

FLORENCE ISD 2026-2027 GUÍA DE BENEFICIOS



SCAN ME



Edith Bergman
Sr. Account Administrator
281-272-7638
edith.bergman@ffga.com

<https://ffbenefits.ffga.com/florenceisd>

Erendira Remigio
Payroll Administrator
254-793-2850 ext. 2246
eremigio@florenceisd.net

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Centro de Beneficios para Empleados

¡Una guía para sus beneficios!

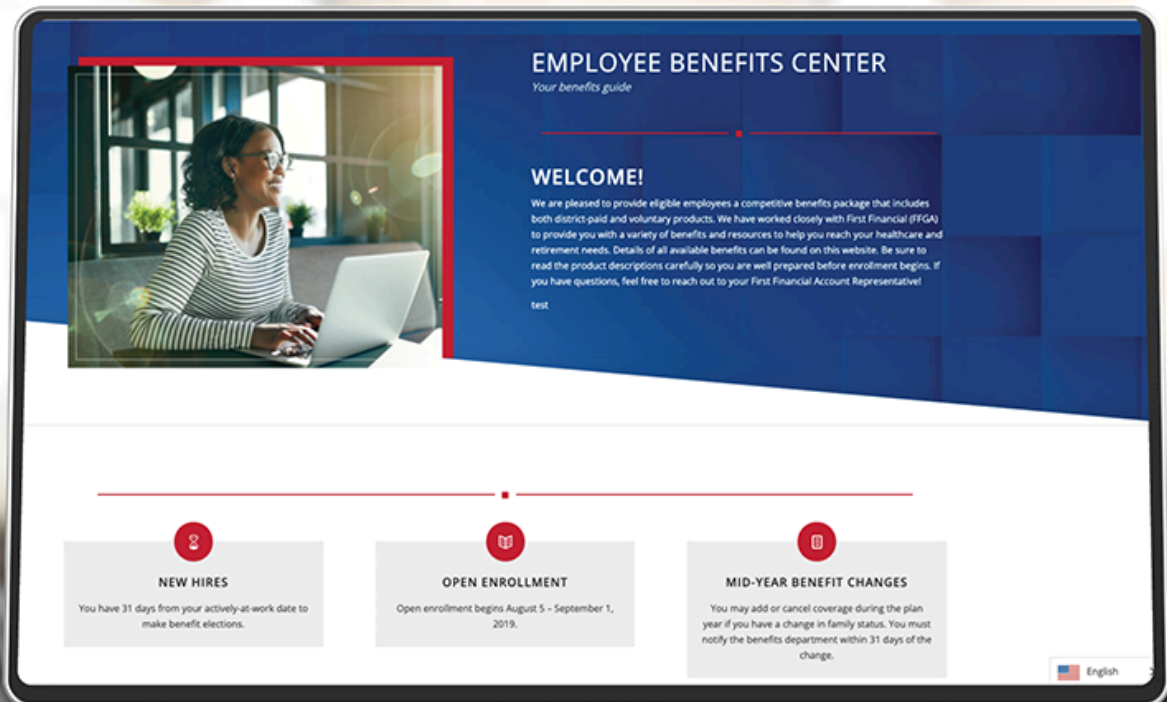
Florence ISD y FFGA se complacen en ofrecerle un sitio web personalizado con información sobre sus beneficios. Visite el Centro de Beneficios para Empleados para ver las opciones de beneficios actuales para su empleador, así como para encontrar formularios de reclamación, números de teléfono importantes e información de inscripción.

No es necesario registrarse para acceder al sitio. Simplemente ingrese la URL que aparece a continuación en su navegador y será dirigido a su Centro de Beneficios para Empleados.



¡Escanee el código QR para obtener más información sobre los planes que están disponibles este año del plan!

<https://ffbenefits.ffga.com/florenceisd>



Cómo inscribirse

Inscripción en los Beneficios

Inscripción en el sitio

Cuando llegue el momento de inscribirse en sus beneficios, su Representante de Cuenta FFGA estará en el lugar para ayudarle a realizar sus elecciones. Visite su EBC para obtener más información.

Inscripción en línea

Para comenzar la inscripción en línea, visite <https://ffga.benselect.com/Enroll/login.aspx>.

Inscribirse ahora

Usuario y Contraseña

- Usuario
 - El usuario es su número de Seguro Social o su ID de empleado.
- Contraseña
 - Se le proporcionarán instrucciones para acceder su contraseña inicial antes del período de inscripción abierta.
 - Al iniciar la primera sesión, se requerirá que se cambie la contraseña.
 - Recuerde su contraseña, ya que la utilizará para firmar su formulario de confirmación de inscripción y para iniciar sesión en el futuro.

Si tiene problemas para iniciar sesión o ha olvidado su contraseña, utilice el enlace ¿Olvidó su contraseña? para restablecerla. Si su cuenta se ha bloqueado debido a demasiados intentos fallidos, comuníquese con el centro de asistencia de FFGA al 855-523-8422.

Ver los beneficios actuales

Después de iniciar sesión, llegará a la pantalla de bienvenida. Sus beneficios actuales y deducciones de primas aparecerán en esta pantalla.

Ver/agregar dependientes

Haga clic en Siguiente para ver a sus dependientes. Es muy importante asegurarse de que los números de seguro social y las fechas de nacimiento que se muestran sean correctos. Si planea agregar dependientes, deberá ingresar su nombre legal, números de seguro social y fechas de nacimiento.

Comenzar a hacer elecciones

Haga clic en Siguiente nuevamente para comenzar a elegir sus beneficios. Recuerde, no se pueden realizar cambios en sus elecciones durante el año del plan a menos que tenga un cambio calificado a mitad de año según la Sección 125 o un evento de inscripción especial.

Elegibilidad para Beneficios y Cobertura

Cobertura de los Empleados

Elegibilidad

Los empleados elegibles deben estar trabajando activamente en la fecha de vigencia del plan para que los nuevos beneficios entren en vigencia.

Empleados nuevos

Tiene 31 días a partir de su fecha de estar activo en el trabajo para realizar elecciones de beneficios. La cobertura del seguro entra en vigencia el primer día del mes siguiente a un período de espera de 30 días calendario.

Empleados existentes

Cuando llegue el momento de inscribirse en sus beneficios, su Representante de Cuenta de FFGA estará disponible para ayudarle a realizar sus elecciones. Sus elecciones se pueden realizar en cualquier momento durante la inscripción anual en línea desde la computadora de su trabajo o de su hogar. Antes de inscribirse, tómese el tiempo para informarse sobre los beneficios disponibles y qué opciones funcionarían mejor para usted y su familia visitando el Centro de Beneficios para Empleados.

Cambios de beneficios a mitad de año

Puede agregar o cancelar la cobertura durante el año del plan si tiene un cambio en su estado familiar. Debe notificar al departamento de beneficios dentro de los 31 días posteriores al cambio.

Los eventos de vida calificados incluyen:

- Cambios en el grupo familiar, como matrimonio, divorcio, separación legal, anulación, muerte de un cónyuge, nacimiento, adopción, colocación en adopción o muerte de un hijo dependiente
- Pérdida de cobertura médica, atribuible al empleo de su cónyuge, pérdida de cobertura médica existente, incluidos planes laborales, individuales y estudiantiles, pérdida de elegibilidad para Medicare, Medicaid o CHIP, cumplir 26 años y perder la cobertura a través del plan de uno de los padres

Rechazo de la cobertura

Si es elegible para recibir beneficios, pero desea RECHAZAR la cobertura, complete la inscripción en línea, ya sea en la computadora de su trabajo o de su hogar. En cada opción, deberá seleccionar "renunciar". **De todas formas, tendrá que completar la información del beneficiario.**

Cobertura Médica

TRS-ActiveCare



Sus planes médicos se ofrecen a través de TRS. Desde opciones dentro y fuera de la red hasta cobertura integral de medicamentos recetados y programas especiales de salud y bienestar, TRS-Activecare ha sido diseñado para satisfacer de manera flexible las necesidades de casi medio millón de empleados de educación pública.

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

TRS-ActiveCare Primary

- Copagos por visitas al médico y recetas genéricas antes de cumplir con el deducible
- Red estatal
- Los participantes deben seleccionar un proveedor de atención primaria que hará derivaciones a especialistas
- No hay cobertura fuera de la red
- El empleado recibirá dos (2) tarjetas de identificación (BCBS y Express Scripts)

TRS-ActiveCare HD

- Debe alcanzar el deducible antes de que el plan pague la atención no preventiva
- Beneficios dentro y fuera de la red – deducible/gasto máximo de bolsillo fuera de la red por separado Red nacional
- El deducible se aplica a gastos médicos y de farmacia
- Sin requisitos de PCP o derivaciones
- Compatible con la cuenta de ahorros para la salud (HSA)
- El empleado recibirá dos (2) tarjetas de identificación (BCBS y Express scripts)

TRS-ActiveCare Primary +

- Copagos por muchos servicios y medicamentos
- Red estatal
- Los participantes deben seleccionar un proveedor de atención primaria que hará derivaciones a especialistas
- Sin cobertura fuera de la red
- El empleado recibirá dos (2) tarjetas de identificación (BCBS y Express scripts)

TRS-ActiveCare 2 - Cerrado a nuevos participantes

- Copagos por muchos servicios y medicamentos
- Red nacional con cobertura fuera de la red
- El empleado recibirá dos (2) tarjetas de identificación (BCBS y Express scripts)

Beneficios de Medicamentos Recetados del Plan TRS-ActiveCare

Express Scripts | <https://info.express-scripts.com/trsactivecare/> | 1-844-367-6108

Cuando se inscribe en un Plan BCBSTX, recibe automáticamente la cobertura de medicamentos recetados a través de Express Scripts, que le da acceso a una gran red nacional de farmacias minoristas.

2026-27 TRS-ActiveCare Plan Highlights

Sept. 1, 2026 – Aug. 31, 2027



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

How to Calculate Your Monthly Premium

Total Monthly Premium

➖ Your Employer Contribution

===== Your Premium

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

Being Healthy is Easy

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

* Eligibility rules may apply.

See the Annual Enrollment Guide for more details.

Mental Health

You have in-office and virtual benefits:

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

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

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$521			\$614			\$540		
Employee and Spouse	\$1,407			\$1,597			\$1,458		
Employee and Children	\$886			\$1,044			\$918		
Employee and Family	\$1,772			\$2,027			\$1,836		

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

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

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

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

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

TRS-ActiveCare 2
• Closed to new enrollees • Current enrollees can choose to stay in the plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	Your Premium
\$1,013		
\$2,402		
\$1,507		
\$2,841		

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

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

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

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
You pay 30% after deductible (\$200 min/\$900 max); \$0 if SaveOnSP eligible
\$25 copay for 31-day supply; \$75 for 61- to 90-day supply

Primas Médicas de TRS ActiveCare

TRS - ActiveCare Primario

	TRS Prima Mensual	Florence ISD Contribucion	Lo Que Pagas al Mes	Lo Que Pagas Quincenalmente
Empleado Solo	\$521	\$445	\$76	\$38
Empleado + Cónyuge	\$1,407	\$445	\$962	\$481
Empleado + Hijos	\$886	\$445	\$441	\$220.50
Empleado + Familia	\$1,772	\$445	\$1,327	\$663.50

TRS - ActiveCare Primario+

	TRS Prima Mensual	Florence ISD Contribucion	Lo Que Pagas al Mes	Lo Que Pagas Quincenalmente
Empleado Solo	\$614	\$445	\$169	\$84.50
Empleado + Cónyuge	\$1,597	\$445	\$1,152	\$576
Empleado + Hijos	\$1,044	\$445	\$599	\$299.50
Empleado + Familia	\$2,027	\$445	\$1,582	\$791

TRS - ActiveCare HD

	TRS Prima Mensual	Florence SD Contribucion	Lo Que Pagas al Mes	Lo Que Pagas Quincenalmente
Empleado Solo	\$540	\$445	\$95	\$47.50
Empleado + Cónyuge	\$1,458	\$445	\$1,013	\$506.50
Empleado + Hijos	\$918	\$445	\$473	\$236.50
Empleado + Familia	\$1,836	\$445	\$1,391	\$695.50

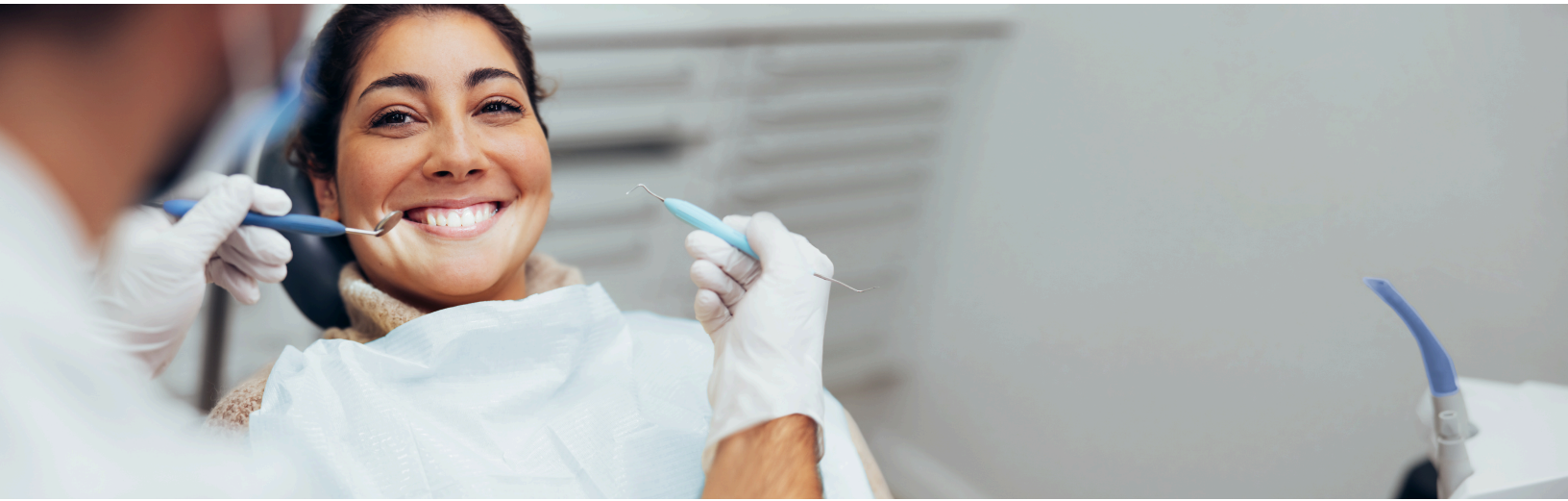
TRS – ActiveCare 2 - Cerrado a Nuevos Inscritos

	TRS Prima Mensual	Florence ISD Contribucion	Lo Que Pagas al Mes	Lo Que Pagas Quincenalmente
Empleado Solo	\$1,013	\$445	\$568	\$284
Empleado + Cónyuge	\$2,402	\$445	\$1,957	\$978.50
Empleado + Hijos	\$1,507	\$445	\$1,062	\$531
Empleado + Familia	\$2,841	\$445	\$2,396	\$1,198

Para obtener más información, consulte el sitio web de TRS-ActiveCare.

Seguro Dental

Opciones de Planes



Ameritas | www.ameritas.com | 800-487-5553

Cuidar su salud bucal no es un lujo, es una necesidad para tener una salud óptima a largo plazo. El seguro dental puede reducir en gran medida sus costos cuando se trata de procedimientos preventivos, restaurativos y de emergencia. Revise los beneficios del plan para ver qué opción es mejor para usted y las necesidades dentales de su familia. Se pueden cubrir una variedad de procedimientos, tales como:

- Exámenes completos
- Limpiezas
- Rayos X
- Empastes
- Extracciones de dientes
- Anestesia general
- Coronas
- Endodoncias

Primas Mensuales de la Cobertura Dental

	Plan Bajo	Plan Alto
Empleado Solo	\$35.87	\$41.85
Empleado + 1	\$64.79	\$75.59
Empleado + 2 or mas	\$101.00	\$117.83

Low Dental Plan Summary

Effective Date: 9/1/2026

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50 Lifetime Type 2,3 Waived Type 1
Maximum (per person)	No Family Maximum \$1,000 per calendar year
Allowance	U&C
Dental Rewards®	Included
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

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

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

Type 1	Type 2	Type 3
- Routine Exam (1 in 6 months) - Bitewing X-rays (1 in 12 months) - Full Mouth/Panoramic X-rays (1 in 5 years) - Cleaning (1 in 6 months) - Fluoride for Children 13 and under (1 in 12 months) - Sealants (age 13 and under) - Space Maintainers	- Periapical X-rays - Fillings for Cavities - Restorative Composites (anterior and posterior teeth) - Simple Extractions - Complex Extractions - Anesthesia	- Onlays - Crowns (1 in 10 years per tooth) - Crown Repair - Endodontics (nonsurgical) - Endodontics (surgical) - Periodontics (nonsurgical) - Periodontics (surgical) - Denture Repair - Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

Monthly Rates

Employee Only (EE)	\$35.87
EE + 1 Dependent	\$64.79
EE + 2 or more Dependents	\$101.00

Ameritas Information

We're Here to Help: 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.

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 10% 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.

Dental Rewards®

Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a

High Dental Plan Summary

Effective Date: 9/1/2026

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50 Lifetime Type 2,3 Waived Type 1 No Family Maximum \$2,000 per calendar year
Maximum (per person)	
Allowance	U&C
Dental Rewards®	Included
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,500
Waiting Period	None
Takeover Benefit	Initial Insureds & New Enrollees

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

Type 1	Type 2	Type 3
• Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Cleaning (1 in 6 months) • Fluoride for Children 13 and under (1 in 12 months) • Sealants (age 13 and under) • Space Maintainers	• Periapical X-rays • Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Simple Extractions • Complex Extractions • Anesthesia	• Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

Monthly Rates

Employee Only (EE)	\$41.85
EE + 1 Dependent	\$75.59
EE + 2 or more Dependents	\$117.83

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Seguro de Visión

Eyetopia | www.eyetopia.org | 800-662-8264

El cuidado adecuado de la vista es esencial para su bienestar general. Los exámenes regulares de la vista a cualquier edad ayudarán a prevenir enfermedades oculares y mantendrán su visión fuerte en los años venideros.

Su empleador le ofrece un plan de visión para atender sus necesidades y las de su familia. Debe inscribirse en el plan de visión cada año del plan y las primas generalmente se pagan mediante deducciones de nómina. Éstas son sólo algunas de las áreas en las que ahorrará dinero con su plan:

- Exámenes de la vista
- Lentes de contacto
- Corrección de la visión
- Anteojos
- Cirugías oculares

Prima Mensual de la Cobertura de Visión		
	130/150	180/300H
Empleado Solo	\$10.00	\$20.00
Employee + Uno	\$17.00	\$37.00
Empleado + Familia	\$24.00	\$52.00



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):	Allowance	Co-pay¹
1. Refractive Exam. One routine Vision Exam.	N/A	\$10.00
2. Coverage towards a medical eye exam copay or other services or materials. ²	\$45.00	None
BENEFIT TWO (choose only one of the following Vision Correction Options): Eyetopia provides you with 3 options for correcting your vision every 12 months. ³		
1. Prescription Lenses ⁴	Allowance	Co-pay¹
CR-39 plastic single vision, bifocal, trifocal lenses.	N/A	\$20.00
• CR-39 plastic Progressive (no-line multi-focal) lenses.	\$200.00	\$20.00
• Polycarbonate material upgrade	N/A	\$25.00
• Polycarbonate material upgrade for child dependents (under age 26)	Covered	None
• Basic or Standard Anti-Reflective Coatings	Covered	None
• High Performance Anti-Reflective Coatings	\$30.00	None
• Premium Anti-Reflective Coatings (with or without Blue Light Blocking)	\$50.00	None
• Tint (Solid or Gradient)	N/A	\$12.00
• Photochromic or Polarized Lenses	N/A	\$90.00
♦ Medically necessary spectacles. ⁵	\$400.00	None
♦ Anti-Fatigue lenses.	Covered	\$20.00
♦ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance.	\$130	None
2. Contact Lens Option: In lieu of spectacles. 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	\$150.00	None
♦ Medically necessary contact lenses - \$150.00 evaluation allowance and \$400.00 contact lens allowance. ⁷	\$550.00	None
3. Refractive Surgery Option. ⁸ In lieu of spectacles or contact lenses. A \$350.00 per eye allowance 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.	\$350/eye \$75/eye	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: 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 This benefit usually includes an anti-reflective coating and an upgraded lens material.

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 \$550.00 the Participating Provider must pre-authorize medical necessity.

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

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 at the same rate.

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/eyetopivision

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):	Allowance	Co-pay¹
1. Refractive Exam. One routine vision exam.	N/A	\$5.00
2. Coverage toward medical eye exam co-pay or other services or materials. ²	\$65.00	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		
1. Prescription Lenses ^{3,4} CR-39 Plastic Single Vision, Bi-focal or Tri-focal lenses	Allowance Covered	Co-pay¹ None
• Progressive CR-39 plastic (no line multifocal) lenses.	\$220.00	None
• Lens Materials: polycarbonate, Trivex®, 1.60 or 1.67 index plastic.	Covered	None
• Basic or Standard Anti-Reflective Coatings	Covered	None
• High Performance Anti-Reflective Coatings	\$45.00	None
• Premium Anti-Reflective Coatings (with or without Blue Light Blocking)	\$65.00	None
• Tint (Solid and Gradient)	N/A	\$12.00
• Photochromic or polarized lens upgrade	N/A	\$90.00
♦ Medically necessary spectacle Lenses ⁵	\$400.00	None
♦ Anti-Fatigue lenses	Covered	None
♦ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance.	\$180.00	None
2. Contact Lens Option in lieu of spectacles. 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	\$300.00	None
♦ Medically necessary contact lenses - \$300.00 evaluation allowance and \$400.00 contact lens allowance. ⁷	\$700.00	None
3. Refractive Surgery Option⁸ in lieu of spectacles or contact lenses. A \$500.00 per eye allowance with 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.	\$500/eye	None
4. Hearing Aid Option.⁹ If you do not use any other benefit options you can elect to apply your benefit toward hearing aids. Please see the attached Eartopia benefit forms. The benefit increases each year for 3 years if not used.	N/A	See Eartopia Forms

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: 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 This benefit usually includes an anti-reflective coating and an upgraded lens material.

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 \$700.00. The Participating Provider must pre-authorize medical necessity.

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

⁹ To access your hearing aid benefit, you must call AudioNet America at (568) 250-2731 or go to www.AudioNetAmerica.com to arrange for a hearing evaluation. Your copay will vary based on your choice of hearing aid and which year of three possible years you qualify for the benefit.

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 at the same rates.

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

Cuentas de Gastos Flexibles

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

FSA de Atención Médica

Una Cuenta de Gastos Flexibles de Atención Médica (FSA de Atención Médica) es un programa aprobado por el IRS para ayudarle a ahorrar impuestos y reembolsarse los gastos médicos de bolsillo que no están cubiertos por su plan médico. Su empleador ha elegido la opción de transferencia de \$680 para su plan de FSA de Atención Médica. Esta opción le da la oportunidad de transferir hasta \$680 de fondos no reclamados de la FSA de Atención Médica al siguiente año del plan. Tenga en cuenta que los saldos superiores a \$680 se perderán según la regla de "úselo o piérdalo".

El monto máximo de su contribución para 2026 es de \$3,400.

Puntos Destacados de la FSA de Atención Médica

- Las contribuciones se deducen automáticamente de su cheque de pago antes de impuestos, lo que ayuda a reducir sus ingresos imposables y aumentar sus ingresos disponibles.
- Su elección completa estará disponible para usted al comienzo del año del plan.
- Sea conservador – cualquier dinero que quede en su cuenta al final del año del plan se perderá.
- Use su tarjeta de beneficios para pagar los gastos calificados por adelantado para que no tenga que gastar dinero de su bolsillo.
- Guarde todos los recibos en caso de que necesite fundamentar una reclamación a efectos fiscales.

NOTA: El IRS requiere pruebas de que todos los gastos son elegibles. Guarde todos los recibos en caso de que necesite justificar una reclamación a efectos fiscales. Su recibo debe incluir la fecha de la compra o del servicio, el monto que debía pagar después del seguro, la descripción del producto o servicio, el nombre del comerciante o proveedor y el nombre del paciente.

FSA para el Cuidado de Dependientes

Con una Cuenta de Gastos Flexibles para el Cuidado de Dependientes, usted puede apartar parte de su sueldo antes de impuestos para pagar los gastos elegibles del cuidado de dependientes, como cuidado de niños, niñeras y cuidado diurno para adultos.

Puede asignar hasta \$7,500 por año fiscal para el reembolso de los servicios de cuidado de dependientes. Si está casado y presenta una declaración de impuestos por separado, el límite es de \$3,750.

Puntos destacados de la FSA para el Cuidado de Dependientes

- Los dependientes elegibles deben ser declarados como una exención en su declaración de impuestos.
- Los dependientes elegibles deben ser hijos menores de 13 años o un adulto dependiente incapaz de cuidarse a sí mismo.
- Los fondos están disponibles a medida que se realizan contribuciones a su cuenta.
- Guarde todos los recibos en caso de que necesite fundamentar una reclamación a efectos fiscales.
- Los saldos se perderán al final del período de "runoff" o de gracia.

Cuenta de Ahorros para la Salud

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

Una Cuenta de Ahorros para la Salud (HSA) es una excelente manera de ayudarle a controlar sus costos de atención médica. Funciona en conjunto con un Plan de Salud con Deducible Alto (HDHP) calificado para combinar ahorros libres de impuestos destinados a gastos médicos calificados. Una HSA le permite ahorrar dinero para pagar deducibles más altos asociados con un HDHP de prima mensual más baja. El dinero que ahorra en primas de seguro mensuales está reservado para gastos médicos elegibles en los que incurra en el futuro. Los gastos elegibles incluyen cosas como copagos y deducibles, recetas, gastos de visión, atención dental, terapia y suministros médicos.

Puntos destacados de la Cuenta de Ahorros para la Salud

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

¿Quién puede participar en una HSA?

- Debe estar inscrito en un Plan de Salud con Deducible Alto (HDHP) calificado.
- No puede estar inscrito en Tricare o Medicare ni estar cubierto por el plan de atención médica tradicional (no HDHP) de su cónyuge.
- No puede participar en una Cuenta de Gastos Flexibles (FSA) de propósito general o en un Acuerdo de Reembolso de Gastos Médicos.
- Se permiten Cuentas de Gastos Flexibles de Propósito Limitado (sólo gastos dentales y de visión).
- No puede participar si su cónyuge tiene una FSA de propósito general o un HRA en su lugar de trabajo.
- No puede participar si lo reclaman como dependiente en la declaración de impuestos de otra persona.

	2026
Límites de contribución a la HSA	• Sólo usted: \$4,400 • Familia: \$8,750
Límites del deducible del seguro médico	• Sólo usted: \$1,700 • Familia: \$3,400
Contribuciones de \$1,000 para ponerse al día (55 años o más)	

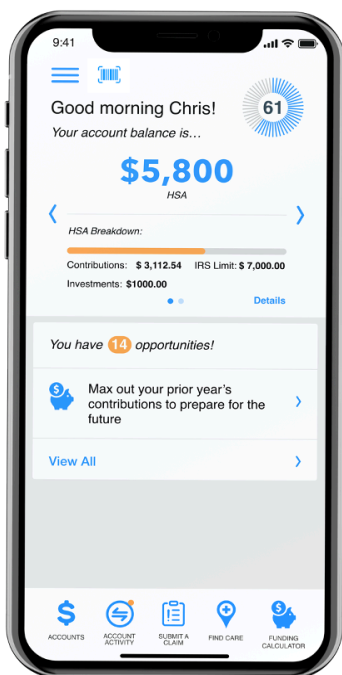
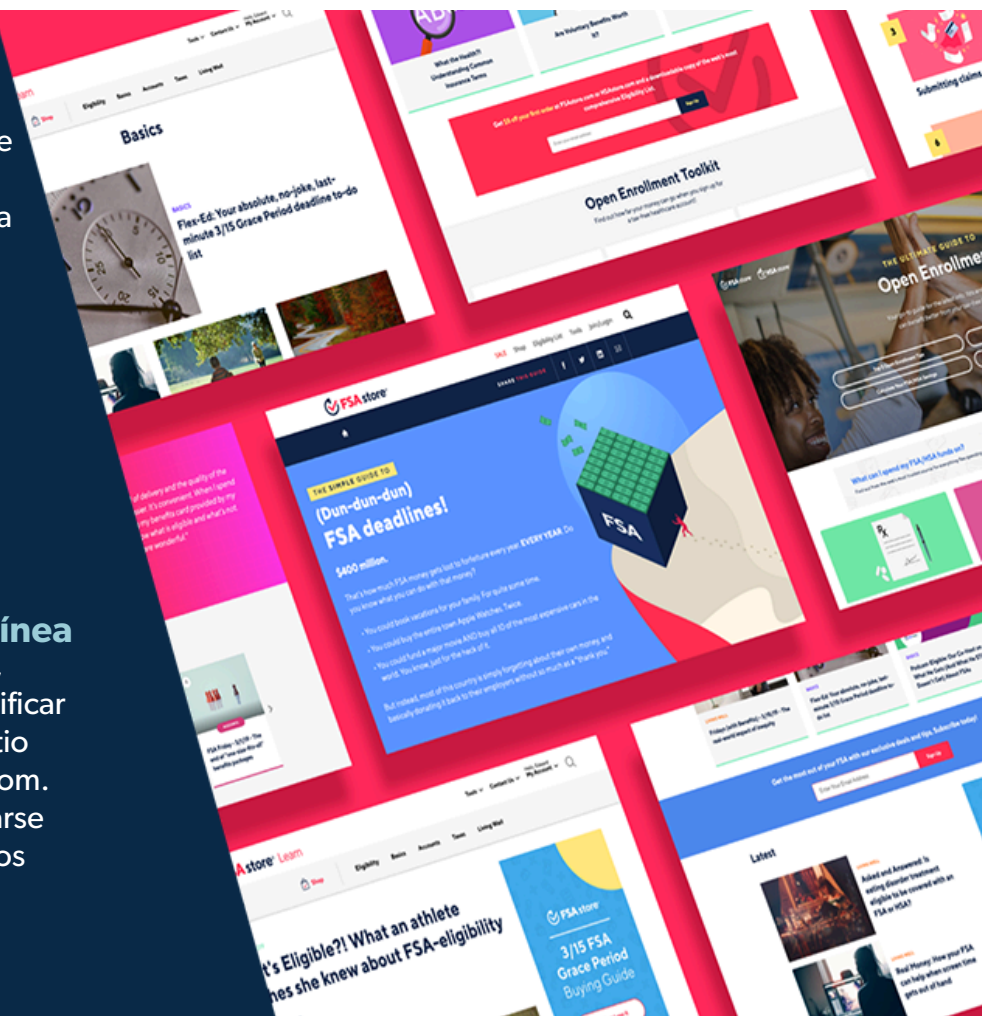
Recursos de la FSA y HSA

Tarjeta de Beneficios

La Tarjeta de Beneficios de FFGA está disponible para todos los empleados que participan en una Cuenta de Gastos Flexibles o una Cuenta de Ahorros para la Salud. La Tarjeta de Beneficios le proporciona acceso inmediato a su dinero en el punto de compra. Las tarjetas están disponibles para los empleados participantes, su cónyuge y sus dependientes elegibles que tengan al menos 18 años de edad.

Vea los detalles de su cuenta en línea

Regístrese para ver el saldo de su cuenta, encontrar formularios de impuestos y verificar el estado de reclamaciones en nuestro sitio web seguro. Inicie sesión en www.ffga.com. Después de iniciar sesión, puede registrarse para que los reembolsos sean depositados directamente en su cuenta bancaria.



Aplicación FF Mobile Account

Con la Aplicación FF Mobile Account, puede presentar reclamaciones, ver el saldo y el historial de la cuenta, verificar el estado de las reclamaciones, ver alertas, cargar recibos y documentación, ¡y más! La aplicación FF Mobile Account está disponible para dispositivos Apple® y Android™ en App Store o Google Play Store.

Tienda de la FSA/HSA

FFGA se ha asociado con la Tienda de la FSA y la Tienda de la HSA para ofrecerle tiendas en línea fáciles de usar para comprender y administrar mejor su cuenta. Puede comprar artículos médicos elegibles como vendajes y solución de lentes de contacto, buscar productos y servicios utilizando la Lista de Elegibilidad y visitar el Centro de Aprendizaje para encontrar respuestas a las preguntas más frecuentes. Visite las tiendas en <http://www.ffga.com/individuals/#stores> para obtener más detalles y ofertas especiales.



Seguro de Vida a Término y AD&D

Pagado por el Empleador y Voluntario

Blue Cross Blue Shield | www.bcbstx.com/ancillary | 877-442-4207

Seguro de Vida a Término y AD&D Pagado por el Empleador

El seguro de vida protege a sus seres queridos. Paga un beneficio para que puedan pagar los gastos del funeral, pagar deudas y mantener su nivel de vida actual. Es una de las mejores formas de mostrarles que usted se preocupa por ellos. Su empleador proporciona a todos los empleados elegibles una póliza de \$20,000 póliza. Su empleador paga el 100% del costo de esta póliza. Se trata de una póliza de vida a término que está en vigor mientras esté empleado.

Seguro de Vida a Término Voluntario

El seguro de vida voluntario es una cobertura de vida a término que usted puede comprar además del plan de seguro básico de vida proporcionado por su empleador. Lo cubrirá por un período específico mientras esté empleado. Los montos de los planes se ofrecen en niveles para que pueda elegir el monto de cobertura que mejor se adapte a usted y su familia. Como se trata de un plan grupal, las primas suelen ser más bajas, así que es más económico obtener la tranquilidad que ofrece un seguro de vida. Se aplican limitaciones. Consulte la póliza para obtener más detalles. Visite el Centro de Beneficios para Empleados para obtener más detalles.

Seguro de Vida y AD&D

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

Seguro de Vida a Plazo

El seguro de vida a plazo es una cobertura que puedes comprar además del plan de vida básico que ofrece tu empleador. Te protege durante el plazo especificado en la póliza. Los montos del plan se ofrecen para plazos de 10, 20 o 30 años. Visita el Centro de Beneficios para Empleados para más detalles.

Destacado

- You own the policy, even if you change jobs or retire. Tu eres el dueño de la póliza, incluso si cambias de trabajo o te jubilas.
- La póliza sigue vigente durante toda su duración.
- Puedes comprar cobertura para tus dependientes.

Texas Life

Seguro de Vida Permanente



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

Texas Life Insurance - Seguro de Vida Permanente Transferible

La tranquilidad que ofrece el seguro de vida permanente y voluntario es incomparable. Es un compañero sólido para su plan de seguro de vida grupal. Texas Life ofrece un seguro de vida que usted puede conservar durante toda la vida. El plan es fácil de comprar, pagar y mantener gracias a la conveniencia de la deducción de nómina. La cobertura es asequible y confiable. Además, Texas Life tiene más de un siglo de experiencia en la protección de familias y la tranquilidad que sólo puede dar un seguro de vida permanente.

Puntos destacados del Seguro de Vida Permanente de Texas Life

- Usted es dueño de la póliza, incluso si cambia de trabajo o se jubila.
- La póliza permanece en vigor hasta que usted fallezca o hasta los 121 años, siempre que pague la prima necesaria a tiempo.
- Se trata de una póliza de vida permanente y universal, lo que significa que puede estar tranquilo sabiendo que sus seres queridos estarán bien atendidos cuando usted se vaya.



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 is permanent life insurance which features long guarantees¹ and one of the highest death benefits per payroll-deducted dollar offered at the worksite.² PURELIFE-PLUS is an ideal complement to any group term and optional life insurance your employer might provide, and it has the following features:



**YOU OWN IT
THE COST IS REASONABLE**



**YOU CAN TAKE IT WITH
YOU WHEN YOU CHANGE
JOBS OR RETIRE⁴**



**YOU PAY FOR IT
THROUGH CONVENIENT
PAYROLL DEDUCTIONS**



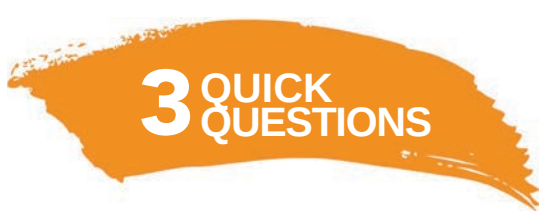
**YOU CAN COVER YOUR
SPOUSE, CHILDREN AND
GRANDCHILDREN, TOO³**



**YOU CAN GET A LIVING
BENEFIT IF YOU BECOME
TERMINALLY ILL⁵**



**YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU
BECOME CHRONICALLY ILL⁶**



3 QUICK QUESTIONS

You can qualify by answering
just 3 questions.⁷

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?

**TEXASLIFE INSURANCE
COMPANY**
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

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

- 1 Guarantees are subject to product terms, limitations, exclusions and the insurer's claims paying ability and financial strength. Current average premium guarantee is 45 years.
- 2 Voluntary Universal and Whole Life Products, Eastbridge Consulting Group, Inc. (2022)
- 3 Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
- 4 As long as the necessary premiums are paid.
- 5 Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07
- 6 Chronic Illness Rider available for an additional cost for employees and their spouses. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15
- 7 Issuance of coverage will depend on answers to these questions.

23Mo21-C FFGA 1019 (exp0325) Not for use in CA, FL or NH.

The agent/agency offering this proposal is not affiliated with Texas Life other than to market its products. Claims payments are the responsibility of Texas Life Insurance Company.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the PureLife-plus brochure for costs and complete details. Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO. Texas Life is licensed to do business in the District of Columbia and every state but New York. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died.

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

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

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)
 with Accidental Death Rider
 Grandchild coverage available through age 18.

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

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

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

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

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

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

Indicates Spouse Coverage Available

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

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

CHILDREN AND GRANDCHILDREN (TOBACCO)
 with Accidental Death Rider
 Grandchild coverage available through age 18.

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

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

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

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

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

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

Indicates Spouse Coverage Available

Seguro de Protección de Ingresos

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

¿Por qué necesito un seguro por discapacidad?

¿Alguna vez se ha preguntado qué pasaría con sus ingresos si tuviera una lesión accidental, una enfermedad o un embarazo? Es por eso que necesita cobertura por discapacidad. Reemplaza una parte de los ingresos por el período de tiempo que no pueda trabajar por esos motivos. Usted puede elegir el monto del beneficio, que es el monto de sus ingresos por reemplazar, y el "período de espera" en el que comienza a recibir pagos.

¿Cómo decide si necesita un seguro por discapacidad? Considere estas preguntas cuando tome su decisión:

- ¿Cuánta tiempo de excedencia del empleador tiene?
- ¿Tiene ahorros?
- ¿De cuántos otros ingresos puede usted depender, como de orden de manutención de cónyuge o infantil?
- ¿Cuánto tiempo le queda antes de la jubilación?
- ¿Puede solicitar beneficios del Seguro Social por Discapacidad o Jubilación por Discapacidad?
- ¿Cuáles son sus otras fuentes de ingresos?



Benefit Policy Schedule

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 (15th)	Plan II (31st)	Plan III (61st)	Plan IV (91st)	Plan V (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$7.28	\$5.80	\$4.92	\$4.16	\$3.12
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$10.92	\$8.70	\$7.38	\$6.24	\$4.68
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$14.56	\$11.60	\$9.84	\$8.32	\$6.24
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$18.20	\$14.50	\$12.30	\$10.40	\$7.80
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$21.84	\$17.40	\$14.76	\$12.48	\$9.36
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$25.48	\$20.30	\$17.22	\$14.56	\$10.92
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$29.12	\$23.20	\$19.68	\$16.64	\$12.48
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$32.76	\$26.10	\$22.14	\$18.72	\$14.04
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$36.40	\$29.00	\$24.60	\$20.80	\$15.60
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$40.04	\$31.90	\$27.06	\$22.88	\$17.16
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$43.68	\$34.80	\$29.52	\$24.96	\$18.72
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$47.32	\$37.70	\$31.98	\$27.04	\$20.28
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$50.96	\$40.60	\$34.44	\$29.12	\$21.84
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$54.60	\$43.50	\$36.90	\$31.20	\$23.40
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$58.24	\$46.40	\$39.36	\$33.28	\$24.96
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$61.88	\$49.30	\$41.82	\$35.36	\$26.52
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$65.52	\$52.20	\$44.28	\$37.44	\$28.08
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$69.16	\$55.10	\$46.74	\$39.52	\$29.64
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$72.80	\$58.00	\$49.20	\$41.60	\$31.20
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$76.44	\$60.90	\$51.66	\$43.68	\$32.76
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$80.08	\$63.80	\$54.12	\$45.76	\$34.32
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$83.72	\$66.70	\$56.58	\$47.84	\$35.88
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$87.36	\$69.60	\$59.04	\$49.92	\$37.44
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$91.00	\$72.50	\$61.50	\$52.00	\$39.00
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$94.64	\$75.40	\$63.96	\$54.08	\$40.56
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$98.28	\$78.30	\$66.42	\$56.16	\$42.12
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$101.92	\$81.20	\$68.88	\$58.24	\$43.68
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$105.56	\$84.10	\$71.34	\$60.32	\$45.24
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$109.20	\$87.00	\$73.80	\$62.40	\$46.80
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$112.84	\$89.90	\$76.26	\$64.48	\$48.36
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$116.48	\$92.80	\$78.72	\$66.56	\$49.92
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$120.12	\$95.70	\$81.18	\$68.64	\$51.48
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$123.76	\$98.60	\$83.64	\$70.72	\$53.04
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$127.40	\$101.50	\$86.10	\$72.80	\$54.60
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$131.04	\$104.40	\$88.56	\$74.88	\$56.16
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$134.68	\$107.30	\$91.02	\$76.96	\$57.72
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$138.32	\$110.20	\$93.48	\$79.04	\$59.28

Benefit Policy Schedule (continued)

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 (15th)	Plan II (31st)	Plan III (61st)	Plan IV (91st)	Plan V (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$141.96	\$113.10	\$95.94	\$81.12	\$60.84
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$145.60	\$116.00	\$98.40	\$83.20	\$62.40
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$149.24	\$118.90	\$100.86	\$85.28	\$63.96
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$152.88	\$121.80	\$103.32	\$87.36	\$65.52
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$156.52	\$124.70	\$105.78	\$89.44	\$67.08
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$160.16	\$127.60	\$108.24	\$91.52	\$68.64
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$163.80	\$130.50	\$110.70	\$93.60	\$70.20
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$167.44	\$133.40	\$113.16	\$95.68	\$71.76
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$171.08	\$136.30	\$115.62	\$97.76	\$73.32
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$174.72	\$139.20	\$118.08	\$99.84	\$74.88
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$178.36	\$142.10	\$120.54	\$101.92	\$76.44
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$182.00	\$145.00	\$123.00	\$104.00	\$78.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$185.64	\$147.90	\$125.46	\$106.08	\$79.56
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$189.28	\$150.80	\$127.92	\$108.16	\$81.12
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$192.92	\$153.70	\$130.38	\$110.24	\$82.68
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$196.56	\$156.60	\$132.84	\$112.32	\$84.24
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$200.20	\$159.50	\$135.30	\$114.40	\$85.80
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$203.84	\$162.40	\$137.76	\$116.48	\$87.36
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$207.48	\$165.30	\$140.22	\$118.56	\$88.92
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$211.12	\$168.20	\$142.68	\$120.64	\$90.48
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$214.76	\$171.10	\$145.14	\$122.72	\$92.04
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$218.40	\$174.00	\$147.60	\$124.80	\$93.60
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$222.04	\$176.90	\$150.06	\$126.88	\$95.16
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$225.68	\$179.80	\$152.52	\$128.96	\$96.72
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$229.32	\$182.70	\$154.98	\$131.04	\$98.28
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$232.96	\$185.60	\$157.44	\$133.12	\$99.84
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$236.60	\$188.50	\$159.90	\$135.20	\$101.40
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$240.24	\$191.40	\$162.36	\$137.28	\$102.96
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$243.88	\$194.30	\$164.82	\$139.36	\$104.52
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$247.52	\$197.20	\$167.28	\$141.44	\$106.08
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$251.16	\$200.10	\$169.74	\$143.52	\$107.64
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$254.80	\$203.00	\$172.20	\$145.60	\$109.20
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$258.44	\$205.90	\$174.66	\$147.68	\$110.76
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$262.08	\$208.80	\$177.12	\$149.76	\$112.32
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$265.72	\$211.70	\$179.58	\$151.84	\$113.88
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$269.36	\$214.60	\$182.04	\$153.92	\$115.44
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$273.00	\$217.50	\$184.50	\$156.00	\$117.00

Seguro contra Cáncer

Opciones de Planes



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A miles de estadounidenses se les diagnostica cáncer todos los días. Sin duda, la noticia es devastadora, tanto personal como económicamente. Es imposible anticipar un diagnóstico de cáncer, pero es posible prepararse para ello con un plan de seguro contra el cáncer.

Es probable que su cobertura médica principal no cubra todos los costos asociados con un diagnóstico de cáncer. Complementar su seguro médico principal con un seguro contra el cáncer puede ayudarle a pagar los gastos relacionados, como copagos y deducibles, especialistas, tratamiento experimental, hospitales especializados, gastos de viaje, atención domiciliaria y más.

Las primas se pagan mediante una conveniente deducción de la nómina para garantizar que su póliza permanezca en vigor si la necesita. Los beneficios se le pagan directamente a usted, por lo que puede elegir cómo gastar el dinero. Visite el Centro de Beneficios para Empleados y consulte la póliza para obtener más detalles.

Seguro Mensual de Cancer				
Basica	18-40	41-50	51-60	61+
Empleado Solo	\$16.30	\$23.60	\$32.60	\$44.20
Familia Con un 1 Padre	\$24.40	\$35.20	\$48.70	\$65.90
Familia Con 2 Padres	\$31.80	\$45.70	\$63.30	\$85.80
Mejorada	18-40	41-50	51-60	61+
Empleado Solo	\$21.00	\$30.80	\$42.40	\$57.30
Familia Con un 1 Padre	\$31.40	\$45.80	\$63.30	\$85.60
Familia Con 2 Padres	\$40.80	\$59.50	\$82.30	\$111.30

Cancer C11 Insurance

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

Cancer Insurance Benefits

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

Example Cancer insurance benefits include:



Experimental Treatment

This benefit may help pay for experimental treatment to give you alternatives in your healing. These treatment types may not be covered by major medical plans.



Transportation and Lodging

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

Plan Highlights

This plan is designed to help cover expenses, should you be diagnosed with cancer. With more than 25 built-in plan benefits, this plan provides benefits for the treatment of cancer, transportation, hospitalization, and more.

In addition, this is a portable plan, so you own the policy. You can take the coverage with you if you choose to leave your current job, and your premiums will not increase because you left your employment.

American Fidelity's Limited Benefit Cancer Insurance features:

- **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.

SCREENING BENEFIT⁺

Receive a benefit for your annual internal cancer screening test, including but not limited to Mammogram, PAP, Prostate-Specific Antigen Blood Test (PSA), Chest X-ray, Flexible Sigmoidoscopy, ThinPrep Pap test, and Colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT (per calendar year)

Basic
\$60

Enhanced
\$75

Plan Options

You can take advantage of the following options to extend coverage to your family:

- **Individual Plan**
The Insured, age 18 through 70, at the date of policy issue, is the only Covered Person.
- **Single Parent Family Plan**
The Insured, age 18 through 70, at the date of policy issue, and each Eligible Child, to age 26, or as defined in the policy.
- **Family Plan**
The Insured and spouse age 18 through 70, at the date of policy issue, and Eligible Child, to age 26, or as defined in the policy.

⁺The premium and amount of benefits vary based upon the plan selected.

Schedule of Benefits by Plan⁺

Marketed by: First Financial Group of America

	Basic	Enhanced
SCREENING BENEFITS		
Diagnostic and Prevention Benefit <i>(one per calendar year)</i>	\$60	\$75
Cancer Screening Follow-Up Benefit <i>(one per calendar year)</i>	\$60	\$75
TREATMENT BENEFITS		
Radiation Therapy/Chemotherapy/Immunotherapy Benefit <i>(per 12-month period) (Actual Charges)</i>	up to \$15,000	up to \$20,000
Medical Imaging Benefit <i>(per image - max 2 per calendar year)</i>	\$200	\$300
Hormone Therapy Benefit <i>(per treatment - max 12 treatments/calendar year)</i>	\$50	\$50
Administrative/Lab Work Benefit <i>(per calendar month)</i>	\$75	\$100
Blood, Plasma, and Platelets Benefit <i>(per day)</i> <i>(per calendar year max)</i>	\$150 \$7,500	\$200 \$10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit	
Bone Marrow/Stem Cell Transplant Benefit Autologous <i>(Patient provided) (per calendar year)</i> Non-autologous <i>(Donor provided) (per calendar year)</i>	\$1,000 \$3,000	\$1,500 \$4,500
Donor Benefit	\$1,000 per donation	
Inpatient Special Nursing Services Benefit <i>(benefit per day while Hospital Confined)</i>	\$150	\$150
Dread Disease Benefit <i>(benefit per day for the first 30 days per Hospital Confinement)</i> <i>(benefit per day thereafter)</i>	\$200 \$400	\$300 \$600
HOSPITALIZATION BENEFITS		
Hospital Confinement Benefit* <i>(per day for the first 30 days)</i> <i>(per day after the first 30 days of Hospital Confinement)</i>	\$200 \$400	\$300 \$600
Drugs & Medicine Benefit Hospital Confinement <i>(per Confinement)</i> Outpatient <i>(per prescription - \$100 monthly max for Basic; \$150 for Enhanced) per calendar month</i>	\$200 \$50	\$300 \$50
Attending Physician Benefit <i>(per day while Hospital Confined)</i>	\$40	\$50
U.S. Government/Charity Hospital or HMO Benefit <i>(per day in lieu of most benefits)</i> Hospital Confinement Outpatient Services	\$200 \$200	\$300 \$300
AMBULANCE, TRANSPORTATION, & LODGING BENEFITS		
Ambulance Benefit <i>(per trip - max 2 trips any combination per confinement)</i> Ground Air	\$200 \$2,000	\$200 \$2,000
Transportation & Lodging Benefit (Patient and/or Family) Transportation <i>(\$1,500 max per round trip; max 12 trips/calendar year)</i> Outpatient Lodging <i>(per day up to 90 days per calendar year)</i>	Coach fare or \$.50/mile by car \$60	Coach fare or \$.50/mile by car \$80

Schedule of Benefits by Plan⁺ (continued)

	Basic	Enhanced
SURGICAL TREATMENT BENEFITS		
Surgical Benefit <i>Unit Dollar Amount (per surgical unit)</i> <i>Maximum Per Operation</i>	\$30 \$3,000	\$40 \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Outpatient Hospital or Ambulatory Surgical Center Benefit (per day)	\$400	\$600
Second & Third Surgical Opinion Benefit (per diagnosis) <i>(Additional \$300 for 3rd if required)</i>	\$300	\$300
CONTINUING CARE BENEFITS		
Prosthesis Benefit Non-Surgical (per device - 1 per site, lifetime max of 3) Surgical Implantation (per device, includes surgical fee - 1 per site, lifetime max of 2) Hair Prosthesis (once per life)	\$150 \$1,500 \$150	\$200 \$2,000 \$200
Extended Care Facility Benefit <i>(per day for up to the same number of days of paid Hospital Confinement)</i>	\$75	\$100
Physical or Speech Therapy Benefit <i>(per visit up to 4 per calendar month - lifetime max of \$1,000)</i>	\$25	\$25
Hospice Care Benefit <i>(per day - \$13,500 lifetime max for Basic; \$18,000 lifetime max for Enhanced)</i>	\$75	\$100
Home Health Care Benefit <i>(per day for up to the same number of days of paid Hospital Confinement)</i>	\$75	\$100
Waiver of Premium <i>(as long as the primary insured remains disabled)</i>	pays 90 continuous days	

Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Enhance your plan⁺⁺

Critical Illness Rider

Thanks to medical technology, more people are surviving critical illnesses. This rider is designed to help with the cost associated with surviving these types of illnesses.

Schedule of Benefits	
Cancer Benefit <i>(per unit - maximum \$10,000)</i>	\$2,500
Heart Attack/Stroke Benefit <i>(per unit - maximum \$10,000)</i>	\$2,500

Summary of Critical Illness Rider Benefits:

- Pays when diagnosed after 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke, depending upon the Critical Illness coverage elected at time of application.
- Pays the specified Maximum Benefit Amount per Covered Critical Illness, as defined under this rider (this rider only pays a benefit for the first to occur of either a heart attack or stroke).
- Each benefit is a one-time paid benefit.
- All Critical Illness amounts reduce by 50% at age 70.

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

⁺⁺Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.

Hospital Intensive Care Unit Rider

This rider can provide a benefit to help by paying for each day a Covered Person is confined in an Intensive Care Unit (ICU), as defined in the rider.

Schedule of Benefits	
ICU Confinement Benefit <i>(per day up to 30 days)</i>	\$600
Ambulance Benefit <i>(per admission in an ICU)</i>	\$100

Summary of Hospital ICU Rider Benefits:

- Confinement must be due to an accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.
- For ambulance charges, \$100 for transportation to a Hospital where the Covered Person is admitted to an ICU within 24 hours of arrival.
- All ICU amounts reduce by 50% at age 70.

Cancer Insurance Premiums

Base Plan Monthly Premiums*

BASIC	18-40	41-50	51-60	61+
Individual	16.30	23.60	32.60	44.20
1 Parent Family	24.40	35.20	48.70	65.90
2 Parent Family	31.80	45.70	63.30	85.80

ENHANCED	18-40	41-50	51-60	61+
Individual	21.00	30.80	42.40	57.30
1 Parent Family	31.40	45.80	63.30	85.60
2 Parent Family	40.80	59.50	82.30	111.30

Optional Benefit Rider Monthly Premiums*

Hospital Intensive Care Unit Rider Monthly Premiums

ICU RIDER	18-40	41-50	51-60	61+
Individual	3.40	4.20	5.50	7.10
1 Parent Family	5.10	6.30	8.20	10.60
2 Parent Family	6.60	8.20	10.70	13.80

Optional Benefit Rider Monthly Premiums*

Critical Illness Rider Monthly Premiums

CANCER ONLY												
\$2,500			\$5,000			\$7,500			\$10,000			
Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	
18-40	1.50	2.20	2.90	3.00	4.40	5.80	4.50	6.60	8.70	6.00	8.80	11.60
41-50	3.00	4.50	5.80	6.00	9.00	11.60	9.00	13.50	17.40	12.00	18.00	23.20
51-60	4.90	7.30	9.40	9.80	14.60	18.80	14.70	21.90	28.20	19.60	29.20	37.60
61+	7.10	10.60	13.80	14.20	21.20	27.60	21.30	31.80	41.40	28.40	42.40	55.20

HEART ATTACK/STROKE ONLY												
\$2,500			\$5,000			\$7,500			\$10,000			
Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	
18-40	0.80	1.20	1.50	1.60	2.40	3.00	2.40	3.60	4.50	3.20	4.80	6.00
41-50	2.10	3.10	4.10	4.20	6.20	8.20	6.30	9.30	12.30	8.40	12.40	16.40
51-60	3.10	4.60	6.00	6.20	9.20	12.00	9.30	13.80	18.00	12.40	18.40	24.00
61+	4.60	6.90	8.90	9.20	13.80	17.80	13.80	20.70	26.70	18.40	27.60	35.60

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

This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. **These products are inappropriate for people who are eligible for Medicaid Coverage.**



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Seguro contra Enfermedades Graves

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Prepárese para lo inesperado

Si ha oído hablar de ataques cardíacos, accidentes cerebrovasculares, trasplantes de órganos o parálisis, entonces está familiarizado con las enfermedades graves. Es probable que usted o alguien que conozca haya experimentado uno de estos eventos que le cambiaron la vida. Muchas veces, una enfermedad grave tiene un impacto poderoso en la vida de las personas, afectando su sustento y sus finanzas.

Un plan de enfermedades graves puede ayudar con los costos de tratamiento de enfermedades cubiertas. Los beneficios se le pagan directamente a usted, a menos que se haya asignado de otra forma, lo que le da la opción de decidir cómo gastar el dinero. Además, hay planes disponibles para brindarle cobertura a usted, su cónyuge y sus hijos dependientes.

Prepárese ahora para lo inesperado con un plan de seguro contra enfermedades graves. El plan le ayuda a concentrarse en recuperarse en lugar de preocuparse por las finanzas. Visite el Centro de Beneficios para Empleados y consulte la póliza para obtener más detalles.



AFLAC GROUP CRITICAL ILLNESS

Aflac puede ayudar a aliviar las presiones financieras por sobrevivir una enfermedad grave.

Es muy probable que conozca a alguien que haya sido diagnosticado con una enfermedad grave. Es inevitable notar la diferencia en la vida de la persona, tanto a nivel físico como emocional. Lo que no es tan evidente es el impacto que una enfermedad grave puede tener sobre las finanzas personales de un individuo.

Esto ocurre porque, a pesar de que un plan médico principal puede pagar una buena porción de los costos asociados con una enfermedad grave, existen muchos gastos que podrían no estar cubiertos. Además, durante la recuperación, tener que preocuparse por los gastos pagados del propio bolsillo es lo último que alguien necesita.

Ese es el beneficio de un plan de Aflac Group Critical Illness.

Puede ayudar a pagar los costos del tratamiento de enfermedades graves cubiertas, como un ataque cardíaco o un derrame cerebral.

Lo que es aún más importante, el plan le permite concentrarse en la recuperación en vez de estar preocupado y estresado por los gastos pagados del propio bolsillo. Con el plan de Enfermedad Grave, usted recibirá beneficios en efectivo directamente (salvo que se asignen de otro modo) y esto le dará flexibilidad para ayudar a pagar las facturas relacionadas con el tratamiento o para ayudar con los gastos diarios.

Pero eso no es todo. Tener un seguro colectivo de enfermedad grave de Aflac significa que usted podría haber añadido recursos financieros para ayudar con los gastos médicos o con los gastos de su vida diaria.

Características:

- Los beneficios se le pagan directamente a usted, a menos que se asignen de otro modo.
- La cobertura está disponible para usted, su cónyuge e hijos dependientes.
- La cobertura puede continuar (con ciertas estipulaciones). Esto significa que, si cambia de trabajo o se jubila, puede seguir manteniendo el mismo plan.

Cómo Funciona:

Selecciona la cobertura de **Aflac Group Critical Illness**.

Usted presenta dolor en el pecho y adormecimiento en el brazo izquierdo.

Usted acude a la sala de emergencias.

Un médico determina que usted ha sufrido un ataque cardíaco.

Aflac Group Critical Illness paga un Beneficio de Diagnóstico Inicial de:

\$10,000

El monto pagadero está basado en el Beneficio de Diagnóstico Inicial de \$10,000.

BENEFICIOS POR ENFERMEDADES GRAVES CUBIERTAS:

CÁNCER (Interno o Invasivo)	100%
ATAQUE CARDÍACO (Infarto de Miocardio)	100%
DERRAME CEREBRAL (Isquémico o Hemorrágico)	100%
INSUFICIENCIA RENAL (Insuficiencia Renal en Etapa Terminal)	100%
TRASPLANTE DE MÉDULA ÓSEA (Trasplante de Células Madre)	100%
PARO CARDÍACO SÚBITO	100%
TRASPLANTE DE ÓRGANO PRINCIPAL (25% de este beneficio es pagadero para los asegurados colocados en una lista para un trasplante de órgano principal)	100%
DIABETES TIPO I	100%
COMA	100%
PARÁLISIS	100%
PÉRDIDA DE LA VISIÓN	100%
PÉRDIDA DE LA AUDICIÓN	100%
PÉRDIDA DEL HABLA	100%
CIRUGÍA DE DERIVACIÓN ARTERIAL CORONARIA O BYPASS CORONARIO	100%
CÁNCER NO INVASIVO	25%
CÁNCER METASTÁSICO	25%

BENEFICIO DE DIAGNÓSTICO INICIAL

Pagaremos un beneficio de suma global al momento del diagnóstico inicial de una enfermedad grave cubierta, cuando dicho diagnóstico fuera ocasionado por o atribuido únicamente a una enfermedad subyacente. Los beneficios se basarán en el monto nominal vigente en la fecha de diagnóstico de la enfermedad grave.

BENEFICIO DE DIAGNÓSTICO ADICIONAL

Pagaremos beneficios por cada enfermedad grave diferente después de la primera, cuando las dos fechas de los diagnósticos estén separadas por al menos 6 meses consecutivos.

BENEFICIO POR ENFERMEDAD RECURRENTE

Pagaremos beneficios por la misma enfermedad grave después de la primera, cuando las dos fechas de los diagnósticos estén separadas por al menos 6 meses consecutivos.

BENEFICIO DE CÁNCER DE PIEL

Pagaremos \$1,000 por el diagnóstico de cáncer de piel. Pagaremos este beneficio una vez por año calendario.

BENEFICIO DE ACCIDENTE

Pagadero si un asegurado sufre un accidente cubierto y sufre cualquiera de los siguientes, que se deba únicamente a, causado y atribuido al accidente cubierto: Coma / Pérdida de la Vista / Pérdida del Habla / Pérdida de la Audición / Quemaduras Graves / Parálisis.

100%

CESIÓN DEL DERECHO A LA PRIMA

Si usted quedara totalmente incapacitado debido a una enfermedad grave cubierta antes de los 65 años de edad, después de 90 días continuos de incapacidad total, cederemos el pago de las primas a usted y a cualquiera de sus dependientes cubiertos. Siempre y cuando permanezca totalmente incapacitado, las primas quedarán exoneradas hasta por 24 meses, sujeto a los términos del plan.

BENEFICIO DE ASEGURADO SUCESOR (En Missouri, Privilegio de Conversión [Asegurado Sucesor])

Si la cobertura de su cónyuge está vigente al momento del fallecimiento del asegurado principal, el cónyuge sobreviviente podrá elegir continuar con la cobertura. La cobertura continuaría con el monto nominal del cónyuge actual y además incluiría cualquier cobertura para hijo dependiente vigente en dicho momento. Lea el certificado para obtener más detalles.

COBERTURA PARA LOS HIJOS SIN COSTO ADICIONAL

Cada hijo dependiente está cubierto al 50 por ciento del monto del beneficio del asegurado principal sin cargo adicional. La cobertura solo para hijos no está disponible.

SEGURO COLECTIVO DE ENFERMEDAD GRAVE

PÁGINA DE RESUMEN DE LA CLÁUSULA ADICIONAL DE CONDICIONES DE SALUD DE LA INFANCIA

Beneficios de la Cláusula Adicional de Condiciones de Salud de la Infancia	Monto Nominal del Porcentaje del Empleado
FIBROSIS QUÍSTICA	50%
PARÁLISIS CEREBRAL	50%
LABIO LEPORINO O PALADAR HENDIDO	50%
SÍNDROME DE DOWN	50%
ENFERMEDAD POR DEFICIENCIA DE FENILALANIN HIDROXILASA (FENILCETONURIA, PKU)	50%
ESPINA BÍFIDA	50%
Monto del Beneficio Único	
TRASTORNO DEL ESPECTRO AUTISTA	\$3,000
Los beneficios son pagaderos si a un hijo dependiente se le diagnostica una de las condiciones de salud listadas y la fecha del diagnóstico es mientras la cláusula adicional está vigente. (En Indiana, el diagnóstico no debe excluirse específicamente del plan)	

Para que cualquier Condición de Salud de la Infancia subsecuente sea cubierta, la fecha de diagnóstico de la Condición de Salud de la Infancia subsecuente debe cumplir con el período de separación de Diagnóstico Adicional indicado en el folleto. Estos beneficios se pagarán en base al valor nominal vigente a la fecha del diagnóstico de la enfermedad grave.



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Para obtener la lista completa de limitaciones y exclusiones, por favor consulte el folleto. Este encarte es una descripción breve de la cobertura y no constituye un contrato. Lea su certificado detenidamente para obtener la condiciones y términos exactos. Este documento está diseñado para usarse en conjunto con el folleto del producto de Enfermedad Grave C22000 y está sujeto a los términos, condiciones y limitaciones de la Póliza Serie C22000.

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SEGURO COLECTIVO POR ENFERMEDAD GRAVE

PÁGINA DE RESUMEN POR ENFERMEDADES PROGRESIVAS

Enfermedades Progresivas Cubiertas Bajo el Plan	Porcentaje del Monto Nominal
Esclerosis Lateral Amiotrófica (ELA o enfermedad de Lou Gehrig)	100%
Esclerosis Múltiple Sostenida	100%
Enfermedad de Alzheimer Avanzada	100%
Enfermedad de Parkinson Avanzada	100%
Enfermedad Pulmonar Obstructiva Crónica (COPD)	25%
Enfermedad de Crohn	25%

Estos beneficios se pagarán en base al valor nominal vigente a la fecha de diagnóstico de la enfermedad grave. Pagaremos el beneficio que se muestra al momento del diagnóstico de una de las enfermedades cubiertas si la fecha de diagnóstico ocurre mientras la cláusula adicional está en vigencia.

El beneficio por Enfermedad Progresiva es pagadero solo una vez por enfermedad.

Para cualquier Enfermedad Progresiva posterior a ser cubierta, la fecha del diagnóstico de la Enfermedad Progresiva posterior debe satisfacer el período de separación del Diagnóstico Adicional que se muestra en el folleto.

QUÉ NO ESTÁ CUBIERTO, LIMITACIONES Y EXCLUSIONES Y TÉRMINOS QUE DEBE CONOCER

Todas las limitaciones y exclusiones que se aplican al plan por enfermedades graves también aplican a la cláusula adicional, a menos que sean modificadas por la misma.

Fecha del Diagnóstico se define para cada enfermedad grave específica de la siguiente manera:

- **Esclerosis Lateral Amiotrófica (ELA o Enfermedad de Lou Gehrig):** La fecha en que un médico diagnostica al Asegurado con ELA y cuando dicho diagnóstico está respaldado por un historial médico.
- **Esclerosis Múltiple Sostenida:** La fecha en que un médico diagnostica al Asegurado con Esclerosis Múltiple y cuando dicho diagnóstico está respaldado por un historial médico.
- **Enfermedad de Alzheimer Avanzada:** La fecha en que un médico declara al asegurado incapacitado, debido a la enfermedad de Alzheimer.
- **Enfermedad de Parkinson Avanzada:** La fecha en que un médico certificado declara al asegurado incapacitado, debido a la enfermedad de Parkinson.
- **Enfermedad Pulmonar Obstructiva Crónica (EPOC):** La fecha en que un médico diagnostica a un asegurado con EPOC basado en los resultados clínicos y de laboratorio respaldados por un historial médico.
- **Enfermedad de Crohn:** La fecha en que un médico diagnostica a un asegurado con Enfermedad de Crohn basado en los resultados clínicos y de laboratorio respaldados por un historial médico.



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Por favor consulte el folleto para obtener una lista completa de limitaciones y exclusiones. Esta página de resumen es una breve descripción de la cobertura y no constituye un contrato. Lea su certificado detenidamente para conocer los términos y condiciones exactos. Esta pieza está destinada a ser utilizada junto con el folleto de Enfermedad Grave del producto C22000 y está sujeto a los términos, condiciones y limitaciones de la Póliza Serie C22000.

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SEGURO COLECTIVO DE ENFERMEDAD GRAVE

PÁGINA DE RESUMEN DE LA CLÁUSULA ADICIONAL DE ENFERMEDADES ESPECÍFICAS

BENEFICIO DE ENFERMEDAD ESPECÍFICA NIVEL I	Porcentaje del Monto Nominal
Hipofunción Suprarrenal (Enfermedad de Addison), Meningitis Cerebroespinal, Difteria, Corea de Huntington, Enfermedad de Legionnaire, Enfermedad de Lyme, Malaria, Distrofia Muscular, Miastenia Grave, Fascitis Necrosante, Osteomielitis, Poliomieltitis (Polio), Rabia, Anemia Drepanocítica, Lupus Sistémico, Esclerosis Sistémica (Escleroderma), Tétano, Tuberculosis	25%

Pagaremos los beneficios que se muestran si un asegurado es diagnosticado con una de las Enfermedades Específicas de Nivel I mencionadas y si la fecha de diagnóstico sea mientras la cláusula adicional este en vigor.

Para cualquier Enfermedad Específica de Nivel I posterior a ser cubierta, la fecha de diagnóstico de la Enfermedad Específica de Nivel I posterior debe ser 180 días o más de la fecha en que el asegurado califico por primera vez para cualquier Enfermedad Específica de Nivel I pagada anteriormente.

BENEFICIO DE ENFERMEDAD ESPECÍFICA NIVEL II

Coronavirus Humano	10% si es hospitalizado de 4 a 9 días 25% si es hospitalizado 10 días o más 40% si es hospitalizado en una unidad de cuidado intensivo
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Pagaremos el beneficio que se muestra si a un asegurado se le diagnostica coronavirus humano y dicho diagnóstico resulta en un período de hospitalización o una hospitalización en la unidad de cuidados intensivos de un hospital como resultado directo del coronavirus humano. Por otra parte, la fecha de diagnóstico debe ser mientras la cláusula adicional este en vigor.

Además, el asegurado debe recibir tratamiento por coronavirus humano durante el mínimo número de días indicados. Solo la cantidad de beneficio elegible más alta se pagará bajo estos beneficios. En el caso de que anteriormente se haya pagado una cantidad de beneficio menor bajo estos beneficios por cualquier período de hospitalización y que la hospitalización se extienda o el asegurado sea trasladado a una unidad de cuidados intensivos provocando un cambio a un pago más alto, se proporcionará la diferencia entre la cantidad del beneficio pagado anteriormente y el nuevo beneficio.

Para que un diagnóstico posterior de coronavirus humano sea cubierto, la fecha de diagnóstico debe satisfacer el período de separación del Diagnóstico Adicional mencionado en el folleto.

En Alaska, todas las referencias del Coronavirus Humano son revisadas como Coronavirus Humano Severo.



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Seguro contra Accidentes

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Los costos asociados con una lesión pueden acumularse. Entre las visitas al hospital, los exámenes y el tratamiento, los gastos de bolsillo pueden ponerlo en una situación económica difícil. Un plan de seguro contra accidentes le paga los beneficios directamente a usted para que pueda determinar dónde gastar el dinero. Es reconfortante saber que una póliza de seguro contra accidentes puede estar disponible en todas las etapas de su atención, desde el tratamiento inicial hasta la atención de seguimiento. La cobertura de accidentes está disponible para usted a través de deducciones de la nómina y puede proporcionar un beneficio por los costos asociados con:

- Conmociones cerebrales
- Laceraciones
- Dientes rotos
- Visitas a la sala de emergencias
- Ambulancia, terrestre o aérea
- Unidad de cuidados intensivos

Seguro Mensual de Accidents		
	Bajo	Alto
Empleado Solo	\$8.30	\$13.79
Empleado + Conjuge	\$13.94	\$23.25
Empleado + Hijos	\$17.36	\$30.03
Familia	\$23.00	\$39.49



GROUP ACCIDENT INSURANCE

	HIGH	LOW
INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:		
Hospital emergency room with X-Ray / without X-Ray	\$250/\$200	\$125/\$100
Urgent care facility with X-Ray / without X-Ray	\$250/\$200	\$125/\$100
Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray	\$150/\$100	\$75/\$50
AMBULANCE (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.	\$400 Ground \$1,200 Air	\$200 Ground \$600 Air
MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.	\$200	\$100
EMERGENCY ROOM OBSERVATION (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.	\$100 Each 24 hour period \$50 Less than 24 hours, but at least 4 hours	\$50 Each 24 hour period \$25 Less than 24 hours, but at least 4 hours
PRESCRIPTIONS (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured (in Alaska, Massachusetts and Montana prescriptions do not have to be medically necessary). This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).	\$5	\$5
BLOOD/PLASMA/PLATELETS (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.	\$200	\$100
PAIN MANAGEMENT (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.	\$100	\$50
CONCUSSION (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.	\$500	\$250
TRAUMATIC BRAIN INJURY (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist.	\$5,000	\$2,500

COMA (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.		\$10,000	\$5,000
EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.		\$50 Extraction \$200 Repair with a crown	\$25 Extraction \$100 Repair with a crown
BURNS (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.			
Second Degree			
Less than 10%		\$100	\$50
At least 10% but less than 25%		\$200	\$100
At least 25% but less than 35%		\$500	\$250
35% or more		\$1,000	\$500
Third Degree			
Less than 10%		\$1,000	\$500
At least 10% but less than 25%		\$5,000	\$2,500
At least 25% but less than 35%		\$10,000	\$5,000
35% or more		\$20,000	\$10,000
EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.		\$250	\$125
FRACTURES (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one fracture in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.		Up to \$4,000 based on a schedule	Up to \$2,000 based on a schedule
DISLOCATIONS (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.		Up to \$3,000 based on a schedule	Up to \$1,500 based on a schedule
LACERATIONS (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):			
Over 15 centimeters		\$800	\$400
5-15 centimeters		\$400	\$200
Under 5 centimeters		\$100	\$50
Lacerations not requiring stitches		\$50	\$25
OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.		\$400	\$200

FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).	\$100	\$50
OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.	\$50	\$25
INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	\$1,000	\$500
TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.	\$500 Plane \$200 Any ground transportation	\$250 Plane \$100 Any ground transportation

SUCCESSOR INSURED BENEFIT
 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.

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

AFTER CARE BENEFITS	HIGH	LOW
APPLIANCES (within 6 months after the accident) Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion. Cane, Ankle Brace Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar Wheelchair, Knee Scooter, Body Jacket, Back Brace	\$40 \$100 \$400	\$20 \$50 \$200
ACCIDENT FOLLOW-UP TREATMENT (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident) Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.	\$50	\$25
POST-TRAUMATIC STRESS DISORDER (PTSD) (once per accident, within 6 months after the accident) Payable if the insured is diagnosed with PTSD, a mental health condition triggered by a covered accident. An insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.	\$200	\$100
REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured) Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement. We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.	\$100 per day	\$50 per day

THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.	\$50	\$25
CHIROPRACTIC OR ALTERNATIVE THERAPY (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.	\$30	\$15

HOSPITALIZATION BENEFITS

HIGH

LOW

HOSPITAL ADMISSION (once per accident, within 6 months after the accident) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.	\$1,000 per confinement	\$500 per confinement
HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident) Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, 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. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.	\$300 per day	\$150 per day
HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	\$600 per day	\$300 per day
FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident) Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable: • The insured must be confined to a hospital for treatment of a covered accidental injury; • The hospital and motel/hotel must be more than 100 miles from the insured's residence; and • The treatment must be prescribed by the insured's treating doctor.	\$200 per day	\$100 per day

LIFE CHANGING EVENTS BENEFITS

DISMEMBERMENT (once per accident, within 6 months after the accident)
Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident.
Dismemberment means:

- Loss of a hand -The hand is removed at or above the wrist joint;
- Loss of a foot -The foot is removed at or above the ankle;
- Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or
- Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).

If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)	HIGH	LOW
Employee	\$12,500	\$5,000
Spouse	\$5,000	\$2,000
Child(ren)	\$2,500	\$1,000

DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)		
Employee	\$25,000	\$10,000
Spouse	\$10,000	\$4,000
Child(ren)	\$5,000	\$2,000

LOSS OF ONE OR MORE FINGERS OR TOES		
Employee	\$1,250	\$500
Spouse	\$500	\$200
Child(ren)	\$250	\$100

PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)		
Employee	\$125	\$50
Spouse	\$125	\$50
Child(ren)	\$125	\$50

PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident) Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.		
Paraplegia	\$5,000	\$2,500
Quadriplegia	\$10,000	\$5,000

PROSTHESIS (once per accident, up to 2 prosthetic devices and one replacement per device per insured)* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements.		
* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.	\$3,000	\$500

RESIDENCE/VEHICLE MODIFICATION (once per accident, within one year after the accident) Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:		
• The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg.	\$2,000	\$500

ACCIDENTAL DEATH RIDER

BOTH PLANS

ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*)
Payable if a covered accidental injury causes the insured to die.

\$50,000
Employee/
Spouse/Child

ACCIDENTAL COMMON-CARRIER DEATH BENEFIT

Payable if the insured:

- Is a fare-paying passenger on a common carrier;
- Is injured in a covered accident; and
- Dies within 90 days* after the covered accident.

\$100,000
Employee/
Spouse/Child

*In Oregon and Utah, within 180 days after the accident; in Pennsylvania, there is no limitation on the number of days.

The spouse benefit is 50% of the employee benefit shown. The child benefit is 20% of the employee benefit shown. (Applicable to both the Accidental Death Benefit and Accidental Common-Carrier Death Benefit.)

WELLNESS RIDER

WELLNESS BENEFIT (once per calendar year)
Payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

\$50
First year of
certificate and
thereafter

ORGANIZED ATHLETIC ACTIVITY RIDER

ORGANIZED ATHLETIC ACTIVITY BENEFIT

We will pay an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event.

10%

INITIAL ACCIDENT EXCLUSIONS
EXCLUSIONS

State references within this brochure refer to the state of your group and not your resident state.
Plan exclusions apply to all riders unless otherwise noted.
We will not pay benefits for accidental injury, disability or death contributed to, caused by, or resulting from*:

- **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 an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
 - In California: 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 an insurrection or riot.
 - In Idaho: participating in any war or act of war, declared or undeclared, or participating or serving in the armed forces or units auxiliary thereto. War also includes participation in a riot or an insurrection.
 - In Illinois: the statement “war does not include acts of terrorism” is deleted.

- In Michigan: voluntarily participating in war or any act of war. War also includes voluntary felonious participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- In North Carolina: 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 civil participation in an active riot. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
 - In Montana: committing or attempting to commit suicide, while sane
 - In Illinois, Michigan and Minnesota: this exclusion does not apply
- **Sickness** – having any disease or bodily/mental illness or degenerative process.
We also will not pay benefits for:
 - Allergic reactions
 - Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid or other arthropod bites or stings. In Illinois: any bacterial infection, except an infection which results from an accidental injury or an infection which results from accidental, involuntary or unintentional ingestion of a contaminated substance; any viral or microorganism infection or infestation; or any condition resulting from insect, arachnid or other arthropod bites or stings. In North Carolina: any

Seguro de Indemnización Hospitalaria

AFLAC | www.aflacgroupinsurance.com | 800-433-3036

Las estadías en el hospital son costosas. Si usted o un miembro de su familia se encuentran en el hospital debido a un accidente o una enfermedad repentina, es posible que tengan dificultades económicas, incluso si tienen un buen plan médico. Con un plan de indemnización hospitalaria, puede estar seguro de que esos gastos adicionales no serán una carga financiera.

A diferencia de los planes médicos, no hay deducibles por cumplir con un plan de indemnización hospitalaria. Tan pronto como incurra en un evento calificado, puede presentar una reclamación y comenzar a recibir beneficios.

El plan paga un beneficio de suma global en una cantidad establecida previamente. El dinero se puede utilizar para gastos médicos, deducibles de seguros, comestibles, transporte, cuidado de niños – ¡usted decide!

Seguro Mensual de Indemnizacion Hospitalaria		
	Bajo	Alto
Empleado Solo	\$16.46	\$28.22
Empleado + Conjuge	\$33.04	\$56.84
Empleado + Hijos	\$26.34	\$44.58
Familia	\$42.92	\$73.20



Benefits Overview

	HIGH	MID
HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured) Payable when an insured is admitted to a hospital and confined as an in-patient 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.	\$2,000	\$1,000
HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured) Payable for each day that an insured is confined to a hospital as an in-patient 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.	\$200	\$150
HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured) 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. This benefit is payable in addition to the Hospital Confinement Benefit.	\$200	\$150
INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured) 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. 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. This benefit is payable in addition to the Hospital Confinement Benefit.	\$100	\$75

SUCCESSOR INSURED BENEFIT
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.

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** (in Montana: LIMITATIONS)

State references refer to the state of your group and not your resident state.

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 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.

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Plan Legal



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¿Alguna vez ha necesitado asesoramiento legal pero no está seguro de adónde acudir? Un plan legal grupal voluntario ayuda a satisfacer esa necesidad. Le brinda acceso a abogados profesionales a una tarifa mensual baja. Por sólo unos pocos dólares al mes, puede consultar a un abogado sobre cómo preparar su testamento, revisar documentos, impugnar una multa de tránsito, demandas, divorcios y mucho más. Asesoramiento legal experto está disponible a su alcance.

Primas Mensuales de Seguro Legal

Empleado + Familia	\$19.50
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Empowering employees through easy access to legal help

Legal issues occur throughout life, when employees are getting married, buying a home, becoming a caregiver or handling financial matters like debt or tax audits. Dealing with these matters can be costly and time consuming, taking employees away from work and impacting their overall well-being.

We provide your employees with the cost-effective, multi-channel access to legal help they need to easily handle costly legal matters in their life—helping them to feel more financially and emotionally secure.

Flexibility to handle matters how employees want

We want your employees to get the help they need how they want it. That’s why we allow them to choose their attorney from our network, or outside of it, or use our digital tools to handle matters.¹ With a large network of attorneys and the ability to complete estate planning or download self-help documents on our website, employees have the flexibility to choose how they want to handle their legal matter.

Wide range of coverage for a diverse workforce

LGBTQ+	• Adoption • Creating estate planning documents to recognize same-sex partners • Name and gender marker change
Caregivers	• Nursing home agreements • Reviewing Medicare/Medicaid documents • Reviewing parents’ estate planning documents
Veterans/ Military	• Assistance with real estate or rental issues • Guardianship • Updating or creating estate planning documents
International employees	• Access to attorneys out of the country² • Assistance with immigration issues • Translation services for Call Center and Attorneys
Those just starting out	• Assistance with rental issues and landlords • Reviewing leases • Student loan debt assistance

The MetLife Legal Plans Difference



Telephone and office consultations, demand letters and document review on **unlimited number** of personal legal matters



Over 18,000 attorneys in all 50 states and many U.S. territories who have an average of 25 years of experience and are subject to a comprehensive set of criteria



Best-in-class digital experience to find attorneys and complete estate planning



We’re focused on providing **exceptional customer service** and are appropriately staffed for peak call volume

Helping your employees navigate life's twists and turns.

Money Matters	- Debt Collection Defense - Financial Wellness Programs³ - Identity Restoration⁴	- Identity Theft Defense - Negotiations with Creditors - Personal Bankruptcy	- Promissory Notes - Tax Audit Representation - Tax Collection Defense
Home & Real Estate	- Boundary & Title Disputes - Deeds - Eviction Defense - Foreclosure	- Mortgages - Property Tax Assessments - Refinancing & Home Equity Loan - Sale or Purchase of Home	- Security Deposit Assistance - Tenant Negotiations - Zoning Applications
Estate Planning	- Codicils - Complex Wills - Healthcare Proxies	- Living Wills - Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	- Revocable & Irrevocable Trusts - Simple Wills
Family & Personal	- Adoption - Affidavits - Conservatorship - Demand Letters - Divorce (20 hours) - Garnishment Defense - Guardianship	- Immigration Assistance - Juvenile Court Defense, Including Criminal Matters - Name Change - Parental Responsibility Matters - Personal Property Issues	- Prenuptial Agreement - Protection from Domestic Violence - Review of ANY Personal Legal Document - School Hearings
Civil Lawsuits	- Administrative Hearings - Civil Litigation Defense	- Disputes Over Consumer Goods & Services - Incompetency Defense	- Pet Liabilities - Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for Issues Related to Your Parents: - Deeds - Leases	- Medicaid - Medicare - Notes - Nursing Home Agreements	- Powers of Attorney - Prescription Plans - Wills
Traffic & Other Matters	- Defense of Traffic Tickets⁵ - Driving Privileges Restoration	Habeas Corpus	Repossession
Rate⁶	Cost per employee per month (covers spouse and dependents): Employee Paid: \$19.50		
Additional Features:	Telephone advice, office consultations, demand letters and document review on an unlimited number of personal legal matters.		
	For non-covered matters that are not otherwise excluded employees get four additional hours of network attorney time and services per plan year. ⁷		
	Reduced fees for personal injury, probate and estate administration matters, provided by network attorneys.		
	Access to a digital estate planning solution for wills, living wills, power of attorney and living trusts.		
	Over 1,700 self-help documents⁸ are available to members and potential members on our website.		

1. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. Your employees will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
2. Internationally, employees can see an attorney outside of our network and be reimbursed according to a set fee reimbursement schedule.
3. MetLife administers the PlanSmart program and has arranged to have specially trained third party financial professionals offer financial education. The financial professionals providing financial education are not affiliated with MetLife but are providing the program under a service provider contract. Offered to groups with 500 or more employees. The MetLife Personal Finance app is available at no cost to all individuals and regardless of any MetLife relationship or project.
4. Aura is a product of Aura Sub, LLC. Aura Sub, LLC. is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
5. Does not cover DUI.
6. Rate is standard and subject to change. A minimum enrollment of two employees is required.
7. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
8. The self-help library is offered by Standard Legal. Standard Legal is not a corporate affiliate of MetLife Legal Plans.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details.



NEW

Protección contra el Robo de Identidad

Metlife Aura | metlife.com/identity-and-fraud-protection | 844-931-2872

Millones de estadounidenses informan que les roban su identidad cada año. Las personas están en línea y en dispositivos móviles más que en cualquier otro momento de la historia, por lo que no sorprende que el robo de identidad esté en aumento. Y va más allá del simple robo de su número de tarjeta de crédito. Si bien el fraude con tarjetas de crédito es uno de los tipos de robo de identidad más reportados, también incluye fraude bancario, crediticio, telefónico y fiscal.

El seguro contra robo de identidad no evitará que le roben su identidad. Pero estará allí para avisarle si se detecta alguna actividad sospechosa bajo su nombre. El plan incluye monitoreo de agencias de crédito, uso del número de seguro social y protección de billetera perdida. Las cuentas se controlan a diario para que pueda estar tranquilo sabiendo que su identidad está protegida incluso mientras duerme. Cuanto antes pueda tomar medidas para cerrar sus cuentas, más rápido podrá recuperar su identidad.

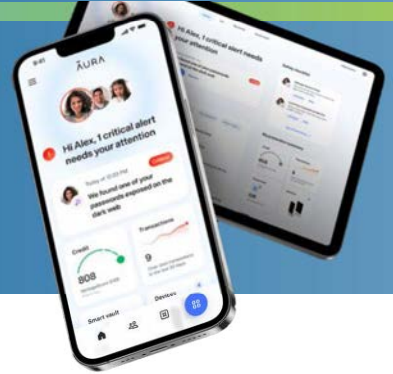
Lleva años establecer una buena reputación con prestamistas y empleadores. Asegúrese de que siga siendo suya aprovechando las ventajas del seguro contra robo de identidad ofrecido a través de su empleador.

Primas Mensuales de Protection Contra Robo de Identidad

Empleado Solo	\$7.95
Empleado + Familia	\$15.95



Making digital security effortless for employees and their loved ones



MetLife + Aura Identity & Fraud Protection is an award-winning solution that provides employees and families with proactive protection from identity theft, scams and cybercrime — all in one place.

Our solution includes the following key pillars of protection:

Identity Theft & Financial Fraud Protection

We make it effortless to keep personal info, credit, finances and assets secure with proactive controls, advanced threat detection and actionable alerts — all in one place.

Scam & Cybercrime Prevention

Our powerful suite of advanced tools helps proactively catch and block scams, spam and phishing attempts to reduce distractions and bring peace of mind.

Smart Family Safety

With family plans, employees can extend protection to unlimited children and any 10 adult loved ones they choose with no restrictions. Aura provides each adult their own private full-feature Aura account and a separate \$5M ID theft insurance policy.¹ Plus, employers may add-on an exclusive Life360 family safety bundle to Aura family plan offerings.²

Digital Parenting & Mental Health

Aura's AI³ tracks and analyzes patterns of kids' digital behavior, social connections and more to help parents understand their child's digital world and spot signs of meaningful changes in their well-being. Plus, includes easy-to-use tools to help parents protect their kids from fraudsters, cyberbullies, mature content and more.

Services & Reimbursement

Manage digital security on the go via the highly rated Aura app. Get 24/7 US-based live member support, expert fraud resolution, an Aura-provided \$5M ID theft insurance policy,¹ an Aura-provided \$50K cyber insurance policy⁴ and more.

Voluntary Pricing*

	Voluntary Pricing*	+Life360 Bundle
Protection Individual	\$7.95	—
Protection Family	\$12.95	\$15.95
Protection Plus Individual	\$12.95	—
Protection Plus Family	\$18.95	\$21.95

*When an Employer-Paid Plan is purchased, Employees can buy-up to a higher plan with credit card payment during account activation. The EE buy-up costs are equal to the cost of the Voluntary tier less the ER's contribution. For example, if an employer pays for the Individual Protection Plan, the cost for an EE to buy-up to the Family Protection Plus Plan would be equal to the Voluntary rate for the Family Protection Plus Plan minus ER's contribution (\$18.95 - \$3.50 = \$15.45).

Illustrative pricing in the above charts for cases with <1,000 lives includes broker commissions, and standard platform fees.

Quotes that require different broker arrangements or that may require additional elements to be included in quoted pricing require MetLife Underwriting review and approval.

All quoted rates are inclusive of state sales taxes as applicable.



Identity Theft & Financial Fraud Protection

	PROTECTION Individual or Family	PROTECTION PLUS Individual or Family
Credit Monitoring & Alerts	1 Bureau	3 Bureaus
Credit Reports & Scores	1 Bureau	3 Bureaus
Monthly Credit Score Tracker & Insights ⁵	✓	✓
Credit, Bank & Utility Account Freeze	✓	✓
Home & Vehicle Title Monitoring	✓	✓
Bank Fraud & Financial Transaction Monitoring	✓	✓
High-Risk Transaction Alerts	✓	✓
Utility Account Monitoring	✓	✓
Dark Web Monitoring	✓	✓
Digital Vault	✓	✓
SSN & Identity Authentication Alerts	✓	✓
Public & Court Records Monitoring	✓	✓
USPS Address Monitoring	✓	✓
Social Media Monitoring & Takeover Alerts	✓	✓
Social Media Privacy Checkup & Optimization	✓	✓
Automated Alerts Resolver*	✓	✓
Experian Credit Lock		✓
Credit Score Simulator		✓
Gamertag Monitoring		✓
Payday/Specialty Loan Block		✓

Scam & Cybercrime Prevention

Automated Data Broker & Spam List Removal	✓	✓
National Do Not Call Registry	✓	✓
Google Search PII Cleanup	✓	✓
Digital Account Cleanup	✓	✓
Password Manager	✓	✓
Email Alias	✓	✓
Safe Web Browsing with Anti-Tracker & Ad-Blocker	✓	✓
IP Address Monitoring	✓	✓
Wi-Fi Security / VPN	2 devices per adult	Unlimited devices
Antivirus	2 devices per adult	Unlimited devices
Mobile Phone Takeover Protection	✓	✓
Unusual Transaction Alerts	✓	✓
Call Scam Protection		✓
Text Scam Protection		✓
Email Scam Protection		✓
Community Scam Sharing		✓

Services, Restoration & Reimbursement

Aura-provided insurance policies:		
\$50K Cyber Insurance Policy ⁴		✓
\$5M ID Theft Insurance Policy per enrolled adult ¹	✓	✓
Lost Wallet Protection + \$500 Emergency Cash	✓	✓
24/7 US-based Customer Support	✓	✓
White Glove Fraud Resolution Service	✓	✓
Full-service Restoration for Pre-existing ID Thefts	✓	✓
Online Resolution Case Tracker	✓	✓
Aura Account Security (2FA & Biometric)	✓	✓

Digital Parenting & Mental Health (included with family plans)

	PROTECTION Family	PROTECTION PLUS Family
Child Mental Well-Being & Balance ³		
Online Activity Trends & Benchmarking	✓	✓
Social Persona & Social Connections	✓	✓
Sentiment & Emotional Tone Analysis	✓	✓
Behavior Change Detection	✓	✓
Personalized Parent Insights & Recommendations	✓	✓
Safe Gaming	✓	✓
Cyberbullying & Online Predator Protection	✓	✓
Parental Controls		
Content Filtering & Blocking	✓	✓
Screentime Management & Schedules	✓	✓
Safe Search & Pause the Internet	✓	✓
Online History & Usage	✓	✓
Child Identity Protection		
Child Identity Monitoring	✓	✓
3-Bureau Child Credit Freeze Wizard	✓	✓

Smart Family Safety (included with family plans)

Add unlimited dependent minors + up to 10 adults	✓	✓
Unrestricted definition of adult family member	✓	✓
Private, full-feature Aura account for each adult	✓	✓
Separate \$5M Insurance Policy for each adult ¹	✓	✓
Sex Offender Geo Alerts	✓	✓
Secure Family Sharing – documents, passwords, alerts	✓	✓
@ Life360 Gold Family Safety Bundle (Optional Add-on)		
- Location Tracking & History		
- Crash Detection with Emergency Dispatch		
- Driver Reports	✓	✓
- Roadside Assistance		
- Stolen phone protection up to \$250		

¹ As a component of becoming an Aura Plan member, Consumers receive identity theft insurance through a group policy issued to Aura which is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company, which is not an affiliate or subsidiary of MetLife. Checking & Savings Cash Recovery and 401(K) & HSA Cash Recovery are part of and not in addition to the Expense Reimbursement limit of liability. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions and exclusions of coverage. Coverage may not be available in all jurisdictions.

² Life360 is a product of Life360, Inc. which is distributed by Aura and is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product. Features in Life360 plans bundled with MetLife + Aura Identity & Fraud Protection may differ from the Life360 consumer plans of the same name.

³ Users are responsible for making their own parental decisions. Aura's services are not intended to diagnose, treat, cure or prevent any disease or medical condition. The services are for informational purposes and cannot replace the services of physicians or medical professionals. Always seek the advice of your physician or other qualified healthcare provider with any questions about medical conditions or treatment. Aura's services do not monitor for all content or a child's behavior in real time. Some alerts and/or insights are created using generative AI and may not be fully accurate, complete or timely.

⁴ As a component of Aura's Protection Plus Individual, Protection Plus Family or Executive plans, Consumers receive cyber insurance through a group policy issued to Aura which is underwritten and administered by Houston Casualty Company, a Tokio Marine company, which is not an affiliate or subsidiary of MetLife. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions and exclusions of coverage. Coverage may not be available in all jurisdictions.

⁵ The score you receive with Aura is provided for educational purposes to help you understand your credit. It is calculated using the information contained in your Equifax credit file. Lenders use many different credit scoring systems, and the score you receive with Aura is not the same score used by lenders to evaluate your credit.

Contact your benefits broker or MetLife representative today.

Scan to learn more or visit metlife.com/identity-and-fraud-protection



Both Aura and Life360 respect user privacy and do not and will not sell the personal information of Life360 members who subscribe to the Life360 services through Aura's employee benefits channel. The Life360 memberships available through Aura's employee benefits channel will be unique premium memberships, which means that ads will not be shown in the Life360 app to those members, and those members' data will not be used for ad purposes nor shared with Life360's advertising partner(s) or other third parties who are not service providers for Life360.

Aura is a product of Aura Sub, LLC. Aura Sub, LLC. is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.

No one can prevent all identity theft or monitor all transactions effectively.

Transporte Médico

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

Los estadounidenses de hoy sufren de una falsa sensación de seguridad de que su cobertura médica pagará todos los costos asociados con el transporte de emergencia o cuidados intensivos. La realidad es que la mayoría de los estadounidenses sólo están parcialmente cubiertos por estos altos costos.

La mayoría de los planes médicos sólo pagarán una parte de los costos, dejándolo con el resto de la factura. También existe la posibilidad de que su proveedor médico niegue su reclamación por completo, lo que significa que usted sería responsable de pagar toda la factura.

Con la protección de transporte médico, tendrá cero gastos de bolsillo para cualquier transporte médico aéreo o terrestre de emergencia desde cualquier lugar de los Estados Unidos, independientemente de quién lo transporte. Recibirá soluciones de transporte de emergencia médica para ayudarle a cubrir los costos de transporte médico de su bolsillo cuando su seguro se quede corto.

Primas Mensuales de Seguro de Transporte Medico		
	Primer Ministro Emergente	Platina
Empleado + Familia	\$17.00	\$39.00



MASA[®] Emergent Plus

Strengthen your emergency
medical transportation protection



Membership includes:



Emergency Ground Ambulance Transport Protection²

If you ever need an emergency ground ambulance, MASA will pay for your eligible out-of-pocket expenses.



Emergency Air Ambulance Transport Protection²

If a first responder or doctor says air transport is medically necessary during your serious emergency, MASA will pay for your eligible out-of-pocket flight expenses.



Hospital to Hospital Ground Ambulance Transport Protection²

If your doctor orders a ground ambulance to move you to another hospital for specialized care, MASA will pay for your eligible out-of-pocket expenses.



Hospital to Hospital Air Ambulance Transport Protection²

If your doctor orders an air ambulance to transfer you to a different hospital with the necessary level of care, MASA will pay for your eligible out-of-pocket expenses.



Repatriation to Hospital Near Home Transport²

After a hospital stay more than 100 miles away from home, MASA will help arrange and pay for air or ground transportation so you can return home to recover.

About MASA

Founded in 1974, Medical Access & Service Advantage (MASA[®]) is the leading Emergency Transportation protection built to enhance healthcare plans by protecting against out-of-pocket costs associated with emergency medical transport. Today, as a global organization with 14 international locations and services in all 50 states and Canada, MASA serves more than 2 million members with emergency and non-emergency transportation cost-reimbursement services and so much more.

2: United States and Canada

This material is for informational purposes only and does not provide any coverage. Not all MASA products and services are available to residents of all states. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums and benefits vary depending on the plan selected. For additional information and disclosures about MASA plans, visit: <https://info.masaglobal.com/disclaimers>

MASA[®] Emergent Premier

Strengthen your emergency
medical transportation protection



Membership includes:



Emergency Ground Ambulance Transport Protection²

If you ever need an emergency ground ambulance, MASA will pay for your eligible out-of-pocket expenses.



Emergency Air Ambulance Transport Protection²

If a first responder or doctor says air transport is medically necessary during your serious emergency, MASA will pay for your eligible out-of-pocket flight expenses.



Hospital to Hospital Ground Ambulance Transport Protection²

If your doctor orders a ground ambulance to move you to another hospital for specialized care, MASA will pay for your eligible out-of-pocket expenses.



Hospital to Hospital Air Ambulance Transport Protection²

If your doctor orders an air ambulance to transfer you to a different hospital with the necessary level of care, MASA will pay for your eligible out-of-pocket expenses.



Emergency Water Ambulance Transport Protection³

If you experience a serious medical emergency, MASA will reimburse your eligible out-of-pocket costs up to \$2,500 when you're transported by a watercraft staffed with emergency personnel who provide care and stabilization during transport.

About MASA

Founded in 1974, Medical Access & Service Advantage (MASA[®]) is the leading Emergency Transportation protection built to enhance healthcare plans by protecting against out-of-pocket costs associated with emergency medical transport. Today, as a global organization with 14 international locations and services in all 50 states and Canada, MASA serves more than 2 million members with emergency and non-emergency transportation cost-reimbursement services and so much more.

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

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Treat and No Transport¹

If emergency first responders treat you during an emergency but determine you don't need to be transported, MASA will reimburse up to \$500 for eligible out-of-pocket expenses. *(Limited to two reimbursements per consecutive 12-month period beginning from plan effective date.)*



Repatriation to Hospital Near Home Transport³

After a hospital stay more than 100 miles away from home, MASA will help arrange and pay for air or ground transportation so you can return home to recover.



Minor Return Transport Protection³

If a child under 18 is left without a guardian due to your ambulance transport, MASA will reimburse eligible expenses to safely return them to family or a responsible caregiver.



Pet Return Transport Protection³

If your pet is left behind after an ambulance transport, MASA will reimburse eligible expenses to bring them home safely.



Sick While Away From Home Expense Protection⁴

If you get sick or contract a qualifying communicable disease more than 100 miles from home, MASA will reimburse eligible expenses like lodging, meals, medical visits for proof of illness, testing, and airline re-booking.



Post-Admission Continued Care Transport Protection¹

MASA will reimburse up to \$500 in eligible expenses for non-emergency ground transport or ride-shares between medical facilities, rehab, long-term care, hospice, or back home for continued care.

MASA[®] Platinum

Strengthen your emergency
medical transportation protection



Membership includes:



Emergency Ground Ambulance Transport Protection²

If you ever need an emergency ground ambulance, MASA will pay for your eligible out-of-pocket expenses.



Emergency Air Ambulance Transport Protection²

If a first responder or doctor says air transport is medically necessary during your serious emergency, MASA will pay for your eligible out-of-pocket flight expenses.



Hospital to Hospital Ground Ambulance Transport Protection²

If your doctor orders a ground ambulance to move you to another hospital for specialized care, MASA will pay for your eligible out-of-pocket expenses.



Hospital to Hospital Air Ambulance Transport Protection²

If your doctor orders an air ambulance to transfer you to a different hospital with the necessary level of care, MASA will pay for your eligible out-of-pocket expenses.



Emergency Water Ambulance Transport Protection³

If you experience a serious medical emergency, MASA will reimburse your eligible out-of-pocket costs up to \$2,500 when you're transported by a watercraft staffed with emergency personnel who provide care and stabilization during transport.

About MASA

Founded in 1974, Medical Access & Service Advantage (MASA[®]) is the leading Emergency Transportation protection built to enhance healthcare plans by protecting against out-of-pocket costs associated with emergency medical transport. Today, as a global organization with 14 international locations and services in all 50 states and Canada, MASA serves more than 2 million members with emergency and non-emergency transportation cost-reimbursement services and so much more.

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

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Treat and No Transport¹

If emergency first responders treat you during an emergency but determine you don't need to be transported, MASA will reimburse up to \$500 for eligible out-of-pocket expenses. *(Limited to two reimbursements per consecutive 12-month period beginning from plan effective date.)*



Repatriation to Hospital Near Home Transport⁴

After a hospital stay more than 100 miles away from home, MASA will help arrange and pay for air or ground transportation so you can return home to recover.



Patient Return Transport⁴

After being discharged from the hospital following an emergency more than 100 miles from home, MASA will arrange and pay for your commercial flight back home.



Companion Emergency Transport Protection³

MASA will reimburse eligible out-of-pocket expenses related to having a companion ride with you during emergency transport.



Hospital Visitor Air Transport³

If you're hospitalized more than 100 miles away from home, MASA will arrange and pay for round-trip air transportation for someone you choose to be with you.



Minor Return Transport Protection³

If a child under 18 is left without a guardian due to your ambulance transport, MASA will reimburse eligible expenses to safely return them to family or a responsible caregiver.



Pet Return Transport Protection³

If your pet is left behind after an ambulance transport, MASA will reimburse eligible expenses to bring them home safely.



Vehicle & RV Return³

If your vehicle or RV is left unattended after an ambulance transport, MASA will help arrange and pay to get it back to your home or rental location.



Organ Retrieval Transport¹

MASA will reimburse eligible out-of-pocket expenses to transport an organ needed for your transplant.



Organ Recipient Transport¹

If you need an organ transplant, MASA will help arrange and pay for your flight to the airport closest to where the surgery will take place.



Mortal Remains Return Transport⁴

In the unfortunate event a member passes away more than 100 miles from home, MASA will help support and reimburse eligible expenses to bring their remains home.

Programa de Asistencia al Empleado

American Fidelity | www.americanfidelity.mysupportportal.com | 800-295-8323

La vida nos empuja en muchas direcciones diferentes. Entre los niños, las relaciones personales, las actividades extracurriculares y el tiempo en familia, parece que no tenemos suficiente tiempo en el día para encajarlo todo. Cuando se sienta estresado por la vida, llame a la línea de asistencia al empleado proporcionada por su empleador. Ofrece acceso las 24 horas del día, los 7 días de la semana a profesionales que pueden ayudarle a enfrentar con éxito los problemas emocionales.

Un programa de asistencia al empleado, o EAP por sus siglas en inglés, es un programa voluntario y gratuito que ofrece su empleador. Con una llamada telefónica, tendrá acceso a asesoramiento a corto plazo y evaluaciones confidenciales cada vez que tenga un problema personal o laboral.

Los programas de asistencia al empleado abordan una amplia gama de problemas, incluido el bienestar mental y emocional, el abuso de sustancias y el dolor. Los asesores cumplen con los más altos estándares éticos y están capacitados para mantener la confidencialidad de su situación. Trabajan con usted para determinar la mejor manera de abordar sus necesidades y orientarlo en una dirección positiva.





Recuro | www.recurohealth.com | 855-673-2876

Los estudios muestran que más del 50 por ciento de las visitas al consultorio del médico se pueden manejar por teléfono. Con el programa de Telesalud, puede obtener un diagnóstico más rápido y pasar menos tiempo en la sala de espera.

Los médicos acreditados diagnosticarán su enfermedad, recomendarán el tratamiento y recetarán medicamentos por teléfono o vídeo. Puede comunicarse con ellos desde cualquier lugar – su hogar, trabajo, escuela, incluso durante las vacaciones. Pueden tratar problemas de salud comunes como el reflujo ácido, las alergias, el asma, el resfriado y la gripe, las infecciones de los senos paranasales, las erupciones cutáneas, el dolor de garganta y más.

Es como tener un médico de guardia cada vez que necesita asesoramiento médico. ¡El acceso está a una sola llamada o un solo clic!

Primas Mensuales de Seguro de Telesalud

Empleado Solo	\$6.00
Empleado + Familia	\$6.00

Información de Contacto

Producto	Aseguradora	Sitio web	Teléfono
Seguro Medico	BCBS	www.bcbstx.com/trsactivecare	866-355-5999
Seguro Dental	Ameritas	www.ameritas.com	800-487-5553
Seguro de Vision	Eyetopia	www.eyetopia.org	800-662-8264
FSA/HSA	FFGA	www.ffga.com	866-853-3539
Seguro de Vida a Termino y AD&D	BCBS	www.bcbstx.com/ancillary	877-442-4207
Seguro de Vida y AD&D	American Fidelity	www.americanfidelity.com	800-654-8489
Seguro de Texas Life	Texas Life	www.texaslife.com	800-283-9233
Seguro de Proteccion de Ingresos	American Fidelity	www.americanfidelity.com	800-654-8489
Seguro Contra Cancer	American Fidelity	www.americanfidelity.com	800-654-8489
Seguro Contra Enfermedades Graves	Aflac	www.aflacgroupinsurance.com	800-433-3036
Seguro Contra Accidentes Solamente	Aflac	www.aflacgroupinsurance.com	800-433-3036
Seguro de Indemnizacion Hospitalaria	Aflac	www.aflacgroupinsurance.com	800-433-3036
Plan Legal	MetLife	www.metlife.com/insurance/legal-plans/	800-821-6400
Contra el Robo de Identidad	MetLife Aura	www.metlife.com/identity-and-fraud-protection	844-931-2872

Información de Contacto

306 College Ave.
Florence, TX 76701
254-793-2850 | 254-793-3055
www.florenceisd.net

Edith Bergman
Sr. Account Administrator
281-272-7638
edith.bergman@ffga.com

Producto	Aseguradora	Sitio web	Teléfono
Transporte Medico	MASA	www.masamts.com	954-334-8261
Programa de Asistencia al Empleado	American Fidelity	www.americanfidelity.mysupport	800-295-8323
Telesalud	Recuro	www.recurohealth.com	855-673-2876