2027 EMPLOYEE BENEFITS GUIDE



SCAN ME!

Employee Benefits Center

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

https://ffbenefits.ffga.com/pflugervilleisd

We're here to help!

Do you have questions regarding your benefits or need support? Reach out to Cody Tarver or Edith Bergman, your dedicated FFGA benefit account managers.

Cody Tarver
903-258-4728
cody.tarver@ffga.com

Edith Bergman
619-278-9497
edith.bergman@ffga.com

FFGA
Benefit Solutions *Simplified*

Contents

- EMPLOYEE BENEFITS CENTER
- HOW TO ENROLL
- BENEFIT ELIGIBILITY & COVERAGE
- SECTION 125 PLANS
- MEDICAL
- DENTAL
- VISION
- FSA
- FSA RESOURCES
- VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS
  - TERM LIFE & AD&D
  - TEXAS LIFE
  - DISABILITY INSURANCE
  - CRITICAL ILLNESS INSURANCE
  - ACCIDENT ONLY INSURANCE
  - IDENTITY THEFT PROTECTION
  - VOLUNTARY RETIREMENT PLANS
  - EMPLOYEE ASSISTANCE PROGRAM
  - HOSPITAL INDEMNITY INSURANCE
  - MEDICAL TRANSPORTATION
  - COBRA
  - MEDICARE
- BENEFIT CONTACT INFORMATION

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

Employee Benefits Center

A guide to your benefits!

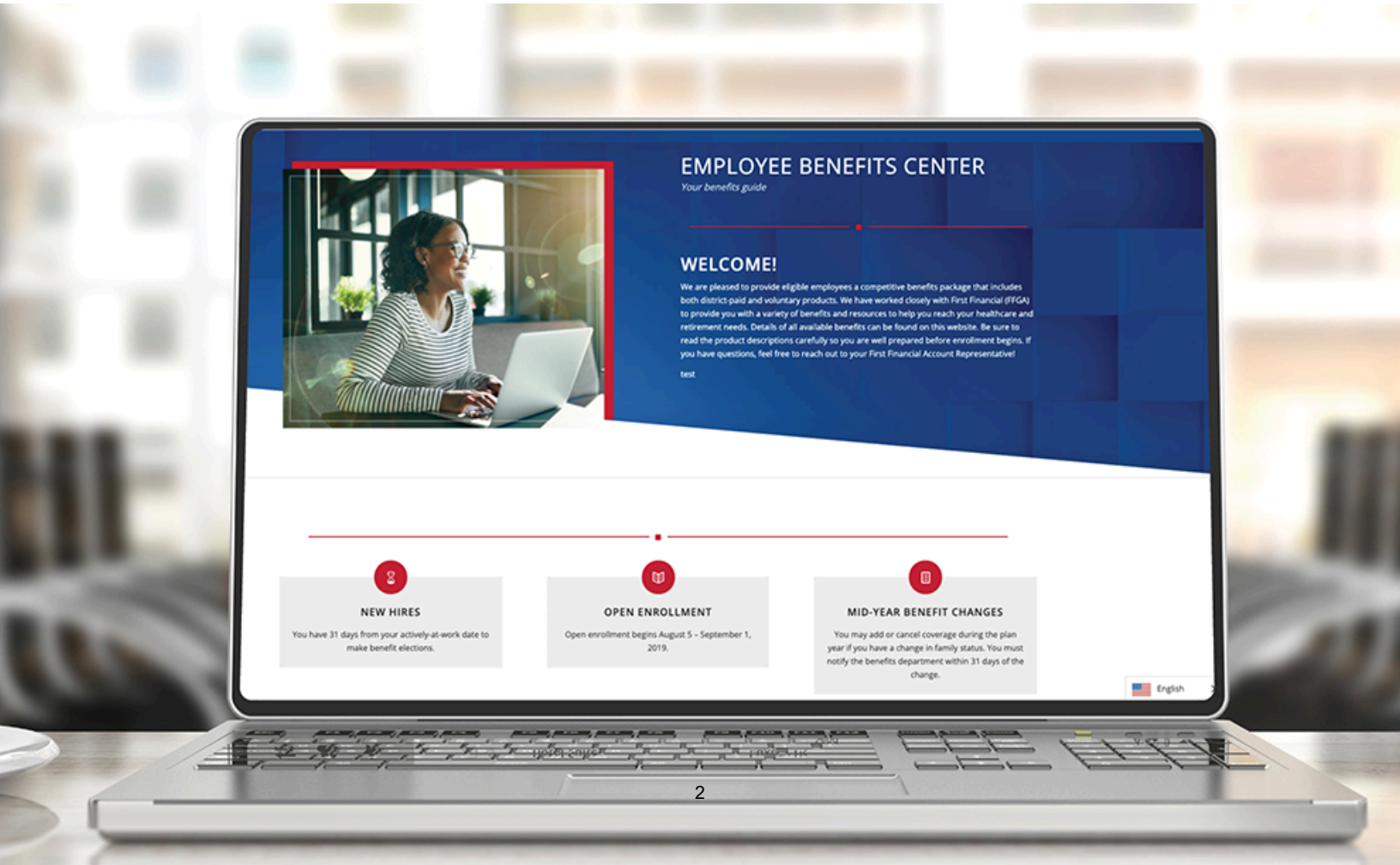
Pflugerville ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.

SCAN ME!

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

https://ffbenefits.ffga.com/



How to Enroll

Two Ways to Enroll: On-site or Online

During open enrollment, your FFGA Account Manager will be available to assist you with making your benefit elections. You can enroll on site or through FFGA's online enrollment system FFenroll.

What to have ready for your enrollment meeting

- Social Security number and birth dates for all dependents
- Any status/life event or address changes
- Questions about available benefits

On-Site During Annual Open Enrollment

Get one-on-one help with your benefits by meeting with your FFGA representative. See site schedule below.

Date	Location	Time
Sep-21	River Oaks ES	9:30 am - 4:00 pm
Sep-21	Wieland ES	9:30 am - 4:00 pm
Sep-22	Parmer Lane ES	9:30 am - 4:00 pm
Sep-22	Rowe Lane ES	9:30 am - 4:00 pm
Sep-23	Weiss HS	10:00 am - 5:00 pm
Sep-23	Dessau MS	10:00 am - 4:30 pm
Sep-24	Murchison ES	9:30 am - 4:00 pm
Sep-24	Dearing ES	9:30 am - 4:00 pm
Sep-24	LTC	11:00 am - 5:00 pm
Sep-25	Pflugerville ES	9:30 am - 4:00 pm
Sep-25	Windermere ES	9:30 am - 4:00 pm
Sep-28	Dessau ES	9:30 am - 4:00 pm
Sep-28	Mott ES	9:30 am - 4:00 pm
Sep-29	Kelly Lane MS	10:00 am - 4:30 pm
Sep-29	Springhill ES	9:30 am - 4:00 pm
Sep-30	Hidden Lake ES	9:30 am - 4:00 pm
Sep-30	Highland Park ES	9:30 am - 4:00 pm
Sep-30	Transportation	9:00 am - 2:00 pm
Oct-1	Pflugerville MS	10:00 am - 4:30 pm
Oct-1	Caldwell ES	9:30 am - 4:00 pm

Date	Location	Time
Oct-2	Pflugerville HS	10:00 am - 5:00 pm
Oct-2	Bohls MS	10:00 am - 4:30 pm
Oct-3	Admin Board Room*	9:00 am - 11:00 am
Oct-5	Cele MS	10:00 am - 4:30 pm
Oct-5	Copperfield ES	9:30 am - 4:00 pm
Oct-6	Westview MS	10:00 am - 4:30 pm
Oct-6	Northwest ES	9:30 am - 4:00 pm
Oct-7	Provan OC	9:30 am - 4:00 pm
Oct-7	Riojas ES	9:30 am - 4:00 pm
Oct-7	Support Services	2:00 pm - 4:30 pm
Oct-8	Hendrickson HS	10:00 am - 5:00 pm
Oct-8	Barron ES	9:30 am - 4:00 pm
Oct-9	PACE/EDP/Police/H&S	10:00 am - 4:00 pm
Oct-9	Administration	11:00 am - 4:30pm
Oct-19	Brookhollow ES	9:30 am - 4:00 pm
Oct-19	Connally HS	10:00 am - 5:00 pm
Oct-20	Park Crest MS	10:00 am - 4:30 pm
Oct-20	Carpenter ES	9:30 am - 4:00 pm
Oct-21	Timmerman ES	9:30 am - 4:00 pm
Oct-21	Delco ES	9:30 am - 4:00 pm

*Optional date if you miss or cannot attend your scheduled session.

How to Enroll

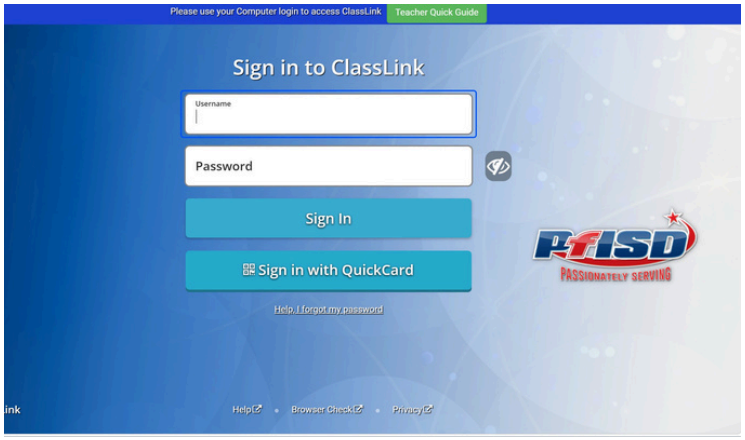
Online Enrollment

Online Enrollment Using your Pflugerville ISD Credentials

Ready to enroll in your benefits? Pflugerville ISD staff can quickly and securely access FFEnroll Enrollment Site using Single Sign-On.

Online Enrollment Instructions

Step 1: Log in to your Class Link account using your Pflugerville ISD credentials.
Step 2: Once you're logged in, locate the FFEnroll Tile.
Step 3: Click the FFEnroll tile. You'll be automatically directed to the FFEnroll benefits enrollment site. No additional login is needed. From there, you're ready to begin your benefits enrollment.





Online Enrollment through FFenroll

To enroll online ***without*** access to your Pflugerville ISD Class Link Account, visit https://ffga.benselect.com/Enroll/login or click on the button below.

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.

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

Existing Employees

When it's time to enroll in your benefits, your FFGA Account Representative will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

Mid-year Benefit Changes

You may add or cancel coverage during the plan year if you have a change in family status. Employees must have all documentation and changes completed within 60 days of the event.

Qualifying Life Events Include:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual and student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

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

Here's How It Works

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

Is It Right For Me?

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

You cannot change your benefit elections for the plan year unless you have a qualifying event and notify the benefits office within 60 days of the qualifying life event, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

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

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

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

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

MEDICAL

What are my Options?
Three health plans provided to you by Pflugerville ISD are EPO Plans. EPO stands for Exclusive Provider Organization. With all plans, you must access health care services from doctors, hospitals, and other care providers who are within the plan's network. Costs will not be covered when utilizing care outside of the plan's network.

Please Note: the above example is used for general illustrative purposes only. Please consult with your Benefits Office for more specific information as it relates to your specific plan. For detailed view of your medical plan summaries, visit of your medical plan summaries, https://ffbenefits.ffga.com/pflugervilleisd/

EPO

	Healthcare Highways
Seeing a Primary Care Physician (PCP) or a Specialist	No referral required You will pay your copay for routine office visits until you meet your maximum out of pocket.
Prescription benefits	You will pay a copay for covered drugs.
Inpatient Services and Outpatient Surgery	You will pay the full cost until you meet your deductible. Then you will pay 20%-30% of the cost until you meet your maximum out of pocket.
Claims Process	Providers will submit claims
Compatible with a Health Savings Account (HSA)	**No**
Compatible with a Flexible Spending Account (FSA)	Yes, compatible with a Health FSA and Dependent Care FSA
Other Important Tips	• This plan requires that you see a doctor in a specific network to receive coverage. • Out-of-Network services will not be covered. • Emergencies covered worldwide.

PRESCRIPTION DRUG COVERAGE

Many FDA-approved prescription medications are covered through the benefits program. Important information regarding your prescription drug coverage is outlined below:

CVS Caremark Prescription Drug Plan

- The CVS Caremark plan covers 4 different tiers of drugs: generic, preferred brand-name, non-preferred brand name, and specialty.
- All plans require a copay depending on the drug's tier.
- Generic prescriptions offer the greatest value compared to other drugs that treat the same conditions and are often the lowest cost. Generic drugs are required by the FDA to contain the same active ingredients as their brand-name counterparts.
- Preferred brand-name drugs have a moderate copayment. Some drugs may also have a generic equivalent.
- Non-preferred brand-name drugs have a higher copayment compared to the lower tiers, as they are higher cost drugs. Some drugs on this list may have a generic or preferred brand-name counterpart.
- Specialty drugs are used to treat complex, chronic conditions, and may require special storage or close monitoring.

For a current version of the prescription drug list, go to www.caremark.com

WHY PAY MORE?

There are a few ways you can save money when using the Prescription Drug Plan. Visit



Mail Order

Save time and money by utilizing a mail order service for maintenance medications. A 90-day supply of your medication will be shipped to you, instead of purchasing a typical 30-day supply at a walk-in pharmacy.



Shop Around

Some pharmacies, such as those at warehouse clubs or discount stores may offer less expensive prescriptions than others. By calling ahead, you may determine which pharmacy provides the most competitive price.



Explore Over-the-Counter Options

For common ailments, over-the-counter drugs may provide a less expensive option that serve the same purpose as prescription medications.

PfISD Benefits Summary

Which Plan is Right for You?

	High Plan In-Network	Mid Plan In-Network	Low Plan In-Network
Employee Only	$285	$127	$50
Employee + Spouse	$1000	$730	$650
Employee + Child(ren)	$780	$495	$440
Family	$1450	$1,100	$1,000

	High Plan In-Network	Mid Plan In-Network	Low Plan In-Network
Individual Deductible	$2,000	$4,000	$6,000
Family Deductible	$4,000	$8,000	$12,000
Co-insurance Paid by the Plan	80%	70%	70%
Individual Maximum Out of Pocket	$7,000	$8,000	$8,500
Family Maximum Out of Pocket	$14,000	$16,000	$17,000
Primary Office Visit	$35 Copay	$40 Copay	$50 Copay
Specialist Office Visit	$50 Copay	$60 Copay	$80 Copay
Virtual Office Visit	$0 Copay	$0 Copay	$0 Copay
Inpatient Hospital	80% after deductible	70% after deductible	70% after deductible
Outpatient Surgery	80% after deductible	70% after deductible	70% after deductible
Emergency - Facility	$500 Copay +	$500 Copay +	$500 Copay +
Emergency - Physician	80% after deductible	70% after deductible	70% after deductible
Urgent Care	$50 Copay	$60 Copay	$80 Copay
Retail Prescription Drugs (30 Days)	Generic: $10 Preferred Brand: $40 Non-preferred: $60 Specialty: 10% up to $2,500	Generic: $15 Preferred Brand: $50 Non-preferred: $75 Specialty: 10% up to $2,500	Generic: $20 Preferred Brand: $60 Non-preferred: $90 Specialty: 10% up to $2,500
Mail Order Prescription Drugs (90 Days)	3X Retail	3X Retail	3X Retail

For more information or additional assistance, call our Customer Experience Team at 833-841-6703.

Healthcare Highways®

©2027 Healthcare Highways. All rights reserved.

FRONTIER DIRECT

No Wait. No Cost. No Hassle.

Frontier is now included at no extra cost for every PfISD employee and dependent enrolled in a PfISD medical plan, no matter which carrier or plan you choose. You get a dedicated Frontier Primary Care Provider who knows you by name.

Frontier removes barriers to care by providing:

Direct Access
Call, text, or message your PCP via the Frontier Health app. Virtual and in-person appointments available.

Quality Care
Comprehensive, whole-person care. Longer visits with your PCP.

Low Costs
$0 costs for your PCP visits and $0 costs for referrals coordinated by Frontier.

What's included

Primary Care
The heart of Frontier. Unlimited visits & unhurried time with a PCP who knows your history and is there when you need care most.

Continued Care
Your guide through out-of-clinic care. Your Frontier care team books it, coordinates payment, sends records and follows up.

Medication Management
Everyday, urgent and specialty prescriptions made simple, so you never worry about access or cost at the pharmacy counter.

Scan the QR codes to view the list of **available generic medications.**

Chronic Medications

Urgent Medications

WHAT YOU PAY
Every visit, every referral and every prescription coordinated by Frontier

$0	$0	$0
Primary Care	Continued Care	Medication Management

Frontier does not replace your medical plan. It works alongside it. Your carrier is still available to cover emergency situations, while Frontier helps you avoid unnecessary out-of-pocket costs for primary care and specialist needs.

FRONTIER DIRECT

What care with Frontier looks like.

How Frontier compares to traditional primary care

	FRONTIER DIRECT	TRADITIONAL CARE (US AVG)
Scheduling	**As soon as Same/Next Day**	25+ Days
Avg. time with your Provider	**45 Minutes**	5-6 Minutes
Wait time	**0-2 Minutes**	Up to 3 hours
PCP availability	**24/7**	Office Hours Only

What can my Frontier PCP assist with in clinic?

- Preventive care & annual physicals
- Well women exams
- Pediatric & children visits
- Sick visits
- Testing/labs (strep, flu, urinalysis)
- Allergies
- Sinus congestion
- Headache
- Skin rash
- Referrals to specialists
- Rx (prescriptions and refills)
- Sports physicals
- Weight management
- Mental health
- Sleep problems
- Muscle strain/sprain
- Skin tag removal
- Basic stitches

And more. If you are not sure whether Frontier can help, ask your Frontier PCP.

$0 costs for referrals coordinated by Frontier. When your Frontier PCP determines you need care beyond the clinic, ask Frontier to coordinate the referral so it is handled for you.

FRONTIER DIRECT

Getting Started is Simple

1

Enroll in a PfISD Health Plan

Included for you and any dependents enrolled in a PfISD health plan.

2

Open Your Welcome Email

Watch for an email with your PCP's name, contact info, and a quick-start guide.

3

Book Your First Visit

Schedule online or by phone. All visits are $0 out-of-pocket.

4

Experience World-Class Care

Enjoy unhurried, personalized care from your dedicated team.

Frontier clinic locations

Your designated clinic is the one closest to where you live.

Pflugerville

1300 W Pflugerville Pkwy
Pflugerville, TX 78660

Austin

11521 N. FM 620 #850
Austin, TX 78726

Ways to schedule

Frontier Health app

Download the app from the App Store or Google Play, then request a visit.

Contact your PCP

Call or text the cell phone number you receive in your Frontier welcome email.

Member Services

Call **956-983-9272** and our team can schedule your visit.



YOUR CARE. ONE TAP AWAY.

Message your PCP, view your lab results, and book appointments with one tap. Access all your healthcare needs right from your pocket.

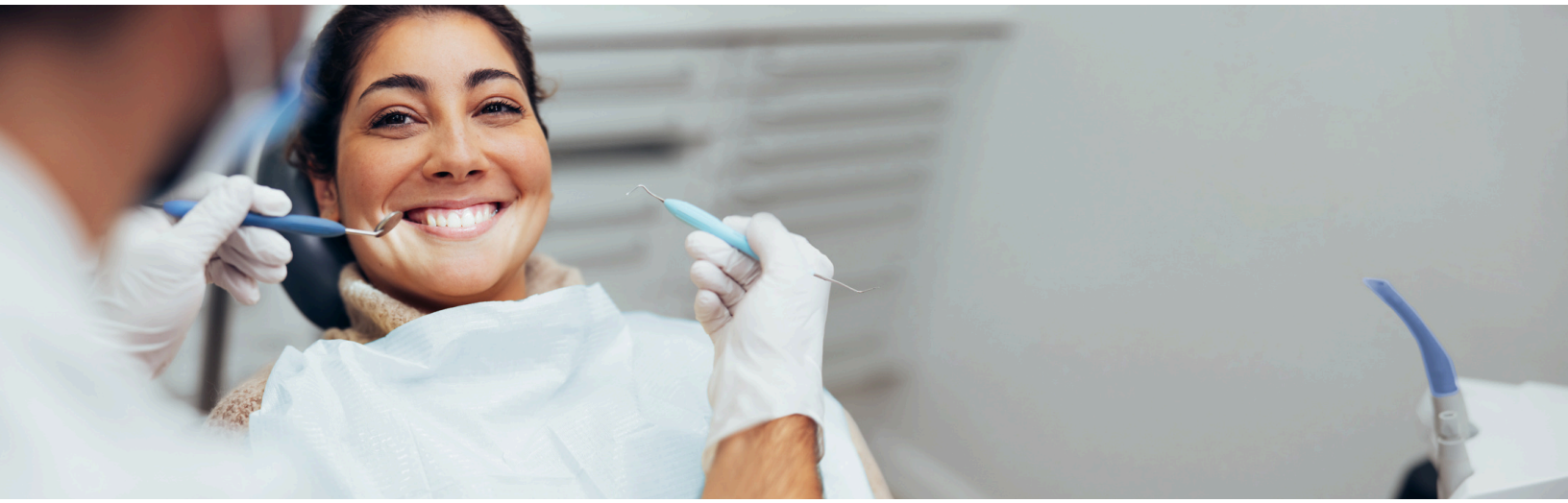
DOWNLOAD THE FRONTIER APP

App Store **Google Play**

Search Frontier Health, or scan a code above.

Dental Insurance

Plan Choices



The Standard | www.standard.com | 800-547-9515

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

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

Dental Monthly Premiums			
	High	Mid	Low
Employee Only	$56.32	$37.12	$30.68
Employee + Spouse	$125.12	$74.16	$61.88
Employee + Children	$125.12	$100.08	$61.88
Employee + Family	$161.48	$137.16	$79.56

PFLUGERVILLE ISD

Group Dental Insurance

Help protect your oral health with regular dental exams and procedures.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered dental care services.
NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

2027 High Plan **Effective Date: 1/1/2027**

Plan Benefit	
Type 1 (Preventive)	100%
Type 2 (Basic)	80%
Type 3 (Major)	50%
Waiting Period	None
Deductible	$50 Lifetime Type 2,3
	Waived Type 1
Maximum *(per person)*	$2,000 per calendar year
Allowance	80% usual and customary
Max Builder℠	Included
Annual Open Enrollment	Included

Orthodontia Summary - Adult and Child Coverage

Allowance	Usual and customary
Plan Benefit	50%
Lifetime Maximum *(per person)*	$1,500
Waiting Period	None
Takeover Benefit	Initial Insureds Only

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

Type 1	Type 2	Type 3
• Routine Exams (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Cleanings (2 per benefit period) • Fluoride for Children 18 and under (2 per benefit period)	• Periapical X-rays • Sealants (age 18 and under) • Space Maintainers • Fillings for Cavities • Restorative Composites • Simple Extractions • Pre-Diagnostic Test (age 35 and over) (1 in 2 years)	• Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) • Complex Extractions • Anesthesia

Monthly Rates	
Employee Only (EE)	$56.32
EE + Spouse	$125.12
EE + Children	$125.12
EE + Spouse & Children	$161.48

PFLUGERVILLE ISD

Max Builder℠

This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	$400	Max Builder amount is added to the following year's maximum
Maximum Carryover	$1,200	Maximum possible accumulation for Max Builder

Orthodontia - Initial Insureds Only

The Standard will provide coverage on current orthodontic treatment programs and pay up to The Standard's orthodontic maximum minus any benefits the plan participant has received from the prior carrier. These takeover benefits only apply to initial employees and their dependents on the plan's effective date and are not available to new enrollees who enroll after case implementation.

Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member provider are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit **http://www.standard.com/services** and click on "Find a Dentist."

Your provider network is Classic Network.

Dental Network

In Texas, our network and plans are referred to as the Ameritas Dental Network.

Pretreatment

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

Open Enrollment

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

PFLUGERVILLE ISD

Submitting a claim

Your policy requires all claims be received by The Standard within 90 days of the date of service. You may submit a claim, or your Dentist can file your claim on your behalf and you can assign payment to your Dentist. If the 90 day deadline is missed, you will be responsible for covering the cost of the service. *Requirements for claims submission vary by state, please consult your group certificate for details.

Prior Extraction Limitation

Your policy has a prior extraction limitation, also known as the "missing tooth clause". This means that if you had a tooth extracted prior to enrolling in your plan with The Standard, we may or may not pay for any benefits towards replacing that tooth. Please review your policy or contact Customer Service for details.

Late Entrant Provision

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

Section 125

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

Customer Service

Customer service is available to plan participants through our well-trained and helpful service representatives. Call or go online to locate the nearest network provider, view plan benefit information and more.

Call Center: 800.547.9515

- Service representative hours:
  5 a.m. to 10 p.m. Pacific Monday through Thursday
  5 a.m. to 4:30 p.m. Pacific Friday
- Interactive Voice Response available 24/7

View plan benefit information at:
www.standard.com/services.

About The Standard

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

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

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard or your employer for additional information, including costs and complete details of coverage.

PFLUGERVILLE ISD

Group Dental Insurance

Help protect your oral health with regular dental exams and procedures.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered dental care services.
NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

2027 Middle Plan **Effective Date: 1/1/2027**

Plan Benefit	
Type 1 (Preventive)	100%
Type 2 (Basic)	80%
Type 3 (Major)	50%
Waiting Period	None
Deductible	$50 Lifetime Type 2,3
	Waived Type 1
Maximum *(per person)*	$1,250 per calendar year
Allowance	80% usual and customary
Max Builder℠	Included
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	Usual and customary
Plan Benefit	50%
Lifetime Maximum *(per person)*	$1,500
Waiting Period	None
Takeover Benefit	Initial Insureds Only

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

Type 1	Type 2	Type 3
• Routine Exams (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Cleanings (2 per benefit period) • Fluoride for Children 18 and under (2 per benefit period)	• Periapical X-rays • Sealants (age 18 and under) • Space Maintainers • Fillings for Cavities • Restorative Composites • Simple Extractions • Pre-Diagnostic Test (age 35 and over) (1 in 2 years)	• Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) • Complex Extractions • Anesthesia

Monthly Rates	
Employee Only (EE)	$37.12
EE + Spouse	$74.16
EE + Children	$100.08
EE + Spouse & Children	$137.16

PFLUGERVILLE ISD

Max Builder℠

This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

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

Orthodontia - Initial Insureds Only

The Standard will provide coverage on current orthodontic treatment programs and pay up to The Standard's orthodontic maximum minus any benefits the plan participant has received from the prior carrier. These takeover benefits only apply to initial employees and their dependents on the plan's effective date and are not available to new enrollees who enroll after case implementation.

Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member provider are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit **http://www.standard.com/services** and click on "Find a Dentist."

Your provider network is Classic Network.

Dental Network

In Texas, our network and plans are referred to as the Ameritas Dental Network.

Pretreatment

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

Open Enrollment

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

PFLUGERVILLE ISD

Submitting a claim

Your policy requires all claims be received by The Standard within 90 days of the date of service. You may submit a claim, or your Dentist can file your claim on your behalf and you can assign payment to your Dentist. If the 90 day deadline is missed, you will be responsible for covering the cost of the service. *Requirements for claims submission vary by state, please consult your group certificate for details.

Prior Extraction Limitation

Your policy has a prior extraction limitation, also known as the "missing tooth clause". This means that if you had a tooth extracted prior to enrolling in your plan with The Standard, we may or may not pay for any benefits towards replacing that tooth. Please review your policy or contact Customer Service for details.

Late Entrant Provision

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

Section 125

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

Customer Service

Customer service is available to plan participants through our well-trained and helpful service representatives. Call or go online to locate the nearest network provider, view plan benefit information and more.

Call Center: 800.547.9515

- Service representative hours:
  5 a.m. to 10 p.m. Pacific Monday through Thursday
  5 a.m. to 4:30 p.m. Pacific Friday
- Interactive Voice Response available 24/7

View plan benefit information at:
www.standard.com/services.

About The Standard

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

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

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard or your employer for additional information, including costs and complete details of coverage.

PFLUGERVILLE ISD

Group Dental Insurance

Help protect your oral health with regular dental exams and procedures.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered dental care services.
NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

2027 Low Plan **Effective Date: 1/1/2027**

Plan Benefit	
Type 1 (Preventive)	100%
Type 2 (Basic)	80%
Type 3 (Major)	50%
Waiting Period	None
Deductible	$50 Lifetime Type 2,3
	Waived Type 1
Maximum *(per person)*	$1,250 per calendar year
Allowance	Discounted Fee
Max Builder℠	Included
Annual Open Enrollment	Included

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

Type 1	Type 2	Type 3
• Routine Exams (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Cleanings (2 per benefit period) • Fluoride for Children 18 and under (2 per benefit period)	• Periapical X-rays • Sealants (age 18 and under) • Space Maintainers • Fillings for Cavities • Restorative Composites • Simple Extractions • Pre-Diagnostic Test (age 35 and over) (1 in 2 years)	• Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) • Complex Extractions • Anesthesia

Monthly Rates	
Employee Only (EE)	$30.68
EE + Spouse	$61.88
EE + Children	$61.88
EE + Spouse & Children	$79.56

PFLUGERVILLE ISD

Max Builder℠

This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

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

Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member provider are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit **http://www.standard.com/services** and click on "Find a Dentist."

Your provider network is Classic Network.

Dental Network

In Texas, our network and plans are referred to as the Ameritas Dental Network.

Pretreatment

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

Open Enrollment

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

Submitting a claim

Your policy requires all claims be received by The Standard within 90 days of the date of service. You may submit a claim, or your Dentist can file your claim on your behalf and you can assign payment to your Dentist. If the 90 day deadline is missed, you will be responsible for covering the cost of the service. *Requirements for claims submission vary by state, please consult your group certificate for details.

Prior Extraction Limitation

Your policy has a prior extraction limitation, also known as the "missing tooth clause". This means that if you had a tooth extracted prior to enrolling in your plan with The Standard, we may or may not pay for any benefits towards replacing that tooth. Please review your policy or contact Customer Service for details.

PFLUGERVILLE ISD

Late Entrant Provision

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

Section 125

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

Customer Service

Customer service is available to plan participants through our well-trained and helpful service representatives. Call or go online to locate the nearest network provider, view plan benefit information and more.

Call Center: 800.547.9515

- Service representative hours:
  5 a.m. to 10 p.m. Pacific Monday through Thursday
  5 a.m. to 4:30 p.m. Pacific Friday
- Interactive Voice Response available 24/7

View plan benefit information at:
www.standard.com/services.

About The Standard

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

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

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard or your employer for additional information, including costs and complete details of coverage.

Vision Insurance

VSP | www.vsp.com | 800-877-7195

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

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

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

Vision Monthly Premium	
Plan Name Here	
Employee Only	$7.12
Employee & Spouse	$12.82
Employee & Children	$13.58
Employee & Family	$20.34



vsp vision care

Make Eye Health a Priority with VSP!

Your health comes first with VSP and Pflugerville ISD. Take a look at your VSP vision care coverage.



VSP members save an annual average of

$489*

More Ways to Save

Extra $20 to spend on Featured Frame Brands†

bebe · Calvin Klein · COLE HAAN · DRAGON · FLEXON · LONGCHAMP PARIS · and more

Up to 40% Savings on lens enhancements‡

See all brands and offers at **vsp.com/offers**.

Enroll through your employer today.
Questions?
vsp.com
800.877.7195 (TTY: 711)

Scan QR code or visit **vsp.com** to learn more.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

With private practice doctors, Visionworks®, and Eyemart Express retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

vsp PREMIER edge

Get more at preferred in-network doctor locations

private practice doctors · Visionworks · EYEMART EXPRESS FAMILY OF STORES

Getting started is easy!

Let your plan do the most it can. When you create an account on **vsp.com**, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

†Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible.
‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
*Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. VSP Premier Edge™ is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**. Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

©2025 Vision Service Plan. All rights reserved.
VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare™ and VSP Premier Edge are trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners. 136668 VCCM

Classification: Restricted

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Pflugerville ISD.

Provider Network:
VSP Advantage

vsp vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening	$10 Up to $39	Every calendar year
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$20 per exam	Available as needed
PRESCRIPTION GLASSES		**$25**	See frame and lenses
FRAME[+]	• $195 Featured Frame Brands allowance • $175 frame allowance • 20% savings on the amount over your allowance • $175 Walmart/Sam's Club frame allowance • $95 Costco frame allowance	Included in Prescription Glasses	Every calendar year
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Scratch-resistant coating • Average savings of 30% on other lens enhancements	$0 $95 - $105 $150 - $175 $0	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	• $175 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	$0	Every calendar year
VSP LIGHTCARE™[+]	• $175 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	$25	Every calendar year
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers/special-offers/hearing-aids** for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to **vsp.com** to find an in-network doctor.

Flexible Spending Accounts

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

Medical FSA

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

Your maximum contribution amount for 2026 is $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.

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

Dependent Care FSA Highlights

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

FSA Resources

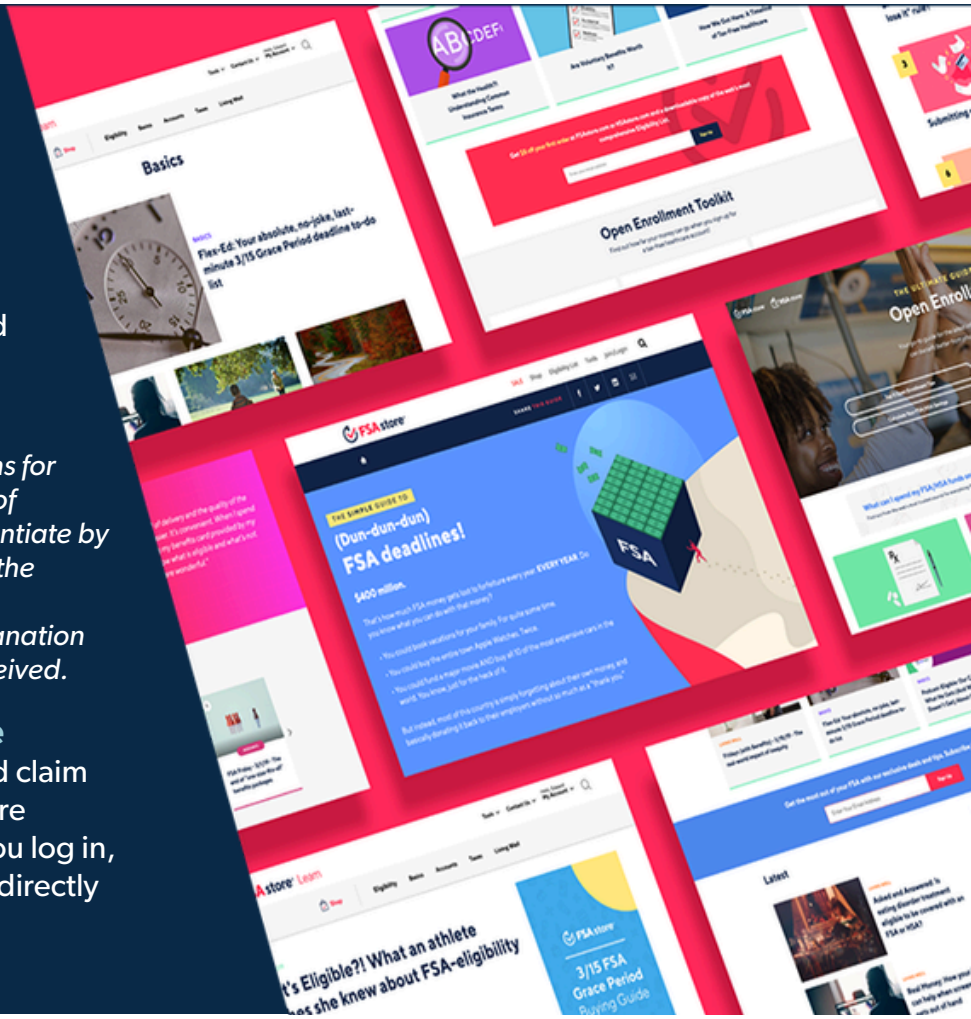
Benefits Card

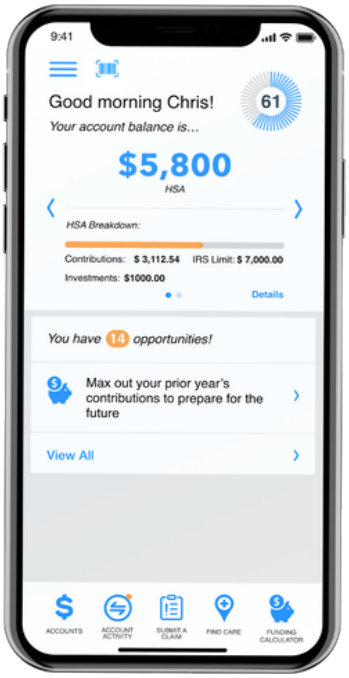
The FFGA Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at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

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

View Your Account Details Online

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





FF Mobile Account App

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

FSA Store

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

FSA store®
Everything Flex Spending.

Term Life & AD&D

Employer-Paid & Voluntary

The Standard | www.standard.com |800-628-8600

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

Voluntary Term Life Insurance

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



Standard Insurance Company
Pflugerville Independent School District
Group Policy #649561

Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).

This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die

About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

Life Insurance		
How Much Can I Apply For? The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage.	For You:	**$10,000 – $500,000** in increments of **$10,000**
	For Your Spouse:	**$5,000 – $100,000** in increments of **$5,000**
	For Your Child(ren):	**$10,000**
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to **$200,000**
	For Your Spouse:	Up to **$50,000**

AD&D Insurance The benefit is paid if you or your dependents are seriously injured or pass away as a result of a covered accident.		
What Does My AD&D Benefit Provide? Note: You cannot buy more coverage for your spouse or child(ren) than you buy for yourself.	For You:	If you elect AD&D insurance coverage, the benefit amount is the same as the Additional Life insurance benefit.
	For Your Spouse:	If you elect AD&D insurance coverage, the benefit amount is the same as the Dependents Life insurance benefit.
	For Your Child(ren):	If you elect AD&D insurance coverage, the benefit amount is the same as the Dependents Life insurance benefit.
Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.		

See the Important Details section for more information, including requirements, exclusions, limitations, age reductions and definitions.

Additional Feature

Life Insurance	
Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of $500,000.

How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at **www.standard.com/life/needs.**

How Much Your Coverage Costs

Your Basic Life insurance is paid for by Pflugerville Independent School District. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:

_____ ÷ 1000 = _____ x _____ = _____

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

Enter your rate from the rate table.

This amount is an estimate of how much you would pay each month.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your spouse's age and your spouse's rate.

If you buy Dependents Life coverage for your child(ren), your monthly rate is $0.18 per $1,000, no matter how many children you're covering. If you elect AD&D insurance with your Dependents Life insurance for your child(ren), your child(ren)'s monthly AD&D rate is $0.035 per $1,000 added to the above rate.

Your Age (as of January 1)	Your Rate* (Per $1,000 of Total Coverage)
<30	$0.028
30–34	$0.037
35–39	$0.056
40–44	$0.074
45–49	$0.130
50–54	$0.230
55–59	$0.423
60–64	$0.437
65+	$0.977

Spouse's Age (as of January 1)	Spouse's Rate** (Per $1,000 of Total Coverage)
<30	$0.028
30–34	$0.037
35–39	$0.056
40–44	$0.074
45–49	$0.130
50–54	$0.230
55–59	$0.423
60–64	$0.437
65+	$0.977

*If you elect AD&D insurance with your Additional Life insurance, your monthly AD&D rate is $0.02 per $1,000 of AD&D benefit added to the above rates.

**If you elect AD&D insurance with your Dependents Life insurance for your spouse, your spouse's monthly AD&D rate is $0.02 per $1,000 of AD&D benefit added to the above rates.

Employee Life Monthly Premiums

Coverage Amount	Employee's Age as of January 1								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+*
$10,000	0.28	0.37	0.56	0.74	1.30	2.30	4.23	4.37	6.35
$20,000	0.56	0.74	1.12	1.48	2.60	4.60	8.46	8.74	12.70
$30,000	0.84	1.11	1.68	2.22	3.90	6.90	12.69	13.11	19.05
$40,000	1.12	1.48	2.24	2.96	5.20	9.20	16.92	17.48	25.40
$50,000	1.40	1.85	2.80	3.70	6.50	11.50	21.15	21.85	31.75
$60,000	1.68	2.22	3.36	4.44	7.80	13.80	25.38	26.22	38.10
$70,000	1.96	2.59	3.92	5.18	9.10	16.10	29.61	30.59	44.45
$80,000	2.24	2.96	4.48	5.92	10.40	18.40	33.84	34.96	50.80
$90,000	2.52	3.33	5.04	6.66	11.70	20.70	38.07	39.33	57.15
$100,000	2.80	3.70	5.60	7.40	13.00	23.00	42.30	43.70	63.51
$110,000	3.08	4.07	6.16	8.14	14.30	25.30	46.53	48.07	69.86
$120,000	3.36	4.44	6.72	8.88	15.60	27.60	50.76	52.44	76.21
$130,000	3.64	4.81	7.28	9.62	16.90	29.90	54.99	56.81	82.56
$140,000	3.92	5.18	7.84	10.36	18.20	32.20	59.22	61.18	88.91
$150,000	4.20	5.55	8.40	11.10	19.50	34.50	63.45	65.55	95.26
$160,000	4.48	5.92	8.96	11.84	20.80	36.80	67.68	69.92	101.61
$170,000	4.76	6.29	9.52	12.58	22.10	39.10	71.91	74.29	107.96
$180,000	5.04	6.66	10.08	13.32	23.40	41.40	76.14	78.66	114.31
$190,000	5.32	7.03	10.64	14.06	24.70	43.70	80.37	83.03	120.66
$200,000	5.60	7.40	11.20	14.80	26.00	46.00	84.60	87.40	127.01
$210,000	5.88	7.77	11.76	15.54	27.30	48.30	88.83	91.77	133.36
$220,000	6.16	8.14	12.32	16.28	28.60	50.60	93.06	96.14	139.71
$230,000	6.44	8.51	12.88	17.02	29.90	52.90	97.29	100.51	146.06
$240,000	6.72	8.88	13.44	17.76	31.20	55.20	101.52	104.88	152.41
$250,000	7.00	9.25	14.00	18.50	32.50	57.50	105.75	109.25	158.76
$260,000	7.28	9.62	14.56	19.24	33.80	59.80	109.98	113.62	165.11
$270,000	7.56	9.99	15.12	19.98	35.10	62.10	114.21	117.99	171.46
$280,000	7.84	10.36	15.68	20.72	36.40	64.40	118.44	122.36	177.81
$290,000	8.12	10.73	16.24	21.46	37.70	66.70	122.67	126.73	184.16
$300,000	8.40	11.10	16.80	22.20	39.00	69.00	126.90	131.10	190.52
$310,000	8.68	11.47	17.36	22.94	40.30	71.30	131.13	135.47	196.87
$320,000	8.96	11.84	17.92	23.68	41.60	73.60	135.36	139.84	203.22
$330,000	9.24	12.21	18.48	24.42	42.90	75.90	139.59	144.21	209.57
$340,000	9.52	12.58	19.04	25.16	44.20	78.20	143.82	148.58	215.92
$350,000	9.80	12.95	19.60	25.90	45.50	80.50	148.05	152.95	222.27
$360,000	10.08	13.32	20.16	26.64	46.80	82.80	152.28	157.32	228.62
$370,000	10.36	13.69	20.72	27.38	48.10	85.10	156.51	161.69	234.97
$380,000	10.64	14.06	21.28	28.12	49.40	87.40	160.74	166.06	241.32
$390,000	10.92	14.43	21.84	28.86	50.70	89.70	164.97	170.43	247.67
$400,000	11.20	14.80	22.40	29.60	52.00	92.00	169.20	174.80	254.02
$410,000	11.48	15.17	22.96	30.34	53.30	94.30	173.43	179.17	260.37
$420,000	11.76	15.54	23.52	31.08	54.60	96.60	177.66	183.54	266.72
$430,000	12.04	15.91	24.08	31.82	55.90	98.90	181.89	187.91	273.07
$440,000	12.32	16.28	24.64	32.56	57.20	101.20	186.12	192.28	279.42
$450,000	12.60	16.65	25.20	33.30	58.50	103.50	190.35	196.65	285.77
$460,000	12.88	17.02	25.76	34.04	59.80	105.80	194.58	201.02	292.12
$470,000	13.16	17.39	26.32	34.78	61.10	108.10	198.81	205.39	298.47
$480,000	13.44	17.76	26.88	35.52	62.40	110.40	203.04	209.76	304.82
$490,000	13.72	18.13	27.44	36.26	63.70	112.70	207.27	214.13	311.17
$500,000	14.00	18.50	28.00	37.00	65.00	115.00	211.50	218.50	317.53

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Employee Life **with AD&D** Monthly Premiums

Coverage Amount	Employee's Age as of January 1								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+*
$10,000	0.48	0.57	0.76	0.94	1.50	2.50	4.43	4.57	6.48
$20,000	0.96	1.14	1.52	1.88	3.00	5.00	8.86	9.14	12.96
$30,000	1.44	1.71	2.28	2.82	4.50	7.50	13.29	13.71	19.44
$40,000	1.92	2.28	3.04	3.76	6.00	10.00	17.72	18.28	25.92
$50,000	2.40	2.85	3.80	4.70	7.50	12.50	22.15	22.85	32.40
$60,000	2.88	3.42	4.56	5.64	9.00	15.00	26.58	27.42	38.88
$70,000	3.36	3.99	5.32	6.58	10.50	17.50	31.01	31.99	45.36
$80,000	3.84	4.56	6.08	7.52	12.00	20.00	35.44	36.56	51.84
$90,000	4.32	5.13	6.84	8.46	13.50	22.50	39.87	41.13	58.32
$100,000	4.80	5.70	7.60	9.40	15.00	25.00	44.30	45.70	64.81
$110,000	5.28	6.27	8.36	10.34	16.50	27.50	48.73	50.27	71.29
$120,000	5.76	6.84	9.12	11.28	18.00	30.00	53.16	54.84	77.77
$130,000	6.24	7.41	9.88	12.22	19.50	32.50	57.59	59.41	84.25
$140,000	6.72	7.98	10.64	13.16	21.00	35.00	62.02	63.98	90.73
$150,000	7.20	8.55	11.40	14.10	22.50	37.50	66.45	68.55	97.21
$160,000	7.68	9.12	12.16	15.04	24.00	40.00	70.88	73.12	103.69
$170,000	8.16	9.69	12.92	15.98	25.50	42.50	75.31	77.69	110.17
$180,000	8.64	10.26	13.68	16.92	27.00	45.00	79.74	82.26	116.65
$190,000	9.12	10.83	14.44	17.86	28.50	47.50	84.17	86.83	123.13
$200,000	9.60	11.40	15.20	18.80	30.00	50.00	88.60	91.40	129.61
$210,000	10.08	11.97	15.96	19.74	31.50	52.50	93.03	95.97	136.09
$220,000	10.56	12.54	16.72	20.68	33.00	55.00	97.46	100.54	142.57
$230,000	11.04	13.11	17.48	21.62	34.50	57.50	101.89	105.11	149.05
$240,000	11.52	13.68	18.24	22.56	36.00	60.00	106.32	109.68	155.53
$250,000	12.00	14.25	19.00	23.50	37.50	62.50	110.75	114.25	162.01
$260,000	12.48	14.82	19.76	24.44	39.00	65.00	115.18	118.82	168.49
$270,000	12.96	15.39	20.52	25.38	40.50	67.50	119.61	123.39	174.97
$280,000	13.44	15.96	21.28	26.32	42.00	70.00	124.04	127.96	181.45
$290,000	13.92	16.53	22.04	27.26	43.50	72.50	128.47	132.53	187.93
$300,000	14.40	17.10	22.80	28.20	45.00	75.00	132.90	137.10	194.42
$310,000	14.88	17.67	23.56	29.14	46.50	77.50	137.33	141.67	200.90
$320,000	15.36	18.24	24.32	30.08	48.00	80.00	141.76	146.24	207.38
$330,000	15.84	18.81	25.08	31.02	49.50	82.50	146.19	150.81	213.86
$340,000	16.32	19.38	25.84	31.96	51.00	85.00	150.62	155.38	220.34
$350,000	16.80	19.95	26.60	32.90	52.50	87.50	155.05	159.95	226.82
$360,000	17.28	20.52	27.36	33.84	54.00	90.00	159.48	164.52	233.30
$370,000	17.76	21.09	28.12	34.78	55.50	92.50	163.91	169.09	239.78
$380,000	18.24	21.66	28.88	35.72	57.00	95.00	168.34	173.66	246.26
$390,000	18.72	22.23	29.64	36.66	58.50	97.50	172.77	178.23	252.74
$400,000	19.20	22.80	30.40	37.60	60.00	100.00	177.20	182.80	259.22
$410,000	19.68	23.37	31.16	38.54	61.50	102.50	181.63	187.37	265.70
$420,000	20.16	23.94	31.92	39.48	63.00	105.00	186.06	191.94	272.18
$430,000	20.64	24.51	32.68	40.42	64.50	107.50	190.49	196.51	278.66
$440,000	21.12	25.08	33.44	41.36	66.00	110.00	194.92	201.08	285.14
$450,000	21.60	25.65	34.20	42.30	67.50	112.50	199.35	205.65	291.62
$460,000	22.08	26.22	34.96	43.24	69.00	115.00	203.78	210.22	298.10
$470,000	22.56	26.79	35.72	44.18	70.50	117.50	208.21	214.79	304.58
$480,000	23.04	27.36	36.48	45.12	72.00	120.00	212.64	219.36	311.06
$490,000	23.52	27.93	37.24	46.06	73.50	122.50	217.07	223.93	317.54
$500,000	24.00	28.50	38.00	47.00	75.00	125.00	221.50	228.50	324.03

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life Monthly Premiums

Coverage Amount	Spouse's Age as of January 1								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+*
$5,000	0.14	0.19	0.28	0.37	0.65	1.15	2.12	2.19	3.18
$10,000	0.28	0.37	0.56	0.74	1.30	2.30	4.23	4.37	6.35
$15,000	0.42	0.56	0.84	1.11	1.95	3.45	6.35	6.56	9.53
$20,000	0.56	0.74	1.12	1.48	2.60	4.60	8.46	8.74	12.70
$25,000	0.70	0.93	1.40	1.85	3.25	5.75	10.58	10.93	15.88
$30,000	0.84	1.11	1.68	2.22	3.90	6.90	12.69	13.11	19.05
$35,000	0.98	1.30	1.96	2.59	4.55	8.05	14.81	15.30	22.23
$40,000	1.12	1.48	2.24	2.96	5.20	9.20	16.92	17.48	25.40
$45,000	1.26	1.67	2.52	3.33	5.85	10.35	19.04	19.67	28.58
$50,000	1.40	1.85	2.80	3.70	6.50	11.50	21.15	21.85	31.75
$55,000	1.54	2.04	3.08	4.07	7.15	12.65	23.27	24.04	34.93
$60,000	1.68	2.22	3.36	4.44	7.80	13.80	25.38	26.22	38.10
$65,000	1.82	2.41	3.64	4.81	8.45	14.95	27.50	28.41	41.28
$70,000	1.96	2.59	3.92	5.18	9.10	16.10	29.61	30.59	44.45
$75,000	2.10	2.78	4.20	5.55	9.75	17.25	31.73	32.78	47.63
$80,000	2.24	2.96	4.48	5.92	10.40	18.40	33.84	34.96	50.80
$85,000	2.38	3.15	4.76	6.29	11.05	19.55	35.96	37.15	53.98
$90,000	2.52	3.33	5.04	6.66	11.70	20.70	38.07	39.33	57.15
$95,000	2.66	3.52	5.32	7.03	12.35	21.85	40.19	41.52	60.33
$100,000	2.80	3.70	5.60	7.40	13.00	23.00	42.30	43.70	63.51

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life **with AD&D** Monthly Premiums

Coverage Amount	Spouse's Age as of January 1								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+*
$5,000	0.24	0.29	0.38	0.47	0.75	1.25	2.22	2.29	3.24
$10,000	0.48	0.57	0.76	0.94	1.50	2.50	4.43	4.57	6.48
$15,000	0.72	0.86	1.14	1.41	2.25	3.75	6.65	6.86	9.72
$20,000	0.96	1.14	1.52	1.88	3.00	5.00	8.86	9.14	12.96
$25,000	1.20	1.43	1.90	2.35	3.75	6.25	11.08	11.43	16.20
$30,000	1.44	1.71	2.28	2.82	4.50	7.50	13.29	13.71	19.44
$35,000	1.68	2.00	2.66	3.29	5.25	8.75	15.51	16.00	22.68
$40,000	1.92	2.28	3.04	3.76	6.00	10.00	17.72	18.28	25.92
$45,000	2.16	2.57	3.42	4.23	6.75	11.25	19.94	20.57	29.16
$50,000	2.40	2.85	3.80	4.70	7.50	12.50	22.15	22.85	32.40
$55,000	2.64	3.14	4.18	5.17	8.25	13.75	24.37	25.14	35.64
$60,000	2.88	3.42	4.56	5.64	9.00	15.00	26.58	27.42	38.88
$65,000	3.12	3.71	4.94	6.11	9.75	16.25	28.80	29.71	42.12
$70,000	3.36	3.99	5.32	6.58	10.50	17.50	31.01	31.99	45.36
$75,000	3.60	4.28	5.70	7.05	11.25	18.75	33.23	34.28	48.60
$80,000	3.84	4.56	6.08	7.52	12.00	20.00	35.44	36.56	51.84
$85,000	4.08	4.85	6.46	7.99	12.75	21.25	37.66	38.85	55.08
$90,000	4.32	5.13	6.84	8.46	13.50	22.50	39.87	41.13	58.32
$95,000	4.56	5.42	7.22	8.93	14.25	23.75	42.09	43.42	61.56
$100,000	4.80	5.70	7.60	9.40	15.00	25.00	44.30	45.70	64.81

* Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Child Life Monthly Premium

Coverage Amount	Premium
$10,000	1.80

Child Life **with AD&D** Monthly Premium

Coverage Amount	Premium
$10,000	2.15

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Life and AD&D Insurance Eligibility Requirements

To be eligible for coverage, you must be:

- Insured for Basic Life insurance through The Standard
- An active employee of Pflugerville Independent School District
- Regularly working at least 15 hours per week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life insurance for yourself, you may also buy Life coverage for your eligible children and/or spouse. This is called Dependents Life insurance.

If you buy Additional Life insurance for yourself, you may also buy AD&D insurance.

If you buy AD&D insurance for yourself, you can also buy AD&D insurance for your dependents.

You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law.

You may also choose to cover your child. Child means your child from live birth through age 25. Please note:

- Your child cannot be insured by more than one employee.
- Your spouse and/or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval for Life Coverage

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements, if required
- Eligible but not insured under the prior life insurance plan

Visit **https://myeoi.standard.com/649561** to complete and submit a medical history statement online.

Coverage Effective Date for Life Coverage

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance, including any Dependents Life insurance, will not become effective until the day after you complete one full day of active work as an eligible employee.

You may have a different effective date for Life coverage below and above the guarantee issue amount.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including any Dependents Life insurance.

*Defined as date you become a member

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 65. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 65. If you are age 65 or over, ask your Human Resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled. Please contact your benefits administer for more details.

Life and AD&D Insurance Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Life Insurance Conversion

If your insurance reduces or ends, you may be eligible to

convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Life Insurance Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

AD&D Benefits

If you elect AD&D insurance, the amount of the AD&D benefit is equal to the amount payable for your or your spouse's or child(ren)'s Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered loss:	Percentage of AD&D benefit payable:
Life[1]	100%
One hand or one foot[2]	50%
Sight in one eye, speech or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand[3]	25%
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%

1 Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.

2 Even if the severed part is surgically re-attached. This benefit is not payable if an AD&D benefit is payable for quadriplegia, hemiplegia, paraplegia, involving the same hand or foot.

3 This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared), and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- The date your Life coverage ends, your AD&D coverage will end as well

In addition to the above requirements, your Dependents Life and AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

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

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE, GP190-LIFE/A997/S399, GP411-LIFE

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
www.standard.com

SI 12506-D-ALAA-TX-649561-E (9/22)
7157967-900465

Texas Life

Permanent Life



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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

WOW!

VOLUNTARY PERMANENT LIFE INSURANCE YOU CAN KEEP

PURELIFE-PLUS



Highlights

PORTABLE
Take it with you when you change jobs or retire[1]

EASY TO PAY
Pay for it through convenient payroll deductions

NO EXAMS
Qualify by answering just 3 questions[2]

COVER DEPENDENTS
Cover your spouse, children and grandchildren[3]

TERMINAL ILLNESS BENEFIT
Get a living benefit if you become terminally ill[4]

CHRONIC ILLNESS BENEFIT
Cover care expenses if you become chronically ill, if selected[5]

TEXASLIFE INSURANCE COMPANY

FFGA Benefit Solutions Simplified



The Ideal Complement

Our voluntary permanent life insurance product 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.

No Exams Or Needles!

You can qualify by answering just 3 quick questions.[2]

> 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?

Product 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.[6]
- **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.)*
- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-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 for a significant period of time (after the premium guaranteed period, premiums may go down, stay the same, or go up).[7]

Additional Benefits

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.[9] This rider costs $0.08 per $1,000 of the contract's face amount per month and pays the insured's beneficiary double the death benefit[10] if the insured dies within 180 days of an accident from injuries incurred in that accident.[11] The benefit is payable through the insured's age 65. See the complete list of exceptions to coverage on the back page.

Accelerated Death Benefit Due to Terminal Illness Rider[4]

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 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.

Accelerated Death Benefit Due To Chronic Illness Rider

This valuable living benefit will be included upon approval in the life contract for employees and their spouses at an additional cost.[5] This rider 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, for a period of 90 days, 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.[12]
  - 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 Severe Cognitive Impairment. You can apply for a lump sum of $92,000 minus a $150 administrative fee.[13]
- 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.

According to the Center for Disease Control, accidents continue to be a leading cause of death in the U.S.[8]



See last page for disclosures and footnotes

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, ND, NE, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, 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.

The agent/agency offering this coverage is not affiliated with Texas Life other than to market its products. Underwritten and claims paid by Texas Life. Licensed in DC and all states except NY.

Important Note: Texas Life does not offer financial advice. Contact a financial advisor in your state for financial information.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. See a Texas Life representative or the Purelife-plus brochure for costs and complete details. Form series PRFNG-NI.

1 As long as the necessary premiums are paid.
2 Issuance of coverage will depend on responses to questions.
3 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.
4 Accelerated Death Benefit Due to Terminal Illness Rider. Conditions apply. Form series ULABR.
5 Chronic Illness Rider available for an additional cost for employees and their spouses. Conditions apply. Requires additional underwriting questions; issuance of coverage will depend on the answers to these questions. Form series ULABR-CI.
6 Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, March 2022
7 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. Forty-five (45) years average for all ages based on our actuarial review.
8 Mortality in the United States, 2022. HCHS Data Brief, No. 492, March 2024.
9 Available to children at issue age 17-26, and grandchildren ages 17-18.
10 The accidental death benefit is paid in addition to and for the same amount as the contract's death benefit.
11 Rider details vary by state. Conditions apply. See contract for complete coverage description. Form series ULCL-ADB.
12 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.
13 The Accelerated Death Benefit Rider for Chronic Illness pays 92% of the insurance proceeds less a $150 administrative fee in lieu of the benefit payable at death. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died. Form series ULABR-CI.

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

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

Non-Tobacco

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) $10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
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

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

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

Indicates Spouse Coverage Available

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

Disability Insurance

The Standard | www.standard.com |800-368-1135

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?



Voluntary Long Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional insurance coverage you may select through the Pflugerville Independent School District. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please check with your human resources representative.

Employer Plan Effective Date

The group policy effective date is April 1, 2015.

Eligibility

To become insured, you must be:

- A regular employee of the Pflugerville Independent School District, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- Actively at work at least 15 hours each week
- A citizen or resident of the United States or Canada

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An eligibility waiting period of the first day of the month that follows the date you become an eligible employee
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Benefit Amount

You may select a monthly benefit amount in $100 increments from $200 to $8,000; based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly earnings.

Benefits are payable for non-occupational disabilities only. Occupational disabilities are not covered.

Plan Maximum Monthly Benefit: 66 2/3 percent of predisability earnings

Plan Minimum Monthly Benefit: 10 percent of your LTD benefit before reduction by deductible income

Benefit Waiting Period and Maximum Benefit Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The maximum benefit period is the period for which benefits are payable. The benefit waiting period and maximum benefit period associated with your plan options are shown below:

Option	Accidental Injury	Other Disability	Maximum Benefit Period
1	0 days	3 days	3 Years for Sickness & To Age 65 for Accident
2	14 days	14 days	3 Years for Sickness & To Age 65 for Accident
3	30 days	30 days	3 Years for Sickness & To Age 65 for Accident
4	90 days	90 days	3 Years for Sickness & To Age 65 for Accident
5	180 days	180 days	3 Years for Sickness & To Age 65 for Accident
6	60 days	60 days	3 Years for Sickness & To Age 65 for Accident

Options 1-6: Maximum Benefit Period of 3 years for Sickness
If you become disabled before age 64, LTD benefits may continue during disability for 3 years. If you become disabled at age 64 or older, the benefit duration is determined by your age when disability begins:

Age	Maximum Benefit Period
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Options 1-6: Maximum Benefit Period To Age 65 for Accident
If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

Age	Maximum Benefit Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Preexisting Condition Exclusion

A general description of the preexisting condition exclusion is included in the Group Voluntary Long Term Disability Insurance for Educators and Administrators brochure. If you have questions, please check with your human resources representative.

Preexisting Condition Period: The 90-day period just before your insurance becomes effective

Exclusion Period: 12 months

Preexisting Condition Waiver

For the first 90 days of disability, The Standard will pay full benefits even if you have a preexisting condition. After 90 days, The Standard will continue benefits only if the preexisting condition exclusion does not apply.

Own Occupation Period

For the plan's definition of disability, as described in your brochure, the own occupation period is the first 24 months for which LTD benefits are paid.

Any Occupation Period

The any occupation period begins at the end of the own occupation period and continues until the end of the maximum benefit period.

Other LTD Features

- **Employee Assistance Program (EAP)** – This program offers support, guidance and resources that can help an employee resolve personal issues and meet life's challenges.
- **Family Care Expense Adjustment** – Disabled employees faced with the added expense of family care when returning to work may receive combined income from LTD benefits and work earnings in excess of 100 percent of indexed predisability earnings during the first 12 months immediately after a disabled employee's return to work.
- **Special Dismemberment Provision –** If an employee suffers a lost as a result of an accident, the employee will be considered disabled for the applicable Minimum Benefit Period and can extend beyond the end of the Maximum Benefit Period
- **Reasonable Accommodation Expense Benefit** – Subject to The Standard's prior approval, this benefit allows us to pay up to $25,000 of an employer's expenses toward work-site modifications that result in a disabled employee's return to work.
- **Survivor Benefit** – A Survivor Benefit may also be payable. This benefit can help to address a family's financial need in the event of the employee's death.
- **Return to Work (RTW) Incentive** – The Standard's RTW Incentive is one of the most comprehensive in the employee benefits history. For the first 12 months after returning to work, the employee's LTD benefit will not be reduced by work earnings until work earnings plus the LTD benefit exceed 100 percent of predisability earnings. After that period, only 50 percent of work earnings are deducted.
- **Rehabilitation Plan Provision** – Subject to The Standard's prior approval, rehabilitation incentives may include training and education expense, family (child and elder) care expenses, and job-related and job search expenses.

When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

Rates

Employees can select a monthly LTD benefit ranging from a minimum of $200 to a maximum amount based on how much they earn. Referencing the appropriate attached charts, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

1. Find the maximum LTD benefit by locating the amount of your earnings in either the Annual Earnings or Monthly Earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
2. Select the desired monthly LTD benefit between the minimum of $200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
3. In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly LTD benefit, the benefit waiting period, or the premium payment of your desired benefit, please contact your human resources representative.

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.

Options 1-6

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost Per Month					
			0-3	14-14	30-30	60-60	90-90	180-180
3,600	300	200	5.60	4.38	3.22	2.80	2.48	2.34
5,400	450	300	8.40	6.57	4.83	4.20	3.72	3.51
7,200	600	400	11.20	8.76	6.44	5.60	4.96	4.68
9,000	750	500	14.00	10.95	8.05	7.00	6.20	5.85
10,800	900	600	16.80	13.14	9.66	8.40	7.44	7.02
12,600	1,050	700	19.60	15.33	11.27	9.80	8.68	8.19
14,400	1,200	800	22.40	17.52	12.88	11.20	9.92	9.36
16,200	1,350	900	25.20	19.71	14.49	12.60	11.16	10.53
18,000	1,500	1,000	28.00	21.90	16.10	14.00	12.40	11.70
19,800	1,650	1,100	30.80	24.09	17.71	15.40	13.64	12.87
21,600	1,800	1,200	33.60	26.28	19.32	16.80	14.88	14.04
23,400	1,950	1,300	36.40	28.47	20.93	18.20	16.12	15.21
25,200	2,100	1,400	39.20	30.66	22.54	19.60	17.36	16.38
27,000	2,250	1,500	42.00	32.85	24.15	21.00	18.60	17.55
28,800	2,400	1,600	44.80	35.04	25.76	22.40	19.84	18.72
30,600	2,550	1,700	47.60	37.23	27.37	23.80	21.08	19.89
32,400	2,700	1,800	50.40	39.42	28.98	25.20	22.32	21.06
34,200	2,850	1,900	53.20	41.61	30.59	26.60	23.56	22.23
36,000	3,000	2,000	56.00	43.80	32.20	28.00	24.80	23.40
37,800	3,150	2,100	58.80	45.99	33.81	29.40	26.04	24.57
39,600	3,300	2,200	61.60	48.18	35.42	30.80	27.28	25.74
41,400	3,450	2,300	64.40	50.37	37.03	32.20	28.52	26.91
43,200	3,600	2,400	67.20	52.56	38.64	33.60	29.76	28.08
45,000	3,750	2,500	70.00	54.75	40.25	35.00	31.00	29.25
46,800	3,900	2,600	72.80	56.94	41.86	36.40	32.24	30.42
48,600	4,050	2,700	75.60	59.13	43.47	37.80	33.48	31.59
50,400	4,200	2,800	78.40	61.32	45.08	39.20	34.72	32.76
52,200	4,350	2,900	81.20	63.51	46.69	40.60	35.96	33.93
54,000	4,500	3,000	84.00	65.70	48.30	42.00	37.20	35.10
55,800	4,650	3,100	86.80	67.89	49.91	43.40	38.44	36.27
57,600	4,800	3,200	89.60	70.08	51.52	44.80	39.68	37.44
59,400	4,950	3,300	92.40	72.27	53.13	46.20	40.92	38.61
61,200	5,100	3,400	95.20	74.46	54.74	47.60	42.16	39.78
63,000	5,250	3,500	98.00	76.65	56.35	49.00	43.40	40.95
64,800	5,400	3,600	100.80	78.84	57.96	50.40	44.64	42.12
66,600	5,550	3,700	103.60	81.03	59.57	51.80	45.88	43.29
68,400	5,700	3,800	106.40	83.22	61.18	53.20	47.12	44.46
70,200	5,850	3,900	109.20	85.41	62.79	54.60	48.36	45.63
72,000	6,000	4,000	112.00	87.60	64.40	56.00	49.60	46.80

Options 1-6 (Continued)

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost Per Month					
			0-3	14-14	30-30	60-60	90-90	180-180
73,800	6,150	4,100	114.80	89.79	66.01	57.40	50.84	47.97
75,600	6,300	4,200	117.60	91.98	67.62	58.80	52.08	49.14
77,400	6,450	4,300	120.40	94.17	69.23	60.20	53.32	50.31
79,200	6,600	4,400	123.20	96.36	70.84	61.60	54.56	51.48
81,000	6,750	4,500	126.00	98.55	72.45	63.00	55.80	52.65
82,800	6,900	4,600	128.80	100.74	74.06	64.40	57.04	53.82
84,600	7,050	4,700	131.60	102.93	75.67	65.80	58.28	54.99
86,400	7,200	4,800	134.40	105.12	77.28	67.20	59.52	56.16
88,200	7,350	4,900	137.20	107.31	78.89	68.60	60.76	57.33
90,000	7,500	5,000	140.00	109.50	80.50	70.00	62.00	58.50
91,800	7,650	5,100	142.80	111.69	82.11	71.40	63.24	59.67
93,600	7,800	5,200	145.60	113.88	83.72	72.80	64.48	60.84
95,400	7,950	5,300	148.40	116.07	85.33	74.20	65.72	62.01
97,200	8,100	5,400	151.20	118.26	86.94	75.60	66.96	63.18
99,000	8,250	5,500	154.00	120.45	88.55	77.00	68.20	64.35
100,800	8,400	5,600	156.80	122.64	90.16	78.40	69.44	65.52
102,600	8,550	5,700	159.60	124.83	91.77	79.80	70.68	66.69
104,400	8,700	5,800	162.40	127.02	93.38	81.20	71.92	67.86
106,200	8,850	5,900	165.20	129.21	94.99	82.60	73.16	69.03
108,000	9,000	6,000	168.00	131.40	96.60	84.00	74.40	70.20
109,800	9,150	6,100	170.80	133.59	98.21	85.40	75.64	71.37
111,600	9,300	6,200	173.60	135.78	99.82	86.80	76.88	72.54
113,400	9,450	6,300	176.40	137.97	101.43	88.20	78.12	73.71
115,200	9,600	6,400	179.20	140.16	103.04	89.60	79.36	74.88
117,000	9,750	6,500	182.00	142.35	104.65	91.00	80.60	76.05
118,800	9,900	6,600	184.80	144.54	106.26	92.40	81.84	77.22
120,600	10,050	6,700	187.60	146.73	107.87	93.80	83.08	78.39
122,400	10,200	6,800	190.40	148.92	109.48	95.20	84.32	79.56
124,200	10,350	6,900	193.20	151.11	111.09	96.60	85.56	80.73
126,000	10,500	7,000	196.00	153.30	112.70	98.00	86.80	81.90
127,800	10,650	7,100	198.80	155.49	114.31	99.40	88.04	83.07
129,600	10,800	7,200	201.60	157.68	115.92	100.80	89.28	84.24
131,400	10,950	7,300	204.40	159.87	117.53	102.20	90.52	85.41
133,200	11,100	7,400	207.20	162.06	119.14	103.60	91.76	86.58
135,000	11,250	7,500	210.00	164.25	120.75	105.00	93.00	87.75
136,800	11,400	7,600	212.80	166.44	122.36	106.40	94.24	88.92
138,600	11,550	7,700	215.60	168.63	123.97	107.80	95.48	90.09
140,400	11,700	7,800	218.40	170.82	125.58	109.20	96.72	91.26
142,200	11,850	7,900	221.20	173.01	127.19	110.60	97.96	92.43
144,000	12,000	8,000	224.00	175.20	128.80	112.00	99.20	93.60

Critical Illness Insurance

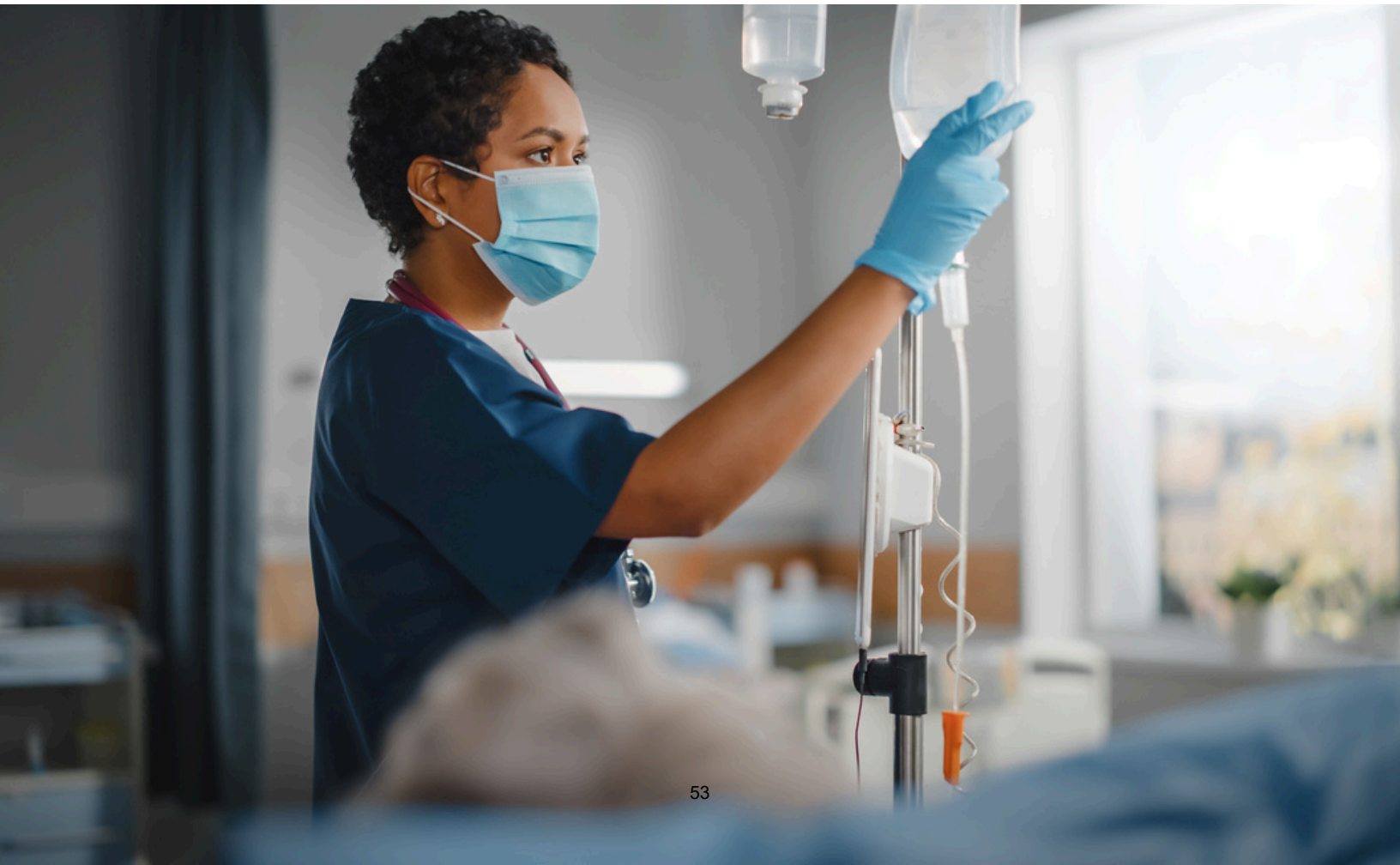
Cigna | http://mycigna.com | 800-754-3207

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.



Insured by Cigna Health and Life Insurance Company

Employee-Paid

CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for: Pflugerville ISD
Plan Effective Date: 01/01/2027

Critical Illness insurance provides a cash benefit when a Covered Person is diagnosed with a covered critical illness or event after coverage is in effect. *See State Variations (marked by *) below.*

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.
You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 30 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens or non-United States citizens legally working and living in the United States (Inpats) and their Spouse, Domestic Partner, or Civil Union Partner and Dependent Children who are United States citizens or permanent resident aliens or Spouse, Domestic Partner, or Civil Union Partner or Dependent Child Inpats and who are legally residing in the United States.
You will be eligible for coverage the first of the month coinciding with or next following Date of Hire or active service.
Your Spouse/Domestic Partner: Up to age 100, as long as you apply for and are approved for coverage yourself.
Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only. There are terms, conditions, state variations, exclusions and limitations applicable to these benefits. Please read all of the information in this Summary and your Certificate of Insurance for more information. All Covered Critical Illness Conditions must be due to disease or sickness.

	Benefit Amount	Guaranteed Issue Amount
Employee	$10,000, $15,000, $25,000, $30,000	Up to $30,000
Spouse	100% of employee amount	Up to $30,000
Children	50% of employee amount, including Childhood Conditions.	All guaranteed issue

See “Guaranteed Issue” section below for more information.

Covered Conditions	Benefit Amount
Cancer Conditions	
Skin Cancer*	$250 1x per lifetime
Second Opinion Cancer	$500 1x per lifetime

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Vascular Conditions		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Nervous System Conditions		
Advanced Stage Alzheimer's Disease	25%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	25%	Not Available
Parkinson's Disease	25%	Not Available
Multiple Sclerosis	25%	Not Available
Infectious Conditions		
Severe Sepsis	25%	25%

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Childhood Conditions*		
Cerebral Palsy	100%	Not Available
Cystic Fibrosis	100%	Not Available
Muscular Dystrophy	100%	Not Available
Poliomyelitis	100%	Not Available
Other Specified Conditions		
Benign Brain Tumor	100%	100%
Blindness	100%	Not Available
Coma	25%	25%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Paralysis	100%	100%
Loss of Hearing	100%	Not Available
Loss of Speech	100%	Not Available
Systemic Lupus	25%	Not Available
Systemic Sclerosis	25%	Not Available
Crohn's Disease	25%	Not Available
Occupational Conditions		
Occupational Hepatitis-B	100%	100%
Occupational Hepatitis-C	100%	100%
Occupational HIV*	100%	Not Available

For Childhood Conditions please refer to the beginning of the Available Coverage section above for details on how much coverage is available for covered children.

Wellness Treatment, Health Screening Test and Preventive Care Benefit*	Benefit Amount
The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. *Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.*	$100 1 per year

Benefits	
Initial Critical Illness Benefit	Benefit for a diagnosis made after the effective date of coverage for each Covered Condition shown above. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage shown. Each Covered Condition will be payable one time per Covered Person. A 180 day separation period between the dates of diagnosis is required.*
Recurrence Benefit	Benefit for the diagnosis of a subsequent and same Covered Condition for which an Initial Critical Illness Benefit has been paid, payable after a 12 month separation period from diagnosis of a previous Covered Condition.
Skin Cancer Benefit and Second Opinion	Pays benefit stated above.

Additional Benefits	
Hospital Indemnity – Musculoskeletal, Endocrine, Heart and Vascular or Respiratory Hospitalization Admission Only Benefit* Pays when a Covered Person is confined to a hospital due to any covered Musculoskeletal Condition: Cervicalgia (neck pain), intervertebral disc disorders, gout, lumbago (back pain), osteoarthritis, rheumatoid arthritis, scoliosis, spinal stenosis, spondyloarthropathy (spinal arthritis), or spondylopathy (vertebral spine disease); Endocrine Condition (Addison's disease, Cushing disease or syndrome, central diabetes insipidus, diabetes mellitus (type 1, type 2), gestational diabetes, hyperthyroidism, hypothyroidism or polycystic ovarian syndrome); Heart and Vascular Condition (arrhythmias (irregular heartbeat), primary cardiomyopathy (non-ischemic), peripheral vascular disease, or valvular heart disease (e.g., aortic stenosis, aortic regurgitation, etc.); or Respiratory Condition (asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or emphysema).	Hospital Admission: $3000 per admission (Limited to 1 day, 1 benefit every 12 months) The Spouse and Child benefit is 50% respectively, of the benefit.

Portability Feature: You can continue 100% of coverage for all Covered Persons at the time Your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Only available to United States Citizens, Permanent Resident Aliens and non-United States Citizens working in the United States lawfully (Inpats) while residing in the United States.

Employee's Monthly Cost of Coverage:

Benefit Amount: $10,000

	Employee		Employee + Spouse		Employee + Children		Employee + Family	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	$5.62	$6.23	$9.36	$10.48	$9.79	$10.40	$13.68	$14.65
25 to 29	$6.59	$7.92	$10.87	$12.78	$10.76	$12.06	$15.05	$17.03
30 to 34	$8.39	$10.98	$13.61	$17.46	$12.56	$15.23	$17.78	$21.89
35 to 39	$10.69	$16.13	$9.36	$25.56	$14.87	$20.30	$21.24	$29.70
40 to 44	$13.32	$21.71	$21.56	$34.74	$17.57	$25.92	$25.74	$38.92
45 to 49	$16.92	$29.70	$27.72	$48.42	$21.17	$33.88	$31.90	$52.56
50 to 54	$20.95	$37.40	$34.88	$61.49	$25.02	$41.58	$39.02	$65.66
55 to 59	$25.74	$45.54	$43.49	$76.32	$29.92	$49.90	$47.52	$80.50
60 to 64	$29.88	$51.70	$51.08	$87.41	$34.06	$55.87	$55.26	$91.55
65 to 69	$33.66	$55.58	$56.45	$91.19	$37.80	$59.76	$60.62	$95.36
70 to 74	$36.07	$55.30	$57.38	$87.48	$40.25	$59.47	$61.56	$91.71
75 to 79	$40.46	$58.50	$68.22	$96.34	$44.64	$62.68	$72.40	$100.44
80 to 84	$46.30	$67.39	$78.34	$110.77	$50.40	$71.57	$82.51	$114.95
85 to 89	$53.46	$65.02	$89.78	$108.04	$57.60	$69.19	$93.92	$112.21
90 to 94	$53.46	$65.02	$89.78	$108.04	$57.60	$69.19	$93.92	$112.21
95+	$53.46	$65.02	$89.78	$108.04	$57.60	$69.19	$93.92	$112.21

Benefit Amount: $15,000

	Employee		Employee + Spouse		Employee + Children		Employee + Family	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	$8.43	$9.35	$14.04	$15.72	$14.69	$15.60	$20.52	$21.98
25 to 29	$9.89	$11.88	$16.31	$19.17	$16.14	$18.09	$22.58	$25.55
30 to 34	$12.59	$16.47	$20.42	$26.19	$18.84	$22.85	$26.67	$32.84
35 to 39	$16.04	$24.20	$14.04	$38.34	$22.31	$30.45	$31.86	$44.55
40 to 44	$19.98	$32.57	$32.34	$52.11	$26.36	$38.88	$38.61	$58.38
45 to 49	$25.38	$44.55	$41.58	$72.63	$31.76	$50.82	$47.85	$78.84
50 to 54	$31.43	$56.10	$52.32	$92.24	$37.53	$62.37	$58.53	$98.49
55 to 59	$38.61	$68.31	$65.24	$114.48	$44.88	$74.85	$71.28	$120.75
60 to 64	$44.82	$77.55	$76.62	$131.12	$51.09	$83.81	$82.89	$137.33
65 to 69	$50.49	$83.37	$84.68	$136.79	$56.70	$89.64	$90.93	$143.04
70 to 74	$54.11	$82.95	$86.07	$131.22	$60.38	$89.21	$92.34	$137.57
75 to 79	$60.69	$87.75	$102.33	$144.51	$66.96	$94.02	$108.60	$150.66
80 to 84	$69.45	$101.09	$117.51	$166.16	$75.60	$107.36	$123.77	$172.43
85 to 89	$80.19	$97.53	$134.67	$162.06	$86.40	$103.79	$140.88	$168.32
90 to 94	$80.19	$97.53	$134.67	$162.06	$86.40	$103.79	$140.88	$168.32
95+	$80.19	$97.53	$134.67	$162.06	$86.40	$103.79	$140.88	$168.32

Benefit Amount: $25,000

	Employee		Employee + Spouse		Employee + Children		Employee + Family	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	$14.05	$15.58	$23.40	$26.20	$24.48	$26.00	$34.20	$36.63
25 to 29	$16.48	$19.80	$27.18	$31.95	$26.90	$30.15	$37.63	$42.58
30 to 34	$20.98	$27.45	$34.03	$43.65	$31.40	$38.08	$44.45	$54.73
35 to 39	$26.73	$40.33	$23.40	$63.90	$37.18	$50.75	$53.10	$74.25
40 to 44	$33.30	$54.28	$53.90	$86.85	$43.93	$64.80	$64.35	$97.30
45 to 49	$42.30	$74.25	$69.30	$121.05	$52.93	$84.70	$79.75	$131.40
50 to 54	$52.38	$93.50	$87.20	$153.73	$62.55	$103.95	$97.55	$164.15
55 to 59	$64.35	$113.85	$108.73	$190.80	$74.80	$124.75	$118.80	$201.25
60 to 64	$74.70	$129.25	$127.70	$218.53	$85.15	$139.68	$138.15	$228.88
65 to 69	$84.15	$138.95	$141.13	$227.98	$94.50	$149.40	$151.55	$238.40
70 to 74	$90.18	$138.25	$143.45	$218.70	$100.63	$148.68	$153.90	$229.28
75 to 79	$101.15	$146.25	$170.55	$240.85	$111.60	$156.70	$181.00	$251.10
80 to 84	$115.75	$168.48	$195.85	$276.93	$126.00	$178.93	$206.28	$287.38

	Employee		Employee + Spouse		Employee + Children		Employee + Family	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
85 to 89	$133.65	$162.55	$224.45	$270.10	$144.00	$172.98	$234.80	$280.53
90 to 94	$133.65	$162.55	$224.45	$270.10	$144.00	$172.98	$234.80	$280.53
95+	$133.65	$162.55	$224.45	$270.10	$144.00	$172.98	$234.80	$280.53

Benefit Amount: $30,000

	Employee		Employee + Spouse		Employee + Children		Employee + Family	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	$16.86	$18.69	$28.08	$31.44	$29.37	$31.20	$41.04	$43.95
25 to 29	$19.77	$23.76	$32.61	$38.34	$32.28	$36.18	$45.15	$51.09
30 to 34	$25.17	$32.94	$40.83	$52.38	$37.68	$45.69	$53.34	$65.67
35 to 39	$32.07	$48.39	$28.08	$76.68	$44.61	$60.90	$63.72	$89.10
40 to 44	$39.96	$65.13	$64.68	$104.22	$52.71	$77.76	$77.22	$116.76
45 to 49	$50.76	$89.10	$83.16	$145.26	$63.51	$101.64	$95.70	$157.68
50 to 54	$62.85	$112.20	$104.64	$184.47	$75.06	$124.74	$117.06	$196.98
55 to 59	$77.22	$136.62	$130.47	$228.96	$89.76	$149.70	$142.56	$241.50
60 to 64	$89.64	$155.10	$153.24	$262.23	$102.18	$167.61	$165.78	$274.65
65 to 69	$100.98	$166.74	$169.35	$273.57	$113.40	$179.28	$181.86	$286.08
70 to 74	$108.21	$165.90	$172.14	$262.44	$120.75	$178.41	$184.68	$275.13
75 to 79	$121.38	$175.50	$204.66	$289.02	$133.92	$188.04	$217.20	$301.32
80 to 84	$138.90	$202.17	$235.02	$332.31	$151.20	$214.71	$247.53	$344.85
85 to 89	$160.38	$195.06	$269.34	$324.12	$172.80	$207.57	$281.76	$336.63
90 to 94	$160.38	$195.06	$269.34	$324.12	$172.80	$207.57	$281.76	$336.63
95+	$160.38	$195.06	$269.34	$324.12	$172.80	$207.57	$281.76	$336.63

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.
The policy's rate structure is based on attained age, which means the premium can increase due to the increase in your age.

Important Policy Provisions and Definitions:

Covered Person: An eligible person who is enrolled for coverage under the Policy.
Covered Loss: A loss that is specified in the Policy in the Schedule of Benefits section and suffered by the Covered Person within the applicable time period described in the Policy.
When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the first of the month following the date your completed enrollment form is received, or if evidence of insurability is required, the first of the month after we have approved you (or your dependent) for coverage in writing, unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all other Covered Persons will not begin on the effective date if the covered person is confined to a hospital, facility or at home, disabled or receiving disability benefits or unable to perform activities of daily living.
When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate about when coverage may continue.)
30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate of Insurance for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Reductions, Common Exclusions and Limitations:

Exclusions: In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss that is caused directly or indirectly, in whole or in part by any of the following:• intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; • commission or attempt to commit a felony or an assault; • declared or undeclared war or act of war; • a Covered Loss that results from active duty service in the military, naval or air force of any country or international organization (upon our receipt of proof of service, we will refund any premium paid for this time; Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days); • voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant (''Under the influence of alcohol'', for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred)• a diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

Specific Definitions, Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied. Only one Initial Benefit will be paid for each Covered Condition per person and benefits will be subject to separation periods.
Skin Cancer, basal cell/squamous cell carcinoma or certain forms of melanoma.

Specific Definitions, Benefit Exclusions and Limitations:

Second Opinion, only payable if diagnosed with Invasive Cancer, seeking second opinion at a National Cancer Institute, National Comprehensive Cancer Network, or named cancer center as specified in the contract, not involved in initial diagnosis within 90 days of being diagnosed.
Invasive Cancer, uncontrolled/abnormal growth or spread of invasive malignant cells. Excludes pre-malignant conditions or conditions with malignant potential.
Carcinoma in Situ, non-invasive malignant tumor. Excludes premalignant conditions or conditions with malignant potential, skin cancers, invasive cancer (basal/squamous cell carcinoma or melanoma/melanoma in situ).
Heart Attack, excludes Sudden Cardiac Arrest, takotsubo syndrome, congestive heart failure, and myocarditis.
Stroke, excludes Transient Ischemic Attack (TIAs), brain injury related to trauma or infection, brain injury associated with hypoxia or anoxia, vascular disease affecting eye or optic nerve or ischemic disorders of the vestibular system.
Coronary Artery Disease, heart disease/angina requiring coronary artery bypass surgery, as prescribed by a Physician. Excludes angioplasty (percutaneous coronary intervention) and stent implantation.
Advanced Stage Alzheimer's Disease, progressive degenerative disorder that attacks the brain's nerve cells resulting in cognitive deficits interfering with independence in completion of instrumental activities of daily living and may also require the inability to perform at least 2 physical activities of daily living.
Amyotrophic Lateral Sclerosis (ALS aka Lou Gehrig's Disease), motor neuron disease resulting in muscular weakness and atrophy.
Parkinson's Disease, progressive, degenerative neurologic disease with indicated signs of the disease.
Multiple Sclerosis, disease involving damage to brain and spinal cord cells with signs of motor and sensory deficits confirmed by MRI. Includes Neuromyelitis Optica and Transverse Myelitis.
Severe Sepsis, Infection that spreads into the blood which results in organ dysfunction and low blood pressure. Excludes relapse of the underlying bacterial infection causing the Severe Sepsis. Must be treatment free for Invasive Cancer and Carcinoma in Situ and have an inpatient admission.
Cerebral Palsy, brain injury or abnormality occurring within 24 hours of birth resulting in developmental brain disorder.
Cystic Fibrosis, progressive disorder that affects exocrine glands.
Muscular Dystrophy, progressive disorder that interferes with formation of healthy muscles.
Poliomyelitis, acute, infectious disease caused by the poliovirus with indicated signs of the disease. Excludes non-paralytic polio or post-polio syndrome.
Benign Brain Tumor, non-cancerous abnormal cells in the brain.
Blindness, irreversible sight reduction in both eyes; Best corrected single eye visual acuity less than 20/200 (E-Chart) or 6/60 (Metric) or with visual field reduction (both eyes) to 20 degrees or less. May require loss be due to specific illness.
Coma, unconscious state lasting at least 96 continuous hours. Excludes any state of unconsciousness intentionally or medically induced from unconsciousness intentionally which the Covered Person is able to be aroused. May require loss be due to specific illness.
End-Stage Renal (Kidney) Disease, chronic, irreversible function of both kidneys. Requires hemo or peritoneal dialysis.
Major Organ Failure, includes: liver, lung, pancreas, kidney, heart or bone marrow. Happens when transplant is prescribed or recommended and placed on UNOS registry. If the Covered Person has a combination transplant (i.e. heart and lung), a single benefit amount will be payable. Recurrence Benefit not payable for same organ for which a benefit was previously paid.
Paralysis, complete, permanent loss of use of two or more limbs due to a disease. Excludes loss due to Stroke and Multiple Sclerosis. May require loss be due to specific illness.
Crohn's Disease, chronic inflammatory disease of the digestive tract. Excludes irritable bowel syndrome or ulcerative colitis.
Loss of Hearing, permanent hearing loss in both ears; loss greater than 90dB HL. May require loss be due to specific illness.
Loss of Speech, permanent loss of speech which is irrecoverable by other means excludes loss due to specified conditions (i.e. Alzheimer's). May require loss be due to specific illness.
Systemic Lupus, chronic, inflammatory, auto-immune disease with indicated signs of the disease.
Systemic Sclerosis, chronic, degenerative, auto-immune disease with indicated signs of the disease.
Occupational Conditions, Diagnosis of infection resulting from accidental contact to contaminated body fluids. The accidental exposure must occur during the normal course of duties for the occupation in which the Covered Person is regularly engaged. Excludes infections from intravenous drug use or sexually transmitted.

***Benefits-Specific Conditions, Exclusions and Limitations (Additional Benefits):

Hospital Indemnity: The Common Exclusions apply to this Additional Benefit. In addition, the following applies:
Hospital Musculoskeletal, Endocrine, Heart and Vascular or Respiratory Hospitalization Admission: Must be admitted inpatient due to a Musculoskeletal, Endocrine, Heart and Vascular or Respiratory Condition. Excludes: treatment in an emergency room, provided on an outpatient basis. Hospital Musculoskeletal Condition not available to residents of AK, ID, NM, OR, WA.

Guaranteed Issue:

If you are a new hire you are not required to provide proof of good health if you enroll during your employer's eligibility waiting period and you choose an amount of coverage up to and including the Guaranteed Issue Amount. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. Guaranteed Issue coverage may be available at other specified periods of time. Your employer will notify you when these periods of time are available. Your Spouse must be age 18 or older to apply if evidence of insurability is required.

***State Variations**

Spouse definition includes civil union partners in New Hampshire and Vermont but excludes civil union partners for Idaho residents. **Covered Critical Illnesses and Events,** Occupational HIV not covered for residents of CA. **Covered Critical Illnesses and Events,** Occupational HIV not covered for residents of CA. Heart Attack benefits available for residents of AK. Not all shown covered conditions may be available and the **Specific Definitions, Benefit Exclusions and Limitations** for some of the conditions may vary for residents of ID, MD, MO, NH, OR, RI, UT, WA, WV. **Portability** in TX and VT is referred to as Continuation due to loss of eligibility. Portability conditions may differ for residents of UT, TX and VT. **Exclusions** may vary for residents of ID, LA, MN, NC, NH, SC, SD, VT, TX and WA. **Wellness Treatment and Preventive Care Benefit** is referred to as Health Screening Test or Preventive Care Benefit in WA and Wellness Treatment and Health Screening Test Benefit Rider in OR. Healthy Living Preventive Care Benefits may not be available to NC residents. Wellness Treatment, Health Screening Test or Preventive Care Benefit dental and ophthalmological exam benefits are not available to residents of NH and WA. Covid-19 Test and Screening benefits are not available to residents of NH. The coverage effective date will not be deferred for residents of TX if receiving chemotherapy or radiation treatment and deferring due to disability or ADLS only applies to the Spouse. For residents of ID, NH, WA the effective date won't be deferred due to ability to perform ADLs.

Series 1.0

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. CI111561. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions, policy provisions and/or features may vary by state. Please keep this material as a reference.

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE. .

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. For costs and details of coverage, contact a Cigna Healthcare representative. Accidental Injury, Critical Illness, and Hospital Care plans or insurance policies are distributed exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna Healthcare names, logos, and marks are owned by Cigna Intellectual Property, Inc. .

958324 © 2026 Cigna. Some content provided under license.

Accident Insurance

Cigna | http://mycigna.com | 800-754-3207

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



Insured by Cigna Health and Life Insurance Company

Employee-Paid

ACCIDENTAL INJURY INSURANCE

SUMMARY OF BENEFITS

Prepared for: Pflugerville ISD
Plan Effective Date: 01/01/2027

Accidental Injury coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. *See State Variations (marked by *) below.*

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.

You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 30 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens or non-United States citizens legally working and living in the United States (Inpats) and their Spouse, Domestic Partner, or Civil Union Partner and Dependent Children who are United States citizens or permanent resident aliens or Spouse, Domestic Partner, or Civil Union Partner or Dependent Child Inpats and who are legally residing in the United States.

You will be eligible for coverage the first of the month coinciding with or next following Date of Hire or active service.

Your Spouse/Domestic Partner: Up to age 100, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage: This Accidental Injury plan provides 24 hour coverage.

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Percentage Amount (unless otherwise indicated)	Employee	Employee and Spouse	Children
	100% of benefits shown	100% of benefits shown	100% of benefits shown

Initial & Emergency Care	Plan 1	Plan 2	Plan 3
Emergency Care Treatment	$100	$200	$300
Physician Office Visit (includes urgent care)	$50	$100	$150
Diagnostic Exam (x-ray or lab)	$10	$50	$50
Ground or Water Ambulance/Air Ambulance	$200/$800	$300/$1,200	$400/$1,600
Hospitalization Benefits	**Plan 1**	**Plan 2**	**Plan 3**
Hospital Admission	$500	$1,000	$1,500
Intensive Care Unit Admission	$500	$1,000	$1,500
Hospital Stay	$100	$200	$300
Intensive Care Unit Stay	$200	$400	$600
Fractures and Dislocations	**Plan 1**	**Plan 2**	**Plan 3**
Per covered surgically-repaired fracture	$100-$4,000	$200-$8,000	$300-$10,000
Per covered non-surgically-repaired fracture	$50-$2,000	$100-$4,000	$150-$5,000
Chip Fracture (percent of fracture benefit)	25%	25%	25%
Per covered surgically-repaired dislocation	$100-$4,000	$200-$6,000	$300-$6,000
Per covered non-surgically-repaired dislocation	$50-$2,000	$100-$3,000	$150-$3,000
Follow-Up Care	**Plan 1**	**Plan 2**	**Plan 3**
Follow-up Physician (or medical professional) Office Visit	$50	$75	$125
Follow-up Physical Therapy Visit	$25	$50	$75
Enhanced Accident Benefits	**Plan 1**	**Plan 2**	**Plan 3**
Examples:			
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	$50	$100	$150

Enhanced Accident Benefits	Plan 1	Plan 2	Plan 3
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	$400	$600	$800
Concussion	$200	$400	$600
Coma (lasting 7 days with no response)	$5,000	$10,000	$15,000

Additional Accidental Injury benefits included - See certificate for details, including limitations & exclusions. Virtual Care accepted for Initial Physician Office Visit and Follow-Up Care.

Accidental Death and Dismemberment Benefit	Plan 1	Plan 2	Plan 3
Examples of benefits include (but are not limited to) payment for death from Automobile accident; total and permanent loss of speech or hearing in both ears. Actual benefit amount paid depends on the type of Covered Loss. The Spouse and Child benefit is 100% and 100% respective of the benefit shown.	Loss of Life: $25,000 - $75,000 Dismemberment: $1,000 - $20,000	Loss of Life: $50,000 - $100,000 Dismemberment: $2,000 - $30,000	Loss of Life: $75,000 - $100,000 Dismemberment: $3,000 - $40,000
Wellness Treatment, Health Screening Test & Preventive Care Benefit*	**Plan 1**	**Plan 2**	**Plan 3**
Wellness Treatment, Health Screening Test and Preventive Care Benefit:* Benefit paid for all covered persons is 100% of the benefit shown. *Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.*	$75	$100	$100
Sports Accident Benefit	**Plan 1**	**Plan 2**	**Plan 3**
Organized and Personal Sports Activity Limited to 10 per year	25% of the qualified benefit	25% of the qualified benefit	25% of the qualified benefit

Portability Feature: You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Only available to United States Citizens, Permanent Resident Aliens and non-United States Citizens working in the United States lawfully (Inpats) while residing in the United States.

Employee's Monthly Cost of Coverage:

Tier	Plan 1	Plan 2	Plan 3
Employee	$7.29	$13.28	$16.73
Employee and Spouse	$10.81	$19.84	$26.23
Employee and Child(ren)	$13.81	$25.37	$32.37
Employee and Family	$17.79	$32.66	$41.89

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

Important Definitions and Policy Provisions:

Coverage Type: Benefits are paid when a Covered Injury results, directly and independently of all other causes, from a Covered Accident.

Covered Accident: A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy; is not contributed to by disease, sickness, mental or bodily infirmity; and is not otherwise excluded under the terms of this Policy.

Covered Injury: Any bodily harm that results directly and independently of all other causes from a Covered Accident.

Covered Person: An eligible person who is enrolled for coverage under this Policy.

Covered Loss: A loss that is the result, directly and independently of other causes, from a Covered Accident suffered by the Covered Person within the applicable time period described in the Policy.

Hospital: An institution that is licensed as a hospital pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis. The term Hospital does not include a clinic or facility for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; (3) a facility primarily or solely providing psychiatric services to mentally ill patients. The term Hospital also does not include a unit of a Hospital for rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if hospital, facility or home confined, disabled or receiving disability benefits or unable to perform activities of daily living.
When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate.)
30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Conditions and Limitations: This document provides only the highlights. All claims for a covered loss must meet specific Benefit Conditions and Limitations and are otherwise subject to all other terms set forth in the group policy.

Common Exclusions:* In addition to any benefit specific exclusions, no payments will be made for losses which directly or indirectly, is caused by or results from: • intentionally self-inflicted injury, including suicide or any attempted suicide; • committing an assault or felony; • bungee jumping; parachuting; skydiving; parasailing; hang-gliding; • declared or undeclared war or act of war; • aircraft or air travel, except as a commercial passenger or Aircraft used by the Air Mobility Command (unless owned, leased or controlled by Subscriber); • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment, except bacterial infection from an accidental external cut or wound or accidental ingestion of contaminated food; • activities of active military duty, except Reserve or National Guard active duty training lasting 31 days or less; • operating any vehicle under the influence of alcohol or any drug, narcotic or other intoxicant; • voluntary use of drugs, unless taken as prescribed and under direction of a physician; • services or treatment rendered by a physician, nurse or any other person who is: employed by the subscriber, living with or immediate family of the Covered Person, or providing alternative medical treatments. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions and Limitations:*
Emergency Care Treatment: Treatment must occur within 30 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person. Excludes: treatment provided by an immediate family member, clinic, or doctor's office. **Physician Office Visit:** Must be diagnosed and treated by a physician within 120 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; not payable if a Covered Person is eligible to receive a benefit under Emergency Treatment. Excludes: routine health examinations or immunizations for Covered Persons Age 60 and older, and visits for mental or nervous disorders. **Diagnostic Exam:** payable once per Covered Accident, per Covered Person. Treatment must occur within 120 days of the Covered Accident. **Ground or Water Ambulance/Air Ambulance:** Services must be provided from the scene of the Covered Accident or within 120 days of Covered Accident. Limits: payable once per Covered Accident, per Covered Person; only one benefit will be paid ground or water/air, whichever is greater. **Hospital Admission:** Inpatient admission must occur within 90 days of the Covered Accident due to such accident. Limits: payable once per Covered Accident. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident. **Hospital Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; 1 stay per accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Intensive Care Unit (ICU) Admission Benefit:** Must be admitted as an Inpatient and confined in an ICU of a Hospital, within 90 days due to a Covered Accident. The ICU Admission will be payable on Day 1 and is limited to 10 admissions within a 12 month period during the life of the Policy. Excludes: treatment in an emergency room, provided on an outpatient basis, or for ICU re-admission for the same Covered Accident. **Intensive Care Unit Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident. Not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Fracture/Dislocation:** If more than one fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture. Limits: Both fractures and dislocations are limited to 1 per accident. Must be diagnosed and treated by a physician within 120 days of the Covered Accident. **Follow-up Physician Office Visit:** Limits: 10 follow up visit(s) for each Covered Person, per Covered Accident for follow up physician office visits. Must be examined, treated or prescribed by physician. First examination or treatment must be provided within 120 days of the Covered Accident. Subsequent follow up treatment must be completed within 365 days of the Covered Accident. Follow Up Office Visit can include treatment by providers that are appropriately licensed professionals practicing chiropractic care, speech therapy, occupational therapy, vocational therapy, respiratory therapy, and mental health treatment associated with traumatic Covered Accidents. **Follow-up Physical Therapy Visit:** Limits:10 follow up visit(s) for each Covered Person, per Covered Accident for follow up physical therapy visits. Must be examined, treated or prescribed by physician. First examination or treatment must be provided within 180 days of the Covered Accident. Subsequent follow up treatment must be completed within 365 days of the Covered Accident. **Large Lacerations:** Treatment by Physician must be received within 90 days of the Covered Accident. Limits: payable 1 time per Covered Person, Per Covered Accident; Multiple lacerations pay a maximum of 2 times the benefit. **Concussion:** Must be diagnosed by a physician within 90 days of the Covered Accident. Limits: payable 1 time per Covered Accident. **Coma:** Limits: payable 1 time per Covered Accident. Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Excludes: medically induced coma.
Wellness Treatment, Health Screening Test and Preventive Care Benefit: Limit: 1 per year per Covered Person.
Accidental Death and Dismemberment Rider: To receive benefits, the death or loss must occur within 365 days of the covered accident. The exclusions that apply to this benefit are in the Common Exclusions Section. If a Covered Person dies as a result of an automobile accident other loss of life benefits will not be paid. If the driver, he/she must hold a current

and valid driver's license. If total and permanent loss of speech or hearing in both ears is payable, no benefits will be paid under the dismemberment benefit and total benefits will not exceed the loss of life death benefit. This is not a complete list. See certificate for complete details, including limitations and exclusions that apply to this benefit. **Sports Accident Benefit:** This coverage is payable if a Covered Person sustains a Covered Injury resulting directly and independently of all other causes from a covered Organized Sports Activity or covered Personal Sports Activity. **Organized Sports Activity:** A scholastic or amateur athletic competition or supervised organized practice for competition that takes place on a regularly occurring and scheduled basis. The competition must be overseen by a legal entity, including but not limited to, a public and private school system, sports conference, municipality, or religious or charitable organization and requires formal registration to participate. The term Organized Sports Activity does not include: play such as pick-up games and spontaneous play; coaching or officiating for pay; personal or trained workouts; participation in any sport or sporting activity for wage, compensation or profit; and racing any type of vehicle in an organized event. **Personal Sports Activity:** Any sport or physical activity with the goal to improve physical fitness and wellness, not meant for competition. Personal Sports Activity does not include: coaching or officiating for pay, participation in any sport or sporting activity for wage, compensation or profit; and racing any type of vehicle in an organized event.

***State Variations**

Spouse definition includes civil union partners in New Hampshire and Vermont, but excludes civil union partners for Idaho residents. **Specific Benefit Exclusions and Limitations:** The timeframe to obtain services following a covered accident is extended in NM, VT and WA, the exclusion for Physician Office Visit does not apply to residents of ID. For residents of TX Emergency Care exclusion is limited to treatment provided by an Immediate Family Member and does not apply to a licensed dentist. **Hospital Stay/Intensive Care Unit Stay** requires a 31-day minimum for Idaho residents. See your Certificate for detail. For residents of NH Hospital/Intensive Care Unit stays within 180 days for the same or a related Covered Accident are considered one Stay. Common Exclusions may vary for residents of AK, ID, LA, MN, NC, NM, SC, SD, VT and WA. **Wellness Treatment, Health Screening Test and Preventive Care Benefit** is not available to residents of ID. For residents of WA it is titled Health Screening Test or Preventive Care and for residents of OR it is titled Wellness Treatment and Health Screening Test Benefit. The coverage effective date will not be deferred for residents of TX if receiving chemotherapy or radiation treatment and deferring due to disability or ADLS only applies to the Spouse. For residents of ID the effective date won't be deferred due to ability to perform ADLs. Ground or Water Ambulance/Air Ambulance benefits may differ for residents of CT. **Portability** in TX and VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. Portability conditions may differ for residents of AK, AR, CT, FL, ID, LA, ME, MD, MS, NH, NC, ND, SC, TX, VT, WA, and WI. Covid-19 Test and Screening benefits are not available to residents of ID and WA. **Physician Office Visit** will always be available to residents of AK, VT, and WA. Emergency Care Treatment, Diagnostic Exam, and Ambulance benefit(s) will always be available to residents of VT and WA. **Hospital Stay/Intensive Care Unit Stay** benefit(s) will always be available to residents of VT. **Hospital Stay/Intensive Care Unit Stay** additional benefits may be available to resident of ID and NH. **Covered Accident** definition differs for residents of AR, ID, NM, VT and WA. Benefits may not be available or may be limited to residents of NM. Covered Injury definition differs for residents of NM. Covered Loss definition differs for residents of NM, VT. Hospital definition differs for residents of NH and VT. **Accidental Death and Dismemberment:** Benefit a minimum benefit of $1,000 for Loss of Finger or Loss of Toe will be available for residents of NH. Sports Benefit is not available to residents of WA. Hospital definition differs for residents of CO, ID, MO, NH, NM, NY, RI, TX, WA and WV.

Series 1.0

Terms and conditions of coverage for Accidental Insurance are set forth in Group Policy No. AI111622. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference.

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. For costs and details of coverage, contact a Cigna Healthcare representative. Accidental Injury, Critical Illness, and Hospital Care plans or insurance policies are distributed exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna Healthcare names, logos, and marks are owned by Cigna Intellectual Property, Inc.

958323 © 2026 Cigna. Some content provided under license.

Hospital Indemnity Insurance

Cigna | http://mycigna.com| 800-754-3207

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!



IMPORTANT: This is a fixed indemnity policy,
NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**naic.org**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Insured by Cigna Health and Life Insurance Company

Employee-Paid

HOSPITAL CARE COVERAGE

SUMMARY OF BENEFITS

Prepared for: Pflugerville ISD
Plan Effective Date: 01/01/2027

Hospital Care coverage provides a benefit according to the schedule below when a Covered Person incurs a Hospital stay resulting from a Covered Injury or Covered Illness *See State Variations (marked by *) below.*

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.
You: All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 30 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens or non-United States citizens legally working and living in the United States (Inpats) and their Spouse, Domestic Partner, or Civil Union Partner and Dependent Children who are United States citizens or permanent resident aliens or Spouse, Domestic Partner, or Civil Union Partner or Dependent Child Inpats and who are legally residing in the United States.
You will be eligible for coverage the first of the month coinciding with or next following Date of Hire or active service. .
Your Spouse/Domestic Partner: Up to age 100, as long as you apply for and are approved for coverage yourself.
Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand the terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.
Benefit Waiting Period:* None, unless otherwise stated. No benefits will be paid for a loss which occurs during the Benefit Waiting Period.
NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

Hospitalization Benefits	Plan 1	Plan 2	Plan 3
Hospital Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	$500	$1,000	$1,500
Hospital Intensive Care Unit Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	$500	$1,000	$1,500
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	$50	$100	$100
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	$100	$200	$200
Hospital Intensive Care Unit (ICU) Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	$200	$400	$400
Hospital Observation Stay 24 hour Elimination Period. Limited to 72 hours. 1 benefit(s) for each 24-hour period or pro rata period of observation.	$100 per 24-hour period	$200 per 24-hour period	$200 per 24-hour period
Newborn Nursery Care Admission Limited to 1 day, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	$200	$200	$200
Newborn Nursery Care Stay* Limited to 30 days, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	$100	$100	$100

Additional Benefits	Plan 1	Plan 2	Plan 3
Wellness Treatment, Health Screening Test and Preventative Care Benefit* *Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.*	$100, limited to 1 per year.	$100, limited to 1 per year.	$100, limited to 1 per year.

Portability Feature:* You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Only available to United States Citizens, Permanent Resident Aliens and non-United States Citizens working in the United States lawfully (Inpats) while residing in the United States.

Employee's Monthly Cost of Coverage:

Tier	Plan 1	Plan 2	Plan 3
Employee Only	$12.44	$21.96	$25.87
Employee and Spouse	$22.43	$39.92	$46.96
Employee and Child(ren)	$23.22	$39.88	$46.13
Employee and Family	$33.21	$57.84	$67.25

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

NOTE: The following are some of the important policy provisions, terms and conditions that apply to benefits described in the policy. This is not a complete list. See your Certificate of Insurance for more information.

Benefit Amounts Payable: Benefits for all Covered Persons are payable at 100% of the Benefit Amounts shown, unless otherwise stated. Late applicants, if allowed under this plan, may be required to provide medical evidence of insurability.

Benefit-Specific Conditions, Exclusions & Limitations (Hospital Care):

Hospital Admission: Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).
Hospital ICU Admission: Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).
Hospital Chronic Condition Admission: Must be admitted as an Inpatient due to a covered chronic condition and treatment for a covered chronic condition must be provided by a specialist in that field of medicine. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).
Hospital Stay: Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.
Intensive Care Unit (ICU) Stay: Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.
Hospital Observation Stay: Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 24 hours on a non-inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.
Newborn Nursery Care Admission and Newborn Nursery Care Stay: Must be admitted as an Inpatient and confined in a Hospital immediately following birth at the direction and under the care of a physician.

Common Exclusions and Limitations:

Exclusions:* In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury or Covered Illness which is caused by or results from any of the following (unless otherwise provided for in the policy): • Intentionally self-inflicted injury, suicide or any attempted threat while sane or insane; • Commission or attempt to commit a felony or an assault; • Declared or undeclared war or act of war; • A Covered Injury or Covered Illness that occurs while on active-duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days; • Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Injury or Covered Illness occurred. (excludes WA residents); • Elective or cosmetic surgery. This does not include reconstructive, cosmetic surgery: a) incidental to or following surgery for trauma, infection or other disease of the involved part; or b) due to congenital disease or anomaly of a Covered Dependent

Common Exclusions and Limitations:

child which has resulted in a functional defect; • Dental surgery, unless the surgery is the result of an accidental injury. In addition, benefits will not be paid for services or treatment rendered by a Physician, Nurse or any other person who is: employed or retained by the Subscriber or providing homeopathic, aroma-therapeutic or herbal therapeutic services or living in the Covered Person's household or a parent, sibling, spouse or child of the Covered Person.

Important Definitions:

Covered Illness: A physical or mental disease or disorder including pregnancy and complications of pregnancy that results in a covered loss. A Covered Illness includes medically-necessary quarantine in a Hospital in conjunction with medically-necessary preventive treatment due to an identifiable exposure to a life-threatening contagious and infectious disease.
Covered Injury: Any bodily harm that results in a covered loss.
Covered Person: An eligible person, as defined in the Schedule of Benefits, who is enrolled and for whom Evidence of Insurability, where required, has been accepted by Us, required premium has been paid when due, and coverage under this Policy remains in force.
Elimination Period: The continuous period of time that must be satisfied before a benefit shown in the Schedule of Benefits is payable. An Elimination Period may be satisfied during the Policy's Benefit Waiting Period.
Hospital:* An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of physicians; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis. The term Hospital does not include a clinic or facility for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients. The term Hospital also does not include a unit of a Hospital for rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care.
Substance Abuse Facility: A residential treatment facility which: (1) offers room and board; (2) provides specialized treatment, rehabilitation or habilitation services for persons with emotional, psychological, developmental, or behavioral dysfunctions, impairments, or chemical dependencies. In residential treatment programs, patients are assisted in acquiring the social and behavioral skills necessary for living independently in the community.
Mental Illness and Nervous Disorder: Neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind, regardless of cause, without demonstrable organic disease, where improvement can reasonably be anticipated with therapy.

Policy Provisions:

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the first of the month following the date your completed enrollment form is received or if evidence of insurability is required, the first of the month after we have approved you (or your dependent) for coverage in writing unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for Covered Persons will not begin on the effective date if the covered person is confined to a hospital, facility or at home; disabled or receiving disability benefits or unable to perform activities of daily living. Deferral of the effective date will not apply to the Newborn Nursery Care Admission and Stay Benefit.
When your coverage ends: Coverage for any Covered Person ends on the earliest of the date they are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your Spouse and Dependent Child(ren), if applicable, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the *Continuation of Insurance* provisions in your Certificate.)
30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

***State Variations**

Spouse definition includes civil union partners in Vermont. **Hospital Stay, Hospital Intensive Care Unit (ICU) Stay, and Newborn Nursery Care Stay** the number of days benefits are payable may differ for residents of ID. **Hospital Stay Hospital Intensive Care Unit (ICU) Stay** benefits will always be included for residents of ND. **Hospital Stay** benefits will always be included for residents of AK. **Hospital Intensive Care Unit (ICU) Admission** benefit is not available for residents of VT, WA, WV. **Hospital Intensive Care Unit (ICU) Stay** Additional ICU Admission benefit is not available for residents of TX, NH. **Observation Stay** the Elimination Period is referred to as an Observation Period for residents of ID and ND. **Elimination Period** will not apply to residents ID and NH. **Exclusions** may vary for residents of MN, MO, NH, SC, SD, and WA. **Portability** in TX, VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. **Wellness Treatment, Health Screen Test or Preventive Care Incentive Benefit** are not available to residents of ID. The Wellness benefit does not include preventive care in NH. Wellness Treatment, Health Screening Test or Preventive Care Benefit dental and ophthalmological exam benefits are not available to residents of WA. Covid- 19 Test and Screening benefits are not available to residents of ID. Benefits may not be available to residents of NM.

Series 1.0
THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. For costs and details of coverage, contact a Cigna Healthcare representative. Accidental Injury, Critical Illness, and Hospital Care plans or insurance policies are distributed exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna Healthcare names, logos, and marks are owned by Cigna Intellectual Property, Inc.

Terms and conditions of coverage for coverage are set forth in Group Policy No. HC111290. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions, policy provisions and/or features may vary by state. Please keep this material as a reference.

958325 © 2026 Cigna. Some content provided under license.

Identity Theft Protection

Allstate| www.infoarmor.com | 800-789-2720

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

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

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





With AI and other tools making scams, fraud and identity theft more convincing and common, safeguarding your data can feel overwhelming and expensive — especially when relying on piecemeal identity and scam tool subscriptions.

That's why Allstate Identity Protection brings multiple solutions together in one plan, which could help you **save more than $900*** while giving you greater peace of mind.

Our Pro+ plan helps keep you connected and protected with:

Identity, financial, and credit protection: Three-bureau credit, financial, and high-risk transaction monitoring plus credit and identity tools.

Identity restoration: Dedicated specialist help paired with expense reimbursement and resolution tracker.

Privacy managment: Online data tool and solicitation reduction plus unwanted ad and robocall blockers.

Digital safety: Dark web and social media monitoring plus family digital safety tools through Bark, like screen time management, web filtering and location tracking.[1]

Family coverage: Protection for the whole family "under roof and wallet," from kids to family members 65+.

Reimbursement: Up to $2M reimbursement for eligible identity theft expenses, including up to $1M stolen funds reimbursement.[2]

Pro+ pricing	Pro+ Cyber pricing
$6.95 per person/month	$8.95 per person/month
$12.95 per family/month	$16.95 per family/month

› Sign up during open enrollment.

Questions? 800-789-2720 or visit myaip.com

Or our Pro+ Cyber plan gives you all the Pro+ features, plus:

Allstate Scam Protection℠: End-to-end digital defense including web protection, scam takedowns, and more. Plus, get up to $50K reimbursement for losses related to scams, including social engineering and cryptocurrency fraud.[3]

Cybersecurity: Mobile and desktop device protection tools plus network security, VPN, and password manager.

Upgraded reimbursement: Up to $5M reimbursement for eligible identity theft expenses, including up to $1M stolen funds reimbursement and up to $100K for cyberbullying-related expenses.[2]

New for 2027

All plans

24/7 human chat support with real specialists when members need guidance but aren't ready to pick up the phone.

Scam safety center provides a centralized resource hub for clear, up-to-date protection guidance against emerging scams.

Pro+ Cyber only

Enhanced scam protection with personal scam alerts and a strengthened email threat scan tool.

Digital household assistant to help families organize and monitor key documents for everyday needs and emergencies and alerts to missing and expired items.

Local safety alerts for nearby verified threats, such as violence and severe weather, so members can act quickly and stay safe.

AIP1068_OE2026_Subscriber Product Flyer Combo_Multi+_6.15.26

You don't have to be a security expert to get expert identity and scam protection.

Enroll today to get protected and stay one step ahead of evolving threats with everything included in our Pro+ or Pro+ Cyber plan.

Choose our Pro+ plan for:

Allstate Scam Protection℠

- Allstate Security Pro® delivers scam education and alerts to help members stay ahead of emerging threats, while the scam safety center provides a centralized hub for clear, up-to-date protection guidance.
- Robocall and text blocking to intercept scam and telemarketing calls and texts.[4]

Privacy management

- Identity health status and monthly email for insight into your identity and digital safety risk level.
- Allstate Digital Footprint® to track where your personal information is stored, spot possible vulnerabilities, and take action.
- Dark web monitoring for compromised data and personal information including Social Security numbers, usernames, emails, and more.
- Social media monitoring for suspicious activity that may indicate hacking or an account takeover.
- Solicitation reduction to opt in or out of the National Do Not Call Registry, credit solicitations, and junk mail reduction.
- Ad blocker for unwanted advertisements, preventing data gathering by online trackers.[4]

Credit monitoring

- Credit monitoring for transactions like new credit inquiries, accounts placed in collections, newly opened accounts, and bankruptcy filings.
- Credit reports for detailed breakdown of credit history and credit score tracker for insights on score changes over time.

Family protection

- Family digital safety tools powered by Bark[1] including web filtering, screen time management, and location tracking.
- Protection for the whole family "under roof and wallet," from kids to family members age 65+ regardless of whether they live with or depend financially on them.

Financial monitoring

- Financial transaction monitoring for bank accounts, credit and debit cards, account thresholds, 401(k)s, and other investment accounts.
- High-risk transaction monitoring for transactions like wire transfers and electronic document signatures.

Identity restoration

- Full-service identity restoration for identity fraud cases managed from start to finish by our highly trained and certified restoration specialist team.
- In-portal conveniences like one-on-one personal coaching, identity fraud finder, and an online scheduler and specialist chat to always have support during open restoration cases.

Financial protection

- Up to $2M reimbursement for eligible identity theft expenses, including up to $1M stolen funds reimbursement.[2]

Or choose our Pro+ Cyber plan to get everything included in Pro+ along with:

Expanded scam protection

- **NEW** personal scam alerts and active real-time scam detection.
- Web protection, email threat detection, scam takedown support and mobile scam alerts.
- Up to $50K for losses related to scams, including social engineering and cryptocurrency fraud.[3]

Cybersecurity

- Personal device protection.
- Military-grade VPN.
- Password manager.
- Network security.

Expanded family protection

- Content monitoring and alerting for 30+ of the most popular apps and social media platforms.

More privacy management

- **NEW** digital household assistant to manage and protect personal information for yourself and the loved ones who rely on you with secure, organized document storage that allows event-triggered access to those who need it, plus guided plans for events like estate preparation as well as reminders for important renewals.
- **NEW** local safety alerts for nearby verified threats, such as violence and severe weather, so members can act quickly and stay safe.
- Data removal to discover and remove your data from broker sites automatically.

Upgraded financial protection

- Up to $5M reimbursement for eligible identity theft expenses, including up to $1M stolen funds reimbursement.[2]
- Up to $100K for eligible cyberbullying-related expenses.[2]

* All comparison cost data pulled March 2026 | Bark monthly rate: $14 | Talkspace monthly rate: $29.99 | Nomorobo Max monthly rate: $6.66 | Average between AdGuard (family plan), AdblockPlus Premium, and TotalAdBlock monthly rate: $5.61 | AIP Blue consumer family plan monthly rate: $36.00.

[1] Bark is a third-party service subject to their own terms, conditions, and availability. Family plan required.

[2] Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for information purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

[3] Cyber insurance, which includes data recovery, cyber extortion, cyber crime and cryptocurrency coverage is underwritten by Houston Casualty Company, a Tokio Marine HCC Company. Please refer to the actual policy for all the terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

[4] Some features require additional activation. Robocall Blocker, Ad Blocker and family digital safety features family plan coverage are available through primary subscriber's account. Privacy management features cover up to five email addresses. Cybersecurity features are managed by each adult member up to 10 devices each.

Products and features are subject to change. Certain features require additional activation and may have additional terms.

Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

Allstate IDENTITY PROTECTION

AIP1068_OE2026_Subscriber Product Flyer Combo_Multi+_6.15.26

Voluntary Retirement Plans



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

403(b) Retirement Plan

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

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

457(b) Retirement Plan

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

Contribution Limits	
2026	**2027**
$24,500	TBD

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.

Employee Assistance Program

OPTUM | https://liveandworkwell.com | 866-248-4094

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.



Optum

PfISD



When you have a long list of stressors — and a longer list of to-dos

When you're dealing with the pressures of everyday life, it can be easy to simply smile and say, "I'm fine." But sometimes, emotions like stress, sadness or even anger can linger.

In those moments, Emotional Wellbeing Solutions is here for you. It's a modern, flexible employee assistance program that offers support for everyday life. Call anytime to speak with an emotional wellbeing navigation specialist who'll listen to your needs and connect you with resources that can help. It's available to all members of your household, including children living away from home.

24/7 availability | **Confidential** | **No cost to you**

Support for everyday life

To learn more, scan the QR code or visit **liveandworkwell.com.**

Sign in with your company access code: pfisd.

Emotional Wellbeing Solutions is available 24/7 at no cost to you

This includes referrals, seeing network providers, initial consultations with mediators or financial and legal experts, and access to our digital experience, which will guide you through available benefits.

1-866-248-4094

Visit
liveandworkwell.com.

Sign in with your company access code: pfisd.

Help is available over the phone or online, anytime

Emotional wellbeing navigation specialists are available by phone and live chat to provide help with a range of life concerns and stressors, including:

- Relationship problems
- Workplace conflicts and changes
- Parenting and family issues
- Caregiver support
- Stress, anxiety and depression
- Legal and financial concerns

You can also access five counseling sessions either in person or virtually with a provider in our large network – at no cost. All conversations are confidential, and we never share your personal records with your employer or anyone else without your permission.





This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply. Stock photos. Posed by models.

© 2026 Optum, Inc. All rights reserved. WF21079208 350424B-022026

Medical Transport

MASA| www.masamts.com| 954-334-8261

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

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

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

Medical Transport	
Monthly Premium	
Emergent Premier (Single or Family)	$17.00
Emergent Platinum (Single or Family)	$35.00



masaAccess

Why choose MASA?

MASA protects your finances and gives you compassionate support for medical transport.

No one should have to worry about transport bills during or after an emergency. Unfortunately — even for the insured — these costly bills have become a normal, expected part of emergency care and continue to rise every year.

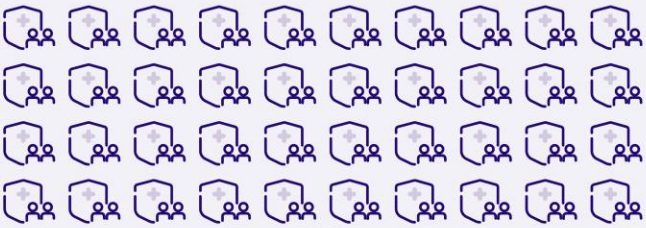
MASA is the simple solution to a complex problem for millions of Americans. As the leading provider of emergency and medical transport protections. MASA supports members with solutions for out-of-pocket costs due to medical transport while also offering services for use during recovery and beyond.

1 in 15 families

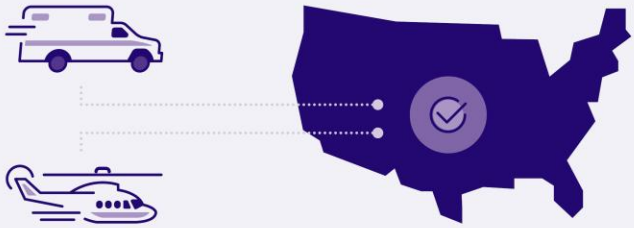
need an ambulance each year[1]



MASA has been trusted for over 50 years and supports 2 million members globally.



Emergency medical transports are included nationwide – no network needed for MASA protection.



Specialized services for emergencies away from home are available – like return transports for the patient, their pets, vehicles, and children.



MASA claims team is focused on paying, not denying, with an easy process – just send us the bill.



Enroll today!

Sources: 1: MASA, Emergency medical transportation: The true costs — and how they're rising, 2024 | 2: FAIR Health, 2023

This material is for informational purposes only and does not provide protection or coverage. MASA plans and products provide supplemental protection and are not a substitute for primary health insurance, Medicare, or other major medical coverage. Medicaid does not qualify as underlying coverage. Availability, premiums, protections or benefits, and product or plan features vary by state and selected plan. Benefits, protections, and descriptions listed are summaries only and are subject to applicable plans, terms, conditions, limitations, and exclusions. For additional details and disclosures, visit info.masaglobal.com/disclaimers.

	Emergent Premier	Platinum
Emergency Ground Ambulance Transport Protection: If you ever need an emergency ground ambulance, MASA will pay for your eligible out-of-pocket expenses.	● [2]	● [2]
Emergency Air Ambulance Transport Protection: If a first responder or doctor says air transport is medically necessary during your serious emergency, MASA will pay for your eligible out-of-pocket flight expenses.	$20k max per claim[2]	● [2]
Hospital to Hospital Ground Ambulance Transport Protection: If your doctor orders a ground ambulance to move you to another hospital for specialized care, MASA will pay for your eligible out-of-pocket expenses.	● [2]	● [2]
Hospital to Hospital Air Ambulance Transport Protection: If your doctor orders an air ambulance to transfer you to a different hospital with the necessary level of care, MASA will pay for your eligible out-of-pocket expenses.	$20k max per claim[2]	● [2]
Repatriation to Hospital Near Home Transport: After a hospital stay more than 100 miles away from home, MASA will help arrange and pay for air or ground transportation so you can return home to recover.	● [3]	● [4]
Emergency Water Ambulance Transport Protection: If you experience a serious medical emergency, MASA will reimburse your eligible out-of-pocket costs up to $2,500 when you're transported by a watercraft staffed with emergency personnel who provide care and stabilization during transport.	$2,500 max per claim[3]	$2,500 max per claim[3]
Treat and No Transport: If emergency first responders treat you during an emergency but determine you don't need to be transported, MASA will reimburse up to $500 for eligible out-of-pocket expenses.	$500 max per claim, limit 2 per year[1]	$500 max per claim, limit 2 per year[1]
NEW! Parent Protection: If your parent needs emergency ground or air ambulance transport, MASA will pay for their eligible out-of-pocket expenses.	---	Limit 2 per year[2]
Minor Return Transport Protection: If a child under 18 is left without a guardian due to your ambulance transport, MASA will reimburse eligible expenses to safely return them to family or a responsible caregiver.	$2,500 max per claim[3]	$2,500 max per claim[3]
Pet Return Transport Protection: If your pet is left behind after an ambulance transport, MASA will reimburse eligible expenses to bring them home safely.	$2,500 max per claim[3]	$2,500 max per claim[3]
Sick While Away From Home Expense Protection: If you get sick or contract a communicable disease more than 100 miles from home, MASA will reimburse eligible expenses like lodging, meals, medical visits for proof of illness, testing, and airline re-booking.	$5k max, limit 2 pp per year[4]	**NEW!** $5k max, limit 2 pp per year[4]
Post-Admission Continued Care Transport Protection: MASA will reimburse up to $500 in eligible expenses for non-emergency ground transport or ride-shares between medical facilities, rehab, long-term care, hospice, or back home for continued care.	$500 max pp[1]	**NEW!** $500 max pp[1]
Patient Return Transport: After being discharged from the hospital following an emergency more than 100 miles from home, MASA will arrange and pay for your commercial flight back home.	---	● [4]
Companion Emergency Transport Protection: MASA will reimburse eligible out-of-pocket expenses related to having a companion ride with you during emergency transport.	---	● [3]
Hospital Visitor Air Transport: If you're hospitalized more than 100 miles away from home, MASA will arrange and pay for round-trip air transportation for someone you choose to be with you.	---	Limit 2 per year[3]
Vehicle & RV Return: If your vehicle or RV is left unattended after an ambulance transport, MASA will help arrange and pay to get it back to your home or rental location.	---	● [3]
Organ Retrieval Transport: MASA will reimburse eligible out-of-pocket expenses to transport an organ needed for your transplant.	---	● [1]
Organ Recipient Transport: If you need an organ transplant, MASA will help arrange and pay for your flight to the airport closest to where the surgery will take place.	---	● [1]
Mortal Remains Return Transport: In the unfortunate event a member passes away more than 100 miles from home, MASA will help support and reimburse eligible expenses to bring their remains home.	---	● [4]
NEW! Advocate Assist: If your insurance denies medical necessity for a covered air ambulance transport, MASA will connect you with an advocate to review your policy, negotiate bills, and guide you through appeals.	---	● [2]
Monthly protection rate	**$17**	**$35**

Scan for product guide >>>

Coverage territories
1: Continental U.S., Hawaii, and Alaska | 2: Continental U.S., Hawaii, Alaska, and Canada | 3: Continental U.S., Hawaii, Alaska, Canada, Mexico, and the Caribbean
4: Worldwide: to include any region with the exclusion of Antarctica and not prohibited by U.S. law or U.S. travel advisories. Contingent upon ten (10) day notice of travel.

Disclaimer
This material is for informational purposes only and does not provide protection or coverage. MASA plans and products provide supplemental protection and are not a substitute for primary health insurance, Medicare, or other major medical coverage. Medicaid does not qualify as underlying coverage. Availability, premiums, protections or benefits, and product or plan features vary by state and selected plan. Benefits, protections, and descriptions listed are summaries only and are subject to applicable plans, terms, conditions, limitations, and exclusions. For additional details and disclosures, visit info.masaglobal.com/disclaimers.

Emergency medical transportation protection

masaAccess

When you need to call 911, cost shouldn't be a concern. With MASA, you can get the emergency care you need without worrying about how to pay for the ride.

Why you need it

An ambulance ride can happen when you least expect it — and for 1 in 15 U.S. families each year, it does.[5] Unfortunately, as many as 60% of privately insured ground ambulance rides could result in an out-of-network bill.[6]

How it works

MASA steps in after your primary health insurance pays its portion for the emergency ambulance bill, protecting you from unexpected out-of-pocket costs, including relevant copays, deductibles, and balance bills. All air and ground ambulance providers are included, nationwide. Plus, MASA offers access to expert post-emergency coordination services.

	Emergent Premier	Platinum
Emergency Ground Ambulance Transport Protection	● [2]	● [2]
Emergency Air Ambulance Transport Protection	$20k max per claim[2]	● [2]
Hospital to Hospital Ground Ambulance Transport Protection	● [2]	● [2]
Hospital to Hospital Air Ambulance Transport Protection	$20k max per claim[2]	● [2]
Repatriation to Hospital Near Home Transport	● [3]	● [4]
Emergency Water Ambulance Transport Protection	$2,500 max per claim[3]	$2,500 max per claim[3]
Treat and No Transport	$500 max per claim, limit 2 per year[1]	$500 max per claim, limit 2 per year[1]
NEW! Parent Protection	---	Limit 2 per year[2]
Minor Return Transport Protection	$2,500 max per claim[3]	$2,500 max per claim[3]
Pet Return Transport Protection	$2,500 max per claim[3]	$2,500 max per claim[3]
Sick While Away From Home Expense Protection	$5k max, limit 2 pp per year[4]	NEW! $5k max, limit 2 pp per year[4]
Post-Admission Continued Care Transport Protection	$5k max, limit 2 pp per year[4]	NEW! $5k max, limit 2 pp per year[4]
Patient Return Transport	---	● [4]
Companion Emergency Transport Protection	---	● [3]
Hospital Visitor Air Transport	---	Limit 2 per year[3]
Vehicle & RV Return	---	● [3]
Organ Retrieval Transport	---	● [1]
Organ Recipient Transport	---	● [1]
Mortal Remains Return Transport	---	● [4]
NEW! Advocate Assist	---	● [2]
Monthly protection rate	**$17**	**$35**

Coverage territories
1: Continental U.S., Hawaii, and Alaska | 2: Continental U.S., Hawaii, Alaska, and Canada | 3: Continental U.S., Hawaii, Alaska, Canada, Mexico, and the Caribbean | 4: Worldwide: to include any region with the exclusion of Antarctica and not prohibited by U.S. law or U.S. travel advisories. Contingent upon ten (10) day notice of travel.

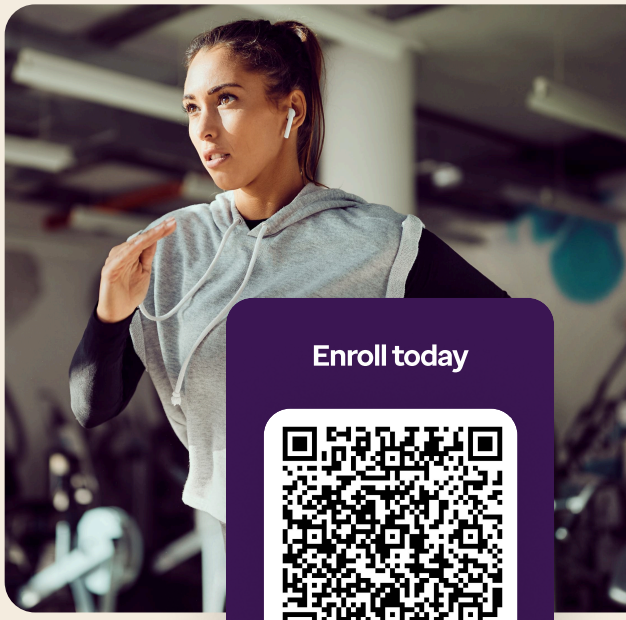
Disclaimer
This material is for informational purposes only and does not provide protection or coverage. MASA plans and products provide supplemental protection and are not a substitute for primary health insurance, Medicare, or other major medical coverage. Medicaid does not qualify as underlying coverage. Availability, premiums, protections or benefits, and product or plan features vary by state and selected plan. Benefits, protections, and descriptions listed are summaries only and are subject to applicable plans, terms, conditions, limitations, and exclusions. For additional details and disclosures, visit info.masaglobal.com/disclaimers.

Scan for product guide >>>

OnePass

More access. Less hassle. One Pass.

Fitness platforms are only a benefit if you actually want to use them. That's why One Pass gives you access to one of the largest networks*, and the flexibility to use multiple gyms or fitness centers monthly. Feel your best. And save big compared to retail memberships while you're at it.



Enroll today

Visit OnePassSelect.com

All access

Visit multiple gyms and online classes every month

Member perks

A grocery delivery subscription and more perks

5 tiers

Multiple membership tiers and option to change tiers monthly

No contract

No long-term contracts or annual gym registration fees

20,000+ gyms. **35,000+** online classes. **All included.**

CRUNCH · LA FITNESS · planet fitness · CLUB PILATES · EOS FITNESS · PVOLVE · iFIT · DAILY BURN · FAN HUDDLE

*Gym network and other One Pass features may vary by membership tier.

Membership is instant, and you will be charged for the full current calendar month on the day you sign up (One Pass does not offer proration).

One Pass is a voluntary program. The information provided about this program is for general informational purposes only. Detailed information and terms and conditions of the program can be found at one-pass.com. Medicare Advantage members may want to consider consulting with an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. One Pass program availability and facilities (including equipment, classes, personalized fitness plans and events) vary by plan/area. One Pass is not responsible for the services or information provided by third parties. Purchasing discounted gym and fitness studio memberships may have tax implications. Members and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships under this program.

ENROLLMENT WILL BE DIRECTLY WITH METLIFE.

MetLife | Pet Insurance

Therapist. Comedian. Best friend for life.

Help give them protection with MetLife Pet Insurance.



MetLife Pet Insurance helps cover the costs of unexpected accidents or illnesses, so nothing gets in the way of caring for your pet when they need it most.

Coverage that's a breed apart

With MetLife Pet Insurance, you can count on:

The freedom to visit any U.S. veterinarian. Exam fees are covered for accidents and illnesses.

Flexible plans with no breed exclusions. Find coverage that fits your pet's needs and your budget.

Extra savings with value-driven policies, options and discounts.

- **Multi-pet policy**[1] – 5% for the 2nd policy and 10% for each additional policy
- **Family plans option**[2] – One policy and a shared deductible for up to three dogs and cats
- **Discounts of up to 30%**[3] – Enjoy additional savings on pet care, where available

Optional Preventive Care coverage – Save on routine wellness expenses with industry-leading benefits.

How does MetLife Pet Insurance work?

Choose the coverage that's right for you.

Download our mobile app

Visit any U.S.-licensed veterinarian or emergency clinic.

Pay the bill within 90 days and send it to us with your claim documents through our mobile app, online portal, email, fax or mail.

Get a percentage of your money reimbursed[4] by check or direct deposit if the claim expense is covered under the policy.

You'll have **the power of choice** to customize your coverage

With our flexible plans, you can select the plan that fits your pet's needs and your finances. Here are just some of the treatments and conditions we cover:

Essential Care coverage
Accidents and illness
Diabetes
Ear infections
Pancreatitis
Cancer
Cruciate ligament

Sophisticated Care coverage
Laser therapy
Holistic care
Acupuncture
Hydrotherapy
IVDD

Optional Preventive Care coverage
Flea and tick
Spay and neuter
Heartworm
Behavioral training
Teeth cleaning

Explore other plan benefits (where available)

24/7 live vet chat[5] – Get immediate assistance, even on weekends and holidays!

Healthy pet incentive[6]

Automatic coverage increases annually[7]

Loss or theft coverage

Mortality benefits

Enroll at metlife.com/getpetquote.

Scan Now

Questions? Call 1-800-GET-MET8 (1-800-438-6388)

1. A multi-policy discount is not available with Family Plans.
2. Family plan policies are limited to dogs age 12 and under and cats age 14 and under. Multi-policy discount is not available with Family Plans.
3. When using multiple discounts, discounts cannot exceed 30%. Each discount may not be available in all states. Please contact MetLife Pet for further details.
4. Reimbursement options include: 50%, 70%, 80% and 90%. Pet age restrictions may apply.
5. Virtual veterinary services are available through the MetLife Pet app and are provided entirely by AskVet, a third-party partner; MetLife is not responsible for any pet guidance or advice provided or taken. Veterinarians providing virtual veterinary services cannot prescribe medication or answer questions about the pet policy.
6. Your pet's deductible automatically decreases by $50 each policy year, so you don't receive a claim reimbursement.
7. If a policy's annual limit is at least $5,000 and the policyholder has at least $1,000 of unused benefits remaining at the end of the policy year, then upon renewal, MetLife will automatically increase the annual limit by $500 for the renewal policy at no additional cost. The automatic annual limit increase will not apply if changes are made to the renewed policy. May not be available in all states.

Coverage issued by Metropolitan General Insurance Company, a Rhode Island insurance company headquartered at 700 Quaker Lane, Warwick, RI 02886. Availability is subject to regulatory approval. Coverage subject to restrictions, exclusions and limitations and application is subject to underwriting. See policy or contact MetLife Pet Insurance Solutions LLC ("MetLife Pet") for details. MetLife Pet is the policy administrator. It may operate under an alternate or fictitious name in certain jurisdictions, including MetLife Pet Insurance Services LLC (New York and Minnesota) and MetLife Pet Insurance Solutions Agency LLC (Illinois).

L0924043611[exp0926][All States][DC]
© 2024 MetLife Services and Solutions, LLC, New York, NY 10166. All Rights Reserved
© 2024 Peanuts Worldwide LLC

COBRA

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

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

COBRA Highlights

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



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.

Contact Information

Product	Carrier	Website	Phone
Medical	Healthcare Highways	www.healthcarehighways.com	833-841-6703
Dental	The Standard	www.thestandard.com	800-547-9515
Vision	VSP	www.vsp.com	800-877-7195
Disability	The Standard	www.thestandard.com	800-368-1135
Accident	Cigna	http://mycigna.com	800-754-3207
Critical Illness	Cigna	http://mycigna.com	800-754-3207
Hospital Indemnity	Cigna	http://mycigna.com	800-754-3207
Term Life	The Standard	www.thestandard.com	800-628-8600
Identity Theft	Allstate	www.infoarmor.com	800-789-2720
Retirement Plans	TCG	www.tcgservices.com	800-943-9179
Health FSA	FFGA	https://ffa.wealthcareportal.com	866-853-3539
Dependent Care FSA	FFGA	https://ffa.wealthcareportal.com/	866-853-3539
Employee Assistance Program	Optum	liveandworkwell.com	866-248-4094
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Medical Transportation	MASA	http://www.masamts.com	954-334-8261