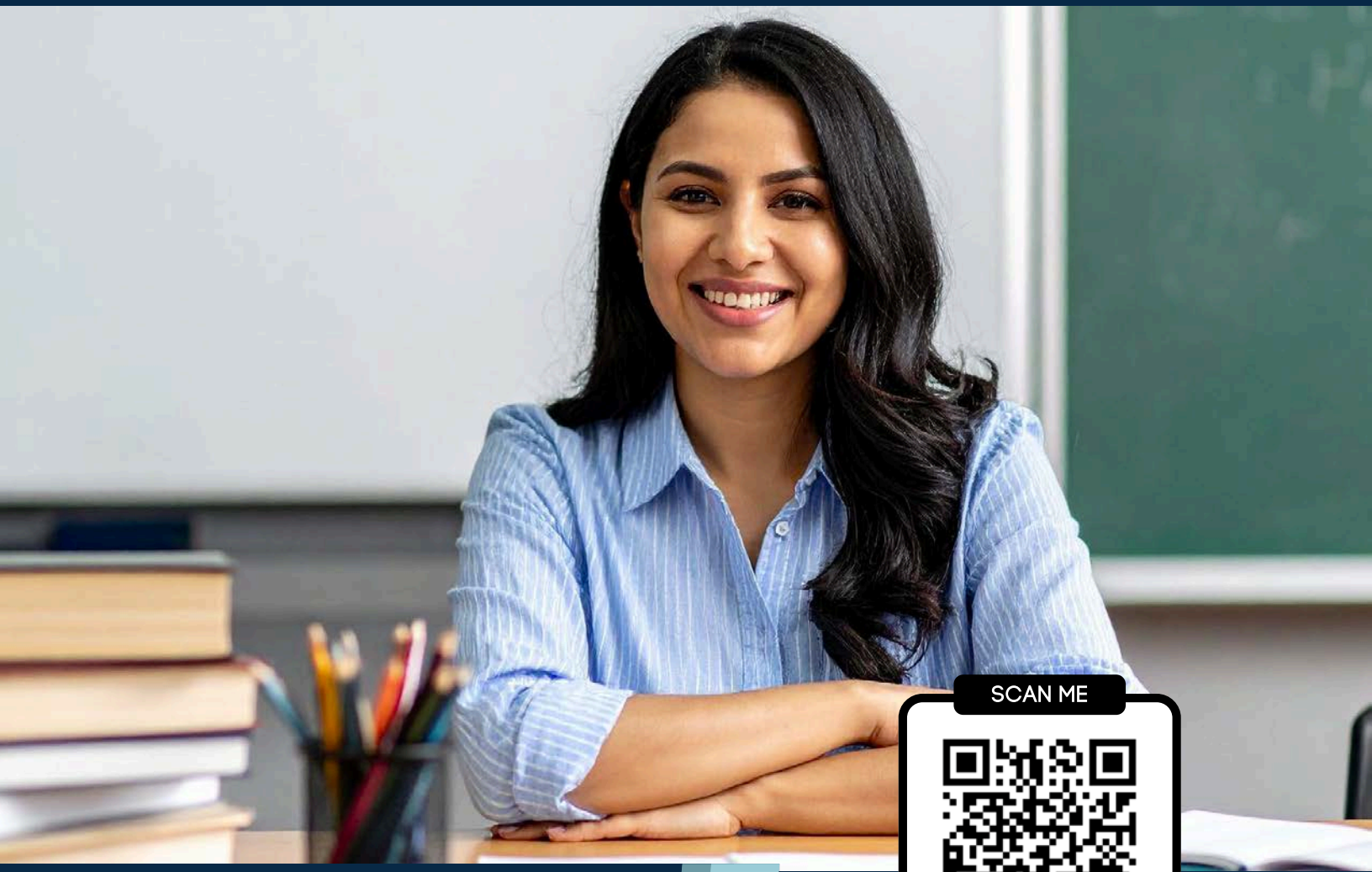
INGRAM ISD 2026-2027

BENEFITS GUIDE

Open Enrollment: Aug. 7 - 14



SCAN ME

https://ffbenefits.ffga.com/ingramisd

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- BENEFIT CONTACT INFORMATION

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

Employee Benefits Center

A guide to your benefits!

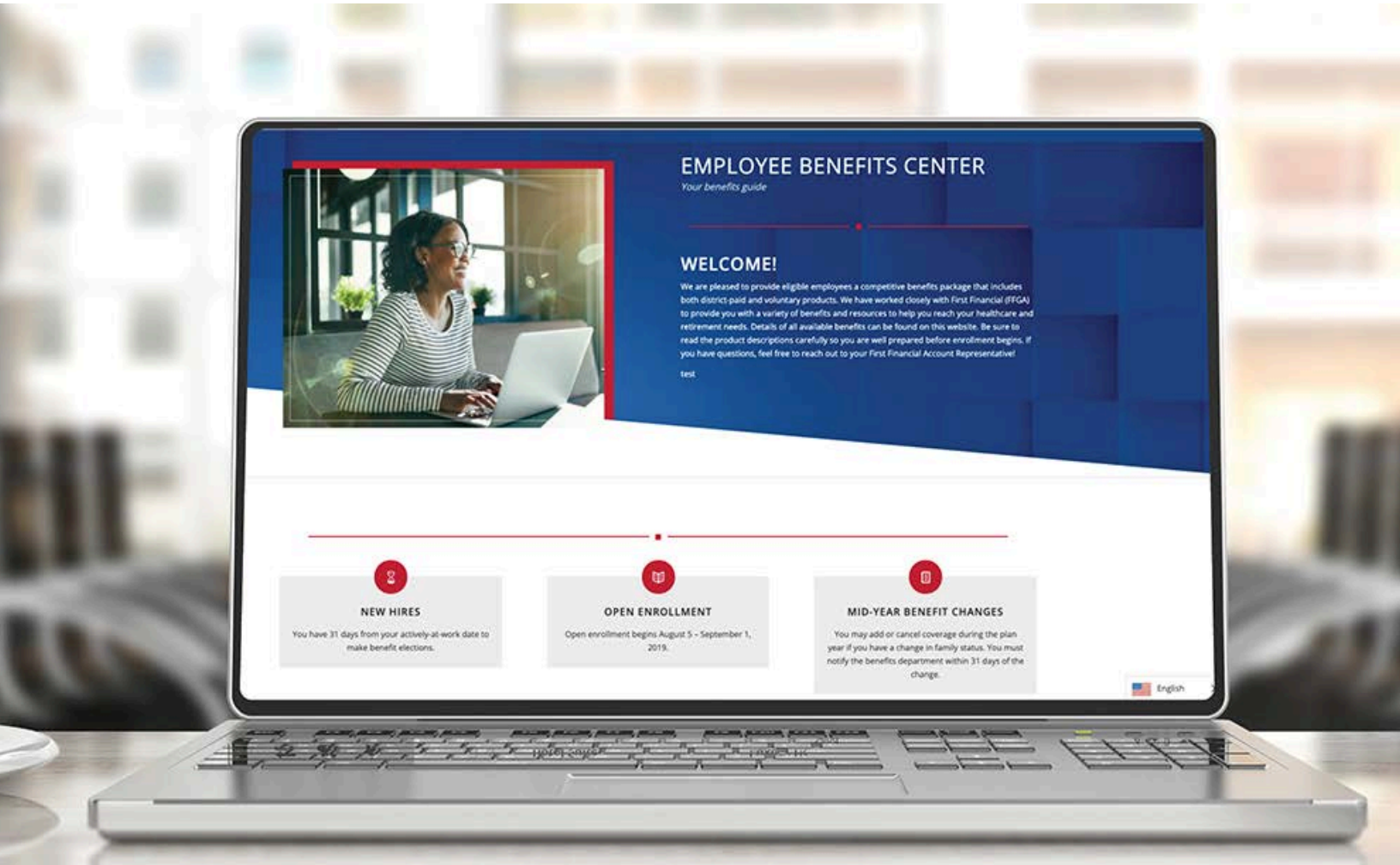
Ingram ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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

SCAN ME!

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

https://ffbenefits.ffga.com/ingramisd



How to Enroll

Benefits Enrollment

Benefits By Phone

Visit: ingramisd.timetap.com to schedule a time for your FFGA representative to call you.

Online Enrollment

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

Enroll Now

Username & Password

Username

- The Username is either your social security number or your Employee ID.

Password

- Instructions to access your initial password will be provided to you prior to open enrollment.
- Upon initial login, the password will be required to be changed.
- Remember your password as you will use this to sign your enrollment confirmation form and to login in the future.

View Current Benefits

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

View/Add Dependents

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

Begin Elections

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

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

You have 31 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first day of the month that follows a waiting period of 30 calendar days.

Existing Employees

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

Mid-year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Medical Coverage

TRS-ActiveCare



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

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

TRS-ActiveCare Primary

- 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
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

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)
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

TRS-ActiveCare Primary +

- 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
- Employee will receive 2 ID cards (BCBS & Express Scripts)

TRS-ActiveCare 2 - Closed to New Enrollees

- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

TRS-ActiveCare Plan Prescription Benefits

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

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

TRS ActiveCare

How to Calculate Your Monthly Premium

Total Monthly Premium
− Your Employer Contribution
= **Your Premium**

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

Being Healthy is Easy

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

**Eligibility rules may apply.*

See the Annual Enrollment Guide for more details.

Mental Health

You have in-office and virtual benefits:

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

All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	• Lowest premium of the three available plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Highest premium of the three available plans • Copays for many services and drugs • Lower deductible than the HD and Primary plans • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Higher premium of the three available plans • Must meet your deductible before plan pays for non-preventive care • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Compatible with a Health Savings Account

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

TRS-ActiveCare 2

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

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	$499	$468	$31	$586	$468	$118	$515	$468	$47	$1,013	$468	$545
Employee and Spouse	$1,348	$468	$880	$1,524	$468	$1,056	$1,391	$468	$923	$2,402	$468	$1,934
Employee and Children	$849	$468	$381	$997	$468	$529	$876	$468	$408	$1,507	$468	$1,039
Employee and Family	$1,697	$468	$1,229	$1,934	$468	$1,466	$1,751	$468	$1,283	$2,841	$468	$2,373

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

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

Doctor Visits				
Primary Care	$30 copay	$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	$70 copay	$70 copay	You pay 30% after deductible	You pay 50% after deductible

Tier 1: $20 copay Tier 2: $40 copay	You pay 40% after deductible			
Tier 1: $55 copay Tier 2: $85 copay	You pay 40% after deductible			

Immediate Care				
Urgent Care	$50 copay	$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RediMD™	$0 per medical consultation	$0 per medical consultation	$30 per medical consultation	
TRS Virtual Health-Teladoc®	$12 per medical consultation	$12 per medical consultation	$42 per medical consultation	

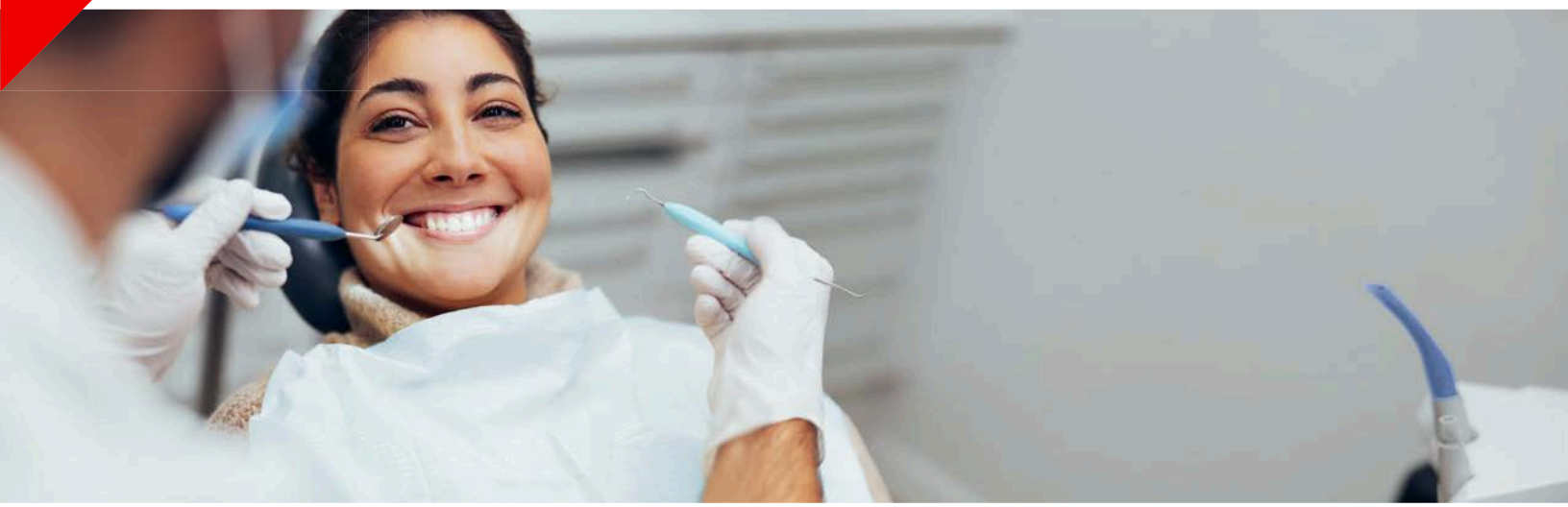
$50 copay	You pay 40% after deductible			
You pay a $250 copay plus 20% after deductible				
$0 per medical consultation				
$12 per medical consultation				

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

$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 30% after deductible ($200 min/$900 max); $0 if SaveOnSP eligible				
$25 copay for 31-day supply; $75 for 61- to 90-day supply				

NEW

Dental Insurance



MetLife | www.metlife.com/dental | 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 see which option is best for you and your family's dental needs. A range of procedures may be covered, such as:

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

Dental Monthly Premiums	
	Basic
Employee Only	$27.44
Employee + Spouse	$63.66
Employee + Child(ren)	$61.10
Employee + Family	$99.08

MetLife

Dental

Metropolitan Life Insurance Company

Plan Design for: Ingram ISD

Original Plan Effective Date: September 1, 2026

Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver cost-effective protection for a healthier smile and a healthier you.

Coverage Type:	In-Network[1] % of Negotiated Fee[2]	Out-of-Network[1] % of R&C Fee[4]
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible[3]		
Individual	$50	$50
Family	$150	$150
Annual Maximum Benefit:		
Per Individual	$2000	$2000
Orthodontia Lifetime Maximum - Ortho applies to Adult and Child	Up to dependent age limit	
	$2000 per Person	$2000 per Person
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	

1. "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist. Utilizing an out-of-network dentist for care may cost you more than using an in-network dentist.
2. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.
3. Applies to Type B and C services only.
4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:
   - the dentist's actual charge (the 'Actual Charge'),
   - the dentist's usual charge for the same or similar services (the 'Usual Charge') or
   - the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.

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Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice – in or out of the network. .

If you receive in-network services, you will be responsible for any applicable deductibles, cost sharing, negotiated charges after benefit maximums are met, and costs for non-covered services. If you receive out-of-network services, you will be responsible for any applicable deductibles, cost sharing, charges in excess of the benefit maximum, charges in excess of the negotiated fee schedule amount or R&C Fee, and charges for non-covered services.

- Plan benefits for in-network covered services are based on a percentage of the Negotiated fee – the Fee that participating dentists have agreed to accept as payment in full for covered services, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees are subject to change.
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be greater.

Once you're enrolled you may take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

To register, just go to
www.metlife.com/mybenefits
and follow the easy registration instructions.

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IMPORTANT RATE INFORMATION

Monthly Premium Payment	
Employee	$27.44
Employee + Spouse	$63.66
Employee + Child(ren)	$61.10
Employee + Family	$99.08

Cancellation/Termination of Benefits:
Coverage is provided under a group insurance policy (Policy form GPN99) issued by Metropolitan Life Insurance Company. Subject to the terms of the group policy, rates are effective for one year from your plan's effective date. Once coverage is issued, the terms of the group policy permit Metropolitan Life Insurance Company to change rates during the year in certain circumstances. Coverage terminates when your full-time employment ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder. The group policy may also terminate if participation requirements are not met, or on the date of the employee's death, if the Policyholder fails to perform any obligations under the policy, or at MetLife's option. The dependent's coverage terminates when a dependent ceases to be a dependent. There is a 30-day limit for the following services that are in progress: Completion of a prosthetic device, crown or root canal therapy after individual termination of coverage.

IMPORTANT ENROLLMENT INFORMATION

Benefits Plan Effective Date: Please see the enclosed cover sheet for specifics on your Plan's effective date.

Important Enrollment Provisions: If Timely Request Is Made - A timely request for Personal Dental Expense Benefits is one that is made on or prior to the date thirty-one days after your Personal Benefits Eligibility Date.

If Late Request Is Made - If a request is not a timely request, it is a late request. If you make a late request for Personal Dental Expense Benefits, your Personal Dental Expense Benefits will become effective after you satisfy the waiting period(s) shown below. The waiting period begins on the date of your request.

Preventive Services ..... No waiting period
Basic Restorative Services (Fillings) ..... 6 month waiting period
Basic - All Other Services..... 12 month waiting period
Major Services ..... 24 month waiting period
Orthodontia Services (if applicable) ..... 24 month waiting period

Qualifying Event:
Request to be covered, or to change your coverage, upon a Qualifying Event
If there is a Qualifying Event you may request to be covered, or to change your coverage, only within 31 days of a Qualifying Event. Such a request will not be a late request. Except for marriage or the birth or adoption of a child, you must give us proof of prior dental coverage under your spouse's plan if you are requesting coverage under this Plan because of a loss of the prior dental coverage. If you make a request to be covered under this Plan or request a change(s) in coverage under this Plan within thirty-one days of a Qualifying Event, your coverage or the change(s) in coverage will become effective on the first day of the month following the date of your request, subject to the Active Work Requirement, and provided that the change in coverage is consistent with your new family status.

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Selected Covered Services and Frequency Limitations*

Type A - Preventive	How Many/How Often:
Oral Examinations	2 in a year
Problem Focused Examinations	1 in 12 months
Full Mouth X-rays	1 in 60 months
Bitewing X-rays (Adult/Child)	1 in 12 months
Prophylaxis - Cleanings	2 in a year
Topical Fluoride Applications	1 in 12 months - Children to age 16
Sealants	1 in 60 months - Children to age 14

Type B - Basic Restorative	How Many/How Often:
Space Maintainers	1 per lifetime per tooth area - Children up to age 14
Amalgam and Composite Fillings	1 in 24 months.
Oral Surgery (Simple Extractions)	
Emergency Palliative Treatment	

Type C - Major Restorative	How Many/How Often:
Crowns/Inlays/Onlays	1 per tooth in 10 years
Prefabricated Crowns	1 per tooth in 10 years
Repairs	1 in 12 months
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 36 months per quadrant
Periodontal Scaling & Root Planing	1 in 24 months per quadrant
Periodontal Maintenance	2 in 1 year, includes 2 cleanings
Oral Surgery (Surgical Extractions)	
Other Oral Surgery	
Bridges	1 in 10 years
Dentures	1 in 10 years
General Anesthesia	
Consultations	1 in 12 months
Implant Services	1 service per tooth in 10 years - 1 repair per 10 years

Type D – Orthodontia

- Adult and Child Coverage. Dependent children up to age 26. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary.
- Orthodontic benefits end at cancellation of coverage

***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 pretreatment 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. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.

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Vision Insurance

Eyemed | www.eyemed.com | 888-581-3648

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

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

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

Vision Monthly Premium	
EyeMed	
Employee Only	$8.48
Employee + Spouse	$14.35
Employee + Child(ren)	$15.20
Employee + Family	$22.95



Ingram ISD

Benefits

1
Exam & Materials
Insight Network
Fully Insured
Employee Paid

Monthly rates

Subscriber
$8.48

Subscriber + Spouse
$14.35

Subscriber + Child(ren)
$15.20

Subscriber + Family
$22.95

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES once every plan year		
Exam	*$10 copay*	*Up to $40*
FRAME once every plan year		
Frame	*$0 copay; 20% off balance over $130 allowance*	*Up to $65*
STANDARD PLASTIC LENSES *in lieu of contacts* **once every plan year**		
Single Vision	*$10 copay*	*Up to $30*
Bifocal	*$10 copay*	*Up to $50*
Trifocal/Lenticular	*$10 copay*	*Up to $70*
Progressive – Standard	*$65 copay*	*Up to $50*
Progressive – Premium Tier I, II, or III	*$95, $105, or $120 copay*	*Up to $50*
Progressive – Premium Tier IV	*$225 copay*	*Up to $50*
LENS OPTIONS		
Anti Reflective Coating – Standard	*$45 copay*	*Up to $23*
Anti Reflective Coating – Premium Tier I, II, or III	*$57, $68, or $100 copay*	*Up to $23*
CONTACT LENSES *in lieu of lenses* **once every plan year**		
Contacts – Conventional	*$0 copay; 15% off balance over $150 allowance*	*Up to $75*
Contacts – Disposable	*$0 copay; 100% of balance over $150 allowance*	*Up to $75*
Contacts – Medically Necessary	*$0 copay; paid-in-full*	*Up to $300*

All plans are based on a 48 month contract and 48 month rate guarantee. Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier.

MEMBER SAVINGS

Ingram ISD

We're committed to keeping money in our members' pockets. That's why we offer our members additional discounts above the proposed plan benefits

VISION CARE SERVICES	IN-NETWORK MEMBER COST
EXAM SERVICES	
Retinal Imaging	*Up to $39*
CONTACT LENS FIT AND FOLLOW-UP	
Fit and Follow-Up – Standard	*Up to $40*
Fit and Follow-Up – Premium	*10% off retail price*
LENS OPTIONS	
Photochromic – Non-Glass	*$75*
Polycarbonate – Standard	*$40*
Scratch Coating – Standard Plastic	*$15*
Tint – Solid or Gradient	*$15*
UV Treatment	*$15*
All Other Lens Options	*20% off retail price*

Members can get exclusive additional discounts and deals that are often stackable with their vision benefits at member.eyemedvisioncare.com

40%OFF

additional pairs of glasses

20%OFF

any item not covered by the plan, including non-prescription sunglasses

15%OFF

retail price or 5% off promotional price for Lasik or PRK from US Laser Network

UP TO 66%OFF

hearing aids, with an extended warranty and free batteries through Amplifon Hearing Health Care Network

DISCOUNT DETAILS

Discounts are not insured benefits. Member receives a 20% discount on items not covered by the insurance plan at EyeMed In-Network locations. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time.

Flexible Spending Accounts

First Financial Administrators, Inc. | www.ffga.com
1.866.853.3539 P.O. Box 161968 | Altamonte Springs, FL 32716

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the $680 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to $680 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than $680 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2026 is $3,400.

Medical FSA Highlights

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include the date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient's name.

Dependent Care FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like childcare, babysitters, and adult day care.

You may allocate up to $7,500 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is $3,750.

Dependent Care FSA Highlights

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

Health Savings Account

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

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

Health Savings Account Highlights

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

Who Can Participate in an HSA?

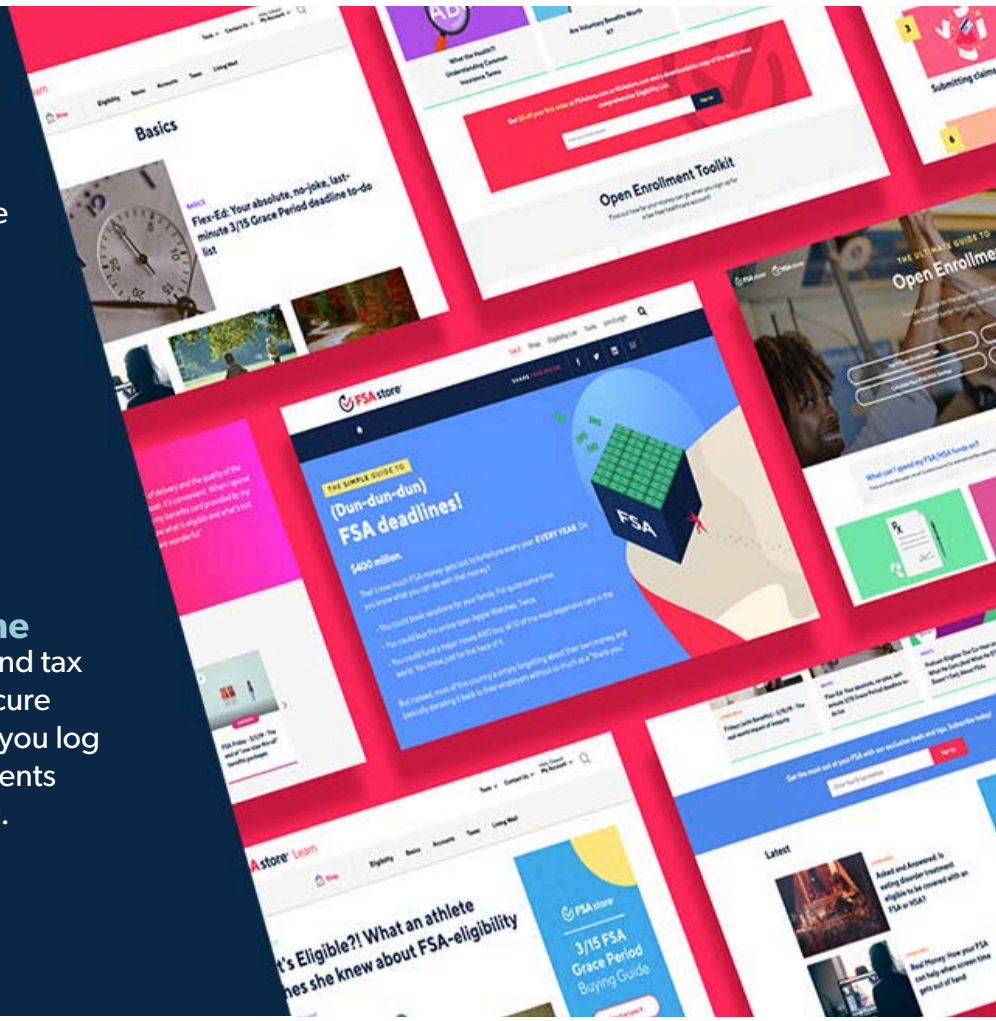
- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.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

	2026	2027
HSA Contribution Limits	• Self Only: $4,400 • Family: $8,750	• Self Only: $4,500 • Family: $9,000
Health Insurance Deductible Limits	• Self Only: $1,700 • Family: $3,400	• Self Only: $1,750 • Family: $3,500
$1,000 catch-up contributions (age 55 or older)		

FSA & HSA Resources

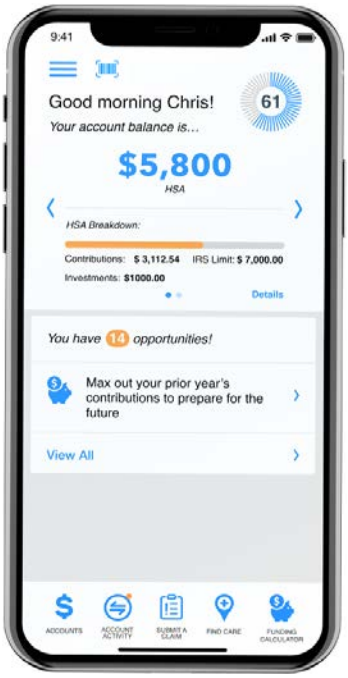
Benefits Card

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



View Your Account Details Online

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



FF Mobile Account App

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

FSA/HSA Store

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

FSA store®
Everything Flex Spending.

HSA store®
Health Saving, Simplified.

Term Life & AD&D

Employer-Paid & Voluntary

Dearborn TEEBC | www.mydearborngroup.com/products-and-services/life | 800-721-7987

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a $50,000 policy. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

Voluntary Term Life Insurance

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



Permanent Life



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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

WOW!

VOLUNTARY PERMANENT LIFE INSURANCE YOU CAN KEEP

PURELIFE-PLUS



Highlights

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

EASY TO PAY
Pay for it through convenient payroll deductions

NO EXAMS
Qualify by answering just 3 questions[2]

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

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

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

TEXASLIFE INSURANCE COMPANY

FFGA Benefit Solutions Simplified

25M008-C FFGA 1004 (exp0327)

See last page for disclosures and footnotes

PURELIFE-PLUS



The Ideal Complement

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

No Exams Or Needles!

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

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

Product Features

- **High Death Benefit.** Written on a minimal cash-value Universal Life frame, PURELIFE-PLUS features one of the highest death benefits per payroll-deducted dollar offered at the worksite.[6]
- **Refund of Premium.** Unique in the workplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. *(Conditions apply.)*
- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-PLUS helps provide peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium for a significant period of time (after the premium guaranteed period, premiums may go down, stay the same, or go up).[7]

Additional Benefits

Accidental Death Benefit Rider

Included in the contract at the option of your employer, the Accidental Death Benefit Rider covers all employees and spouses between the ages of 17-59.[9] This rider costs $0.08 per $1,000 of the contract's face amount per month and pays the insured's beneficiary double the death benefit[10] if the insured dies within 180 days of an accident from injuries incurred in that accident.[11] The benefit is payable through the insured's age 65. See the complete list of exceptions to coverage on the back page.

Accelerated Death Benefit Due to Terminal Illness Rider[4]

Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a $150 administrative fee. Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive.

Accelerated Death Benefit Due To Chronic Illness Rider

This valuable living benefit will be included upon approval in the life contract for employees and their spouses at an additional cost.[5] This rider can help offset the unplanned expense of care should the insured be faced with a qualifying disabling chronic illness or Severe Cognitive Impairment. Here's how it works:

- If, for a period of 90 days, you're no longer able to perform any two of the six Activities of Daily Living or if you suffer Severe Cognitive Impairment, you can receive a living benefit.[12]
  - Example: You own a $100,000 Texas Life insurance policy with the Chronic Illness rider. A medical professional certifies that you can no longer perform two of the six Activities of Daily Living or have suffered Severe Cognitive Impairment. You can apply for a lump sum of $92,000 minus a $150 administrative fee.[13]
- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

See last page for disclosures and footnotes

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



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

TEXASLIFE INSURANCE COMPANY

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

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

Non-Tobacco

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

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

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

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

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

Indicates Spouse Coverage Available

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

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

TEXASLIFE INSURANCE COMPANY

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

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

Tobacco

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

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

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

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

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

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

Indicates Spouse Coverage Available

NEW

Disability Insurance

The Standard | www.standard.com | 800-368-2859

Why Do I Need Disability Insurance?

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

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

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



Effective Date
September 1, 2026

Prepared for:
Ingram ISD

Short Term Disability Insurance

When it comes to handling Short Term Disability claims, our team of experts is standing by. Our claims examiners have been with us for an average of 6 years, and our nurse case managers boast an average tenure of 8 years (internal company data as of October 1, 2024). With this kind of expertise, we can typically render our initial claim decision in just 3-5 days, because the last thing a claimant needs is a delay.

Covered Members

A regular employee of the Employer working 30 or more hours per week.

	Voluntary STD
Benefit Schedule	60%
Insured Predisability Earnings	$3,333
Maximum Weekly Benefit	$2,000
Minimum Weekly Benefit	$15
Benefit Waiting Period Accident	0 Days
Benefit Waiting Period Sickness	7 Days
Maximum Benefit Period	90 Days
Guarantee Issue	Full Benefit
Employer Contribution	0%
Minimum Participation	Greater of 25% or 10 Lives
Taxability of Benefits	Non-Taxable
Partial/Residual Disability	Included
Temporary Recovery	90 Days
Maternity	Covered the same as any other illness

Effective Date
September 1, 2026

Prepared for:
Ingram ISD

Long Term Disability Insurance

Protect your employees' income and your company's bottom line. This insurance comes with innovative resources designed to help you build a more productive workplace. Our Workplace Possibilities(SM) program, included at no extra cost, helps employees stay on the job and return to work sooner. While not all claims can be shortened, our customers are currently experiencing anywhere from a 10% to a 25% reduction in disability days who participate in the Workplace Possibilities Program. That's just one example of how we add real value as your partner.

Covered Members

A regular employee of the Employer working 30 or more hours per week.

	Group LTD
Benefit Schedule	60%
Insured Predisability Earnings	$10,000
Maximum Monthly Benefit	$6,000
Minimum Monthly Benefit	$100 or 10%
Benefit Waiting Period	90 Days
Maximum Benefit Period	To SSNRA
Guarantee Issue Benefit Amount	Full Benefit
Employer Contribution	100%
Minimum Participation	100%
Taxability of Benefits	Taxable
Own Occupation Period	24 Months
Partial/Residual Disability	Included
Preexisting Condition Period	3/12
Mental & Nervous Limitation	24 months
Substance Abuse Limitation	24 months
Other Limited Conditions	24 months
Musculoskeletal/Connective Tissue Limitation	24 months
Return to Work Incentive	12 months
Employee Assistance Program	Included: 3 face-to-face

Cancer Insurance



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

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

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

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

Cancer Insurance		
Monthly Premium	**BASIC**	**ENHANCED PLAN**
Employee	$15.80	$31.62
Employee + Family	$26.86	$53.80



Group Cancer Insurance

AMERICAN FIDELITY
a different opinion

Focus on the fight.

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

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

Did You Know?

New cancer cases in America are diagnosed at the rate of about 5,255 per day.

American Cancer Society: Cancer Facts and Figures 2022, P4

Plan Benefit Highlights

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

Benefits designed to help cover costs.

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

Examples:

Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for quick processing.

Travel Expenses

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

Plan Benefit Highlights

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

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

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to the following pages for more complete descriptions and limits to this plan.

MONTHLY PREMIUMS	BASIC	ENHANCED PLUS
Individual	$15.80	$31.62
Family	$26.86	$53.80

The premium and benefit amounts vary depending upon the plan selected.

Critical Illness Insurance

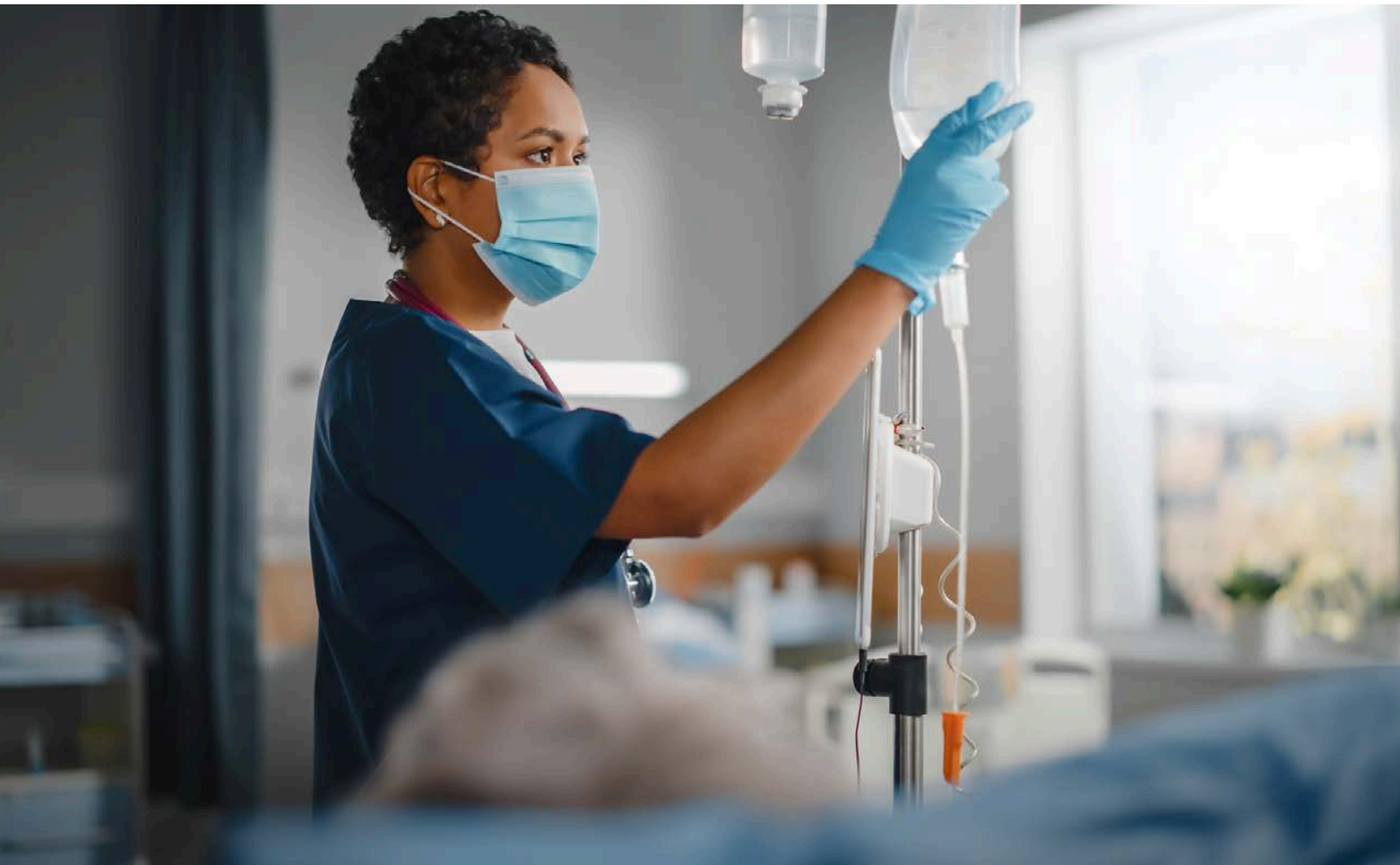
Transamerica | www.transamerica.com/employee-benefits-videos/critical-illness-insurance | 855-244-8318

Prepare For the Unexpected

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

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



MORE THAN JUST PEACE OF MIND

A critical illness can come in many forms, bringing the risk of incapacitation or hospitalization. Should this happen, you may be unable to work or provide for you family. We think you deserve help protecting your finances and your loved ones' future.

A supplement to major medical insurance, Transamerica's critical illness insurance can be used to offset out-of-pocket costs not covered by major medical.

GOING BEYOND MAJOR MEDICAL

Transamerica Critical Illness Insurance[SM] is designed to help ease the burden of unexpected costs that can accompany a critical illness. It pays a benefit you can use however you need — to help pay for deductibles, copays, everyday living expenses while out of work or additional care while you recover.

Highlights of *Transamerica Critical Illness Insurance*



NO LIFETIME BENEFIT MAXIMUM



NO WAITING PERIODS



PAYS BENEFITS DIRECTLY TO YOU



FAMILY OPTIONS AVAILABLE



EASY PAYROLL-DEDUCTED PREMIUMS

See Your Critical Illness Benefits for more details.

Policy Questions?

Visit: transamerica.com

Call: 855-244-8318

Your Critical Illness Benefits

Transamerica Critical Illness Insurance[SM] pays you a benefit to cover expenses associated with a covered critical illness. The benefit amount is elected by the employee at enrollment. The initial diagnosis benefit in each category pays a percentage of the benefit amount. If applicable, the recurrent diagnosis benefit pays a percentage of the initial diagnosis benefit. Benefits are subject to limitations and exclusions.

DEPENDENT INSURANCE	PLAN OPTION 1
Spouse/Adult Dependent	100% of the employee benefit amount
Child Dependent	50% of the employee benefit amount

BENEFIT CATEGORIES

The Benefit Amount is elected by the employee on the application or enrollment form. The benefit is a percentage of the Benefit Amount or the dollar amount shown below.

CANCER CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	First Occurrence Benefit Amount	Recurrent Benefit Amount
Invasive Cancer	100%	100%
Non-Invasive Cancer	25%	25%
Skin Cancer	$750	$750
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	

CARDIOVASCULAR DISEASE CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	First Occurrence Benefit Amount	Recurrent Benefit Amount
Coronary Artery Disease Requiring Angioplasty/Stent	10%	10%
Coronary Artery Disease Requiring Bypass Grafts	25%	25%
Coronary Invasive	100%	100%
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	

HEART ATTACK CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	First Occurrence Benefit Amount	Recurrent Benefit Amount
Heart Attack	100%	100%
Sudden Cardiac Arrest	100%	100%
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	

Your Critical Illness Benefits

KIDNEY FAILURE CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	**First Occurrence Benefit Amount**	**Recurrent Benefit Amount**
End Stage Renal Failure	100%	N/A
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	

MAJOR ORGAN TRANSPLANT CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	**First Occurrence Benefit Amount**	**Recurrent Benefit Amount**
Bone Marrow Transplant	100%	100%
Major Organ Transplant (except Bone Marrow)	100%	100%
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	

STROKE CATEGORY		
	PLAN OPTION 1	
SUB-BENEFIT	**First Occurrence Benefit Amount**	**Recurrent Benefit Amount**
Stroke	100%	100%
Transient Ischemic Attack (TIA)	10%	10%
Lifetime Category Maximum Per Insured Person	No Lifetime Maximum	

Your Critical Illness Benefits

Critical Illness Benefits: Invasive Cancer; Non-Invasive Cancer; Skin Cancer; Coronary Artery Disease Requiring Angioplasty/Stent; Coronary Artery Disease Requiring Bypass Grafts; Coronary Invasive; Heart Attack; Sudden Cardiac Arrest; End Stage Renal Failure; Bone Marrow Transplant; Major Organ Transplant (Except Bone Marrow); Stroke; Transient Ischemic Attack (TIA)

Optional Riders: Health Screening Benefit Rider

PLAN OPTION 1 MONTHLY NON-TOBACCO ISSUE AGE RATES					CI12.2022.06.PROD,SHARED,AWS.TX.0.0.NS
ISSUE AGE	**$10,000**	**$15,000**	**$20,000**	**$25,000**	**$30,000**
EMPLOYEE - PLAN OPTION 1					
18-29	$6.74	$8.00	$9.25	$10.51	$11.77
30-39	$9.96	$12.69	$15.42	$18.15	$20.87
40-49	$16.56	$22.59	$28.62	$34.64	$40.67
50-59	$31.34	$44.75	$58.16	$71.58	$84.99
60-64	$54.17	$78.96	$103.75	$128.54	$153.33
65+	$74.62	$108.89	$143.17	$177.44	$211.72
EMPLOYEE AND SPOUSE - PLAN OPTION 1					
18-29	$11.08	$13.58	$16.07	$18.57	$21.08
30-39	$17.47	$22.90	$28.32	$33.75	$39.17
40-49	$30.83	$42.95	$55.06	$67.16	$79.28
50-59	$60.93	$88.09	$115.24	$142.40	$169.55
60-64	$106.88	$156.94	$207.00	$257.05	$307.11
65+	$147.77	$216.85	$285.94	$355.02	$424.11
EMPLOYEE AND CHILDREN - PLAN OPTION 1					
18-29	$9.85	$11.65	$13.44	$15.24	$17.04
30-39	$13.07	$16.34	$19.61	$22.88	$26.14
40-49	$19.67	$26.24	$32.81	$39.37	$45.94
50-59	$34.45	$48.40	$62.35	$76.31	$90.26
60-64	$57.28	$82.61	$107.94	$133.27	$158.60
65+	$77.73	$112.54	$147.36	$182.17	$216.99
EMPLOYEE AND FAMILY - PLAN OPTION 1					
18-29	$14.19	$17.23	$20.26	$23.30	$26.35
30-39	$20.58	$26.55	$32.51	$38.48	$44.44
40-49	$33.94	$46.60	$59.25	$71.89	$84.55
50-59	$64.04	$91.74	$119.43	$147.13	$174.82
60-64	$109.99	$160.59	$211.19	$261.78	$312.38
65+	$150.88	$220.50	$290.13	$359.75	$429.38

PLAN OPTION 1 MONTHLY TOBACCO ISSUE AGE RATES					CI12.2022.06.PROD,SHARED,AWS.TX.0.0.NS
ISSUE AGE	**$10,000**	**$15,000**	**$20,000**	**$25,000**	**$30,000**
EMPLOYEE - PLAN OPTION 1					
18-29	$7.87	$9.69	$11.50	$13.32	$15.14
30-39	$13.68	$18.27	$22.85	$27.44	$32.02
40-49	$25.39	$35.82	$46.26	$56.70	$67.14
50-59	$48.65	$70.72	$92.79	$114.86	$136.93
60-64	$82.30	$121.15	$160.00	$198.85	$237.71
65+	$111.87	$164.77	$217.68	$270.58	$323.48

Your Critical Illness Benefits

EMPLOYEE AND SPOUSE - PLAN OPTION 1					
18-29	$13.27	$16.87	$20.45	$24.05	$27.65
30-39	$24.73	$33.78	$42.83	$51.89	$60.94
40-49	$48.23	$69.03	$89.84	$110.65	$131.45
50-59	$95.41	$139.81	$184.20	$228.60	$272.99
60-64	$162.84	$240.87	$318.90	$396.93	$474.97
65+	$221.78	$327.86	$433.96	$540.04	$646.13
EMPLOYEE AND CHILDREN - PLAN OPTION 1					
18-29	$10.98	$13.34	$15.69	$18.05	$20.41
30-39	$16.79	$21.92	$27.04	$32.17	$37.29
40-49	$28.50	$39.47	$50.45	$61.43	$72.41
50-59	$51.76	$74.37	$96.98	$119.59	$142.20
60-64	$85.41	$124.80	$164.19	$203.58	$242.98
65+	$114.98	$168.42	$221.87	$275.31	$328.75
EMPLOYEE AND FAMILY - PLAN OPTION 1					
18-29	$16.38	$20.52	$24.64	$28.78	$32.92
30-39	$27.84	$37.43	$47.02	$56.62	$66.21
40-49	$51.34	$72.68	$94.03	$115.38	$136.72
50-59	$98.52	$143.46	$188.39	$233.33	$278.26
60-64	$165.95	$244.52	$323.09	$401.66	$480.24
65+	$224.89	$331.51	$438.15	$544.77	$651.40

***HSA Compatible - Based on its understanding of available guidance, Transamerica Life Insurance Company views the insurance benefits shown in this proposal as compatible with High-Deductible Health Plans and Health Savings Accounts. However, there is no guarantee that the relevant authorities will agree with Transamerica's understanding. Current guidance is not complete and is subject to change. Neither Transamerica nor its agents or representatives provide legal or tax advice. Accordingly, Transamerica encourages its customers to consult with and rely upon independent tax and legal advisors regarding their particular situations, the use of the products presented here with High-Deductible Health Plans and Health Savings Accounts, and the persons/dependents that may be insured under such plans and accounts.*

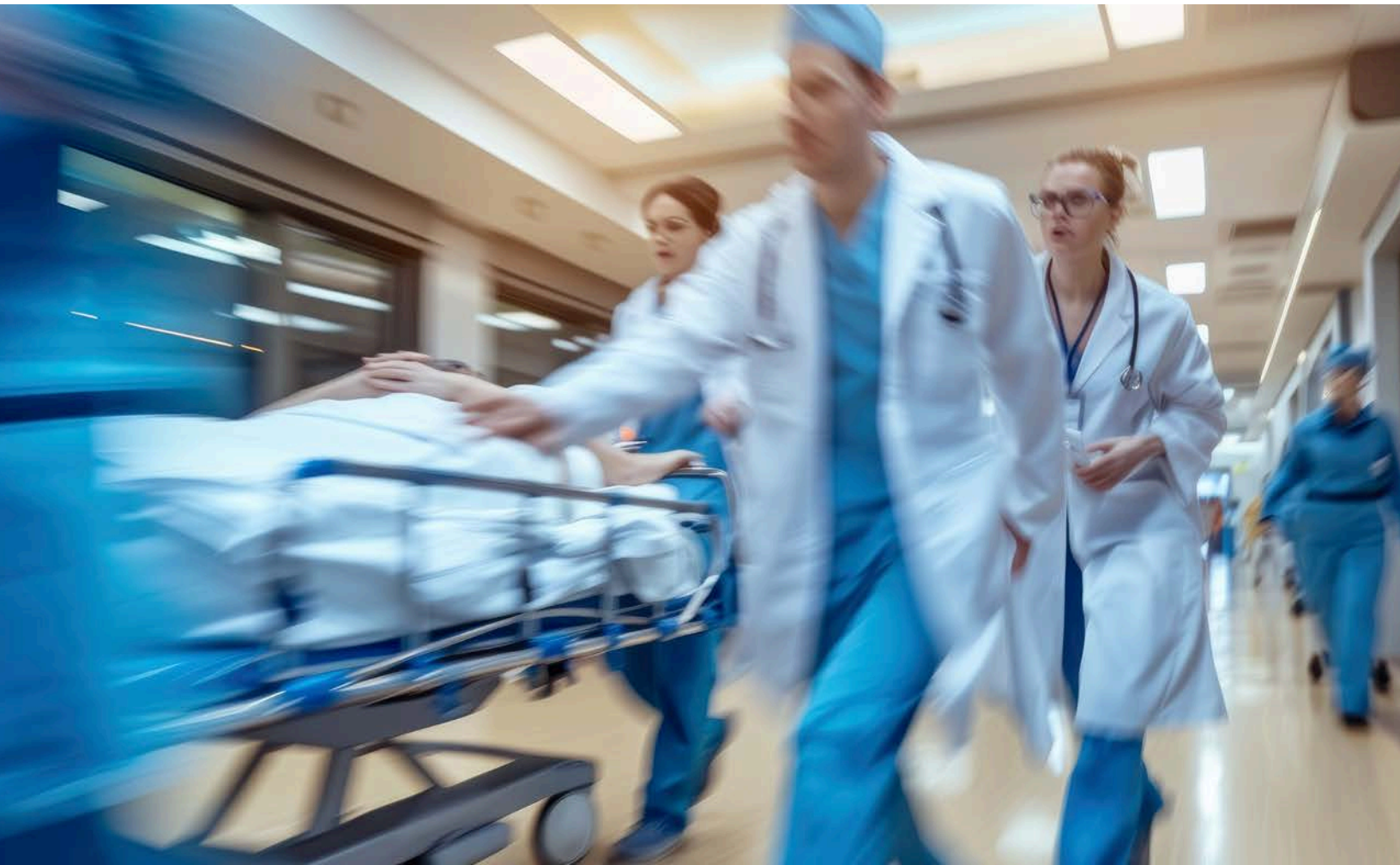
Issue State: Texas
Rate generation date: May 27, 2024
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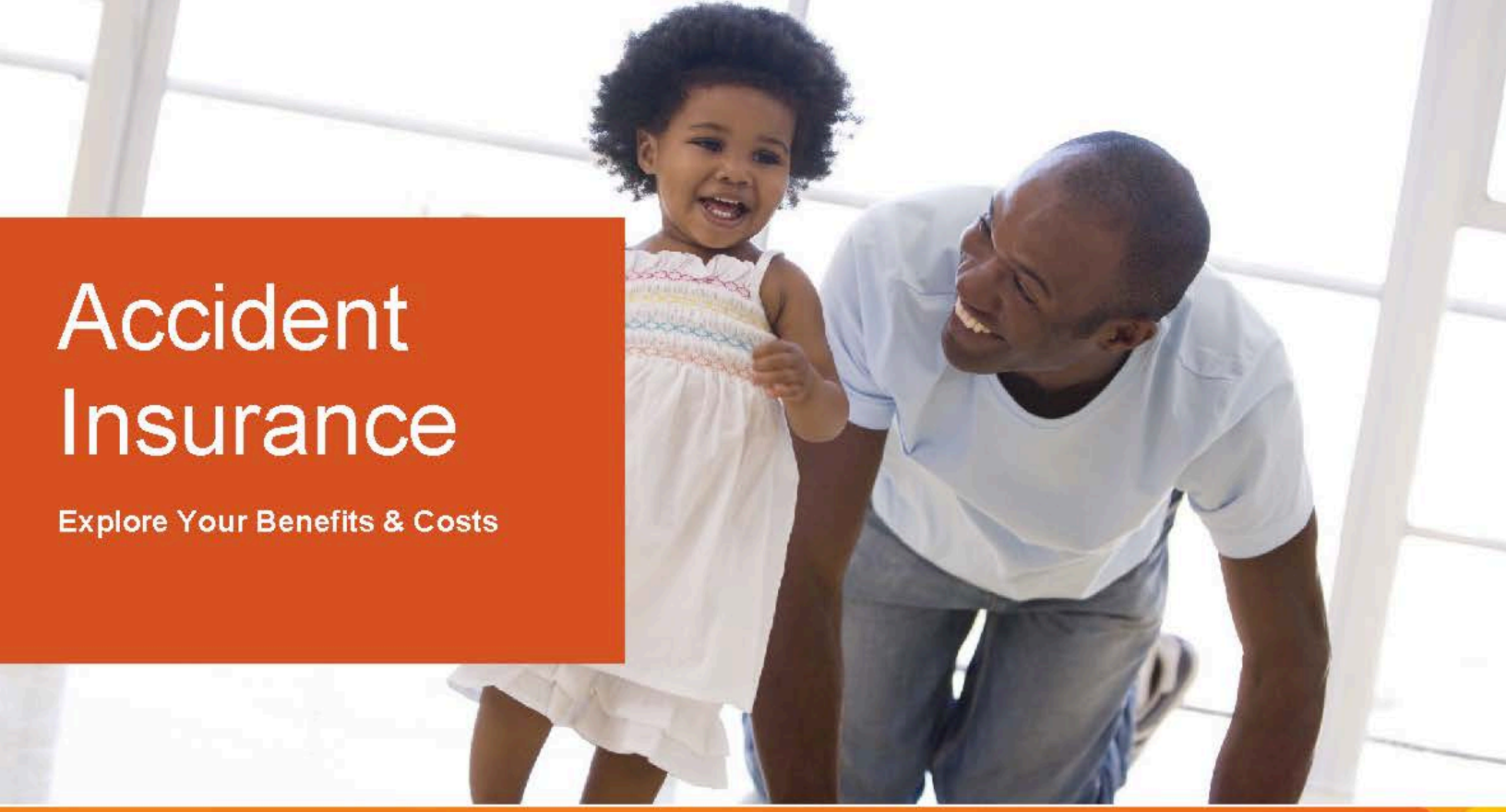
Accident Insurance

Voya Financial| www.voya.com/page/on-demand/accident-insurance | 888-926-2991

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

Explore Your Benefits & Costs

Group Name: Ingram Independent School District
Group Number: 745847

Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When an injury happens, Accident Insurance can help. This document includes expanded cost and benefit information for Accident Insurance. As you explore, keep in mind:

- Coverage is always Guaranteed Issue
- Employees get an annual Wellness Benefit of $75 for completing an eligible health screening test.
- Benefit payments go directly to you. Use them how you'd like!

Accident Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't *go out* to pay for medical bills or treatments you may need, instead they *come in*—directly to you—to be used however you'd like.** Choose this supplemental health insurance product to lessen the financial impact of a covered accident.

Accident Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

ReliaStar Life Insurance Company
a member of the Voya® family of companies

PLAN | INVEST | PROTECT

VOYA® FINANCIAL

How much does it cost?

This table shows your rates for Accident Insurance.

Accident Rates	
Coverage Type	**Monthly Rates**
Employee	$11.54
Employee + Spouse	$18.26
Employee + Children	$23.43
Family	$30.15

Your spouse will be covered for the same Accident benefits as you. “Spouse” may include domestic partners or civil union partners as defined by your employer’s plan.

Your children will be covered for the same Accident benefits as you are and one premium amount covers all your eligible children. If both you and your spouse are covered under this policy as an employee; then only one, but not both, may cover the same children for Accident Insurance. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children’s coverage.

What’s covered?

Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. You may be required to seek care for your injury within a set amount of time. Some of the specific covered treatments and conditions we pay benefits for include those shown below. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.



ER treatment



X-rays



Physical therapy



Stitches



Follow-up doctor treatment(s)

Sample payment amounts

If one of these events happens to you, and your claim is approved, you’d receive a benefit payment in the amount listed below. Use it however you’d like:

Accident-related treatment	Benefit
Emergency room treatment	$300

X-ray	$75
Physical therapy (up to 6 per accident)	$50
Stitches (for lacerations, up to 2")	$60
Follow-up doctor treatment	$100
Hospital admission	$1,500
Hospital confinement (per day, up to 365 days)	$300

What else is included?

The Accident Insurance available through your employer also features the following:

Receive $75 to use however you'd like

Wellness Benefit
Complete an eligible health screening test and we'll send you a benefit payment.

- Employees benefit amount is $75. Spouse's benefit amount is $75.
- The annual benefit for child coverage is $75 per child.

Keep coverage during a leave of absence

Continuation of Insurance
Continuation allows you to maintain your current Accident Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.

Take your coverage with you

Portability
If you are in a situation where you will lose eligibility for benefits, such as reduced hours, termination or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Schedule of Benefits

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document.

✓ **Your coverage includes a Sport Accident Benefit.** This means that if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the accident hospital care, accident care or common injuries sections below will be increased by 25%; to a maximum additional benefit of $1,000.

Accident Hospital Care	Benefit

Burns (3rd degree, 4% or more of the total body surface area)	$15,000
Skin Grafts (of burn benefit)	50%
Emergency Dental Work (Crown)	$350
Emergency Dental Work (Extraction)	$90
Eye Injury (removal of foreign object)	$100
Eye Injury (surgery)	$350
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	$225
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	$800
Laceration[1] (treated - no sutures)	$30
Laceration[1] (sutures up to 2")	$60
Laceration[1] (sutures 2" to 6")	$240
Laceration[1] (sutures over 6")	$480
Puncture Wound[1]	$50
Ruptured Disk (surgical repair)	$800
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	$825
Tendon, Ligament, Rotator Cuff (1, surgical repair)	$800
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	$1,225
Concussion	$350
Traumatic Brain Injury	$1,750
Paralysis (monoplegia)	$10,000
Paralysis (hemiplegia)	$15,000
Paralysis (paraplegia)	$16,000
Paralysis (quadriplegia)	$24,000

Dislocations Complete[2]/Complete Requiring Surgical Repair[3]	Benefit
Hip Joint	$3,850 /$7,700
Knee	$2,400/$4,800
Ankle or foot bone(s) (other than toes)	$1,500/$3,000
Shoulder	$1,600/$3,200
Elbow	$1,100/$2,200
Wrist	$1,100/$2,200
Finger/toe	$275/$550
Hand bone(s) (other than fingers)	$1,100/$2,200
Lower jaw	$1,100/$2,200
Collarbone	$1,440/$2,800
Partial dislocations	25%

Fractures	Level 1

Surgery (open abdominal, thoracic)	$1,200
Surgery (exploratory or without repair)	$175
General Anesthesia	$200
Blood, Plasma, Platelets	$600
Hospital Admission	$1,500
Hospital Confinement (per day, up to 365 days)	$300
Critical Care Unit (CCU) Admission	$1,500
Critical Care Unit Confinement (per day up to 30 days	$450
Rehabilitation Facility Confinement (per day up to 90 days)	$200
Observation Unit Stay	$300
Induced Coma (up to 14 days)	$150
Non-Induced Coma (duration of 14 or more days)	$17,000
Transportation (per trip up to 3 per accident)	$750
Lodging (per day up to 30 days)	$180
Pet Boarding	$20
Family care (per child/adult up to 45 days)	$30

Accident Care	Benefit
Initial Doctor Visit	$100
Urgent Care Facility Treatment	$225
Emergency Room Treatment	$300
Ground Ambulance	$500
Air ambulance	$2,000
Follow-up Doctor Treatment	$100
Home Health Care	$75
Chiropractic Treatment (up to 6 per accident)	$50
Prescription Medicine	$15
Medical Equipment	$200
Physical or Occupational Therapy (per treatment up to 10)	$50
Speech Therapy (per treatment up to 10)	$50
Mental Health Therapy (per treatment up to 10)	$50
Prosthetic Device (one)	$750
Prosthetic Device (two or more)	$2,000
Major Diagnostic Exams	$275
Outpatient Surgery (once per accident)	$225
X-ray	$75

Common Injuries	Benefit
Burns (2nd degree, at least 36% of body)	$1,250
Burns (3rd degree, at least 2% but less than 4% of the total body surface area)	$7,500

Non-Surgical Repair Fracture[4]/Fracture Requiring Surgical Repair[5]	
Hip	$3,000/$6,000
Leg	$2,500/$5,000
Ankle	$1,800/$3,600
Heel	$1,800/$3,600
Kneecap	$1,800/$3,600
Foot (excluding toes, heel)	$1,800/$3,600
Upper arm	$2,100/$4,200
Forearm, hand, wrist (except fingers)	$1,800/$3,600
Finger, Toe	$240/$480
Vertebral body	$3,360 / $6,720
Vertebral processes	$1,440 / $2,880
Pelvis (except coccyx)	$3,200/$6,400
Coccyx	$400/$800
Bones of the face (except nose)	$1,200/$2,400
Nose	$600/$1,200
Upper jaw	$1,500/$2,800
Lower jaw	$1,440/$2,800
Collarbone	$960/$1,920
Rib	$400/$800
Skull – Simple (except bones of the face)	$1,400/$2,800
Skull – Depressed (except bones of face)	$3,000/$6,000
Sternum	$360/$720
Shoulder blade	$1,800/$3,600
Chip Fractures: % of the Non-Surgical Repair	25%

[1]Laceration benefits are a total of all lacerations per accident. Payable once per covered accident. If your injury qualifies as both a laceration and puncture wound, only one benefit in the higher amount will be payable.
[2]Complete separated joint that does not require a surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.
[3]Completely separated joint that requires surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.
[4]Fracture that does not require a surgical repair. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.
[5]Fracture that does require surgical repair. If the doctor diagnoses the fracture as a chip fracture, the benefit will be reduced to a percentage of what would have been paid for a Non-Surgical Repair Fracture of the same bone. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

Accidental Death & Dismemberment (AD&D)

Your coverage also includes Accidental Death & Dismemberment benefits. We will pay an AD&D benefit if a covered person meets the conditions described in the Rider as the result of injuries received in a covered accident. If injuries received in a covered accident cause a covered person's death, a benefit is payable to the named accidental death beneficiary. If there is no beneficiary named, benefits will be paid according to the Benefit Payments provision in the Certificate. Note: No Accidental death benefit is payable if the Covered Person is eligible for the common carrier benefit. See the chart below for more details. A "common carrier" is commercial transportation that operates on a regular schedule, between predetermined points or cities (such as a bus or airline route).

Accidental Death Benefits	Level 3
Common Carrier	
Employee	$85,000
Spouse	$40,000
Child	$20,000
Accidental Death	
Employee	$40,000
Spouse	$20,500
Child	$8,000
Accidental Dismemberment Benefits	**Level 3**
Loss of both hand or both feet or sight in both eyes	$24,000
Loss of one hand or one foot AND sight of one eye	$18,000
Loss of one hand AND one foot	$18,000
Loss of one hand OR one foot	$10,000
Loss of two or more fingers or toes	$1,500
Loss of one finger or toe	$1,000

'Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance and AD&D are listed below. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.

- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.

What are pre-existing conditions and are they covered*?

A pre-existing condition means a sickness which, within a designated period prior to the Sickness Hospital Confinement coverage effective date or any increase in coverage for each covered person, resulted in the covered person receiving medical treatment, consultation, care or services (including diagnostic measures). **There are no pre-existing condition limitations on this coverage.** For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

*Definition and limitations/exclusions may vary by state.

Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

or go to https://presents.voya.com/EBRC/Ingram

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-16; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR-16, Children's Accident Rider Form #RL-ACC3-CHR-16, Wellness Benefit Rider Form #RL-ACC3-WELL-16, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR-16, Catastrophic Accident Rider Form #RL-ACC3-CAR-16, Off Job Accident Disability Income Rider form #RL-ACC3-DIR-16, Sickness Hospital Confinement Rider Form #RL-ACC3-HCR-16, Waiver of Premium Rider form #RL-ACC3-WOP-16, Continuation of Insurance Rider form #RL-ACC3-CNT-16. Form numbers, provisions and availability may vary by state and employer's plan.

ACC2 Only

Hospital Indemnity Insurance

Aetna | www.aetna.com | 800-607-3366

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits.

The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!





Less stress

Aetna® Hospital Indemnity Plan

Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, it's good to plan ahead. And to give yourself an extra financial cushion.

What is the Aetna Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or an unplanned hospital stay. It can be for an illness, injury, surgery or to deliver a baby. The Aetna Hospital Indemnity Plan pays a lump-sum benefit for admission and daily benefits for a covered hospital stay. You can use these benefits to help pay your part of medical costs or for ongoing bills.

How is this different from a major medical plan?

Medical plans help pay ***doctors and hospitals*** for services and treatment. But they don't cover everything, including unexpected costs that might result from a hospital stay.

The Aetna Hospital Indemnity Plan pays benefits directly to ***you***. So, you'll have extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way ***you*** choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered hospital stay. We will pay benefits directly to you by check or direct deposit.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01.

aetna®

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Aetna® Hospital Indemnity Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	$18.87	$37.73	$33.96	$52.82

Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	$24.78	$49.56	$44.60	$69.38

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Legal Plan



Legal Club | www.legalclub.com | 800-305-6816

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

Meaningful Benefits for Everyday Life

Family Protection Plan

Family and dependent coverage for the low monthly cost of $14.00

Free & Discounted Legal Care

FREE Initial Consultation

- **Free Simple Will for you and your family**
- **Reduced hourly rate**
- **Discounted rates on:**
  - Uncontested Divorce
  - Traffic Ticket Defense
  - Bankruptcy
  - Residential Real Estate Document Review
  - And More!
- **Online Legal Forms:** a wide-ranging selection of ready to use legal forms, including Last Will and Testament, Bill of Sale, Landlord/Tenant Agreements, Leases, Power of Attorney and many more!

Free Tax Preparation & Advice

Free Tax Return Preparation

- Save between $250 and $300 every year on preparation of your tax return
- Unlimited tax advice
- IRS Audit assistance
- Member portal with tax tips, notifications and more

Identity Theft Solutions

Prevention, Restoration, Insurance

- Preventative Identity Monitoring
- Keylogging Defense System™ to help prevent Identity theft
- Full Service Restoration of identity to pre-theft state
- Lost or Stolen Credit Card Assistance
- $1,000,000 of Identity Theft Insurance

Financial Education & Credit Counseling

Tools and Resources to help you manage your Finances

LifeEvents™ Counseling

24/7/365 access to masters-level clinicians for personal consultation

This is only an outline of benefits. For a complete description of benefits, terms and conditions, please visit legalclub.com.

LEGAL CLUB.

BCRF BREAST CANCER RESEARCH FOUNDATION

Legal Club is a proud partner of BCRF, donating 2% of revenue from new group cases each year.

legalclub.com | 800-305-6816

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Medical Transport

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

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

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

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



Find your MASA membership

Empower your emergency care decisions

masaAccess

When every second counts, MASA plans give you the confidence to respond quickly without hesitation. Explore the benefits below, and choose t
that gives you peace of mind when life takes and unexpected turn.

	Emergent Plus	Platinum
Emergency Ground Ambulance Transport Protection	● [2]	● [2]
Emergency Air Ambulance Transport Protection	$20k max per claim[2]	● [2]
Hospital to Hospital Ground Ambulance Transport Protection	● [2]	● [2]
Hospital to Hospital Air Ambulance Transport Protection	$20k max per claim[2]	● [2]
Repatriation to Hospital Near Home Transport	● [2]	● [4]
Emergency Water Ambulance Transport Protection	---	$2,500 max per claim[3]
Treat and No Transport	---	$500 max per claim, limit 2 per year[1]
Minor Return Transport Protection	---	$2,500 max per claim[3]
Pet Return Transport Protection	---	$2,500 max per claim[3]
Sick While Away From Home Expense Protection	---	---
Post-Admission Continued Care Transport Protection	---	---
Patient Return Transport	---	● [4]
Companion Emergency Transport Protection	---	● [3]
Hospital Visitor Air Transport	---	● [3]
Vehicle & RV Return	---	● [3]
Organ Retrieval Transport	---	● [1]
Organ Recipient Transport	---	● [1]
Mortal Remains Return Transport	---	● [4]

457(b) Retirement Plans



Finley Financial | www.finleyfinancialservices.com | 830-896-4400

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

Benefits

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

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

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

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

COBRA

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

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

COBRA Highlights

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

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



Medicare & Age 65



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

Questions to Consider Before Retiring

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

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

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

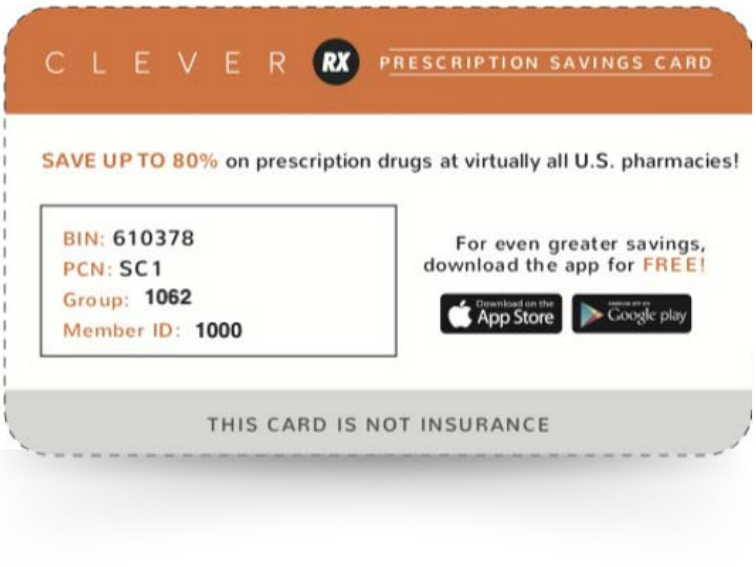
Let the experts at First Financial assist you through this process.

Clever RX

Clever RX | https://partner.cleverrx.com/ffga | 800-873-1195

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

Use Clever RX every time you pay for a medication for instant savings!





Download the app or visit the site to price a drug: https://partner.cleverrx.com/ffga.

Clever RX Highlights

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

Contact Information

644 Highway 39 | Ingram, TX 78025
830-955-8545 | 830-955-8556
www.ingramisd.net

Marissa Wenning, Account Manager
210-380-0832 | marissa.wenning@ffga.com

Product	Carrier	Website	Phone
Medical	Blue Cross Blue Sheild	www.bcbstx.com/trsactivecare	866-355-5999
Dental	MetLife	MetLife - Dental	800-942-0854
Vision	Eyemed	www.eyemed.com	888-581-3648
Flexible Spending Accounts	FFGA FSA Department	ffa.wealthcareportal.com/page/home	866-853-3539
Health Savings Accounts	FFGA FSA Department	ffa.wealthcareportal.com/page/home	866-853-3539
Term Life & AD&D	Dearborn TEEBC	www.mydearborngroup.com/products-and-services/life	800-721-7987
Permament Life	Texas Life	www.texaslife.com	800-283-9233
Disability	**The Standard**	https://www.standard.com/	800-368-2859
Cancer	American Fidelity	www.americanfidelity.com	800-654-8489
Critical Illness	Transamerica	www.transamerica.com/employee-benefits-videos/critical-illness-insurance	855-244-8318

Contact Information

Product	Carrier	Website	Phone
Accident Only	Voya Financial	www.voya.com/page/on-demand/accident-insurance	(888) 926-2991
Hospital Indemnity	Aetna	www.aetna.com	(800) 607-3366
Legal Plan	Legal Club	www.legalclub.com	(800) 305-6816
Medical Transport	MASA	www.masamts.com	(954) 334-8261
Voluntary Retirement Plans	Finley Financial	www.finleyfinancialservices.com	(830) 896-4400
457(b) Retirement Plan	Finley Financial	www.finleyfinancialservices.com	(830) 896-4400
COBRA	First Financial Administrators, Inc.	www.ffga.com	(800) 523-8422, option 4
Medicare	FFMS	www.ffga.com/medicare-solutions	(800) 523-8422
Prescription Drug Savings	Clever RX	cleverrx.com	(800) 974-3135