EAST CENTRAL ISD 2026-2027
BENEFITS GUIDE

SCAN ME

https://ffbenefits.ffga.com/eastcentralisd

FFGA
Benefit Solutions *Simplified*

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

Employee Benefits Center

A guide to your benefits!

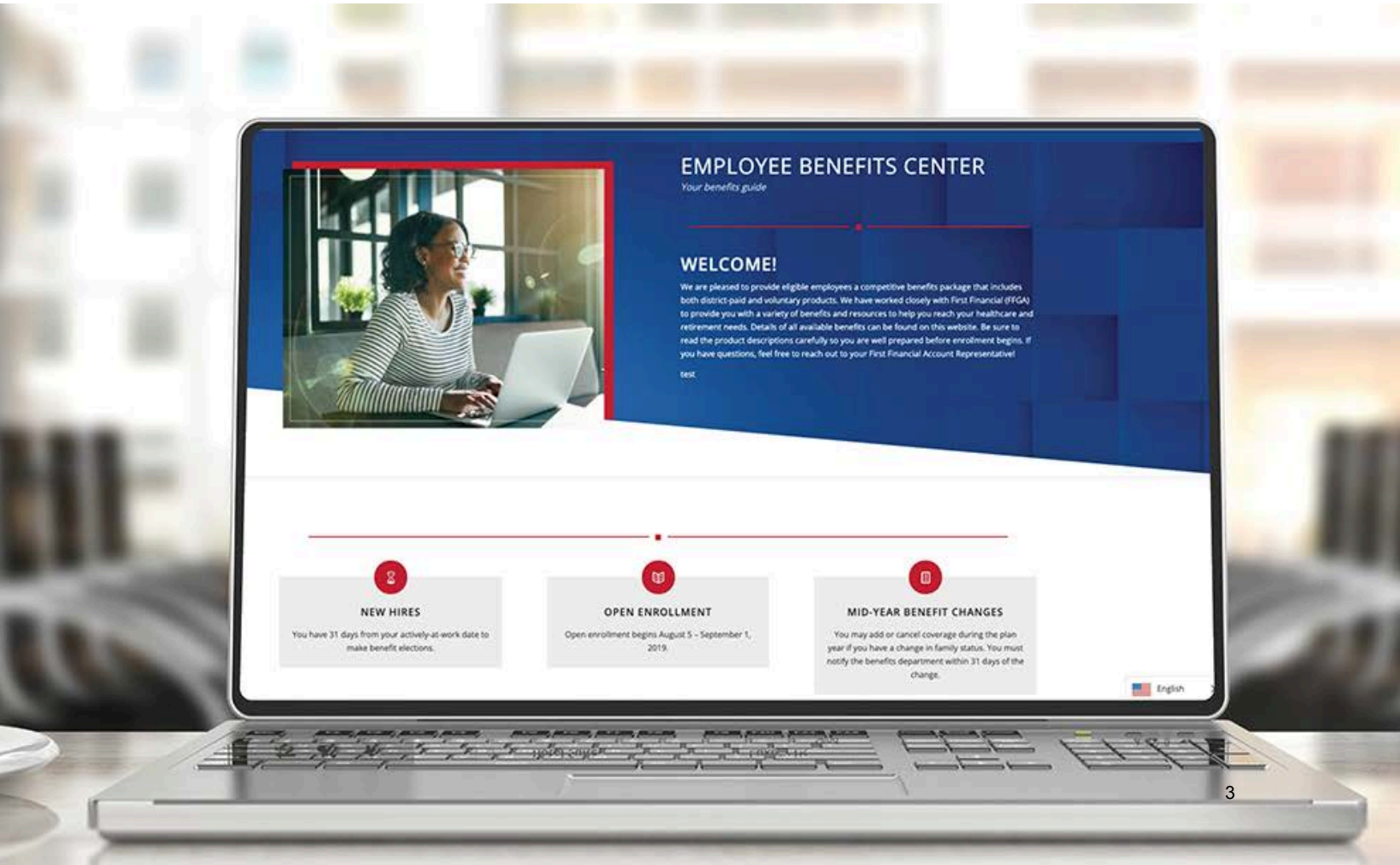
East Central ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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

SCAN ME!

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

https://ffbenefits.ffga.com/eastcentralisd



How to Enroll

Benefits Enrollment

On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Visit your EBC for more information.

Online Enrollment

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

Enroll Now

Login & PIN

- Username
  - The Employee ID is either your social security number.
- Password
  - Instructions to access your initial password will be provided to you prior to open enrollment. Upon initial login, the password will be required to be changed.
  - Remember your password as you will use this to sign your enrollment confirmation form and
  - to login in the future.

View Current Benefits

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

View/Add Dependents

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

Begin Elections

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

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

Dependent Eligibility

If you apply for coverage for yourself, you may also elect coverage for any of your eligible dependents. Eligible Dependents include one or more of the following:

- Spouses and Common Law Spouses
- A child through the age of 26
- A child is defined as your natural child, legally adopted child, stepchild, and any child for whom you are the court appointed guardian
- A child of any age who is medically certified a disabled and dependent on the parent for support and maintenance

New Employees

You have 31 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first of the month following your hire date.

Existing Employees

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

Mid-year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

Here's How It Works

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you're already eligible – all you must do is enroll.

Is It Right For Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about $70 more each month if you participated in your employer's Section 125 Plan – that's a savings of $840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

Section 125 Plan Sample Paycheck

	Without S125	With S125
Monthly Salary	$2,000	$2,000
Less Medical Deductions	-N/A	-$250
Tax Gross Income	$2,000	$1,750
Less Taxes (Fed/State at 20%)	-$400	-$350
Less Estimated FICA (7.65%)	-$153	-$133
Less Medical Deductions	-$250	-N/A
Take Home Pay	$1,197	$1,267

You could save $70 per month in taxes by paying for your benefits on a pre-tax basis!

**The figures in the sample paycheck above are for illustrative purposes only.*

BlueCross BlueShield of Texas

Medical Coverage

When it comes to Medical Coverage, East Central Independent School District offers two options through BlueCross BlueShield of Texas (BCBSTX). Each Medical plan provides coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs and hospitalization. In-network preventive care services are covered at 100 percent.

Under the **Blue Choice PPO Plan**, you choose a network provider each time you need medical care. **The Blue Essentials HMO Plan** uses a Texas-only network limited to doctors, specialists, and hospitals in your area. While the network is smaller, rest assured that Blue Essentials providers offer top-tier, quality, and cost-efficiency. **This plan is only available to those who live in Texas in a Blue Essentials network area.**

Under the **Blue Essentials HMO Plan**, you receive no benefits from the plan if you use a non-network provider – you will be responsible for 100 percent of the cost for all care you receive. The only exception is if you have a true emergency and must go to the emergency room. The plan will then pay as if the claim were in network.

To find providers in either network, you can visit www.bcbstx.com and click on Search as a Guest.

Blue Choice PPO Plan

The PPO Plan lets you pay for certain medical services at a set rate, called a copay. You will pay the copay amount even if you have not yet met your deductible for the year.

Blue Essentials HMO Plan

The Blue Essentials HMO Plan offers a Texas-only "Blue Essentials" network of providers with top tier quality and cost-efficiency. You must select a Primary Care Physician (PCP) and get referrals from them for all other care.* This plan is only available to those who live in Texas in a Blue Essentials network area.

*Emergencies, obstetrical and gynecological services, behavioral/chemical dependency services, and annual diabetic retinal eye exams do not require a referral.

Medical Plan Comparison

Plan Highlights	Blue Choice PPO Plan	PPO Plan Out-of-Network	Blue Essentials HMO Plan In-Network Only
Network	Blue Choice	N/A	Blue Essentials
Deductible			
Individual	$2,500	$5,000	$2,500
Family	$5,000	$8,000	$5,000
Out-Of-Pocket-Max			
Individual	$9,000	Unlimited	$9,000
Family	$18,000	Unlimited	$18,000
	You Pay	**You Pay**	**You Pay**
Physician Office Visit			
Primary Care (PCP)	$25 copay	40% after deductible	$25 copay
Specialist (Designated/Non-Designated)	$50 copay	40% after deductible	$50 copay
MDLive 24/7 Virtual Acute & Behavioral Care	$0	N/A	$0
Hospital & Emergency Services			
Inpatient/Outpatient Services	20% after deductible	40% after deductible	20% after deductible
Emergency Room-Facility	$250 copay + 20% deductible	40% after deductible	$250 copay + 20% deductible
Urgent Care	$50 copay	40% after deductible	$50 copay
Other Services			
Imaging (CT/PET/MRI)	20% after deductible	40% after deductible	20% after deductible
Diagnosis, X-Ray, & Lab Services*	20% after deductible	40% after deductible	20% after deductible
Rx Plan Highlights			
Rx Deductible	$250 Brand/Specialty	$250 Brand/Specialty	$250 Brand/Specialty
Generic (30-Day Supply/90-Day Supply)	$0 Retail and Mail Order	40% Retail	$0 Retail and Mail Order
Preferred Brand	30% Retail / $175 Mail Order	30% Retail + 40%	30% Retail / $175 Mail Order
Non-Preferred Brand	30% Retail / $175 Mail Order	30% Retail + 40%	30% Retail / $175 Mail Order
Specialty	50% up to a max of $2,500	Not Covered	50% up to a max of $2,500

*For these services to be covered under your office visit copay, they must be performed and billed by your physician's office. If they are performed and/or billed by a third party, they will be subject to the plan's deductible and coinsurance.

Copay

You will pay the listed copay amount no matter how much you have spent on health care services throughout the year. The copay will not count toward your deductible, but it will count toward your out-of-pocket maximum.

Blue Essentials Network Information

The Blue Essentials HMO Medical Plan uses the Blue Essentials (HMO) Network, which is a Texas-only network limited to doctors, specialists, and hospitals in your area. While the network is smaller, rest assured the Blue Essentials providers offer top-tier quality and cost-efficiency. And if you need care while traveling, you can use doctors or hospitals in the Away from Home Care feature.

Blue Essentials HMO plan participants must select a Primary Care Physician (PCP) and get referrals from them for all other care except for the following: emergencies, obstetrical and gynecological services, behavioral health / chemical dependency services, and annual diabetic retinal eye exams. Doctors that you can designate as your PCP include family practitioners, general practitioners, internists, some obstetricians and gynecologists, and pediatricians.

Having one health care expert – your PCP – to coordinate all your health care needs can help keep your costs and your health on track. And an early diagnosis and treatment can keep may common health issues from getting worse.

Note: This Medical plan is only available to those who live in Texas in a Blue Essentials network area. It is not recommended for those who travel outside of Texas for long periods or who have a dependent living out-of-state.

Monthly Premiums: The table below displays the monthly cost to the employee; the District contributes $498 in addition to the amount shown.

2026 - 2027	PPO Rates	HMO Rates
Employee Only	$181	$155
Employee + Spouse	$1,077	$927
Employee + Child(ren)	$551	$474
Employee + Family	$1,436	$1,234

Prescription Drug Coverage

When you need a medication, ask your doctor or other prescriber if there is a generic available, as these generally cost less. Additionally, many diabetic and hypertension drugs are available at no cost to plan participants.

Retail Pharmacy Network

Short-term medications can be filled at network pharmacies up to a 30-day supply. The BCBSTX-Prime Therapeutics Traditional Select Network includes participating pharmacies nationwide. To locate a pharmacy, go to www.myprime.com.

Plan Highlights	PPO Plan	PPO Plan Out-of-Network	HMO Plan No Out-of-Network Coverage
Network	BlueCard PPO	N/A	Blue Essentials
Rx Plan Highlights			
Rx Deductible	$250 Brand/Specialty	$250 Brand/Specialty	$250 Brand/Specialty
Generic (30-Day Supply/90-Day Supply)	$0 Retail and Mail Order	40% Retail	$0 Retail and Mail Order
Preferred Brand	30% Retail / $175 Mail Order	30% Retail + 40%	30% Retail / $175 Mail Order
Non-Preferred Brand	30% Retail / $175 Mail Order	30% Retail + 40%	30% Retail / $175 Mail Order
Specialty	50% up to a max of $2,500	Not Covered	50% up to a max of $2,500

Long-Term (Maintenance) Medications

ECISD's prescription drug coverage offers you choice and savings when it comes to filling long-term or maintenance prescriptions (up to a 90-day supply). You have two ways to save, and you can easily order refills and manage your prescriptions anytime at www.myprime.com.

Retail Pharmacy

- Pick up your maintenance medication at a time that is convenient for you at a retail pharmacy.
- Enjoy same-day prescription availability.
- Talk with a pharmacist face-to-face.

Mail Service Pharmacy

- Enjoy convenient home delivery of your prescriptions with Express Scripts® Pharmacy.
- Sign up at www.express-scripts.com/BCBSTX or call (833) 715-0942 after the effective date.

- Your doctor can fax, call, or send your prescription electronically to Express Scripts® Pharmacy. They may call (888) 327-9791 for assistance.

Generic Step Therapy

For certain high-cost prescription drugs, you many need to try two alternative, generic medications first before “stepping up” to a more costly treatment. Your pharmacist will let you know at the time of purchase if your prescription requires step therapy.

Dispense as Written Penalty

If you elect to fill a brand-name medication when a generic is available, you will pay your generic copay AND the cost difference between the brand-name and the generic medication. Generic drugs can save you money. They are chemically equivalent to brand-name medications, but they generally cost a fraction of the price.

BlueCross BlueShield of Texas

Blue Access for Members℠

Puts your health care at your fingertips

BAM℠ gives you simple online access to information about your health benefits. Log in from your desktop, laptop or mobile device. View your coverage details whenever you want and wherever you are.

Coverage

See benefit highlights for your medical, dental and pharmacy plans.

Claims

Quickly view claims summaries or download your Explanation of Benefits.

Wellness

Take control of your wellbeing with preventive care guidelines, information and health tips for managing health conditions and living a healthier life.

Find Care

Find in-network doctors, hospitals and other health care providers quickly and easily.

Spending

Keep track of your deductible and out-of-pocket expenses.

Member ID Card

Once you've registered, you can view, print or download your member ID card.

SCAN ME

It's easy to get started.

Scan the QR code or go to **bcbstx.com** to register.
Get BAM to go: Text **BCBSTXAPP** to **33633*** to get the app.

*Message and data rates may apply. See terms and conditions and our privacy policy at bcbstx.com/member/account-access/mobile/text-messaging.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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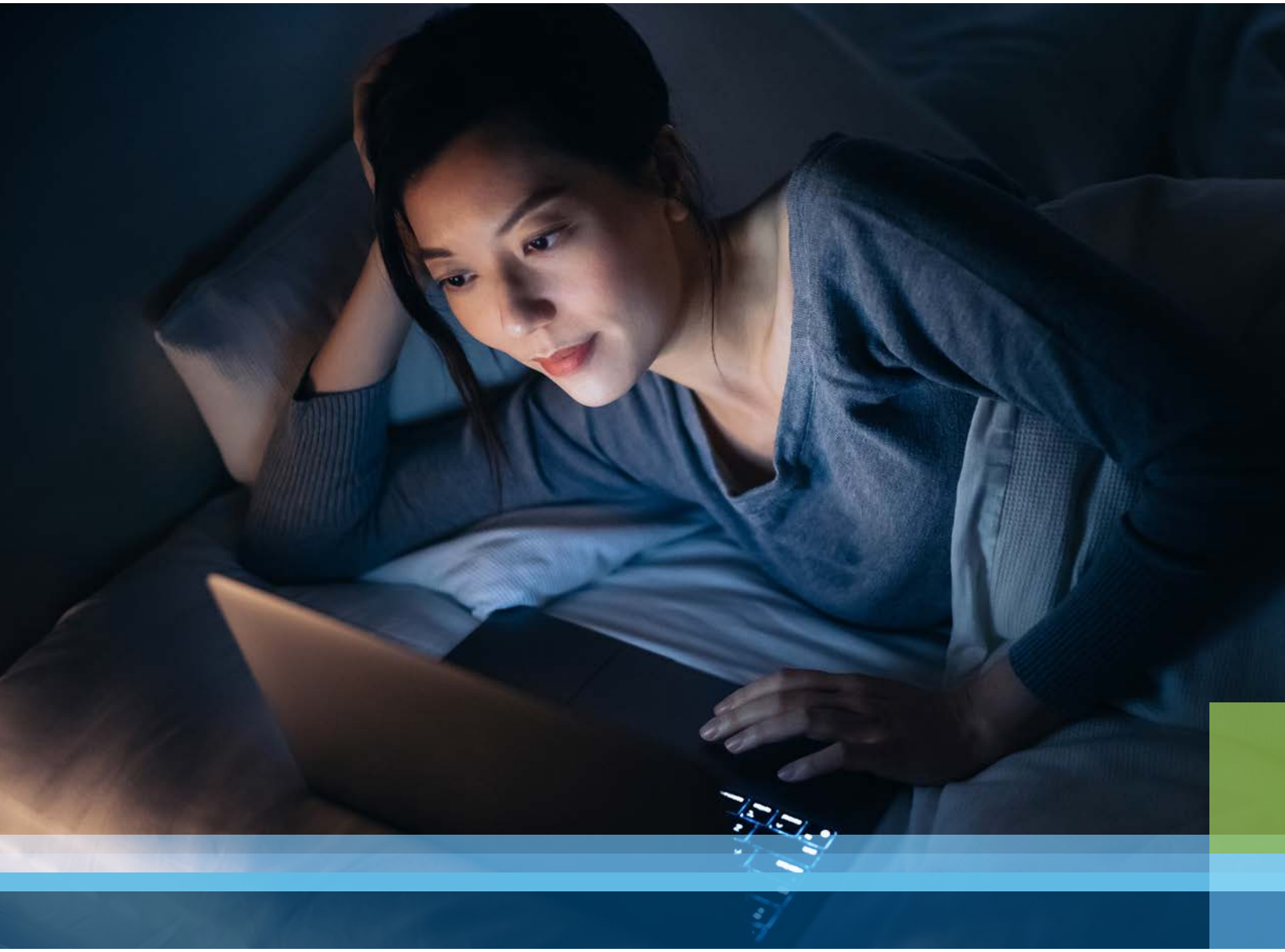
BlueCross BlueShield of Texas



Virtual Visits: **Get Cost-Effective, 24/7 Care**

With Virtual Visits from MDLIVE®, the doctor is always in. This Blue Cross and Blue Shield of Texas (BCBSTX) benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Powered by MDLIVE

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

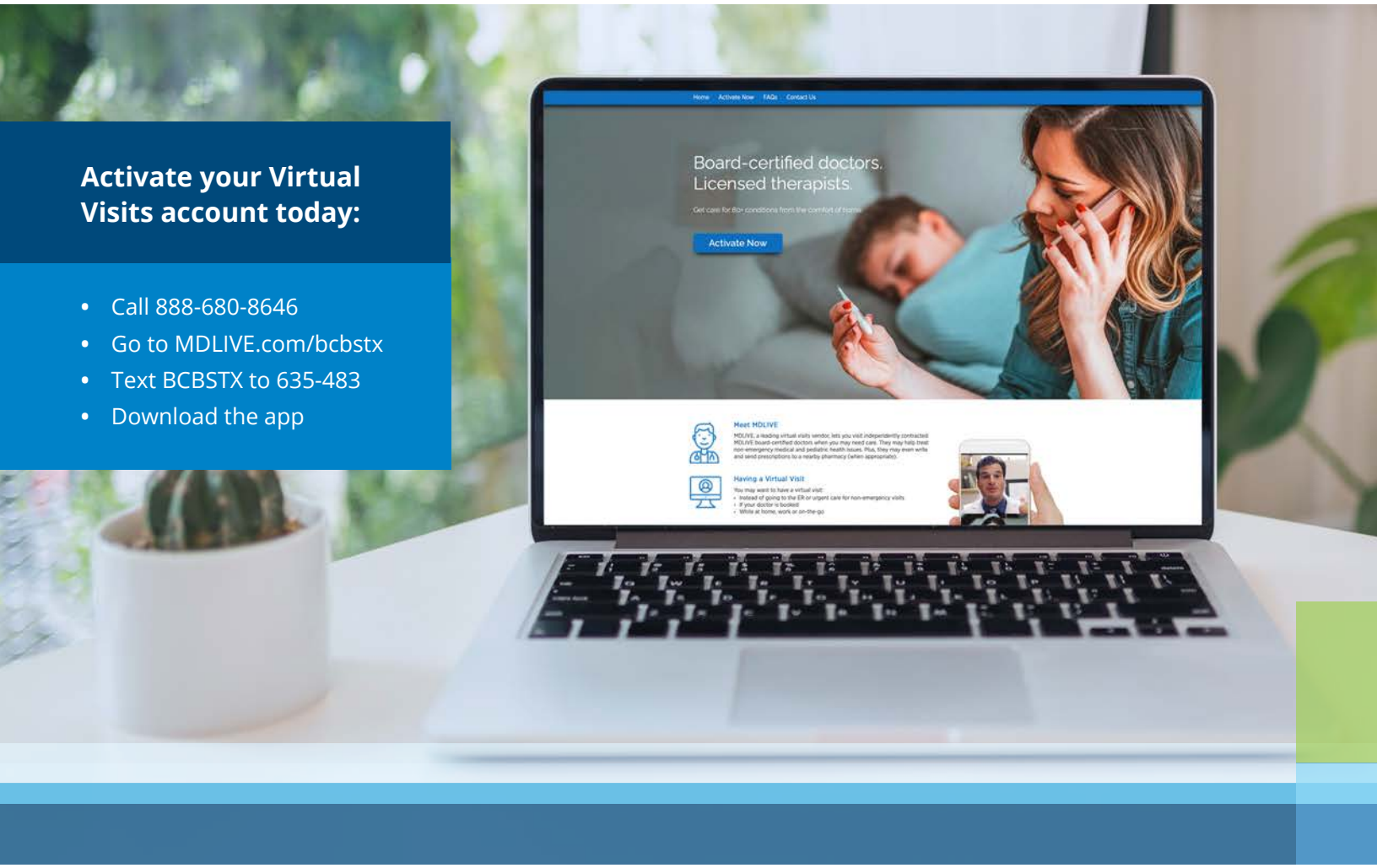
The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSTX benefit, please call the number on the back of your ID card.



Activate your Virtual Visits account today:

- Call 888-680-8646
- Go to MDLIVE.com/bcbstx
- Text BCBSTX to 635-483
- Download the app

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

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Your Doctor's Office, in Your Pocket

Get care for a wide range of health needs in the Galileo app

24/7 access

We're available around the clock, even on weekends and nights.

Care for almost any condition

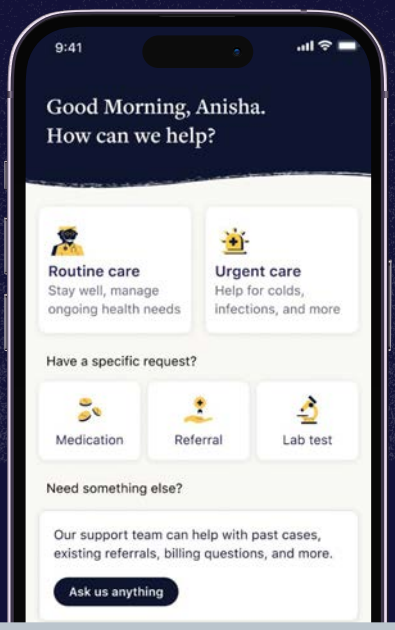
From the cold and flu, to depression and diabetes.

Get care anywhere

See a doctor by chat, phone, or video.

Your trusted medical partner

Manage all aspects of your health in one place



Book routine and urgent care appointments with 24/7 availability.

Get prescription refills, specialist referrals, lab tests fast — no appointment necessary.

Create your Galileo account today

Scan the QR code and use access code: **ecisd2025**

Need help?

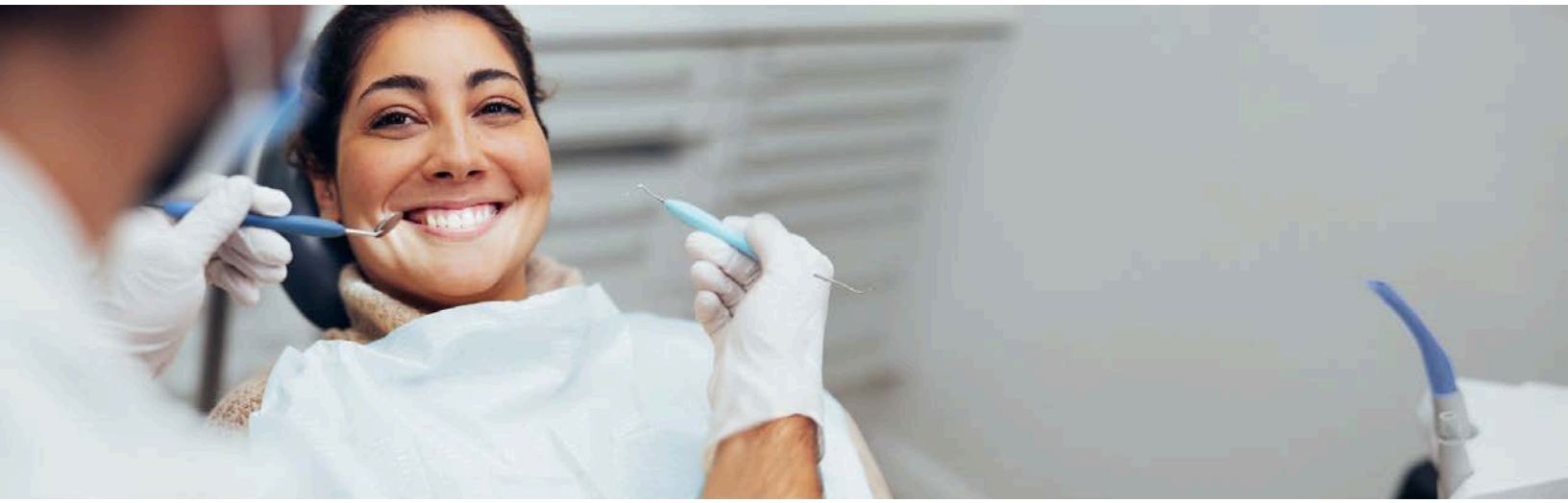
(855) 542-9848

support@galileohealth.com

Galileo is available to employees and their dependents (all ages) enrolled in the East Central Independent School District medical plan

Dental Insurance

Plan Choices



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

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family's dental needs. A range of procedures may be covered, such as:

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

Dental Monthly Premiums		
	Low	High
Employee Only	$21.44	$38.56
Employee + Spouse	$43.92	$78.20
Employee + Children	$47.12	$81.40
Employee + Family	$64.24	$111.40

East Central ISD

Dental Highlight Sheet

Ameritas

Low Dental Plan Summary **Effective Date: 9/1/2026**

Plan Benefit	
Type 1	100%
Type 2	50%
Type 3	50%
Deductible	$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum *(per person)*	$1,000 per calendar year
Allowance	Discounted Fee
Dental Rewards®	Included
Waiting Period	None

Orthodontia Summary - Child Only Coverage

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

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

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Cleaning (2 per benefit period) • Fluoride for Children 13 and under • (1 per benefit period) • Sealants (age 13 and under) • Space Maintainers	• Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Simple Extractions	• Onlays • Crowns (1 in 8 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years) • Complex Extractions • Anesthesia

Monthly Rates

Employee Only (EE)	$21.44
EE + Spouse	$43.92
EE + Children	$47.12
EE + Spouse & Children	$64.24

Ameritas Information

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

Dental Health Scorecard

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

Rx Savings

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

East Central ISD

Dental Highlight Sheet

Ameritas

High Plan Dental Summary **Effective Date: 9/1/2026**

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum *(per person)*	$1,250 per calendar year
Allowance	U&C
Dental Rewards®	Included
Waiting Period	None

Orthodontia Summary - Child Only Coverage

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

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

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Restorative Amalgams	• Onlays
• Bitewing X-rays (1 per benefit period)	• Restorative Composites (anterior and posterior teeth)	• Crowns (1 in 8 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 5 years)	• Endodontics (nonsurgical)	• Crown Repair
• Cleaning (2 per benefit period)	• Periodontics (nonsurgical)	• Endodontics (surgical)
• Fluoride for Children 13 and under (1 per benefit period)	• Simple Extractions	• Periodontics (surgical)
• Sealants (age 13 and under)	• Complex Extractions	• Denture Repair
• Space Maintainers	• Anesthesia	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)

Monthly Rates

Employee Only (EE)	$38.56
EE + Spouse	$78.20
EE + Children	$81.40
EE + Spouse & Children	$111.40

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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.

Vision Insurance

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

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

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

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

Vision Monthly Premium	
Employee Only	$8.80
Employee + Spouse	$17.40
Employee + Children	$15.92
Employee + Family	$24.52

East Central ISD

Eye Care Highlight Sheet

Ameritas

Focus® Plan Summary **Effective Date: 9/1/2026**

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

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

Lens Options (member cost)*

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

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

LASIK Advantage®

Lifetime Benefit Earned (Each Eye)	Year One	Year Two	Year Three
Plan Benefit	$150	$150	$150

Monthly Rates

Employee Only (EE)	$8.80
EE + Spouse	$17.40
EE + Children	$15.92
EE + Spouse & Children	$24.52

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritas.com
View plan benefit information at: vsp.com

Flexible Spending Accounts

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

Medical FSA

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

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

Medical FSA Highlights

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

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

FSA Resources

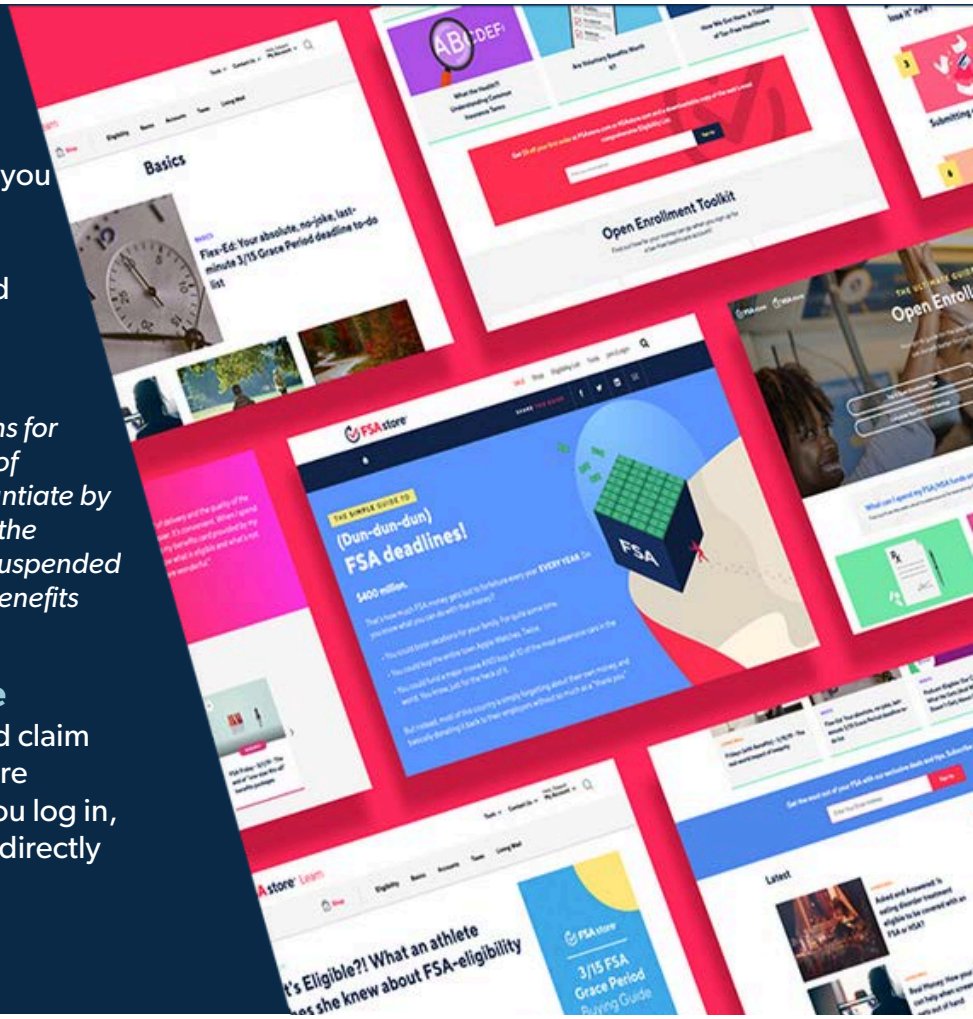
Benefits Card

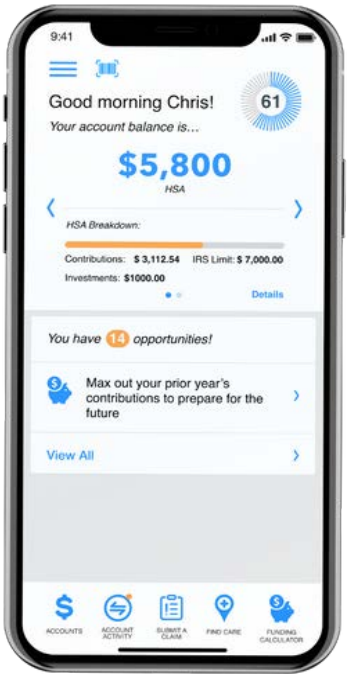
The FFGA Benefits Card is available to all employees that participate in a Medical FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least 18 years old.

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

View Your Account Details Online

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





FF Mobile Account App

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

FSA Store

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

FSA store®
Everything Flex Spending.

Term Life & AD&D

Employer-Paid & Voluntary

BCBS | www.bcbstx.com | 877-442-4207

Employer-Paid Term Life Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a $40,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

Voluntary Term Life Insurance

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

GROUP BENEFIT PROGRAM SUMMARY
For EAST CENTRAL ISD / TEEBC TRUST F021842 - 327

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

EMPLOYER PAID BASIC GROUP TERM LIFE/AD&D (Revised 10/01/2022)

Eligibility	**Class 1** – All Eligible TRS Bus Drivers who work 10 hours per week. **Class 2** – All Eligible other employees who work 20 hours per week. Insurance is effective the first of the month following date of hire.
Group Term Life/AD&D Benefit:	$40,000
Guarantee Issue Amount – Employee	$40,000
Age Reduction Schedule	Life and AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Definition of Disability	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: $7,500. Maximum: $250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

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

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

***** Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

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

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

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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BENEFIT PROGRAM SUMMARY
For EAST CENTRAL ISD / TEEBC TRUST F021842 - 327

SUPPLEMENTAL GROUP TERM LIFE (Revised 10/01/2022)

Eligibility	**Class 1** – All Eligible TRS Bus Drivers who work 10 hours per week. **Class 2** – All Eligible other employees who work 20 hours per week. Insurance is effective the first of the month following date of hire.
Group Term Life Benefit: Employee	$10,000 - $250,000, in increments of $10,000, not to exceed 5 times your annual earnings.
Guarantee Issue Amount – Employee	Under age 60 – $150,000 Ages 60 to 69 – $75,000 Age 70 & Older - $10,000
Group Term Life Benefit: Spouse (Includes Domestic Partners)	$5,000 - $50,000, in increments of $5,000, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount – Spouse	$20,000
Group Term Life Benefit: Child(ren)	Option I - $5,000 Option II - $10,000
Age Reduction Schedule	Employee Basic Life/ADD and Employee & Spouse Supplemental Group Term Life benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: $7,500. Maximum: $250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)	Included. (Employee)
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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SUPPLEMENTAL GROUP LIFE
PREMIUM RATE GRID

BlueCross BlueShield of Texas

EAST CENTRAL ISD / TEEBC TRUST F021842 - 327

Eligibility

Class 1 - All Eligible TRS Bus Drivers who work 10 hours per week.
Class 2 - All Eligible other Employees who work 20 hours per week.
Insurance is effective the first of the month following date of hire.

Supplemental Life Insurance

Employee Benefit: **$10,000 - $250,000 in $10,000 increments, not to exceed 5 X Base Annual earnings**

Spouse Benefit: **$5,000 - $50,000 in $5,000 increments, but not to exceed 50% of the employee benefit.**

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

Child Coverage

Live Birth to Age 26 Option I - $5,000 Option II - $10,000

Employee/Spouse: Life benefits reduce by 50% of the original amount at age 70. All benefits terminate at retirement.

Guarantee Issue:

Employee: Under Age 60 - $150,000
Ages 60 to 69 - $75,000
Age 70 or Over - $10,000

Spouse: $20,000

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

EMPLOYEE & SPOUSE
Supplemental Life
Monthly rates per $1,000

Age	Rates
Under 25	$0.034
25-29	$0.034
30-34	$0.043
35-39	$0.068
40-44	$0.085
45-49	$0.128
50-54	$0.196
55-59	$0.366
60-64	$0.519
65-69	$0.876
70+	$1.496

Dependent Life (Children)
Monthly Premium per Family

$5,000	$0.50
$10,000	$1.00

EMPLOYEE Benefit Amount	ATTAINED AGE <25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$10,000	$0.34	$0.34	$0.43	$0.68	$0.85	$1.28	$1.96	$3.66	$5.19	$8.76	$14.96
$20,000	$0.68	$0.68	$0.86	$1.36	$1.70	$2.56	$3.92	$7.32	$10.38	$17.52	$29.92
$30,000	$1.02	$1.02	$1.29	$2.04	$2.55	$3.84	$5.88	$10.98	$15.57	$26.28	$44.88
$40,000	$1.36	$1.36	$1.72	$2.72	$3.40	$5.12	$7.84	$14.64	$20.76	$35.04	$59.84
$50,000	$1.70	$1.70	$2.15	$3.40	$4.25	$6.40	$9.80	$18.30	$25.95	$43.80	$74.80
$60,000	$2.04	$2.04	$2.58	$4.08	$5.10	$7.68	$11.76	$21.96	$31.14	$52.56	$89.76
$70,000	$2.38	$2.38	$3.01	$4.76	$5.95	$8.96	$13.72	$25.62	$36.33	$61.32	$104.72
$80,000	$2.72	$2.72	$3.44	$5.44	$6.80	$10.24	$15.68	$29.28	$41.52	$70.08	$119.68
$90,000	$3.06	$3.06	$3.87	$6.12	$7.65	$11.52	$17.64	$32.94	$46.71	$78.84	$134.64
$100,000	$3.40	$3.40	$4.30	$6.80	$8.50	$12.80	$19.60	$36.60	$51.90	$87.60	$149.60
$110,000	$3.74	$3.74	$4.73	$7.48	$9.35	$14.08	$21.56	$40.26	$57.09	$96.36	$164.56
$120,000	$4.08	$4.08	$5.16	$8.16	$10.20	$15.36	$23.52	$43.92	$62.28	$105.12	$179.52
$130,000	$4.42	$4.42	$5.59	$8.84	$11.05	$16.64	$25.48	$47.58	$67.47	$113.88	$194.48
$140,000	$4.76	$4.76	$6.02	$9.52	$11.90	$17.92	$27.44	$51.24	$72.66	$122.64	$209.44
$150,000	$5.10	$5.10	$6.45	$10.20	$12.75	$19.20	$29.40	$54.90	$77.85	$131.40	$224.40
SPOUSE (Employee attained Age)											
$5,000	$0.17	$0.17	$0.22	$0.34	$0.43	$0.64	$0.98	$1.83	$2.60	$4.38	$7.48
$10,000	$0.34	$0.34	$0.43	$0.68	$0.85	$1.28	$1.96	$3.66	$5.19	$8.76	$14.96
$15,000	$0.51	$0.51	$0.65	$1.02	$1.28	$1.92	$2.94	$5.49	$7.79	$13.14	$22.44
$20,000	$0.68	$0.68	$0.86	$1.36	$1.70	$2.56	$3.92	$7.32	$10.38	$17.52	$29.92

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Texas Life

Permanent Life

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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

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

TEXASLIFE INSURANCE COMPANY

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

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

Non-Tobacco

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

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

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

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

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

Indicates Spouse Coverage Available

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

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

TEXASLIFE INSURANCE COMPANY

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

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

Tobacco

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

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

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

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

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

Indicates Spouse Coverage Available

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

Disability Insurance

American Fidelity | www.americanfidelity.com | 800--662-1113

Why Do I Need Disability Insurance?

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

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

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

AF™ Long-Term Disability Income Insurance

Texas Schools

Marketed by:

FFGI Benefit Solutions Simplified

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

How would you cover your everyday expenses if you experienced an Injury or Sickness and couldn't work for a period of time? AF™ **Long-Term Disability Income Insurance** provides a steady benefit to cover everyday expenses while you are unable to work due to a covered Disability.

Plan Highlights

Benefits are Payable Directly to You

You have the freedom to use the funds for your daily expenses such as: groceries, mortgage, daycare, etc.

Customized to Meet Your Individual Needs

You can select a benefit amount and elimination period that best meets your financial needs.

Return-to-Work Benefit

Employees may receive a partial benefit for going back to work part-time while still on Disability.

Choose the Right Plan for You

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

Injury means physical harm or damage to the body you sustained which results directly from an accidental bodily Injury, is independent of disease or bodily infirmity; and takes place while your coverage is active.

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

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

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

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 $66^{2/3}$% of your monthly compensation.

		Monthly Premiums					
Monthly Salary	**Monthly Disability Benefit**	**Plan I (8th)**	**Plan II (15th)**	**Plan III (31st)**	**Plan IV (61st)**	**Plan V (91st)**	**Plan VI (151st)**
$300.00 - $449.99	$200.00	$7.36	$6.28	$5.20	$3.24	$2.40	$1.56
$450.00 - $599.99	$300.00	$11.04	$9.42	$7.80	$4.86	$3.60	$2.34
$600.00 - $749.99	$400.00	$14.72	$12.56	$10.40	$6.48	$4.80	$3.12
$750.00 - $899.99	$500.00	$18.40	$15.70	$13.00	$8.10	$6.00	$3.90
$900.00 - $1,049.99	$600.00	$22.08	$18.84	$15.60	$9.72	$7.20	$4.68
$1,050.00 - $1,199.99	$700.00	$25.76	$21.98	$18.20	$11.34	$8.40	$5.46
$1,200.00 - $1,349.99	$800.00	$29.44	$25.12	$20.80	$12.96	$9.60	$6.24
$1,350.00 - $1,499.99	$900.00	$33.12	$28.26	$23.40	$14.58	$10.80	$7.02
$1,500.00 - $1,649.99	$1,000.00	$36.80	$31.40	$26.00	$16.20	$12.00	$7.80
$1,650.00 - $1,799.99	$1,100.00	$40.48	$34.54	$28.60	$17.82	$13.20	$8.58
$1,800.00 - $1,949.99	$1,200.00	$44.16	$37.68	$31.20	$19.44	$14.40	$9.36
$1,950.00 - $2,099.99	$1,300.00	$47.84	$40.82	$33.80	$21.06	$15.60	$10.14
$2,100.00 - $2,249.99	$1,400.00	$51.52	$43.96	$36.40	$22.68	$16.80	$10.92
$2,250.00 - $2,399.99	$1,500.00	$55.20	$47.10	$39.00	$24.30	$18.00	$11.70
$2,400.00 - $2,549.99	$1,600.00	$58.88	$50.24	$41.60	$25.92	$19.20	$12.48
$2,550.00 - $2,699.99	$1,700.00	$62.56	$53.38	$44.20	$27.54	$20.40	$13.26
$2,700.00 - $2,849.99	$1,800.00	$66.24	$56.52	$46.80	$29.16	$21.60	$14.04
$2,850.00 - $2,999.99	$1,900.00	$69.92	$59.66	$49.40	$30.78	$22.80	$14.82
$3,000.00 - $3,149.99	$2,000.00	$73.60	$62.80	$52.00	$32.40	$24.00	$15.60
$3,150.00 - $3,299.99	$2,100.00	$77.28	$65.94	$54.60	$34.02	$25.20	$16.38
$3,300.00 - $3,449.99	$2,200.00	$80.96	$69.08	$57.20	$35.64	$26.40	$17.16
$3,450.00 - $3,599.99	$2,300.00	$84.64	$72.22	$59.80	$37.26	$27.60	$17.94
$3,600.00 - $3,749.99	$2,400.00	$88.32	$75.36	$62.40	$38.88	$28.80	$18.72
$3,750.00 - $3,899.99	$2,500.00	$92.00	$78.50	$65.00	$40.50	$30.00	$19.50
$3,900.00 - $4,049.99	$2,600.00	$95.68	$81.64	$67.60	$42.12	$31.20	$20.28
$4,050.00 - $4,199.99	$2,700.00	$99.36	$84.78	$70.20	$43.74	$32.40	$21.06
$4,200.00 - $4,349.99	$2,800.00	$103.04	$87.92	$72.80	$45.36	$33.60	$21.84
$4,350.00 - $4,499.99	$2,900.00	$106.72	$91.06	$75.40	$46.98	$34.80	$22.62
$4,500.00 - $4,649.99	$3,000.00	$110.40	$94.20	$78.00	$48.60	$36.00	$23.40
$4,650.00 - $4,799.99	$3,100.00	$114.08	$97.34	$80.60	$50.22	$37.20	$24.18
$4,800.00 - $4,949.99	$3,200.00	$117.76	$100.48	$83.20	$51.84	$38.40	$24.96
$4,950.00 - $5,099.99	$3,300.00	$121.44	$103.62	$85.80	$53.46	$39.60	$25.74
$5,100.00 - $5,249.99	$3,400.00	$125.12	$106.76	$88.40	$55.08	$40.80	$26.52
$5,250.00 - $5,399.99	$3,500.00	$128.80	$109.90	$91.00	$56.70	$42.00	$27.30
$5,400.00 - $5,549.99	$3,600.00	$132.48	$113.04	$93.60	$58.32	$43.20	$28.08
$5,550.00 - $5,699.99	$3,700.00	$136.16	$116.18	$96.20	$59.94	$44.40	$28.86
$5,700.00 - $5,849.99	$3,800.00	$139.84	$119.32	$98.80	$61.56	$45.60	$29.64

Benefit Policy Schedule (continued)

		Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
$5,850.00 - $5,999.99	$3,900.00	$143.52	$122.46	$101.40	$63.18	$46.80	$30.42
$6,000.00 - $6,149.99	$4,000.00	$147.20	$125.60	$104.00	$64.80	$48.00	$31.20
$6,150.00 - $6,299.99	$4,100.00	$150.88	$128.74	$106.60	$66.42	$49.20	$31.98
$6,300.00 - $6,449.99	$4,200.00	$154.56	$131.88	$109.20	$68.04	$50.40	$32.76
$6,450.00 - $6,599.99	$4,300.00	$158.24	$135.02	$111.80	$69.66	$51.60	$33.54
$6,600.00 - $6,749.99	$4,400.00	$161.92	$138.16	$114.40	$71.28	$52.80	$34.32
$6,750.00 - $6,899.99	$4,500.00	$165.60	$141.30	$117.00	$72.90	$54.00	$35.10
$6,900.00 - $7,049.99	$4,600.00	$169.28	$144.44	$119.60	$74.52	$55.20	$35.88
$7,050.00 - $7,199.99	$4,700.00	$172.96	$147.58	$122.20	$76.14	$56.40	$36.66
$7,200.00 - $7,349.99	$4,800.00	$176.64	$150.72	$124.80	$77.76	$57.60	$37.44
$7,350.00 - $7,499.99	$4,900.00	$180.32	$153.86	$127.40	$79.38	$58.80	$38.22
$7,500.00 - $7,649.99	$5,000.00	$184.00	$157.00	$130.00	$81.00	$60.00	$39.00
$7,650.00 - $7,799.99	$5,100.00	$187.68	$160.14	$132.60	$82.62	$61.20	$39.78
$7,800.00 - $7,949.99	$5,200.00	$191.36	$163.28	$135.20	$84.24	$62.40	$40.56
$7,950.00 - $8,099.99	$5,300.00	$195.04	$166.42	$137.80	$85.86	$63.60	$41.34
$8,100.00 - $8,249.99	$5,400.00	$198.72	$169.56	$140.40	$87.48	$64.80	$42.12
$8,250.00 - $8,399.99	$5,500.00	$202.40	$172.70	$143.00	$89.10	$66.00	$42.90
$8,400.00 - $8,549.99	$5,600.00	$206.08	$175.84	$145.60	$90.72	$67.20	$43.68
$8,550.00 - $8,699.99	$5,700.00	$209.76	$178.98	$148.20	$92.34	$68.40	$44.46
$8,700.00 - $8,849.99	$5,800.00	$213.44	$182.12	$150.80	$93.96	$69.60	$45.24
$8,850.00 - $8,999.99	$5,900.00	$217.12	$185.26	$153.40	$95.58	$70.80	$46.02
$9,000.00 - $9,149.99	$6,000.00	$220.80	$188.40	$156.00	$97.20	$72.00	$46.80
$9,150.00 - $9,299.99	$6,100.00	$224.48	$191.54	$158.60	$98.82	$73.20	$47.58
$9,300.00 - $9,449.99	$6,200.00	$228.16	$194.68	$161.20	$100.44	$74.40	$48.36
$9,450.00 - $9,599.99	$6,300.00	$231.84	$197.82	$163.80	$102.06	$75.60	$49.14
$9,600.00 - $9,749.99	$6,400.00	$235.52	$200.96	$166.40	$103.68	$76.80	$49.92
$9,750.00 - $9,899.99	$6,500.00	$239.20	$204.10	$169.00	$105.30	$78.00	$50.70
$9,900.00 - $10,049.99	$6,600.00	$242.88	$207.24	$171.60	$106.92	$79.20	$51.48
$10,050.00 - $10,199.99	$6,700.00	$246.56	$210.38	$174.20	$108.54	$80.40	$52.26
$10,200.00 - $10,349.99	$6,800.00	$250.24	$213.52	$176.80	$110.16	$81.60	$53.04
$10,350.00 - $10,499.99	$6,900.00	$253.92	$216.66	$179.40	$111.78	$82.80	$53.82
$10,500.00 - $10,649.99	$7,000.00	$257.60	$219.80	$182.00	$113.40	$84.00	$54.60
$10,650.00 - $10,799.99	$7,100.00	$261.28	$222.94	$184.60	$115.02	$85.20	$55.38
$10,800.00 - $10,949.99	$7,200.00	$264.96	$226.08	$187.20	$116.64	$86.40	$56.16
$10,950.00 - $11,099.99	$7,300.00	$268.64	$229.22	$189.80	$118.26	$87.60	$56.94
$11,100.00 - $11,249.99	$7,400.00	$272.32	$232.36	$192.40	$119.88	$88.80	$57.72
$11,250.00 - $11,399.99	$7,500.00*	$276.00	$235.50	$195.00	$121.50	$90.00	$58.50

**Higher benefit amounts available up to a maximum Monthly Disability Benefit of $10,000.*

Plan Benefit Highlights

Maximum Benefit Period

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

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, or to SSNRA*, whichever is greater
65	24 months, or to SSNRA*, whichever is greater
66	21 months, or to SSNRA*, whichever is greater
67	18 months, or to SSNRA*, whichever is greater
68	15 months, or to SSNRA*, whichever is greater
Age 69 or older	12 months, or to SSNRA*, whichever is greater

**Age at which you are entitled to unreduced Social Security benefits based on current Social Security Amendments.*

Social Security Filing Assistance

If you are a candidate for social security Disability benefits, we can assist you with the application and appeal process.

When Coverage Begins

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

Hospital Confinement Benefit

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

Plans IV-VI: This benefit will begin after you've met your elimination period.

Plans I-III: This benefit will begin on your first day of Hospital confinement. The remainder of your elimination period will be waived. If you are Hospital confined due to a covered Injury or Sickness, your Hospital Confinement Benefit will be paid for any days of that confinement occurring before the day your Monthly Disability Benefit would otherwise begin.

Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of your death your Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 365 calendar days from the date of Disability.

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

Minimum Disability Benefit

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

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

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

Return To Work Incentives: Disabled and Working

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

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 2 years for each Disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit will be payable for Disability due to a Pre-Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician, for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us.

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

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

This rider is designed to pay a daily benefit amount for a Hospital Confinement, up to a maximum of 90 days, if you are confined to a Hospital.

Benefits are not payable for Injury or Sickness incurred in the first 12 months of coverage due to a Pre-Existing Condition as defined in the base policy. Patient must be confined to a Hospital for a minimum of 18 hours and charged room and board.

Daily Benefit	Monthly Premium
$100.00	$6.00
$150.00	$9.00

Spousal Accident Only Disability Benefit Rider

This rider is designed to provide a monthly benefit if your Spouse suffers a Disability due to a non-occupational accident.

Pays a monthly benefit amount to you for your Spouse who is Disabled as a result of a non-occupational accident. Benefits begin on the 31st consecutive day after the Injury and will continue for up to two years.

Monthly Benefit Amount	Annual Salary	Monthly Premium
$500.00	up to $10,000.00	$4.00
$1,000.00	$10,001.00 - $20,000.00	$8.00
$1,500.00	$20,001.00 - $30,000.00	$12.00
$2,000.00	$30,001.00 and over	$16.00

COBRA Funding Rider

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

In order to receive benefits under this rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the Disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
$300.00	$4.50
$400.00	$6.00
$500.00	$7.50
$600.00	$9.00

Critical Illness Benefit Rider

This rider is designed to provide a lump sum benefit based on diagnosis of a certain Critical Illness.

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions heart attack, stroke, kidney failure, paralysis, or major organ failure. In the case of heart attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Benefit Amount	Monthly Premium
$10,000.00	$9.80
$15,000.00	$13.18
$20,000.00	$16.56
$25,000.00	$19.94

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the policy. In addition to the exclusions listed in the policy, no benefits will be payable under this rider for any Hospital confinement that is caused by or resulting from mental illness or drug or alcohol abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a Hospital.

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

Critical Illness Benefit Rider

The Critical Illness Benefit rider will not be payable for any loss caused by or resulting from: a Critical Illness when the date of diagnosis occurs during the waiting period; a Critical Illness diagnosed outside of the United States; or a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness date of diagnosis occurs before you have been continuously covered under this rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advise from a physician, during the 12-month period immediately before the effective date of this rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the date of diagnosis occurs during the Critical Illness waiting period. The waiting period is 30 days from the effective date of this rider.

COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this rider. Your employment must have terminated for the benefit to be payable.

Spousal Accident Only Disability Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this policy for any period during which your Spouse is entitled to Workers' Compensation benefits; participation in any sport for wage or profit; participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. Your spouse must be engaged in Full Time Employment for benefits to be payable. Full Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your spouse is working while self-employed. No benefits are payable for your Spouse under this rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from Spousal abuse.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These riders will terminate on the same date as the policy or certificate to which it is attached.

Policy Exclusions

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

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

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

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

Your benefits, all in one place.

Manage your American Fidelity benefits and reimbursement accounts through your online account or the AFmobile® app.

Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile.

Pre-Existing Conditions may apply.

This brochure highlights important features of the policy. Please refer to your certificate for complete details.

Underwritten and Administered by:
American Fidelity Assurance Company
800-662-1113 • **americanfidelity.com**

SB-33491(FF)-0125

G120-TX-100-402 MCH#5481 014403-1, 014405-2, 014406-3, 014407-4, 014408-5, 014410-6, 014709-R1, 014710-R1, 014708-R1, 014707-R1

AF™ Long-Term Disability Income Insurance

Texas Schools

Marketed by:

FFGI Benefit Solutions Simplified

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

How would you cover your everyday expenses if you experienced an Injury or Sickness and couldn't work for a period of time? AF™ **Long-Term Disability Income Insurance** provides a steady benefit to cover everyday expenses while you are unable to work due to a covered Disability.

Plan Highlights

Benefits are Payable Directly to You

You have the freedom to use the funds for your daily expenses such as: groceries, mortgage, daycare, etc.

Customized to Meet Your Individual Needs

You can select a benefit amount and elimination period that best meets your financial needs.

Return-to-Work Benefit

Employees may receive a partial benefit for going back to work part-time while still on Disability.

Choose the Right Plan for You

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

Injury means physical harm or damage to the body you sustained which results directly from an accidental bodily Injury, is independent of disease or bodily infirmity; and takes place while your coverage is active.

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

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

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

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 $66^{2/3}$% of your monthly compensation.

		Monthly Premiums					
Monthly Salary	**Monthly Disability Benefit**	**Plan I (8th)**	**Plan II (15th)**	**Plan III (31st)**	**Plan IV (61st)**	**Plan V (91st)**	**Plan VI (151st)**
$300.00 - $449.99	$200.00	$6.32	$5.32	$4.44	$2.48	$1.84	$1.24
$450.00 - $599.99	$300.00	$9.48	$7.98	$6.66	$3.72	$2.76	$1.86
$600.00 - $749.99	$400.00	$12.64	$10.64	$8.88	$4.96	$3.68	$2.48
$750.00 - $899.99	$500.00	$15.80	$13.30	$11.10	$6.20	$4.60	$3.10
$900.00 - $1,049.99	$600.00	$18.96	$15.96	$13.32	$7.44	$5.52	$3.72
$1,050.00 - $1,199.99	$700.00	$22.12	$18.62	$15.54	$8.68	$6.44	$4.34
$1,200.00 - $1,349.99	$800.00	$25.28	$21.28	$17.76	$9.92	$7.36	$4.96
$1,350.00 - $1,499.99	$900.00	$28.44	$23.94	$19.98	$11.16	$8.28	$5.58
$1,500.00 - $1,649.99	$1,000.00	$31.60	$26.60	$22.20	$12.40	$9.20	$6.20
$1,650.00 - $1,799.99	$1,100.00	$34.76	$29.26	$24.42	$13.64	$10.12	$6.82
$1,800.00 - $1,949.99	$1,200.00	$37.92	$31.92	$26.64	$14.88	$11.04	$7.44
$1,950.00 - $2,099.99	$1,300.00	$41.08	$34.58	$28.86	$16.12	$11.96	$8.06
$2,100.00 - $2,249.99	$1,400.00	$44.24	$37.24	$31.08	$17.36	$12.88	$8.68
$2,250.00 - $2,399.99	$1,500.00	$47.40	$39.90	$33.30	$18.60	$13.80	$9.30
$2,400.00 - $2,549.99	$1,600.00	$50.56	$42.56	$35.52	$19.84	$14.72	$9.92
$2,550.00 - $2,699.99	$1,700.00	$53.72	$45.22	$37.74	$21.08	$15.64	$10.54
$2,700.00 - $2,849.99	$1,800.00	$56.88	$47.88	$39.96	$22.32	$16.56	$11.16
$2,850.00 - $2,999.99	$1,900.00	$60.04	$50.54	$42.18	$23.56	$17.48	$11.78
$3,000.00 - $3,149.99	$2,000.00	$63.20	$53.20	$44.40	$24.80	$18.40	$12.40
$3,150.00 - $3,299.99	$2,100.00	$66.36	$55.86	$46.62	$26.04	$19.32	$13.02
$3,300.00 - $3,449.99	$2,200.00	$69.52	$58.52	$48.84	$27.28	$20.24	$13.64
$3,450.00 - $3,599.99	$2,300.00	$72.68	$61.18	$51.06	$28.52	$21.16	$14.26
$3,600.00 - $3,749.99	$2,400.00	$75.84	$63.84	$53.28	$29.76	$22.08	$14.88
$3,750.00 - $3,899.99	$2,500.00	$79.00	$66.50	$55.50	$31.00	$23.00	$15.50
$3,900.00 - $4,049.99	$2,600.00	$82.16	$69.16	$57.72	$32.24	$23.92	$16.12
$4,050.00 - $4,199.99	$2,700.00	$85.32	$71.82	$59.94	$33.48	$24.84	$16.74
$4,200.00 - $4,349.99	$2,800.00	$88.48	$74.48	$62.16	$34.72	$25.76	$17.36
$4,350.00 - $4,499.99	$2,900.00	$91.64	$77.14	$64.38	$35.96	$26.68	$17.98
$4,500.00 - $4,649.99	$3,000.00	$94.80	$79.80	$66.60	$37.20	$27.60	$18.60
$4,650.00 - $4,799.99	$3,100.00	$97.96	$82.46	$68.82	$38.44	$28.52	$19.22
$4,800.00 - $4,949.99	$3,200.00	$101.12	$85.12	$71.04	$39.68	$29.44	$19.84
$4,950.00 - $5,099.99	$3,300.00	$104.28	$87.78	$73.26	$40.92	$30.36	$20.46
$5,100.00 - $5,249.99	$3,400.00	$107.44	$90.44	$75.48	$42.16	$31.28	$21.08
$5,250.00 - $5,399.99	$3,500.00	$110.60	$93.10	$77.70	$43.40	$32.20	$21.70
$5,400.00 - $5,549.99	$3,600.00	$113.76	$95.76	$79.92	$44.64	$33.12	$22.32
$5,550.00 - $5,699.99	$3,700.00	$116.92	$98.42	$82.14	$45.88	$34.04	$22.94
$5,700.00 - $5,849.99	$3,800.00	$120.08	$101.08	$84.36	$47.12	$34.96	$23.56

Benefit Policy Schedule (continued)

		Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
$5,850.00 - $5,999.99	$3,900.00	$123.24	$103.74	$86.58	$48.36	$35.88	$24.18
$6,000.00 - $6,149.99	$4,000.00	$126.40	$106.40	$88.80	$49.60	$36.80	$24.80
$6,150.00 - $6,299.99	$4,100.00	$129.56	$109.06	$91.02	$50.84	$37.72	$25.42
$6,300.00 - $6,449.99	$4,200.00	$132.72	$111.72	$93.24	$52.08	$38.64	$26.04
$6,450.00 - $6,599.99	$4,300.00	$135.88	$114.38	$95.46	$53.32	$39.56	$26.66
$6,600.00 - $6,749.99	$4,400.00	$139.04	$117.04	$97.68	$54.56	$40.48	$27.28
$6,750.00 - $6,899.99	$4,500.00	$142.20	$119.70	$99.90	$55.80	$41.40	$27.90
$6,900.00 - $7,049.99	$4,600.00	$145.36	$122.36	$102.12	$57.04	$42.32	$28.52
$7,050.00 - $7,199.99	$4,700.00	$148.52	$125.02	$104.34	$58.28	$43.24	$29.14
$7,200.00 - $7,349.99	$4,800.00	$151.68	$127.68	$106.56	$59.52	$44.16	$29.76
$7,350.00 - $7,499.99	$4,900.00	$154.84	$130.34	$108.78	$60.76	$45.08	$30.38
$7,500.00 - $7,649.99	$5,000.00	$158.00	$133.00	$111.00	$62.00	$46.00	$31.00
$7,650.00 - $7,799.99	$5,100.00	$161.16	$135.66	$113.22	$63.24	$46.92	$31.62
$7,800.00 - $7,949.99	$5,200.00	$164.32	$138.32	$115.44	$64.48	$47.84	$32.24
$7,950.00 - $8,099.99	$5,300.00	$167.48	$140.98	$117.66	$65.72	$48.76	$32.86
$8,100.00 - $8,249.99	$5,400.00	$170.64	$143.64	$119.88	$66.96	$49.68	$33.48
$8,250.00 - $8,399.99	$5,500.00	$173.80	$146.30	$122.10	$68.20	$50.60	$34.10
$8,400.00 - $8,549.99	$5,600.00	$176.96	$148.96	$124.32	$69.44	$51.52	$34.72
$8,550.00 - $8,699.99	$5,700.00	$180.12	$151.62	$126.54	$70.68	$52.44	$35.34
$8,700.00 - $8,849.99	$5,800.00	$183.28	$154.28	$128.76	$71.92	$53.36	$35.96
$8,850.00 - $8,999.99	$5,900.00	$186.44	$156.94	$130.98	$73.16	$54.28	$36.58
$9,000.00 - $9,149.99	$6,000.00	$189.60	$159.60	$133.20	$74.40	$55.20	$37.20
$9,150.00 - $9,299.99	$6,100.00	$192.76	$162.26	$135.42	$75.64	$56.12	$37.82
$9,300.00 - $9,449.99	$6,200.00	$195.92	$164.92	$137.64	$76.88	$57.04	$38.44
$9,450.00 - $9,599.99	$6,300.00	$199.08	$167.58	$139.86	$78.12	$57.96	$39.06
$9,600.00 - $9,749.99	$6,400.00	$202.24	$170.24	$142.08	$79.36	$58.88	$39.68
$9,750.00 - $9,899.99	$6,500.00	$205.40	$172.90	$144.30	$80.60	$59.80	$40.30
$9,900.00 - $10,049.99	$6,600.00	$208.56	$175.56	$146.52	$81.84	$60.72	$40.92
$10,050.00 - $10,199.99	$6,700.00	$211.72	$178.22	$148.74	$83.08	$61.64	$41.54
$10,200.00 - $10,349.99	$6,800.00	$214.88	$180.88	$150.96	$84.32	$62.56	$42.16
$10,350.00 - $10,499.99	$6,900.00	$218.04	$183.54	$153.18	$85.56	$63.48	$42.78
$10,500.00 - $10,649.99	$7,000.00	$221.20	$186.20	$155.40	$86.80	$64.40	$43.40
$10,650.00 - $10,799.99	$7,100.00	$224.36	$188.86	$157.62	$88.04	$65.32	$44.02
$10,800.00 - $10,949.99	$7,200.00	$227.52	$191.52	$159.84	$89.28	$66.24	$44.64
$10,950.00 - $11,099.99	$7,300.00	$230.68	$194.18	$162.06	$90.52	$67.16	$45.26
$11,100.00 - $11,249.99	$7,400.00	$233.84	$196.84	$164.28	$91.76	$68.08	$45.88
$11,250.00 - $11,399.99	$7,500.00*	$237.00	$199.50	$166.50	$93.00	$69.00	$46.50

**Higher benefit amounts available up to a maximum Monthly Disability Benefit of $10,000.*

Plan Benefit Highlights

Maximum Benefit Period

Benefits are payable up to the period of time shown in the charts below, based on your age as of the Disability date for when a covered Injury or Sickness begins.

For Injury

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, or to SSNRA*, whichever is greater
65	24 months, or to SSNRA*, whichever is greater
66	21 months, or to SSNRA*, whichever is greater
67	18 months, or to SSNRA*, whichever is greater
68	15 months, or to SSNRA*, whichever is greater
Age 69 or older	12 months, or to SSNRA*, whichever is greater

**Age at which you are entitled to unreduced Social Security benefits based on current Social Security Amendments.*

For Sickness

Age	Maximum Benefit Period
Under 65	5 years
65 through 68	To age 70
69 or older	1 year

Social Security Filing Assistance

If you are a candidate for social security Disability benefits, we can assist you with the application and appeal process.

When Coverage Begins

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

Hospital Confinement Benefit

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

Plans IV-VI: This benefit will begin after you've met your elimination period.

Plans I-III: This benefit will begin on your first day of Hospital confinement. The remainder of your elimination period will be waived. If you are Hospital confined due to a covered Injury or Sickness, your Hospital Confinement Benefit will be paid for any days of that confinement occurring before the day your Monthly Disability Benefit would otherwise begin.

Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of your death your Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 365 calendar days from the date of Disability.

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

Minimum Disability Benefit

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

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

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

Return To Work Incentives: Disabled and Working

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

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 2 years for each Disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit will be payable for Disability due to a Pre-Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician, for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us.

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

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

This rider is designed to pay a daily benefit amount for a Hospital Confinement, up to a maximum of 90 days, if you are confined to a Hospital.

Benefits are not payable for Injury or Sickness incurred in the first 12 months of coverage due to a Pre-Existing Condition as defined in the base policy. Patient must be confined to a Hospital for a minimum of 18 hours and charged room and board.

Daily Benefit	Monthly Premium
$100.00	$6.00
$150.00	$9.00

Spousal Accident Only Disability Benefit Rider

This rider is designed to provide a monthly benefit if your Spouse suffers a Disability due to a non-occupational accident.

Pays a monthly benefit amount to you for your Spouse who is Disabled as a result of a non-occupational accident. Benefits begin on the 31st consecutive day after the Injury and will continue for up to two years.

Monthly Benefit Amount	Annual Salary	Monthly Premium
$500.00	up to $10,000.00	$4.00
$1,000.00	$10,001.00 - $20,000.00	$8.00
$1,500.00	$20,001.00 - $30,000.00	$12.00
$2,000.00	$30,001.00 and over	$16.00

COBRA Funding Rider

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

In order to receive benefits under this rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the Disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
$300.00	$4.50
$400.00	$6.00
$500.00	$7.50
$600.00	$9.00

Critical Illness Benefit Rider

This rider is designed to provide a lump sum benefit based on diagnosis of a certain Critical Illness.

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions heart attack, stroke, kidney failure, paralysis, or major organ failure. In the case of heart attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Benefit Amount	Monthly Premium
$10,000.00	$9.80
$15,000.00	$13.18
$20,000.00	$16.56
$25,000.00	$19.94

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the policy. In addition to the exclusions listed in the policy, no benefits will be payable under this rider for any Hospital confinement that is caused by or resulting from mental illness or drug or alcohol abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a Hospital.

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

Critical Illness Benefit Rider

The Critical Illness Benefit rider will not be payable for any loss caused by or resulting from: a Critical Illness when the date of diagnosis occurs during the waiting period; a Critical Illness diagnosed outside of the United States; or a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness date of diagnosis occurs before you have been continuously covered under this rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advise from a physician, during the 12-month period immediately before the effective date of this rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the date of diagnosis occurs during the Critical Illness waiting period. The waiting period is 30 days from the effective date of this rider.

COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this rider. Your employment must have terminated for the benefit to be payable.

Spousal Accident Only Disability Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this policy for any period during which your Spouse is entitled to Workers' Compensation benefits; participation in any sport for wage or profit; participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. Your spouse must be engaged in Full Time Employment for benefits to be payable. Full Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your spouse is working while self-employed. No benefits are payable for your Spouse under this rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from Spousal abuse.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These riders will terminate on the same date as the policy or certificate to which it is attached.

Policy Exclusions

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

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

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

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

Your benefits, all in one place.

Manage your American Fidelity benefits and reimbursement accounts through your online account or the AFmobile® app.

Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile.

Pre-Existing Conditions may apply.

This brochure highlights important features of the policy. Please refer to your certificate for complete details.

Underwritten and Administered by:
American Fidelity Assurance Company
800-662-1113 • **americanfidelity.com**

SB-33492(FF)-0125

G120-TX-100-402 MCH#5481 014517-7, 014519-8, 014520-9, 014521-10, 014522-11, 014524-12, 014709-R1, 014710-R1, 014708-R1, 014707-R1

Cancer Insurance

Plan Options

Guardian | www.guardiananytime.com | 800-541-7846

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

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

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

Cancer Insurance		
Monthly Premium	**Plan 1**	**Plan 2**
Employee	$25.16	$28.40
Employee + Spouse	$40.32	$46.24
Employee + Children	$27.20	$31.12
Family	$42.36	$48.96

Guardian® in sync Cancer

Ease the financial burden while healing

Fortunately, we can help with unexpected expenses

Every year, more and more people are being diagnosed with cancer.[1] Treatment of cancer can lead to unexpected expenses that create an additional financial burden. Cancer insurance helps fill in the gaps that medical insurance doesn't cover. Benefits are paid directly to the employee and may be used for any purpose - such as travel to treatment centers, medical co-pays, deductibles and experimental treatment, as well as everyday expenses like groceries, rent and ongoing household bills.

See next page for a schedule of paid benefits and monthly rates.

Enroll today

During this enrollment, you can elect coverage for you and your family:

- Convenient payroll deductions
- Portable
- Guarantee Issue: no health question asked at enrollment
- Pre-existing Condition Limitation - 3 month look back period, 12 month exclusion period
- Waiver of Premium – if you become disabled due to cancer for 90 days, premiums will be waived thereinafter so long as you continue to be disabled

Benefits Claim Example

Kidney Cancer Diagnosis and Treatment	
COVERED EVENTS	**Benefit Paid**
Cancer Screening Benefit	$100
Cancer Screening Follow Up	$100
Cancer Initial Diagnosis	$4,000
Second Surgical Opinion	$300
Hospital Confinement (3 days)	$1,200
Kidney Removal Surgery	$3,000
Medical Imaging (2 images)	$400
Anesthesia	$750
Radiation Therapy	$10,000
2 Months of Anti-Nausea Medication	$500
Home Health Care (20 visits)	$2,000
Transportation for two travelers:120 miles round-trip (12 trips at $0.50/mile)	$720
Attending Doctor (3 days)	$75
TOTAL BENEFIT PAID UNDER POLICY	**$24,145**

DID YOU KNOW?

2/3 of the cost
of cancer is non-medical[1]

$1,266
is the monthly average out-of-pocket cost for cancer[2]

5% increase
In cancer costs every year[3]

62% of bankruptcies
are the result of medical causes despite 76% of those claiming bankruptcy had medical insurance[4]

1 www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf;
2 "Study Links Medical Costs and Personal Bankruptcy," Bloomberg BusinessWeek, June 4, 2009
3 Duke University Medical Center, 2011 http://clearhealthcosts.com/tag/duke-university-medical-center

Annual Cancer Screening For Covered Employees and Family Members

This plan pays you $100 once per calendar year per covered individual. See schedule for a list of covered procedures

COVERED EVENTS	Premier Plan
Prevention & Non-Invasive Cancer Related Events	
Cancer Screening Benefit	$100/insured/year Includes a $100 cancer screening follow up benefit
Initial Diagnosis of Cancer	$4,000 Employee $4,000 Spouse $4,000 Child
Treatment Benefits	
Radiation/Chemotherapy	Actual Costs up to $10,000 per year
Blood, Plasma, Platelets	Actual Costs up to $10,000 per year
Experimental Treatment	$200 per day up to $2,400 per month
Surgical Benefit	Schedule amount up to $5,500
Second Surgical Opinion	$300 per surgical procedure
Anesthesia	25% of surgery benefit
Bone Marrow/Stem Cell	Bone Marrow: $10,000, Stem Cell: $2,500, 50% for second transplant. $1,500 for donor
Immunotherapy	$500 per month
Hormone Therapy	$50 per treatment up to 12 treatments per year
Outpatient Surgical Center	$350 per day, 3 days per procedure
Hospital Confinement Benefits	
Hospital Confinement	$400 per day first 30 days
Extended Hospital Confinement	$800 per day for 31st day thereafter
Hospital Intensive Care	$600/day first 30 days, $800/day for 31st day thereafter
Government or Charity Hospital	$400 per day in lieu of all other benefits
Inpatient Special Nursing	$150/day
Attending Physician	$25 per day while hospital confined
Extended Care Facility	$150 per day
Home Health Care	$100 per day
Lodging and Transportation Benefits	
Ambulance	$250 per trip, limit 2 trips per hospital confinement
Transportation/Companion Transportation	$0.50 per mile up to $1,500 per round trip/equal benefit for companion
Outpatient and Family Member Lodging	$100/day
Miscellaneous Benefits	
Hospice	$100 per day
Physical or Speech Therapy	$50 per visit up to 4 visits per month
Prosthesis	Surgically implanted $3,000 per device, $6,000 lifetime Non-surgical $300/device, $600 lifetime
Skin Cancer	Biopsy Only: $100, Reconstructive Surgery: $250, Excision of a skin cancer: $375, with flap or graft: $600
Medical Imaging	$200 per image up to 2 per year
Anti-Nausea Medication	$50 per day up to $250 per month
Reproductive Benefit	$1500 egg harvesting, $500 egg or sperm storage
Reconstructive Surgery	Breast TRAM: $3,000, Breast reconstruction: $700, Breast Symmetry: $350, Facial reconstruction: $700
ICU Rider (Plan 2 Only)	$500/day up to 45 days for each period of confinement. ICU confinement rider is paid for treatment of any sickness or injury other than internal Cancer
Waiver of Premium	Included

Tier	Plan1	Plan 2
Employee	$25.16	$28.40
Employee & Spouse	$40.32	$46.24
Employee & Child(ren)	$27.20	$31.12
Family	$42.36	$48.96

INITIAL DIAGNOSIS BENEFIT

This one-time benefit pays $4,000 for the first time diagnosis of internal cancer, other than carcinoma-in-situ, while covered under this plan.

Specified Disease

For Employees & Covered Family Members

The benefits of this plan will also pay if a covered person is diagnosed with one of the following Specified Diseases while coverage is in force.

Addison's Disease, ALS, Brucellosis, Cerebrospinal Meningitis, Cystic Fibrosis, Diphtheria, Encephalitis, Hansen's Disease, Hepatitis (Chronic B or Chronic C with liver failure), Legionnaire's Disease, Lyme Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis, Rabies, Reye's Syndrome, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Systemic Lupus Erythematosus, Tetanus, Thallasemia, Tuberculosis, Tularemia, Typhoid Fever

Only one specified disease from this list may be claimed under this plan.

Guardian Cancer Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Hospital Indemnity Insurance

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

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

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

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

Aflac

Group Hospital Indemnity

INSURANCE

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

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

Aflac®

AFLAC GROUP HOSPITAL INDEMNITY

HI G

Policy Series C80000

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

Does your major medical insurance cover all of your bills?

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

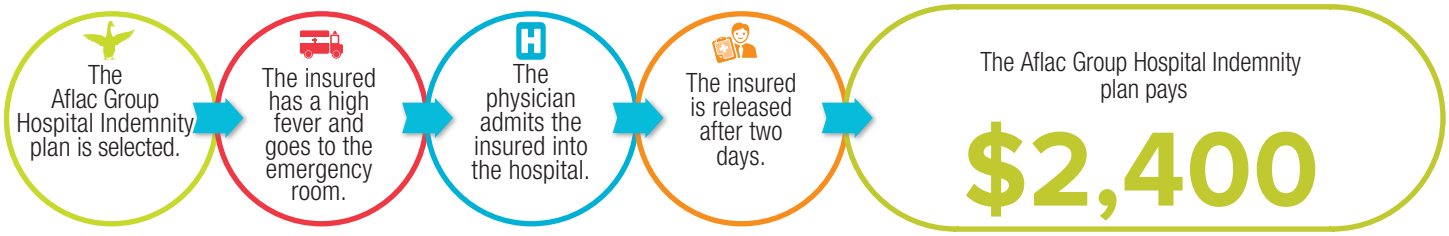
That's how the Aflac Group Hospital Indemnity plan can help.

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

The Aflac Group Hospital Indemnity plan benefits include the following:

- **Hospital Confinement Benefit**
- **Hospital Admission Benefit**
- **Hospital Intensive Care Benefit and more**

How it works



Amount payable was generated based on benefit amounts for: Hospital Admission ($2,000), and Hospital Confinement ($200 per day).

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

Benefits Overview

	BENEFIT AMOUNT
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. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).	$2,000
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
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.**	$400

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

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.
  - In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
  - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
  - In Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
  - In South Dakota: voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional

capacity.

- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
  - In South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
  - In Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
  - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
  - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
  - Congenital defects in newborns.

TERMS YOU NEED TO KNOW

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

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

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

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

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

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

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

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

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

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

You May Continue Your Coverage
Your coverage may be continued with certain stipulations. See certificate for details.

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

NOTICES

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

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

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

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

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies. This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. Benefits, terms, and conditions may vary by state.

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

RATES TABLE FOR: EAST CENTRAL ISD - GP-20162 / GROUP HOSPITAL INDEMNITY - PLAN-120286

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency
Monthly (12pp / yr)

Employee Periodic Cost
$31.66

Employee And Spouse Periodic Cost
$64.08

Employee And Child Periodic Cost
$50.30

Family Periodic Cost
$82.72

Critical Illness Insurance

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

Prepare For the Unexpected

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

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

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

Aflac

Group Critical Illness

INSURANCE – PLAN INCLUDES BENEFITS FOR CANCER AND HEALTH SCREENING

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

Aflac®

AFLAC GROUP CRITICAL ILLNESS

CI G

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

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

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

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

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

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

What you need, when you need it.

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

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

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

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

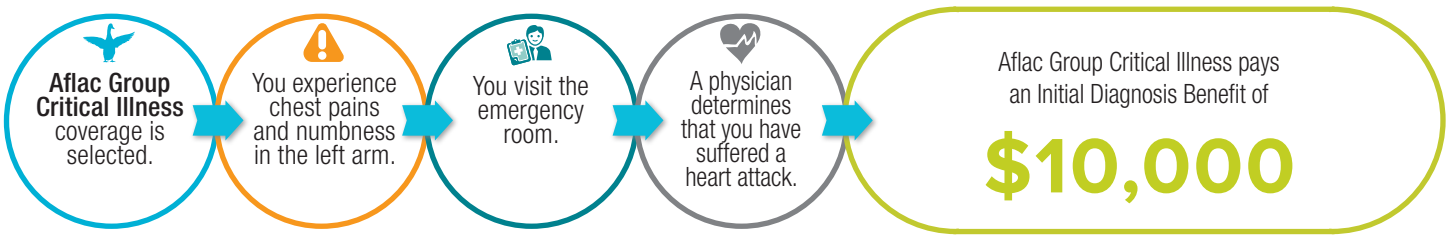
The Aflac Group Critical Illness plan benefits include:

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

Features:

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

How it works



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

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

Benefits Overview

COVERED CRITICAL ILLNESSES:

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

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

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

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

CHILD COVERAGE AT NO ADDITIONAL COST
Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

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

*This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.
**These benefits are payable for loss due to a covered underlying disease or a covered accident.

WAIVER OF PREMIUM

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

SUCCESSOR INSURED BENEFIT

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

HEALTH SCREENING BENEFIT (Employee and Spouse only)

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

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. **This benefit is not paid for dependent children.**

OPTIONAL BENEFITS RIDER

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

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

PROGRESSIVE DISEASE RIDER

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

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

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

CHILDHOOD CONDITIONS RIDER

CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
TYPE 1 DIABETES	50%
	One Time Benefit Amount
AUTISM SPECTRUM DISORDER (ASD)	$3,000
Benefits are payable if a dependent child is diagnosed with one of the conditions listed.	

LIMITATIONS AND EXCLUSIONS

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

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

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

EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
  - In Alaska: injuring or attempting to injure oneself intentionally
- **Suicide** – committing or attempting to commit suicide, while sane or insane;
  - In Illinois and Minnesota: this exclusion does not apply
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job:
  - In Arizona: participating in or attempting to commit a felony, or being engaged in an illegal occupation;
  - In Illinois and Pennsylvania: Illegal Occupation - committing or attempting to commit a felony or being engaged in an illegal occupation;
  - In Michigan: Illegal Occupation – the commission of or attempt to commit a felony, or being engaged in an illegal occupation;
  - In Nebraska: being engaged in an illegal occupation, or commission of or attempting to commit a felony;
  - In Ohio: committing or attempting to commit a felony, or working at an illegal job
- **Participation in Aggressive Conflict:**
  - War (declared or undeclared) or military conflicts;
    - In Oklahoma: War, or act of war, declared or undeclared when serving in the military service or an auxiliary unit thereto
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
- **Illegal Substance Abuse:**
  - Abuse of legally-obtained prescription medication
  - Illegal use of non-prescription drugs
  - In Arizona: Being intoxicated or under the influence of any narcotic unless administered on the advice of a physician
  - In Michigan, Nevada, and South Dakota: this exclusion does not apply

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

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

TERMS YOU NEED TO KNOW

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

- Aplastic anemia
- Congenital neutropenia

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

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

Cancer (internal or invasive) is a disease that meets either of the following definitions:
A malignant tumor characterized by:

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

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

Cancer (internal or invasive) also includes:

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

The following are not considered internal or invasive cancers:

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

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

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

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

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

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

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

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

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

1. Pathological Diagnosis is a diagnosis based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This diagnosis must be made by a certified pathologist and conform to the American Board of Pathology standards.
2. Clinical Diagnosis is based only on the study of symptoms. A clinical diagnosis will be accepted only if:
   - A doctor cannot make a pathological diagnosis because it is medically inappropriate or life-threatening,
   - Medical evidence exists to support the diagnosis, and
   - A doctor is treating you for cancer or carcinoma in situ

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

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

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

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

Severe Burn or Severely Burned means a burn resulting from fire, heat, caustics, electricity, or radiation. The burn must:

- Be a full-thickness or third-degree burn, as determined by a doctor. A Full-Thickness Burn or Third-Degree Burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues). This results in loss of fluid and sometimes shock.
- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.

Be caused solely by or be solely attributed to a covered accident characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Coma does not include a medically-induced coma.
To be payable as an Accident benefit, the coma must be caused solely by or be solely attributed to a covered accident.
To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm
- Diabetes
- Encephalitis
- Epilepsy

- Hyperglycemia
- Hypoglycemia
- Meningitis

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be payable as an Accident benefit, the paralysis must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, paralysis must be caused solely by or be solely attributed to one or more of the following diseases:

- Amyotrophic lateral sclerosis
- Cerebral palsy
- Parkinson's disease,
- Poliomyelitis

The diagnosis of paralysis must be supported by neurological evidence.

Loss of Sight means the total and irreversible loss of all sight in both eyes. To be payable as an Accident benefit, loss of sight must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of sight must be caused solely by or be solely attributed to one of the following diseases:

- Retinal disease
- Optic nerve disease
- Hypoxia

Loss of Speech means the total and permanent loss of the ability to speak. To be payable as an Accident benefit, loss of

speech must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of speech must be caused solely by or be solely attributable to one of the following diseases:

- Alzheimer's disease
- Arteriovenous malformation

Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of hearing does not include hearing loss that can be corrected by the use of a hearing aid or device. To be payable as an Accident benefit, loss of hearing must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, loss of hearing must be caused solely by or be solely attributed to one of the following diseases:

- Alport syndrome
- Autoimmune inner ear disease
- Chicken pox
- Diabetes
- Goldenhar syndrome
- Meniere's disease
- Meningitis
- Mumps

Date of Diagnosis is defined as follows:

- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial Infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Major Organ Transplant: The date the surgery occurs.
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).
- Coma: The first day of the period for which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- Loss of Sight, Speech, or Hearing: The date the loss due to one of the underlying diseases is objectively determined by a doctor to be total and irreversible.
- Paralysis: The date a doctor diagnoses an insured with paralysis due to one of the underlying diseases as specified in this plan, where such diagnosis is based on clinical and/or laboratory findings as supported by the insured's medical records.
- Severe Burn: The date the burn takes place.

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

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

- In South Dakota, this limit will not apply to any child who is incapable of self-sustaining employment and is chiefly dependent upon the insured for support and maintenance.
- In Texas, this limit will not apply to any dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support and maintenance. Dependent Children may also include grandchildren, who are unmarried, under age 26, and if they are your dependents for federal income tax purposes, or if you must provide medical support under an order issued under Chapter 154, Family Code, or enforceable by a court in this state.
- In Illinois, coverage of an unmarried dependent child who is under age 30 and who served in the military will not terminate if he/she is an Illinois resident, served as a member of the active or reserve components of any United States Armed Forces branch, and has received a release or discharge (other than a dishonorable discharge). To be eligible for coverage, the eligible dependent must submit to us a form approved by the Illinois Department of Veterans' Affairs stating the date on which the dependent was released from service.

Diagnosis (Diagnosed) refers to the definitive and certain identification of an

illness or disease that:

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

Doctor is a person who is:

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

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

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

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

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

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

Domestic Partner:

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

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

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

Heart Attack (Myocardial Infarction) does not include:

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

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

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

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

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

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

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

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

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

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

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

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

Pathologist is a doctor who is licensed:

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

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

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

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

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

The stroke must be positively diagnosed by a doctor based upon documented

neurological deficits and confirmatory neuroimaging studies.

Stroke does not include:

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

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

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

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

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

Total Disability or Totally Disabled means you are:

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

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

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

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

PROGRESSIVE DISEASE RIDER

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

Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease): The date a Doctor Diagnoses an Insured as having ALS and where such Diagnosis is supported by medical records.

Sustained Multiple Sclerosis: The date a Doctor Diagnoses an Insured as having Multiple Sclerosis and where such Diagnosis is supported by medical records.

Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease) means a chronic, progressive motor neuron disease occurring when nerve cells in the brain and spinal cord that control voluntary movement degenerate, causing muscle weakness and atrophy, eventually leading to paralysis.

Sustained Multiple Sclerosis means a chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in the brain or spinal cord or both, interfering with the nerve pathways. Sustained Multiple Sclerosis results in one of the following symptoms for at least 90 consecutive days:

- Muscular weakness,
- Loss of coordination,
- Speech disturbances, or
- Visual disturbances.

OPTIONAL BENEFITS RIDER

Date of Diagnosis is defined as follows:

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

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

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

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

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

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

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

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

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

CHILDHOOD CONDITIONS RIDER

Date of Diagnosis is defined as follows:

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

A Doctor must Diagnose Autism Spectrum Disorder based on DSM-V diagnostic criteria.

The Diagnosis must include the DSM-V severity level specifier for both major domains listed above.

If a dependent child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.

A doctor must diagnose Phenylalanine Hydroxylase Deficiency Disease (PKU) based on a PKU test.

A doctor must diagnose Type I Diabetes based on one of the following diagnostic tests:

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

YOU MAY CONTINUE YOUR COVERAGE

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

TERMINATION OF COVERAGE

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

NOTICES

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

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

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

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Series C21000. In Texas, C21100TX.

Group Critical Illness

East Central ISD - Monthly (12pp/yr) Rates

NONTOBACCO - Employee										
Issue Age	**$5,000**	**$10,000**	**$15,000**	**$20,000**	**$25,000**	**$30,000**	**$35,000**	**$40,000**	**$45,000**	**$50,000**
18-29	$5.15	$7.28	$9.40	$11.53	$13.66	$15.79	$17.91	$20.04	$22.17	$24.30
30-39	$6.49	$9.97	$13.44	$16.91	$20.38	$23.86	$27.33	$30.80	$34.27	$37.75
40-49	$9.80	$16.58	$23.36	$30.14	$36.92	$43.70	$50.48	$57.26	$64.04	$70.82
50-59	$16.25	$29.49	$42.72	$55.95	$69.18	$82.42	$95.65	$108.88	$122.11	$135.35
60+	$28.38	$53.75	$79.11	$104.47	$129.83	$155.20	$180.56	$205.92	$231.28	$256.65

NONTOBACCO - Spouse										
Issue Age	**$5,000**	**$10,000**	**$15,000**	**$20,000**	**$25,000**	**$30,000**	**$35,000**	**$40,000**	**$45,000**	**$50,000**
18-29	$5.15	$7.28	$9.40	$11.53	$13.66	$15.79	$17.91	$20.04	$22.17	$24.30
30-39	$6.49	$9.97	$13.44	$16.91	$20.38	$23.86	$27.33	$30.80	$34.27	$37.75
40-49	$9.80	$16.58	$23.36	$30.14	$36.92	$43.70	$50.48	$57.26	$64.04	$70.82
50-59	$16.25	$29.49	$42.72	$55.95	$69.18	$82.42	$95.65	$108.88	$122.11	$135.35
60+	$28.38	$53.75	$79.11	$104.47	$129.83	$155.20	$180.56	$205.92	$231.28	$256.65

TOBACCO - Employee										
Issue Age	**$5,000**	**$10,000**	**$15,000**	**$20,000**	**$25,000**	**$30,000**	**$35,000**	**$40,000**	**$45,000**	**$50,000**
18-29	$6.02	$9.01	$12.01	$15.00	$18.00	$20.99	$23.99	$26.98	$29.98	$32.97
30-39	$8.44	$13.87	$19.29	$24.71	$30.13	$35.56	$40.98	$46.40	$51.82	$57.25
40-49	$13.69	$24.36	$35.02	$45.69	$56.36	$67.03	$77.69	$88.36	$99.03	$109.70
50-59	$24.39	$45.76	$67.12	$88.49	$109.86	$131.23	$152.59	$173.96	$195.33	$216.70
60+	$42.60	$82.19	$121.77	$161.35	$200.93	$240.52	$280.10	$319.68	$359.26	$398.85

TOBACCO - Spouse										
Issue Age	**$5,000**	**$10,000**	**$15,000**	**$20,000**	**$25,000**	**$30,000**	**$35,000**	**$40,000**	**$45,000**	**$50,000**
18-29	$6.02	$9.01	$12.01	$15.00	$18.00	$20.99	$23.99	$26.98	$29.98	$32.97
30-39	$8.44	$13.87	$19.29	$24.71	$30.13	$35.56	$40.98	$46.40	$51.82	$57.25
40-49	$13.69	$24.36	$35.02	$45.69	$56.36	$67.03	$77.69	$88.36	$99.03	$109.70
50-59	$24.39	$45.76	$67.12	$88.49	$109.86	$131.23	$152.59	$173.96	$195.33	$216.70
60+	$42.60	$82.19	$121.77	$161.35	$200.93	$240.52	$280.10	$319.68	$359.26	$398.85

Base Plan:
-With Cancer Benefit
-$100 Health Screening Benefit
-$250 Skin Cancer Benefit
-With Additional Benefits
(Loss of Sight, Speech, Hearing)
(Coma, Burns, Paralysis)

Riders:
-Optional Benefits Rider (BTAP)
-Progressive Diseases Rider

Provisions:
-No Pre-Existing Condition Limitation
-Add'l Separation Waiting Period: 6 Months
-Re-Separation Waiting Period: 6 Months
-Process 1 Portability
-Rate Guarantee: 3 Years

Group Attributes:
-Situs State: TX
-Eligible Lives: 1250

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

Published: Jun-16 Series C21000 CI21000-190108-091608-F3zii3Fw-037lFDR-40985 **Product Code: CI190108-091608**

Accident Insurance

Allstate | www.allstatebenefits.com | 800-521-3535

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

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

Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.
Practical benefits for everyday living.℠

*Please refer to the Exclusions and Limitations section of this brochure. [1]National Safety Council, Injury Facts®, 2017 Edition

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

DID YOU KNOW?

The number of injuries suffered by workers in one year, both on- and off-the-job, includes:[1]

ON-THE-JOB (in millions)

Work **4.4**

OFF-THE-JOB (in millions)

Home **9.2**

Non-Auto **4.0**

Auto **2.2**

Meet Daniel & Sandy

Daniel and Sandy are like most active couples; they enjoy the outdoors and a great adventure. They have seen their share of bumps, bruises and breaks. Sandy knows an accidental injury could happen to either of them. Most importantly, she worries about how they will pay for it.

Here is what weighs heavily on her mind:

- Major medical will only pay a portion of the expenses associated with injury treatments
- They have copays they are responsible for until they meet their deductible
- If they miss work because of an injury, they must cover the bills, rent/mortgage, groceries and their child's education
- If they need to seek treatment not available locally, they will have to pay for it

Daniel's story of injury and treatment turned into a happy ending, because he had supplemental Accident Insurance to help with expenses.

CHOOSE

Daniel and Sandy choose benefits to help protect their family if they suffer an accidental injury.

USE

Daniel was playing a pick-up game of basketball with his friends when he went up for a jump-shot and, on his way back down, twisted his foot and ruptured his Achilles tendon.

Here's Daniel's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to reattach the tendon
- Visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his ankle for 6 weeks
- Seen by the doctor during a follow-up visit and sent to physical therapy to strengthen his leg and improve his mobility

Daniel would go online after each of his treatments to file claims. The cash benefits were direct deposited into his bank account.

Daniel is back playing basketball and enjoying life.

CLAIM

Daniel's Accident claim paid cash benefits for the following:

- Ground Ambulance
- Medicine
- Emergency Room
- X-rays
- Initial Hospital Confinement
- Daily Hospital Confinement
- Accident Physician's Treatment
- Tendon Surgery
- General Anesthesia
- Outpatient Physician
- Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see your company's rate insert.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.

Finances
Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.

Travel
Can help pay for expenses while receiving treatment in another city.

Home
Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.

Expenses
Can help pay your family's living expenses such as bills, electricity, and gas.

MyBenefits: 24/7 Access
allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Dependent Eligibility

Coverage may include you, your spouse or domestic partner, and your children.

*Two treatments per covered person, per accident. **Up to three times per covered person, per accident. [1]Multiple dislocations, fractures, dismemberments or functional losses from the same accident are limited to the amount shown in the Benefit Amounts on rate insert. [2]Two or more surgeries done at the same time are considered one operation. [3]Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. Not paid for days on which the Daily Hospital Confinement benefit is paid.

Benefits (subject to maximums as listed on the attached rate insert)

BASE POLICY BENEFITS

Initial Hospital Confinement

Daily Hospital Confinement - up to 365 days for any one accident

Intensive Care - up to 180 days for each period of continuous confinement

RIDER BENEFITS ADDED TO BASE POLICY

Accident Treatment & Urgent Care Rider

Benefits for: Ground Ambulance, Air Ambulance, Accident Physician's Treatment, X-ray, Urgent Care

Dislocation/Fracture Rider[1] - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule in rate insert

Emergency Room Services Rider - received as a result of injury

OPTIONAL/ADDITIONAL RIDER BENEFITS

Outpatient Physician's Benefit Rider - Once per day, per covered person, not to exceed 2 days per covered person, per calendar year and a maximum of 4 days per calendar year if dependents are covered. Covers sickness

Accidental Death, Dismemberment and Functional Loss Rider

Benefits for: Accidental Death, Common Carrier, Dismemberment[1], Functional Loss[1]

Benefit Enhancement Rider

- Accident Follow-Up Treatment - not payable for the same visit for which the Physical, Occupational or Speech Therapy benefit is paid*
- Lacerations
- Burns - treatment for one or more burns, other than sunburns
- Skin Graft - for a burn for which a benefit is paid under the Burns benefit
- Brain Injury Diagnosis - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray
- Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) - treatments must be received within 30 days after the accident. Payable once per covered person, per accident, per calendar year
- Paralysis - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for 90 consecutive days
- Coma with Respiratory Assistance - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded
- Open Abdominal or Thoracic Surgery - must be performed by a physician[2]
- Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery - surgery for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery[2]
- Ruptured Disc Surgery - diagnosis and surgical repair to a ruptured disc of the spine by a physician[2]
- Eye Surgery - surgery or removal of a foreign object by a physician
- General Anesthesia - payable only if one of the rider Surgery benefits is paid
- Blood and Plasma
- Appliance - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility
- Medical Supplies
- Medicine
- Prosthesis - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident
- Physical, Occupational or Speech Therapy - 1 treatment per day; maximum of 6 treatments per accident. Includes chiropractic services. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid
- Rehabilitation Unit - must be hospital-confined due to an injury prior to being transferred to rehab[3]
- Non-Local Transportation - obtaining treatment more than 50 miles from your home when not available locally. Ground or air ambulance is not covered**
- Family Member Lodging - 1 adult family member to be with you while you are hospital confined. Not paid if family member lives within 50 miles of the hospital. Payable up to 30 days per accident
- Post-Accident Transportation - three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. Payable only if the Daily Hospital Confinement benefit is paid
- Broken Tooth - dental repair by crown, filling or extraction; only one of the three is covered per accident. Injury must be to natural teeth and cannot be due to biting or chewing
- Residence/Vehicle Modification - permanent structural modification certified necessary by a physician, within 365 days after accident
- Pain Management (Epidural Injection) - injection in the spine to manage pain due to an accidental injury
- Miscellaneous Outpatient Surgery - physician-performed outpatient surgical procedure. Not paid if one of the following benefits is paid: Open Abdominal or Thoracic Surgery; Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery; Ruptured Disc Surgery; or Eye Surgery

Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from Allstate Benefits

Offered to the employees of:

East Central ISD

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFIT		PLAN 1
Initial Hospital Confinement (pays once/year)		$1,000
Daily Hospital Confinement (pays daily)		$200
Intensive Care (pays daily)		$400
RIDER BENEFITS		**PLAN 1**
Accident Treatment & Urgent Care Rider		
Ambulance	Ground	$200
	Air	$600
Accident Physician's Treatment		$100
X-ray		$200
Urgent Care		$100
Dislocation/Fracture Rider [1]		$4,000
Emergency Room Services Rider		$200
Outpatient Physician's Benefit Rider (pays daily)		$50.00
Accidental Death [*], Dismemberment [1,*] and Functional Loss [1,*] Rider		$40,000
Common Carrier (fare-paying passenger)		$100,000
BENEFIT ENHANCEMENT RIDER		**PLAN 1**
Accident Follow-Up Treatment (pays daily)		$100
Lacerations		$100
Burns	< 15% body surface	$200
	15% or more	$1,000
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis		$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		$100
Paralysis (pays once)	Paraplegia	$15,000
	Quadriplegia	$30,000
Coma with Respiratory Assistance		$20,000
Open Abdominal or Thoracic Surgery		$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	$1,000
	Exploratory	$300
Ruptured Spinal Disc Surgery		$1,000
Eye Surgery		$200
General Anesthesia		$200
Blood and Plasma		$600
Appliance		$250.00
Medical Supplies		$10.00
Medicine		$10.00
Prosthesis	1 device	$1,000
	2 or more devices	$2,000
Physical, Occupational or Speech Therapy (pays daily)		$60
Rehabilitation Unit (pays daily)		$200
Non-Local Transportation		$500
Family Member Lodging (pays daily)		$200
Post-Accident Transportation (pays once/year)		$400
Broken Tooth		$200
Residence/Vehicle Modification		$1,000
Pain Management (Epidural Injection)		$100
Miscellaneous Outpatient Surgery		$200

*Each benefit pays the amount shown. [1]Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	$15.03	$25.98	$31.91	$41.90

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;
EE + CH = Employee + Child(ren); F = Family

Injury Benefit Schedule is on reverse

ABJ29986 - Insert - 07407

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN 1
Hip joint	$4,000
Knee or ankle joint ^, bone or bones of the foot ^	$1,600
Wrist joint	$1,400
Elbow joint	$1,200
Shoulder joint	$800
Bone or bones of the hand ^, collarbone	$600
Two or more fingers or toes	$280
One finger or toe	$120
COMPLETE, SIMPLE OR CLOSED FRACTURE	**PLAN 1**
Hip, thigh (femur), pelvis ++	$4,000
Skull ++	$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	$1,600
Foot ++, hand or wrist ++	$1,400
Lower jaw ++	$800
Two or more ribs, fingers or toes, bones of face or nose	$600
One rib, finger or toe, coccyx	$280
LOSS	**PLAN 1**
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	$40,000
One eye, hand, arm, foot, or leg	$20,000
One or more entire toes or fingers	$4,000

^Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ++Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

FOR HOME OFFICE USE ONLY – GVAP6

Opt 1 - 2.0U Base; 2.0U D/F; 2.0U AUC; 2.0U ERS; 2.0U ADD; 2.0U BER; 2.0U OPT w/ sick; 24 Hour

ABQ V04.08.2020 Rate Insert Creation Date: 4/17/2020

For use in enrollments sitused in: TX. This rate insert is part of the approved brochure for East Central ISD and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than April 17, 2023. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2020 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

ABJ29986 - Insert - 07407

CERTIFICATE SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 180 days, unless otherwise stated, from the date of an accident, and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories except in the case of emergency.

Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week).

Dependent Eligibility/Termination

Coverage may include you, your spouse or domestic partner, and your children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of the domestic partnership or your death.

When Coverage Ends

Coverage under the policy and riders ends on the earliest of: the date the policy or certificate is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment, except as provided under the Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence provision; the date you are no longer in an eligible class; the date your class is no longer eligible; or discovery of fraud or material misrepresentation when filing a claim.

Continuing Your Coverage

You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Exclusions and Limitations for Policy and the following riders: Accident Treatment and Urgent Care Rider; Dislocation/Fracture Rider; Emergency Room Services Rider; Accidental Death, Dismemberment and Functional Loss Rider; and Benefit Enhancement Rider

Benefits are not paid for: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; any bacterial infection (except pyogenic food poisoning and infections from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting a felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; injury sustained or contracted in consequence of the covered person's being intoxicated or under the influence of any narcotic, unless taken as prescribed by a physician; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Exclusions and Limitations for Outpatient Physician's Benefit Rider

Benefits are not paid for: loss incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting a felony; driving in any race or speed test or testing an automobile or any vehicle on any racetrack or speedway; any loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic, unless taken as prescribed by a physician; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

This brochure is for use in enrollments sitused in TX, and is incomplete without the accompanying rate insert. This material is valid as long as information remains current, but in no event later than April 17, 2023.

Group Accident benefits are provided under policy form GVAP6, or state variations thereof. Accident Rider benefits are provided under the following rider forms, or state variations thereof: Accident Treatment and Urgent Care Rider GP6AUC; Accidental Death, Dismemberment and Functional Loss Rider GP6ADD; Benefit Enhancement Rider GP6BE; Dislocation/Fracture Rider GP6DF; Emergency Room Services Rider GP6ERS; and Outpatient Physician's Benefit Rider GP6OPT.

The coverage provided is limited benefit supplemental accident insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2020 Allstate Insurance Company.
www.allstate.com or allstatebenefits.com

Legal Plan

LegalShield | www.legalshield.com | 800-654-7757

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

Prepared for:

East Central ISD

LegalShield®

HAVE YOU EVER?

- ☐ Needed your Will prepared or updated
- ☐ Been overcharged for a repair or paid an unfair bill
- ☐ Had trouble with a warranty or defective product
- ☐ Signed a contract
- ☐ Received a moving traffic violation
- ☐ Had concerns regarding child support
- ☐ Worried about being a victim of identity theft
- ☐ Been concerned about your child's identity
- ☐ Lost your wallet
- ☐ Worried about entering personal information on-line
- ☐ Feared the security of your medical information
- ☐ Been pursued by a collection agency

WHAT IS LEGALSHIELD?

Founded in 1972, LegalShield has 1.5 million memberships protecting and empowering 4.1 million lives and serving 140,000 businesses throughout the United States and Canada. Our members can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll, the world's leading company in ID Theft consulting and restoration.

THE LEGALSHIELD® MEMBERSHIP INCLUDES:

- ✓ Personal Legal advice on unlimited issues
- ✓ Letters/ calls made on your behalf
- ✓ Contracts & documents reviewed (up to 15 pages)
- ✓ Residential Loan Document Assistance
- ✓ Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
- ✓ Moving Traffic Violations (available 15 days after enrollment)
- ✓ IRS Audit Assistance
- ✓ Trial Defense (if named defendant/ respondent in a covered civil action suit)
- ✓ Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
- ✓ 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
- ✓ 24/7 Emergency Access for covered situations

LegalShield family legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children.

ADVICE ON ANY LEGAL ISSUE

With a LegalShield Legal Plan you will have access to attorneys who can provide advice or assistance on a variety of personal legal issues.

ELECTION OPTIONS

Family Coverage:

$18.95 per Month

AFFORDABLE LEGAL PROTECTION FOR ONE LOW MONTHLY FEE

For more information, please contact your Independent Associate:

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

Identity Theft Protection

ILock 360 | www.ilock360.com| 855-287-8888

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud.

Identity theft insurance won't prevent your identity from being stolen. But it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep. The sooner you can take action to close your accounts, the quicker you can recover your identity.

It takes years to establish a good reputation with credit lenders and employers. Make sure it remains yours by taking advantage of the identity theft insurance offered through your employer.

iLOCK360

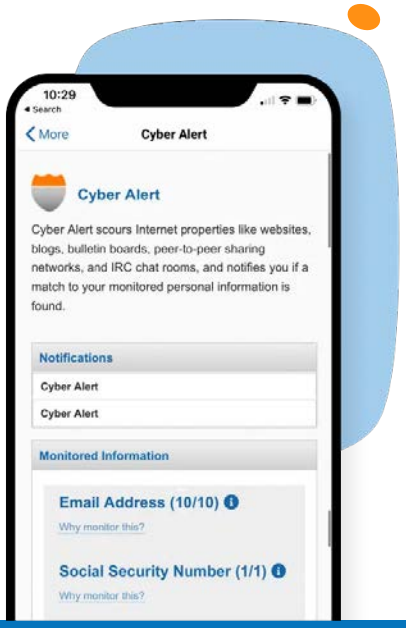
Your identity is your most valuable asset. Is yours protected?

39 seconds is how often cyber-attacks to occur

25% of kids are projected to be affected by identity theft before turning 18

17% increase in data breaches 2022 to 2023

Identity theft is the **fastest growing crime.** With iLOCK360, you can rest easier knowing you have experienced professionals in your corner restoring your identity. Your identity is more than simply reviewing your credit card charges. That's why we offer a comprehensive monitoring service of online activity, financial affairs, and immediate resolution.



Defend

Your personal information is monitored 24 / 7 / 365

Protect

Alerts inform you of potential threats for immediate action

Restore

iLOCK360 does the work to restore your identity

Sign up during enrollment

For educator pricing

Coverage plan	Plus	Premium
Employee	$8	$15
Employee + Spouse	$15	$22
Employee + Children	$13	$20
Employee + Family	$20	$27

Please note: A valid email address is required for enrollment in iLOCK360. All iLOCK360 alerts and/or notifications are sent via email. Consider utilizing an email address that you check regularly. • Account activation & setup of monitored elements is required upon the start of your new benefit plan year.

Medical Transport

MASA | www.masaaccess.com | 800-643-9023

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

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

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

MASA Medical Transport Solutions™

You can decide which MASA MTS plan will provide you with the ultimate peace of mind at an affordable rate when it comes to protecting your family from massive out-of-pocket ambulance charges.

MEMBERSHIP BENEFITS COMPARISON

DID YOU KNOW?

25 MILLION PEOPLE are sent to the emergency room through ground or air ambulance **every year**.

Insurance companies **may not** cover all air and ground ambulance expenses which can result in excessive bills.

$5,000 **$60,000**

MASA Medical Transport Solutions™

MEMBERSHIP BENEFITS COMPARISON

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network.

After the group health plan pays its portion, MASA MTS works with providers to deliver our members' $0 in out-of-pocket costs for emergency transport.

	EMERGENT PLUS MEMBERSHIP	PLATINUM MEMBERSHIP
Emergent Air Transportation	●	●
Emergent Ground Transportation	●	●
Non-Emergency Inter-Facility Transportation	●	●
Repatriation/ Recuperation	●	●
Escort Transportation		●
Visitor Transportation		●
Return Transportation		●
Mortal Remains Transportation		●
Minor Return		●
Organ Retrieval/ Organ Recipient Transportation		●
Vehicle Return		●
Pet Return		●
Worldwide Coverage		●
	$14 /MONTH	$39 /MONTH

Contact Your MASA MTS Representative, to learn more about membership plan options.

@ Jfloyd@masamts.com / Bcalahan@masamts.com ☎ (830) 377-8637 or (956) 252-6818

The information provided in this product sheet is for informational purposes only. 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. Premiums vary depending on the benefits selected. Commercial Air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms and conditions please refer to the applicable member service agreement for your territory. MASA MTS products and services are not available where prohibited. For Florida residents, Medical Air Services Association of Florida, Inc. is doing business as MASA MTS and is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 operating in Florida at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. MASA Global, MASA MTS and MASA TRS are registered trade names of Medical Air Services Association, Inc., an Oklahoma corporation.

VER: MCPSLAVS1.050521

SOURCE: Welch, Shari. "Emergency Department Usage Trend Data Can Help Physicians Prepare for Patients." ACEP Now http://bit.ly/3qBvNrc

Employee Assistance Program

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

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in a day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you successfully face emotional issues.

An employee assistance program, or EAP, is a free, voluntary program offered by your employer. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem.

Employee assistance programs address a wide range of issues including mental and emotional well-being, substance abuse and grief. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.

Clever RX

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

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

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

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

Clever RX Highlights

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

CLEVER RX

SAVE CLEVER | WWW.CLEVERRX.COM

NEVER OVERPAY FOR PRESCRIPTIONS AGAIN

NOW THAT'S CLEVER.

START SAVING TODAY WITH CLEVER RX

- 100% FREE to use
- Unlock discounts on thousands of medications
- Save up to 80% off prescription drugs – often beats the average copay
- Accepted at most pharmacies nationwide

Download your Clever RX card or Clever RX App to unlock exclusive savings.

Present your Clever RX App or Clever RX card to your pharmacist.

FREE to use. Save up to 80% off prescription drugs and beat copay prices.

STEP 1:

Download the FREE Clever RX App. From your App Store search for "Clever RX" and hit download. Make sure you enter in Group ID 1062 and in Member ID 1000 during the on-boarding process. This will unlock exclusive savings for you and your family!

STEP 2:

Find where you can save on your medication. Using your zip code, when you search for your medication Clever RX checks which pharmacies near you offer the lowest price. Savings can be up to 80% compared to what you're currently paying.

STEP 3:

Click the voucher with the lowest price, closest location, and/or at your preferred pharmacy. Click "share" to text yourself the voucher for easy access when you are ready to use it. Show the voucher on your screen to the pharmacist when you pick up your medication.

STEP 4:

Share the Clever RX App. Click "Share" on the bottom of the Clever RX App to send your friends, family, and anyone else you want to help receive instant discounts on their prescription medication. Over 70% of people can benefit from a prescription savings card.

NOW THAT IS NOT ONLY CLEVER, IT IS CLEVER RX.

DID YOU KNOW?

70%

Over 70% of people can benefit from a prescription savings card due to high deductible health plans, high copays, and being underinsured or uninsured.

30%

Over 30% of prescriptions never get filled due to high costs.

40%

40% of the top ten most prescribed drugs have increased in cost by over 100%

70%

Clever RX prices are lower than competitor prices 70% of the time.

CLEVER RX PRESCRIPTION SAVINGS CARD

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

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

For even greater savings, download the app for FREE!

Download on the App Store | Google play

THIS CARD IS NOT INSURANCE

CLEVER RX CLEVERRX.COM

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

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

Download the Clever RX App

COBRA

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

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

COBRA Highlights

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

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

Contact Information

Product	Carrier	Website	Phone
Medical	BCBS	www.bcbstx.com	888-697-0683
Dental	Ameritas	www.ameritas.com	800-487-5553
Legal	Legal Shield	www.legalshield.com	800-654-7757
Vision	Ameritas	www.ameritas.com	800-487-5553
Disability	American Fidelity	www.americanfidelity.com	800-662-1113
Accident	Allstate	www.allstate.com	800-521-3535
Cancer	Guardian	www.guardiananytime.com	800-541-7846
Critical Illness	Aflac	www.aflac.com	800-433-3036
Hospital Idemnity	Aflac	www.aflac.com	800-433-3036
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Employer Paid Life	BCBS	bcbstx.com	877-442-4207
FSA	FFGA	ffbenefits.ffga.com/eastcentralisd/health-fsa	866-853-3539
EAP	American Fidelity	www.americanfidelity.com	800-295-8323
Medical Transport	MASA	www.masaaccess.com	800-643-9023
Identity Theft	Ilock 360	www.ilock360.com	855-287-8888