



**EAGLE MOUNTAIN  
SAGINAW ISD**

*Fostering a Culture of Excellence*

# Eagle Mountain Saginaw ISD EMPLOYEE BENEFITS GUIDE

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2020-2021 Plan Year



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Eagle Mountain Saginaw ISD offers eligible employees a competitive benefits package that includes both district-paid and voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on the Employee Benefits Center website, <https://benefits.ffga.com/eaglemountainsaginawisd>

Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to your First Financial Account Manager or your Benefits department.

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Eagle Mountain Saginaw ISD - Benefits Office

1200 Old Decatur Rd, Bldg 6, Fort Worth, TX 76179 | 817-232-0880 ext 2978

## ELIGIBILITY

Eligible employees must be actively at work on the plan effective date for new benefits to be effective. Group health insurance coverage is available to all full time and part time (10 or more hours per week) employees.

## BENEFITS ENROLLMENT

### EMPLOYEE BENEFITS CENTER

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit <https://benefits.ffga.com/eaglemountainsaginawisd> today!

### NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. Your New Hire Enrollment elections will be made at the Eagle Mountain Saginaw ISD.

### EXISTING EMPLOYEES

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

## MID-YEAR BENEFIT CHANGES

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change.

### QUALIFYING LIFE EVENTS INCLUDE:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption, or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual & student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan
- Change in place of residence or worksite, a student moving to or from the place they attend school, a seasonal worker moving to or from the place they both live & work, moving to or from a shelter or other transitional housing.

## 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.**



## TRS-ACTIVECARE

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

## PPO Plans – Administered by BCBSTX

### TRS-ActiveCare Primary

- Copays for doctor visits and generic prescriptions before you meet deductible
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage

### TRS-ActiveCare HD

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

### TRS-ActiveCare Primary Plus

- Copays for many services and drugs
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage

### TRS-ActiveCare 2 – CLOSED TO NEW ENROLLEES

- Copays for many drugs and services
- Nationwide network with out-of-network coverage

### PPO Plan Prescription Benefits

CVS Caremark | [www.caremark.com](http://www.caremark.com) | 1.866.355.5999

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

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

[https://www.trs.texas.gov/Pages/healthcare\\_activecare\\_new\\_rates\\_2021.aspx](https://www.trs.texas.gov/Pages/healthcare_activecare_new_rates_2021.aspx)

## HMO Plans

### Baylor Scott & White HMO

- Copays for doctor visits and generic prescriptions before you meet deductible
- In-Network only – no out-of-network benefits

# Eagle Mountain-Saginaw ISD

## TRS Medical Rates

2020-2021 Plan Year

(Effective 09/01/2020- 08/31/2021)

12 Pay

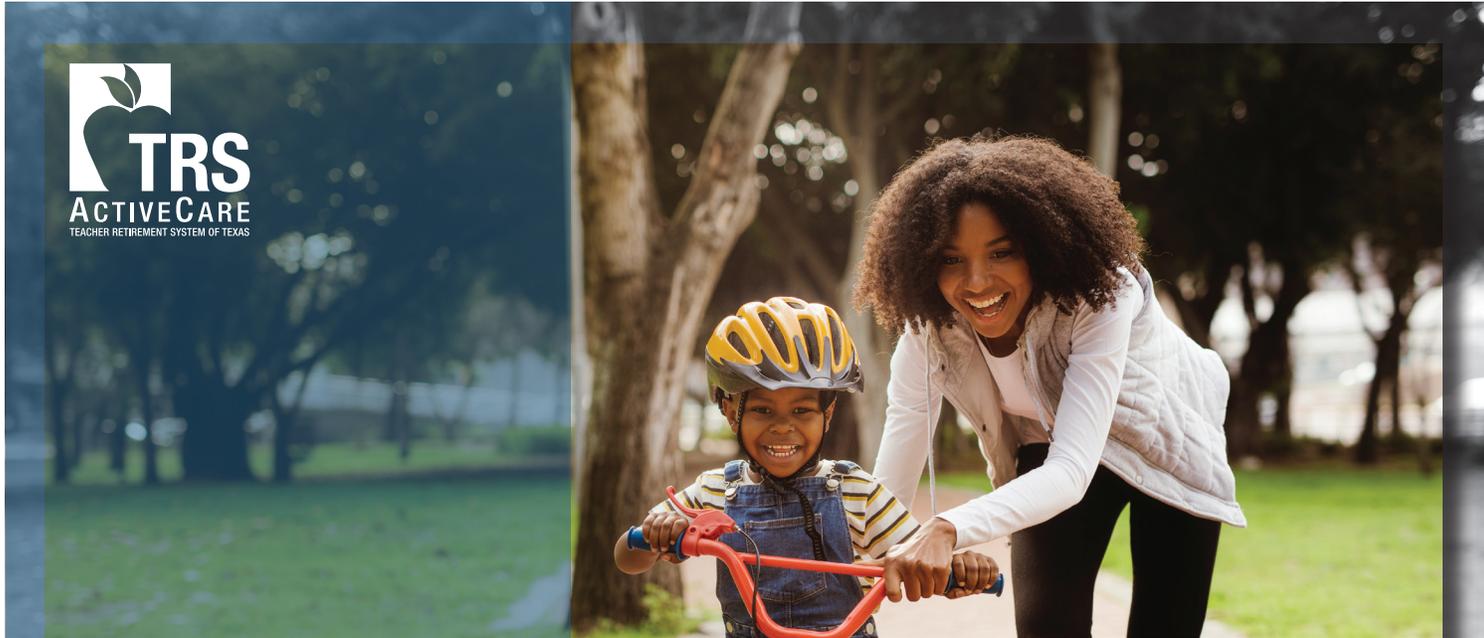
<b>TRS ACTIVECARE Primary (New!)</b>	Total Cost	Employer Contribution	Your Monthly Cost
Employee Only	\$386	\$275	\$111
Employee & Child(ren)	\$695	\$275	\$420
Employee & Spouse	\$1,089	\$275	\$814
Employee & Family	\$1,301	\$275	\$1,026

<b>TRS ACTIVECARE HD (formerly 1-HD)</b>	Total Cost	Employer Contribution	Your Monthly Cost
Employee Only	\$397	\$275	\$122
Employee & Child(ren)	\$715	\$275	\$440
Employee & Spouse	\$1,120	\$275	\$845
Employee & Family	\$1,338	\$275	\$1,063

<b>ACTIVECARE Primary + (formerly Select)</b>	Total Cost	Employer Contribution	Your Monthly Cost
Employee Only	\$514	\$275	\$239
Employee & Child(ren)	\$834	\$275	\$559
Employee & Spouse	\$1,264	\$275	\$989
Employee & Family	\$1,588	\$275	\$1,313

<b>ACTIVECARE 2</b>	Total Cost	Employer Contribution	Your Monthly Cost
Employee Only	\$937	\$275	\$662
Employee & Child(ren)	\$1,393	\$275	\$1,118
Employee & Spouse	\$2,222	\$275	\$1,947
Employee & Family	\$2,627	\$275	\$2,352

<b>Scott &amp; White HMO</b>	Total Cost	Employer Contribution	Your Monthly Cost
Employee Only	551.10	\$275	276.10
Employee & Child(ren)	883.50	\$275	608.50
Employee & Spouse	1,382.06	\$275	1,107.06
Employee & Family	1,478.56	\$275	1,203.56



# ACTIVATE YOUR HEALTH:

## TRS-ActiveCare Plan Highlights 2020-21



► **This new year brings new opportunities to unlock your potential and take charge of your wellness.**

After connecting with your district leaders to learn how we could enhance the quality of your coverage, we're providing improved pricing, more network choices, simplified coverage and a new plan with a lower premium and copays.

**Welcome to the 2020-21 TRS-ActiveCare, where you can empower the best you.**

### What to Know

#### How to Calculate Your Monthly Premium

Total Monthly Premium	
⊖ Your District and State Contributions	
⊖ Your Premium	
.....	
Calculate Your Monthly Premium	
⊖	
⊖	

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

#### Learn the Terms

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

# 2020-21 TRS-ActiveCare Plan Highlights

Sept. 1, 2020 – Aug. 31, 2021



## What's New

- Primary plan with a **lower premium and copays**
- Primary+ (formerly Select) **decreased premiums** by up to 8%
- **Broader networks** of health care providers
- **Lower premiums** for families with children

## Leverage Your \$0 Preventive Care\*

- Annual routine physicals (ages 12+)
- Annual mammogram (ages 40+)
- Annual OB/GYN exam & pap smear (ages 18+)
- Annual prostate cancer screening (ages 45+)
- Well-child care (unlimited up to age 12)
- Healthy diet/obesity counseling (unlimited to age 22; ages 22+ get twenty-six visits per year)
- Smoking cessation counseling (8 visits per year)
- Breastfeeding support (six per year)
- Colonoscopy (ages 50+ once every ten years)

\*Available for all plans. See benefits guides for more details.

## Did You Know

- Our provider search tool will be available in June.
- Choosing a PCP helps you meet your health goals faster.
- Generic medications save money! Ask your provider if your medicine has a generic.

All TRS-ActiveCare participants have **three plan options**. Each is designed with the unique needs of our members in mind.

	<b>NEW:</b> TRS-ActiveCare Primary	TRS-ActiveCare HD	TRS-ActiveCare Primary+
Plan summary	<ul style="list-style-type: none"> <li>• Lower premium</li> <li>• Copays for doctor visits before you meet deductible</li> <li>• Statewide network</li> <li>• PCP referrals required to see specialists</li> <li>• Not compatible with health savings account (HSA)</li> <li>• No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Similar to current 1-HD</li> <li>• Lower premium</li> <li>• Compatible with health savings account (HSA)</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for PCPs or referrals</li> <li>• Must meet deductible before plan pays for non-preventive care</li> </ul>	<ul style="list-style-type: none"> <li>• Simpler version of the current Select plan</li> <li>• Lower deductible than HD and primary plans</li> <li>• Copays for many services and drugs</li> <li>• Higher premium</li> <li>• Statewide network</li> <li>• PCP referrals required to see specialists</li> <li>• Not compatible with a health savings account (HSA)</li> <li>• No out-of-network coverage</li> </ul>
If you make no changes during Annual Enrollment, you'll have the following plan...	Only employees that choose this new plan during Annual Enrollment will be enrolled in it.	If you're currently in TRS-ActiveCare 1-HD and you make no change during Annual Enrollment, this will be your plan next year.	If you're currently in TRS-ActiveCare Select and you make no changes during Annual Enrollment, this will be your plan next year.

## Total Monthly Premiums

Employee Only	\$386	\$397	\$514
Employee and Spouse	\$1,069	\$1,120	\$1,264
Employee and Children	\$695	\$715	\$834
Employee and Family	\$1,301	\$1,338	\$1,588

## Plan Features

Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,800/\$5,600	\$5,500/\$11,000	\$1,200/\$3,600
Coinurance	You pay 30% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$20,250/\$40,500	\$6,900/\$13,800
Network	Statewide Network	Nationwide Network	Nationwide Network	Statewide Network
Primary Care Provider (PCP) Required	Yes	No	No	Yes

## Doctor Visits

Primary Care	\$30 copay	You pay 20% after deductible	You pay 40% after deductible	\$30 copay
Specialist	\$70 copay	You pay 20% after deductible	You pay 40% after deductible	\$70 copay
TRS Virtual Health	\$0 per consultation	\$30 per consultation	\$30 per consultation	\$0 per consultation

## Immediate Care

Urgent Care	\$50 copay	You pay 20% after deductible	You pay 40% after deductible	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
TRS Virtual Health	\$0 per consultation	\$30 per consultation	\$30 per consultation	\$0 per consultation

## Prescription Drugs

Drug Deductible	Integrated with medical	Integrated with medical	\$200 brand deductible
Generics (30-Day Supply / 90-Day Supply)	\$15/\$45 copay	You pay 20% after deductible	\$15/\$45 copay
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible

## TRS-ActiveCare 2

- Closed to new enrollees
- Current enrollees can choose to stay in plan
- Lower deductible
- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals

If you're currently in TRS-ActiveCare 2, and you make no changes during Annual Enrollment, you will remain in TRS-ActiveCare 2 next year.

Employee Only	\$937
Employee and Spouse	\$2,222
Employee and Children	\$1,393
Employee and Family	\$2,627

## In-Network

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

## \$30 copay

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible
\$0 per consultation	

## \$50 copay

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

## \$200 brand deductible

\$200 brand deductible	
\$20/\$45 copay	
You pay 25% after deductible (\$40 min/\$80 max)/	
You pay 25% after deductible (\$105 min/\$210 max)	
You pay 50% after deductible (\$100 min/\$200 max)/	
You pay 50% after deductible (\$215 min/\$430 max)	
You pay 20% after deductible (\$200 min/\$900 max)/	
No 90-Day Supply of Specialty Medications	

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

# 2020-21 Health Maintenance Organization Plans and Premiums for Select Regions of the State

## REMEMBER:

Remember that when you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas another regional plan option.

	Central and North Texas Baylor Scott & White HMO <i>Brought to you by TRS-ActiveCare</i>	South Texas Blue Essentials HMO <i>Brought to you by TRS-ActiveCare</i>	West Texas Blue Essentials HMO <i>Brought to you by TRS-ActiveCare</i>
	<b>You can choose this plan if you live in one these counties:</b> Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	<b>You can choose this plan if you live in one these counties:</b> Cameron, Hildalgo, Starr, Willacy	<b>You can choose this plan if you live in one these counties:</b> Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums			
Employee Only	\$551.10	\$491.54	\$534.42
Employee and Spouse	\$1,382.06	\$1,182.52	\$1,287.58
Employee and Children	\$883.50	\$766.96	\$835.68
Employee and Family	\$1,478.56	\$1,258.52	\$1,370.12

Plan Features			
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$950/\$2,850	\$500/\$1,000	\$950/\$2,850
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 25% after deductible
Individual/Family Maximum Out-of-Pocket	\$7,450/\$14,900	\$4,500/\$9,000	\$7,450/\$14,900

Doctor Visits			
Primary Care	\$20 copay	\$25 copay	\$20 copay
Specialist	\$70 copay	\$60 copay	\$70 copay

Immediate Care			
Urgent Care	\$50 copay	\$75 copay	\$50 copay
Emergency Care	\$500 copay after deductible	You pay 20% after deductible	\$500 copay before deductible plus 25% after deductible

Prescription Drugs			
Drug Deductible	\$150 (excl. generics)	\$100	\$150
Days Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply
Generics	\$5/\$12.50 copay	\$10/\$30 copay	\$5/\$12.50 copay ACA Preventative: \$0
Preferred Brand	30% after deductible	\$40/\$120 copay	30% after deductible
Non-preferred Brand	50% after deductible	\$65/\$195 copay	50% after deductible
Specialty	15%/25% after deductible (preferred/nonpreferred)	You pay 20% after deductible	15%/25% after deductible (preferred/nonpreferred)

# Clever RX



Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

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

## HIGHLIGHTS

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

Use Clever RX every time you pay for a medication for instant savings! Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.

C L E V E R **RX** PRESCRIPTION SAVINGS CARD C L E V E R **RX** CLEVERRX.COM

**SAVE UP TO 80%** on prescription drugs at virtually all U.S. pharmacies!

**BIN: 610378**  
**PCN: SC1**  
**Group: 1062**  
**Member ID: 1000**

For even greater savings,  
download the app for **FREE!**

Download on the **App Store** **Google play**

**Pharmacist Help Line: 800-974-3135**  
**Customer Help Line: 800-873-1195**

**THIS CARD IS NOT INSURANCE**

This card valid exclusively at CVS, Target, Longs Drugs, Walmart, Kroger, Fry's, Harris Teeter, Walgreens, and Duane Reade. For thousands more pharmacies, download the **Clever RX App**.

# Dental Insurance



Metlife | [www.askmetlife.com](http://www.askmetlife.com) | 1.800.942.0854

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 the right 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
- Crowns
- Root Canals

DENTAL MONTHLY PREMIUMS		
	HIGH PPO	LOW PPO
EMPLOYEE ONLY	\$46.99	\$24.35
EMPLOYEE + 1	\$83.96	\$44.90
EMPLOYEE + FAMILY	\$132.25	\$69.31

## MetLife Dental Insurance Plan Summary

**Network: PDP Plus**

Coverage Type	PLAN OPTION 1 High Plan		PLAN OPTION 2 Low Plan	
	In-Network % of Negotiated Fee*	Out-of-Network % of Negotiated Fee*	In-Network % of Negotiated Fee*	Out-of-Network % of Negotiated Fee*
<b>Type A: Preventive</b> (cleanings, exams, X-rays)	100%	100%	100%	100%
<b>Type B: Basic Restorative</b> (fillings, extractions)	80%	80%	80%	80%
<b>Type C: Major Restorative</b> (bridges, dentures)	50%	50%	50%	50%
<b>Type D: Orthodontia</b>	50%	50%	50%	50%
<b>Deductible†</b>				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
<b>Annual Maximum Benefit</b>				
Per Person	\$2,000	\$2,000	\$1,000	\$1,000
<b>Orthodontia Lifetime Maximum</b>				
Per Person	\$1,000	\$1,000	\$750	\$750

**Child(ren)'s eligibility** for dental coverage is from birth up to age 26, age 26 if a full-time student.  
**Late enrollment waiting period:** There is a one year waiting period for all services following date of request.

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

†Applies to Type A, B and C Services.

### Monthly Cost

The following monthly costs are effective through August 31, 2021. Your premium will be paid through convenient payroll deduction. Monthly cost covers all eligible children.

High Plan		Low Plan	
Employee Only	\$46.99	Employee Only	\$24.35
Employee + 1 Dependent	\$83.96	Employee + 1 Dependent	\$44.90
Employee + Family	\$132.25	Employee + Family	\$69.31

## List of Primary Covered Services & Limitations

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

### Plan Option 1: High Plan

### Plan Option 2: Low Plan

Type A – Preventive	How Many/How Often	Type A – Preventive	How Many/How Often
Prophylaxis (cleanings)	Two per calendar year	Prophylaxis (cleanings)	Two times per calendar year
Oral Examinations	Two exams per calendar year	Oral Examinations	Two exams per calendar year
Topical Fluoride Applications	One fluoride treatment per calendar year for dependent children up to his/her 18 <sup>th</sup> birthday	Topical Fluoride Applications	One fluoride treatment per calendar year for dependent children under age 18
X-rays	<ul style="list-style-type: none"> <li>▪ Full mouth X-rays; one per 3 years</li> <li>▪ Bitewings X-rays; two sets per calendar year for adult and children</li> </ul>	X-rays	<ul style="list-style-type: none"> <li>▪ Full mouth X-rays; one per 36 months</li> <li>▪ Bitewing X-rays; one set per calendar year for adults and children</li> </ul>
Sealants	One application of sealant material every 3 years per molar of a dependent child age 16 and under	Sealants	One per molar every 5 years for dependent child under age 16
Type B – Basic Restorative	How Many/How Often	Type B – Basic Restorative	How Many/How Often
Fillings	1 replacement per 6 months	Fillings	1 replacement per surface in 24 months
Consultations	2 in 12 months	Consultations	2 in 12 months
Space Maintainers	Space maintainers for dependent children up to his/her 14 <sup>th</sup> birthday.	Repairs	1 in 12 months
Endodontics	Root canal treatment limited to once per tooth per 12 months	Recementations	1 in 12 months
Periodontics	Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year	Dentures – Rebase/Relines	1 in 36 months
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	Denture Adjustments	1 in 12 months
Simple Extractions		Tissue Conditioning	1 in 36 months
Oral Surgery		General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
		Simple Extractions	
Type C – Major Restorative	How Many/How Often	Type C – Major Restorative	How Many/How Often
Prefabricated Crowns	1 per tooth in 5 calendar years	Prefabricated Crowns	1 per tooth in 5 calendar years
		Crown Buildups/ Post Core	1 per tooth in 5 calendar years
Implants	<ul style="list-style-type: none"> <li>▪ 1 per tooth position in 5 calendar years</li> </ul>	Implants	<ul style="list-style-type: none"> <li>▪ 1 per tooth position in 5 calendar years</li> </ul>
Implants Repairs	<ul style="list-style-type: none"> <li>▪ 1 per tooth position in 12 months</li> </ul>	Implants Repairs	<ul style="list-style-type: none"> <li>▪ 1 per tooth position in 12 months</li> </ul>

Bridges and Dentures	<ul style="list-style-type: none"> <li>▪ Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement; one every 5 years</li> <li>▪ Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>	Bridges and Dentures	<ul style="list-style-type: none"> <li>▪ Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>▪ Dentures and bridgework replacement; one every 5 calendar years</li> <li>▪ Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>
Crowns, Inlays and Onlays	<ul style="list-style-type: none"> <li>▪ Replacement once every 5 years</li> </ul>	Crowns, Inlays and Onlays	<ul style="list-style-type: none"> <li>▪ 1 Replacement per tooth in 5 calendar years</li> </ul>
Endodontics	<ul style="list-style-type: none"> <li>▪ Root canal treatment limited to once per tooth per 12 months</li> </ul>	Endodontics	<ul style="list-style-type: none"> <li>▪ Root canal treatment limited to once per tooth per lifetime</li> </ul>
		Occlusal Adjustments	<ul style="list-style-type: none"> <li>▪ 1 in 12 months</li> </ul>
Periodontics	<ul style="list-style-type: none"> <li>▪ Periodontal scaling and root planing twice per quadrant, every 2 years</li> <li>▪ Periodontal surgery once per quadrant, every 3 years</li> </ul>	Periodontics	<ul style="list-style-type: none"> <li>▪ Periodontal scaling and root planing once per quadrant, every 24 months</li> <li>▪ Periodontal surgery once per quadrant, every 36 months</li> <li>▪ Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year</li> </ul>
<b>Type D – Orthodontia</b>	<b>How Many/How Often</b>	<b>Type D – Orthodontia</b>	<b>How Many/How Often</b>
	<ul style="list-style-type: none"> <li>▪ You, your spouse and your children, up to age 19, are covered while Dental insurance is in effect</li> <li>▪ All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia</li> <li>▪ Payments are on a repetitive basis</li> <li>▪ 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary</li> <li>▪ Orthodontic benefits end at cancellation of coverage</li> </ul>		<ul style="list-style-type: none"> <li>▪ Your children, up to age 19, are covered while Dental insurance is in effect.</li> <li>▪ All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia</li> <li>▪ Payments are on a repetitive basis</li> <li>▪ 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary</li> <li>▪ Orthodontic benefits end at cancellation of coverage</li> </ul>

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

## Frequently Asked Questions

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### ***Who is a participating dentist?***

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 15%-45% below the average fees charged in a dentist's community for the same or substantially similar services.<sup>†</sup>

### ***How do I find a participating dentist?***

There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at [www.metlife.com](#) or call 1-800-551-1111 to have a list faxed or mailed to you.

### ***What services are covered under this plan?***

All services defined under the group dental benefits plan are covered. Please review the enclosed plan benefits to learn more.

### ***May I choose a non-participating dentist?***

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher. He/she hasn't agreed to accept negotiated fees. So you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

### ***Can my dentist apply for participation in the network?***

Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1-866-PDP-NTWK for an application.<sup>††</sup> The website and phone number are for use by dental professionals only.

### ***How are claims processed?***

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or request one by calling 1-800-551-1111.

### ***Can I find out what my out-of-pocket expenses will be before receiving a service?***

Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

### ***Can MetLife help me find a dentist outside of the U.S. if I am traveling?***

Yes. Through international dental travel assistance services\* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.\*\* Please remember to hold on to all receipts to submit a dental claim.

### ***Do I need an ID card?***

No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

<sup>†</sup>Based on internal analysis by MetLife. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>††</sup>Due to contractual requirements, MetLife is prevented from soliciting certain providers.

\* AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

\*\*Refer to your dental benefits plan summary for your out-of-network dental coverage.

## **Exclusions**

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### **This plan does not cover the following services, treatments and supplies:**

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth
- Fixed and removable appliances for correction of harmful habits;

- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders.
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

**Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

**Cancellation/Termination of Benefits:** Coverage is provided under a group insurance policy (Policy form GPNP99 / G.2130-S) issued by MetLife. Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP99 or contact MetLife.

**Metropolitan Life Insurance Company**

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# Vision Insurance



Metlife | [www.askmetlife.com](http://www.askmetlife.com) | 1.855.638.3931

Proper vision care is essential to your overall wellbeing. 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 PREMIUMS	
VSP CHOICE PLAN	
EMPLOYEE ONLY	\$9.41
EMPLOYEE + ONE	\$16.02
EMPLOYEE + FAMILY	\$25.53

# Vision Plan Summary

## With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in-network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club<sup>3</sup> and Visionworks.

## In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.<sup>1</sup>

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.<sup>1</sup>

Laser vision correction:<sup>2</sup> Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

### We're here to help

Find a Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision)

Download a claim form at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

For general questions go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-855-MET-EYE1 (1-855-638-3931)

Metropolitan Life Insurance Company

## In-network benefits

There are no claims for you to file when you go to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

	Frequency
<b>Eye exam</b>	Once every <b>12</b> months
<ul style="list-style-type: none"> <li>• Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a <b>\$10</b> copay.</li> <li>• Retinal imaging: Up to a <b>\$39</b> copay on routine retinal screening when performed by a private practice.</li> </ul>	
<b>Frame</b>	Once every <b>24</b> months
<ul style="list-style-type: none"> <li>• Allowance: <b>\$150</b></li> <li>• Costco, Walmart and Sam's Club: <b>\$85</b> allowance</li> </ul> <p>You will receive an additional <b>20%</b> savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.</p>	
<b>Standard corrective lenses</b>	Once every <b>12</b> months
<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after <b>\$25</b> eyewear copay.</li> </ul>	
<b>Standard lens enhancements<sup>1</sup></b>	Once every <b>12</b> months
<ul style="list-style-type: none"> <li>• Polycarbonate (child up to age 18), and <b>Ultraviolet (UV) coating</b> Covered in full.</li> <li>• Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at <a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a>.</li> </ul>	
<b>Contact lenses</b> (instead of eye glasses)	Once every <b>12</b> months
<ul style="list-style-type: none"> <li>• Contact fitting and evaluation: Covered in full with a maximum copay of <b>\$60</b>.</li> <li>• Elective lenses: <b>\$150</b> allowance.</li> <li>• Necessary lenses: Covered in full after <b>\$25</b> eyewear copay.</li> </ul>	



## Out-of-network reimbursement

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

• Eye exam: up to <b>\$45</b>	• Single vision lenses: up to <b>\$30</b>	• Lined trifocal lenses: up to <b>\$65</b>
• Frames: up to <b>\$70</b>	• Lined bifocal lenses: up to <b>\$50</b>	• Progressive lenses: up to <b>\$50</b>
	• Contact lenses:	• Lenticular lenses: up to <b>\$100</b>
	- Elective up to <b>\$105</b>	
	- Necessary up to <b>\$210</b>	

## Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments

### SERVICES AND EYEWEAR

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.

- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
- Plano lenses (lenses with refractive correction of less than  $\pm 0.50$  diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.

- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

### TREATMENTS

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

### MEDICATIONS

- Prescription and non-prescription medications.

<sup>1</sup> All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

<sup>2</sup> Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

<sup>3</sup> Vision benefits offered through Walmart and Sam's Club are available beginning 08/01/2019 for participants in all states except Arkansas. Vision benefits offered through Walmart and Sam's Club will be available to participants in Arkansas beginning 01/01/2020.

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

M150D-10/25



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166  
L0519514542[exp0520][All States] © 2019 MetLife Services and Solutions, LLC

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates.

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



# Eagle Mountain-Saginaw ISD

## Long-Term Disability Income Insurance

### Plan Benefit Highlights

#### Eligibility

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

#### Benefits are Payable

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

#### Disability Benefit - PLANS 1-6

50% of your Monthly Compensation, not to exceed a maximum covered Monthly Compensation of \$20,000; and the amount for which premium is being paid. If applicable, the insured's Disability Benefit will be reduced by Deductible Sources of Income.

Disability Benefit - 50% of Your Monthly Compensation		
Plan 1	On the 8th day of Disability due to a covered injury or Sickness.	*\$1.70
Plan 2	On the 15th day of Disability due to a covered injury or Sickness.	*\$1.52
Plan 3	On the 31st day of Disability due to a covered injury or Sickness.	*\$1.20
Plan 4	On the 61st day of Disability due to a covered injury or Sickness.	*\$0.98
Plan 5	On the 91st day of Disability due to a covered injury or Sickness.	*\$0.82
Plan 6	On the 151st day of Disability due to a covered injury or Sickness.	*\$0.60

#### Disability Benefit - PLANS 7-12

66<sup>2/3</sup>% of your Monthly Compensation, not to exceed a maximum covered Monthly Compensation of \$15,000; and the amount for which premium is being paid. If applicable, the insured's Disability Benefit will be reduced by Deductible Sources of Income.

Disability Benefit - 66 <sup>2/3</sup> % of Your Monthly Compensation		
Plan 7	On the 8th day of Disability due to a covered injury or Sickness.	*\$2.26
Plan 8	On the 15th day of Disability due to a covered injury or Sickness.	*\$2.02
Plan 9	On the 31st day of Disability due to a covered injury or Sickness.	*\$1.60
Plan 10	On the 61st day of Disability due to a covered injury or Sickness.	*\$1.30
Plan 11	On the 91st day of Disability due to a covered injury or Sickness.	*\$1.10
Plan 12	On the 151st day of Disability due to a covered injury or Sickness.	*\$0.80

#### Physician Expense Benefit

Injury - \$150.00 per Injury

If you need personal treatment by a Physician due to an Injury, we will pay the amount shown above provided no other claim has been paid under the Policy. You are not required to miss one full day of work in order to receive the Injury benefit.

#### Hospital Confinement Benefit

A Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to an Injury or Sickness, for up to 60 days. The amount payable is 1 times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The Hospital confinement must be at least 18 continuous hours in duration. This benefit will begin on your first day of Hospital confinement. **The remainder of your elimination period will be waived (APPLIES ONLY TO PLANS 1-3 & 7-9).**

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

#### Waiver of Premium

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

#### Donor Benefit

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

#### Offsets With Other Sources of Income

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

#### Minimum Disability Benefit

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

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

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

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

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

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

#### • Family Care Benefit

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

#### • Worksite Accommodation

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

#### Mental Illness Limited Benefit

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

#### Alcoholism and Drug Addiction Limited Benefit

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for injury or sickness, it will be covered the same as any other sickness.

### Special Conditions Limited Benefit

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

### Pre-Existing Condition Limitation

If Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 12 months, no disability benefit will be payable.

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

### Exclusions

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

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

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

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

### Optional Riders

See your Account Representative regarding available riders, including Survivor Benefit Rider, COBRA Funding Rider, Hospital Indemnity Rider, Critical Illness Rider, and Accident Only Spousal Rider.

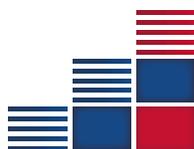


**View and print your policies plus  
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# LIFE INSURANCE HIGHLIGHTS

For the employee

PURELIFE-PLUS

Voluntary permanent life insurance can be an ideal complement to the group term and optional term life insurance your employer might provide. This voluntary 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 may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

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

- **High Death Benefit.** With one of the highest death benefits available at the worksite,<sup>1</sup> PURELIFE-PLUS gives your loved ones peace of mind, knowing there will be life insurance in force when you die.
- **Refund of Premium.** Unique in the marketplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the policy if the premium you pay when you buy the policy ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)*
- **Accelerated Death Benefit for Chronic Illness Rider.**<sup>2</sup> Included for employees at a small extra cost, this rider will be triggered by the loss of two activities of daily living<sup>3</sup> or permanent cognitive impairment. It pays the insured 92% of the death benefit minus a small administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility. *(Conditions apply.) (Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15)*



# Additional Features

- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-PLUS provides 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 policy that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).

You may apply for this permanent coverage, not only for yourself, but also for your spouse, children and grandchildren.<sup>4</sup>



## 3 QUICK QUESTIONS

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

### DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

<sup>1</sup> Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, December 2018

<sup>2</sup> Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Rider not available in CA. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15.

<sup>3</sup> 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.

<sup>4</sup> 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.

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	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	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		11.40	20.55	29.70	38.85	57.15	75.45	93.75	112.05	73
21-22		11.68	21.10	30.53	39.95	58.80	77.65	96.50	115.35	73
23-25		11.95	21.65	31.35	41.05	60.45	79.85	99.25	118.65	71
26		12.23	22.20	32.18	42.15	62.10	82.05	102.00	121.95	72
27		12.50	22.75	33.00	43.25	63.75	84.25	104.75	125.25	72
28		12.50	22.75	33.00	43.25	63.75	84.25	104.75	125.25	71
29		12.78	23.30	33.83	44.35	65.40	86.45	107.50	128.55	71
30-31		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	70
32		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	70
33		14.15	26.05	37.95	49.85	73.65	97.45	121.25	145.05	71
34		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	72
35		15.53	28.80	42.08	55.35	81.90	108.45	135.00	161.55	73
36		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	73
37		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	73
38		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	74
39		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	75
40	9.21	19.65	37.05	54.45	71.85	106.65	141.45	176.25	211.05	76
41	9.76	21.03	39.80	58.58	77.35	114.90	152.45	190.00	227.55	77
42	10.53	22.95	43.65	64.35	85.05	126.45	167.85	209.25	250.65	78
43	11.30	24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	80
44	12.07	26.80	51.35	75.90	100.45	149.55	198.65	247.75	296.85	81
45	12.95	29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	82
46	13.83	31.20	60.15	89.40	118.05	175.95	233.85	291.75	349.65	83
47	14.60	33.13	64.00	94.88	125.75	187.50	249.25	311.00	372.75	83
48	15.48	35.33	68.40	101.48	134.55	200.70	266.85	333.00	399.15	84
49	16.47	37.80	73.35	108.90	144.45	215.55	286.65	357.75	428.85	85
50	17.68	40.83	79.40	117.98	156.55					86
51	19.11	44.40	86.55	128.70	170.85					87
52	20.87	48.80	95.35	141.90	188.45					88
53	22.63	53.20	104.15	155.10	206.05					90
54	23.84	56.23	110.20	164.18	218.15					90
55	24.94	58.98	115.70	172.43	229.15					91
56	26.04	61.73	121.20	180.68	240.15					91
57	27.25	64.75	127.25	189.75	252.25					91
58	28.57	68.05	133.85	199.65	265.45					91
59	29.78	71.08	139.90	208.73	277.55					91
60	30.63	73.20	144.15	215.10	286.05					91
61	32.28	77.33	152.40	227.48	302.55					91
62	34.04	81.73	161.20	240.68	320.15					92
63	35.91	86.40	170.55	254.70	338.85					92
64	37.89	91.35	180.45	269.55	358.65					92
65	39.98	96.58	190.90	285.23	379.55					92
66	42.29									92
67	44.82									92
68	47.57									92
69	50.43									93
70	53.29									93

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".

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15 or ULABR-CI-15  
Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

**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)									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	
15D-1		8.00	13.75							83
2-3		8.25	14.25							83
4-10		8.50	14.75							79
11-16		8.75	15.25							75
17-20		10.75	19.25	27.75	36.25	53.25	70.25	87.25	104.25	73
21-22		11.00	19.75	28.50	37.25	54.75	72.25	89.75	107.25	73
23-25		11.25	20.25	29.25	38.25	56.25	74.25	92.25	110.25	71
26		11.50	20.75	30.00	39.25	57.75	76.25	94.75	113.25	72
27		11.75	21.25	30.75	40.25	59.25	78.25	97.25	116.25	72
28		11.75	21.25	30.75	40.25	59.25	78.25	97.25	116.25	71
29		12.00	21.75	31.50	41.25	60.75	80.25	99.75	119.25	71
30-31		12.25	22.25	32.25	42.25	62.25	82.25	102.25	122.25	70
32		12.75	23.25	33.75	44.25	65.25	86.25	107.25	128.25	70
33		13.25	24.25	35.25	46.25	68.25	90.25	112.25	134.25	71
34		13.75	25.25	36.75	48.25	71.25	94.25	117.25	140.25	72
35		14.50	26.75	39.00	51.25	75.75	100.25	124.75	149.25	73
36		15.00	27.75	40.50	53.25	78.75	104.25	129.75	155.25	73
37		15.50	28.75	42.00	55.25	81.75	108.25	134.75	161.25	73
38		16.25	30.25	44.25	58.25	86.25	114.25	142.25	170.25	74
39		17.25	32.25	47.25	62.25	92.25	122.25	152.25	182.25	75
40	8.65	18.25	34.25	50.25	66.25	98.25	130.25	162.25	194.25	76
41	9.15	19.50	36.75	54.00	71.25	105.75	140.25	174.75	209.25	77
42	9.85	21.25	40.25	59.25	78.25	116.25	154.25	192.25	230.25	78
43	10.55	23.00	43.75	64.50	85.25	126.75	168.25	209.75	251.25	80
44	11.25	24.75	47.25	69.75	92.25	137.25	182.25	227.25	272.25	81
45	12.05	26.75	51.25	75.75	100.25	149.25	198.25	247.25	296.25	82
46	12.85	28.75	55.25	81.75	108.25	161.25	214.25	267.25	320.25	83
47	13.55	30.50	58.75	87.00	115.25	171.75	228.25	284.75	341.25	83
48	14.35	32.50	62.75	93.00	123.25	183.75	244.25	304.75	365.25	84
49	15.25	34.75	67.25	99.75	132.25	197.25	262.25	327.25	392.25	85
50	16.35	37.50	72.75	108.00	143.25					86
51	17.65	40.75	79.25	117.75	156.25					87
52	19.25	44.75	87.25	129.75	172.25					88
53	20.85	48.75	95.25	141.75	188.25					90
54	21.95	51.50	100.75	150.00	199.25					90
55	22.95	54.00	105.75	157.50	209.25					91
56	23.95	56.50	110.75	165.00	219.25					91
57	25.05	59.25	116.25	173.25	230.25					91
58	26.25	62.25	122.25	182.25	242.25					91
59	27.35	65.00	127.75	190.50	253.25					91
60	28.05	66.75	131.25	195.75	260.25					91
61	29.55	70.50	138.75	207.00	275.25					91
62	31.15	74.50	146.75	219.00	291.25					92
63	32.85	78.75	155.25	231.75	308.25					92
64	34.65	83.25	164.25	245.25	326.25					92
65	36.55	88.00	173.75	259.50	345.25					92
66	38.65									92
67	40.95									92
68	43.45									92
69	46.05									93
70	48.65									93

**Spouse Coverage Available**

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
	15D-1									
2-3										83
4-10										79
11-16										75
17-20		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	70
21-22		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	70
23-25		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	69
26		17.73	33.20	48.68	64.15	95.10	126.05	157.00	187.95	69
27		18.00	33.75	49.50	65.25	96.75	128.25	159.75	191.25	68
28		18.28	34.30	50.33	66.35	98.40	130.45	162.50	194.55	68
29		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	68
30-31		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	69
32		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	69
33		21.58	40.90	60.23	79.55	118.20	156.85	195.50	234.15	69
34		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	68
35		23.23	44.20	65.18	86.15	128.10	170.05	212.00	253.95	69
36		24.05	45.85	67.65	89.45	133.05	176.65	220.25	263.85	69
37		25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	70
38		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	70
39		27.90	53.55	79.20	104.85	156.15	207.45	258.75	310.05	70
40	13.50	30.38	58.50	86.63	114.75	171.00	227.25	283.50	339.75	72
41	14.27	32.30	62.35	92.40	122.45	182.55	242.65	302.75	362.85	73
42	15.26	34.78	67.30	99.83	132.35	197.40	262.45	327.50	392.55	74
43	16.80	38.63	75.00	111.38	147.75	220.50	293.25	366.00	438.75	76
44	17.68	40.83	79.40	117.98	156.55	233.70	310.85	388.00	465.15	77
45	18.89	43.85	85.45	127.05	168.65	251.85	335.05	418.25	501.45	78
46	19.99	46.60	90.95	135.30	179.65	268.35	357.05	445.75	534.45	79
47	21.09	49.35	96.45	143.55	190.65	284.85	379.05	473.25	567.45	79
48	22.19	52.10	101.95	151.80	201.65	301.35	401.05	500.75	600.45	80
49	23.95	56.50	110.75	165.00	219.25	327.75	436.25	544.75	653.25	82
50	25.16	59.53	116.80	174.08	231.35					82
51	27.03	64.20	126.15	188.10	250.05					83
52	29.34	69.98	137.70	205.43	273.15					85
53	31.21	74.65	147.05	219.45	291.85					87
54	32.75	78.50	154.75	231.00	307.25					87
55	34.29	82.35	162.45	242.55	322.65					87
56	36.05	86.75	171.25	255.75	340.25					87
57	37.70	90.88	179.50	268.13	356.75					87
58	39.68	95.83	189.40	282.98	376.55					87
59	41.33	99.95	197.65	295.35	393.05					87
60	42.51	102.90	203.55	304.20	404.85					87
61	45.37	110.05	217.85	325.65	433.45					88
62	48.01	116.65	231.05	345.45	459.85					88
63	50.54	122.98	243.70	364.43	485.15					88
64	53.07	129.30	256.35	383.40	510.45					89
65	55.71	135.90	269.55	403.20	536.85					89
66	58.57									89
67	61.65									89
68	64.84									89
69	68.25									89
70	71.88									90

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".

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15 or ULABR-CI-15  
Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									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	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		15.00	27.75	40.50	53.25	78.75	104.25	129.75	155.25	70
21-22		15.50	28.75	42.00	55.25	81.75	108.25	134.75	161.25	70
23-25		16.25	30.25	44.25	58.25	86.25	114.25	142.25	170.25	69
26		16.50	30.75	45.00	59.25	87.75	116.25	144.75	173.25	69
27		16.75	31.25	45.75	60.25	89.25	118.25	147.25	176.25	68
28		17.00	31.75	46.50	61.25	90.75	120.25	149.75	179.25	68
29		17.25	32.25	47.25	62.25	92.25	122.25	152.25	182.25	68
30-31		19.25	36.25	53.25	70.25	104.25	138.25	172.25	206.25	69
32		19.75	37.25	54.75	72.25	107.25	142.25	177.25	212.25	69
33		20.00	37.75	55.50	73.25	108.75	144.25	179.75	215.25	69
34		20.25	38.25	56.25	74.25	110.25	146.25	182.25	218.25	68
35		21.50	40.75	60.00	79.25	117.75	156.25	194.75	233.25	69
36		22.25	42.25	62.25	82.25	122.25	162.25	202.25	242.25	69
37		23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	70
38		24.25	46.25	68.25	90.25	134.25	178.25	222.25	266.25	70
39		25.75	49.25	72.75	96.25	143.25	190.25	237.25	284.25	70
40	12.55	28.00	53.75	79.50	105.25	156.75	208.25	259.75	311.25	72
41	13.25	29.75	57.25	84.75	112.25	167.25	222.25	277.25	332.25	73
42	14.15	32.00	61.75	91.50	121.25	180.75	240.25	299.75	359.25	74
43	15.55	35.50	68.75	102.00	135.25	201.75	268.25	334.75	401.25	76
44	16.35	37.50	72.75	108.00	143.25	213.75	284.25	354.75	425.25	77
45	17.45	40.25	78.25	116.25	154.25	230.25	306.25	382.25	458.25	78
46	18.45	42.75	83.25	123.75	164.25	245.25	326.25	407.25	488.25	79
47	19.45	45.25	88.25	131.25	174.25	260.25	346.25	432.25	518.25	79
48	20.45	47.75	93.25	138.75	184.25	275.25	366.25	457.25	548.25	80
49	22.05	51.75	101.25	150.75	200.25	299.25	398.25	497.25	596.25	82
50	23.15	54.50	106.75	159.00	211.25					82
51	24.85	58.75	115.25	171.75	228.25					83
52	26.95	64.00	125.75	187.50	249.25					85
53	28.65	68.25	134.25	200.25	266.25					87
54	30.05	71.75	141.25	210.75	280.25					87
55	31.45	75.25	148.25	221.25	294.25					87
56	33.05	79.25	156.25	233.25	310.25					87
57	34.55	83.00	163.75	244.50	325.25					87
58	36.35	87.50	172.75	258.00	343.25					87
59	37.85	91.25	180.25	269.25	358.25					87
60	38.85	93.75	185.25	276.75	368.25					87
61	41.45	100.25	198.25	296.25	394.25					88
62	43.85	106.25	210.25	314.25	418.25					88
63	46.15	112.00	221.75	331.50	441.25					88
64	48.45	117.75	233.25	348.75	464.25					89
65	50.85	123.75	245.25	366.75	488.25					89
66	53.45									89
67	56.25									89
68	59.15									89
69	62.25									89
70	65.55									90

**Spouse Coverage Available**

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

# Critical Illness Insurance Plan Summary

## COVERAGE OPTIONS

Critical Illness Insurance		
Eligible Individual	Initial Benefit	Requirements
Employee	\$5,000 to \$50,000 in \$5,000 increments	Coverage is guaranteed provided you are actively at work. <sup>3</sup>
Spouse/Domestic Partner <sup>1</sup>	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>3</sup>
Dependent Child(ren) <sup>2</sup>	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>3</sup>

## BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit<sup>4</sup> for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or \$15,000 or \$150,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer <sup>5</sup>	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer <sup>5</sup>	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke <sup>6</sup>	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft <sup>7</sup>	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease <sup>8</sup>	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable

### 22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 Listed Conditions. A Covered Person may only receive one benefit payment for one Listed Condition in his/her lifetime. The Listed Conditions are Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

### Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of \$50,000 and has a Total Benefit of 3 times the Initial Benefit Amount or \$150,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack – first diagnosis	Initial Benefit payment of \$50,000 or 100%	\$100,000
Heart Attack – second diagnosis, two years later	Recurrence Benefit payment of \$25,000 or 50%	\$75,000
Kidney Failure – first diagnosis, three years later	Initial Benefit payment of \$50,000 or 100%	\$25,000

In most states there is a preexisting condition limitation. If advice, treatment or care was sought, recommended, prescribed or received during the three months prior to the effective date of coverage, we will not pay benefits if the covered condition occurs during the first six months of coverage. The preexisting condition limitation does not apply to heart attack or stroke.

### SUPPLEMENTAL BENEFITS

MetLife provides coverage for the Supplemental Benefits listed below. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Covered Conditions.

#### Health Screening Benefit<sup>10</sup>

MetLife will provide an annual benefit of \$75 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year.

Eligible screening/prevention measures may include:

• annual physical exam	• flexible sigmoidoscopy
• biopsies for cancer	• hemoccult stool specimen
• blood test to determine total cholesterol	• hemoglobin A1C
• blood test to determine triglycerides	• human papillomavirus (HPV) vaccination
• bone marrow testing	• lipid panel
• breast MRI	• mammogram
• breast ultrasound	• oral cancer screening
• breast sonogram	• pap smears or thin prep pap test
• cancer antigen 15-3 blood test for breast cancer (CA 15-3)	• prostate-specific antigen (PSA) test
• cancer antigen 125 blood test for ovarian cancer (CA 125)	• serum cholesterol test to determine LDL and HDL levels
• carcinoembryonic antigen blood test for colon cancer (CEA)	• serum protein electrophoresis
• carotid doppler	• skin cancer biopsy
• chest x-rays	• skin cancer screening
• clinical testicular exam	• skin exam
• colonoscopy	• stress test on bicycle or treadmill
• digital rectal exam (DRE)	• successful completion of smoking cessation program
• Doppler screening for cancer	• tests for sexually transmitted infections (STIs)
• Doppler screening for peripheral vascular disease	• thermography
• echocardiogram	• two hour post-load plasma glucose test
• electrocardiogram (EKG)	• ultrasounds for cancer detection
• endoscopy	• ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
• fasting blood glucose test	• virtual colonoscopy
• fasting plasma glucose test	

## QUESTIONS & ANSWERS

### How do I enroll?

Enroll for coverage at [mybenefits.metlife.com](http://mybenefits.metlife.com).

### Who is eligible to enroll?

Regular active full-time employees who are actively at work along with their spouse/domestic partner and dependent children can enroll for MetLife Critical Illness Insurance coverage.<sup>3</sup>

### How do I pay for coverage?

Coverage is paid through convenient payroll deduction.

### If I Leave the Company, Can I Keep My Coverage?<sup>11</sup>

Under certain circumstances, you can take your coverage with you if you leave. You must make a request in writing within a specified period after you leave your employer. You must also continue to pay premiums to keep the coverage in force.

### Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

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#### Footnotes:

<sup>1</sup> Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

<sup>2</sup> Dependent Child coverage varies by state. Please contact MetLife for more information.

<sup>3</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

<sup>4</sup> We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.

<sup>5</sup> Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-situated cases and NH residents, there is an initial benefit of \$100 for All Other Cancers.

<sup>6</sup> In certain states, the covered condition is Severe Stroke.

<sup>7</sup> In NJ situated cases, the Covered Condition is Coronary Artery Disease.

<sup>8</sup> Please review the Outline of Coverage for specific information about Alzheimer's disease.

<sup>10</sup> The Health Screening Benefit is not available in all states. See your certificate for any applicable waiting periods. There is a separate mammogram benefit for MT residents and for cases situated in CA and MT.

<sup>11</sup> Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. In most plans, there is a preexisting condition exclusion. After a covered condition occurs, there is a benefit suspension period during which benefits will not be paid for a recurrence, except in the case of individuals covered under a New York certificate. Attained Age rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. A more detailed description of the benefits, limitations, and exclusions applicable can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.





# Eagle Mountain Saginaw ISD

## All Full-Time Employees

### Policy #657259

## Voluntary Term Life Insurance

Unum's Group Voluntary Term Life Insurance provides employees, spouses and children with the opportunity for an additional safeguard against financial worries.

- As employees, you can purchase from **\$10,000 up to 5 times your annual salary to a maximum of \$500,000**; spouses can purchase from \$5,000 up to \$100,000; and child coverage from \$1,000 up to \$10,000 (not to exceed 100% of the employee amount).
- Guarantee Issue is equal to, **\$200,000** for an Employee and **\$50,000** for a Spouse
- During your initial enrollment you can purchase up to the guarantee issue amount with **no medical underwriting required**. Benefit amounts can be increased at annual enrollment up to guarantee issue with no medical underwriting.  
If you choose to purchase at the next annual enrollment, all benefit amounts elected are subject to medical underwriting.

**Benefit Reduction Schedule** – Coverage amounts will reduce to 65% of original amount at age 70 and 50% of original amount at age 75.

**Delayed Effective Date of Coverage** - Insurance will be delayed if you are not in active employment because of an injury, sickness, temporary layoff or leave of absence on the date that insurance would otherwise become effective.

**Questions ?** - This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

Underwritten by: **Unum Life Insurance Company of America**  
2211 Congress Street, Portland, ME 04122  
www.Unum.com

<i>Monthly Rates</i>		
<i>Age</i>	<i>Employee Rates per \$10,000</i>	<i>Spouse Rates per \$5,000</i>
15-24	\$0.60	\$0.30
25-29	\$0.60	\$0.30
30-34	\$0.80	\$0.40
35-39	\$1.10	\$.55
40-44	\$1.60	\$0.80
45-49	\$2.70	\$1.35
50-54	\$4.60	\$2.30
55-59	\$7.75	\$3.875
60-64	\$11.25	\$5.625
65-69	\$18.70	\$9.35
70-74	\$36.80	\$18.40
75+	\$36.80	\$18.40
<b>Child Monthly Rates</b>	Option 1: \$1,000 - \$0.20 Option 2: \$2,000 - \$0.39 Option 3: \$4,000 - \$0.78 Option 4: \$5,000 - \$0.98 Option 5: \$10,000 - \$1.96	

**Group Life Plan**  
**Features Include:**

- Life Planning Financial and Legal Resources
- Accelerated Benefit
- Employee Life Insurance Premium Waiver
- Portability/Conversion

# Accident Insurance



Metlife | [www.askmetlife.com](http://www.askmetlife.com) | 1.800.638.5433

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you, so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit

ACCIDENT INSURANCE MONTHLY PREMIUM		
	LOW PLAN	HIGH PLAN
<b>EMPLOYEE ONLY</b>	\$13.07	\$17.23
<b>EMPLOYEE + SPOUSE</b>	\$26.24	\$35.53
<b>EMPLOYEE + CHILDREN</b>	\$26.67	\$36.27
<b>FAMILY</b>	\$33.46	\$45.40

# Accident Insurance Plan Summary

## ACCIDENT INSURANCE BENEFITS

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services.

Benefit Type <sup>1</sup>	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
<b>Injuries</b>		
Fractures <sup>2</sup>	\$100 – \$6,000	\$150 – \$9,000
Dislocations <sup>2</sup>	\$100 – \$6,000	\$150 – \$9,000
Second and Third Degree Burns	\$100 – \$10,000	\$150 – \$15,000
Concussions	\$400	\$600
Cuts/Lacerations	\$50 – \$400	\$75 – \$600
Eye Injuries	\$300	\$400
<b>Medical Services &amp; Treatment</b>		
Ambulance	\$300 – \$1,000	\$400 – \$1,500
Emergency Care	\$50 – \$100	\$100 – \$150
Non-Emergency Care	\$50	\$50
Physician Follow-Up	\$75	\$100
Therapy Services (including physical therapy)	\$25	\$35
Medical Testing Benefit	\$200	\$300
Medical Appliances	\$100 – \$1,000	\$200 – \$1,500
Inpatient Surgery	\$200 – \$2,000	\$300 – \$3,000
<b>Hospital<sup>3</sup> Coverage (Accident)</b>		
Admission	\$1,000 (non-ICU) – \$2,000 (ICU) per accident	\$2,000 (non-ICU) – \$4,000 (ICU) per accident
Confinement	\$200 a day (non-ICU) – up to 365 days \$400 a day (ICU) – up to 365 days	\$400 a day (non-ICU) – up to 365 days \$800 a day (ICU) – up to 365 days
Inpatient Rehab (paid per accident)	\$200 a day, up to 15 days	\$300 a day, up to 15 days
<b>Benefit Type<sup>1</sup></b>	<b>Low Plan MetLife Accident Insurance Pays YOU</b>	<b>High Plan MetLife Accident Insurance Pays YOU</b>
<b>Accidental Death</b>		
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$50,000 \$150,000 for common carrier <sup>5</sup>	\$50,000 \$150,000 for common carrier <sup>5</sup>
<b>Dismemberment, Loss &amp; Paralysis</b>		
Dismemberment, Loss & Paralysis	\$500 - \$50,000 per injury	\$500 - \$50,000 per injury

Other Benefits		
Lodging <sup>6</sup> - Pays for lodging for companion up to 30 nights per calendar year	\$200 per night, up to 31 nights	\$300 per night, up to 31 nights
Health Screening Benefit (Wellness) <sup>7</sup> benefit provided if the covered insured takes one of the covered screening/prevention tests	\$100 <b>Payable 1x per calendar year</b>	\$100 <b>Payable 1x per calendar year</b>

## BENEFIT PAYMENT EXAMPLE

Kathy's daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event <sup>1</sup>	Benefit Amount <sup>8</sup>
Ambulance (ground)	<b>\$400</b>
Emergency Care	<b>\$150</b>
Physician Follow-Up (\$100 x 2)	<b>\$200</b>
Medical Testing	<b>\$300</b>
Concussion	<b>\$600</b>
Broken Tooth (repaired by crown)	<b>\$200</b>
Benefits paid by MetLife Group Accident Insurance	<b>\$1,850</b>

## QUESTIONS & ANSWERS

### Who is eligible to enroll for this accident coverage?

You are eligible to enroll yourself and your eligible family members!<sup>9</sup> You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective.

### How do I pay for my accident coverage?

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

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

Yes, you can take your coverage with you.<sup>10</sup> You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

### Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

<sup>1</sup> Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

<sup>2</sup> Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

<sup>3</sup> Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

<sup>5</sup> Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.

<sup>6</sup> The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from insured's primary residence.

<sup>7</sup> The Health Screening Benefit is not available in all states. For Texas situated policies and Texas residents covered under policies situated in other states, when the Health Screening Benefit is included in an Accident-only plan, the covered screening measures are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).

<sup>8</sup> Benefit amount is based on a sample MetLife plan design. Actual plan design and plan benefits may vary.

<sup>9</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

<sup>10</sup> Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. And, like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.



**Metropolitan Life Insurance Company** | 200 Park Avenue | New York, NY 10166  
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# Ready for whatever's down the line.

## Supplemental Medical Expense (Gap)\* Insurance Policy

Life is full of ups and downs, twists and turns. You never know what's coming down the line.

It might be an unexpected injury that lands you in the ER, or an illness or surgery that sends you to the hospital. Besides the impact on your physical wellbeing, a health crisis can affect your financial wellness as well.

Thanks to your employer, you have a line of insurance that helps fill gaps and pay for eligible out-of-pocket expenses. So, you stay physically well – and fiscally fit.

### What is Supplemental Medical Expense (Gap) insurance?

Supplemental Medical Expense (Gap) insurance covers certain out-of-pocket medical expenses, such as deductibles, co-pays or co-insurance (as defined by the policy).

(Note: Supplemental Medical does NOT replace health insurance. It is only available if your employer/plan sponsor has a major medical plan in place.)

### How does it help me?

#### Protects financial wellness:



Health care expenses can take a bite out of your budget. Even when you have health insurance, there will be a deductible, copay or co-insurance amount that you will be responsible for paying out of your own pocket. Supplemental Medical Expense (Gap) can help soften the blow.

#### Manages out-of-pocket expenses:



Supplemental Medical Expense (Gap) covers eligible out-of-pocket expenses you incur. For example, if you have outpatient knee surgery, the plan will cover certain out-of-pocket expenses, up to your outpatient benefit amount. If you (or your spouse) are hospitalized for the birth of your child, it helps cover hospital expenses for you (and nursery charges for the baby), up to the inpatient benefit amount maximum.

### How does it work?



#### Why do I need Gap?

**60%**

of American households can't afford to pay a \$1,000 health bill.<sup>1</sup>

**54%**

of U.S. adults have delayed health care, because they can't afford it.<sup>2</sup>

1 Bankrate, Financial Security Index, 2018  
2 PwC Health Research Institute: Medical Cost Trend, 2018



\*Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032.

# Supplemental Medical Expense (Gap) Insurance Policy

## EAGLE MOUNTAIN SAGINAW ISD

### What are the specific plan benefits?

Inpatient hospital benefits	
Definition	Benefit amount
<p>Reimburses eligible out-of-pocket expenses, up to the annual benefit maximum, that are incurred during inpatient hospitalization for hospital room and board and other inpatient hospital expenses.</p> <p>For more coverage detail, see grid on the next page. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations.</p>	<b>\$2,000</b>

Outpatient hospital benefits	
Definition	Benefit amount
<p>Reimburses eligible out-of-pocket expenses, up to the annual benefit maximum, that are incurred in these select outpatient settings:</p> <ul style="list-style-type: none"> <li>• Treatment in a hospital ER (but not admitted to inpatient)</li> <li>• Surgery in an Outpatient Hospital facility or Freestanding Surgery Center</li> <li>• Radiological diagnostic testing in an Outpatient Hospital facility or MRI facility</li> <li>• Chemotherapy or radiation therapy in a licensed facility</li> </ul> <p>For more coverage detail, see grid on the next page. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations.</p>	<b>\$1,000</b>

### Guarantee issue

You are eligible for this coverage (regardless of your health status), and you do not have to answer any medical questions to qualify for coverage.

### Dependent coverage

You may also opt for coverage for your spouse or child(ren), as long as they participate in your employer's underlying major medical plan. Your family maximum will be **2** times the individual benefit amounts stated above.

### How much does the plan cost?

The grid below identifies the Premium Amount, based on your age and whether you want to cover family members.

Coverage type	Monthly premium amount	
	18-49	50-99
EE only	<b>\$33.25</b>	<b>\$60.02</b>
EE + Spouse	<b>\$71.49</b>	<b>\$129.04</b>
EE + Child(ren)	<b>\$58.19</b>	<b>\$90.03</b>
Family	<b>\$104.74</b>	<b>\$165.06</b>

Inpatient hospital benefits	
Eligible Expenses	Non-Eligible Expenses
<p><b>Examples of inpatient services that are reimbursed:</b>                      The inpatient hospital benefit reimburses eligible out-of-pocket expenses (deductibles, co-pays, and co-insurance) incurred during an inpatient hospitalization, including:</p> <ul style="list-style-type: none"> <li>• Hospital room and board for sickness or accident</li> <li>• Maternity and newborn nursery care</li> <li>• Surgery in an inpatient hospital</li> <li>• Radiological imaging (X-ray, CT, MRI) in an inpatient hospital</li> <li>• Professional fees (Surgeon, Radiologist, Anesthesiologist, etc.) in an inpatient hospital</li> <li>• Mental nervous admission</li> <li>• Other ancillary hospital expenses</li> </ul>	<p><b>Examples of inpatient services that are not reimbursed:</b></p> <ul style="list-style-type: none"> <li>• Drug or Alcohol treatment in a rehabilitation center</li> <li>• Nursing Home, Skilled Nursing facility, or Hospice Care facility</li> </ul>
Outpatient hospital benefits	
Eligible Expenses	Non-Eligible Expenses
<p><b>The outpatient hospital benefit reimburses eligible out-of-pocket expenses (deductibles, co-pay, and coinsurance) incurred in the following outpatient settings only:</b></p> <ul style="list-style-type: none"> <li>• Treatment in a hospital ER (but not admitted to inpatient)</li> <li>• Surgery in an Outpatient Hospital facility or Freestanding Surgery Center</li> <li>• Radiological diagnostic testing in an Outpatient Hospital facility or MRI facility</li> <li>• Chemotherapy or radiation therapy in a licensed facility</li> </ul>	<p><b>Examples of outpatient services that are not reimbursed:</b></p> <ul style="list-style-type: none"> <li>• Physician office visits and services</li> <li>• X-rays and other radiological imaging in an MD office</li> <li>• Lab work (unless part of ER or Surgical Outpatient services)</li> <li>• Chiropractic services</li> <li>• Ambulance transportation</li> <li>• Preventive exams</li> <li>• Prescription drugs</li> <li>• Durable medical equipment</li> <li>• Outpatient therapy (such as physical therapy, speech therapy, occupational or rehabilitation therapy)</li> <li>• Outpatient immunotherapy (such as treatment for rheumatoid arthritis or Crohn's Disease)</li> <li>• Outpatient dialysis</li> <li>• EKG, EEG or ECG (Note: Not covered as radiological tests or standalone procedures. But if they were part of an eligible outpatient ER visit or surgical procedure, then they would be covered.)</li> </ul>

**Policy exclusions**

Below is a list of policy exclusions that apply for both Inpatient and Outpatient benefits:

- Any expense for which benefits are excluded under the insured's Major Medical plan
- Routine exams
- Elective or cosmetic surgery (unless due to a covered Injury or Sickness)
- Dental or vision services (i.e., treatment, surgery, extractions or x-rays)
- Drug addiction or dependencies
- Voluntary abortion
- Pregnancy of a dependent child
- Experimental treatment or surgery
- Rest care or rehabilitative care and treatment
- Self-inflicted injury or suicide attempt
- Procedures associated with sex changes
- Any expenses incurred during any period when the insured does not have coverage under a Major Medical plan
- Injury or sickness occurred while in the service of Armed Forces
- Injury or sickness for which the insured receives benefits under Workers' Compensation
- Injury or sickness resulting from:
  - Air travel, except as a fare-paying passenger on a commercial airline
  - Participation in a contest of speed (i.e.: power driven vehicles, parachuting, parasailing, bungee jumping, rock climbing, or any hazardous activity for exhibition purposes, etc.)
  - An act of war, or commission of a felony, or participation of a riot
  - Being intoxicated or under the influence of any narcotic (unless on advice of a Physician)

See policy (Certificate of Insurance) for full list of exclusions.

## How do I submit a claim?

1. At time of service, present the ID card, along with your health insurance card.
2. Assign benefits to your provider, so they can submit an itemized bill to Beazley on your behalf.
3. Submit an Explanation of Benefits (EOB) from your major medical plan that shows the expenses (deductibles, coinsurance, and/or co-pays) you are responsible for paying out of pocket. No claim form is necessary.

#### 4. Send EOB by mail or fax to:

##### By Mail:

Beazley  
c/o HealthPlan Services  
P.O. Box 3889  
Seattle, WA 98124-9998

##### By Fax:

(813) 289-7937  
Attn: CLAIMS

<p><b>SUPPLEMENTAL MEDICAL (GAP) INSURANCE IDENTIFICATION CARD</b> <b>PRESENT TO PROVIDERS FOR INSURANCE COVERAGE</b> Provided by Beazley Insurance Company, Inc.</p> <p>Group Name: <b>XYZ COMPANY</b> Group #: <b>12345</b> Insured Name: <i>Luisa Example</i></p> <p><b>For providers:</b> To verify eligibility please call: <b>XXX-XXX-XXXX</b>, menu option #4. Please include insured name and group ID number on all inquiries. Possession of card does not guarantee eligibility for benefits.</p> <p><b>beazley</b> <b>BEAZLEY INSURANCE CO. INC.</b></p>
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## Who is Beazley?

Beazley Insurance Company, Inc. is rated A by A.M. Best. It is a subsidiary of The Beazley Group, which was founded in 1986. Beazley Benefits is Beazley's U.S. group insurance division, which provides a customized suite of supplemental accident & health insurance products that helps protect against life's uncertainties.

## Contact Us

Beazley Benefits  
8500 Normandale Lake Blvd | Suite 955  
Minneapolis, MN 55437 USA

[www.beazley.com/beazley-benefits](http://www.beazley.com/beazley-benefits)

Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia.

This Supplemental Medical Expense (Gap) policy is offered under Policy Form Series AHGMM0001. It is not a major medical plan. The product is designed to reimburse certain covered expenses, and it is only available if an employer has a major medical plan in place. Out-of-pocket expenses submitted for reimbursement must be eligible under the major medical plan, and must meet the coverage definitions under our policy (may not include full reimbursement, if annual plan limits have been met). Riders for outpatient services performed in a physician's office/urgent care, or for outpatient chemotherapy/radiation performed in a licensed facility, may not be available in all states.

Benefits may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. This policy is renewable at the option of Beazley.

Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of third party administrators.



# Ready for whatever's down the line.

## Hospital Indemnity\* Insurance Policy

Life is full of ups and downs, twists and turns. You never know what's coming down the line.

It could be an illness or injury that lands you in the hospital. Covering certain hospital expenses can help support your physical – and financial – wellness.

Thanks to your employer, you have an insurance policy that can help keep your health expenses in line. So, you stay physically well – and fiscally fit.

### What is Hospital Indemnity insurance?

The Hospital Indemnity insurance policy pays certain medical expenses at a specific benefit amount for a limited number of days, as defined by your plan.

You may opt for coverage for your spouse or child(ren). You are eligible for this coverage (regardless of your health status), and you do not have to answer any medical questions to qualify for coverage.

Note: Hospital Indemnity is NOT major medical insurance, or comprehensive health coverage.

### How does it help me?

#### Helps protect financial wellness:



Health expenses can take a bite out of your budget. Hospital Indemnity insurance can help by providing a set benefit amount for certain medical expenses.

#### Helps manage health expenses:



The plan pays a fixed dollar amount, based on your plan. For example, if you are hospitalized with pneumonia, the plan pays a specific benefit amount per day of your hospital confinement, up to a specific number of days.

### How does it work?



#### Why do I need GLI?

**54%**

of U.S. adults have delayed health care, because they can't afford it.<sup>1</sup>

**40%**

of employees say they have trouble paying medical bills or affording premiums.<sup>2</sup>

1 PwC Health Research Institute: Medical Cost Trend, 2018  
2 Kaiser Family Foundation/LA Times: Employer Health Benefits Survey, 2019



# Hospital Indemnity Insurance Policy

## What are the specific plan benefits?

Definition	Benefit amount/maximum
<b>Hospital indemnity benefits</b>	
<b>Hospital Confinement</b> For treatment in a hospital, due to sickness or injury for 23 or more continuous hours (i.e., not less than a day)  <small>Note: Maternity benefit is payable as any other illness for both mother and child.</small>	<b>\$200 per insured, per day</b> <b>15 days per insured, per year</b>
<b>Hospital Admission</b> Lump sum benefit for a hospital admission, due to sickness or injury  <small>Note: Admission benefit for birth of a healthy child covers mother only. Benefit is payable for newborn if admitted to ICU.</small>	<b>\$1,000 per insured, per admission</b> <b>1 admission per insured, per year</b>

Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations

## How much does the plan cost?

The grid below identifies the premium amount, based on whether you want to cover family members.

Coverage type	Monthly premium amount
Employee	\$11.53
Employee + Spouse	\$23.64
Employee + Child(ren)	\$20.50
Family	\$34.07

## How do I submit a claim?

1. At time of service, present the ID card (see sample on right).
2. Assign benefits to your provider.
3. Provider submits an itemized bill to Beazley on your behalf.  
No claim form necessary.

### 4. Send to Beazley by mail or fax or email to:

**By Mail:**  
 Beazley  
 c/o HealthPlan Services  
 P.O. Box 3889  
 Seattle, WA 98124-9998

**By Fax:**  
 (813) 289-7937  
 Attn: CLAIMS

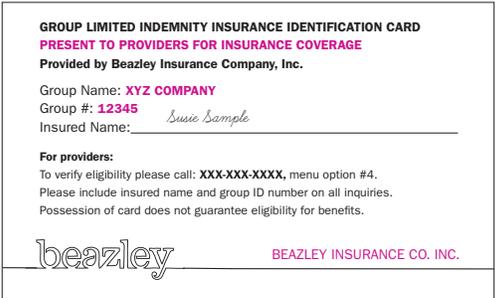
**By Email:**  
 beazleyclaims@healthplan.com

## Who is Beazley?

Beazley Insurance Company, Inc. is rated A by A.M. Best. It is a subsidiary of The Beazley Group, which was founded in 1986. Beazley Benefits is Beazley’s U.S. group insurance division, which provides a customized suite of supplemental accident & health insurance products that helps protect against life’s uncertainties.

## Contact Us

Beazley Benefits  
 8500 Normandale Lake Blvd | Suite 955  
 Minneapolis, MN 55437 USA  
[www.beazley.com/beazley-benefits](http://www.beazley.com/beazley-benefits)



Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia. CA License # 2868-8

The Group Limited Indemnity policy is offered under Policy Form Series AHGLIMM001.

Benefits may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. This policy is renewable at the option of Beazley.

Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of third party administrators.



# American Fidelity Employee Assistance Program (EAP)

## Support for Everyday Issues, Every Day

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

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

Anxiety

Depression

Marriage and Relationship Problems

Grief and Loss

Substance Abuse

Anger Management

Work Related Pressures

Stress

### Expert Referrals and Consultation

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

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

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

800-295-8323

[americanfidelity.mysupportportal.com](http://americanfidelity.mysupportportal.com)

American Fidelity Assurance Company  
SB-32903-0120



### Easy Digital Access

#### Mobile

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

#### Web

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

### Access eConnect® Mobile App

Username: americanfidelity

# Flexible Spending Accounts



First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.866.853.3539  
P.O. Box 161968 | Altamonte Springs, FL 32716

## HEALTHCARE FSA

A Health Flexible Spending Account (Health 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 2020 is \$2,750.**

### 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 so you don't have to spend 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: 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 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 child care, babysitters and adult day care.

**You may allocate up to \$5,000 per tax year for reimbursement of dependent care services. If you are married and file a separate tax return, the limit is \$2,500.**

### HIGHLIGHTS

- Eligible dependents must be claimed as an exemption on your tax return.

## FLEXIBLE SPENDING ACCOUNTS CONTINUED

- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Contributions are not loaded upfront. 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 First Financial Benefits Card is available to all employees that participate in 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 eligible dependents that 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 First Financial within 90 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.
- **Dependent Care FSA Contributions are not loaded upfront.** Funds become available as contributions are made to your account.

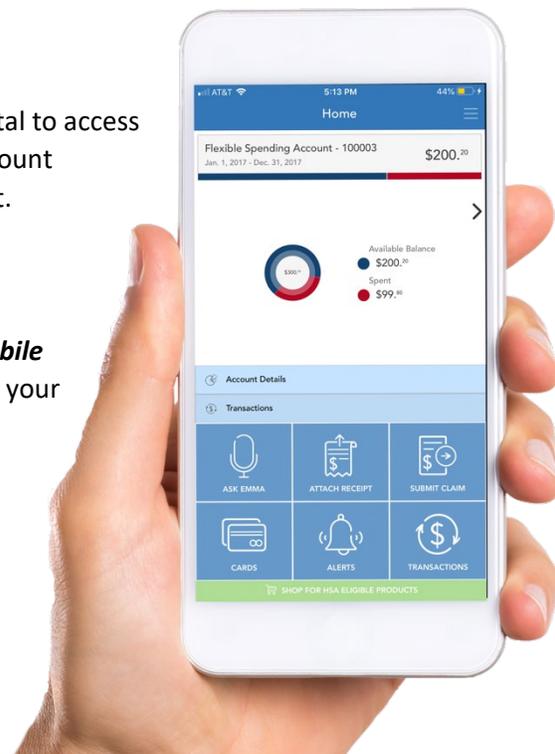
### ONLINE FSA PORTAL

Flexible Spending Account participants can log in to their online FSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

### FF FLEX MOBILE APP

Managing your benefit accounts on the go is made easy with **FF Flex Mobile App**. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Access account Information
- View card details and profile information
- Submit FSA claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Update direct deposit information



## FSA STORE

First Financial has partnered with the FSA Store to bring you an easy to use online store to better understand and manage your FSA. An online marketplace that connects consumers to FSA-eligible products, seasonal deals, and account support resources such as open enrollment guides and educational videos.

**Visit <http://www.ffga.com/fsaextras> for more details & special deals!**

- Shop for eligible items from bandages to wheelchairs and thousands of products in between
- Browse or search for eligible products and services using the Eligibility List
- Visit the Learning Center to help find answers to questions you may have about your account.

# Health Savings Accounts



First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.866.853.3539  
P.O. Box 161968 | Altamonte Springs, FL 32716

## HEALTH SAVINGS ACCOUNTS

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

### HIGHLIGHTS

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

## HSA RESOURCES

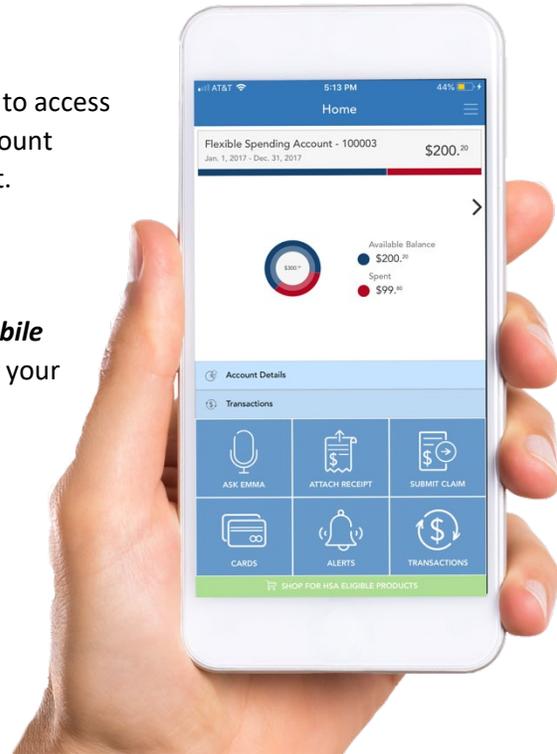
### ONLINE HSA PORTAL

Health Savings Account participants can log in to their online HSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

### FF FLEX MOBILE APP

Managing your benefit accounts on the go is made easy with **FF Flex Mobile App**. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Request distributions
- Invest in HSA funds
- Make additional contributions
- Pay a provider or pay yourself
- Download tax forms



### HSA STORE

First Financial has partnered with the HSA Store to bring you an easy to use online store to better understand and manage your HSA. An online marketplace that connects consumers to HSA-eligible products, seasonal deals, and account support resources such as a national database of providers as well as an HSA Learning Center.

Visit <http://www.ffga.com/fsaextras> for more details & special deals!

- Shop for eligible items from bandages to wheel chairs and thousands of products in between
- Browse or search for eligible products and services using the Eligibility List
- Visit the Learning Center to help find answers to questions you may have about your account.

# Important Information Regarding Your Flexible Spending Accounts (FSA) & Health Savings Accounts (HSA)



**EAGLE MOUNTAIN-SAGINAW ISD: WE ARE VERY EXCITED TO ANNOUNCE THAT FIRST FINANCIAL WILL BE OUR FSA & HSA ADMINISTRATOR FOR THE 2020-2021 PLAN YEAR.**

## 2019-2020 PLAN YEAR – PROFICIENT BENEFITS

### FLEXIBLE SPENDING ACCOUNTS

FSA claims incurred during the 2019-2020 plan year through Nov. 15, 2020 will need to be sent to Proficient Benefits. Claims must be sent to Proficient Benefits no later than Nov. 30, 2020. Your Proficient Benefits benefits card will no longer work after Aug. 31, 2020. Call (888) 659-8151 with questions about your 2019 account balance.

## 2020-2021 PLAN YEAR – FIRST FINANCIAL ADMINISTRATORS, INC.

### FLEXIBLE SPENDING ACCOUNTS

- Participants will begin to receive their benefits cards prior to Sept. 1, 2020. The card will arrive in a white, unmarked envelope. Medical and Dependent Care funds will be available on the new Benefits Card.
- Once you swipe your First Financial Benefits Card, the funds will be deducted from 2020-2021 plan year contributions. Services must be rendered during the 2020-2021 plan year.
- Participants also can sign up for direct deposit to receive reimbursement quicker.

### HEALTH SAVINGS ACCOUNTS

- Current HSA participant accounts and balances will be migrated to First Financial Group of America.
- New cards will be issued prior to Sept. 1, 2020.
- There will be a blackout period and cards and accounts will not be accessible while the accounts and balances are moved. Black out dates are TBD and will be posted to the EBC and emailed out to participants once determined.
- Any automatic payments to either yourself or carriers will need to be reestablished on Sept. 1, 2020 using the portal at <https://ffga.com/individuals>.

**NOTE: The IRS requires validation of most transactions for FSAs.**

Receipts must be submitted when requested. Please note that your benefits card will be suspended if proper substantiation is not provided to First Financial within 60 days of either the purchase date or date of service. Acceptable types of substantiation include receipts that include details of service provided or an explanation of benefits (EOB) from your insurance provider. Documentation should be uploaded via the online portal or the mobile app. See below for more details on where to submit receipts.

## NEW FSA/HSA RESOURCES COMING SEPTEMBER 2020!

### FIRST FINANCIAL ONLINE FSA & HSA PORTAL

Beginning September 2020, Eagle Mountain-Saginaw ISD FSA & HSA participants can log in to their online portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

### FF MOBILE APP

Managing your benefit accounts on the go is made easy with our FF Mobile App. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

#### Mobile App Features

- Access account information
- View card details and profile information
- Submit claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Update direct deposit information



# COBRA

First Financial Cobra Administrators | [www.cobrapoint.benaissance.com](http://www.cobrapoint.benaissance.com) | 1.800.523.8422, 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.

## 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.

# 403(b) Retirement Plans



U S Omni | [www.omni403b.com](http://www.omni403b.com) | 1.877.544.6664

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

## HOW A 403(b) WORKS

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

## BENEFITS

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

# 457(b) Retirement Plans



U S Omni | [www.omni403b.com](http://www.omni403b.com) | 1.877.544.6664

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

## BENEFITS

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

## CONTRIBUTION LIMITS FOR THE 403b AND 457b

Participants may contribute up to \$19,500 for year 2020. Participants age 50 and older at any time during the calendar year are permitted to contribute an additional \$6,500 for 2020, for a total of \$26,000.

# CONTACT INFORMATION

Eagle Mountain Saginaw ISD - Benefits Office

1200 Old Decatur Rd Bldg 6

Fort Worth, TX 76179

817.232.0880 ext. 2978

[www.emsisd.com](http://www.emsisd.com)



FIRST FINANCIAL GROUP OF AMERICA

Ryan Hancock, Account Manager  
[ryan.hancock@ffga.com](mailto:ryan.hancock@ffga.com) | 800-883-0007

## CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Medical	Blue Cross Blue Shield	<a href="http://www.bcbstx.com/trsactivecare/">www.bcbstx.com/trsactivecare/</a>	866.355.5999
Prescriptions - BCBS	Caremark	<a href="http://www.caremark.com">www.caremark.com</a>	866.355.5999
Medical	Scott and White HMO	<a href="https://trs.swhp.org/">https://trs.swhp.org/</a>	800.321.7947
Prescriptions – S & W	Pharmacy Services	<a href="https://trs.swhp.org/">https://trs.swhp.org/</a>	800.728.7947
EMS ISD Wellness Clinic	Be Well Primary Care	<a href="http://www.bewellprimarycare.com">www.bewellprimarycare.com</a>	682.593.6660
Dental	Metlife	<a href="http://www.askmetlife.com">www.askmetlife.com</a>	800.942.0854
Vision	Metlife/VSP	<a href="http://www.askmetlife.com">www.askmetlife.com</a>	855.638.3931
FSA/HSA	First Financial	<a href="http://www.ffga.com">www.ffga.com</a>	866.853.3539
Term Life Insurance	UNUM	<a href="http://www.unum.com">www.unum.com</a>	866.679.3054
Disability Insurance	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800.654.8489
Accident	Metlife	<a href="http://www.askmetlife.com">www.askmetlife.com</a>	800.638.5433
Critical Illness	Metlife	<a href="http://www.askmetlife.com">www.askmetlife.com</a>	800.638.5433
Permanent Term Life	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	866.324.8222
Hospital Indemnity	Beazley	<a href="http://www.beazley.com">www.beazley.com</a>	855.805.9176
Hospital GAP	Beazley	<a href="http://www.beazley.com">www.beazley.com</a>	855.805.9176
EAP	American Fidelity	<a href="https://americanfidelity.mysupportportal.com/">https://americanfidelity.mysupportportal.com/</a>	800.295.8323
403B/457B	US Omni	<a href="http://www.omni403b.com">www.omni403b.com</a>	877-544-6664

## EMPLOYEE BENEFITS CENTER – <https://benefits.ffga.com/eaglemountainsaginawisd>

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit <https://benefits.ffga.com/eaglemountainsaginawisd> today!