



# Benefit Solutions

*Simplified*



F F G A + L A V E R N I A I S D

## Central & South Texas Region

Chuck Egli

Sr. Account Administrator

W (281) 607-5677

C (210) 287-2192

---

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

---

512-707-9666

# Agenda

- Product Renewal Overview
  - Dental
  - Vision
  - Disability Insurance
  - Critical Illness
  - Cancer
  - Hospital Indemnity
  - TRS Medical Rates



# Dental Plan Summary



**Effective Date: 9/1/2026**

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
<b>Maximum (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	U&C
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

## Orthodontia Summary - Child Only Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<b>Waiting Period</b>	None
<b>Takeover Benefit</b>	Initial Insureds & New Enrollees

# Dental Plan Summary



**Effective Date: 9/1/2026**

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>• Routine Exam (1 in 6 months)</li> <li>• Bitewing X-rays (1 in 12 months)</li> <li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>• Cleaning (1 in 6 months)</li> <li>• Fluoride for Children 16 and under (1 in 12 months)</li> <li>• Sealants (age 16 and under)</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Periapical X-rays</li> <li>• Fillings for Cavities</li> <li>• Restorative Composites (anterior and posterior teeth)</li> <li>• Simple Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 8 years per tooth)</li> <li>• Crown Repair</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Denture Repair</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)</li> <li>• Complex Extractions</li> </ul>

## Monthly Rates

Employee Only (EE)	\$29.56
EE + 1 Dependent	\$67.16
EE + 2 or more Dependents	\$109.16

# Vision Plan Comparison

**130/150D vs. 180/300HD**



ABBREVIATED BENEFIT DESCRIPTIONS (ContactEyeTopia formoredetails)	CO-PAYS / ALLOWANCES	
One Exam+OneMaterialsOptionper year (* except as noted below)	130/150D Plan (Standard)	180/300HD Plan (Gold)
Exam Co pay	\$10	\$5
Material Option (in lieu of Exam)	\$45 Allowance	\$65 Allowance
Materials Copay (glasses only)	\$20	No Copay C
Single Vision Lens	Covered	covered
Bifocal Lens	Covered	Covered
Trifocal Lens	Covered	Covered
Progressive Lens	\$200 Allowance	\$220 Allowance
Polycarbonate material for child dependents	Covered	Covered
Polycarbonate Lenses	\$25 Copay	Covered
Trivex Lenses	U&C Upgrade	Covered
1.60 Index Lenses	U&C Upgrade	Covered
1.67 Index Lenses	U&C Upgrade	Covered
Frame Allowance	\$130 Retail	\$180Retail
Basic or Standard AntiReflective Coating	Covered	Covered
High Performance AntiReflective Coatings	\$30.00 Allowance	\$45.00Allowance

# Vision Plan Comparison

## *Eyetopia - 130/150D vs. 180/300HD*



ABBREVIATED BENEFIT DESCRIPTIONS (ContactEyetopia formoredetails)	CO-PAYS / ALLOWANCES	
One Exam+OneMaterialsOptionper year (* except as noted below)	130/150D Plan (Standard)	180/300HD Plan (Gold)
Premium AntiReflective Coatings (withorwithout Blue Light Blocking)	\$50.00 Allowance	\$65.00 Allowance
Lens Tint	\$12 Copay	\$12 Copay
Photochromatic or Polarized upgrade	\$90.00 Copay	\$90.00 Copay
Medically Necessary Spectacle Lenses	\$400 Allowance	\$400 Allowance
*Note: TheContact Lens benefitisavailableinaddition to the glasses benefiteach year.		
Contact Lens Allowance (including fitting fee)	\$150 Retail	\$300 Retail
Medically Necessary Contacts (including fitting fee)	\$550 Allowance	\$700 Allowance
Refractive Surgery (All FDA Approved Procedures)	\$350/Eye Allowance	\$500/Eye Allowance
Exam/Lens/Frame/Contacts Frequency (Months)	12/12/12/12	12/12/12/12
Hearing Aid every 12 months, or	N/A	\$750 Allowance
Hearing Aid every 24 months, or	N/A	\$1,600 Allowance
Hearing Aid every 36 months	N/A	\$2,550 Allowance

Fees Collected (per Annual Membership):	Monthly	Monthly
Employee Only	\$8.00	\$19.00
Employee + One	\$14.00	\$38.00
Employee + Family	\$23.00	\$53.00

# Long Term Disability

## *Plan Highlights*



- Pre-Existing Condition Limitation of 12 months of continuous coverage, 3 month lookback period, 12 months treatment free; a limited 1 month benefit is payable for any Pre-Existing Conditions
- Benefits are provided for covered non-occupation Injuries and Sickneses, including pregnancy
- Benefits are provided for Organ Donors
- Social Security Filing Assistance
- Worksite Accommodation Benefit Evaluation

# Long Term Disability



## Plan Features

<b>Disability Benefit</b>	Choice of monthly benefit amount in increments of \$100 — ranging from \$200 to \$10,000 not to exceed 66 2/3% of monthly compensation; Benefit will be reduced as outlined in the Deductible Sources of Income section
<b>Minimum Disability Benefit</b>	10% of monthly Disability Benefit or \$100, whichever is greater
<b>Elimination Period</b>	Choice of 7, 14, 30, 60, 90, or 150 days
<b>Maximum Benefit Period</b>	Social Security Normal Retirement Age (SSNRA)*
<b>Own Occupation Period</b>	24 months
<b>Mental Illness Limitation</b>	Up to 2 years, not to exceed the Maximum Benefit Period
<b>Alcoholism and Drug Addiction Limitation</b>	Up to 2 years for each period of Disability, not to exceed the Maximum Benefit Period
<b>Special Conditions Limitation**</b>	Up to 2 years, not to exceed the Maximum Benefit Period
<b>Hospital Confinement Benefit</b>	1 times the Disability Benefit, prorated daily up to 60 days, not reduced by Deductible Sources of Income; Payable first day of Hospital confinement; The remainder of elimination period will be waived
<b>Survivor Benefit</b>	Lump sum equal to 3 times the Disability payment if death occurs after 90 or more consecutive days of Disability
<b>Disabled While Working Benefit</b>	A portion of the Disability Benefit may be payable in addition to Disability earnings
<b>Waiver of Premium</b>	First of the month following 90 days of continuous Disability
<b>Successive Disability Period</b>	Considered one period of Disability if return to employment for 3 consecutive months or less

*\*Age at which entitled to unreduced Social Security benefits based on current Social Security amendments*

*\*\*Special Conditions means chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or Injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and Self-Reported Symptoms*

# Long Term Disability



## *Monthly Premiums (per \$100 of covered monthly benefit)*

Elimination Period	Benefit Period	Premium
7 Days <sup>+</sup>	SSNRA	\$3.68
14 Days <sup>+</sup>	SSNRA	\$3.14
30 Days <sup>+</sup>	SSNRA	\$2.60
60 Days	SSNRA	\$1.62
90 Days	SSNRA	\$1.20
150 Days	SSNRA	\$0.78

<sup>+</sup>The Hospital Confinement Benefit will be payable on the first day the Insured is confined as a patient in a Hospital for the days of that confinement. The remainder of the Insured's Elimination Period will be waived. Available to plans with an elimination period of 30 days or less.

# Long Term Disability



## *Optional Plan Riders (add'l premium required)*

### **Critical Illness Benefit Rider:**

Provides a lump sum benefit for a covered Critical Illness.

### **Hospital Indemnity Limited**

**Benefit Rider:** Pays a daily benefit amount for Hospital confinement, up to 90 days. Benefit reduces by 50% at age 70.

### **Spousal Accident Only Disability**

**Income Benefit Rider:** Provides a monthly benefit if a spouse suffers a Disability as a result of a covered non-occupational Injury. Benefits begin on the 31st consecutive day of Disability and continue for up to two years.

**COBRA Funding Rider:** Helps cover the cost of COBRA premiums if COBRA coverage is elected while receiving Disability benefits.

*\*See exclusions, deductible sources of income and disclaimers.*

# Group Cancer Insurance

## *Plan Highlights*



- Coverage available for your employees and, if elected, their spouse and children under age 26. No health questions or medical exam required. Employee must be actively at work.
- Pre-Existing Conditions Limitation of 12 months of continuous coverage and 12 months lookback period.
- Coverage may be portable.
- Compatible with a Health Savings Account (HSA).

# Group Cancer Insurance

## Cancer Benefits



	Basic	Enhanced	Enhanced Plus
<b>Radiation Therapy/Chemotherapy/Immunotherapy</b> (actual charges per 12 month period)	up to \$10,000	up to \$15,000	up to \$15,000
<b>Administrative/Lab Work</b> (per calendar month)	\$50	\$75	\$75
<b>Hormone Therapy</b> (per calendar month; max 12 treatments per calendar year)		\$50	
<b>Experimental Treatment</b> (only payable for treatment within the US or its territories)	Paid in the same manner and under the same maximums as any other treatment		
<b>Blood, Plasma, and Platelets</b> (per day) Basic: up to \$10,000 per calendar year Enhanced and Enhanced Plus: up to \$15,000 per calendar year	\$200	\$300	\$300
<b>Medical Imaging</b> (per image; max two per calendar year)	\$200	\$300	\$300
<b>Surgical</b>	\$20 surgical unit/Max per operation: \$2,000	\$30 surgical unit/Max per operation: \$3,000	\$40 surgical unit/Max per operation: \$4,000
<b>Anesthesia</b>	25% of the amount paid for covered surgery		
<b>Second &amp; Third Surgical Opinion</b> (per diagnosis)		\$300	

# Group Cancer Insurance

## Cancer Benefits Continued



	Basic	Enhanced	Enhanced Plus
<b>Outpatient Hospital or Ambulatory Surgical Center</b> (per day of surgery)	\$200	\$400	\$600
<b>Bone Marrow/Stem Cell Transplant</b>			
Autologous (patient provided) (per calendar year)	\$500	\$1,000	\$1,500
Non-Autologous (donor provided) (per calendar year)	\$1,500	\$3,000	\$4,500
<b>Prosthesis and Orthotic and Related Services</b>			
Surgical (one per site; lifetime max of two devices)	\$1,000	\$1,500	\$2,000
Non-Surgical (one per site; lifetime max of three devices)	\$100	\$150	\$200
Hair Prosthesis (once per lifetime)	\$100	\$150	\$200
<b>Hospital Confinement (per day)</b>			
Day 1-30	\$100	\$200	\$300
Day 31+	\$200	\$400	\$600
<b>U.S. Government/Charity Hospital (per day)</b> (paid in lieu of most benefits — inpatient and outpatient)	\$100	\$200	\$300
<b>Extended Care Facility (per day; up to the same number of days of paid hospital confinement)</b>	\$100	\$200	\$300

# Group Cancer Insurance

## Cancer Benefits Continued



	Basic	Enhanced	Enhanced Plus
<b>Home Health Care</b> (per day; up to the same number of days of paid hospital confinement)	\$100	\$200	\$300
<b>Hospice Care</b> (per day) Basic: \$18,000 lifetime max; Enhanced: \$36,000 lifetime max; Enhanced Plus: \$54,000 lifetime max	\$100	\$200	\$300
<b>Inpatient Special Nursing Services</b> (per day)	\$100	\$200	\$300
<b>Dread Disease</b> (per day while hospital confined)			
Day 1-30	\$100	\$200	\$300
Day 31+	\$200	\$400	\$600
<b>Donor</b>		\$1,000/donation	
<b>Drugs &amp; Medicine</b>			
<b>Inpatient</b> (per confinement)	\$50	\$100	\$200
<b>Outpatient</b> (\$50 per prescription; up to maximum shown per calendar month)	\$50	\$50	\$100
<b>Attending Physician</b> (per day while hospital confined)		\$50	
<b>Transportation &amp; Lodging (Patient and Family Member)</b>			
<b>Transportation</b> (\$1,500 max per round trip; max 12 trips per calendar year)		Coach fare or \$0.50/mile by car	
<b>Lodging</b> (per day; up to 90 days per calendar year)	\$50	\$50	\$75

# Group Cancer Insurance

## Cancer Benefits Continued



	Basic	Enhanced	Enhanced Plus
<b>Home Health Care</b> (per day; up to the same number of days of paid hospital confinement)	\$100	\$200	\$300
<b>Hospice Care</b> (per day) Basic: \$18,000 lifetime max; Enhanced: \$36,000 lifetime max; Enhanced Plus: \$54,000 lifetime max	\$100	\$200	\$300
<b>Inpatient Special Nursing Services</b> (per day)	\$100	\$200	\$300
<b>Dread Disease</b> (per day while hospital confined)			
Day 1-30	\$100	\$200	\$300
Day 31+	\$200	\$400	\$600
<b>Donor</b>		\$1,000/donation	
<b>Drugs &amp; Medicine</b>			
<b>Inpatient</b> (per confinement)	\$50	\$100	\$200
<b>Outpatient</b> (\$50 per prescription; up to maximum shown per calendar month)	\$50	\$50	\$100
<b>Attending Physician</b> (per day while hospital confined)		\$50	
<b>Transportation &amp; Lodging (Patient and Family Member)</b>			
<b>Transportation</b> (\$1,500 max per round trip; max 12 trips per calendar year)		Coach fare or \$0.50/mile by car	
<b>Lodging</b> (per day; up to 90 days per calendar year)	\$50	\$50	\$75

# Group Cancer Insurance

## Cancer Benefits Continued



	Basic	Enhanced	Enhanced Plus
<b>Ambulance</b> (per trip; max two trips any combination per confinement) Ground Air		\$200 \$2,000	
<b>Physical or Speech Therapy</b> (per visit; up to four per calendar month/ lifetime max of \$1,000)		\$50	
<b>Diagnostic and Prevention</b> (one per calendar year)	\$25	\$50	\$75
<b>Cancer Screening Follow-Up</b> (one per calendar year)	\$25	\$50	\$75
<b>Waiver of Premium</b> (employee only)	After 90 days of continuous disability		
<b>Internal Cancer Diagnosis</b> (one per lifetime; benefits reduce 50% at age 70)	\$2,500	\$5,000	\$5,000
<b>Heart Attack or Stroke Diagnosis</b> (one per lifetime; benefits reduce 50% at age 70)	N/A	N/A	\$5,000
<b>Hospital Intensive Care Unit</b> (per day; up to 30 days per confinement; benefits reduce 50% at age 70) <b>ICU Ambulance Transportation</b>		\$600 \$100	

*+Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule (per covered person) and are subject to applicable maximums.*

# Group Cancer Insurance

## *Covered Dread Diseases*



- Addison's Disease
- Amyotrophic Lateral Sclerosis
- Cystic Fibrosis
- Diphtheria
- Encephalitis
- Grand Mal Epilepsy
- Legionnaire's Disease
- Meningitis
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Niemann-Pick Disease
- Osteomyelitis
- Poliomyelitis
- Reye's Syndrome
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Sickle Cell Anemia
- Systemic Lupus Erythematosus
- Tay-Sachs Disease
- Tetanus
- Toxic Epidermal Necrolysis
- Toxic Shock Syndrome
- Tuberculosis
- Tularemia
- Typhoid Fever
- Whipple's Disease

# Group Cancer Insurance

## Monthly Premiums



	Basic	Enhanced	Enhanced Plus
Individual	\$15.80	\$24.26	\$31.62
Family	\$26.86	\$41.26	\$53.80

\*The premium and amount of benefits provided vary based upon the plan selected.

*\*See exclusions, limitations and disclaimers.*

# La Vernia ISD Offer

## Monthly Premiums



<b>Coverage type</b>	There are no annual maximums. Benefits start all over with each accident and are paid in addition to any other coverage in place. Payroll deduction for your premiums makes it easy, too.		
Product	Policy Type:	Group	
	Policy Name:	Accident Indemnity Plus Insurance	
	Policy Form:	M-8036	
Eligibility	Issue Ages:	Employee:	18 – 70
		Spouse:	18 – 70 Under
		Child:	age 26
	Criteria:	<ul style="list-style-type: none"> <li>Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage.</li> <li>Spouse includes domestic partner where allowed by state and Employer.</li> </ul>	
	Termination Age:	<ul style="list-style-type: none"> <li>Employee: Age 71 unless actively at work, then on last day of active employment.</li> <li>Spouse: Age 71, or when Employee terminates, whichever is earlier.</li> <li>Child: Age 26, or when Employee terminates, whichever is earlier.</li> </ul>	

# La Vernia ISD Offer

## Monthly Premiums



		Guarantee Issue
Underwriting Offer	Employee:	Guarantee Issue
	Spouse:	Guarantee Issue
	Child(ren):	Guarantee Issue
Target Participation	Minimum to Issue:	2 enrolled
	Guarantee Issue	2 enrolled

# La Vernia ISD Offer

## Plan Benefits and Features



ManhattanLife™

	Custom Enhanced	Custom Premier
Urgent Care	\$150	\$200
Doctor's Office Visit	\$150	\$200
Emergency Room Treatment	\$150	\$200
Ground Ambulance	\$300	\$300
Air Ambulance	\$1,500	\$1,500
Hospitalization Non-ICU Admission Benefit (Accident)	\$1,000	\$1,500
Hospitalization ICU Admission Benefit (Accident)	\$2,000	\$3,000
Hospital Daily Non-ICU Confinement (Accident)	\$200 per day	\$300 per day
Hospital Daily ICU Confinement (Accident)	\$400 per day	\$600 per day
Rehabilitation – Daily Confinement Benefit:	\$250 \$100	\$250 \$150
Physical/Occupational/Speech Therapy	\$25	\$35
Chiropractic Treatment	\$30 per day	\$35 per day
Accident Follow-Up Treatment	\$50 per visit/max of 4 per accident	\$50 per visit/max of 4 per accident

# La Vernia ISD Offer

## Plan Benefits and Features



ManhattanLife™

	Custom Enhanced	Custom Premier
Blood and Plasma	\$400	\$500
Major Diagnostic – X-Ray:	\$50	\$75
Medical Imaging:	\$150	\$200
EEG:	\$150	\$200
Exploratory Surgery without repair	\$150	\$200
Concussion	\$200	\$200
Coma	\$10,000	\$20,000
Ruptured Disc	\$750	\$1,000
Medical Appliances	\$200	\$300
Prosthesis – Single:	\$750	\$1,250
Multiple:	\$1,500	\$1,500
Transportation - Train or Plane:	\$300	\$450
Bus:	\$300	\$450
Family Lodging	\$200 per night	\$200 per night

# La Vernia ISD Offer

## *Plan Benefits and Features*



ManhattanLife™

Accidental Death, Dismemberment, and Loss of Sight (AD&D)	Custom Enhanced	Custom Premier
Loss of Life	\$50,000	\$100,000
Double Dismemberment - Any Combination of Two or More Hands, Feet, or Sight in Both Eyes	\$50,000	\$50,000
Single Dismemberment Loss of Single Hand, Foot or Sight	\$12,500	\$12,500
Loss of Four Fingers of the Same Hand	\$2,500	\$3,750
Loss of Thumb and Index Finger of Same Hand	\$500	\$750
Severance and Reattachment of Hand or Foot	\$500	\$750
Common Carrier Accidental Death	\$100,000	\$200,000

Spouse benefit 50% and dependent child(ren) 50% of the Employee amounts.

# La Vernia ISD Offer

## Plan Benefits and Features



ManhattanLife™

Fractures (Closed Reduction)	Custom Enhanced	Custom Premier
Hip/Thigh	\$4,500	\$9,000
Vertebrae (Except Process)	\$1,800	\$3,600
Pelvis	\$1,800	\$3,600
Skull (Depressed)	\$6,000	\$7,500
Skull (Simple)	\$3,500	\$3,500
Leg	\$1,800	\$3,600
Foot/Ankle/Kneecap	\$750	\$1,500
Fore/Hand	\$750	\$1,500
Lower Jaw	\$750	\$1,500
Shoulder Blade/Collar Bone	\$750	\$1,500
Upper Arm/Upper Jaw	\$750	\$1,500
Facial Bones (Except Teeth)	\$750	\$1,500
Vertebral Processes	\$750	\$1,500
Coccyx, Rib, Finger, Toe	\$300	\$450
Chips	25%	25%
Open Reduction	200% of Closed Reduction	200% of Closed Reduction

# La Vernia ISD Offer

## Plan Benefits and Features



ManhattanLife™

Dislocations (Closed Reduction)	Custom Enhanced	Custom Premier
Hip	\$4,500	\$7,500
Knee (Excluding Patella)	\$3,000	\$5,000
Shoulder	\$750	\$1,250
Foot/Ankle	\$1,500	\$2,500
Ankle Joint	\$1,500	\$2,000
Hand	\$750	\$1,250
Lower Jaw	\$750	\$1,250
Wrist	\$750	\$1,250
Collar Bone (Sternoclavicular)	\$1,500	\$1,500
Collar Bone (Acromioclavicular & Separation)	\$500	\$500
Rib	\$300	\$300
Elbow	\$750	\$1,250
Finger/Toe	\$225	\$375
Partial	25%	25%
Open Reduction	200% of Closed Reduction	200% of Closed Reduction

# La Vernia ISD Offer

## *Plan Benefits and Features*



Surgical Repair Benefits	Custom Enhanced	Custom Premier
Repaired Ligament – Single:	\$750	\$1,000
Multiple:	\$1,500	\$1,500
Repaired Knee Cartilage – Single:	\$750	\$1,000
Multiple:	\$750	\$1,000
Repaired Tendon – Single:	\$750	\$1,000
Multiple:	\$1,500	\$1,500
Repaired Rotator Cuff – Single:	\$625	\$625
Multiple:	\$1,250	\$1,250

# La Vernia ISD Offer

## *Plan Benefits and Features*



ManhattanLife™

	Custom Enhanced	Custom Premier
Burns - Second Degree (<10%):	\$500	\$500
Second Degree (10%-25%):	\$1,000	\$1,000
Second Degree (25%-35%):	\$1,000	\$1,500
Second Degree (>35%):	\$1,000	\$1,500
Third Degree (<10%):	\$2,500	\$2,500
Third Degree (10%-25%):	\$15,000	\$15,000
Third Degree (25%-35%):	\$18,000	\$25,000
Third Degree (>35%):	\$18,000	\$27,000
Paralysis Benefit – Quadriplegia:	\$10,000	\$20,000
Paraplegia:	\$5,000	\$10,000
Monoplegia:	\$5,000	\$5,000

# La Vernia ISD Offer

## Plan Benefits and Features



	Custom Enhanced	Custom Premier
Eye Injury Benefit - Surgical Repair:	\$300	\$400
Removal of Foreign Body:	\$150	\$150
Laceration Benefit - Over 6":	\$600	\$600
2"-6":	\$200	\$400
Under 2":	\$100	\$200
Lacerations not Requiring Stitches:	\$25	\$25
Emergency Dental Work – Repaired with Crown:	\$225	\$300
Resulting in Extraction:	\$75	\$100
Total Disability Premium Waiver	Included	
Portability	Included	

# La Vernia ISD Offer

## Employer Elected Optional Benefits



ManhattanLife™

<b>Organized Sports Benefit</b>	Additional 25% up to \$1,000 per covered person per year	
<b>On the Job (24 Hour Insurance) Benefit</b>	Included	
<b>Ambulatory Surgical</b>	\$300	\$400
<b>Epidural Pain Management</b>	\$100	\$200
<b>Gunshot Wound</b>	\$1,500	\$2,000
<b>Open Abdominal/Thoracic/Cranial Surgery</b>	\$1,500	\$2,000
<b>Walk-in clinic/Telemedicine</b>	\$150	\$150
<b>Animal Bite Treatment Benefit – Anti-Venom Shots Tetanus Shot Rabies Shot</b>	Maximum of One (1) benefit per accident	
		\$200
		\$100
		\$300
<b>Home and Vehicle Alteration Benefit</b>	\$1,500	
<b>Service Dog Benefit</b>	\$1,500	
<b>Post-Traumatic Stress Disorder (PTSD)</b>	\$500	

# La Vernia ISD Offer

## Accident Rates



ManhattanLife™

**Rate Structure:** Composite

**Tobacco Status:** Uni-Tobacco

**Rate Guarantee Period:** Two (2) Year

**Custom Rates:** Yes

**Custom Benefits:** Yes

**Contributions:** 100% Employee paid

**Commissions:** Custom - 70/5

**Coverage Type:** 24 Hour (on and off the job)

**Benefits Included:** As shown above in the Benefits and Optional Benefits sections.

**Participation Expectation:** 2 enrolled

	Monthly (12) premium			
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Custom Enhanced	\$6.79	\$11.14	\$13.97	\$18.32

Note: Final implementation rate may vary slightly due to rounding.

	Monthly (12) premium			
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Custom Premier	\$11.14	\$18.55	\$24.17	\$31.57

Note: Final implementation rate may vary slightly due to rounding.

# La Vernia ISD Offer

## *Accident Rates*



ManhattanLife™

### Product Qualifications and Contingencies

- If benefit is elected, they are included on all covered lives.
- Group may elect a maximum of two coverage plans.
- Riders apply to all accident plans chosen.
- If the spouse is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If both parents are Employees of the company, then the child(ren) may be covered under only one parent, not both.
- If a dependent child is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If a group is situated outside of New Mexico, and there are more than 100 eligible employees residing in New Mexico, the products may not be offered to the New Mexico residents from the group's situs state.
- The offer is based on no other accident plans are in force.
- Please refer to certificate/policy for full benefit and limitation information.

# La Vernia ISD Offer

## Critical Illness/Cancer Coverage



ManhattanLife™

<b>Coverage type</b>	Voluntary Critical Illness insurance is a group policy that includes coverage for vascular, cancer, and other critical illnesses.		
<b>Product</b>	<b>Policy Type:</b>	Group	
	<b>Policy Name:</b>	Critical Illness	
	<b>Policy Form:</b>	M-8021	
<b>Eligibility</b>	<b>Issue Ages:</b>	Employee:	18 – 69
		Spouse:	18 – 69
		Child:	Under age 26
	<b>Criteria:</b>	<ul style="list-style-type: none"> <li>Employee is benefit eligible, actively at work full-time, working at least 20 hours per week.</li> <li>Spouse and children not eligible if Employee is not issued coverage.</li> <li>Spouse includes domestic partner where allowed by state and Employer.</li> </ul>	
<b>Termination Age:</b>	<ul style="list-style-type: none"> <li>Employee: Age 70 unless actively at work, then on last day of active employment.</li> <li>Spouse: When Employee terminates.</li> <li>Child: Age 26, or when Employee terminates, whichever is earlier.</li> </ul>		

# La Vernia ISD Offer

## Critical Illness/Cancer Coverage



ManhattanLife™

		Guarantee Issue	Simplified Issue
<b>Underwriting Offer</b>	<b>Employee:</b>	\$50,000	N/A
	<b>Spouse:</b>	100% of employee's benefit	N/A
	<b>Child(ren):</b>	50% of employee's benefit	N/A
<b>Target Participation</b>	<b>Minimum to Issue:</b>	5 enrolled or 1% of all eligible, whichever is greater.	
	<b>Guarantee Issue:</b>	Waived, expectation of 15% of all eligible enrolled by end of the enrollment.	
<b>Benefit Amounts</b>	<b>Employee:</b>	\$5,000 - \$50,000	
	<b>Spouse:</b>	\$5,000 - \$50,000, 100% of Employee election	
	<b>Child(ren):</b>	\$2,500, 50% of Employee election to \$25,000	

# La Vernia ISD Offer

## *Benefits and Features Conditions*



ManhattanLife™

Covered Conditions		Percent Payment
<b>Cardiac Benefits</b>	• Myocardial Infarction	100%
	• Coronary Heart Disease	25%
	• Sudden Cardiac Arrest	100%
<b>Cerebral Vascular Disease Benefit</b>	• Stroke	100%
	• Ruptured Brain Aneurysm	10%
	• Transient Ischemic Attack	10%
<b>Cancer</b>	• Invasive	100%
	• Non-Invasive	25%
	• Skin Cancer	\$1,000
	• Waiting period	Waived

# La Vernia ISD Offer

## *Benefits and Features Conditions*



ManhattanLife™

Covered Conditions		Percent Payment
<b>Other Specified Illness Category</b>	• Benign Brain Tumor	100%
	• Major Organ Failure	100%
	• End Stage Renal Failure*	100%
	• Coma	100%
	• Severe Burns	100%
	• Permanent Paralysis*	100%
	• Functional Loss of Hearing*	100%
	• Functional Loss of Speech*	100%
	• Functional Loss of Sight*	100%
	• Occupational HIV/Hepatitis*	100%
• Bone Marrow/Stem Cell (not HSA Compliant)	100%	

\*not eligible for recurrence benefit.

# La Vernia ISD Offer

## *Benefits and Features Conditions*



<b>Additional Occurrence Benefit</b>	Included
<b>Pre-existing Condition Limitation</b>	Waived
<b>Waiver of Premium for Disability</b>	After 180 days
<b>Portability</b>	Included
<b>Benefit Reduction</b>	Waived

# La Vernia ISD Offer

## Employer Elected Optional Benefits



ManhattanLife™

Recurrence	Included
Wellness Screening	\$100
Infectious Disease	25% Benefit per condition. <b>Covered Conditions:</b> <ul style="list-style-type: none"> <li>• Cerebrospinal Meningitis</li> <li>• Malaria</li> <li>• Encephalitis</li> <li>• Legionnaire's disease</li> <li>• Necrotizing Fasciitis</li> <li>• Osteomyelitis</li> <li>• Tuberculosis</li> </ul>
Childhood Condition Benefit not eligible for recurrence benefit	100% Benefit per condition. <b>Covered Conditions:</b> <ul style="list-style-type: none"> <li>• Cerebral Palsy</li> <li>• Cleft Lip/Cleft Palate</li> <li>• Cystic Fibrosis</li> <li>• Down Syndrome</li> <li>• Spina Bifida</li> <li>• Type 1 Diabetes</li> </ul>
Progressive Disease not eligible for recurrence benefit	100% Benefit per condition. <b>Covered Conditions:</b> <ul style="list-style-type: none"> <li>• ALS (Lou Gehrig's Disease)</li> <li>• Multiple Sclerosis</li> <li>• Advanced Dementia (including Alzheimer's)</li> <li>• Advanced Parkinson's</li> </ul>
Hospital Confinement Benefit	\$100

# La Vernia ISD Offer

## Critical Illness Rates



ManhattanLife™

### Rate Assumption Information

<b>Rate Structure:</b>	Attained Age - Tiered
<b>Tobacco Status:</b>	Uni-Tobacco
<b>Rate Guarantee Period:</b>	Two (2) Year
<b>Custom Rates:</b>	Yes
<b>Custom Benefits:</b>	Yes
<b>Contributions:</b>	100% Employee paid
<b>Commissions:</b>	Custom - 70/10
<b>Takeover</b>	Yes
<b>Coverage Type:</b>	Lump Sum
<b>Benefits Included:</b>	As shown above in the Benefits and Optional Benefits sections.
<b>Participation Expectation:</b>	Waived, expectation of 15% of all eligible enrolled by end of the enrollment.

# La Vernia ISD Offer

## Critical Illness Rates



ManhattanLife™

Displaying Monthly payroll deductions including Recurrence, Infectious Disease, Progressive Disease, Childhood Conditions, Sudden Cardiac Arrest, Bone Marrow Transplant, Skin Cancer, Hospital Confinement, and \$100 Wellness Screening Benefit.

Attained Age	Employee / Employee & Children - UniTobacco										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-24		\$3.39	\$5.21	\$7.03	\$8.85	\$10.67	\$12.49	\$14.31	\$16.13	\$17.95	\$19.77
25-29		\$4.45	\$6.84	\$9.23	\$11.62	\$14.01	\$16.41	\$18.80	\$21.19	\$23.58	\$25.97
30-34		\$5.80	\$9.10	\$12.40	\$15.70	\$19.00	\$22.30	\$25.60	\$28.90	\$32.20	\$35.50
35-39		\$7.93	\$12.68	\$17.43	\$22.19	\$26.94	\$31.69	\$36.44	\$41.20	\$45.95	\$50.70
40-44		\$10.08	\$16.49	\$22.90	\$29.32	\$35.73	\$42.14	\$48.56	\$54.97	\$61.39	\$67.80
45-49		\$11.49	\$19.27	\$27.05	\$34.82	\$42.60	\$50.38	\$58.16	\$65.93	\$73.71	\$81.49
50-54		\$13.08	\$22.32	\$31.56	\$40.80	\$50.04	\$59.28	\$68.52	\$77.76	\$87.01	\$96.25
55-59		\$14.39	\$24.97	\$35.54	\$46.12	\$56.69	\$67.27	\$77.84	\$88.42	\$98.99	\$109.57
60-64		\$15.76	\$28.02	\$40.28	\$52.54	\$64.80	\$77.06	\$89.32	\$101.58	\$113.84	\$126.10
65-69		\$16.91	\$31.03	\$45.14	\$59.25	\$73.37	\$87.48	\$101.59	\$115.70	\$129.82	\$143.93
70-74		\$20.52	\$38.79	\$57.07	\$75.35	\$93.63	\$111.90	\$130.18	\$148.46	\$166.74	\$185.01
75-79		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
80+		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

\*Child Amount is 50% of Employee Amount, capped at \$25,000.

# La Vernia ISD Offer

## Critical Illness Rates



ManhattanLife™

Attained Age	Employee & Spouse / Family - UniTobacco										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-24		\$7.38	\$11.27	\$15.16	\$19.05	\$22.94	\$26.83	\$30.72	\$34.62	\$38.51	\$42.40
25-29		\$9.65	\$14.83	\$20.01	\$25.19	\$30.37	\$35.55	\$40.73	\$45.91	\$51.09	\$56.27
30-34		\$12.53	\$19.66	\$26.78	\$33.91	\$41.03	\$48.15	\$55.28	\$62.40	\$69.53	\$76.65
35-39		\$16.92	\$27.18	\$37.43	\$47.68	\$57.94	\$68.19	\$78.44	\$88.70	\$98.95	\$109.20
40-44		\$21.45	\$35.50	\$49.55	\$63.61	\$77.66	\$91.71	\$105.76	\$119.81	\$133.87	\$147.92
45-49		\$25.15	\$42.84	\$60.52	\$78.21	\$95.89	\$113.58	\$131.26	\$148.95	\$166.63	\$184.32
50-54		\$29.51	\$51.35	\$73.18	\$95.02	\$116.85	\$138.69	\$160.52	\$182.36	\$204.20	\$226.03
55-59		\$33.13	\$58.72	\$84.31	\$109.90	\$135.48	\$161.07	\$186.66	\$212.25	\$237.84	\$263.42
60-64		\$36.24	\$65.64	\$95.04	\$124.43	\$153.83	\$183.23	\$212.63	\$242.02	\$271.42	\$300.82
65-69		\$37.80	\$70.26	\$102.72	\$135.17	\$167.63	\$200.09	\$232.55	\$265.01	\$297.47	\$329.93
70-74		\$45.48	\$86.69	\$127.90	\$169.11	\$210.32	\$251.53	\$292.74	\$333.95	\$375.17	\$416.38
75-79		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
80+		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

\*Spouse Amount is 100% of Employee Amount. Child Amount is 50% of Employee Amount, capped at \$25,000.

Note: Final implementation rate may vary slightly due to rounding

# La Vernia ISD Offer

## Hospital Indemnity



ManhattanLife™

<b>Coverage type</b>	Hospital Indemnity is a group policy form that includes coverage for inpatient confinement along with other benefits to pay expenses for hospital stays.		
<b>Product</b>	<b>Policy Type:</b>	Group	
	<b>Policy Name:</b>	Hospital Indemnity Insurance	
	<b>Policy Form:</b>	M-8029	
<b>Eligibility</b>	<b>Issue Age:</b>	<b>Employee:</b>	18-90
		<b>Spouse:</b>	18-90
		<b>Child:</b>	Under age 26
	<b>Criteria:</b>	<ul style="list-style-type: none"> <li>Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage.</li> <li>Spouse includes domestic partner where allowed by state and Employer.</li> </ul>	
<b>Termination Age:</b>	<ul style="list-style-type: none"> <li>EE: Age 91 unless actively at work, then on last day of active employment.</li> <li>SP: Age 91, or when Employee terminates, whichever is earlier.</li> <li>Child: Age 26, or when Employee terminates, whichever is earlier.</li> </ul>		

# La Vernia ISD Offer

## Hospital Indemnity



ManhattanLife™

		Coverage Tier	Guarantee Issue
Underwriting Offer		Employee:	Guarantee Issue
		Spouse:	Guarantee Issue
		Child(ren):	Guarantee Issue
Target Participation	Minimum to Issue:	5 Employee enrolled or 1% of eligible Employees, whichever is greater.	
	Guarantee Issue:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment.	

# La Vernia ISD Offer

## *Hospital Indemnity Benefits and Features*



ManhattanLife™

	Option One
Hospital Indemnity	\$100, 30-day max
Pre-existing Condition Limitation	Waived
Maternity Waiting Period	Waived
Portability	Limited
Waiver of Premium	Included
First Admission non-ICU	\$1,000, max 3 days per year.
Newborn Routine Care	\$100, 1 day max.
Observation Benefit	\$100, 1 day max
Mental Disorder Benefit	\$100, 30-day max
Substance Abuse Benefits	\$100, 30-day max
ICU Confinement	\$200, 30-day max.
Rehabilitation	\$100, 30-day max

# La Vernia ISD Offer

## *Hospital Indemnity Benefits and Features*



ManhattanLife™

	Option Two
Hospital Indemnity	\$200, 30-day max
Pre-existing Condition Limitation	Waived
Maternity Waiting Period	Waived
Portability	Limited
Waiver of Premium	Included
First Admission non-ICU	\$2,000, max 3 days per year.
Newborn Routine Care	\$200, 1 day max.
Observation Benefit	\$200, 1 day max
Mental Disorder Benefit	\$200, 30-day max
Substance Abuse Benefits	\$200, 30-day max
ICU Confinement	\$400, 30-day max.
Rehabilitation	\$200, 30-day max

# La Vernia ISD Offer

## Hospital Indemnity Rates



ManhattanLife™

### Rate Assumption Information

<b>Rate Structure:</b>	Composite
<b>Tobacco Status:</b>	Uni-tobacco
<b>Rate Guarantee Period:</b>	Two (2) Year
<b>Custom Rates:</b>	Yes
<b>Custom Benefits:</b>	Yes
<b>Contributions:</b>	100% Employee Paid
<b>Takeover:</b>	Yes
<b>Commissions:</b>	Custom - 60/5
<b>Benefits Included:</b>	As shown above in the Benefits and Optional Benefits sections.
<b>Participation Expectation:</b>	Waived, expectation of 15% of all eligible enrolled by end of the enrollment.

	Monthly (12) premium			
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
<b>Option 1</b>	\$6.79	\$11.14	\$13.97	\$18.32

Note: Final implementation rate may vary slightly due to rounding

	Monthly (12) premium			
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
<b>Option 2</b>	\$11.14	\$18.55	\$24.17	\$31.57

Note: Final implementation rate may vary slightly due to rounding

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



## 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	<ul style="list-style-type: none"> <li>• Lowest premium of the three available plans</li> <li>• Copays for doctor visits before you meet your deductible</li> <li>• Statewide network</li> <li>• Primary Care Provider referrals required to see specialists</li> <li>• Not compatible with a Health Savings Account</li> <li>• No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Highest premium of the three available plans</li> <li>• Copays for many services and drugs</li> <li>• Lower deductible than the HD and Primary plans</li> <li>• Statewide network</li> <li>• Primary Care Provider referrals required to see specialists</li> <li>• Not compatible with a Health Savings Account</li> <li>• No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Higher premium of the three available plans</li> <li>• Must meet your deductible before plan pays for non-preventive care</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for Primary Care Providers or referrals</li> <li>• Compatible with a Health Savings Account</li> </ul>

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$499	\$385	\$114	\$586	\$385	\$201	\$515	\$385	\$130
Employee and Spouse	\$1,348	\$385	\$963	\$1,524	\$385	\$1,139	\$1,391	\$385	\$1,006
Employee and Children	\$849	\$385	\$464	\$997	\$385	\$612	\$876	\$385	\$491
Employee and Family	\$1,697	\$385	\$1,312	\$1,934	\$385	\$1,549	\$1,751	\$385	\$1,366

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
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	

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

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	

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	

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

TRS-ActiveCare 2
<ul style="list-style-type: none"> <li>• Closed to new enrollees</li> <li>• Current enrollees can choose to stay in the plan</li> <li>• Lower deductible</li> <li>• Copays for many services and drugs</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for Primary Care Providers or referrals</li> </ul>

Total Premium	Employer Contribution	Your Premium
\$1,013	\$385	\$628
\$2,402	\$385	\$2,017
\$1,507	\$385	\$1,122
\$2,841	\$385	\$2,456

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	

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

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

\$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

# Dedicated Service Team



SCOTT ELGIN  
AVP - TEXAS STATE  
MANAGER



JASON WALTERS  
CENTRAL & SOUTH TX  
REGIONAL MANAGER



CINDY MCCLURE  
CENTRAL & SOUTH TX  
BENEFITS CONSULTANT



CHUCK EGLI  
SENIOR ACCOUNT  
ADMINISTRATOR



TANYA GUZMAN  
CLIENT SERVICE  
SPECIALIST



MICHELE NOBOA  
INVESTMENT DIRECTOR



VICTOR GUAJARDO  
MEDICAL BENEFIT  
CONSULTANT



# Central & South Texas Region

4500 Williams Dr., Suite 212-424

Georgetown, TX 78633

Phone: 512-707-9666

<https://www.ffga.com/central-texas-region>

SCAN ME

