYER PAID BASIC GROUP TERM LIFE/AD&D

Eligibility	All Active Full Time Employees who regularly work 20 hours per week are eligible for insurance on the first day of the month following the date of hire.
Group Term Life/AD&D Benefit:	$25,000
Guarantee Issue Amount – Employee	$25,000
Age Reduction Schedule	Life and AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Definition of Disability	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: $7,500. Maximum: $250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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.

GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PROGRAM SUMMARY

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Speech or Hearing	50%
Loss of Thumb and Index Finger of Same Hand	25%
Uniplegia	25%

***** Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

Exclusions – Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that, directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof;
2. infections, except those from an accidental cut or wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. war or act of war;
6. travel or flight in any aircraft while a member of the crew;
7. commission of, or participation in a felony;
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician; or
9. intoxication as defined in the jurisdiction where the accident occurred;
10. participation in a riot.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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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

Accident Insurance		
Semi-Monthly Premium	**Low Plan**	**High Plan**
Employee	$2.27	$4.61
Employee + Spouse	$3.89	$7.90
Employee + Child(ren)	$4.84	$9.77
Employee + Family	$6.45	$13.06

Aflac

Group Accident Insurance

Accident protection made for you.

Underwritten by:
Continental American Insurance Company (CAIC)

In California, coverage is underwritten by
Continental American Life Insurance Company.

Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

What you need, when you need it.

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

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 fracture 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 Any ground transportation	$200 Plane $100 Any ground transportation
SUCCESSOR INSURED BENEFIT If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.		

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	$40	$20
Walker, Crutches, Leg Brace, Cervical Collar, Walking Boot, Wheelchair, Knee Scooter, Body Jacket, Back Brace	$100	$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

REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured) 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. 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.	$100 per day	$50 per day
THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) 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.	$25	$15
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) Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.	$25	$15

HOSPITALIZATION BENEFITS	HIGH	LOW
HOSPITAL ADMISSION (once per accident, within 6 months after the accident) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.	$1,000 per confinement	$500 per confinement
HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident) Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. 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. 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.	$200 per day	$100 per day
HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. 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. 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. This benefit is payable in addition to the Hospital Confinement Benefit.	$200 per day	$100 per day
INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury. 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. 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. This benefit is payable in addition to the Hospital Confinement Benefit.	$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: • 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
LIFE CHANGING EVENTS BENEFITS	**HIGH**	**LOW**
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: • 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.		
LOSS OF ONE OR MORE FINGERS OR TOES		
Employee	$1,250	$500
Spouse	$1,250	$500
Child(ren)	$1,250	$500
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	$5,000	$2,500
Quadriplegia	$10,000	$5,000
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
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: • The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg.	$1,000	$500

WELLNESS RIDER	HIGH	LOW
WELLNESS BENEFIT (once per calendar year) Payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.	$50 First year of certificate and thereafter	$30 First year of certificate and thereafter

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%

Premium Rates: LOW PLAN

Semi - Monthly Premiums	
Coverage	**Premium**
Employee	$2.27
Employee and Spouse	$3.89
Employee and Child(ren)	$4.84
Family	$6.45

Premium Rates: HIGH PLAN

Semi - Monthly Premiums	
Coverage	**Premium**
Employee	$4.61
Employee and Spouse	$7.90
Employee and Child(ren)	$9.77
Family	$13.06

Cancer Insurance

The Standard | www.standard.com | 888-937-4783

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.

Cancer Insurance		
Semi-Monthly Premium	**Plan 1**	**Plan 2**
Employee	$10.17	$17.30
Employee + Spouse	$16.33	$27.05
Employee + Child(ren)	$14.25	$24.55
Employee + Family	$20.40	$34.29

Underwritten by: **American Heritage Life Insurance Company**

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. Product features and availability vary by state and are solely the responsibility of American Heritage Life Insurance Company.

Cancer Insurance

Protection for the treatment of cancer and 29 specified diseases

Think About This

Early detection, improved treatments and access to care are factors that influence cancer survival†

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030††

5 Years

The five-year relative cancer survival rate has improved over the past several decades for most cancer types†

After a cancer diagnosis, your life can become a whirlwind of doctor appointments and difficult decisions. Your finances don't need to be added to your list of worries. Cancer Insurance can help you rest a little easier.

Here's How It Works

- Select the coverage that's right for you and your family
- If diagnosed with cancer or a specified disease, you file a claim
- You may receive a lump-sum cash benefit via check or direct deposited that you can use however you wish*

Protecting Your Finances

You've worked hard for your savings – don't let a cancer diagnosis wipe them out.

- Protect your checking and savings
- Don't dip into your 401(k)

Protecting insureds for over 60 years

Meeting Your Needs

- Coverage can include your dependents
- Includes coverage for cancer and 29 specified diseases
- Waiver of premium after 90 days when disabled due to cancer (employee only)
- Coverage may be continued; refer to your certificate for details

†Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2021
††Cancer Treatment & Survivorship Facts & Figures, 2019-2021

Coverage offered to the employees of:

Galena Park ISD

Meet TJ

Choose

TJ signs up for Cancer Insurance during his employer's Open Enrollment.

Use

A few months later, TJ learns that he has prostate cancer. Here's his treatment path:

Pre-Op Testing
TJ undergoes PSA testing at a hospital 300 miles from his home

Surgery
He is admitted to the hospital for laparoscopic prostate cancer surgery

Post-Surgery
After surgery, he spends several hours in the recovery waiting room

Hospital Stay
He's transferred to his room and visited by his doctor during a 2-day hospital stay

Recovery
TJ visits his doctor regularly during a 2 month recovery period

Claim

TJ files a claim on his Cancer Insurance coverage through the convenient web portal, **MyBenefits. He receives cash benefits for:**

- Wellness Benefit
- Cancer Initial Diagnosis
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Medical Imaging
- Inpatient Drugs and Medicine
- Physician's Attendance
- Anti-Nausea

MyBenefits Claim Filing Portal

standard.com/ahl/mybenefits

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

Here are some of the ways TJ can use his cash benefits

Finances
Can help protect savings, retirement plans and 401(k)s from being depleted

Travel
Can help pay for expenses while receiving treatment in another city

Home
Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care

Expenses
Can help pay for his family's living expenses, such as bills, electricity, and gas

The example above details a fictional situation; your individual experience may vary.
For a listing of benefits and benefit amounts, see pages 3 and 4.

Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases

from **American Heritage Life Insurance Company**

Offered to the employees of:

Galena Park ISD

Benefit Amounts

Hospital Confinement and Related Benefits	Plan 1	Plan 2
Continuous Hospital Confinement (daily)	$200	$300
Government or Charity Hospital (daily)	$200	$300
Private Duty Nursing Services (daily)	$200	$300
Extended Care Facility (daily)	$200	$300
At Home Nursing (daily)	$200	$300
Hospice Care Center (daily) or	$200	$300
Hospice Care Team (per visit)	$200	$300
Radiation/chemotherapy/related Benefits	**Plan 1**	**Plan 2**
Radiation/Chemotherapy for Cancer[1] (every 12 months)	$5,000	$15,000
Blood, Plasma, and Platelets[1] (every 12 months)	$5,000	$15,000
Hematological Drugs[1] (every 12 months)	$100	$300
Medical Imaging[1] (every 12 months)	$250	$750
Surgery and Related Benefits	**Plan 1**	**Plan 2**
Surgery[2]	$1,500	$3,000
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	$500	$1,000
2. Non-autologous (cancer or specified disease treatment)	$1,250	$2,500
3. Non-autologous (Leukemia)	$2,500	$5,000
Ambulatory Surgical Center (daily)	$250	$500
Second Opinion	$200	$400
Miscellaneous Benefits	**Plan 1**	**Plan 2**
Inpatient Drugs and Medicine (daily)	$25	$25
Physician's Attendance (daily)	$50	$50
Ambulance (per confinement)	$100	$100
Non-Local Transportation[1]		
(coach fare or amount shown per mile*)	0.40/Mile	0.40/Mile
Outpatient Lodging (daily; limit $2,000/12 mo. period)	$50	$50
Family Member Lodging (daily per trip; max. 60 days)	$50	$50
and Transportation (coach fare or amount shown per mile**)	0.40/Mile	0.40/Mile
Physical or Speech Therapy (daily)	$50	$50
New or Experimental Treatment[3] (every 12 months)	$5,000	$5,000
Prosthesis[3] (per amputation)	$2,000	$2,000
Hair Prosthesis (every 2 years)	$25	$25
Nonsurgical External Breast Prosthesis[1]	$50	$50
Anti-Nausea Benefit[1] (once per calendar year)	$200	$200
Waiver of Premium (employee only)	Yes	Yes
OPTIONAL/ADDITIONAL BENEFITS	**PLAN 1**	**PLAN 2**
Cancer Initial Diagnosis (one-time benefit)	$5,000	$5,000
Intensive Care (ICU)		
ICU (daily)	$300	$300
Step-Down (daily)	$150	$150
Ambulance	Actual Charges	Actual Charges
Wellness Benefit	$100	$100

[1]Pays actual cost up to amount listed. [2]Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. [3]Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement.

Plan 1 Premiums

Mode	EE	EE + SP	EE + CH	F
Semi-Monthly	$10.17	$16.33	$14.25	$20.40

Plan 2 Premiums

Mode	EE	EE + SP	EE + CH	F
Semi-Monthly	$17.30	$27.05	$24.55	$34.29

Issue ages: 18 and over if actively at work

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

FOR HOME OFFICE USE ONLY - GVCP3

Opt 1-2Hosp; 2Rad; 1Surg; 1Misc; 5Init; 3ICU; 4Well; 0Prog

Opt 2-3Hosp; 6Rad; 2Surg; 1Misc; 5Init; 3ICU; 4Well; 0Prog

V.2026.03.31 FA Rate Insert Creation Date: 4/29/2026

For use in enrollments sitused in: TX. This rate insert is part of the approved brochure for Example and is not to be used on its own.

Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. This information highlights some features of the policy/certificate but is not the insurance contract. Only the actual policy/certificate provisions control.

ABJ30590-3 - Insert - 33912

Benefits (subject to maximums as listed on pages 3 and 4)

Hospital Confinement And Related Benefits

Continuous Hospital Confinement - inpatient admission and confinement

Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - within 14 days of a hospital stay; payable up to the number of days of the hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care Center or Team - terminal illness care in a facility or at home; one visit per day

Radiation/Chemotherapy And Related Benefits

Radiation/Chemotherapy for Cancer - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration charges, processing, procurement, cross matching

Hematological Drugs - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

Medical Imaging - initial diagnosis or follow-up evaluation based on covered imaging exam

Surgery And Related Benefits

Surgery - based on Certificate Schedule of Surgical Procedures. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Opinion - second opinion for surgery or treatment by a doctor not in practice with your doctor

Miscellaneous Benefits

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

Physician's Attendance - one inpatient visit by one physician

Ambulance - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit is paid

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation

Hair Prosthesis - wig or hairpiece every two years due to hair loss

Nonsurgical External Breast Prosthesis - initial prosthesis after a covered or partial mastectomy

Anti-Nausea Benefit - prescribed anti-nausea medication on outpatient basis

Waiver of Premium (employee only) - must be disabled 90 days in a row due to cancer, as long as disability lasts

Optional/Additional Benefits

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Intensive Care (ICU)

a. ICU Confinement (Illness or Accident) illness or accident confinements up to 45 days/continuous confinement

b. Step-down ICU Confinement confinements up to 45 days/continuous confinement

c. Ambulance licensed air or surface ambulance service to ICU

Wellness Benefit - once per year for one of 23 exams. Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Cervical Cancer Screening; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms

Specified Diseases

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

Definitions

Actual Charge - amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost - amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

Protecting individuals & families for over 60 years

Beneficial insurance coverage to **help you and your family enjoy greater financial peace of mind** when the unexpected happens.

When you choose our

Group Voluntary Insurance Coverage,

we can help give you financial peace of mind.

We have been in the business of protecting America's families for over 60 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily – and get benefits deposited directly into your bank account (authorization required).

Certificate Specifications

Eligibility - Coverage may include you, your spouse or domestic partner, and children under age 26.

Termination of Coverage - Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible.

Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Portability Privilege - Coverage may be continued under the Portability Provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

Limitations And Exclusions

Pre-Existing Condition Limitation - We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or condition for which medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date.

Exclusions and Limitations - We do not pay for any loss except for losses due to cancer or a specified disease. Benefits are not paid for conditions caused or aggravated by cancer or a specified disease. Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

Hospice Care Team Limitation - Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

Blood, Plasma and Platelets Limitation - Does not include immunoglobulins or blood replaced by donors.

Surgery, New or Experimental Treatment and Prosthesis Benefits - We pay 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

Radiation/Chemotherapy for Cancer Benefit - We do not pay for: any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

Intensive Care Exclusions and Limitations - Benefits are not paid for attempted suicide, intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms; emergency, labor or delivery rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. Children born within 10 months of the effective date are not covered for confinement occurring or beginning during the first 30 days of the child's life. We do not pay for ambulance if paid under the Cancer and Specified Disease Ambulance benefit.

This brochure is for use in enrollments sitused in TX. This advertisement is a solicitation of insurance; contact may be made by an Agent, Agency, or Representative of The Standard.

This material is valid as long as information remains current, but in no event later than April 29, 2029. Group Cancer benefits are provided under policy form GVCP3, or state variations thereof.

The coverage provided is limited benefit supplemental cancer and specified disease insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from American Heritage Life Insurance Company. There may be instances when a law requires that benefits under this coverage be paid to a third party rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Representative at The Standard.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

The Standard is the marketing name used by American Heritage Life Insurance Company, a subsidiary of StanCorp Financial Group, Inc.
standard.com or standard.com/ahl

Critical Illness Insurance

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

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.

*The premium and benefits vary depending upon the amount selected at the time of application. Visit the Employee Benefits website for more details at www.galenaparkisd.com/employment/employee-benefits.

AF™ Limited Benefit Critical Illness Insurance

with Cancer Benefit

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

Surviving a critical illness may come at a high price.

If you experience a critical illness—like a heart attack or stroke—you shouldn't have to worry about the financial impact. But co-pays, transportation expenses, out-of-pocket medical costs, and lost income can add up quickly.

AF™ **Limited Benefit Critical Illness Insurance** can help provide financial protection so you can focus on recovery.

Approximately every 39 seconds, an American will have a heart attack.[1]

How It Works

If you're diagnosed with a covered critical illness, this plan is designed to pay a lump sum benefit amount to help cover expenses. In addition, certain specified critical illnesses that reoccur will allow for an additional benefit.

Features:

- Benefits paid directly to you, to be used however you see fit
- No required medical exams as part of the application process
- Guaranteed issue benefit amounts may be available for first-time eligible employees and spouse
- Coverage extended to dependent children at no additional cost*
- Compatible with a Health Savings Account
- Option to add an infectious disease rider in select states

Coverage is available for you, your children, and your lawful spouse at determined benefit amounts.

HEALTH SCREENING BENEFIT

This benefit covers several qualified tests, including, but not limited to:

- Pap Smear
- Prostate Test
- Skin Biopsy
- Colonoscopy
- Stress Test
- Echocardiogram
- Electrocardiogram (EKG)
- Blood Glucose Testing
- Neuroimaging Studies

SCREENING BENEFIT *(per calendar year per covered employee and covered spouse)* **$100**

If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

[1] *AHA 2021 Heart Disease and Stroke Statistics Update Fact Sheet At-a-Glance; January 26, 2021, p2*

Schedule of Benefits

Depending on the plan selected by your employer, the following benefit amounts may be available. The employee benefit amounts can range from $5,000 to $50,000 in $5,000 increments. Eligible children will be automatically covered at 25% of the employee's benefit amount at no additional cost.* If elected, spousal benefit amounts will be 50% of the employee benefit amount.

CRITICAL ILLNESS BENEFITS

Pays once per Covered Person for each Critical Illness shown below.

	Benefit Percentage	Recurrent Diagnosis Benefit
Heart Attack Benefit Pays full lump sum benefit amount.	100%	50%
Coronary Artery Bypass Surgery Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit.	25%	-
Stroke Benefit (Permanent damage due to a stroke) Pays full lump sum benefit amount.	100%	50%
Paralysis Benefit (Permanent due to a covered accident) Pays full lump sum benefit amount.	100%	-
Major Organ Failure Benefit Pays full lump sum benefit amount.	100%	50%
End Stage Renal Failure Benefit Pays full lump sum benefit amount.	100%	-
Early Stage Cancer (Carcinoma In Situ) Benefit Pays 25% of the benefit amount. Payment will reduce any invasive cancer benefit.	25%	-
Invasive Cancer Benefit Pays full lump sum benefit amount.	100%	-

EMPLOYEE MONTHLY RATES**

	$5,000		$10,000		$15,000		$20,000		$25,000	
AGE	*Non-Tobacco*	*Tobacco*	*Non-Tobacco*	*Tobacco*	*Non-Tobacco*	*Tobacco*	*Non-Tobacco*	*Tobacco*	*Non-Tobacco*	*Tobacco*
18-29	$5.60	$7.44	$7.28	$10.92	$8.98	$14.42	$10.66	$17.90	$12.34	$21.40
30-39	$7.72	$11.04	$11.48	$18.20	$15.32	$25.32	$19.10	$32.46	$22.90	$39.62
40-49	$12.38	$19.12	$20.82	$34.34	$29.28	$49.54	$37.72	$64.74	$46.16	$79.94
50-59	$19.96	$32.44	$35.98	$60.90	$52.04	$89.40	$68.06	$117.86	$84.10	$146.38
60 & Over	$31.50	$52.58	$59.10	$101.22	$86.68	$149.90	$114.28	$198.56	$141.88	$247.22
	$30,000		**$35,000**		**$40,000**		**$45,000**		**$50,000**	
AGE	*Non-Tobacco*	*Tobacco*	*Non-Tobacco*	*Tobacco*	*Non-Tobacco*	*Tobacco*	*Non-Tobacco*	*Tobacco*	*Non-Tobacco*	*Tobacco*
18-29	$14.02	$24.90	$15.72	$28.40	$17.40	$31.90	$19.10	$35.40	$20.78	$38.92
30-39	$26.68	$46.74	$30.48	$53.88	$34.28	$61.02	$38.06	$68.16	$41.86	$75.32
40-49	$54.60	$95.16	$63.06	$110.38	$71.50	$125.60	$79.94	$140.80	$88.40	$156.02
50-59	$100.14	$174.84	$116.18	$203.34	$132.20	$231.82	$148.24	$260.34	$164.30	$288.82
60 & Over	$169.48	$295.86	$197.06	$344.52	$224.64	$393.18	$252.24	$441.86	$279.84	$490.50

***The premium and amount of benefits vary dependent upon the amount selected at time of application.*

SPOUSE MONTHLY RATES**										
	$2,500		$5,000		$7,500		$10,000		$12,500	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	$4.48	$5.70	$5.02	$7.44	$5.56	$9.22	$6.08	$11.02	$6.66	$12.76
30-39	$5.60	$7.80	$7.30	$11.68	$8.96	$15.60	$10.66	$19.48	$12.32	$23.38
40-49	$8.18	$12.54	$12.42	$21.16	$16.66	$29.78	$20.92	$38.42	$25.18	$47.06
50-59	$12.30	$20.22	$20.68	$36.52	$29.08	$52.86	$37.46	$69.14	$45.88	$85.44
60-69	$18.64	$31.98	$33.36	$60.00	$48.06	$88.06	$62.80	$116.08	$77.50	$144.14
	$15,000		$17,500		$20,000		$22,500		$25,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	$7.20	$14.52	$7.74	$16.30	$8.28	$18.10	$8.86	$19.86	$9.38	$21.62
30-39	$14.04	$27.26	$15.72	$31.18	$17.40	$35.04	$19.08	$38.94	$20.74	$42.84
40-49	$29.42	$55.64	$33.68	$64.28	$37.96	$72.92	$42.18	$81.52	$46.44	$90.16
50-59	$54.24	$101.76	$62.64	$118.06	$71.02	$134.36	$79.42	$150.66	$87.80	$166.98
60-69	$92.24	$172.16	$106.94	$200.18	$121.68	$228.24	$136.40	$256.28	$151.10	$284.34

Plan Benefit Highlights

Health Screening Benefit

Pays $100 when a covered employee or covered spouse receives a covered health screening test. This benefit covers several qualified tests, including, but not limited to: Pap smear, prostate test, skin biopsy, colonoscopy, blood test for triglycerides, doppler ultrasound, echocardiogram, electrocardiogram (EKG), fasting blood glucose test, serum cholesterol test to determine HDL and LDL levels, exercise or pharmacologic stress test, and neuroimaging studies. This policy pays for one test per covered employee and one test per covered spouse per calendar year regardless of the number of tests received during the calendar year. This benefit is available without a diagnosis of a critical illness. This benefit does not reduce the critical illness lump sum benefit amount.

Critical Illness Benefit

Pays once per covered person for each critical illness. Each critical illness must be separated by at least 90 days following the first critical illness occurrence date.

Heart Attack

Pays following a Heart Attack due to coronary artery disease. Any previous amounts paid for a coronary artery bypass surgery will be deducted from the amount payable under this benefit. A Heart Attack is not congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other disease or injury involving the cardiovascular system.

Coronary Artery Bypass Surgery

Pays following open heart surgery performed by a physician to correct coronary artery disease with bypass grafts. Coronary artery bypass surgery does not include balloon angioplasty, laser angioplasty, stenting, valve replacement surgery, or procedures other than coronary artery bypass surgery.

Stroke (Permanent Damage Due To A Stroke)

Pays following permanent neurological damage to the brain due to a stroke which results from an acute or sub-acute interruption of blood flow to brain tissue as defined in the policy. Permanent damage due to a stroke does not include transient ischemic attacks (TIA).

Paralysis (Permanent Due To A Covered Accident)

Injuries to the spinal cord due to a covered accident, which result in the loss of use of two or more limbs. Paralysis must be diagnosed as permanent, total, and irreversible.

Major Organ Failure

Pays following the date the covered person is placed on the United Network for Organ Sharing (UNOS) list for a transplant of the heart, liver, lung, or entire pancreas.

End Stage Renal Failure

Pays following the occurrence date of end stage renal failure resulting in irreversible failure of both kidneys to function and which requires regular dialysis or renal transplantation to sustain life.

Effective Date

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

Cancer Critical Illness Benefit

Early Stage Cancer (Carcinoma In Situ)

Pays 25% of the critical illness cancer benefit amount following diagnosis of early stage of internal cancer in which the tumor or tumor cells are confined to the organ or tissue where it first developed without having invaded neighboring tissue. Carcinoma in Situ does not include skin cancer. Some examples of covered early stage cancer include prostate cancer, breast cancer, or colon cancer meeting certain diagnosis requirements. Partial payments for Carcinoma in Situ reduce the Invasive cancer benefit. At no time will combined payments for any cancer related benefits exceed 100% of the cancer critical illness benefit amount.

Invasive Cancer

Pays a cancer critical illness benefit amount following the occurrence date and diagnosis of Invasive Cancer with uncontrolled growth, function, or spread of cells in any part of the body. The documented staging will be used to determine if the cancer meets the Invasive Cancer definition.

Recurrent Diagnosis Benefit

Upon a second occurrence of certain specified critical illnesses, this benefit pays 50% of the amount previously paid under the policy. Covered critical illness events include Heart Attack, permanent damage due to a stroke, and major organ failure. The second occurrence date must be separated by at least 180 days following the first occurrence date of that same critical illness. Once a recurrent diagnosis benefit has been paid for a critical illness, no further benefits for that same critical illness will be payable.

Portability

Upon becoming no longer eligible for coverage, you will have 30 days to request continuation of coverage. Providing you pay premiums when due, you may continue your coverage provided in this certificate upon leaving employment until the earliest of these dates: a) your 75th birthday, b) 10 years from the portability effective date, c) the date the policy is terminated, or d) the date you fail to pay the required premium. You must have been continuously covered for 12 consecutive months prior to the date your coverage under the policy ends.

Limitations and Exclusions

Pre-Existing Condition Limitation

No critical illness benefit will be payable for a critical illness which is caused by or resulting from a Pre-Existing Condition when the critical illness occurrence date occurs before a covered person has been continuously covered under the policy for 12 consecutive months. Pre-Existing Condition means a disease, accident, sickness, physical condition or mental illness for which a covered person has experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advice from a physician, during the 12-month period immediately before the covered person's effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, accident, sickness, physical condition or mental illness.

A Heart Attack is an acute myocardial infarction due to coronary artery disease resulting in death of a portion of the heart muscle. Diagnosis must be supported by onset of new symptoms and any of the following: EKG changes, elevation of biochemical markers, or imaging studies, consistent with an acute myocardial infarction. In the event of death, an autopsy, medical examiner's confirmation or death certificate identifying Heart Attack will be acceptable. Heart attack does not include congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other disease or injury involving the cardiovascular system.

Exclusions

We will not pay benefits for any critical illness resulting from or caused, whether directly or indirectly, by: (a) An intentionally self-inflicted accident or sickness. (b) Suicide or attempted suicide, while sane or insane. (c) Participating in a riot, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority. (d) Being Intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions. Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the critical illness occurred. (e) Committing, or attempting to commit a felony. (f) Being incarcerated in any type of penal institution. (g) Alcoholism or drug addiction. (h) A diagnosis received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States.

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

This product may contain limitations, exclusions, and waiting periods. ***This product is inappropriate for people who are eligible for Medicaid coverage.*** *This brochure highlights important features of the policy. Please refer to your certificate for complete details.*

Marketed by:

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

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?

*The premium and benefits vary depending upon the amount selected at the time of application. Visit the Employee Benefits website for more details at www.galenaparkisd.com/employment/employee-benefits.

AF™ Long-Term Disability Income Insurance

Galena Park Enhanced (SSNRA/5Y Plans)

Marketed by:

FFGI Benefit Solutions Simplified

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights

Benefits are Payable Directly to You

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

Customized to Meet Your Individual Needs

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

Return-to-Work Benefit

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

Choose the Right Plan for You

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

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

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

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

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

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your monthly compensation.

		Monthly Premiums					
Monthly Salary	**Monthly Disability Benefit**	**Plan I (4th)**	**Plan II (15th)**	**Plan III (31st)**	**Plan IV (61st)**	**Plan V (91st)**	**Plan VI (151st)**
$286.00 - $428.99	$200.00	$6.32	$5.32	$4.44	$2.48	$1.84	$1.24
$429.00 - $571.99	$300.00	$9.48	$7.98	$6.66	$3.72	$2.76	$1.86
$572.00 - $714.99	$400.00	$12.64	$10.64	$8.88	$4.96	$3.68	$2.48
$715.00 - $857.99	$500.00	$15.80	$13.30	$11.10	$6.20	$4.60	$3.10
$858.00 - $999.99	$600.00	$18.96	$15.96	$13.32	$7.44	$5.52	$3.72
$1,000.00 - $1,142.99	$700.00	$22.12	$18.62	$15.54	$8.68	$6.44	$4.34
$1,143.00 - $1,285.99	$800.00	$25.28	$21.28	$17.76	$9.92	$7.36	$4.96
$1,286.00 - $1,428.99	$900.00	$28.44	$23.94	$19.98	$11.16	$8.28	$5.58
$1,429.00 - $1,571.99	$1,000.00	$31.60	$26.60	$22.20	$12.40	$9.20	$6.20
$1,572.00 - $1,1714.99	$1,100.00	$34.76	$29.26	$24.42	$13.64	$10.12	$6.82
$1,715.00 - $1,857.99	$1,200.00	$37.92	$31.92	$26.64	$14.88	$11.04	$7.44
$1,858.00 - $1,999.99	$1,300.00	$41.08	$34.58	$28.86	$16.12	$11.96	$8.06
$2,000.00 - $2,142.99	$1,400.00	$44.24	$37.24	$31.08	$17.36	$12.88	$8.68
$2,143.00 - $2,285.99	$1,500.00	$47.40	$39.90	$33.30	$18.60	$13.80	$9.30
$2,286.00 - $2,428.99	$1,600.00	$50.56	$42.56	$35.52	$19.84	$14.72	$9.92
$2,429.00 - $2,571.99	$1,700.00	$53.72	$45.22	$37.74	$21.08	$15.64	$10.54
$2,572.00 - $2,714.99	$1,800.00	$56.88	$47.88	$39.96	$22.32	$16.56	$11.16
$2,715.00 - $2,857.99	$1,900.00	$60.04	$50.54	$42.18	$23.56	$17.48	$11.78
$2,858.00 - $2,999.99	$2,000.00	$63.20	$53.20	$44.40	$24.80	$18.40	$12.40
$3,000.00 - $3,142.99	$2,100.00	$66.36	$55.86	$46.62	$26.04	$19.32	$13.02
$3,143.00 - $3,285.99	$2,200.00	$69.52	$58.52	$48.84	$27.28	$20.24	$13.64
$3,286.00 - $3,428.99	$2,300.00	$72.68	$61.18	$51.06	$28.52	$21.16	$14.26
$3,429.00 - $3,571.99	$2,400.00	$75.84	$63.84	$53.28	$29.76	$22.08	$14.88
$3,572.00 - $3,714.99	$2,500.00	$79.00	$66.50	$55.50	$31.00	$23.00	$15.50
$3,715.00 - $3,857.99	$2,600.00	$82.16	$69.16	$57.72	$32.24	$23.92	$16.12
$3,858.00 - $3,999.99	$2,700.00	$85.32	$71.82	$59.94	$33.48	$24.84	$16.74
$4,000.00 - $4,142.99	$2,800.00	$88.48	$74.48	$62.16	$34.72	$25.76	$17.36
$4,143.00 - $4,285.99	$2,900.00	$91.64	$77.14	$64.38	$35.96	$26.68	$17.98
$4,286.00 - $4,428.99	$3,000.00	$94.80	$79.80	$66.60	$37.20	$27.60	$18.60
$4,429.00 - $4,571.99	$3,100.00	$97.96	$82.46	$68.82	$38.44	$28.52	$19.22
$4,572.00 - $4,714.99	$3,200.00	$101.12	$85.12	$71.04	$39.68	$29.44	$19.84
$4,715.00 - $4,857.99	$3,300.00	$104.28	$87.78	$73.26	$40.92	$30.36	$20.46
$4,858.00 - $4,999.99	$3,400.00	$107.44	$90.44	$75.48	$42.16	$31.28	$21.08
$5,000.00 - $5,142.99	$3,500.00	$110.60	$93.10	$77.70	$43.40	$32.20	$21.70
$5,143.00 - $5,285.99	$3,600.00	$113.76	$95.76	$79.92	$44.64	$33.12	$22.32
$5,286.00 - $5,428.99	$3,700.00	$116.92	$98.42	$82.14	$45.88	$34.04	$22.94
$5,429.00 - $5,571.99	$3,800.00	$120.08	$101.08	$84.36	$47.12	$34.96	$23.56

		Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	Plan I (4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
$5,572.00 - $5,714.99	$3,900.00	$123.24	$103.74	$86.58	$48.36	$35.88	$24.18
$5,715.00 - $5,857.99	$4,000.00	$126.40	$106.40	$88.80	$49.60	$36.80	$24.80
$5,858.00 - $5,999.99	$4,100.00	$129.56	$109.06	$91.02	$50.84	$37.72	$25.42
$6,000.00 - $6,142.99	$4,200.00	$132.72	$111.72	$93.24	$52.08	$38.64	$26.04
$6,143.00 - $6,285.99	$4,300.00	$135.88	$114.38	$95.46	$53.32	$39.56	$26.66
$6,286.00 - $6,428.99	$4,400.00	$139.04	$117.04	$97.68	$54.56	$40.48	$27.28
$6,429.00 - $6,571.99	$4,500.00	$142.20	$119.70	$99.90	$55.80	$41.40	$27.90
$6,572.00 - $6,714.99	$4,600.00	$145.36	$122.36	$102.12	$57.04	$42.32	$28.52
$6,715.00 - $6,857.99	$4,700.00	$148.52	$125.02	$104.34	$58.28	$43.24	$29.14
$6,858.00 - $6,999.99	$4,800.00	$151.68	$127.68	$106.56	$59.52	$44.16	$29.76
$7,000.00 - $7,142.99	$4,900.00	$154.84	$130.34	$108.78	$60.76	$45.08	$30.38
$7,143.00 - $7,285.99	$5,000.00	$158.00	$133.00	$111.00	$62.00	$46.00	$31.00
$7,286.00 - $7,428.99	$5,100.00	$161.16	$135.66	$113.22	$63.24	$46.92	$31.62
$7,429.00 - $7,571.99	$5,200.00	$164.32	$138.32	$115.44	$64.48	$47.84	$32.24
$7,572.00 - $7,714.99	$5,300.00	$167.48	$140.98	$117.66	$65.72	$48.76	$32.86
$7,715.00 - $7,857.99	$5,400.00	$170.64	$143.64	$119.88	$66.96	$49.68	$33.48
$7,858.00 - $7,999.99	$5,500.00	$173.80	$146.30	$122.10	$68.20	$50.60	$34.10
$8,000.00 - $8,142.99	$5,600.00	$176.96	$148.96	$124.32	$69.44	$51.52	$34.72
$8,143.00 - $8,285.99	$5,700.00	$180.12	$151.62	$126.54	$70.68	$52.44	$35.34
$8,286.00 - $8,428.99	$5,800.00	$183.28	$154.28	$128.76	$71.92	$53.36	$35.96
$8,429.00 - $8,571.99	$5,900.00	$186.44	$156.94	$130.98	$73.16	$54.28	$36.58
$8,572.00 - $8,713.99	$6,000.00	$189.60	$159.60	$133.20	$74.40	$55.20	$37.20
$8,714.00 - $8,856.99	$6,100.00	$192.76	$162.26	$135.42	$75.64	$56.12	$37.82
$8,857.00 - $8,999.99	$6,200.00	$195.92	$164.92	$137.64	$76.88	$57.04	$38.44
$9,000.00 - $9,142.99	$6,300.00	$199.08	$167.58	$139.86	$78.12	$57.96	$39.06
$9,143.00 - $9,285.99	$6,400.00	$202.24	$170.24	$142.08	$79.36	$58.88	$39.68
$9,286.00 - $9,428.99	$6,500.00	$205.40	$172.90	$144.30	$80.60	$59.80	$40.30
$9,429.00 - $9,570.99	$6,600.00	$208.56	$175.56	$146.52	$81.84	$60.72	$40.92
$9,571.00 - $9,713.99	$6,700.00	$211.72	$178.22	$148.74	$83.08	$61.64	$41.54
$9,714.00 - $9,856.99	$6,800.00	$214.88	$180.88	$150.96	$84.32	$62.56	$42.16
$9,857.00 - $9,999.99	$6,900.00	$218.04	$183.54	$153.18	$85.56	$63.48	$42.78
$10,000.00 - $10,142.99	$7,000.00	$221.20	$186.20	$155.40	$86.80	$64.40	$43.40
$10,143.00 - $10,285.99	$7,100.00	$224.36	$188.86	$157.62	$88.04	$65.32	$44.02
$10,286.00 - $10,428.99	$7,200.00	$227.52	$191.52	$159.84	$89.28	$66.24	$44.64
$10,429.00 - $10,570.99	$7,300.00	$230.68	$194.18	$162.06	$90.52	$67.16	$45.26
$10,571.00 - $10,713.99	$7,400.00	$233.84	$196.84	$164.28	$91.76	$68.08	$45.88
$10,714.00 - $10,856.99	$7,500.00*	$237.00	$199.50	$166.50	$93.00	$69.00	$46.50

**Higher benefit amounts available up to a maximum Monthly Disability Benefit of $10,000.*

Maximum Benefit Period

Benefits are payable up to the period of time shown in the chart below, based on your age as of the Disability date for when a covered Injury or Sickness begins.

Injury:

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, or to SSNRA*, whichever is greater
65	24 months, or to SSNRA*, whichever is greater
66	21 months, or to SSNRA*, whichever is greater
67	18 months, or to SSNRA*, whichever is greater
68	15 months, or to SSNRA*, whichever is greater
Age 69 or older	12 months, or to SSNRA*, whichever is greater

**Age at which you are entitled to unreduced Social Security benefits based on current Social Security Amendments.*

Sickness:

Age	Maximum Benefit Period
Under 65	5 years
65 through 68	To age 70
69 or older	1 year

Social Security Filing Assistance

If you are a candidate for social security Disability benefits, we can assist you with the application and appeal process.

When Coverage Begins

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

Hospital Confinement Benefit

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

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

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

Survivor Benefit

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

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

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

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

Minimum Disability Benefit

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

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

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

Physician Expense Benefit

Injury - $150.00 per Injury | **Sickness** - $50.00
If you receive personal treatment by a physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. You are not required to miss one full day of work in order to receive the Injury Benefit.

Accidental Death Benefit

A lump sum of $20,000.00 will be paid to your designated beneficiary if you die as the direct result of an Injury within 90 days after the Injury.

Return To Work Incentives: Disabled and Working

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

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

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

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

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

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

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

Hospital Indemnity Limited Benefit Rider

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

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

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

Spousal Accident Only Disability Benefit Rider

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

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

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

COBRA Funding Rider

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

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

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

Critical Illness Benefit Rider

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

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

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

Hospital Indemnity Limited Benefit Rider

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

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

Critical Illness Benefit Rider

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

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

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

COBRA Funding Benefit Rider

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

Spousal Accident Only Disability Benefit Rider

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

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

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

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

Policy Exclusions

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

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

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

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

Your benefits, all in one place.

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

Pre-Existing Conditions may apply.

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

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

AF-5915(FF)-0426

MCH # 7052 G120-139
014517-7, 014519-8, 014520-10, 014522-11, 014524-12, 014709-R1, 014710-R1, 014708-R1, 014707-R1

AF™ Long-Term Disability Income Insurance

Galena Park Enhanced (SSNRA/SSNRA) Plans

Marketed by:

FFGI Benefit Solutions Simplified

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights

Benefits are Payable Directly to You

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

Customized to Meet Your Individual Needs

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

Return-to-Work Benefit

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

Choose the Right Plan for You

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

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

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

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

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

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your monthly compensation.

		Monthly Premiums					
Monthly Salary	**Monthly Disability Benefit**	**Plan I (8th)**	**Plan II (15th)**	**Plan III (31st)**	**Plan IV (61st)**	**Plan V (91st)**	**Plan VI (151st)**
$286.00 - $428.99	$200.00	$7.36	$6.28	$5.20	$3.24	$2.40	$1.56
$429.00 - $571.99	$300.00	$11.04	$9.42	$7.80	$4.86	$3.60	$2.34
$572.00 - $714.99	$400.00	$14.72	$12.56	$10.40	$6.48	$4.80	$3.12
$715.00 - $857.99	$500.00	$18.40	$15.70	$13.00	$8.10	$6.00	$3.90
$858.00 - $999.99	$600.00	$22.08	$18.84	$15.60	$9.72	$7.20	$4.68
$1,000.00 - $1,142.99	$700.00	$25.76	$21.98	$18.20	$11.34	$8.40	$5.46
$1,143.00 - $1,285.99	$800.00	$29.44	$25.12	$20.80	$12.96	$9.60	$6.24
$1,286.00 - $1,428.99	$900.00	$33.12	$28.26	$23.40	$14.58	$10.80	$7.02
$1,429.00 - $1,571.99	$1,000.00	$36.80	$31.40	$26.00	$16.20	$12.00	$7.80
$1,572.00 - $1,1714.99	$1,100.00	$40.48	$34.54	$28.60	$17.82	$13.20	$8.58
$1,715.00 - $1,857.99	$1,200.00	$44.16	$37.68	$31.20	$19.44	$14.40	$9.36
$1,858.00 - $1,999.99	$1,300.00	$47.84	$40.82	$33.80	$21.06	$15.60	$10.14
$2,000.00 - $2,142.99	$1,400.00	$51.52	$43.96	$36.40	$22.68	$16.80	$10.92
$2,143.00 - $2,285.99	$1,500.00	$55.20	$47.10	$39.00	$24.30	$18.00	$11.70
$2,286.00 - $2,428.99	$1,600.00	$58.88	$50.24	$41.60	$25.92	$19.20	$12.48
$2,429.00 - $2,571.99	$1,700.00	$62.56	$53.38	$44.20	$27.54	$20.40	$13.26
$2,572.00 - $2,714.99	$1,800.00	$66.24	$56.52	$46.80	$29.16	$21.60	$14.04
$2,715.00 - $2,857.99	$1,900.00	$69.92	$59.66	$49.40	$30.78	$22.80	$14.82
$2,858.00 - $2,999.99	$2,000.00	$73.60	$62.80	$52.00	$32.40	$24.00	$15.60
$3,000.00 - $3,142.99	$2,100.00	$77.28	$65.94	$54.60	$34.02	$25.20	$16.38
$3,143.00 - $3,285.99	$2,200.00	$80.96	$69.08	$57.20	$35.64	$26.40	$17.16
$3,286.00 - $3,428.99	$2,300.00	$84.64	$72.22	$59.80	$37.26	$27.60	$17.94
$3,429.00 - $3,571.99	$2,400.00	$88.32	$75.36	$62.40	$38.88	$28.80	$18.72
$3,572.00 - $3,714.99	$2,500.00	$92.00	$78.50	$65.00	$40.50	$30.00	$19.50
$3,715.00 - $3,857.99	$2,600.00	$95.68	$81.64	$67.60	$42.12	$31.20	$20.28
$3,858.00 - $3,999.99	$2,700.00	$99.36	$84.78	$70.20	$43.74	$32.40	$21.06
$4,000.00 - $4,142.99	$2,800.00	$103.04	$87.92	$72.80	$45.36	$33.60	$21.84
$4,143.00 - $4,285.99	$2,900.00	$106.72	$91.06	$75.40	$46.98	$34.80	$22.62
$4,286.00 - $4,428.99	$3,000.00	$110.40	$94.20	$78.00	$48.60	$36.00	$23.40
$4,429.00 - $4,571.99	$3,100.00	$114.08	$97.34	$80.60	$50.22	$37.20	$24.18
$4,572.00 - $4,714.99	$3,200.00	$117.76	$100.48	$83.20	$51.84	$38.40	$24.96
$4,715.00 - $4,857.99	$3,300.00	$121.44	$103.62	$85.80	$53.46	$39.60	$25.74
$4,858.00 - $4,999.99	$3,400.00	$125.12	$106.76	$88.40	$55.08	$40.80	$26.52
$5,000.00 - $5,142.99	$3,500.00	$128.80	$109.90	$91.00	$56.70	$42.00	$27.30
$5,143.00 - $5,285.99	$3,600.00	$132.48	$113.04	$93.60	$58.32	$43.20	$28.08
$5,286.00 - $5,428.99	$3,700.00	$136.16	$116.18	$96.20	$59.94	$44.40	$28.86
$5,429.00 - $5,571.99	$3,800.00	$139.84	$119.32	$98.80	$61.56	$45.60	$29.64

		Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
$5,572.00 - $5,714.99	$3,900.00	$143.52	$122.46	$101.40	$63.18	$46.80	$30.42
$5,715.00 - $5,857.99	$4,000.00	$147.20	$125.60	$104.00	$64.80	$48.00	$31.20
$5,858.00 - $5,999.99	$4,100.00	$150.88	$128.74	$106.60	$66.42	$49.20	$31.98
$6,000.00 - $6,142.99	$4,200.00	$154.56	$131.88	$109.20	$68.04	$50.40	$32.76
$6,143.00 - $6,285.99	$4,300.00	$158.24	$135.02	$111.80	$69.66	$51.60	$33.54
$6,286.00 - $6,428.99	$4,400.00	$161.92	$138.16	$114.40	$71.28	$52.80	$34.32
$6,429.00 - $6,571.99	$4,500.00	$165.60	$141.30	$117.00	$72.90	$54.00	$35.10
$6,572.00 - $6,714.99	$4,600.00	$169.28	$144.44	$119.60	$74.52	$55.20	$35.88
$6,715.00 - $6,857.99	$4,700.00	$172.96	$147.58	$122.20	$76.14	$56.40	$36.66
$6,858.00 - $6,999.99	$4,800.00	$176.64	$150.72	$124.80	$77.76	$57.60	$37.44
$7,000.00 - $7,142.99	$4,900.00	$180.32	$153.86	$127.40	$79.38	$58.80	$38.22
$7,143.00 - $7,285.99	$5,000.00	$184.00	$157.00	$130.00	$81.00	$60.00	$39.00
$7,286.00 - $7,428.99	$5,100.00	$187.68	$160.14	$132.60	$82.62	$61.20	$39.78
$7,429.00 - $7,571.99	$5,200.00	$191.36	$163.28	$135.20	$84.24	$62.40	$40.56
$7,572.00 - $7,714.99	$5,300.00	$195.04	$166.42	$137.80	$85.86	$63.60	$41.34
$7,715.00 - $7,857.99	$5,400.00	$198.72	$169.56	$140.40	$87.48	$64.80	$42.12
$7,858.00 - $7,999.99	$5,500.00	$202.40	$172.70	$143.00	$89.10	$66.00	$42.90
$8,000.00 - $8,142.99	$5,600.00	$206.08	$175.84	$145.60	$90.72	$67.20	$43.68
$8,143.00 - $8,285.99	$5,700.00	$209.76	$178.98	$148.20	$92.34	$68.40	$44.46
$8,286.00 - $8,428.99	$5,800.00	$213.44	$182.12	$150.80	$93.96	$69.60	$45.24
$8,429.00 - $8,571.99	$5,900.00	$217.12	$185.26	$153.40	$95.58	$70.80	$46.02
$8,572.00 - $8,713.99	$6,000.00	$220.80	$188.40	$156.00	$97.20	$72.00	$46.80
$8,714.00 - $8,856.99	$6,100.00	$224.48	$191.54	$158.60	$98.82	$73.20	$47.58
$8,857.00 - $8,999.99	$6,200.00	$228.16	$194.68	$161.20	$100.44	$74.40	$48.36
$9,000.00 - $9,142.99	$6,300.00	$231.84	$197.82	$163.80	$102.06	$75.60	$49.14
$9,143.00 - $9,285.99	$6,400.00	$235.52	$200.96	$166.40	$103.68	$76.80	$49.92
$9,286.00 - $9,428.99	$6,500.00	$239.20	$204.10	$169.00	$105.30	$78.00	$50.70
$9,429.00 - $9,570.99	$6,600.00	$242.88	$207.24	$171.60	$106.92	$79.20	$51.48
$9,571.00 - $9,713.99	$6,700.00	$246.56	$210.38	$174.20	$108.54	$80.40	$52.26
$9,714.00 - $9,856.99	$6,800.00	$250.24	$213.52	$176.80	$110.16	$81.60	$53.04
$9,857.00 - $9,999.99	$6,900.00	$253.92	$216.66	$179.40	$111.78	$82.80	$53.82
$10,000.00 - $10,142.99	$7,000.00	$257.60	$219.80	$182.00	$113.40	$84.00	$54.60
$10,143.00 - $10,285.99	$7,100.00	$261.28	$222.94	$184.60	$115.02	$85.20	$55.38
$10,286.00 - $10,428.99	$7,200.00	$264.96	$226.08	$187.20	$116.64	$86.40	$56.16
$10,429.00 - $10,570.99	$7,300.00	$268.64	$229.22	$189.80	$118.26	$87.60	$56.94
$10,571.00 - $10,713.99	$7,400.00	$272.32	$232.36	$192.40	$119.88	$88.80	$57.72
$10,714.00 - $10,856.99	$7,500.00*	$276.00	$235.50	$195.00	$121.50	$90.00	$58.50

**Higher benefit amounts available up to a maximum Monthly Disability Benefit of $10,000.*

Maximum Benefit Period

Benefits are payable up to the period of time shown in the chart below, based on your age as of the Disability date for when a covered Injury or Sickness begins.

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, or to SSNRA*, whichever is greater
65	24 months, or to SSNRA*, whichever is greater
66	21 months, or to SSNRA*, whichever is greater
67	18 months, or to SSNRA*, whichever is greater
68	15 months, or to SSNRA*, whichever is greater
Age 69 or older	12 months, or to SSNRA*, whichever is greater

**Age at which you are entitled to unreduced Social Security benefits based on current Social Security Amendments.*

Social Security Filing Assistance

If you are a candidate for social security Disability benefits, we can assist you with the application and appeal process.

When Coverage Begins

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

Hospital Confinement Benefit

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

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

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

Survivor Benefit

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

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

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

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

Minimum Disability Benefit

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

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

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

Physician Expense Benefit

Injury - $150.00 per Injury | **Sickness** - $50.00
If you receive personal treatment by a physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. You are not required to miss one full day of work in order to receive the Injury Benefit.

Accidental Death Benefit

A lump sum of $20,000.00 will be paid to your designated beneficiary if you die as the direct result of an Injury within 90 days after the Injury.

Return To Work Incentives: Disabled and Working

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

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

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

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

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

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

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

Hospital Indemnity Limited Benefit Rider

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

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

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

Spousal Accident Only Disability Benefit Rider

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

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

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

COBRA Funding Rider

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

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

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

Critical Illness Benefit Rider

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

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

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

Hospital Indemnity Limited Benefit Rider

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

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

Critical Illness Benefit Rider

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

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

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

COBRA Funding Benefit Rider

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

Spousal Accident Only Disability Benefit Rider

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

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

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

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

Policy Exclusions

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

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

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

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

Your benefits, all in one place.

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

Pre-Existing Conditions may apply.

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

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

AF-5914(FF)-0426

MCH #7052 G120-139
014403-1, 014405-2, 014406-3, 014407-4, 014408-5, 014410-6, 014709-R1, 014710-R1, 014708-R1, 014707-R1

Hospital Indemnity Insurance

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

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!

Hospital Indemnity Insurance		
Semi-Monthly Premium	**Low Plan**	**High Plan**
Employee	$8.98	$15.51
Employee + Spouse	$19.06	$32.29
Employee + Child(ren)	$14.07	$24.24
Employee + Family	$22.68	$38.86

Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

Galena Park Independent School District

Hospital Indemnity Insurance Benefits

With MetLife, you'll have a choice of two comprehensive plans (called the "Low Plan" and the "High Plan") which provide lump sum cash payments for covered events regardless of any other payments you may receive from your medical plan. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.[A]

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Hospital Benefits				
Admission Benefit	4 time(s) per calendar year[1]	Admission	$1,000	$2,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	$1,000	$2,000
Confinement Benefit	30 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement[4]	$150	$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	$150	$200
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care[5]	$100	$200
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	$50	$75

*Any benefit(s) marked with an asterisk requires a prior Hospital Admission or Confinement.
[1] If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.
[4] If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.
[5] Payable for the period of newborn confinement for a newborn child who is not sick or injured.

Benefit Payment Example for High Plan

Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can help cover these unexpected costs or in any other way Susan sees fit.

Hospital Indemnity Insurance

Covered Benefit	High Benefit Amount
Regular Hospital Admission (1x)	$2,000
ICU Supplemental Admission (1x)	$2,000
Regular Hospital Confinement (3 total days)	$600
ICU Supplemental Confinement (1 day)	$200
Benefits paid by MetLife Group Hospital Indemnity Insurance	$4,800

Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage through your employer.

Q. Who is eligible to enroll for this Hospital Indemnity coverage?

A. You are eligible to enroll yourself and your eligible family members. [C] You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

Q. How do I pay for my Hospital Indemnity coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy and offers you similar coverage with a different insurance carrier. [D]

Q. What is the coverage effective date?

A. The coverage effective date is September 1, 2023.

Q. Who do I call for assistance?

A. Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388) and talk with a benefits consultant.

Semi-Monthly Insurance Rates

MetLife offers group rates and payroll deductions, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Hospital Indemnity Insurance

Coverage Options	Low Plan	High Plan
Monthly Cost to You		
Employee	$8.98	$15.51
Employee & Spouse	$19.06	$32.29
Employee & Child(ren)	$14.07	$24.24
Employee & Spouse/Child(ren)	$22.68	$38.86

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[A] Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
[C] Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions may apply to dependents serving in the armed forces or living overseas."
[D] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

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Legal Plan

LegalEase | www.legaleaseplan.com | 800-248-9000

Have you ever found yourself in need of legal advice, but aren't sure where to go? A voluntary group legal plan helps fill that need. It provides you with access to professional lawyers at a low monthly rate. For just a few dollars a month, you can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce and so much more. Expert legal advice is available at your fingertips.

Legal Plan	
Semi-Monthly Premium	$7.88

Be fully prepared and confident
with Legal Benefits

Legal Benefits Plan proudly offered to the employees of Galena Park ISD

Protect your family's future during unpredictable economic uncertainty.
LegalEASE offers valuable benefits to shield your family and savings from unexpected personal legal issues as well as safeguard you during unpredictable economic uncertainty.

What you get with a LegalEASE plan:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In- and out-of-network coverage
- Concierge help navigating common individual or family legal issues

Enroll in the LegalEASE Benefits Plan.
To learn more:
Call: 1(800) 248-9000
Visit: www.legaleaseplan.com/galena

LegalEASE

A legal benefits plan can ease the biggest stresses - finding and paying for legal expertise when you need it most.

LegalEASE offers a benefits plan that supports and protects you and your loved ones from unexpected personal legal issues amid uncertain economic times.

Plan Details:

$7.88 semi monthly, via payroll deduction

Who's covered:

- **Employee**
- **Spouse**
- **Dependent Children** Up to age 19; Age 19-26 enrolled full-time at an accredited university
- **Parents** Elder Benefits designed for Plan member's and Spouse's parents

The value of a LegalEASE benefits plan.

Being a member saves costly legal fees and provides coverage for:

HOME & RESIDENTIAL

Purchase of Primary Residence, Sale of Primary Residence, Refinancing of Primary Residence, Vacation or Investment Home Sale/Purchase/ Refinancing, Tenant Dispute, Foreclosure

FINANCIAL & CONSUMER

Debt Collection: Pre-litigation Defense & Trial Defense, Bankruptcy (Chapter 7 or 13), Tax Audits, Document Preparation, Consumer Dispute, Small Claims Court, Financial Advisor, Mail Order or Internet Purchase Dispute, Bank Fee Dispute, Cell Phone Contract Dispute, Warranty Dispute

AUTO & TRAFFIC

Traffic Ticket, Serious Traffic Matters (Resulting in Suspension or Revocation of License), Administrative Proceeding (Regarding Suspension or Revocation of License), First-time Vehicle Buyer, Vehicle Repair and Lemon Law Litigation

FAMILY

Prenuptial Agreement, Name Change, Guardianship/Conservatorship, Adoptions, Juvenile Court Proceedings, Immigration Assistance, Elder Law

ESTATE PLANNING & WILLS

Will or Codicil, Living Will and/or Health Care Power of Attorney, Probate of Small Estate

GENERAL

Civil Litigation Defense, Incompetency Defense, Initial Law Office Consultation, Review of Simple Documents, Discounted Contingency Fees, Mediation, Misdemeanor Defense, Identity Theft Assistance

Limitations apply. Please visit https://www.legaleaseplan.com/galena for specific plan benefits.

For more information, visit:
https://www.legaleaseplan.com/galena

LegalEASE

To learn more, call:
1(800) 248-9000 and reference "Galena Park ISD"

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. This legal plan may not be regulated as insurance in some states, but is available in all states. Group legal plans are administered by The LegalEASE Group. Please contact LegalEASE for complete details. ©2022 LegalEASE All rights reserved. LASG_INS_Enroll_1PG_GalenaParkISD_2022-11

Medical Transport

Evacu | www.evacu.com | 866- 751-1160

Americans think 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.

Semi-Monthly Premium	
Complete Plus	$8.00
Global Plus	$10.00

evacu

Nationwide Ground & Air Ambulance Plans

No matter who picks you up or where you are, we eliminate your out-of-pocket costs for medical transportation and more

Fill the *gaps* in your health insurance when it comes to medical transportation

Emergency medical transportation often exposes major gaps in your insurance coverage — beginning with high and ever increasing deductibles and coinsurance.

These costs skyrocket to ***more than $20,000*** if transporation is out-of-network, if coverage is limited to certain types of transportation or providers, or if claims are denied entirely due to medical necessity.

We provide a *complete solution* to eliminate your out-of-pocket costs

EVACU gives you financial peace of mind when the unexpected happens by protecting your family from out-of-pocket expenses that can come with 911 emergency transport — whether it's by ground or air.

With EVACU, there are ***no provider limits, no network restrictions, and no surprises***. Your membership gives you simple, predictable protection for emergency transportation — no matter which ambulance service responds. It's straightforward coverage designed to remove barriers, eliminate uncertainty, and give you confidence when you need it most.

Simple to offer, *easy* to use

There's no complicated setup or administrative burden — enrollment is quick, and managing memberships is straightforward through our ***industry-leading administration platform***.

Claim submissions and processing is clear and simple, eliminating confusion and delays for both HR teams and employees.

By offering EVACU, you provide a benefit that is easy to communicate, easy to use, and truly valued by employees. It not only enhances your benefits package but also demonstrates that you care about your team's safety, well-being, and peace of mind.

	CompletePlus	GlobalPlus
Covered Members	Family	Family
Coverage Area	**United States & Canada**	**Worldwide**
Emergency Ground Ambulance	✓	✓
Emergency Air Ambulance	✓	✓
Non-Emergency Transfers	✓	✓
Local Recovery Transfers	✓	✓
Home Return Transportation	✓	✓
Visitor Transportation	✓	✓
Vehicle & Trailer Return	✓	✓
Pet & Livestock Return	✓	✓
Organ Transplant Transportation	✓	✓
Mortal Remains Return	✓	✓
	Retail Rate: $40/mo **$8**/semi-monthly **Voluntary Benefit Rate**	Retail Rate: $50/mo **$10**/semi-monthly **Voluntary Benefit Rate**

We offer *all of the benefits* without any of the limits

You and your family will have access to all of these benefits and more - with ***no provider restrictions***, ***network limitations***, or ***out-of-pocket expenses*** - anywhere around the globe.

www.evacu.com (866) 751-1160 info@evacu.com

See applicable membership documents for complete terms and conditions. Copyright EVACU, LLC, 2025. All rights reserved.

Permanent Life Insurance

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.

*The premium and benefits vary depending upon the amount selected at the time of application. Visit the Employee Benefits website for more details at www.galenaparkisd.com/employment/employee-benefits.

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.

LIFE INSURANCE HIGHLIGHTS

For the employee

PURELIFE-PLUS

Voluntary permanent life insurance can be an ideal complement to the group term and optional term life insurance your employer might provide. This voluntary permanent universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term life insurance may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

The contract, PURELIFE-PLUS, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** Written on a minimal cash-value Universal Life frame, PURELIFE-PLUS features one of the highest death benefits per payroll-deducted dollar offered at the worksite.[1]
- **Refund of Premium.** Unique in the workplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a $150 ($100 in Florida) administrative fee. Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)*
- **Accelerated Death Benefit for Chronic Illness Rider.** Optional on employee contracts at an additional cost, this rider will be triggered by the loss of two out of six Activities of Daily Living[2] or severe cognitive impairment for a period of 90 days. It pays the insured up to 92% of the death benefit minus a small administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility. *(Conditions apply; see the following pages for additional details. Form Series CA-ULABR-CI-18)*

American Fidelity General Agency
a different opinion

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

23M012-C AFES 1010 (exp0325)
Not for use in CA.

The agent/agency offering this coverage is not affiliated with Texas Life other than to market its products. Claims payments are the responsibility of Texas Life Insurance Company.

MONTHLY NON-TOBACCO PREMIUMS
EMPLOYEE & SPOUSE *with Accidental Death & Chronic Illness Riders*

TEXASLIFE INSURANCE COMPANY

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

Non-Tobacco

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

Issue Age	Premium $25,000	Premium $50,000	Guaranteed Period
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

Indicates Spouse Coverage Available

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

MONTHLY TOBACCO PREMIUMS
EMPLOYEE & SPOUSE *with Accidental Death & Chronic Illness Riders*

TEXASLIFE INSURANCE COMPANY

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

Tobacco

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

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

Indicates Spouse Coverage Available

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

Additional Features

- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURE**LIFE**-PLUS helps provide peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).

- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).[3]

You may apply for this permanent coverage, not only for yourself, but also for your spouse, children and grandchildren.[4]

3 QUICK QUESTIONS

You can qualify by answering just 3 questions[5] – no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

Important Note: Texas Life does not offer legal or financial advice. Contact an attorney and a financial advisor in your state for legal and financial information on wills, estates and trusts.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the Purelife-plus brochure for costs and complete details. Contract Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO.

[1] Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, March 2022

[2] Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in; (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

[3] As long as you pay the necessary premium. Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength. 45 years average for all ages based on our actuarial review.

[4] Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

[5] Issuance of coverage will depend on the answer to these questions.

WOW!

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

LIFE INSURANCE HIGHLIGHTS

For the employee

- You can take it with you when you change jobs or retire, as long as premiums are paid
- You pay for it through convenient payroll deductions: No checks to write or links to click
- You can qualify by answering just 3 questions - no exam or needles (see inside for more details)
- You can cover your spouse, children and grandchildren, too[1]
- You can get a living benefit if you become terminally ill[2]
- You can get cash to cover living expenses if you become chronically ill[3]

First Financial Group of America
First in Service and Expertise

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

1 Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
2 Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07
3 Chronic Illness Rider included in the life contract for employees and their spouses at an additional cost. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

23M023-C FFGA 1021 (exp0425)
Not for use in CA.

The agent/agency offering this proposal is not affiliated with Texas Life other than to market its products. Claims payments are the responsibility of Texas Life Insurance Company.

ADDITIONAL POLICY BENEFITS

Accelerated Death Benefit Due to Chronic Illness Rider

Included with the life contract for employees and their spouses at an additional cost, this valuable living benefit can help offset the unplanned expense of care should the insured be faced with a qualifying disabling chronic illness or severe cognitive impairment.

Here's how it works:

- If you're no longer able to perform any two of the six Activities of Daily Living or if you suffer severe cognitive impairment, you can receive a living benefit.[4]
  - Example: You own a $100,000 Texas Life insurance policy with the Chronic Illness rider. A medical professional certifies that you can no longer perform two of the six Activities of Daily Living or have suffered serious cognitive impairment. You can apply for a lump sum of $92,000 minus a $150 processing fee.[5]
- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

A death benefit for your family,
or a living benefit should you need it.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts a
in force. Please contact a Texas Life representative or see the PureLife-plus brochure for costs and complete details. Form ICC18-PRFN
state but New York.

4 Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

5 The Accelerated Death Benefit Rider for Chronic Illness pays 92% of the insurance proceeds less a $150 administration fee ($100 in FL) in lieu of the benefit payable at death. Any outstanding loans will reduce the cash value and death benefit. Contract form series ULABR-CI-15 or ICC15-ULABR-CI-15. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died.

Accidental Death Benefit Rider

Included in the contract at the option of your employer, the Accidental Death Benefit Rider covers all employees and spouses between the ages of 17-59.[6] This rider costs $0.08 per thousand of face amount per month and pays the insured's beneficiary double the death benefit[7] if the insured dies within 180 days of an accident from injuries incurred in that accident (90 days in FL, ND, and SD)[8]. The benefit is payable through the insured's age 65. Maximum in-force limits and exclusions apply.
See the complete list of exceptions to coverage on the following page.

According to the Centers for Disease Control, accidents continue to be a leading cause of death in the U.S.[9]

You can qualify by answering just 3 questions[10] – no exams or needles.

During the last six months, has the proposed insured:

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

ts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them
NG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO. Texas Life is licensed to do business in the District of Columbia and every

6 Available to children at issue age 17-26, and grandchildren ages 17-18.
7 The accidental death benefit is paid in addition to and for the same amount as the contract's death benefit.
8 Rider details may vary by state. Conditions apply. See contract for complete coverage description. Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07.
9 Mortality in the United States, 2020. HCHS Data Brief, No. 427, December 2021.
10 Issuance of coverage will depend on answers to these questions.

ACCIDENTAL DEATH BENEFIT RIDER EXCEPTIONS TO COVERAGE

The following exceptions to coverage apply to these states: AK, AL, AR, AZ, CO, CT, DC, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV, WY	
a) war or any act attributable to war, whether or not the Insured is in military service; b) participating or engaging in a riot; c) suicide or any attempt to commit suicide, while sane or insane; d) bodily or mental infirmity or illness or disease of any kind; e) participation in an illegal occupation or activity; f) any cause, if death occurred while the Insured is incarcerated; g) an accident caused or contributed to by intoxication as defined by the jurisdiction in which death occurred;	h) taking of any poison, drug, or sedative, unless such drug or sedative was taken as prescribed for occurred; i) asphyxiation from inhalation of gas, except the accidental inhalation of gas in the course of Insured's employment; j) operating or riding in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kind of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom.

In SD, this provision does not cover death which results from any of the following causes:	
a) war or any act attributable to war, whether or not the insured is in military service; b) suicide or any attempt to commit suicide, while sane; c) bodily illnesses or disease of any kind; d) committing a felony	e) operating in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kid of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom.

In FL and ND, this provision does not cover death which results from any of the following causes:	
a) an accidental bodily injury occurring, outside the United States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, Panama Canal Zone, the Republic of Panama, and Canada, while in the military service for any country at war; b) war or any act attributable to war, whether or not the Insured is in military service; c) participating or engaging in a riot; d) suicide or any attempt to commit suicide, while sane or insane; e) bodily or mental infirmity or illness or disease of any kind	f) committing or attempting to commit a felony; g) taking of any poison, drug, or sedative, unless such drug or sedative was taken as prescribed for the Insured by a physician; h) asphyxiation from inhalation of gas, except the accidental inhalation of gas in the course of the Insured's employment; i) operating or riding in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kind of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom.

Term Life & Accidental Death & Dismemberment

Voluntary

Blue Cross Blue Shield of Texas | www.bcbstx.com | 888-697-0683

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.

Employee Term Life & AD&D Insurance	
Benefit Amount	**Semi-Monthly Premiums**
$10,000	$1.18
$30,000	$3.54
$50,000	$5.90
$70,000	$8.26
$90,000	$10.62
$110,000	$12.98
$130,000	$15.34
$150,000	$17.70

BENEFIT PROGRAM SUMMARY
For GALENA PARK ISD / TEEBC TRUST F021842 - 19135

SUPPLEMENTAL GROUP TERM LIFE/AD&D

Eligibility	All Active Full Time Employees who regularly work 20 hours per week are eligible for insurance on the first day of the month following the date of hire.
Group Term Life/AD&D Benefit: Employee	$10,000 - $300,000, in increments of $10,000. During an Annual Enrollment Period current coverage can be increased by $20,000 but not to exceed the Guarantee Issue Amount.
Guarantee Issue Amount – Employee	$200,000, not to exceed 3 times Annual Earnings
Group Term Life Benefit: Spouse (Includes Domestic Partners)	$5,000 - $50,000, in increments of $5,000, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount – Spouse	$30,000
Group Term Life Benefit: Child(ren)	Live Birth to 14 Days - $100; 15 Days to Age 26 - $5,000 or $10,000
Age Reduction Schedule	Employee Basic and Employee & Spouse Supplemental Group Term Life and AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: $7,500. Maximum: $250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)	Included. (Employee)
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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SUPPLEMENTAL GROUP LIFE AND AD&D

PREMIUM RATE GRID

BlueCross BlueShield of Texas

Galena Park ISD / TEEBC Trust F021842 - 19135

Eligibility

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

Supplemental Life/AD&D Insurance

Employee Benefit: **$10,000 - $300,000 in $10,000 increments**

Spouse Benefit: **$5,000 - $50,000 in $5,000 increments, but not to exceed**
(Life Only) 50% of the employee benefit.

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

Guarantee Issue For New Hires Only:

Employee: $200,000 not to exceed 3 times Annual Earnings
Spouse: $30,000

Child Coverage (Life Only)

Live Birth to 14 Days: **$100**
15 Days to Age 26: **Choice of $5,000 or $10,000**

Employee Life and AD&D benefits and Spouse Life benefits reduce by 50% of the original amount at age 70. All benefits terminate at retirement.

Rate Table

EMPLOYEE
Supplemental Life/AD&D
Monthly rates per $1,000
$0.236

SPOUSE
Supplemental Life Only
Monthly rates per $1,000
$0.296

Dependent Life (Children)
Supplemental Life Only
Monthly rates per $1,000
$0.056

****Employees who are currently enrolled in the Supplemental Life Plan can increase their coverage by $20,000 during the Annual Enrollment not to exceed the Guarantee Issue Amount.**

Employee Supplemental Life/AD&D Insurance
Semi- Monthly Premium Cost (Based on 24 payroll deductions per year)

Benefit Amount	Semi Monthly	Benefit Amount	Semi Monthly
$10,000	$1.18	$110,000	$12.98
$20,000	$2.36	$120,000	$14.16
$30,000	$3.54	$130,000	$15.34
$40,000	$4.72	$140,000	$16.52
$50,000	$5.90	$150,000	$17.70
$60,000	$7.08	$160,000	$18.88
$70,000	$8.26	$170,000	$20.06
$80,000	$9.44	$180,000	$21.24
$90,000	$10.62	$190,000	$22.42
$100,000	$11.80	$200,000	$23.60

Spouse Supplemental Life Insurance
Semi-Monthly Premium Cost

Benefit Amount	Semi Monthly
$5,000	$0.74
$10,000	$1.48
$15,000	$2.22
$20,000	$2.96
$25,000	$3.70
$30,000	$4.44

Child(ren) Supplemental Life
Semi-Monthly Cost

Benefit Amount	Semi Monthly
$5,000	$0.14
$10,000	$0.28

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.

403(b) Retirement Plans

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

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

How a 403(b) Works

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

Benefits

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

2026 Contribution Limits
$24,500
Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional $8,000.

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

457(b) Retirement Plans

TCG | tcgservices.com | 800-943-9179

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

Benefits

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

2026 Contribution Limits
$24,500
Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional $8,000.

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

Contact Information

Product	Carrier	Website	Phone
Accident	Aflac	www.aflacgroupinsurance.com	800-433-3036
Cancer	The Standard	www.standard.com	888-937-4783
Critical Illness	AFA	www.americanfidelity.com	800-654-8489
Dental	Guardian	www.guardiananytime.com	800-541-7846
Disability	AFA	www.americanfidelity.com	800-654-8489
EAP	CompPsych	www.guidanceresources.com	800-272-7255
FSA & HSA	FFGA	www.ffga.com	866-853-3539
Hospital Indemnity	MetLife	www.metlife.com/mybenefits	800-438-6388
Legal	LegalEase	www.legaleaseplan.com	800-248-9000
Medical	TRS	www.bcbstx.com/trsactivecare	866-355-5999
Medical Transport	Evacu	www.evacu.com	866-751-1160
Medicare	FFGA	www.ffga.com/medicare-solutions	800-523-8422
Permanent Life Insurance	Texas Life	www.texaslife.com	800-283-9233
Retirement Plans	TCG	tcgservices.com	800-943-9179
Telehealth	RediMD	www.redimd.com	866-989-2873
Telehealth	Teladoc	www.teladoc.com	800-835-2362
Term Life Insurance	BCBSTX	www.bcbstx.com	888-697-0683
Vision	Davis Vision	www.davisvision.com	800-999-5431