



EMPLOYEE SUPPLEMENTAL BENEFIT GUIDE

EFFECTIVE 9/1/2020





Welcome

San Angelo ISD and First Financial Group of America would like to take this opportunity to present to you the benefit information for the 2020/2021 plan year. This information has been created to bring forth a brief overview of your benefit choices as well as offer you a reference guide when questions arise regarding your insurance plans. Please take the time to look over this information to familiarize yourself with the benefits that are provided to you as an employee of SAISD.

Information for the 2020/2021 Plan Year

- The annual maximum for Medical Reimbursement is \$2,750.00 (\$229.16 per month).
- The annual maximum for Dependent Care Reimbursement is \$5,000.00 (\$416.67 per month).
- The annual maximum allowable for Health Savings Accounts is \$3,500.00 for an individual or \$7,000.00 for a family.
- The annual contribution amount for 403(b)'s is \$19,500.00.
- The annual contribution amount for 457's is \$19,500.00.
- If an individual is 50 years of age or older, the IRS allows an additional \$6,500.00 catch-up provision for 403(b)'s and 457's.
- You can access your Flexible Spending Account online. (You must setup a login/password to access your account).
- All SAISD employees are eligible to participate in and make contributions to a 403(b) as well as a 457. Contact your Account Representative, Ty Stovall, at ty.stovall@ffga.com or call (432)770-5645.



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SAN ANGELO ISD ANNUAL ENROLLMENT

During the annual enrollment period **each employee is required to meet with a First Financial representative.** Employees will have the opportunity to review, change or continue benefit elections each year.

- Employees must review their personal information and verify that dependents they wish to provide coverage for are included in the dependent profile. Additionally, you must notify your employer of any discrepancy in personal and/or benefit information.
- Employees must confirm on each benefit screen (medical, dental, vision, etc.) that each dependent to be covered is selected in order to be included in the coverage for that particular benefit. **Social Security numbers and full legal name of dependents will be required for coverage.**

Changes are not permitted during the plan year unless a qualifying event occurs.

SAN ANGELO ISD SECTION 125 CAFETERIA PLAN GUIDELINES

A Section 125 Flexible Benefit Plan (cafeteria plan) allows you, the employee, to select from a list of available benefits that will meet your family's benefit needs. Certain benefit premiums are deducted from your gross earnings before federal withholding taxes are calculated. The amount you elect to have deducted "pre-tax" actually lowers your taxable income. By implementing this plan, your employer is helping you reduce your taxes and increase your take home pay. The example below illustrates how the cafeteria plan can work for you.

	With Section 125	Without Section 125
Monthly Salary	\$3,000.00	\$3,000.00
Insurance (Pre-Tax)	(700.00)	n/a
Less Estimated TRS (7.7%)	(231.00)	(231.00)
Taxable Gross Income	\$2,069.00	\$2,769.00
Federal Income Taxes (20%)	(413.80)	(553.80)
Insurance (After Tax)	(75.00)	(775.00)
Take Home Pay	\$1,580.20	\$1,440.20

Pre-tax enrollment is automatic unless you decline this benefit. **Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.**

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 31 days of your qualifying event and meet with your Benefit/HR Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

Changes in Status (CIS):	Qualifying Events:
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee that affects the individual's eligibility under an employer's plan (includes commencement or termination of employment).
Gain/Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan (may include change in age, student, marital, employment or tax dependent status).
Judgment/Decree/Order	If a judgment, decree, or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Eligibility for Government Programs	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.
Purchase of a Health Plan Through a Competitive Marketplace	Purchase of a Qualified Health Plan through a competitive marketplace established under §1311 of the Patient Protection and Affordable Care Act, commonly referred to as an Exchange or a Health Insurance Marketplace.

SAN ANGELO ISD NEW HIRE ENROLLMENT

Health Insurance: All new hire enrollment elections for TRS-ActiveCare Health Insurance must be completed by going into the First Financial Group online enrollment system **within the first 31 days of employment**. Failure to complete health insurance elections during this timeframe will result in the forfeiture of coverage.

Supplemental Benefits: You can review the available optional/supplemental benefits in this booklet or by going to the First Financial Group website to request additional information. In order to enroll in any of these optional/supplemental benefit plans, **you MUST contact a First Financial Group representative**.

SAN ANGELO ISD EMPLOYEE ELIGIBILITY REQUIREMENTS

Supplemental Benefits: Eligible employees must work 20 or more regularly scheduled hours each work week.

Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date.

For example, if your 2019-2020 benefits become effective on September 1, 2019, you must be actively at work on September 1, 2019 to be eligible for your new benefits.

SAN ANGELO ISD DEPENDENT ELIGIBILITY REQUIREMENTS

Dependent Eligibility: You can cover eligible dependent children under a benefit that offers dependent coverage, provided you participate in the same benefit, up to 26 years of age (varies by plan).



ON-LINE BENEFIT ENROLLMENT

For benefit information and to enroll go to: benefits.ffga.com/sanangeloisd



Home | Benefit Plans & Premiums | How To Enroll - Online & Onsite | Contacts | [Check My HSA/FSA](#)

EMPLOYEE BENEFITS CENTER
Your benefits guide

WELCOME!

We are pleased to provide eligible employees a competitive benefits package that includes both district-paid and voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on this website. Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to your First Financial Account Representative!



NEW HIRES

You have 31 days from your actively-at-work date to make benefit elections.



OPEN ENROLLMENT

Open enrollment is to be announced.



QUALIFYING LIFE EVENTS

You may add or cancel coverage during the plan year if you have a qualifying life event. Please contact the benefit office for more information and to process.

This site 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.

First Financial Group's website (as shown above) contains links where you can view the optional plans you can enroll in with a representative during your scheduled time

Also included on the website is a video that shows you how to enroll on-line.

SAN ANGELO ISD

Dental Highlight Sheet



Low Plan: Dental Plan Summary

Policy# 42264 Effective Date: 9/1/2020

Plan Benefit	
Type 1	100%
Type 2	50%
Deductible	\$50/Calendar Year Type 2 Waived Type 1 3 Family Maximum
Maximum (per person)	\$750 per calendar year
Allowance	90th U&C
Waiting Period	None

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

Type 1	Type 2
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 13 and under (1 per benefit period) • Sealants (age 15 and under) 	<ul style="list-style-type: none"> • Space Maintainers • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Simple Extractions • Complex Extractions • Anesthesia

Monthly Rates

Employee Only (EE)	\$20.68
EE + 1 Dependent	\$41.36
EE + 2 or more Dependents	\$68.24

Rate are effective 09/1/2019 to 9/1/2021.

Ameritas Information

We're Here to Help: This plan was designed specifically for the associates of SAN ANGELO ISD. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Health Scorecard

How would you rate your dental health? In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

SAN ANGELO ISD

Dental Highlight Sheet



High Plan: Dental Plan Summary

Policy# 42264 Effective Date: 9/1/2020

Plan Benefit	
Type 1	100%
Type 2	50%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	90th U&C
Waiting Period	None

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 13 and under (1 per benefit period) • Sealants (age 15 and under) 	<ul style="list-style-type: none"> • Space Maintainers • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Periodontics (nonsurgical) • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 8 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (surgical) • Denture Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)

Monthly Rates

Employee Only (EE)	\$31.62
EE + 1 Dependent	\$63.24
EE + 2 or more Dependents	\$104.34

Rate are effective 09/1/2019 to 9/1/2021.

Ameritas Information

We're Here to Help This plan was designed specifically for the associates of SAN ANGELO ISD. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Health Scorecard

How would you rate your dental health? In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Pretreatment

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

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal. Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan. The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates.

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

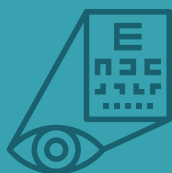
Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

The perfect vision solution provides the glasses you really want for the lowest out-of-pocket costs.

eye
topia
the perfect vision solution



Eye Exams can detect the first warning signs of more than 10 debilitating diseases, often before any symptoms are visible.



Frames up to \$180 allowance, if you don't see it ask the Optician to order it!

Lenses from plastic up to 1.67 high index and all the lens materials options in between covered 100% with no copay.

Generous allowances toward Anti-reflective, anti-smudge, anti-scratch, UV blocking coating options.



Contact lenses and fitting up to \$300 annual allowance.

- Access to the latest lens technology at no additional cost!
- Refractive Surgery allowance up to \$500 per eye.
- Medically necessary contact lenses up to \$700.
- Shaw Lenses – for lazy eye treatments.
- Computer wear to reduce eye strain for those not needing prescription eyewear.



Up to 100% coverage on hearing aids

Eyetopia was originally created by eye doctors that wanted to provide a 'utopian' experience for their patients. Participating Providers have the flexibility they need to care for their patients in the best possible way and with the latest technology. Undetected and untreated Vision and Hearing loss costs Texans billions of dollars in avoidable accidents and lost production, but the greater loss is a lower quality of life for the many Texans that are struggling needlessly.

Eyetopia has helped thousands of Members get the glasses they really want with little or no out-of-pocket costs. Eyetopia Members can now afford the best!

830-964-6444 • 800-662-8264 • 866-772-0285 (Fax) • www.Eyetopia.org

eye topia

the perfect vision solution

DESCRIPTION	CO-PAYS / ALLOWANCES	
One Exam per year, One Materials option per year or as noted	130/150 Plan (Standard)	180/300H Plan (Gold)
Exam Co-pay	\$10	\$5
Material Option (in lieu of Exam)	\$45 Allowance	\$65 Allowance
Materials Co-pay (glasses only)	\$20	No Co-pay
Single Vision Lens	Covered	Covered
Bi-focal Lens	Covered	Covered
Tri-focal Lens	Covered	Covered
Lenticular Lens	Covered	Covered
Progressive Lens (PALS)	\$120 Allowance	\$120 Allowance
^Eyetopia Optics Standard Lenses w/ Mid-Level Anti- Reflective (AR) Coating (Single Vision, Bifocal & Trifocal only)	Covered	Covered
^Eyetopia Optics Premium Lenses w/ Mid-Level Anti- Reflective (AR) Coating (Single Vision & Progressive Only)	\$65 Co-pay	Covered
^Eyetopia Optics Polycarbonate Lenses w/ Mid-Level Anti-Reflective (AR) Coating for Child Dependents < age 26	Covered	Covered
Polycarbonate Lenses	\$35 Co-pay	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	\$180 Retail
Scratch Resistance Coating	\$12 Co-pay	Covered
Ultra-Violet (UV) Protection Coating	\$12 Co-pay	Covered
^Eyetopia Optics Premium Blue Light Blocking Lens	\$105 Co-pay	\$50 Co-pay
Basic Anti-Reflective (AR) Coating	\$25 Co-pay	Covered
Mid-Level Anti-Reflective (AR) Coating	\$65 Co-pay	\$45 Allowance
Premium Anti-Reflective (AR) Coating	\$130 Co-pay	\$60 Allowance
Lens Tint	\$12 Co-pay	\$12 Co-pay
^ Eyetopia Optics Photochromatic or Polarized upgrade	\$90 Co-pay	\$90 Co-pay
^ Eyetopia Optics Non-Rx Computer Glasses	Covered	Covered
^ Medically Necessary Spectacle Lenses (Amblyopia/Aniseikonia treatment)	\$400 Allowance	\$400 Allowance
Contact Lens Co-pay	\$0	\$0
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

^ Offered by special arrangement between many Participating Providers and Eyetopia Optics.

830-964-6444 • 800-662-8264 • 866-772-0285 (Fax) • www.Eyetopia.org

Eyetopia Benefits	
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.	
Benefit One ² (choose either one of the following 2 options every 12 months):	Co-pay ¹
1. Refractive Exam. One routine Vision Exam.	\$10.00
2. \$45 allowance towards a medical eye exam copay or other services or materials. ²	None
Benefit Two (choose only one of the following Vision Correction Options): Eyetopia provides you with 3 material options every 12 months. ³	
1a. Prescription Lenses (Not using Eyetopia Optics) ^{3,4} Standard Prescription Lenses – covered 100% ♦ Non-coated CR-39 plastic single vision, bifocal, trifocal. Progressive no-line lenses (PAL) are covered up to \$120.00.	Co-pay ¹ \$20.00
♦ Polycarbonate upgrade ⁶	\$35.00
♦ Basic Anti-Reflective Coating (UltraViolet Protection & Scratch Resistant Coating)	\$25.00
♦ Mid-Level Anti-Reflective Coating	\$65.00
♦ Premium Anti-Reflective Coating	\$130.00
1b. Prescription Lenses from Eyetopia Optics ^{3,4} ♦ Eyetopia Optics Standard single vision or bifocal flat top 28 lenses with a mid-level Anti-Reflective Coating. ⁵	\$20
♦ Eyetopia Optics Polycarbonate upgrade (adults) ⁶	\$35.00
♦ Eyetopia Optics polycarbonate lenses for child dependents (under age 26).	None
♦ Eyetopia Optics high definition PAL or free form SV in CR-39 with a mid-level anti-reflective coating. ⁵	\$65.00
♦ Eyetopia Optics premium blue light blocking, high definition PAL or SV in CR-39 with a mid-level AR coating. ⁵	\$105.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia - \$400.00 lens allowance.	None
Additional upgrade for lenses from any lab source: • Tint (Solid and Gradient)	\$12.00
♦ Frame: The member may select any frame on display. Eyetopia provides an allowance of \$130.00 to be applied toward the frame selected. The member pays any amount exceeding the \$130.00 allowance.	None
2. Contact Lens Option: ⁷ Eyetopia provides a \$150.00 allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses.	None
♦ Medically necessary contact lenses - \$150.00 evaluation allowance and \$400.00 contact lens allowance. ⁸	None
3. Refractive Surgery Option. ⁹ You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia provides a \$350.00 per eye with contracted surgeons or a \$75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care, for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	None

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

⁴ Special Lens Materials and Non-covered Items: Photochromatic, polarized, ultra light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ Members can upgrade from standard non-coated lens to an Eyetopia Optics premium coated lenses at no charge. They can upgrade to an Eyetopia Optics high definition PAL or high definition single vision in CR-39 plastic for an additional \$65.00. A \$105.00 co-pay applies to premium blue light resistance lenses.

⁶ Adult plan Members are charged a polycarbonate upgrade fee.

⁷ If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

⁸ Total maximum benefit allowance is \$550.00 the Participating Provider must pre-authorize medical necessity.

⁹ Non-covered Items and Exclusions – Facility fees, medications and enhancements or treatments related to complications. Access to surgeons must come by referral from a Primary Eye Care Provider who provides pre and post-op care and counseling.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia.

In-Network coverage is available through Participating Providers. Out of network services are not covered.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.



Find us on Facebook.com/eyetopiaivision

Emp - \$10
E+1 - \$17
Fam - \$24

For more information please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org

Eyetopia Benefits	
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.	
BENEFIT ONE ² (choose either one of the following 2 options every 12 months):	Co-pay ¹
1. Refractive Exam. One routine vision exam.	\$5.00
2. \$65 allowance toward medical eye exam co-pay or other services or materials. ²	None
BENEFIT TWO (choose only 1 of the following Vision Correction Options) Eyetopia provides you with 3 options for correcting your vision every 12 months. ³	
1a. Prescription Lenses (Not using Eyetopia Optics) ^{3,4} Single vision, bifocal or trifocal lenses in polycarbonate, Trivex®, 1.60 or 1.67 index plastic that also include a basic anti-reflective coating are covered 100%. Progressive no-line lenses (PAL) are covered up to \$120.00.	Co-pay ¹ None
• Mid-Range Anti-Reflective Coating - \$45.00 allowance	None
• Premium Anti-Reflective Coating - \$65.00 allowance	None
1b. Prescription Lenses from Eyetopia Optics ^{3,4} Bi-focal, Tri-focal, high definition single vision or Progressive (no line) lenses in polycarbonate, Trivex®, 1.60 or 1.67 index plastic with a mid-range ⁵ one year warranted anti-reflective coating are covered 100%.	None
• Eyetopia Optics blue light blocking coating add on	None
• Eyetopia Optics premium blue light blocking, high definition with premium anti-reflective coating.	\$50.00
• Medically necessary spectacles for Aniseikonia or Amblyopia - \$400.00 lens allowance.	None
• Non-Prescription Gaming/Computer (Anti-Fatigue) lenses (limited materials) from any lab source.	None
Additional upgrade for lenses from any lab source: • Tint (Solid and Gradient)	\$12.00
♦ Frame: The member may select any frame on display. Eyetopia provides an allowance of \$180.00 to be applied toward the frame selected. The member pays any amount exceeding the \$180.00 allowance.	None
2. Contact Lens Option Eyetopia provides a \$300.00 allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶	None
♦ Medically necessary contact lenses - \$250.00 evaluation allowance and \$400.00 contact lens allowance. ⁷	None
3. Refractive Surgery Option. ⁸ You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia provides a \$500.00 per eye with contracted surgeons or a \$125.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care, for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	None
4. Hearing Aid Option. ⁹ If you do not use any of the other Materials options you can elect to apply your benefit toward hearing aids. Current year is a maximum benefit of \$750.00 toward one or both hearing aids. If not used in year 1, the benefit increases to \$1,600.00 in year 2. If not used in Year 2 or Year 1, the benefit increases to \$2,550.00 for Year 3 (see full Summary)	None

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

⁴ Special Lens Materials and Non-covered Items: Photochromatic, polarized, ultra light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ The charge for a premium anti-reflective coating is a \$65 co-pay plus the difference of the retail price of the mid-range anti-reflective coating and the premium coating.

⁶ If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

⁷ Total maximum benefit allowance is \$650.00. The Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, medications and enhancements or treatments related to complications.

⁹ To access your hearing aid benefit, you must call Your Hearing Network at 888-284-8133 for an initial consult. You have access to five levels of hearing aid technology; Standard, Value, Mid-Level, Advanced and Premium. Your out of pocket costs will vary based on your choice of hearing aid and your total available allowance.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia plan. In-Network coverage is available through Participating Providers. Out of network services are not covered.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

Emp - \$20
E+1 - \$37
Fam - \$52

For more information please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org

Welcome to Eartopia®, a comprehensive hearing aid benefit that can be used when you have no need to use your Eyetopia® Benefit 2 for vision correction. See Option 4 of the Eyetopia® Gold 150/250H Plan.

You can use this Option each year or roll it over for up to two more years.

- Year 1 \$750 Maximum Benefit Full amount can be rolled over into Year 2 if Eyetopia® Benefit 2 is not used.
- Year 2 \$1,600 Maximum Benefit Full amount can be rolled over into Year 3 if Eyetopia® Benefit 2 is not used.
- Year 3 \$2,550 Maximum Benefit Must be used before Year 3 Eyetopia® eligibility period expires.

All Hearing Aids must be supplied through a Your Hearing Network Participating Provider. We have negotiated exceptional price reductions to provide Eartopia® Members access to a wide array of hearing aids. Eartopia® offers five classifications of hearing aids from basic aids to premium aids. The follow chart shows your expected out of pocket costs after the Eartopia® benefit is applied at each classification.

Type:	Standard		Value		Mid Level		Advanced		Premium	
	1 Aid	2 Aids	1 Aid	2 Aids	1 Aid	2 Aids	1 Aid	2 Aids	1 Aid	2 Aids
MSRP	\$1,100	\$2,200	\$1,475	\$2,950	\$1,800	\$3,600	\$2,800	\$5,600	\$4,200	\$8,400
Allowance*	The Following Table shows the out of pocket amount after applying the Allowance									
\$750.00	Covered	\$750.00	\$245.00	\$1,240.00	\$850.00	\$2,450.00	\$1,245.00	\$3,240.00	\$1,800.00	\$4,350.00
\$1,600.00	Covered	Covered	Covered	\$390.00	Covered	\$1,600.00	\$395.00	\$2,390.00	\$950.00	\$3,500.00
\$2,550.00	Covered	Covered	Covered	Covered	Covered	\$650.00	Covered	\$1,440.00	Covered	\$2,550.00

* The allowance is applied at the time of service against a contracted discounted price. All remaining out of pocket costs are due at the time of service. Incremental spending of the allowance is not available.

There are no Out of Network benefits you must see a Your Hearing Network Participating Provider to exercise your benefit.

010-42264 Focus® Low Plan Summary

Effective Date: 9/1/2020

	VSP Choice Network + Affiliates	Out of Network
Deductibles	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames Up to \$45
Annual Eye Exam	Covered in full	Up to \$30
Lenses (per pair)		Up to \$50
Single Vision	Covered in full	Up to \$65
Bifocal	Covered in full	Up to \$100
Trifocal	Covered in full	NA
Lenticular	Covered in full	
Progressive	See lens options	
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$150**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected. **The Costco allowance will be the wholesale equivalent.

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
Solid Plastic Dye	\$33 adults \$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

Monthly Rates

Employee Only (EE)	\$9.36
EE + 1 Dependent	\$17.88
EE + 2 or more Dependents	\$25.10

Low Plan - Hearing Care Summary

Effective Date: 9/1/2020

Plan Benefit	
Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%
Deductible	
Annual Hearing Exam	\$0
Hearing Aid	\$0
Hearing Aid Maintenance	\$0
Maximum (per benefit period)	
Annual Hearing Exam	Up to \$75
Hearing Aids (per ear)	
Year One	Up to \$100
Year Two	Up to \$300
Year Three	Up to \$400
Hearing Aid Maintenance	Up to \$40

LASIK Advantage®

Benefits	Year 1	Year 2	Year 3
	\$350 [\$175 per eye]	\$350 [\$175per eye]	\$700 [\$350 per eye]

Additional Focus® Choice Network Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more. Locate a VSP provider at: ameritas.com or View plan benefit information at: vsp.com
VSP Call Center: 1-800-877-7195 (Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday) or via Interactive Voice Response available 24/7

Worldwide Support

Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S. Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. The plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

010-42264 Focus® High Plan Summary

Effective Date: 9/1/2020

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$0 Exam	\$0 Exam
	\$0 Eye Glass Lenses or Frames*	\$0 Eye Glass Lenses or Frames
	Covered in full	Up to \$45
Annual Eye Exam		
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$180	Up to \$145
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$180**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco allowance will be the wholesale equivalent.

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
	\$33 adults	
Solid Plastic Dye	\$15	No benefit
	(except Pink I & II)	
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

Monthly Rates

Employee Only (EE)	\$18.72
EE + 1 Dependent	\$36.64
EE + 2 or more Dependents	\$50.16

High Plan - Hearing Care Summary

Effective Date: 9/1/2020

Plan Benefit	
Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%
Deductible	
Annual Hearing Exam	\$0
Hearing Aid	\$0
Hearing Aid Maintenance	\$0
Maximum (per benefit period)	
Annual Hearing Exam	Up to \$75
Hearing Aids (per ear)	
Year One	Up to \$400
Year Two	Up to \$600
Year Three	Up to \$800
Hearing Aid Maintenance	Up to \$40

LASIK Advantage®

Benefits	Year 1	Year 2	Year 3
	\$700 [\$350 per eye]	\$700 [\$350 per eye]	\$1400 [\$700 per eye]

Additional Focus® Choice Network Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3- or 6-month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
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Long-Term Disability Income Insurance

San Angelo ISD



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Please refer to your certificate for complete details.*

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Long-Term Disability Income Insurance

Disability income insurance is here for you.

Choose the Right Plan for You

Benefits Begin

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

Accidental Injury means Accidental bodily injury(ies) you sustained which is independent of disease or bodily infirmity or any other cause; and takes place while your coverage is in force.

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

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

Policy Provisions and Plan Features

Eligibility

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

When Coverage Begins

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

Physician Expense Benefit

Accidental Injury - \$100.00

Sickness - \$50.00

If you need personal treatment by a Physician due to an Accidental Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the Policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to Sickness, you must have returned to work for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Accidental Injury benefit.



Benefits Are Payable

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

Age	Maximum Benefit Period
59 or younger	to age 65
60 through 64	5 years
65 through 68	to age 70
69 or older	1 year

Accidental Death Benefit

A lump sum of \$20,000 will be paid to your designated beneficiary if you die as the direct result of an accidental injury within 90 days after the accidental injury.

Hospital Confinement Benefit

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

Waiver of Premium

If you become Disabled due to a covered Accidental Injury or Sickness and are eligible to receive a Disability Payment, your insurance will be continued without payment of premium. Waiver of Premium will begin the first of the month following: (a) your satisfaction of the Elimination Period; or (b) 6 months of continuous Disability, whichever is later, provided premium has been paid from the beginning of Disability to the date Waiver of Premium begins. Waiver of Premium will continue until: (a) the end of your Disability; (b) the end of the Maximum Benefit Period; (c) the date you are no longer eligible to receive a Disability Payment; (d) the date the Policy terminates; or (e) the date your employment with the Policyholder or subscribing Employer unit ends, whichever first occurs. We will require proof on an annual basis that you remain Disabled during said period.

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include: Other group disability income; Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits; United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability; State Disability; Unemployment compensation; workers' compensation law, occupational disease law or any similar act or law. Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 60 (Plans I, II, III, and IV), 90 (Plan V), and 150 (Plan VI) calendar days from the date of disability.

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

Minimum Disability Benefit

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

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

Your Disability Payment will be calculated as follows: For the first 36 months Disability Payments are provided, the Disability Payment will be the lesser of your Disability Benefit; or 70% of your Monthly Compensation less any Deductible Sources of Income you receive or are entitled to receive. After 36 months the Disability Payment will be the lesser of: the Disability Benefit less any Deductible Sources of Income you receive or are entitled to receive; or 70% of your Monthly Compensation less any Deductible Sources of Income you receive or are entitled to receive. No Disability Payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

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

Return To Work Incentives: Disabled and Working

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

- **Worksite Accommodation**

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit in any 12-month period will be payable for Disability due to a Pre-Existing Condition. This provision will not apply if you have: (a) gone treatment-free; (b) incurred no expense; (c) taken no medication; and (d) received no diagnosis or advice from a Physician, for 12 consecutive months for such condition(s). Benefits will not be excluded for Disability due to a Pre-Existing Condition, which begins after you have been continuously covered under the policy for 24 months. Any increase in benefits will be subject to this Pre-Existing Condition Limitation. A new Pre-Existing Condition period must be satisfied with respect to any increase applied for and approved by us.

Pre-existing condition means a disease, Accidental Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, accidental injury, sickness, physical condition, or mental illness.

Exclusions

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

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

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

Disability / Long-Term Disability Income Insurance

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

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (1st/8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$8.24	\$5.88	\$4.72	\$4.00	\$3.36	\$2.52
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$12.36	\$8.82	\$7.08	\$6.00	\$5.04	\$3.78
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$16.48	\$11.76	\$9.44	\$8.00	\$6.72	\$5.04
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$20.60	\$14.70	\$11.80	\$10.00	\$8.40	\$6.30
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$24.72	\$17.64	\$14.16	\$12.00	\$10.08	\$7.56
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$28.84	\$20.58	\$16.52	\$14.00	\$11.76	\$8.82
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$32.96	\$23.52	\$18.88	\$16.00	\$13.44	\$10.08
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$37.08	\$26.46	\$21.24	\$18.00	\$15.12	\$11.34
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$41.20	\$29.40	\$23.60	\$20.00	\$16.80	\$12.60
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$45.32	\$32.34	\$25.96	\$22.00	\$18.48	\$13.86
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$49.44	\$35.28	\$28.32	\$24.00	\$20.16	\$15.12
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$53.56	\$38.22	\$30.68	\$26.00	\$21.84	\$16.38
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$57.68	\$41.16	\$33.04	\$28.00	\$23.52	\$17.64
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$61.80	\$44.10	\$35.40	\$30.00	\$25.20	\$18.90
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$65.92	\$47.04	\$37.76	\$32.00	\$26.88	\$20.16
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$70.04	\$49.98	\$40.12	\$34.00	\$28.56	\$21.42
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$74.16	\$52.92	\$42.48	\$36.00	\$30.24	\$22.68
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$78.28	\$55.86	\$44.84	\$38.00	\$31.92	\$23.94
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$82.40	\$58.80	\$47.20	\$40.00	\$33.60	\$25.20
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$86.52	\$61.74	\$49.56	\$42.00	\$35.28	\$26.46
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$90.64	\$64.68	\$51.92	\$44.00	\$36.96	\$27.72
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$94.76	\$67.62	\$54.28	\$46.00	\$38.64	\$28.98
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$98.88	\$70.56	\$56.64	\$48.00	\$40.32	\$30.24
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$103.00	\$73.50	\$59.00	\$50.00	\$42.00	\$31.50
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$107.12	\$76.44	\$61.36	\$52.00	\$43.68	\$32.76
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$111.24	\$79.38	\$63.72	\$54.00	\$45.36	\$34.02
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$115.36	\$82.32	\$66.08	\$56.00	\$47.04	\$35.28
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$119.48	\$85.26	\$68.44	\$58.00	\$48.72	\$36.54
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$123.60	\$88.20	\$70.80	\$60.00	\$50.40	\$37.80
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$127.72	\$91.14	\$73.16	\$62.00	\$52.08	\$39.06
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$131.84	\$94.08	\$75.52	\$64.00	\$53.76	\$40.32
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$135.96	\$97.02	\$77.88	\$66.00	\$55.44	\$41.58
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$140.08	\$99.96	\$80.24	\$68.00	\$57.12	\$42.84
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$144.20	\$102.90	\$82.60	\$70.00	\$58.80	\$44.10
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$148.32	\$105.84	\$84.96	\$72.00	\$60.48	\$45.36
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$152.44	\$108.78	\$87.32	\$74.00	\$62.16	\$46.62
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$156.56	\$111.72	\$89.68	\$76.00	\$63.84	\$47.88

*Higher benefit amounts available up to a maximum Monthly Disability Benefit of \$7,500.





AF™ Group Cancer Insurance

**AMERICAN
FIDELITY** 
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

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 the arrival of these advances also comes the continuing rise in the cost of cancer treatment.

AF™ **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 4,626 per day.

American Cancer Society: Cancer Facts and Figures 2017, pg. 4.

Plan Highlights

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

Cancer Insurance Benefits

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

Example cancer insurance benefits include:



Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for our AFQuickClaims®.



Travel Expenses

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

Choose Your Coverage

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

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

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Monthly Premium

	BASIC	ENHANCED PLUS
Individual	\$15.80	\$31.62
Family	\$26.86	\$53.80

The premium and amount of benefits provided vary depending upon the plan selected.

Plan Benefit Highlights

Only loss for cancer Unless otherwise indicated, benefits are payable only for loss pays only for loss resulting from definitive Cancer diagnosis or treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. The Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically covered under the Dread Disease Benefit or Hospital Intensive Care Unit Benefit; or Heart Attack or Stroke Diagnosis Benefit, if included.

Cancer Means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; aplastic anemia; atypia; non-malignant monoclonal gammopathy; or pre-malignant lesions, benign tumors or polyps.

Such Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. Diagnosis must be made based on a microscopic examination of fixed tissue, or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue and/or specimen.

Radiation Therapy, Chemotherapy or Immunotherapy Benefit We will pay the actual charges up to the benefit listed in the schedule per 12 month period. If Proof of Loss regarding actual charges for treatment is not submitted, we will pay the daily amount shown in your certificate for each day treatment is received, up to the actual charges maximum per 12-month period. Upon receipt of actual charges Proof of Loss, we will pay the difference, up to the maximum per 12-month period. Actual charges are the amount actually paid by or on behalf of the Covered Person and accepted by the provider for services provided.

This benefit does not cover other related procedures such as treatment planning, treatment management or consultation, design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.).

Administrative and Lab Work Benefit Paid only if the Covered Person is also receiving the Radiation Therapy, Chemotherapy or Immunotherapy Benefit during the same calendar month.

Hormone Therapy Benefit Drugs and medicines covered under the Drugs and Medicine Benefit or the Radiation Therapy, Chemotherapy or Immunotherapy Benefit are not included. This benefit does not cover associated administrative processes.

Experimental Treatment Benefit Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

Blood, Plasma and Platelets Benefit Laboratory processes are not included. Colony stimulating factors are not covered. Benefits for blood, plasma and platelets are only provided under this benefit.

Medical Imaging Benefit Payable for a Covered Person who has been diagnosed with Cancer who receives either an MRI, CT scan, CAT scan, PET scan, or RAIU (thyroid) test when performed at the request of a physician.

Surgical Benefit Payable when a surgical operation is performed for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the unit dollar amount shown in your certificate schedule. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, surgeries required for administration of Radiation Therapy, Chemotherapy or Immunotherapy are not covered under this benefit.

Anesthesia Benefit Services of an anesthesiologist for Skin Cancer or surgical prosthesis implantation are not covered.

Second and Third Surgical Opinion Benefit Payable once per diagnosis of Cancer for a second surgical opinion, and a third if the second disagrees with the first. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered.

Outpatient Hospital or Ambulatory Surgical Center Benefit Surgical procedures for Skin Cancer are not covered.

Bone Marrow or Stem Cell Transplant Benefit Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

Prosthesis and Orthotic Benefit and Related Services Payable for a Prosthetic or Orthotic Device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. Benefits for a hair prosthesis will only be covered under the Hair Prosthesis Benefit.

Covered benefits under this provision are limited to the most appropriate model of Prosthetic Device or Orthotic Device that adequately meets the medical needs of the Covered Person as determined by the Covered Person's treating Physician or podiatrist and prosthetist or orthotist, as applicable. The Prosthesis Benefit will include repair and replacement of a Prosthetic Device or Orthotic Device, unless the repair or replacement is necessitated by misuse by the Covered Person.

Hospital Confinement Benefit Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. Hospital shall not include an institution, or part thereof, used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as a hospice or swing bed; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

U.S. Government or Charity Hospital Benefit Payable when an itemized list of services is not available and the Covered Person is confined in a charity Hospital or a Hospital owned or operated by the U.S. government as a result of Cancer or Dread Disease or covered under a Diagnostic Related Group where no charges are made to the Covered Person for treatment of Cancer or Dread Disease. This benefit will be paid in lieu of most benefits listed on the schedule.

Extended Care Facility Benefit Pays a daily benefit for physician authorized confinement that begins within 14 days after a Hospital confinement.

Home Health Care Benefit Pays a daily benefit for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy.

Plan Benefit Highlights (cont.)

Hospice Care Benefit Pays a daily benefit when a physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

Inpatient Special Nursing Services Benefit Pays a daily benefit when receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period.

Dread Disease Benefit Covered Dread Diseases are: 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-Sach's Disease; Tetanus; Toxic Epidermal; Toxic Shock Syndrome; Tuberculosis; Tularemia; Typhoid Fever; Whipple's Disease.

Donor Benefit Blood donor expenses are not covered.

Drugs and Medicine Benefit Pays a benefit for anti-nausea and pain medication for treatment of Cancer. It does not include associated administrative processes or drugs or medicines covered under the Radiation Therapy, Chemotherapy or Immunotherapy Benefit or the Hormone Therapy Benefit.

Transportation and Lodging Benefits Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging for Radiation Therapy, Chemotherapy, or Immunotherapy treatment, Bone Marrow or Stem Cell Transplant, or surgery in a Hospital not available locally and at least 50 miles from the Covered Person's residence. Payable for the Covered Person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the Covered Person.

Ambulance Benefit If air and ground ambulance services are both required on the same day, we will only pay the higher benefit amount. Covered Person must be admitted as an inpatient and hospital confined for at least 18 consecutive hours.

Waiver of Premium Premium waived if you are disabled due to Cancer for longer than 90 continuous days. This benefit does not apply if your spouse or children become disabled.

Physical or Speech Therapy Benefit Therapy must be provided by a caregiver licensed in physical or speech therapy.

Diagnostic and Prevention Benefit Pays for a generally medically recognized screening test to detect Internal Cancer. This benefit is not payable for any test covered under the Medical Imaging Benefit.

Cancer Screening Follow Up Benefit Payable for one follow-up invasive screening test when a Covered Person receives abnormal results from a covered screening test. For tests involving an incision or surgery, payable only for tests that result in a negative diagnosis of Cancer.

Internal Cancer Diagnosis Benefit Payable if a physician diagnoses the Covered Person with Internal Cancer after coverage is in force for that person.

Heart Attack or Stroke Diagnosis Benefit Payable if a physician diagnoses the Covered Person as having a Heart Attack or Stroke after coverage is in force for that person. This benefit is payable only for the first to occur of either the Heart Attack or Stroke.

Pre-existing condition Means a Specified Disease for which the Covered Person: (a) had treatment; or (b) received advice from a Physician, during the 12-month period immediately before the Covered Person's Effective Date of coverage.

Pre-existing condition limitation No benefit will be payable for any loss which is caused by or resulting from a Pre-Existing Condition which occurs before a Covered Person has been continuously covered under the Policy for 12 consecutive months. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. Increases or changes in coverage will be subject to an additional Pre-Existing Condition Limitation.

Hospital intensive care unit benefit limitations No benefits will be payable during the first 2 years of coverage for confinement caused by any heart condition that was diagnosed or treated prior to 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated prior to the Effective Date).

Exclusions We will not pay benefits resulting from or caused by: (a) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; (b) alcoholism or drug addiction; (c) war or acts of war, declared or undeclared, while serving in the military or an auxiliary unit thereto; (d) military service for any country at war; (e) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or (f) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.)

Benefits are also not payable for services performed by a Physician who is related to the Covered Person.

Termination of Insurance Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, your employment terminates, or you die. Your dependent's coverage will end if your coverage ends, premiums are not paid, they no longer meet the definition of a dependent or the policy is modified to exclude dependents. Your coverage can be terminated or premiums may be increased on any premium due date with 60 days advance written notice.



American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • americanfidelity.com

This product may contain limitations, exclusions, and waiting periods. This brochure highlights important features of the policy. Please refer to your certificate for complete details. If you reside in a state other than your employers state domicile, where required by law, policy provisions and benefits may vary. This product is inappropriate for people who are eligible for Medicaid coverage.

Aflac Group Critical Illness

**INSURANCE – PLAN INCLUDES BENEFITS
FOR CANCER AND HEALTH SCREENING**

We help take care of your
expenses while you take
care of yourself.



Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

What you need, when you need it.

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



Here's why the Aflac Group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac Group Critical Illness plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

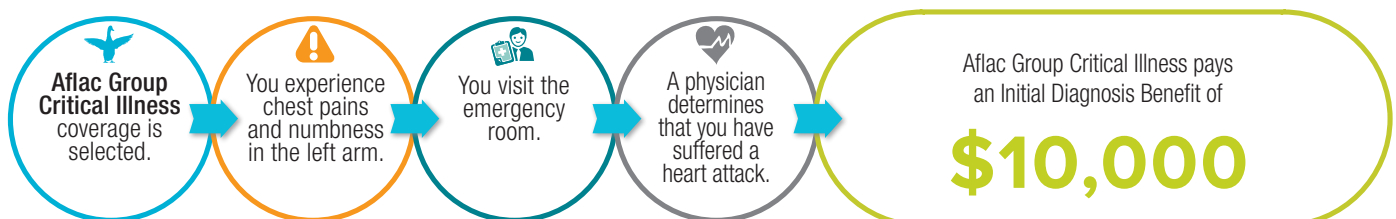
The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
 - Cancer
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Kidney Failure (End-Stage Renal Failure)
 - Major Organ Transplant
 - Bone Marrow Transplant (Stem Cell Transplant)
 - Sudden Cardiac Arrest
 - Coronary Artery Bypass Surgery
 - Non-Invasive Cancer
 - Skin Cancer
- Health Screening Benefit

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

How it works



Amount payable based on \$10,000 Initial Diagnosis Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Benefits Overview

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured’s benefit amount at no additional charge. Children-only coverage is not available.

SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured’s death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$100 for health screening tests performed while an insured’s coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

This benefit is not paid for dependent children.

OPTIONAL BENEFITS RIDER

BENIGN BRAIN TUMOR	100%
ADVANCED ALZHEIMER'S DISEASE	25%
ADVANCED PARKINSON'S DISEASE	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis.

PROGRESSIVE DISEASE RIDER:

AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis.

The plan has limitations and exclusions that may affect benefits payable.
This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

SPECIFIED DISEASES RIDER (These benefits will be paid based at 25% of the face amount in effect on the critical illness date of diagnosis.)

Addison's disease, Cerebral palsy, Cystic fibrosis, Diphtheria, Encephalitis, Huntington's chorea, Legionnaires' disease, Malaria, Meningitis (bacterial), Muscular dystrophy, Myasthenia gravis, Necrotizing fasciitis, Osteomyelitis, Polio, Rabies, Scleroderma, Sickle cell anemia, Systemic lupus, Tetanus, Tuberculosis, Lou Gehrig's disease, and Multiple sclerosis

CHILDHOOD CONDITIONS RIDER

CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
TYPE 1 DIABETES	50%
One Time Benefit Amount	
AUTISM SPECTRUM DISORDER (ASD)	\$3,000

Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

LIMITATIONS AND EXCLUSIONS

IF DIAGNOSIS OCCURS AFTER THE AGE OF 70, HALF OF THE BENEFIT IS PAYABLE.

All limitations and exclusions that apply to the plan also apply to the riders unless amended by the riders.

Cancer Diagnosis Limitation Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
 - In Alaska: injuring or attempting to injure oneself intentionally
- **Suicide** – committing or attempting to commit suicide, while sane or insane;
 - In Missouri: committing or attempting to commit suicide, while sane
 - In Illinois and Minnesota: this exclusion does not apply
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job:
 - In Arizona: participating in or attempting to commit a felony, or being engaged in an illegal occupation;
 - In Florida: participating or attempting to participate in an illegal activity, or working at an illegal occupation;
 - In Illinois and Pennsylvania: Illegal Occupation - committing or attempting to

commit a felony or being engaged in an illegal occupation;

- In Michigan: Illegal Occupation – the commission of or attempt to commit a felony, or being engaged in an illegal occupation;
 - In Nebraska: being engaged in an illegal occupation, or commission of or attempting to commit a felony;
 - In Ohio: committing or attempting to commit a felony, or working at an illegal job
 - **Participation in Aggressive Conflict:**
 - War (declared or undeclared) or military conflicts;
 - In Florida: War does not include acts of terrorism
 - In Oklahoma: War, or act of war, declared or undeclared when serving in the military service or an auxiliary unit thereto
 - Insurrection or riot
 - Civil commotion or civil state of belligerence
 - **Illegal Substance Abuse:**
 - Abuse of legally-obtained prescription medication
 - Illegal use of non-prescription drugs
 - In Arizona: Being intoxicated or under the influence of any narcotic unless administered on the advice of a physician
 - In Michigan, Nevada, and South Dakota: this exclusion does not apply
- Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

TERMS YOU NEED TO KNOW

Bone Marrow Transplant (Stem Cell Transplant) means a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. For a benefit to be payable, a Bone Marrow Transplant (Stem Cell Transplant) must be caused by at least one of the following diseases:

- Aplastic anemia
- Congenital neutropenia
- Severe immunodeficiency syndromes
- Sickle cell anemia
- Thalassemia
- Fanconi anemia
- Leukemia
- Lymphoma
- Multiple myeloma

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid under this plan.

Cancer (internal or invasive) is a disease that meets either of the following definitions:

A malignant tumor characterized by:

- The uncontrolled growth and spread of malignant cells, and
- The invasion of distant tissue.

A disease meeting the diagnostic criteria of malignancy, as established by the American Board of Pathology. A pathologist must have examined and provided a report on the histocytologic architecture or pattern of the tumor, tissue, or specimen.

Cancer (internal or invasive) also includes:

- Melanoma that is Clark's Level III or higher or Breslow depth equal to or greater than 0.77mm,
- Myelodysplastic syndrome – RCMD (refractory cytopenia with multilineage dysplasia),
- Myelodysplastic syndrome – RAEB (refractory anemia with excess blasts),
- Myelodysplastic syndrome – RAEB-T (refractory anemia with excess blasts in transformation), or
- Myelodysplastic syndrome – CMML (chronic myelomonocytic leukemia).

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
 - Clark's Level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM Staging

Non-Invasive Cancer is a cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

For the purposes of the plan, a Non-Invasive Cancer is:

- Internal Carcinoma in Situ
- Myelodysplastic Syndrome – RA (refractory anemia)
- Myelodysplastic Syndrome – RARS (refractory anemia with ring sideroblasts)

Skin Cancer, as defined in this plan, is not payable under the Non-Invasive Cancer Benefit.

Skin Cancer is a cancer that forms in the tissues of the skin. The following are considered skin cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
 - Clark's Level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM Staging

These conditions are not payable under the Cancer (internal or invasive) Benefit.

Cancer, non-invasive cancer, or skin cancer must be diagnosed in one of two ways:

1. Pathological Diagnosis is a diagnosis based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This diagnosis must be made by a certified pathologist and conform to the American Board of Pathology standards.

2. Clinical Diagnosis is based only on the study of symptoms. A clinical diagnosis will be accepted only if:

- A doctor cannot make a pathological diagnosis because it is medically inappropriate or life-threatening,
- Medical evidence exists to support the diagnosis, and
- A doctor is treating you for cancer or carcinoma in situ

Complete Remission is defined as having no symptoms and no signs that can be identified to indicate the presence of cancer.

Civil Union: In Washington DC, Civil Union is defined as a relationship similar to marriage that is recognized by law. In Illinois, a Civil Union is defined as a legal relationship between two persons, of either the same or opposite sex, established pursuant to the Illinois Religious Freedom Protection and Civil Union Act.

Coronary Artery Bypass Surgery means open heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts and where such narrowing or blockage is attributed to coronary artery disease or acute coronary syndrome. This excludes any non-surgical procedure, such as, but not limited to, balloon angioplasty, laser relief, or stents.

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force. In Illinois, critical illness is a sickness or disease that began while the insured's coverage is in force. In South Dakota, critical illness is a disease or a sickness that manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Major Organ Transplant: The date the surgery occurs.
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).

Dependent means your spouse or your dependent child. Spouse is your legal wife or husband, (In Delaware, Illinois, Nevada, Oregon, or Washington DC - or a person who is in a legally recognized domestic partnership, civil union, or similar relationship with you), who is listed on your application. Dependent children are your or your spouse's natural children, step-children, legally adopted children, or children placed for adoption, who are younger than age 26 (in Indiana, this includes children subject to legal guardianship). Newborn children are automatically covered from the moment of birth.

There is an exception to the age-26 limit listed above. This limit will not apply to any dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent (in Arkansas, chiefly dependent) on a parent for support. The employee or the employee's spouse must furnish proof of this incapacity and dependency to the company within 31 days (in Indiana, 120 days) following the dependent child's 26th birthday.

- In South Dakota, this limit will not apply to any child who is incapable of self-sustaining employment and is chiefly dependent upon the insured for support and maintenance.
- In Texas, this limit will not apply to any dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support and maintenance. Dependent Children may also include grandchildren, who are unmarried, under age 26, and if they are your dependents for federal income tax purposes, or if you must provide medical support under an order issued under Chapter 154, Family Code, or enforceable by a court in this state.

- In New Mexico, coverage may be provided for the children of custodial and non-custodial parents.
- In Illinois, coverage of an unmarried dependent child who is under age 30 and who served in the military will not terminate if he/she is an Illinois resident, served as a member of the active or reserve components of any United States Armed Forces branch, and has received a release or discharge (other than a dishonorable discharge). To be eligible for coverage, the eligible dependent must submit to us a form approved by the Illinois Department of Veterans' Affairs stating the date on which the dependent was released from service.
- In Louisiana, dependent children must be unmarried and may also include grandchildren who are in the legal custody of and residing with a grandparent. Regarding the Age 26 limit exception - we will not require proof of incapacity and dependency more frequently than annually after the two-year period following the child's attainment of the limiting age.

Diagnosis (Diagnosed) refers to the definitive and certain identification of an illness or disease that:

- Is made by a doctor and
- Is based on clinical or laboratory investigations, as supported by your medical records.

Doctor is a person who is:

- Legally qualified to practice medicine,
- Licensed as a doctor by the state where treatment is received, and
- Licensed to treat the type of condition for which a claim is made.
- In Montana, for purposes of treatment, you have full freedom of choice in the selection of any licensed physician,
- physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, licensed social worker, psychologist, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, or advanced practice registered nurse.
- In New Mexico, a doctor is also a practitioner of the healing arts.

A doctor does not include you or any of your family members.

- In South Dakota, a doctor who is your family member may treat you if that doctor is the only doctor in the area and acts within the scope of his or her practice.

For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-family members and family-members-in-law.

Domestic Partner:

- In Washington DC, Domestic Partner is an unmarried same or opposite sex adult who resides with you and has registered in a state or local domestic partner registry with you.
- In Nevada, Domestic Partner is defined as a person who is party to a valid domestic partnership, has not terminated that domestic partnership, and meets the requisites for a valid domestic partnership. In order to enter into a valid domestic partnership, it is necessary that the two persons register with the state of Nevada when it is established, by having previously furnished proof to the state of Nevada, that both persons have a common residence, neither person is married or a member of another domestic partnership, the two persons are not related by blood in a way that would prevent them from being married to each other in the state of Nevada, both persons are at least 18 years of age, and both persons are competent to consent to the domestic partnership.

Employee is a person who meets eligibility requirements and who is covered under the plan. The employee is the primary insured under the plan.

Heart Attack (Myocardial Infarction) is the death of a portion of the heart muscle (myocardium) caused by a blockage of one or more coronary arteries due to coronary artery disease or acute coronary syndrome.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac arrest not caused by a heart attack (myocardial infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.)

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) means end-stage renal failure caused by end-stage renal disease, which results in the chronic, irreversible failure of both kidneys to function.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (end-stage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Maintenance Drug Therapy is a course of systemic medication given to a patient after a cancer goes into complete remission because of primary treatment. Maintenance Drug Therapy includes ongoing hormonal therapy, immunotherapy, or chemo-prevention therapy. Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

Major Organ Transplant means undergoing surgery as a recipient of a covered transplant of a human heart, lung, liver, kidney, or pancreas. A transplant must be caused by one or more of the following diseases:

- Bronchiectasis
- Cardiomyopathy
- Cirrhosis
- Chronic obstructive pulmonary disease
- Congenital Heart Disease
- Coronary Artery Disease
- Cystic fibrosis
- Hepatitis
- Interstitial lung disease
- Lymphangioleiomyomatosis.
- Polycystic liver disease
- Pulmonary fibrosis
- Pulmonary hypertension
- Sarcoidosis
- Valvular heart disease

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Party to a Civil Union: In Illinois, a person who has established a civil union pursuant to the Illinois Religious Freedom Protection and Civil Union Act.

Pathologist is a doctor who is licensed:

- To practice medicine, and
- By the American Board of Pathology to practice pathologic anatomy.

A Pathologist also includes an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

Signs and/or symptoms are the evidence of disease or physical disturbance observed by a doctor or other medical professional. The doctor (or other medical professional) must observe these signs while acting within the scope of his license.

Stroke means apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. Stroke must be either:

- Ischemic: Due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain, or vascular embolism, or
- Hemorrhagic: Due to uncontrolled hypertension, malignant hypertension, brain aneurysm, or arteriovenous malformation.

The stroke must be positively diagnosed by a doctor based upon documented neurological deficits and confirmatory neuroimaging studies.

Stroke does not include:

- Transient Ischemic Attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Stroke will be covered only if the Insured submits evidence of the neurological damage by providing:

- Computed Axial Tomography (CAT scan) • Magnetic Resonance Imaging (MRI).
images, or

Sudden Cardiac Arrest is the sudden, unexpected loss of heart function in which the heart, abruptly and without warning, stops working as a result of an internal electrical system heart malfunction due to coronary artery disease, cardiomyopathy, or hypertension.

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction).

Total Disability or Totally Disabled means you are:

- Not working at any job for pay or benefits,
- Under the care of a doctor for the treatment of a covered critical illness, and
- Unable to Work, which means either:
 - During the first 365 days of total disability, you are unable to work at the occupation you were performing when your total disability began; or
 - After the first 365 days of total disability, you are unable to work at any gainful occupation for which you are suited by education, training, or experience.
 - In Ohio, Unable to Work is defined as the inability to perform duties of any gainful occupation for which you are reasonably fitted by training, experience, and accomplishment.

Treatment or Medical Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

Treatment-Free From Cancer refers to the period of time without the consultation, care, or services provided by a doctor. This includes receiving diagnostic measures and taking prescribed drugs and medicines. Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

In Montana, Consultation is not considered treatment or medical treatment.

PROGRESSIVE DISEASE RIDER

If diagnosis occurs after age 70, half of the benefit is payable.

Date of Diagnosis is defined for each specified critical illness as follows:

- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease): The date a Doctor Diagnoses an Insured as having ALS and where such Diagnosis is supported by medical records.
- Sustained Multiple Sclerosis: The date a Doctor Diagnoses an Insured as having Multiple Sclerosis and where such Diagnosis is supported by medical records.
- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease) means a chronic, progressive motor neuron disease occurring when nerve cells in the brain and spinal cord that control voluntary movement degenerate, causing muscle weakness and atrophy, eventually leading to paralysis.
- Sustained Multiple Sclerosis means a chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in the brain or spinal cord or both, interfering with the nerve pathways. Sustained Multiple Sclerosis results in one of the following symptoms for at least 90 consecutive days:
 - Muscular weakness, • Speech disturbances, or
 - Loss of coordination, • Visual disturbances.

OPTIONAL BENEFITS RIDER

If diagnosis occurs after age 70, half of the benefit is payable.

Date of Diagnosis is defined as follows:

- Advanced Alzheimer's Disease: The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- Advanced Parkinson's Disease: The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- Benign Brain Tumor: The date a doctor determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific

neuroradiological examination.

Optional Benefit is one of the illnesses defined below and shown in the rider schedule: Advanced Alzheimer's Disease means Alzheimer's Disease that causes the insured to be incapacitated. Alzheimer's Disease is a progressive degenerative disease of the brain that is diagnosed by a psychiatrist or neurologist as Alzheimer's Disease. To be incapacitated due to Alzheimer's Disease, the insured must:

- Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning, and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Advanced Parkinson's Disease means Parkinson's Disease that causes the insured to be incapacitated. Parkinson's Disease is a brain disorder that is diagnosed by a psychiatrist or neurologist as Parkinson's Disease. To be incapacitated due to Parkinson's Disease, the insured must:

- Exhibit at least two of the following clinical manifestations: - Muscle rigidity - Tremor - Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses), and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Benign Brain Tumor is a mass or growth of abnormal, noncancerous cells in the brain. The tumor is composed of similar cells that do not follow normal cell division and growth patterns and develop into a mass of cells that microscopically do not have the characteristic appearance of a Cancer. Benign Brain Tumor must be caused by Multiple Endocrine Neoplasia, Neurofibromatosis, or Von Hippel-Lindau Syndrome.

- Multiple Endocrine Neoplasia is a genetic disease in which one or more of the endocrine glands are overactive or form a tumor.
- Neurofibromatosis is a genetic disease in which the nerve tissue grows tumors that may be benign and may cause serious damage by compressing nerves and other tissue.
- Von Hippel-Lindau Syndrome is a genetic disease that predisposes a person to have benign or malignant tumors.

Activities of Daily Living (ADLs) are activities used in measuring levels of personal functioning capacity. These activities are normally performed without assistance, allowing personal independence in everyday living. For the purposes of this plan, ADLs include the following:

- Bathing – the ability to wash oneself in a tub, shower, or by sponge bath. This includes the ability to get into and out of the tub or shower with or without the assistance of equipment;
- Dressing – the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;
- Toileting – the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;
- Transferring – the ability to move in and out of a bed, chair, or wheelchair with or without the assistance of equipment;
- Mobility – the ability to walk or wheel on a level surface from one room to another with or without the assistance of equipment;
- Eating – the ability to get nourishment into the body by any means once it has been prepared and made available with or without the assistance of equipment; and
- Continence – the ability to voluntarily maintain control of bowel and/or bladder function. In the event of incontinence, the ability to maintain a reasonable level of personal hygiene.

CHILDHOOD CONDITIONS RIDER

If diagnosis occurs after age 70, half of the benefit is payable.

Date of Diagnosis is defined as follows:

- Cystic Fibrosis: The date a Doctor Diagnoses a Dependent Child as having Cystic Fibrosis and where such Diagnosis is supported by medical records.
- Cerebral Palsy: The date a Doctor Diagnoses a Dependent Child as having Cerebral Palsy and where such Diagnosis is supported by medical records.
- Cleft Lip or Cleft Palate: The date a Doctor Diagnoses a Dependent Child as having

Cleft Lip or Cleft Palate and where such Diagnosis is supported by medical records.

- Down Syndrome: The date a Doctor Diagnoses a Dependent Child as having Down Syndrome and where such Diagnosis is supported by medical records.
- Phenylalanine Hydroxylase Deficiency Disease (PKU): The date a Doctor Diagnoses a Dependent Child as having PKU and where such Diagnosis is supported by medical records.
- Spina Bifida: The date a Doctor Diagnoses a Dependent Child as having Spina Bifida and where such Diagnosis is supported by medical records.
- Type I Diabetes: The date a Doctor Diagnoses a Dependent Child as having Type I Diabetes and where such Diagnosis is supported by medical records.
- Autism Spectrum Disorder: The date a doctor diagnoses a dependent child as having Autism Spectrum Disorder and where such diagnosis is supported by medical records.

A Doctor must Diagnose Autism Spectrum Disorder based on DSM-V diagnostic criteria. The Diagnosis must include the DSM-V severity level specifier for both major domains listed above.

Cystic Fibrosis is a hereditary chronic disease of the exocrine glands. This disease is characterized by the production of viscid mucus that obstructs the pancreatic ducts and bronchi, leading to infection and fibrosis.

Cerebral Palsy is a disorder of movement, muscle tone, or posture that is caused by injury or abnormal development in the immature brain. Cerebral Palsy can be characterized by stiffness and movement difficulties, involuntary and uncontrolled movements, or disturbed sensation.

- Spastic Cerebral Palsy is characterized by stiffness and movement difficulties.
- Athetoid Cerebral Palsy is characterized by involuntary and uncontrolled movements.
- Ataxic Cerebral Palsy is characterized by a disturbed sense of balance and depth perception.

Cleft Lip occurs when there is an opening (one or two vertical fissures) in the lip. A Cleft Palate occurs when the two sides of a palate do not join, resulting in an opening in the roof of the mouth or soft tissue in the back of the mouth. Sometimes, an opening in the bones of the upper jaw or upper gum accompanies a Cleft Palate.

A Cleft Lip or Palate can occur on one or both sides of the face. If a Dependent Child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.

Down Syndrome is a chromosomal condition characterized by the presence of an extra copy of genetic material on the 21st chromosome, either in whole or part.

Phenylalanine Hydroxylase Deficiency Disease (PKU) is an autosomal recessive metabolic genetic disorder characterized by homozygous or compound heterozygous mutations in the gene for the hepatic enzyme phenylalanine hydroxylase (PAH), rendering it nonfunctional. A Doctor must Diagnose this disease based on a PKU test.

Spina Bifida refers to any birth defect involving incomplete closure of the spinal canal or spine. This includes:

- Spina Bifida Cystica, which is a condition where a cyst protrudes through the defect in the vertebral arch.
- Spina Bifida Occulta, which is a condition where the bones of the spine do not close, but the spinal cord and meninges remain in place. Skin usually covers the defect.
- Meningocele, which is a condition where the tissue covering the spinal cord sticks out of the spinal defect, but the spinal cord remains in place.
- Myelomeningocele, which is a condition where the un-fused portion of the spinal column allows the spinal cord to protrude through an opening. The meningeal membranes that cover the spinal cord form a sac enclosing the spinal elements.

Type I Diabetes means a form of diabetes mellitus causing total insulin deficiency of a Dependent Child along with continuous dependence on exogenous insulin in order to maintain life. A Doctor must Diagnose Type I Diabetes based on one of the following diagnostic tests:

- Glycated hemoglobin (A1C) test
- Random blood sugar test
- Fasting blood sugar test

SPECIFIED DISEASE RIDER

If diagnosis occurs after age 70, half of the benefit is payable.

Date of Diagnosis is defined for each Specified Disease as follows:

- Adrenal Hypofunction (Addison's Disease): The date a Doctor Diagnoses an Insured as having Adrenal Hypofunction and where such Diagnosis is supported by medical records.
- Cerebrospinal Meningitis: The date a Doctor Diagnoses an Insured as having Cerebrospinal Meningitis and where such Diagnosis is supported by medical records.
- Diphtheria: The date a Doctor Diagnoses an Insured as having Diphtheria based on clinical and/or laboratory findings as supported by medical records.
- Huntington's Chorea: The date a Doctor Diagnoses an Insured as having Huntington's Chorea based on clinical findings as supported by medical records.
- Legionnaire's Disease: The date a Doctor Diagnoses an Insured as having Legionnaire's Disease by finding Legionella bacteria in a clinical specimen taken from the Insured.
- Malaria: The date a Doctor Diagnoses an Insured as having Malaria and where such Diagnosis is supported by medical records.
- Muscular Dystrophy: The date a Doctor Diagnoses an Insured as having Muscular Dystrophy and where such Diagnosis is supported by medical records.
- Myasthenia Gravis: The date a Doctor Diagnoses an Insured as having Myasthenia Gravis and where such Diagnosis is supported by medical records.
- Necrotizing Fasciitis: The date a Doctor Diagnoses an Insured as having Necrotizing Fasciitis and where such Diagnosis is supported by medical records.
- Osteomyelitis: The date a Doctor Diagnoses an Insured as having Osteomyelitis and where such Diagnosis is supported by medical records.
- Poliomyelitis: The date a Doctor Diagnoses an Insured as having Poliomyelitis and where such Diagnosis is supported by medical records.
- Rabies: The date a Doctor Diagnoses an Insured as having Rabies and where such Diagnosis is supported by medical records.
- Sickle Cell Anemia: The date a Doctor Diagnoses an Insured as having Sickle Cell Anemia and where such Diagnosis is supported by medical records.
- Systemic Lupus: The date a Doctor Diagnoses an Insured as having Systemic Lupus and where such Diagnosis is supported by medical records.
- Systemic Sclerosis (Scleroderma): The date a Doctor Diagnoses an Insured as having Systemic Sclerosis and where such Diagnosis is supported by medical records.
- Tetanus: The date a Doctor Diagnoses an Insured as having Tetanus by finding Clostridium tetani bacteria in a clinical specimen taken from the Insured.
- Tuberculosis: The date a Doctor Diagnoses an Insured as having Tuberculosis by finding Mycobacterium tuberculosis bacteria in a clinical specimen taken from the Insured.

Adrenal Hypofunction (Addison's Disease) means a disease occurring when the body's adrenal glands do not produce sufficient steroid hormones.

Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

Cerebrospinal Meningitis means a disease resulting in the inflammation of the meninges of both the brain and spinal cord caused by infection from viruses, bacteria, or other microorganisms or from Cancer.

Diphtheria means an infectious disease caused by the bacterium *Corynebacterium diphtheriae* and characterized by the production of a systemic toxin and the formation of a false membrane lining of the mucous membrane of the throat and other respiratory passages, causing difficulty in breathing, high fever, and/or weakness.

Diphtheria can be Diagnosed either through laboratory tests that confirm Diphtheria through a culture obtained from the infected area or through clinical observation of visible symptoms.

Huntington's Chorea means a hereditary disease characterized by gradual loss of brain function and voluntary movement due to degenerative changes in the cerebral cortex and basal ganglia.

Legionnaire's Disease means an infectious lung disease caused by species of the aerobic bacteria belonging to the genus *Legionella*.

Malaria means an infectious disease characterized by cycles of chills, fever, and sweating, caused by the bite of an anopheles mosquito infected with a protozoan of the genus Plasmodium.

Muscular Dystrophy means a genetic disease that causes progressive weakness and degeneration in the musculoskeletal system and where such muscles are replaced by scar tissue and fat. Muscular Dystrophy is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissues.

Myasthenia Gravis means a disease characterized by progressive weakness and exhaustibility of voluntary muscles without atrophy or sensory disturbance and caused by an autoimmune attack on acetylcholine receptors at the neuromuscular junction.

Necrotizing Fasciitis means a severe soft tissue infection by bacteria that is marked by edema and necrosis of subcutaneous tissues with involvement of adjacent fascia and by painful red swollen skin over the affected areas.

Osteomyelitis means an infectious inflammatory disease of the bone that typically results from a bacterial infection and may result in the death of bone tissue.

Poliomyelitis (Polio) means an acute infectious disease caused by the poliovirus and characterized by fever, motor paralysis, and atrophy of skeletal muscles. It often results in permanent disability and deformity, and marked by inflammation of nerve cells in the anterior gray matter in each lateral half of the spinal cord.

Rabies means an acute viral disease of the nervous system caused by a rhabdovirus, which is usually transmitted through the bite of a rabid animal. It is typically characterized by increased salivation, abnormal behavior, and eventual paralysis.

Sickle Cell Anemia means a hereditary disease caused by a genetic blood disorder. It is characterized by red blood cells that assume an abnormal, rigid, sickle shape due to a mutation on the hemoglobin gene.

Systemic Lupus means an autoimmune disease where the body's immune system attacks healthy tissue, leading to long-term inflammation. This disease is primarily characterized by joint pain and swelling.

Systemic Sclerosis (Scleroderma) means a progressive autoimmune disease characterized by the hardening and tightening of the skin and connective tissues.

Tetanus means a disease marked by rigidity and spasms of the voluntary muscles, caused by the bacterium Clostridium tetani.

Tuberculosis means an infectious disease caused by Mycobacterium tuberculosis bacteria. It is characterized by the growth of nodules in the bodily tissues, as well as by fever, cough, difficulty breathing, caseation, pleural effusions, and fibrosis.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

Group Critical Illness

San Angelo ISD - Weekly (52pp/yr) Rates

NONTOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.23	\$1.76	\$2.28	\$2.81	\$3.34	\$3.87	\$4.40	\$4.92	\$5.45	\$5.98
30-39	\$1.53	\$2.36	\$3.20	\$4.03	\$4.86	\$5.69	\$6.53	\$7.36	\$8.19	\$9.02
40-49	\$2.28	\$3.86	\$5.44	\$7.02	\$8.60	\$10.18	\$11.76	\$13.34	\$14.92	\$16.50
50-59	\$3.57	\$6.44	\$9.32	\$12.19	\$15.06	\$17.93	\$20.80	\$23.68	\$26.55	\$29.42
60-69	\$5.42	\$10.14	\$14.86	\$19.58	\$24.30	\$29.02	\$33.74	\$38.46	\$43.19	\$47.91

NONTOBACCO - Spouse										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000.00
18-29	\$1.16	\$1.62	\$2.09	\$2.55	\$3.01	\$3.47	\$3.93	\$4.40	\$4.86	\$5.32
30-39	\$1.47	\$2.23	\$3.00	\$3.76	\$4.53	\$5.30	\$6.06	\$6.83	\$7.59	\$8.36
40-49	\$2.21	\$3.73	\$5.24	\$6.76	\$8.27	\$9.78	\$11.30	\$12.81	\$14.33	\$15.84
50-59	\$3.51	\$6.32	\$9.13	\$11.94	\$14.75	\$17.56	\$20.37	\$23.18	\$25.99	\$28.80
60-69	\$5.37	\$10.03	\$14.70	\$19.37	\$24.03	\$28.70	\$33.37	\$38.03	\$42.70	\$47.37

TOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.42	\$2.15	\$2.87	\$3.60	\$4.32	\$5.05	\$5.77	\$6.49	\$7.22	\$7.94
30-39	\$1.97	\$3.25	\$4.52	\$5.79	\$7.07	\$8.34	\$9.61	\$10.89	\$12.16	\$13.43
40-49	\$3.16	\$5.62	\$8.08	\$10.54	\$13.00	\$15.46	\$17.92	\$20.38	\$22.83	\$25.29
50-59	\$5.31	\$9.92	\$14.53	\$19.14	\$23.75	\$28.36	\$32.97	\$37.58	\$42.19	\$46.80
60-69	\$8.05	\$15.39	\$22.74	\$30.08	\$37.43	\$44.78	\$52.12	\$59.47	\$66.81	\$74.16

TOBACCO - Spouse										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000.00
18-29	\$1.36	\$2.02	\$2.67	\$3.33	\$3.99	\$4.65	\$5.31	\$5.96	\$6.62	\$7.28
30-39	\$1.91	\$3.11	\$4.32	\$5.53	\$6.74	\$7.94	\$9.15	\$10.36	\$11.56	\$12.77
40-49	\$3.09	\$5.49	\$7.88	\$10.27	\$12.67	\$15.06	\$17.45	\$19.85	\$22.24	\$24.63
50-59	\$5.25	\$9.80	\$14.34	\$18.89	\$23.44	\$27.99	\$32.54	\$37.08	\$41.63	\$46.18
60-69	\$7.99	\$15.28	\$22.58	\$29.87	\$37.16	\$44.45	\$51.74	\$59.03	\$66.33	\$73.62

Base Plan:

-With Cancer Benefit
 -\$100 Health Screening Benefit
 -\$250 Skin Cancer Benefit
 -Without Additional Benefits
 (Loss of Sight, Speech, Hearing)
 (Coma, Burns, Paralysis)

Riders:

-Optional Benefits Rider (BTAP)
 -Progressive Diseases Rider
 -Specified Disease Rider
 -Childhood Conditions Rider

Provisions:

-No Pre-Existing Condition Limitation
 -Add'l Separation Waiting Period: 6 Months
 -Re-Separation Waiting Period: 6 Months
 -Benefit Reduction at Age 70
 -Standard Portability
 -Rate Guarantee: 3 Years

Group Attributes:

-Situs State: TX
 -Eligible Lives: 1800

Please Note: Premiums shown are accurate as of publication. They are subject to change.

Published: Jan-19

Series C21000

C121000-190109-133344-F44XdVBA-037ZG0h-29055

Product Code: C190109-133344

Group Critical Illness

San Angelo ISD - Semimonthly (24pp/yr) Buy Up Rates

NONTOBACCO - Employee									
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-29	\$1.14	\$2.29	\$3.43	\$4.58	\$5.72	\$6.86	\$8.01	\$9.15	\$10.30
30-39	\$1.80	\$3.61	\$5.41	\$7.21	\$9.02	\$10.82	\$12.62	\$14.43	\$16.23
40-49	\$3.42	\$6.85	\$10.27	\$13.70	\$17.12	\$20.54	\$23.97	\$27.39	\$30.81
50-59	\$6.22	\$12.45	\$18.67	\$24.89	\$31.11	\$37.34	\$43.56	\$49.78	\$56.00
60-69	\$10.23	\$20.46	\$30.68	\$40.91	\$51.14	\$61.37	\$71.60	\$81.82	\$92.05

NONTOBACCO - Spouse									
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-29	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.01	\$8.01	\$9.01
30-39	\$1.66	\$3.32	\$4.98	\$6.64	\$8.30	\$9.96	\$11.62	\$13.28	\$14.94
40-49	\$3.28	\$6.56	\$9.84	\$13.12	\$16.40	\$19.68	\$22.96	\$26.24	\$29.52
50-59	\$6.09	\$12.17	\$18.26	\$24.35	\$30.44	\$36.52	\$42.61	\$48.70	\$54.79
60-69	\$10.11	\$20.22	\$30.33	\$40.44	\$50.56	\$60.67	\$70.78	\$80.89	\$91.00

TOBACCO - Employee									
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-29	\$1.57	\$3.14	\$4.71	\$6.28	\$7.85	\$9.42	\$10.98	\$12.55	\$14.12
30-39	\$2.76	\$5.52	\$8.28	\$11.03	\$13.79	\$16.55	\$19.31	\$22.07	\$24.83
40-49	\$5.33	\$10.66	\$15.99	\$21.32	\$26.64	\$31.97	\$37.30	\$42.63	\$47.96
50-59	\$9.99	\$19.98	\$29.97	\$39.96	\$49.95	\$59.94	\$69.92	\$79.91	\$89.90
60-69	\$15.92	\$31.83	\$47.75	\$63.66	\$79.58	\$95.50	\$111.41	\$127.33	\$143.24

TOBACCO - Spouse									
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-29	\$1.43	\$2.85	\$4.28	\$5.70	\$7.13	\$8.56	\$9.98	\$11.41	\$12.83
30-39	\$2.62	\$5.23	\$7.85	\$10.46	\$13.08	\$15.69	\$18.31	\$20.92	\$23.54
40-49	\$5.19	\$10.37	\$15.56	\$20.74	\$25.93	\$31.11	\$36.30	\$41.48	\$46.67
50-59	\$9.85	\$19.71	\$29.56	\$39.42	\$49.27	\$59.12	\$68.98	\$78.83	\$88.68
60-69	\$15.80	\$31.60	\$47.40	\$63.20	\$79.00	\$94.79	\$110.59	\$126.39	\$142.19

Base Plan:

-With Cancer Benefit
 -Without Health Screening Benefit
 -Without Skin Cancer Benefit
 -Without Additional Benefits
 (Loss of Sight, Speech, Hearing)
 (Coma, Burns, Paralysis)

Riders:

-Optional Benefits Rider (BTAP)
 -Progressive Diseases Rider
 -Specified Disease Rider
 -Childhood Conditions Rider

Provisions:

-No Pre-Existing Condition Limitation
 -Add'l Separation Waiting Period: 6 Months
 -Re-Separation Waiting Period: 6 Months
 -Benefit Reduction at Age 70
 -Standard Portability
 -Rate Guarantee: 3 Years

Group Attributes:

-Situs State: TX
 -Eligible Lives: 1800

Please Note: Premiums shown are accurate as of publication. They are subject to change.

Published: Jan-19 Series C21000 CI21000-190109-133428-F44XdVBA-037WG9n-23084

Product Code: CI190109-133428

Aflac Group Hospital Indemnity

INSURANCE

Even a small trip to the hospital can have a major impact on your finances.

Here's a way to help make your visit a little more affordable.



AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help.

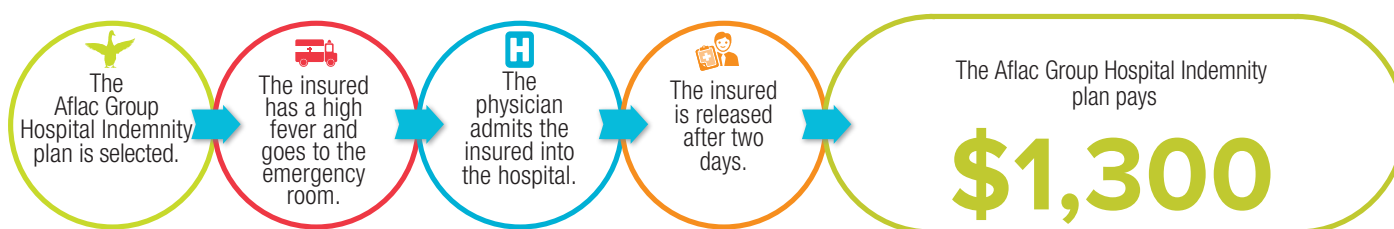
It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit
- Successor Insured Benefit



How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$1,000), and Hospital Confinement (\$150 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

Benefits Overview

BENEFIT AMOUNT

<p>HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured)</p> <p>Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p> <p>We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	\$1,000
<p>HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	\$150
<p>HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$150
<p>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time.</p> <p>Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$75
<p>SUCCESSOR INSURED BENEFIT</p> <p>If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p>	

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).

LIMITATIONS AND EXCLUSIONS

EXCLUSIONS

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation (In North Carolina, active participation) in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
 - In Connecticut: a riot is not excluded.
 - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
 - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
 - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
 - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
 - In Vermont: injuring or attempting to injure oneself intentionally, while sane.

- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
 - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
 - In Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
 - In South Dakota: voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
 - In Arizona: this exclusion does not apply.
 - In South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
 - In Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
 - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
 - Congenital defects in newborns.

TERMS YOU NEED TO KNOW

A Covered Accident is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

Dependent means your spouse or dependent children, as defined in the applicable rider, who have been accepted for coverage. Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Dependent Children are your or your spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children (in Texas, adopted children), or children placed for adoption. (In Florida, coverage may be provided for the children of custodial and non-custodial parents.) Newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children (and foster children in North Carolina) are automatically covered for 60 days also. See certificate for details. Dependent children must be younger than age 26 (in Arizona, on the effective date of coverage and in Louisiana and Illinois, unmarried). See certificate for details.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and: is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made.

In Montana: For purposes of treatment, the insured has full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, licensed social worker, psychologist, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, or advanced practice registered nurse.

A Doctor does not include you or any of your Family Members. For the purposes of this definition, Family Member includes your spouse as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother. In Arizona, however, a doctor who is your family member may treat you. In South Dakota, however, a doctor who is your family member may treat you if that doctor is the only doctor in the area and acts within the scope of his or her practice.

A Hospital is not a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation facility; a facility for the treatment of alcoholism or drug addiction (except in Vermont); an assisted living facility; or any facility not meeting the definition of a Hospital as defined in the certificate.

A Hospital Intensive Care Unit is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a Hospital Intensive Care Unit as defined in the certificate.

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury (in Maine, illness or disease of an insured). A Covered Sickness is one that is not excluded by name, specific description, or any other provision in this plan. For a benefit to be payable, loss arising from the covered sickness must occur while the applicable insured's coverage is in force (except in Montana).

Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services (except in Kansas).

You May Continue Your Coverage

Your coverage may be continued with certain stipulations. See certificate for details.

Termination of Coverage

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. Benefits, terms, and conditions may vary by state.

This brochure is subject to the terms, conditions, and limitations of Policy Series C80000. In Arkansas, C80100AR. In Oklahoma, C80100OK. In Oregon, C80100OR. In Pennsylvania, C80100PA. In Texas, C80100TX. In Virginia, C80100VA.

AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

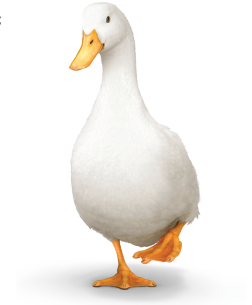
Policy Series C80000



BUILDING BENEFIT RIDER SUMMARY

10% increase to Hospital Confinement, Hospital Intensive Care and Intermediate Intensive Care Step-Down Unit Benefits

Hospital Confinement, Hospital Intensive Care and Intermediate Intensive Care Step-Down Unit Benefits increase by 10% each year for the first 5 years of coverage. This increase is automatic and requires no medical evidence of insurability. Premiums do not increase each year as the benefit increases.



For a complete list of limitations and exclusions please refer to the brochure.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.



AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

Policy Series C80000



HEALTH SCREENING BENEFIT / \$50 PER CALENDAR YEAR

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

This benefit is payable for each insured.

Residents of Massachusetts are not eligible for the Health Screening Benefit.

In Wyoming, the plan does not contain comprehensive adult wellness benefits as defined by law.

For a complete list of limitations and exclusions please refer to the brochure.

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This piece is intended to be used in conjunction with the product brochure for Policy Series C80000 and is subject to the terms, conditions, and limitations of the plan.

Continental American Insurance Company • Columbia, South Carolina



Group Hospital Indemnity

FFGA Cases - Monthly (12 pp/yr)

Coverage	Plan Rates	Rider Rates	Total Premium
Employee	\$22.88	\$2.54	\$25.42
Employee & Dependent Spouse	\$43.88	\$4.98	\$48.86
Employee & Dependent Child(ren)	\$35.14	\$4.36	\$39.50
Family	\$56.14	\$6.80	\$62.94

Hospitalization Category:

Hospital Admission	\$1,000
Hospital Confinement	\$150
Hospital Intensive Care Unit	\$150
Intermediate I.C. Step-Down Unit	\$75
Health Screening Benefit	\$50

Building Benefit Rider:

Additional benefit per year for 5 years

Hospital Confinement	\$15
Hospital Intensive Care Unit	\$15
Intermediate I.C. Step-Down Unit	\$7.50

Provisions:

Waiver of Pre-existing Conditions Exclusion
 Waiver of Pregnancy Exclusion
 Waiver of Mental and Emotional Disorders Exclusion
 No Issue Age or Termination Age Limitations
 Rate Guarantee: 3 years
 Portability: Standard

Group Attributes:

Situs State: TX
 Group Size: 500

Please note: Premiums shown are accurate as of publication. They are subject to change.

Published: Feb-17

Series C80000 - TX

HI80000-170202-121302-028WSFVQ-5Pw75fK-08814

Product Code: HI170202-121302

Term Life Insurance

Underwritten by: American Fidelity Assurance Company

10, 20 & 30 Year Renewable and Convertible



Easy Application Process • No Medical Exams • Excellent Customer Service • Learn More » »



Marketed by:

First Financial Capital Corporation
P.O. Box 670329 • Houston, TX 77267-0329
Local (281) 847-8422 | Toll Free (800) 523-8422
ffga.com

Why Term Life Insurance

Life insurance is an important piece of a strong financial plan. While there is no complete replacement for the loss of a loved one, American Fidelity Assurance Company's Term Life Insurance can help protect your family in your absence. It provides short-term coverage at a competitive price. For those on a limited budget, Term Life Insurance can help fill temporary needs.



62% of adults in the United States have no individual life insurance.

LIMRA: 2015 Insurance Barometer Study; April 2015.



Did You Know?

Almost **2 out of 3** people say the life insurance they receive from their employer is not enough.

LIMRA: 2014 Insurance Barometer Study April 2014.

Why You Need Life Insurance

Consider the following expenses when choosing the right life insurance plan for you.



Final Expenses

Funeral Costs
Unpaid Medical Bills

Self Time

Time to Grieve
Housing Decision

Income Replacement

Mortgage/Rent
Other Loans

Nest Egg

Estate Planning
Income Replacement

Life insurance provided by your employer is an important benefit. However, it may not be enough protection to provide for your loved ones.

A term life policy may help supplement your existing coverage and may assist in meeting financial demands, should you need it. Plus, this is an individual policy which means you own it and can take it with you to a different job or in retirement.

Financial Protection for You

American Fidelity Assurance Company's Term Life Insurance is a great option for your working and earning years when expenses are usually at their highest.

With our Term Life Insurance, premiums will remain the same for the initial term period selected.¹ The death benefit will not change for the life of the policy, and death benefits are generally paid tax free.

Three Easy Steps to Get Covered

1

Select a Term Period

Choose from a 10, 20, or 30 year term.



2

Answer Three Health Questions²

Only three health questions are required to issue coverage, and you don't have to participate in any invasive medical exams.



3

Get Death Benefit Coverage Immediately³

Your death benefit coverage starts when you sign the application.



¹Premiums are subject to increase upon renewal. ²Issuance of the policy may depend on the answer to these questions. ³Interim coverage for death will be in force from the date your application is signed if on such date the proposed insured is insurable per our underwriting guidelines for the requested coverage in accordance with the terms of the policy. This interim coverage for death will remain in force until the earlier of: 1) the date a policy becomes effective; 2) the date we decline the application; or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy, Children's Term Rider and Spouse Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, or Accelerated Benefit Rider for Long Term Illness.

EMPLOYEE ISSUE AGES
10 Year Term: 17-65 20 Year Term: 17-60 30 Year Term: 17-50
EMPLOYEE ISSUE MAXIMUM
Ages 17-49: \$300,000 Ages 50-65: \$100,000
GUARANTEED LEVEL DEATH BENEFIT
You will receive the full face amount of your policy. (Provided no accelerated benefits are paid.)

SPOUSE ISSUE AGES AND MAXIMUMS
Ages 17-49: \$50,000 Ages 50-60: \$25,000
RATES BASED ON ISSUE AGE AND TOBACCO STATUS
Your premiums will be based on your age on the date your policy becomes effective. You can be eligible for reduced rates if you are a non-tobacco user.
RENEWABLE AND CONVERTIBLE ⁴
You may renew your coverage to age 90. You may convert to a whole life policy prior to age 70.

SAMPLE 20-YEAR TERM NON- TOBACCO MONTHLY PREMIUM RATES ⁵					
	\$25K ⁺	\$50K ⁺	\$100K	\$150K	\$300K
25	\$6.50	\$9.00	\$16.00	\$20.00	\$38.00
35	\$7.50	\$11.50	\$21.00	\$27.50	\$53.00
45	\$11.75	\$20.50	\$39.00	\$56.00	\$110.00
55	\$25.25	\$38.50	\$75.00	n/a	n/a

⁺Shaded amounts available for spouse base policy purchases.

⁴Premiums remain level for the initial term period selected. If you choose the 10 or 20 Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60 respectively. Thereafter, premiums are renewable annually. The 30 Year Term Life Plan is renewable annually after the initial term period. All term plans expire the policy anniversary following age 90. Rates will be adjusted on each renewed term period; ⁵Example is based on a 20-year term, monthly, non-tobacco, base policy with no attached riders. For specific ages, rates, term periods or face amounts, see your American Fidelity account manager.

Enhance Your Plan⁶

Waiver of Premium Rider

This rider waives the premium if the base Insured becomes totally disabled, as defined in the rider, for at least six consecutive months. Premiums are waived for the base policy and any attached riders. Issue age is 17-60. The rider terminates at age 65.

Accidental Death and Dismemberment Rider

This rider provides coverage upon death, dismemberment, or paralysis of the base Insured prior to age 70 if such death, dismemberment, or paralysis results from accidental causes, as defined in the rider. This rider also provides an additional 10% seatbelt benefit, if the police accident report certifies the base Insured was wearing a properly fastened seatbelt at time of death. Benefits are payable once per Covered Accident.

Spouse Term Rider

This rider provides level Term Life Insurance coverage on your spouse. The premiums for this rider are based on the spouse's age and tobacco usage. Coverage may be renewed for each additional renewal period up to the spouse's age 90, while the base policy is in force. ⁴Premiums adjust upon renewal. Face amount must be equal to or less than the base policy.

Children's Term Rider

This rider provides level term life insurance protection for all your eligible children who are between the ages of one month through age 19. Coverage remains on each child until age 26 or marriage of the child prior to age 26. Your covered child may also convert this rider for up to five times the amount of coverage (subject to a \$100,000 limit overall) to any form of permanent insurance offered by American Fidelity for conversions. One premium covers all eligible children. Three benefit levels are available: \$10,000, \$20,000, and \$30,000.

Accelerated Benefit Rider for Long Term Illness (Available with 30-Year Term Life Only)

This rider provides for two equal advances of a portion of the base policy's death benefit due to a Long Term Illness if we receive satisfactory proof of Long Term Illness prior to each annual payment. Coverage is available on the base Insured only.

⁴Premiums remain level for the initial term period selected. If you choose the 10 or 20 Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60 respectively. Thereafter, premiums are renewable annually. The 30 Year Term Life Plan is renewable annually after the initial term period. All term plans expire the policy anniversary following age 90. Rates will be adjusted on each renewed term period;⁶Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability may vary by state.

Accelerated Benefit for Long Term Illness

(optional rider)

Prior to the payment of any Accelerated Benefit, the Insured must have a Long Term Illness, which means the Insured has been certified within the last 12 months by a Licensed Health Care Practitioner as permanently unable to perform, without Substantial Assistance from another individual, at least two out of five Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or requiring Substantial Supervision due to permanent Severe Cognitive Impairment. The maximum payable is the lesser of 50% of the Eligible Proceeds available at the time of claim payable in two equal annual payments up to a maximum of 25% of the eligible proceeds per year for two consecutive years; or \$100,000 payable in two equal annual payments up to a maximum of \$50,000 per year for two consecutive years. Premium is required to keep this rider in force.

Payment of an Accelerated Benefit for Long Term Illness, if elected and/or Critical Illness, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the rider will terminate and no additional benefits will be due under the rider, even for recurrence. The policy will remain in force and premiums will continue to be billed and payable as due.
- Policy proceeds which are payable on the death of the Insured will be reduced by the amount of the Accelerated Benefit.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. The cash values will be adjusted proportionally by the percent accelerated.
- Any outstanding policy loan, including interest, will be proportionally reduced by the percent accelerated and will be deducted from the Accelerated Benefit payment.
- The Accelerated Benefit will reduce the Benefit Amount and will be applied immediately upon acceleration.

ICC14 DN111

The acceleration of life insurance benefits offered under this policy are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration of life insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life insurance benefits are complex. You are advised to consult with a qualified tax advisor under circumstances under which you could receive acceleration of life insurance benefits excludable from income under federal law.

Receipt of acceleration of life insurance benefits may affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

This brochure does not constitute the full policy and is intended to provide basic information about American Fidelity Assurance Company's Renewable and Convertible Term Life Insurance product, ICC14 RCTL14 / RCTL14 Series. For specific details, limitations and exclusions, please refer to your policy, riders. Please consult your tax advisor for your specific situation. This policy is not eligible under Section 125. Rider availability may vary by state.

We will not pay the policy proceeds if the insured commits suicide, while sane or insane for the period of time as described in the insured's policy, from the Effective date. Instead, we will return all premiums paid.

TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse
Coverage
Available¹

10 YEAR RATES Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
18	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
19	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
20	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
21	8.25	9.50	12.50	17.75	23.00	24.50	29.00	33.50	38.00	47.00	56.00
22	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00
23	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00
24	8.25	9.50	13.50	19.25	25.00	24.50	29.00	33.50	38.00	47.00	56.00
25	8.25	9.50	14.00	20.00	26.00	24.50	29.00	33.50	38.00	47.00	56.00
26	8.25	9.50	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00
27	8.50	9.80	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00
28	8.50	9.80	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00
29	8.75	10.10	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00
30	8.75	10.10	15.50	22.25	29.00	25.75	30.50	35.25	40.00	49.50	59.00
31	9.00	10.40	16.00	23.00	30.00	27.00	32.00	37.00	42.00	52.00	62.00
32	9.50	11.00	17.00	24.50	32.00	28.25	33.50	38.75	44.00	54.50	65.00
33	9.75	11.30	17.50	25.25	33.00	29.50	35.00	40.50	46.00	57.00	68.00
34	10.00	11.60	18.00	26.00	34.00	32.00	38.00	44.00	50.00	62.00	74.00
35	10.50	12.20	19.00	27.50	36.00	33.25	39.50	45.75	52.00	64.50	77.00
36	11.25	13.10	20.00	29.00	38.00	37.00	44.00	51.00	58.00	72.00	86.00
37	12.00	14.00	21.50	31.25	41.00	40.75	48.50	56.25	64.00	79.50	95.00
38	12.75	14.90	23.00	33.50	44.00	44.50	53.00	61.50	70.00	87.00	104.00
39	13.50	15.80	24.50	35.75	47.00	49.50	59.00	68.50	78.00	97.00	116.00
40	14.50	17.00	26.00	38.00	50.00	54.50	65.00	75.50	86.00	107.00	128.00
41	15.75	18.50	28.50	41.75	55.00	57.00	68.00	79.00	90.00	112.00	134.00
42	17.00	20.00	31.00	45.50	60.00	60.75	72.50	84.25	96.00	119.50	143.00
43	18.25	21.50	34.00	50.00	66.00	63.25	75.50	87.75	100.00	124.50	149.00
44	19.75	23.30	37.50	55.25	73.00	67.00	80.00	93.00	106.00	132.00	158.00
45	21.50	25.40	41.00	60.50	80.00	70.75	84.50	98.25	112.00	139.50	167.00
46	24.00	28.40	42.50	62.75	83.00	73.25	87.50	101.75	116.00	144.50	173.00
47	27.00	32.00	44.00	65.00	86.00	77.00	92.00	107.00	122.00	152.00	182.00
48	30.50	36.20	45.50	67.25	89.00	80.75	96.50	112.25	128.00	159.50	191.00
49	34.25	40.70	47.00	69.50	92.00	84.50	101.00	117.50	134.00	167.00	200.00
50	38.50	45.80	48.50	71.75	95.00	--	--	--	--	--	--
51	40.50	48.20	53.00	78.50	104.00	--	--	--	--	--	--
52	42.75	50.90	58.00	86.00	114.00	--	--	--	--	--	--
53	45.25	53.90	63.00	93.50	124.00	--	--	--	--	--	--
54	47.50	56.60	69.00	102.50	136.00	--	--	--	--	--	--
55	50.25	59.90	75.50	112.25	149.00	--	--	--	--	--	--
56	56.50	67.40	84.00	125.00	166.00	--	--	--	--	--	--
57	63.50	75.80	93.00	138.50	184.00	--	--	--	--	--	--
58	71.25	85.10	103.50	154.25	205.00	--	--	--	--	--	--
59	80.25	95.90	115.50	172.25	229.00	--	--	--	--	--	--
60	90.50	108.20	128.50	191.75	255.00	--	--	--	--	--	--
61	90.75	108.50	137.50	205.25	273.00	--	--	--	--	--	--
62	91.25	109.10	147.50	220.25	293.00	--	--	--	--	--	--
63	91.50	109.40	158.50	236.75	315.00	--	--	--	--	--	--
64	92.00	110.00	170.00	254.00	338.00	--	--	--	--	--	--
65	92.25	110.30	182.50	272.75	363.00	--	--	--	--	--	--

This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For additional details, limitations, exclusions and other provisions, please refer to the policy/ rider. Rider availability may vary by state. Not eligible under section 125. ¹ Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse
Coverage
Available¹

10 YEAR RATES Non-Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT										
	Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
24	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
25	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
26	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
27	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
28	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
29	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
30	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
31	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
32	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
33	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
34	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
35	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
36	7.00	8.00	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
37	7.25	8.30	10.00	14.00	18.00	19.50	23.00	26.50	30.00	37.00	44.00
38	7.50	8.60	10.50	14.75	19.00	20.75	24.50	28.25	32.00	39.50	47.00
39	7.75	8.90	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
40	8.00	9.20	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
41	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
42	8.75	10.10	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
43	9.00	10.40	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
44	9.25	10.70	14.00	20.00	26.00	29.50	35.00	40.50	46.00	57.00	68.00
45	9.75	11.30	15.00	21.50	28.00	32.00	38.00	44.00	50.00	62.00	74.00
46	10.50	12.20	16.00	23.00	30.00	34.50	41.00	47.50	54.00	67.00	80.00
47	11.50	13.40	17.50	25.25	33.00	37.00	44.00	51.00	58.00	72.00	86.00
48	12.50	14.60	18.50	26.75	35.00	40.75	48.50	56.25	64.00	79.50	95.00
49	13.50	15.80	20.00	29.00	38.00	44.50	53.00	61.50	70.00	87.00	104.00
50	14.75	17.30	21.50	31.25	41.00	--	--	--	--	--	--
51	15.50	18.20	23.00	33.50	44.00	--	--	--	--	--	--
52	16.50	19.40	24.00	35.00	46.00	--	--	--	--	--	--
53	17.50	20.60	25.50	37.25	49.00	--	--	--	--	--	--
54	18.50	21.80	27.50	40.25	53.00	--	--	--	--	--	--
55	19.50	23.00	29.00	42.50	56.00	--	--	--	--	--	--
56	21.25	25.10	32.00	47.00	62.00	--	--	--	--	--	--
57	23.00	27.20	35.00	51.50	68.00	--	--	--	--	--	--
58	25.00	29.60	38.50	56.75	75.00	--	--	--	--	--	--
59	27.25	32.30	42.50	62.75	83.00	--	--	--	--	--	--
60	29.75	35.30	46.50	68.75	91.00	--	--	--	--	--	--
61	31.00	36.80	50.50	74.75	99.00	--	--	--	--	--	--
62	32.00	38.00	54.50	80.75	107.00	--	--	--	--	--	--
63	33.25	39.50	59.00	87.50	116.00	--	--	--	--	--	--
64	34.75	41.30	64.00	95.00	126.00	--	--	--	--	--	--
65	36.00	42.80	69.50	103.25	137.00	--	--	--	--	--	--

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TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

20 YEAR RATES Tobacco Users Rates	Spouse Coverage Available ¹	ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee										
			\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
		17	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
		18	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
		19	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
		20	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
		21	8.75	10.10	13.00	18.50	24.00	25.75	30.50	35.25	40.00	49.50	59.00
		22	8.75	10.10	13.50	19.25	25.00	27.00	32.00	37.00	42.00	52.00	62.00
		23	8.75	10.10	13.50	19.25	25.00	27.00	32.00	37.00	42.00	52.00	62.00
		24	8.75	10.10	14.00	20.00	26.00	28.25	33.50	38.75	44.00	54.50	65.00
		25	8.75	10.10	14.50	20.75	27.00	28.25	33.50	38.75	44.00	54.50	65.00
		26	9.00	10.40	15.00	21.50	28.00	29.50	35.00	40.50	46.00	57.00	68.00
		27	9.25	10.70	15.50	22.25	29.00	30.75	36.50	42.25	48.00	59.50	71.00
		28	9.25	10.70	16.00	23.00	30.00	30.75	36.50	42.25	48.00	59.50	71.00
		29	9.50	11.00	16.50	23.75	31.00	32.00	38.00	44.00	50.00	62.00	74.00
		30	9.75	11.30	17.00	24.50	32.00	33.25	39.50	45.75	52.00	64.50	77.00
		31	10.25	11.90	18.00	26.00	34.00	34.50	41.00	47.50	54.00	67.00	80.00
		32	11.00	12.80	19.50	28.25	37.00	37.00	44.00	51.00	58.00	72.00	86.00
		33	11.50	13.40	20.50	29.75	39.00	39.50	47.00	54.50	62.00	77.00	92.00
		34	12.25	14.30	22.00	32.00	42.00	40.75	48.50	56.25	64.00	79.50	95.00
		35	13.00	15.20	23.50	34.25	45.00	43.25	51.50	59.75	68.00	84.50	101.00
		36	14.00	16.40	25.50	37.25	49.00	47.00	56.00	65.00	74.00	92.00	110.00
		37	15.00	17.60	27.50	40.25	53.00	52.00	62.00	72.00	82.00	102.00	122.00
		38	16.25	19.10	30.00	44.00	58.00	55.75	66.50	77.25	88.00	109.50	131.00
		39	17.50	20.60	32.50	47.75	63.00	60.75	72.50	84.25	96.00	119.50	143.00
		40	18.75	22.10	35.50	52.25	69.00	67.00	80.00	93.00	106.00	132.00	158.00
		41	20.25	23.90	38.50	56.75	75.00	74.50	89.00	103.50	118.00	147.00	176.00
		42	22.00	26.00	42.00	62.00	82.00	84.50	101.00	117.50	134.00	167.00	200.00
		43	24.00	28.40	46.00	68.00	90.00	94.50	113.00	131.50	150.00	187.00	224.00
		44	26.25	31.10	50.00	74.00	98.00	105.75	126.50	147.25	168.00	209.50	251.00
		45	28.50	33.80	54.50	80.75	107.00	118.25	141.50	164.75	188.00	234.50	281.00
		46	31.50	37.40	57.00	84.50	112.00	124.50	149.00	173.50	198.00	247.00	296.00
		47	34.75	41.30	59.50	88.25	117.00	130.75	156.50	182.25	208.00	259.50	311.00
		48	38.25	45.50	62.50	92.75	123.00	138.25	165.50	192.75	220.00	274.50	329.00
		49	42.25	50.30	65.50	97.25	129.00	145.75	174.50	203.25	232.00	289.50	347.00
		50	46.75	55.70	68.50	101.75	135.00	--	--	--	--	--	--
		51	50.25	59.90	74.00	110.00	146.00	--	--	--	--	--	--
		52	53.75	64.10	80.00	119.00	158.00	--	--	--	--	--	--
		53	57.75	68.90	86.00	128.00	170.00	--	--	--	--	--	--
		54	62.00	74.00	93.00	138.50	184.00	--	--	--	--	--	--
		55	66.50	79.40	100.50	149.75	199.00	--	--	--	--	--	--
		56	73.50	87.80	108.50	161.75	215.00	--	--	--	--	--	--
		57	81.25	97.10	117.50	175.25	233.00	--	--	--	--	--	--
		58	89.75	107.30	127.00	189.50	252.00	--	--	--	--	--	--
		59	99.25	118.70	137.50	205.25	273.00	--	--	--	--	--	--
		60	110.00	131.60	149.00	222.50	296.00	--	--	--	--	--	--

This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, and exclusions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹ Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse
Coverage
Available¹

20 YEAR RATES Non-Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
24	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
25	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
26	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
27	6.50	7.40	9.00	12.50	16.00	18.25	21.50	24.75	28.00	34.50	41.00
28	6.50	7.40	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
29	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
30	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
31	6.75	7.70	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
32	7.00	8.00	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
33	7.00	8.00	10.50	14.75	19.00	22.00	26.00	30.00	34.00	42.00	50.00
34	7.25	8.30	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
35	7.50	8.60	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
36	7.75	8.90	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
37	8.00	9.20	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
38	8.25	9.50	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
39	8.75	10.10	14.00	20.00	26.00	30.75	36.50	42.25	48.00	59.50	71.00
40	9.00	10.40	15.00	21.50	28.00	33.25	39.50	45.75	52.00	64.50	77.00
41	9.50	11.00	16.00	23.00	30.00	35.75	42.50	49.25	56.00	69.50	83.00
42	10.00	11.60	17.00	24.50	32.00	38.25	45.50	52.75	60.00	74.50	89.00
43	10.50	12.20	18.00	26.00	34.00	40.75	48.50	56.25	64.00	79.50	95.00
44	11.00	12.80	19.00	27.50	36.00	43.25	51.50	59.75	68.00	84.50	101.00
45	11.75	13.70	20.50	29.75	39.00	47.00	56.00	65.00	74.00	92.00	110.00
46	12.75	14.90	21.50	31.25	41.00	49.50	59.00	68.50	78.00	97.00	116.00
47	14.00	16.40	22.50	32.75	43.00	52.00	62.00	72.00	82.00	102.00	122.00
48	15.25	17.90	24.00	35.00	46.00	55.75	66.50	77.25	88.00	109.50	131.00
49	16.75	19.70	25.00	36.50	48.00	58.25	69.50	80.75	92.00	114.50	137.00
50	18.50	21.80	26.50	38.75	51.00	--	--	--	--	--	--
51	19.75	23.30	28.50	41.75	55.00	--	--	--	--	--	--
52	21.00	24.80	30.50	44.75	59.00	--	--	--	--	--	--
53	22.25	26.30	33.00	48.50	64.00	--	--	--	--	--	--
54	23.75	28.10	35.50	52.25	69.00	--	--	--	--	--	--
55	25.25	29.90	38.50	56.75	75.00	--	--	--	--	--	--
56	27.50	32.60	42.50	62.75	83.00	--	--	--	--	--	--
57	30.00	35.60	47.00	69.50	92.00	--	--	--	--	--	--
58	32.50	38.60	52.00	77.00	102.00	--	--	--	--	--	--
59	35.50	42.20	58.00	86.00	114.00	--	--	--	--	--	--
60	38.75	46.10	64.00	95.00	126.00	--	--	--	--	--	--

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TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

30 YEAR RATES *Tobacco Users Rates*

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee															
	\$10,000		\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT
17	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
18	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
19	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
20	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
21	5.10	0.12	9.75	0.31	15.50	0.62	29.00	1.23	39.50	1.85	52.00	2.46	64.50	3.08	77.00	3.69
22	5.20	0.13	10.00	0.32	16.00	0.64	30.00	1.28	41.00	1.92	54.00	2.56	67.00	3.20	80.00	3.84
23	5.30	0.13	10.25	0.33	16.50	0.67	31.00	1.33	42.50	2.00	56.00	2.66	69.50	3.33	83.00	3.99
24	5.40	0.14	10.50	0.35	17.00	0.69	32.00	1.38	44.00	2.07	58.00	2.76	72.00	3.45	86.00	4.14
25	5.50	0.14	10.75	0.35	17.50	0.70	33.00	1.40	45.50	2.10	60.00	2.80	74.50	3.50	89.00	4.20
26	5.60	0.15	11.00	0.38	18.00	0.75	34.00	1.50	47.00	2.25	62.00	3.00	77.00	3.75	92.00	4.50
27	5.70	0.16	11.25	0.40	18.50	0.80	35.00	1.60	48.50	2.40	64.00	3.20	79.50	4.00	95.00	4.80
28	5.80	0.17	11.50	0.43	19.00	0.85	36.00	1.70	50.00	2.55	66.00	3.40	82.00	4.25	98.00	5.10
29	5.90	0.18	11.75	0.45	19.50	0.90	37.00	1.80	51.50	2.70	68.00	3.60	84.50	4.50	101.00	5.40
30	6.00	0.20	12.00	0.49	20.00	0.98	38.00	1.95	53.00	2.93	70.00	3.90	87.00	4.88	104.00	5.85
31	6.40	0.21	13.00	0.53	22.00	1.05	42.00	2.10	57.50	3.15	76.00	4.20	94.50	5.25	113.00	6.30
32	6.80	0.23	14.00	0.56	24.00	1.13	46.00	2.25	62.00	3.38	82.00	4.50	102.00	5.63	122.00	6.75
33	7.30	0.24	15.25	0.60	26.50	1.20	51.00	2.40	66.50	3.60	88.00	4.80	109.50	6.00	131.00	7.20
34	7.80	0.26	16.50	0.64	29.00	1.28	56.00	2.55	72.50	3.83	96.00	5.10	119.50	6.38	143.00	7.65
35	8.30	0.27	17.75	0.68	32.00	1.37	62.00	2.73	78.50	4.10	104.00	5.46	129.50	6.83	155.00	8.19
36	8.80	0.29	19.00	0.73	34.50	1.47	67.00	2.93	84.50	4.40	112.00	5.86	139.50	7.33	167.00	8.79
37	9.40	0.31	20.50	0.78	37.50	1.57	73.00	3.13	90.50	4.70	120.00	6.26	149.50	7.83	179.00	9.39
38	10.10	0.33	22.25	0.83	40.50	1.67	79.00	3.33	98.00	5.00	130.00	6.66	162.00	8.33	194.00	9.99
39	10.80	0.35	24.00	0.88	43.50	1.77	85.00	3.53	105.50	5.30	140.00	7.06	174.50	8.83	209.00	10.59
40	11.50	0.37	25.75	0.91	47.00	1.83	92.00	3.65	113.00	5.48	150.00	7.30	187.00	9.13	224.00	10.95
41	12.30	0.39	27.75	0.99	51.00	1.97	100.00	3.94	122.00	5.91	162.00	7.88	202.00	9.85	242.00	11.82
42	13.20	0.42	30.00	1.06	55.50	2.11	109.00	4.22	131.00	6.33	174.00	8.44	217.00	10.55	260.00	12.66
43	14.20	0.45	32.50	1.13	60.50	2.25	119.00	4.50	141.50	6.75	188.00	9.00	234.50	11.25	281.00	13.50
44	15.30	0.48	35.25	1.19	66.00	2.38	130.00	4.76	153.50	7.14	204.00	9.52	254.50	11.90	305.00	14.28
45	16.50	0.50	38.25	1.26	72.00	2.52	142.00	5.04	165.50	7.56	220.00	10.08	274.50	12.60	329.00	15.12
46	17.60	0.56	41.00	1.40	74.50	2.79	147.00	5.58	173.00	8.37	230.00	11.16	287.00	13.95	344.00	16.74
47	18.80	0.61	44.00	1.53	77.00	3.05	152.00	6.10	179.00	9.15	238.00	12.20	297.00	15.25	356.00	18.30
48	20.10	0.66	47.25	1.65	80.00	3.30	158.00	6.60	188.00	9.90	250.00	13.20	312.00	16.50	374.00	19.80
49	21.50	0.71	50.75	1.77	82.50	3.55	163.00	7.09	197.00	10.64	262.00	14.18	327.00	17.73	392.00	21.27
50	23.00	0.76	54.50	1.89	85.50	3.79	169.00	7.57	--	--	--	--	--	--	--	--

Spouse
Coverage
Available¹

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TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER:	Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.
CHILDREN'S TERM RIDER:	\$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.
ACCIDENTAL DEATH & DISMEMBERMENT RIDER:	For the monthly rate, multiply .08 per \$1,000 of coverage.
WAIVER OF PREMIUM RIDER:	Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.
ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLT):	Add the rate shown in the ABLTI column to the base rate.

30 YEAR RATES *Non-Tobacco Users Rates*

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee															
	\$10,000		\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT
17	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
18	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
19	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
20	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
21	4.00	0.08	7.00	0.20	10.50	0.40	19.00	0.80	24.50	1.20	32.00	1.60	39.50	2.00	47.00	2.40
22	4.00	0.08	7.00	0.21	10.50	0.42	19.00	0.83	24.50	1.25	32.00	1.66	39.50	2.08	47.00	2.49
23	4.10	0.09	7.25	0.21	11.00	0.43	20.00	0.85	26.00	1.28	34.00	1.70	42.00	2.13	50.00	2.55
24	4.10	0.09	7.25	0.22	11.00	0.44	20.00	0.88	26.00	1.32	34.00	1.76	42.00	2.20	50.00	2.64
25	4.10	0.09	7.25	0.23	11.00	0.47	20.00	0.93	26.00	1.40	34.00	1.86	42.00	2.33	50.00	2.79
26	4.10	0.10	7.25	0.25	11.00	0.50	20.00	1.00	27.50	1.50	36.00	2.00	44.50	2.50	53.00	3.00
27	4.20	0.11	7.50	0.27	11.50	0.54	21.00	1.08	27.50	1.62	36.00	2.16	44.50	2.70	53.00	3.24
28	4.20	0.12	7.50	0.29	11.50	0.58	21.00	1.15	29.00	1.73	38.00	2.30	47.00	2.88	56.00	3.45
29	4.30	0.12	7.75	0.31	12.00	0.62	22.00	1.23	29.00	1.85	38.00	2.46	47.00	3.08	56.00	3.69
30	4.30	0.13	7.75	0.33	12.00	0.65	22.00	1.30	30.50	1.95	40.00	2.60	49.50	3.25	59.00	3.90
31	4.40	0.14	8.00	0.35	12.50	0.70	23.00	1.40	32.00	2.10	42.00	2.80	52.00	3.50	62.00	4.20
32	4.50	0.15	8.25	0.38	13.00	0.75	24.00	1.50	32.00	2.25	42.00	3.00	52.00	3.75	62.00	4.50
33	4.50	0.16	8.25	0.40	13.00	0.80	24.00	1.60	33.50	2.40	44.00	3.20	54.50	4.00	65.00	4.80
34	4.60	0.17	8.50	0.43	13.50	0.85	25.00	1.70	33.50	2.55	44.00	3.40	54.50	4.25	65.00	5.10
35	4.70	0.18	8.75	0.45	14.00	0.90	26.00	1.80	35.00	2.70	46.00	3.60	57.00	4.50	68.00	5.40
36	4.90	0.19	9.25	0.48	15.00	0.97	28.00	1.93	38.00	2.90	50.00	3.86	62.00	4.83	74.00	5.79
37	5.10	0.21	9.75	0.51	16.00	1.03	30.00	2.05	41.00	3.08	54.00	4.10	67.00	5.13	80.00	6.15
38	5.30	0.22	10.25	0.55	17.00	1.09	32.00	2.18	44.00	3.27	58.00	4.36	72.00	5.45	86.00	6.54
39	5.50	0.23	10.75	0.58	18.00	1.15	34.00	2.30	47.00	3.45	62.00	4.60	77.00	5.75	92.00	6.90
40	5.80	0.24	11.50	0.60	19.50	1.20	37.00	2.39	51.50	3.59	68.00	4.78	84.50	5.98	101.00	7.17
41	6.10	0.26	12.25	0.64	21.00	1.28	40.00	2.56	56.00	3.84	74.00	5.12	92.00	6.40	110.00	7.68
42	6.50	0.27	13.25	0.68	23.00	1.36	44.00	2.71	62.00	4.07	82.00	5.42	102.00	6.78	122.00	8.13
43	6.90	0.29	14.25	0.72	24.50	1.43	47.00	2.86	66.50	4.29	88.00	5.72	109.50	7.15	131.00	8.58
44	7.30	0.30	15.25	0.75	27.00	1.51	52.00	3.01	72.50	4.52	96.00	6.02	119.50	7.53	143.00	9.03
45	7.80	0.32	16.50	0.79	29.00	1.58	56.00	3.15	80.00	4.73	106.00	6.30	132.00	7.88	158.00	9.45
46	8.30	0.35	17.75	0.86	31.50	1.73	61.00	3.45	87.50	5.18	116.00	6.90	144.50	8.63	173.00	10.35
47	8.80	0.37	19.00	0.93	34.00	1.87	66.00	3.73	95.00	5.60	126.00	7.46	157.00	9.33	188.00	11.19
48	9.30	0.40	20.25	1.00	37.00	2.00	72.00	4.00	104.00	6.00	138.00	8.00	172.00	10.00	206.00	12.00
49	9.90	0.43	21.75	1.07	40.50	2.14	79.00	4.27	114.50	6.41	152.00	8.54	189.50	10.68	227.00	12.81
50	10.60	0.45	23.50	1.13	44.00	2.25	86.00	4.50	--	--	--	--	--	--	--	--

Spouse Coverage Available¹

This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹ Maximum face amount available is \$50,000.

GROUP BENEFIT PROGRAM SUMMARY

For SAN ANGELO ISD / TEEBC TRUST F021842

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

EMPLOYER PAID BASIC GROUP TERM LIFE/AD&D

Eligibility	All Eligible Active Full Time Employees regularly working 20 hours per week and all Eligible Active Part time Employees regularly working 15 hours per week.
Group Term Life/AD&D Benefit:	\$15,000
Guarantee Issue Amount – Employee	\$15,000
Age Reduction Schedule	Benefits terminate at retirement.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Definition of Disability	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company, (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage. (For internal use only: Policy number FDL1-504-707)

For employee distribution

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

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

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

* Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

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

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

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For employee distribution

BENEFIT PROGRAM SUMMARY
For SAN ANGELO ISD / TEEBC TRUST F021842

SUPPLEMENTAL GROUP TERM LIFE

Eligibility	All Eligible Active Full Time Employees regularly working 20 hours per week and all Eligible Active Part time Employees regularly working 15 hours per week.
Group Term Life Benefit: Employee	\$10,000 - \$500,000, in increments of \$10,000.
Guarantee Issue Amount – Employee	Lesser of \$250,000 or 3 X Employee's Base Annual Earnings
Group Term Life Benefit: Spouse (Includes Domestic Partners)	\$10,000 - \$50,000, in increments of \$10,000, not to exceed 50% of the employee's amount.
Guarantee Issue Amount – Spouse	\$50,000
Group Term Life Benefit: Child(ren)	\$2,000 increments to a maximum of \$10,000.
Age Reduction Schedule	Employee Supplemental Group Term Life benefits reduce by 35% of the original amount at age 65, 55% of the original amount at age 70, 70% of the original amount at age 75 and 80% of the original amount at age 80. Benefits terminate at retirement. Spouse Supplemental Group Term Life benefits terminate at Employee's termination or retirement.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)	Included. (Employee)
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

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For employee distribution

**SUPPLEMENTAL GROUP LIFE
PREMIUM RATE GRID**



SAN ANGELO ISD / TEEBC TRUST F021842

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Supplemental Life Insurance

Employee Benefit: **\$10,000 - \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$10,000 - \$50,000 in \$10,000 increments, but not to exceed 50% of the employee benefit.**

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

Child Coverage

Live birth to Age 26: \$2,000 increments to a maximum of \$10,000.

Employee: Life and AD&D benefits reduce by 35% of the original amount at age 65, then reduces by 55% at age 70, by 70% at age 75, by 80% at age 80. Benefits terminate at retirement.

Spouse: All benefits terminate at Employee's termination or retirement.

Guarantee Issue:

Employee: Lesser of \$250,000 or 3 X Base Annual Earnings

Spouse: \$50,000

Supplemental Life Insurance

Monthly Premium Cost (Based on 12 payroll deductions per year)

EMPLOYEE Benefit Amount		ATTAINED AGE										
		<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000		\$0.43	\$0.43	\$0.60	\$0.68	\$1.02	\$1.45	\$2.47	\$4.34	\$5.36	\$8.59	\$14.79
\$20,000		\$0.86	\$0.86	\$1.20	\$1.36	\$2.04	\$2.90	\$4.94	\$8.68	\$10.72	\$17.18	\$29.58
\$30,000		\$1.29	\$1.29	\$1.80	\$2.04	\$3.06	\$4.35	\$7.41	\$13.02	\$16.08	\$25.77	\$44.37
\$40,000		\$1.72	\$1.72	\$2.40	\$2.72	\$4.08	\$5.80	\$9.88	\$17.36	\$21.44	\$34.36	\$59.16
\$50,000		\$2.15	\$2.15	\$3.00	\$3.40	\$5.10	\$7.25	\$12.35	\$21.70	\$26.80	\$42.95	\$73.95
\$60,000		\$2.58	\$2.58	\$3.60	\$4.08	\$6.12	\$8.70	\$14.82	\$26.04	\$32.16	\$51.54	\$88.74
\$70,000		\$3.01	\$3.01	\$4.20	\$4.76	\$7.14	\$10.15	\$17.29	\$30.38	\$37.52	\$60.13	\$103.53
\$80,000		\$3.44	\$3.44	\$4.80	\$5.44	\$8.16	\$11.60	\$19.76	\$34.72	\$42.88	\$68.72	\$118.32
\$90,000		\$3.87	\$3.87	\$5.40	\$6.12	\$9.18	\$13.05	\$22.23	\$39.06	\$48.24	\$77.31	\$133.11
\$100,000		\$4.30	\$4.30	\$6.00	\$6.80	\$10.20	\$14.50	\$24.70	\$43.40	\$53.60	\$85.90	\$147.90
\$110,000		\$4.73	\$4.73	\$6.60	\$7.48	\$11.22	\$15.95	\$27.17	\$47.74	\$58.96	\$94.49	\$162.69
\$120,000		\$5.16	\$5.16	\$7.20	\$8.16	\$12.24	\$17.40	\$29.64	\$52.08	\$64.32	\$103.08	\$177.48
\$130,000		\$5.59	\$5.59	\$7.80	\$8.84	\$13.26	\$18.85	\$32.11	\$56.42	\$69.68	\$111.67	\$192.27
\$140,000		\$6.02	\$6.02	\$8.40	\$9.52	\$14.28	\$20.30	\$34.58	\$60.76	\$75.04	\$120.26	\$207.06
\$150,000		\$6.45	\$6.45	\$9.00	\$10.20	\$15.30	\$21.75	\$37.05	\$65.10	\$80.40	\$128.85	\$221.85
\$160,000		\$6.88	\$6.88	\$9.60	\$10.88	\$16.32	\$23.20	\$39.52	\$69.44	\$85.76	\$137.44	\$236.64
\$170,000		\$7.31	\$7.31	\$10.20	\$11.56	\$17.34	\$24.65	\$41.99	\$73.78	\$91.12	\$146.03	\$251.43
\$180,000		\$7.74	\$7.74	\$10.80	\$12.24	\$18.36	\$26.10	\$44.46	\$78.12	\$96.48	\$154.62	\$266.22
\$190,000		\$8.17	\$8.17	\$11.40	\$12.92	\$19.38	\$27.55	\$46.93	\$82.46	\$101.84	\$163.21	\$281.01
\$200,000		\$8.60	\$8.60	\$12.00	\$13.60	\$20.40	\$29.00	\$49.40	\$86.80	\$107.20	\$171.80	\$295.80
\$210,000		\$9.03	\$9.03	\$12.60	\$14.28	\$21.42	\$30.45	\$51.87	\$91.14	\$112.56	\$180.39	\$310.59
\$220,000		\$9.46	\$9.46	\$13.20	\$14.96	\$22.44	\$31.90	\$54.34	\$95.48	\$117.92	\$188.98	\$325.38
\$230,000		\$9.89	\$9.89	\$13.80	\$15.64	\$23.46	\$33.35	\$56.81	\$99.82	\$123.28	\$197.57	\$340.17
\$240,000		\$10.32	\$10.32	\$14.40	\$16.32	\$24.48	\$34.80	\$59.28	\$104.16	\$128.64	\$206.16	\$354.96
\$250,000		\$10.75	\$10.75	\$15.00	\$17.00	\$25.50	\$36.25	\$61.75	\$108.50	\$134.00	\$214.75	\$369.75

EMPLOYEE Supplemental Life Monthly rates per \$1,000	
Age	Rates
Under 25	\$0.043
25-29	\$0.043
30-34	\$0.060
35-39	\$0.068
40-44	\$0.102
45-49	\$0.145
50-54	\$0.247
55-59	\$0.434
60-64	\$0.536
65-69	\$0.859
70+	\$1.479

Dependent Life (Children) Monthly Premium per Family	
\$2,000	\$0.18
\$4,000	\$0.36
\$6,000	\$0.54
\$8,000	\$0.72
\$10,000	\$0.90

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations. For internal use only: Policy number FDL1-504-707

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**SUPPLEMENTAL GROUP LIFE
PREMIUM RATE GRID**



SAN ANGELO ISD / TEEBC TRUST F021842

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Supplemental Life Insurance

Employee Benefit: **\$10,000 - \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$10,000 - \$50,000 in \$10,000 increments, but not to exceed 50% of the employee benefit.**

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

Child Coverage

Live birth to Age 26: \$2,000 increments to a maximum of \$10,000.

Employee: Life and AD&D benefits reduce by 35% of the original amount at age 65, then reduces by 55% at age 70, by 70% at age 75, by 80% at age 80. Benefits terminate at retirement.

Spouse: All benefits terminate at Employee's termination or retirement.

Guarantee Issue:

Employee: Lesser of \$250,000 or 3 X Base Annual Earnings

Spouse: \$50,000

Supplemental Life Insurance

Monthly Premium Cost (Based on 12 payroll deductions per year)

SPOUSE (Employee attained Age)

SPOUSE Supplemental Life	
Monthly rates per \$1,000	
<u>Age</u>	<u>Rates</u>
Under 25	\$0.068
25-29	\$0.068
30-34	\$0.068
35-39	\$0.094
40-44	\$0.162
45-49	\$0.281
50-54	\$0.459
55-59	\$0.723
60-64	\$1.122
65+	\$1.649
Dependent Life (Children)	
Monthly Premium per Family	
\$2,000	\$0.18
\$4,000	\$0.36
\$6,000	\$0.54
\$8,000	\$0.72
\$10,000	\$0.90

Benefit Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+		
\$10,000	\$0.68	\$0.68	\$0.68	\$0.94	\$1.62	\$2.81	\$4.59	\$7.23	\$11.22	\$16.49		
\$20,000	\$1.36	\$1.36	\$1.36	\$1.88	\$3.24	\$5.62	\$9.18	\$14.46	\$22.44	\$32.98		
\$30,000	\$2.04	\$2.04	\$2.04	\$2.82	\$4.86	\$8.43	\$13.77	\$21.69	\$33.66	\$49.47		
\$40,000	\$2.72	\$2.72	\$2.72	\$3.76	\$6.48	\$11.24	\$18.36	\$28.92	\$44.88	\$65.96		
\$50,000	\$3.40	\$3.40	\$3.40	\$4.70	\$8.10	\$14.05	\$22.95	\$36.15	\$56.10	\$82.45		

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WOW!

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS



**IT'S AFFORDABLE
YOU OWN IT**



**YOU CAN TAKE IT WITH
YOU WHEN YOU CHANGE
JOBS OR RETIRE**



**YOU PAY FOR IT THROUGH
CONVENIENT PAYROLL DEDUCTIONS:
NO CHECKS TO WRITE OR LINKS TO CLICK**



**YOU CAN COVER YOUR SPOUSE, CHILDREN
AND GRANDCHILDREN, TOO¹**



**YOU CAN GET A LIVING BENEFIT IF YOU
BECOME TERMINALLY ILL²**



**YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU BECOME
CHRONICALLY ILL³**



**YOU CAN QUALIFY BY ANSWERING JUST
3 QUESTIONS - NO EXAM OR NEEDLES**

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

2. Conditions apply.

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

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

19M004-C FFGA 1003 (exp0321)

**First
Financial
Group
of America**
First in Service and Expertise

TEXASLIFE INSURANCE COMPANY

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

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees¹ that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:



IT'S AFFORDABLE
YOU OWN IT



YOU CAN TAKE IT
WITH YOU WHEN YOU
CHANGE JOBS OR RETIRE



YOU PAY FOR IT
THROUGH CONVENIENT
PAYROLL DEDUCTIONS



YOU CAN COVER YOUR
SPOUSE, CHILDREN AND
GRANDCHILDREN, TOO²



YOU CAN GET A LIVING
BENEFIT IF YOU BECOME
TERMINALLY ILL³



YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU
BECOME CHRONICALLY ILL⁴

3 QUICK QUESTIONS

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

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

1. After the guarantee period, premiums may go down, stay the same or go up.
2. Coverage not available on children in WA or on grandchildren in WA or MD.
In MD, children must reside with the applicant to be eligible for coverage.
3. Conditions apply.
4. Chronic Illness Rider available for an additional cost for employees only.
Conditions apply. Rider not available in CA. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

19Mo16-C FFGA 1092 (exp0321)

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TEXASLIFE INSURANCE
COMPANY

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

TEXASLIFE INSURANCE COMPANY

EMPLOYEE MONTHLY PREMIUMS

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

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums Shown								GUARANTEED PERIOD
		Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)								Age to Which Coverage is Guaranteed at Table Premium
		\$18.00	\$20.00	\$24.00	\$28.00	\$30.00	\$32.00	\$35.00	\$40.00	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		43,033	48,498	59,427	70,356	75,820	81,289	89,480	103,143	73
21-22		41,778	47,083	57,687	68,313	73,608	78,913	86,870	100,133	73
23-25		40,589	45,748	56,057	66,366	71,521	76,676	84,411	97,304	71
26		39,474	44,487	54,512	64,537	69,549	74,563	82,081	94,612	72
27		38,417	43,293	53,050	62,813	67,684	72,561	79,879	92,074	72
28		38,417	43,293	53,050	62,813	67,684	72,561	79,879	92,074	71
29		37,411	42,162	51,663	61,164	65,920	70,666	77,791	89,668	71
30-31		36,453	41,088	50,348	59,607	64,234	68,866	75,811	87,385	70
32		34,691	39,097	47,908	56,719	61,124	65,529	72,137	83,150	70
33		33,089	37,292	45,694	54,097	58,299	62,500	68,803	79,307	71
34		31,627	35,645	43,675	51,707	55,723	59,739	65,764	75,804	72
35		29,662	33,428	40,961	48,494	52,260	56,027	61,677	71,093	73
36		28,482	32,098	39,331	46,565	50,181	53,803	59,220	68,265	73
37		27,392	30,870	37,827	44,783	48,261	51,740	56,957	65,656	73
38		25,907	29,195	35,774	42,352	45,642	48,931	53,864	62,089	74
39		24,157	27,221	33,359	39,494	42,563	45,629	50,231	57,899	75
40	9.21	22,630	25,503	31,250	36,998	39,871	42,745	47,055	54,239	76
41	9.76	20,973	23,636	28,959	34,288	36,951	39,614	43,609	50,267	77
42	10.53	19,023	21,437	26,269	31,100	33,515	35,934	39,554	45,592	78
43	11.30	17,404	19,614	24,034	28,454	30,663	32,873	36,188	41,713	80
44	12.07	16,039	18,076	22,149	26,222	28,259	30,299	33,351	38,442	81
45	12.95	14,720	16,589	20,327	24,062	25,938	27,806	30,608	35,281	82
46	13.83	13,602	15,329	18,783	22,237	23,964	25,688	28,282	32,600	83
47	14.60	12,754	14,373	17,612	20,851	22,470	24,090	26,520	30,566	83
48	15.48	11,905	13,417	16,438	19,464	20,976	22,487	24,755	28,536	84
49	16.47	11,076	12,483	15,296	18,109	19,515	20,923	23,031	26,548	85
50	17.68	10,206	11,504	14,096	16,687	17,985	19,282	21,225	24,466	86
51	19.11		10,528	12,901	15,273	16,460	17,646	19,425	22,391	87
52	20.87			11,683	13,830	14,905	15,978	17,589	20,275	88
53	22.63			10,673	12,635	13,617	14,598	16,070	18,524	90
54	23.84			10,075	11,929	12,854	13,781	15,170	17,485	90
55	24.94				11,349	12,231	13,112	14,435	16,638	91
56	26.04				10,824	11,665	12,506	13,767	15,868	91
57	27.25				10,300	11,100	11,900	13,100	15,100	91
58	28.57					10,544	11,304	12,441	14,342	91
59	29.78					10,080	10,807	11,897	13,713	91
60	30.63						10,483	11,540	13,302	91
61	32.28							10,906	12,571	91
62	34.04							10,302	11,875	92
63	35.91								11,216	92
64	37.89								10,593	92
65	39.98								10,006	92
66	42.29									92
67	44.82									92
68	47.57									92
69	50.43									93
70	53.29									93
PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".										

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".

TEXASLIFE INSURANCE COMPANY

EMPLOYEE MONTHLY PREMIUMS

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

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums Shown								GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
		Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)								
		\$26.00	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		42,941	46,565	50,181	59,220	68,265	77,313	86,348	95,389	70
21-22		41,305	44,783	48,261	56,957	65,656	74,344	83,044	91,740	70
23-25		39,063	42,352	45,642	53,864	62,089	70,313	78,537	86,761	69
26		38,369	41,600	44,826	52,909	60,986	69,064	77,141	85,214	69
27		37,699	40,874	44,050	51,985	59,921	67,858	75,794	83,729	68
28		37,052	40,172	43,292	51,088	58,893	66,693	74,493	82,294	68
29		36,433	39,494	42,563	50,231	57,899	65,567	73,237	80,905	68
30-31		32,091	34,798	37,501	44,257	51,014	57,771	64,528	71,284	69
32		31,170	33,793	36,418	42,980	49,541	56,103	62,665	69,226	69
33		30,722	33,312	35,900	42,368	48,833	55,310	61,773	68,241	69
34		30,294	32,845	35,396	41,774	48,151	54,529	60,906	67,284	68
35		28,312	30,688	33,076	39,037	44,995	50,949	56,913	62,873	69
36		27,237	29,530	31,824	37,562	43,292	49,026	54,760	60,493	69
37		25,621	27,778	29,936	35,330	40,720	46,117	51,511	56,904	70
38		24,740	26,818	28,907	34,115	39,318	44,532	49,740	54,943	70
39		23,149	25,098	27,047	31,921	36,797	41,669	46,541	51,414	70
40	13.50	21,110	22,890	24,669	29,110	33,556	38,001	42,445	46,890	72
41	14.27	19,759	21,423	23,087	27,247	31,407	35,563	39,726	43,886	73
42	15.26	18,256	19,793	21,328	25,176	29,017	32,860	36,703	40,546	74
43	16.80	16,323	17,698	19,073	22,509	25,946	29,382	32,818	36,255	76
44	17.68	15,393	16,687	17,985	21,225	24,466	27,706	30,943	34,187	77
45	18.89	14,273	15,475	16,678	19,685	22,687	25,690	28,696	31,701	78
46	19.99	13,388	14,516	15,643	18,462	21,280	24,099	26,917	29,736	79
47	21.09	12,606	13,668	14,728	17,384	20,038	22,692	25,344	27,999	79
48	22.19	11,911	12,914	13,917	16,425	18,934	21,439	23,945	26,455	80
49	23.95	10,944	11,867	12,789	15,092	17,397	19,701	22,005	24,309	82
50	25.16	10,367	11,240	12,113	14,297	16,478	18,660	20,843	23,025	82
51	27.03		10,392	11,199	13,217	15,235	17,252	19,270	21,288	83
52	29.34			10,244	12,089	13,936	15,781	17,627	19,473	85
53	31.21				11,309	13,036	14,762	16,489	18,215	87
54	32.75				10,738	12,378	14,017	15,656	17,296	87
55	34.29				10,222	11,783	13,343	14,904	16,463	87
56	36.05					11,169	12,649	14,128	15,607	87
57	37.70					10,650	12,060	13,470	14,880	87
58	39.68					10,085	11,422	12,758	14,093	87
59	41.33						10,938	12,219	13,498	87
60	42.51						10,618	11,861	13,102	87
61	45.37							11,074	12,233	88
62	48.01							10,435	11,527	88
63	50.54								10,923	88
64	53.07								10,379	89
65	55.71									89
66	58.57									89
67	61.65									89
68	64.84									89
69	68.25									89
70	71.88									90
PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".										

TEXASLIFE INSURANCE COMPANY SPOUSE/CHILD MONTHLY PREMIUMS

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

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)								GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
		\$18.00	\$20.00	\$24.00	\$28.00	\$30.00	\$32.00	\$35.00	\$40.00	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		46,324								73
21-22		45,000								73
23-25		43,750	49,306							71
26		42,568	47,973							72
27		41,448	46,711							72
28		41,448	46,711							71
29		40,385	45,513							71
30-31		39,375	44,375							70
32		37,500	42,262							70
33		35,796	40,341	49,432						71
34		34,240	38,587	47,283						72
35		32,143	36,225	44,388						73
36		30,883	34,804	42,648						73
37		29,717	33,491	41,038	48,585					73
38		28,125	31,697	38,840	45,983	49,554				74
39		26,250	29,584	36,250	42,917	46,250	49,584			75
40	8.65	24,610	27,735	33,985	40,235	43,360	46,485			76
41	9.15	22,827	25,725	31,522	37,319	40,218	43,116	47,464		77
42	9.85	20,724	23,356	28,619	33,882	36,514	39,145	43,093	49,672	78
43	10.55	18,976	21,386	26,205	31,025	33,434	35,844	39,458	45,482	80
44	11.25	17,500	19,723	24,167	28,612	30,834	33,056	36,389	41,945	81
45	12.05	16,072	18,113	22,194	26,276	28,316	30,358	33,419	38,521	82
46	12.85	14,859	16,746	20,519	24,293	26,180	28,066	30,897	35,614	83
47	13.55	13,938	15,708	19,248	22,788	24,558	26,328	28,983	33,408	83
48	14.35	13,017	14,670	17,976	21,281	22,934	24,587	27,066	31,199	84
49	15.25	12,116	13,654	16,731	19,808	21,347	22,885	25,192	29,039	85
50	16.35	11,171	12,589	15,426	18,263	19,681	21,100	23,227		86
51	17.65	10,228	11,526	14,124	16,721	18,020	19,318	21,267	24,513	87
52	19.25		10,438	12,795	15,148	16,324	17,500	19,265	22,206	88
53	20.85			11,693	13,845	14,920	15,995	17,608	20,296	90
54	21.95			11,041	13,071	14,087	15,102	16,625	19,163	90
55	22.95			10,508	12,439	13,406	14,372	15,821	18,237	91
56	23.95			10,024	11,867	12,789	13,710	15,093	17,397	91
57	25.05				11,294	12,172	13,049	14,365	16,558	91
58	26.25				10,730	11,563	12,396	13,646	15,730	91
59	27.35				10,259	11,056	11,853	13,048	15,040	91
60	28.05					10,756	11,532	12,694	14,632	91
61										91
62										92
63										92
64										92
65										92
66										92
67										92
68										92
69										93
70										93

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

TEXASLIFE INSURANCE COMPANY SPOUSE/CHILD MONTHLY PREMIUMS

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

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)								GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
		\$26.00	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		46,569								70
21-22		44,812	48,585							70
23-25		42,411	45,983	49,554						69
26		41,667	45,176	48,685						69
27		40,949	44,397	47,845						68
28		40,255	43,645	47,034						68
29		39,584	42,917	46,250						68
30-31		34,927	37,868	40,809	48,162					69
32		33,929	36,786	39,643	46,786					69
33		33,451	36,268	39,085	46,127					69
34		32,987	35,764	38,542	45,487					68
35		30,845	33,442	36,039	42,533	49,026				69
36		29,688	32,188	34,688	40,938	47,188				69
37		27,941	30,295	32,648	38,530	44,412				70
38		26,989	29,262	31,535	37,216	42,898	48,580			70
39		25,266	27,394	29,522	34,841	40,160	45,479			70
40	12.55	23,059	25,001	26,942	31,797	36,651	41,505	46,360		72
41	13.25	21,591	23,410	25,228	29,773	34,318	38,864	43,410	47,955	73
42	14.15	19,958	21,639	23,319	27,522	31,723	35,925	40,127	44,328	74
43	15.55	17,858	19,361	20,865	24,625	28,384	32,143	35,903	39,662	76
44	16.35	16,844	18,263	19,681	23,227	26,774	30,319	33,866	37,412	77
45	17.45	15,625	16,940	18,257	21,547	24,836	28,125	31,415	34,704	78
46	18.45	14,661	15,896	17,130	20,217	23,303	26,389	29,476	32,562	79
47	19.45	13,809	14,971	16,134	19,041	21,948	24,855	27,762	30,669	79
48	20.45	13,050	14,149	15,248	17,995	20,742	23,490	26,237	28,984	80
49	22.05	11,995	13,006	14,016	16,541	19,065	21,591	24,117	26,642	82
50	23.15	11,364	12,320	13,278	15,670	18,063	20,455	22,847		82
51	24.85	10,509	11,394	12,279	14,492	16,704	18,916	21,129	23,341	83
52	26.95		10,426	11,235	13,260	15,284	17,308	19,332	21,357	85
53	28.65			10,512	12,406	14,300	16,193	18,087	19,982	87
54	30.05				11,781	13,579	15,378	17,177	18,975	87
55	31.45				11,216	12,929	14,641	16,353	18,065	87
56	33.05				10,634	12,257	13,880	15,504	17,127	87
57	34.55				10,140	11,688	13,236	14,784	16,331	87
58	36.35					11,070	12,537	14,003	15,469	87
59	37.85					10,604	12,009	13,413	14,817	87
60	38.85					10,315	11,681	13,047	14,413	87
61										88
62										88
63										88
64										89
65										89
66										89
67										89
68										89
69										89
70										90

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



AF™ Accident Only Insurance

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

AMERICAN FIDELITY 
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR EDUCATION

Prepare for the unexpected.

You cannot plan for when an accident will happen, but you can plan for unexpected medical expenses. AF™ **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident expenses. Start providing financial protection today if an accident suddenly occurs.

An **Accident** is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause.

EMERGENCY ACCIDENT

Hypothetical Example ¹

Twisted knee in the parking lot resulting in a torn meniscus and treatment is received within 72 hours.

	BASIC	ENHANCED
Accident Emergency Treatment	\$150	\$200
Accident Follow-Up Treatment (4 visits)	\$200	\$200
Physical Therapy (8 treatments)	\$200	\$200
Medical Imaging	\$200	\$200
X-Ray	\$50	\$100
Appliances	\$100	\$100
Surgical Facility	\$150	\$250
Torn Knee Cartilage Repair	\$500	\$500
Anesthesia	\$150	\$200
TOTAL	\$1,700	1,950

Annual
Wellness
Benefit

BASIC

\$50

ENHANCED

\$75

**Paid directly
to you!**

Benefits for Policy and Enhancement Rider

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

BASIC	PRIMARY	SPOUSE	CHILD
Common Carrier	\$50,000	\$50,000	\$25,000
Other Accident	\$15,000	\$15,000	\$7,500
Dismemberment	\$1,000 to \$15,000	\$1,000 to \$15,000	\$500 to \$7,500
ENHANCED	PRIMARY	SPOUSE	CHILD
Common Carrier	\$100,000	\$100,000	\$50,000
Other Accident	\$30,000	\$30,000	\$15,000
Dismemberment	\$1,500 to \$30,000	\$1,500 to \$30,000	\$750 to \$15,000

¹Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258 Series.

Plan Highlights

A Covered Person (thereafter referred to as "Person") under AF™ **Limited Benefit Accident Only Insurance** Policy can expect the following benefits when a Covered Accident (thereafter referred to as "Accident") happens. All benefits are paid once per Person per Accident unless otherwise specified. All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. These references are not intended to change or modify any definitions in the AO-03 policy series.

Accident Emergency Treatment Benefit Payable for receiving emergency treatment in a Physician's office or emergency room within 72 hours, including physician fees and emergency services.

Accident Follow-Up Treatment Benefit Payable for necessary follow-up treatment of Injuries in addition to the emergency treatment administered within 72 hours for up to four treatments. Not payable for a visit in which a Physical Therapy Benefit or Non-Emergency Follow-Up Benefit is paid.

Accidental Death and Dismemberment Benefit The applicable benefits apply when an Accidental Death or Dismemberment occurs within 90 days of an Accident. In the event that Accidental Death and Dismemberment result from the same Accident, only the Accidental Death Benefit will be paid.

Ambulance Benefit If air and ground ambulance transportation is required for the same Accident, only the highest benefit will be paid.

Anesthesia Benefit Pays the amount shown in the Schedule of Benefits for the services of an anesthesiologist for a surgery performed due to an Accident. Hospital Confinement is not required to receive this benefit. We will only pay one Anesthesia Benefit per Person in a 24-hour period even if more than one surgical procedure is performed. This benefit is not payable for local anesthesia.

Appliances Benefit Payable for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs. Not payable for Prosthetic Devices.

Blood, Plasma and Platelets Benefit Payable for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins.

Burns Benefit Payable for 2nd and 3rd degree burns when treated by a Physician within 72 hours.

Concussion Benefit Payable for a Person who sustains a concussion and is diagnosed by a Physician within 72 hours using any type of medical imaging.

Dislocations Benefit Amount payable varies by the joint involved, type of treatment, and type of anesthesia. If a Person receives more than one Dislocation in an Accident, we will pay for all Dislocations up to two times the amount shown in the Schedule of Benefits for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit. Benefits are payable only for the first dislocation of a joint which occurs while this policy is in force.

Emergency Dental Work Benefit Payable for repair to natural teeth when treated by a Physician or dentist. Initial dental treatment must be received within 72 hours.

Exploratory Surgery without Surgical Repair Benefit Payable when an exploratory surgical operation without surgical repair is performed.

Eye Injury Benefit Payable for one or both eyes requiring treatment by a Physician due to an Accident.

Family Member Lodging and Meals Benefit Payable for lodging and meals for a family member to be near a Person who is Hospital Confined in a non-local Hospital. The Hospital must be at least 50 miles away, one way from closer of the Covered Person's residence or site of the Accident.

Fractures Benefit Varies based on the bone involved, type of fracture and type of treatment. If the Person fractures more than one bone, payment is made for all fractures up to two times the amount for the bone involved that has the highest benefit amount.

Hospital Admission Benefit Pays per admission for confinement to a Hospital. This benefit does not pay for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit.

Hospital Confinement Benefit Pays a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 days.

Intensive Care Unit Benefit Payable for each day of confinement in an Intensive Care Unit, as defined in the policy, up to 15 days. This benefit is paid in addition to the Hospital Confinement Benefit amount.

Internal Injuries Benefit Payable for an open abdominal or thoracic surgery performed within 72 hours.

Lacerations Benefit This benefit varies based on the severity of the laceration due to an Accident.

Medical Imaging Benefit Payable for a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, a Computed Axial Tomography (CAT) scan, a Positron Emission Tomography (PET) scan or an ultrasound due to an Accident.

Non-Emergency Accident Initial Treatment Benefit Payable for initial medical treatment when treatment is received more than 72 hours after the Accident. Initial medical treatment must: (1) be received in a Physician's office or emergency room; and (2) be the first treatment; and (3) occur within 30 days.

Non-Emergency Accident Follow-Up Treatment Benefit Payable only if the Non-Emergency Accident Initial Treatment Benefit is payable and later requires additional follow-up treatment. We will pay for up to two follow-up treatments. Not payable for the same visit that the Physical Therapy Benefit or the Accident Follow-Up Benefit is paid.

Outpatient Hospital or Ambulatory Surgical Center Benefit When a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center, we will pay the indemnity amount shown in the Schedule of Benefits for the facility fee charged by such Hospital or Ambulatory Surgical Center. We will only pay one Outpatient Hospital or Ambulatory Surgical Center Benefit in a 24-hour period even if more than one surgical procedure is performed. This benefit will not be paid for surgery performed in a Hospital emergency room or in a Physician's office.

Paralysis Benefit The duration of the Paralysis must be a minimum of 3 consecutive months. Paid once per lifetime per Person.

Physical Therapy Benefit Payable for one treatment per day for up to eight treatments by a caregiver licensed in physical therapy. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit or Non-Emergency Follow-Up Benefit is paid.

Prosthesis Benefit Payable for the use of a Prosthesis. This benefit is not payable for hearing aids; dental aids; eyeglasses; false teeth; cosmetic aids such as wigs; or joint replacements such as artificial hips or knees.

Plan Highlights (cont.)

Tendons, Ligaments and Rotator Cuff Benefit Payable for the repair of one or more tendons, ligaments, or rotator cuffs. The tendons, ligaments, or rotator cuff must be repaired through surgery performed by a Physician, as a result of an Accident.

Torn Knee Cartilage or Ruptured Disc Benefit Payable for surgical repair as a result of an Accident.

Transportation Benefit Payable for the transportation when specialized treatment and Hospital Confinement in a non-local Hospital is required. A non-local Hospital must be at least 50 miles away, one way, using the most direct route, from the closer of the Person's residence or site of the Accident. Travel must be by scheduled bus, plane, train, or by car. Ambulance service does not qualify for this benefit. The treatment must be prescribed by a Physician and not be available locally. This benefit is payable up to three round trips per Calendar Year.

Wellness Benefit After coverage is in force for the waiting period shown, you can receive a benefit for an annual routine physical exam, including immunizations and preventive testing. Services must be supervised by a Physician and a charge must be incurred for the service. The benefit does not apply to dental or eye exams and is payable once per policy per calendar year.

Limitations and Exclusions For Policy and Benefit Enhancement Rider

No benefits will be provided for an Accident that is caused by or occurs as a result of:

- (1) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (2) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
- (3) any act that was caused by war, declared or undeclared, or service in any of the armed forces;
- (4) participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions;
- (5) participation in, or attempting to participate in, a felony, riot or insurrection. (A felony is as defined by the law of the jurisdiction in which the activity takes place.)
- (6) participation in any sport for pay or profit;
- (7) participation in any contest of speed in a power driven vehicle for pay or profit;
- (8) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

Benefits will not be provided for medical treatment for an Accident received outside the United States or its territories. Benefits will not be paid for services rendered by a member of the immediate family of a Covered Person.

An Accident is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause. The policy will not pay benefits for injuries received prior to the Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Effective Date.

A hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Eligibility includes you, your lawful spouse and each unmarried natural, adopted or step child who is under 26 years of age.

Guaranteed Renewable

You cannot be singled out for a rate increase for any reason. The Insurer has the right to increase premium rates only if rates for all policies in this class change.

Termination Notice

Policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than Individual the remaining Covered Persons may have the right to continue or convert their coverage. Coverage for any Covered Person will terminate when they no longer meet the eligibility requirements.

Marketed by:



First Financial Group of America
11811 N. Freeway, Suite 900 Houston, TX 77060
Local: (281) 847-8422 / Toll Free: (800) 523-8422
www.ffga.com

Underwritten and administered by:



American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • americanfidelity.com

Refer to Plan Benefit Highlights section for more Benefit Descriptions on the Accident Only Insurance Policy and Benefit Enhancement Rider.

This brochure contains a brief description of the coverage. For complete benefits, limitations, exclusions and other provisions, please refer to the policy, AO-03, and Accident Only Benefit Enhancement Rider, AMDI-258 series. This coverage does NOT replace Workers' compensation Insurance. Availability of riders may vary by employer. This product is inappropriate for people who are eligible for Medicaid coverage.

American Fidelity Employee Assistance Program (EAP)

Support for Everyday Issues, Every Day

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

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

Anxiety

Depression

Marriage and Relationship Problems

Grief and Loss

Substance Abuse

Anger Management

Work Related Pressures

Stress

Expert Referrals and Consultation

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

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



Easy Digital Access

Mobile

- eConnect® mobile app for on-the-go access to the EAP
- Schedule video or in-person counseling
- Review a summary of the program

Web

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

Access eConnect® Mobile App

Username: americanfidelity

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

800-295-8323
americanfidelity.mysupportportal.com

American Fidelity Assurance Company
SB-32903-0120

AMERICAN FIDELITY 
a different opinion



EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DO NOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS** of which provider transports them.

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



**Any Ground. Any Air.
Anywhere.™**

OUR BENEFITS

Benefit *	Platinum \$39/Month	Emergent Plus \$14/Month	Emergent \$9/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada	
Repatriation	Worldwide	U.S./Canada	
Escort Transportation	Worldwide		
Mortal Remains Transportation	Worldwide		
Visitor Transportation	BCA**		
Minor Children/Grandchildren Return	BCA**		
Vehicle Return	BCA**		
Pet Return	BCA**		
Organ Retrieval	U.S./Canada		
Organ Recipient Transportation	U.S./Canada		

* Please refer to the MSA for a detailed explanation of benefits and eligibility.

** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

For more information, please contact

First Last, Job Title

XXX.XXX.XXXX | email@masamts.com

EVERY FAMILY DESERVES A MASA MEMBERSHIP

SECTION 125 FLEXIBLE BENEFITS PLAN



PARTICIPANT GUIDELINES FOR SPENDING ACCOUNTS

- Medical Expense Reimbursement
- Dependent Care Reimbursement

PREPARED BY:

First Financial Administrators, Inc.

For your Employer's Plan



Section 125 Flexible Spending Account

First Financial Administrators, Inc.

WE ARE COMMITTED

First Financial Administrators, Inc. is dedicated to providing excellent service to our customers and are delighted to serve as your cafeteria plan service provider. Our role is to process your requests for reimbursement according to the plan designed by your employer.

- » There are two types of Flexible Spending Accounts (FSAs): The first is unreimbursed medical (URM) and the second is dependent day care (DDC).
- » Your participation in an FSA program allows a portion of your salary to be redirected to provide reimbursement for these types of expenses on a tax-exempt basis.
- » At the beginning of each plan year, you elect a specific dollar amount for each FSA you wish to participate.
- » Participation in one or both FSAs can save you money by reducing your taxable income. This is because taxes will be calculated after the elected amount is deducted from your salary.
- » If applicable, your taxable income will be reduced for Social Security purposes; therefore, there may be a corresponding reduction in Social Security benefits.
- » Once you have elected your annual amount, you cannot change your election unless you experience a change in family status. See Election Irrevocability.
- » To ensure that you are aware of your account balance at all times, we send a new explanation of benefits with each claim that is paid. The explanation of benefits will provide you with information regarding your account balance, claims paid to date, and claims pending.
- » We send notifications 45 days prior to the end of the plan year. The notification reflects your current available balance. You can view account information by logging into our secure website.



FILING A CLAIM

Before submitting your claim, make sure you have had the service(s).

TO FILE YOUR CLAIM

1. Complete a claim form, and be sure to sign and date it.
2. Attach a legible receipt(s) from the service provided or an EOB (Explanation Of Benefits) showing:
 - » A description of the service or a list of supplies furnished.
 - » The charge(s) for each service.
 - » The date(s) of service.
 - » The name of the person(s) receiving the service.
 - » The amount you are responsible for.
3. For convenient direct deposit, complete the Automatic Deposit Agreement form.

Or use your FFA Benefits Card

REQUESTING SERVICES *(Toll-free)*

For Inquires:	1-866-853-3539
For Claim Forms:	www.ffga.com
To Submit Claims by Fax:	1-800-298-7785

General IRS Rules & Information

The following rules apply to both URM and DDC FSAs

ELECTION IRREVOCABILITY

You may not make changes before the beginning of the next plan year unless there is a qualified change in status (as permitted by your plan) that affects Eligibility.

Qualified changes in status may include:

- » Change in employee's legal marital status
- » Change in number of tax dependents
- » Change in employment status that affects eligibility
- » Dependent satisfies or ceases to satisfy eligibility requirements
- » Change in residence that affects eligibility
- » Judgment, decree, or court order dictating provision of coverage
- » Entitlement of Medicare or Medicaid (URM only)
- » Change in cost of the benefit (DDC only)
 - *Addition or elimination of benefit option*
 - *Change in coverage of spouse or dependent under his/her employer's plan*
 - *Significant curtailment of coverage*

If a change in status occurs, you may make changes consistent with the qualifying event or as otherwise defined by your plan document. See your plan Sponsor for further details about making changes.

Dollar Limits

Unreimbursed Medical Account:

Your plan sponsor determines the maximum benefit that may be deducted. The IRS maximum for the 2020 is \$2,750. Please see your employer for the maximum benefit amount allowed under your plan.

Dependent Daycare Account:

This reimbursement (when aggregated with all other dependent care reimbursements during the same calendar year) may not exceed the least of the following:

- » \$5,000, or
- » \$2,500, if married but filing separate tax returns

Use-it-or-lose-it-Rule

Money remaining in your FSA account(s) will not be returned to you at the end of the plan year. Any amount remaining after the end of the runoff or grace period, if your employer offers one, will be forfeited. Because of the use-it-or-lose-it rule, it is important for you to carefully estimate your out-of-pocket URM and DDC expenses for the upcoming plan year.

TERMINATION OF EMPLOYMENT

URM Account:

Your salary redirections will end; however, you may still file claims for dates of service that were incurred within your employment period. You have 90 days after termination to submit a claim.

DDC Account:

If you have not received reimbursement for all contributions made to your DDC account upon termination, you have 90 days after the end of the plan year to submit a claim.

COBRA

COBRA does not apply to DDC. However, it may apply to your URM account and allow you to continue participation in your URM, thus allowing you to receive reimbursement for medical expenses incurred after your employment termination if:

- » The plan sponsor is subject to COBRA, and
- » When you terminate employment and you have contributed more for URM than you have received in URM benefits.

Note: Under COBRA you must elect coverage within 60 days and continue to submit contributions to your employer to continue coverage under your URM account for the current year.

General IRS Rules & Information

UNREIMBURSED MEDICAL FSA

Almost every person has a number of necessary and predictable expenses that are not paid by their insurance plans. You can save money by putting that amount directly into your Unreimbursed Medical FSA. The FSA will help you pay for these predictable expenses with your pre-tax dollars.

Please be aware of change in tax law – As of Jan. 1, 2011, money from flexible spending accounts are no longer available to pay for most over-the-counter drugs and medicines without a doctor's prescription.

ELIGIBLE EXPENSES

With the FSA, you can pay out-of-pocket health care expenses for yourself, your spouse and all of your eligible dependents for health, dental, and vision care expenses. The services must be incurred while you are actively participating in the FSA plan. The eligible expenses may be reimbursed regardless of whether you, your spouse or dependents are covered by your employer's medical, dental, or health plan.

Expenses for medical care will be limited to expenses incurred primarily for the prevention or improvement of a physical or mental defect or illness. An expense that is merely beneficial to your general health is not an eligible expense. It must be an expense to treat an existing medical condition.

INELIGIBLE EXPENSES

Some expenses that you incur during your plan year may not be eligible for reimbursement under current IRS regulations.

» **EXPENSES NOT YET INCURRED** - Expenses that have been paid, but not yet incurred (i.e. Prepayment of service), cannot be reimbursed until the service is rendered. Expenses don't necessarily have to be PAID, but merely incurred.

» **PREMIUMS FOR INSURANCE** - Premiums and payments to insurance policies are not eligible for reimbursement.

» **EXPENSES PAID BY ANOTHER PLAN OR THIRD PARTY** - Expenses that have already been paid by an insurance company or other reimbursement through your FSA plan.

» **EXPENSES INCURRED AFTER TERMINATION/SEPARATION FROM YOUR EMPLOYER** - If you are no longer participating in the FSA plan through your employer (termination, resignation, etc) any claims incurred after your participation ends are not eligible for reimbursement.



COMMON ELIGIBLE EXPENSES

- » Co-Payments
- » Co-Insurance
- » Deductibles
- » Over-the Counter Drugs
(with physician's prescription)
- » Dental Treatment
- » Orthodontia
- » Lab Fees
- » X-Rays
- » Vision Expenses
- » Lasik Surgery
- » Physical Therapy
- » Chiropractor Services
- » Acupuncture
- » Eye Contact Solution
- » Eye Drops

COMMON INELIGIBLE EXPENSES

- » Cosmetic Surgery
- » Teeth Whitening
- » Veneers
- » Botox
- » Non Prescribed Vitamins
and Supplements
- » Toiletries
- » Medical Insurance Premiums
- » Health Club Membership Fees

General IRS Rules & Information

EXAMPLES OF ELIGIBLE MEDICAL CARE EXPENSES

The following lists are examples of the types of expenses that may or may not be reimbursed. These lists are not intended to be complete, as other expenses may also be eligible or ineligible under federal tax law or under employer's plan. To be eligible under an FSA URM account, the medical expense(s) must be incurred for medical care that is not reimbursed from any other source. Medical care means the drug or service is needed to treat a medical condition. First Financial Administrators, Inc. may request additional information from you to substantiate that an expense is for health care.



ELIGIBLE MEDICAL EXPENSES

- | | |
|--|--|
| » Acupuncture | » Hearing aids and batteries |
| » Alcohol and drug rehabilitation expenses | » Home health care |
| » Ambulance | » Hospital and skilled nursing facility expenses |
| » Anesthetist | » Laboratory fees |
| » Artificial limbs and teeth | » Lip-reading lessons |
| » Birth control pills | » Midwife |
| » Blood donor (expense) | » Nursing care |
| » Chiroprapist | » Obstetrical expense |
| » Chiropractor | » Oculist |
| » Christian Science Practitioners | » Operations and related treatments |
| » Certain corrective surgery | » Optometrist |
| » Contact lens solution and cleaner | » Orthodontist** |
| » Co-payment for health insurance | » Osteopath |
| » Dental care and dentures | » Outpatient clinic |
| » Drugs and medical supplies | » Over-the-Counter Medications (with physician's prescription) |
| » Examinations | » Pediatrician |
| » Eye exam, eyeglasses, and contacts | » Physician |
| » Gynecologist | » Podiatrist |
| | » Practical nurse |

INELIGIBLE EXPENSES

- | |
|---|
| » Dancing or swimming lessons |
| » Medications purchased outside US |
| » Expenses reimbursed under any health plan or other source |
| » Health Club Dues |
| » Face creams, moisturizers, etc. |
| » Hair removal treatments/waxes |
| » Vacation |
| » Cosmetic Surgery |
| » Teeth Whitening |
| » Vitamins taken for overall health |
| » OTC Medications not for Medical Care |
| » Toothpaste/Toothbrushes |
| » Mouth washes, oral anesthetics, etc. |

* This service requires a letter of medical necessity with a diagnosis from the referring physician.

** Requires an active orthodontia contract be on file.



General IRS Rules & Information

The following rules apply to both URM and DDC FSAs

DEPENDENT CARE FSA

The Dependent Care FSA allows you to pay for day care expenses for your qualified dependent/child with pre-tax dollars while you (and your spouse) are working, seeking employment, or attending school as a full-time student for at least 5 months during the year.

ELIGIBILITY REQUIREMENTS

Eligible dependents must be claimed as an exemption on your tax return. These dependents can include step-children, grandchildren, adopted children, or foster children. In a divorce situation, you must have custody of the child in order for the child to be considered an eligible dependent. Under IRS regulations, eligible dependents are further defined as: under the age of 13, and/or physically or mentally unable to care for themselves, such as a disabled spouse, disabled child, or elderly parents that live with you.

ELIGIBLE EXPENSES

Eligible dependent care expenses are those expenses you must pay for the care of a dependent so that you and your spouse can work. The care may be provided in your home or at a licensed center outside of your home. If the care is in your home, the service cannot be provided by another child of yours under the age of 19, by your spouse, or by your dependents.

INELIGIBLE EXPENSES

Only those dependents care expenses that enable you and your spouse to work are eligible. Some expenses that you incur during your plan year may not be eligible for reimbursement under current IRS regulations

- » Educational Costs
- » Weekends/Evening-out babysitting
- » Transportation, books, clothing, food, activities, entertainment, and registration fees are ineligible if these expenses are shown separately on your bill



COMMON ELIGIBLE EXPENSES

- » Day Camps
- » Before/After School Care
- » Babysitters/Day Care Centers
- » Au Pair
- » Nanny
- » Nursery School

COMMON INELIGIBLE EXPENSES

- » Registration Fees
- » Care for child while not working
- » Kindergarten
- » Food/Activity expenses if separate from cost of care
- » Care provided by anyone under age 19
- » Pre-School
- » Books and Supplies
- » Field Trips

Claims Information

THE REIMBURSEMENT PROCESS

REIMBURSEMENTS- The healthcare/medical FSAs are pre-funded; therefore, you are eligible to receive reimbursement up to your elected annual contribution from the beginning of your FSA plan year. The healthcare/medical FSA funds that are reimbursed to you will be recovered as your deductions are taken from your paycheck throughout the plan year. Dependent Care FSAs are NOT pre-funded; therefore, you will only receive reimbursement up to your year-to-date contributions from payroll deductions. The remainder of the reimbursement request is paid when additional funds are received from payroll deductions.

PAYMENT METHOD CHOICE- For Unreimbursed Medical expenses you may pay with your FFA Benefits Flex Card at the time you incur the expense, or pay the provider out-of-pocket and file a manual (paper) claim to receive a reimbursement. The FFA Benefits Flex Card is only available for Healthcare/Medical FSAs.

MANUAL CLAIMS- To obtain reimbursement from your FSA, you must complete a manual claim form and attach all itemized receipts from the service provider. Cancelled checks, bankcard/credit card receipts, and credit card statements are NOT acceptable forms of documentation. The receipt must come from the service provider or the Explanation of Benefits from your medical health carrier and must include the following information:

- » Patient name
- » Date of service incurred
- » Provider / Merchant name
- » Amount of your out-of-pocket charge incurred
- » Type of service incurred
- » Must include prescription number

REMEMBER- You must sign and date all claim forms.

FFGA recommends submitting an Explanation of Benefits (EOB) from your insurance company, if available.



CLAIMS PROCESSING AND PAYMENTS

All claim reimbursements are handled with strict adherence to IRS adjudication and reporting regulations. Claims are processed daily, and our turn around time upon receipt is 3-5 business days and during peak periods (August-September and December-January) 5-10 business days. Your reimbursement check will be mailed to your home address on file. You may also elect to receive payment via direct deposit. You have a 2 ½ month grace period (employer permitting) to incur claims with an additional 2 weeks to file claims.

Online Service to View Account Information, visit www.ffga.com



FFA Benefits Flex Card

Medical reimbursement accounts only

BENEFITS FLEX CARD

The First Financial Administrators, Inc. Benefits Flex Card is available for Medical Reimbursement Flexible Spending Accounts. Cards can be issued to spouses and dependent children (ages 18 to 26) for no additional fee. The initial cards are free, but if a replacement card is issued, the cost is \$10.00 per card and will be deducted from your account balance. Cards are good for three years from the issue date as long as you participate each consecutive plan year. Claims can also be submitted directly for reimbursement. If funds remain in your account after the end of the plan year, you may use the debit card during the 2½ month grace period (if your employer has elected to participate in the grace period option). The system will deduct all remaining funds from your old plan year and then deduct any balance from the new plan year, if you continue to participate. New cards (not replacement cards) are only activated with the upcoming plan year -- they are not activated to use money from the prior plan year.

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

Claim forms can be found on our website, www.ffga.com.

Copies can either be mailed to:

First Financial Administrators, Inc.
PO Box 161968
Altamonte Springs, FL 32716

or faxed to:
(800) 298-7785



WHERE TO USE YOUR DEBIT CARD FOR ELIGIBLE UNREIMBURSED MEDICAL EXPENSES:

- » Pharmacies – always use your debit card at the pharmacy counter only.
- » In-Store Pharmacies – If “merchant code” is programmed “pharmacy,” the expense will be authorized. However, if the MasterCard transaction code is programmed “grocery/retail,” **the transaction may be denied. The debit card may not work, and the expense may be declined in some grocery/discount stores.**
- » Physician Offices
- » Specialist Physician Offices
- » Dental Offices
- » Over-the-counter drugs (*must be accompanied by a Physician's Rx*)
- » Vision Care Providers
- » Medical Facilities
- » Medical Clinics
- » Hospitals, including Emergency Rooms

(Your FFA Benefits Flex Card cannot be used past your termination date. If you have available funds in your account, a manual claim will be required.)

First Financial Administrators, Inc. can provide you with a list of eligible expenses associated with your Medical Reimbursement Flexible Spending Account. This card is a signature debit card and does not require a PIN for use. Transactions must always be submitted as “credit.” Participants may review Flexible Spending Account balances online at www.ffga.com.

CALL (866) 853-FLEX FOR MORE INFORMATION.

FFA Benefits Card

First Financial Administrators, Inc.



BENEFITS CARD

The First Financial Administrators, Inc. Benefits Card is available for Medical Reimbursement Flexible Spending Accounts and Dependent Care Accounts. Cards can be issued to spouses and dependent children (ages 18 to 26) for no additional fee. The initial cards are free, but if a replacement card is issued, the cost is \$10.00 per card and will be deducted from your account balance. Cards are good for three years from the issue date as long as you participate each consecutive plan year. Each card is printed with an expiration date. Claims can also be submitted directly for reimbursement.

The IRS requires validation of most transactions – you must submit an itemized receipt for verification of expenses, when requested. An itemized receipt must list the provider name, patient name, date of service, a brief description of services received, and the amount you are responsible for after amount paid/adjusted by insurance. An explanation of benefits (EOB) which can be obtained from your insurance carrier, is also acceptable documentation. If you fail to substantiate by providing the necessary documentation within 60 days of the transaction, your card will be suspended until the itemized receipt or explanation of benefits is received. Documentation can be uploaded using the *FF Flex Mobile App* or secure *My Benefits Center Portal*.

Claim Forms can be found on our website, www.ffga.com.

Mail: First Financial Administrators, Inc.
Attn: Flex Department
P.O. Box 161968
Altamonte Springs, FL 32716

Upload Online:
Log in to your secure account online at www.ffga.com.

Fax: (800) 298-7785

Upload with FFlex Mobile App:
Available for Apple® or Android™ devices on the App StoreSM and Google Play Store™

WHERE TO USE YOUR DEBIT CARD FOR ELIGIBLE EXPENSES:

- » Pharmacies – always use your debit card at the pharmacy counter only.
- » In-Store Pharmacies – *If “merchant code” is programmed “pharmacy,” the expense will be authorized. However, if the MasterCard transaction code is programmed “grocery/retail,” the transaction may be denied. The debit card may not work and the expense may be declined in some grocery/discount stores.*
- » Physician Offices
- » Specialist Physician Offices
- » Dental Offices
- » Over-the-counter drugs (*must be accompanied by a Physician’s Rx*)
- » Vision Care Providers
- » Medical Facilities
- » Medical Clinics
- » Hospitals, including Emergency Rooms
- » Day Care Facilities

Expenses must be incurred during the plan year that you are using funds from.

Your FFA Benefits Card cannot be used past your termination date. If you have available funds in your account, a manual claim will be required. All eligible expenses have to be incurred while you were actively working and prior to your termination date.

A list of eligible expenses is available on www.ffga.com. This card is a signature debit card and does not require a PIN for use. Transactions must always be submitted as “credit.” Participants may review Flexible Spending Account balances online at www.ffga.com.

CALL (866) 853-FLEX FOR MORE INFORMATION OR QUESTIONS.



Using Your Benefits Card

For Medical FSA & Dependent Day Care Accounts

Your FF Benefits Card allows you to use your Medical FSA and/or Dependent Day Care Account to pay for out-of-pocket healthcare expenses without having to submit a claim and wait for reimbursement.

You can pay instantly for approved medical, dental, vision, prescription, and dependent day care expenses – **Just swipe your card and save your receipt.**

Why save your receipt?

The IRS requires proof that the expense is eligible. Some merchants use IIAS (Inventory Information Approval System) to confirm IRS approved over-the-counter medications, products, or services, but for those that don't, the IRS wants to know what you used your card to pay for.

As a result, unless a claim can be auto-substantiated by IIAS, you are required to submit documentation to First Financial Administrators, Inc.

You should always save your itemized receipts for medical and daycare expenses, and all of the explanation of benefits (EOBs) you receive from health, pharmacy, vision, and/or dental plans.

So, what do you do if you received a request to submit document?

It's easy using our FF Flex Mobile App!

Login and click on the "Claims" icon. Select the pending claim and choose "Add receipt". Upload or take a photo of the documentation right from your mobile device.

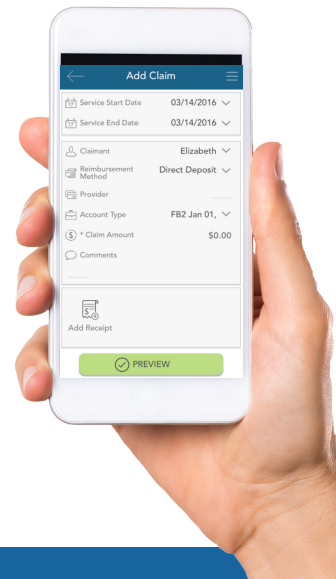
Your receipt or EOB must include:

1. Date of purchase or date service was incurred
2. Amount you were required to pay after insurance
3. Detailed description of the product or service
4. Merchant or provider name
5. Dates of Service & Tax ID for Dependent Care Charges
(Only expenses for services already incurred will qualify for reimbursement.)
6. Patient name (if applicable)

You may also submit your documentation by:

- **Laptop/Computer:** Login to the Online Portal at www.ffga.com
- **Mail:** Send by mail to First Financial Administrators, Inc.,
PO Box 161968, Altamonte Springs, FL 32716
- **Email:** Scan a copy or photo of the receipt to
First_Financial_Receipts@Alegeus.com
- **Fax:** Send by fax to 800-298-7785

So don't forget - after you swipe your card, save your receipt!





HEALTH SAVINGS ACCOUNTS

Administered by First Financial Administrators, Inc.

What is a Health Savings Account (HSA)?

HSAs were created to help control healthcare costs. They provide a savings vehicle that allows you to set aside money to pay for higher deductibles associated with lower monthly premium High Deductible Health Plans (HDHP). The money you save in monthly insurance premiums may be set aside for eligible medical expenses you incur in the future. Your HSA balance rolls over from year-to-year earning interest along the way. The account is portable. Upon retirement or separation of service, you take the HSA with you because it's your money and your account.

HSAs Offer a Triple Tax Advantage

- » The money you put in to the account is deducted from your paycheck before tax
- » The interest and earnings you make on the account grow tax free
- » Distributions for eligible medical expenses are tax free

Key Advantages of an HSA

- » No end-of-year forfeiture of funds
- » Portable account
- » Provides an excellent savings vehicle for healthcare expenses
- » No monthly account fees
- » Free eStatements when you opt in for electronic delivery

Minimum Health Insurance Plan Deductible Amounts for the Qualifying HDHP

	2018	2019
Individual coverage	\$1,350	\$1,350
Family coverage	\$2,700	\$2,700

Annual Maximum Contribution Levels

	2018	2019
Individual coverage	\$3,450	\$3,500
Family coverage	\$6,900	\$7,000

Catch up allowed for those 55 and over - \$1,000

Maximums for HDHP Out-of-Pocket Expenses

	2018	2019
Individual coverage	\$6,650	\$6,750
Family coverage	\$13,300	\$13,500

Who can participate in an HSA and are there any restrictions?

- » 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



Healthcare Services

Funds in your HSA Deposit Account are held at UMB Bank, n.a. Member FDIC.
Funds in this account are insured by the FDIC to the maximum permitted by law.

FFGA-2048-0518



PO Box 161968, Altamonte Springs, FL 32716 | Online: www.ffga.com | Email: hsa@ffga.com
Phone: 866-853-3539 | Fax number: 800-298-7785 | Tech Support: techsupport@ffga.com

Examples of Eligible HSA Expenses

For a complete list, visit www.ffga.com/hsaextras

- » Copays & Deductibles
- » Prescriptions
- » Dental Care
- » Contacts & Eyeglasses
- » Hearing aids
- » Laser Eye Surgery
- » Orthodontia
- » Chiropractic Care

Your HSA as an Investment Account

HSA's are often overlooked as powerful retirement tools. The more you save, the more you earn. The account offers significant tax advantages and provides opportunities to invest in mutual funds. Account holders can choose to invest any funds over \$1,000 into a variety of investment options. This is a great way to potentially grow your savings for future healthcare costs or retirement.

Distributions and accessing the funds in your HSA

Online Reimbursement

You can request funds online and receive a check or a direct deposit into your selected account.

Online Bill Pay

You can request funds online to pay your provider directly from your HSA account.

Distribution Request Form

You can fax or mail a Distribution Request Form to receive your funds by check or direct deposit.

Is it possible to get a distribution without an eligible medical expense?

- » If you are 65 and older, the funds may be used for any expense with no penalty. The distribution is subject to taxation.
- » If you are under 65, you may incur a 20% penalty and the funds are subject to taxation.

Keep good records of your expenses

Receipts are NOT required at the time of distribution. Be sure to keep receipts for all of your medical expenses, for which you received a reimbursement, for at least three years for tax-reporting purposes. Keep track of your receipts and payments by using the portal to see balances, view transactions, create reports, and upload receipts.

HSA RESOURCES

Benefits Card

The Benefits Card is available to all employees that participate in a Health Savings Account (HSA) and Limited Purpose Flexible Spending 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 eligible dependents that are at least 18 years old.

Online & Mobile Access

Get account information from our easy-to-use online portal and mobile application. See your account and investment balances in real time, request distributions, and save receipts by snapping a photo!

Visit www.ffga.com to set up your online account.

Search for **FF Flex Mobile App** from your Apple or Android device to download the mobile app today!

HSA Store - www.ffga.com/hsaextras

First Financial has partnered with the HSA Store to bring you an easy-to-use online store to better understand and manage your HSA. Shop at the HSA Store for eligible items from bandages to wheel chairs and thousands of products in between, browse or search for eligible products and services using the HSA Eligibility List, and visit the HSA Learning Center to help find answers to questions you may have about your HSA.





Employee FAQ:

Health Savings Accounts

What is a health savings account (HSA)?

An HSA is a tax-advantaged personal savings account that can be used to pay for medical, dental, vision and other qualified expenses now or later in life. To contribute to an HSA you must be enrolled in a qualified high-deductible health plan (HDHP) and your contributions are limited annually. The funds can even be invested, making it a great addition to your retirement portfolio.

Why should I participate in an HSA?

Funds contributed to an HSA are triple-tax-advantaged.

- 1. Money goes in tax-free.** Most employers offer a payroll deduction through a Section 125 Cafeteria Plan, allowing you to make contributions to your HSA on a pre-tax basis. The contribution is deposited into your HSA prior to taxes being applied to your paycheck, making your savings immediate. You can also contribute to your HSA post-tax and recognize the same tax savings by claiming the deduction when filing your annual taxes.
- 2. Money comes out tax-free.** Eligible healthcare purchases can be made tax-free when you use your HSA. Purchases can be made directly from your HSA account, either by using your benefits card, ACH, online bill-pay – or, you can pay out-of-pocket and then reimburse yourself from your HSA.
- 3. Earn interest, tax-free.** The interest on HSA funds grows on a tax-free basis. Unlike most savings accounts, interest earned on an HSA is not considered taxable income when the funds are used for eligible medical expenses.

What expenses are eligible for reimbursement?

Health plan co-pays, deductibles, co-insurance, vision, dental care, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502).

Am I eligible to participate?

In order to contribute, you must be enrolled in a qualified HDHP, not covered under a secondary health insurance plan, not enrolled in Medicare, and not another person's dependent. You also cannot be enrolled in a traditional Flexible Spending Account for you or your spouse. There are no eligibility requirements to spend previously-contributed HSA funds.

What is a high-deductible health plan?

A HDHP is a health insurance plan with deductible amounts that are greater than \$1,350 for individual or \$2,700 for family coverage and have an out-of-pocket maximum that does not exceed \$6,650 for individual or \$13,300 for family coverage.

How do I contribute money to my HSA?

Payroll deduction is most likely offered by your employer. Your annual contribution will be divided into equal amounts and deducted from your payroll before taxes. Direct contributions can also be made from your personal bank account and can be deducted on your personal income tax return.

Can I change my contributions to my HSA during the year?

Yes. You will not be subject to the change-in-status rules applicable to other benefit accounts. You will be able to make changes in your contributions by providing the applicable notice of change provided by your employer.

How much can I contribute to my HSA?

Contributions can be made by the eligible employee, their employer, or any other individual. Annual contributions from all sources may not exceed \$3,450 for singles or \$6,900 for families in 2018. Individuals aged 55 and over may make an additional \$1,000 catch-up contribution.

Do I have to spend all my contributions by the end of the plan year?

No. HSA money is yours to keep. Unlike a flexible spending account (FSA), unused money in your HSA isn't forfeited at the end of the year; it continues to grow, tax-deferred.

What happens if my employment is terminated?

HSAs are portable and move with you if you change employment. Your HSA belongs to you, not your employer, just like your personal bank account.

How do I access the funds in my HSA?

You are responsible for ensuring the money is spent on qualified purchases only and maintaining records to withstand IRS scrutiny. Payments can be made via ACH, online bill-pay, or debit card, depending on what is available to you.

When must contributions be made to an HSA for a taxable year?

Contributions for the taxable year can be made in one or more payments at any time after the year has begun and prior to the individual's deadline (without extensions) for filing the eligible individual's federal income tax return for that year. For most taxpayers, the deadline is April 15 of the year following the year for which contributions are made.

What happens to the money in my HSA if I no longer have HDHP coverage?

Once you discontinue coverage under an HDHP and/or get secondary health insurance coverage that disqualifies you from an HSA, you can no longer make contributions to your HSA. However, since you own the HSA, you can continue to use the remaining funds for future healthcare expenses.

Is tax reporting required for an HSA?

Yes. IRS form 8889 must be completed with your tax return each year to report total deposits and withdrawals from your account. You do not have to itemize to complete this form.

Can I still deduct healthcare expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed from your HSA.

Can I withdraw the money for non-healthcare purchases?

Yes. If you withdraw the money for an unqualified expense prior to age 65, you'll be subject to your ordinary income tax, in addition to 20% tax penalty. You can withdraw the money for any reason without penalty after age 65, but are subject to applicable income taxes.

Can I roll over or transfer funds from my previous HSA into my new HSA?

Yes. Pre-existing HSA funds may be rolled into a new HSA and will continue their tax-free status. Contact your First Financial Account Manager for assistance.

Can I control how the funds are invested?

Yes. Once your HSA cash account balance reaches \$1,000, you can transfer funds to an HSA investment account. You can choose from a selection of mutual funds and setup an allocation model for future transfers like you would for a 401k plan.

Can I transfer funds between the cash and investment accounts?

Yes. You can transfer money between your HSA cash and HSA investment account at any time.

Will my HSA eligibility be affected if I have funds in my General Purpose Flexible Spending Account at the end of my plan year?

To make HSA contributions, your General Purpose Flexible Spending Account must have a zero balance at the end of the plan year.

What happens to my HSA when I resign or retire?

The HSA is yours to keep whether you resign, are terminated, retire from or change your job. You will continue to have access to your account and funds. However, nominal bank fees may be incurred if you are no longer enrolled in your HSA through your employer.

Will I receive a separate Benefits Card for my HSA, Dependent Care Account, and Limited Purpose FSA?

All First Financial administered consumer driven health plans can be accessed using the same benefits card.



For more information, call (866) 853-3539

FFGA-2055-1118



403(b) Tax Deferred Annuities

A 403(b) is a Tax Deferred Retirement Plan. They are similar to 401k plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on your contributions or earnings made until the money is withdrawn.

Benefits Include:

- Tax deferred growth: no annual taxation on earnings
- Investment options: fixed annuities, variable annuities or mutual funds
- Competitive interest rates
- Flexibility: start, stop, and adjust your contributions as needed throughout the year
- Financial hardship withdrawals and loans may be available

To participate in a 403(b) you must contact an agent/representative and select a District approved company and complete the required paperwork. A list of approved companies can be found on the FFGA website. For information, contact First Financial's Retirement Services Department at (800) 523-8422.

457 Tax Deferred Compensation

A 457 Plan is a Tax Deferred Retirement Plan available to all eligible district employees. They are similar to 401k plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on what you contribute or earnings you made until you withdraw the money.

Benefits include:

- Investment options: fixed annuities, variable annuities or mutual funds
- Flexibility: start, stop and adjust your contribution amounts as allowed under your employer's plan
- At early retirement or severance of service from your employer, distribution can usually be made without the 10% IRS penalty tax

To participate in the 457 plan, you must contact **Ty Stovall** with First Financial at 432-770-6645 or email ty.stovall@ffga.com.

BENEFIT CONTACT INFORMATION

Program	Vendor	Phone Number	Website/E-mail
Dental	Ameritas	(800) 487-5553	www.ameritas.com
Vision	Eyetopia	(800) 662-8264	www.eyetopia.org
Vision	Ameritas	(800) 877-7195	www.vsp.com
Long-Term Disability	American Fidelity	(800) 654-8489	www.americanfidelity.com
Group Cancer Insurance	American Fidelity	(800) 654-8489	www.americanfidelity.com
Group Critical Illness	Aflac	(800) 433-3036	www.aflacgroupinsurance.com
Group Hospital Indemnity	Aflac	(800) 433-3036	www.aflacgroupinsurance.com
Term Life Insurance	American Fidelity	(800) 654-8489	www.americanfidelity.com
Group Term Life and AD&D	Dearborn National	(800) 348-4512	www.dearbornnational.com
Permanent Life Insurance	Texas Life	(800) 283-9233	www.texaslife.com
Accident Only	American Fidelity	(800) 654-8489	www.americanfidelity.com
Medical Transport Claims	MASA	(800) 423-3226	www.ambulanceclaims@masa.global
Masa Medical Transport Website	MASA	(800)423-3226	www.masamts.com
Section 125 Flexible Benefits Plan	First Financial	(866) 853-3539	www.ffga.com
Health Savings Account	American Fidelity	(866) 326-3600	www.hsa@ffga.com

FFGA Contacts

Ty Stovall, Account Manager – Ty.Stovall@ffga.com (432-770-5645)
 Audrey Schoonover, Customer Service – Audrey.Schoonover@ffga.com
 Abilene Branch Office – (888) 580-8015
 Abilene Branch Office Fax – (325) 673-4478
 Flexible Spending Account Department – (866) 853-3539
 Flex Department Fax Number – (800) 298-7785
 Account Balance/Claim Forms – www.ffga.com
 Retirement Services Department – (800) 523-8422
 Retirement Services Fax Number – (866) 265-4594
 Retirement Services Web site – www.ffga.com/403b/403bMain.aspx