Ouachita Parish School Board
2026-2027 Plan Year

BENEFITS GUIDE

OUACHITA PARISH SCHOOLS
Building Bridges to the Future

SCAN ME

FFGA
Benefit Solutions *Simplified*

ffbenefits.ffga.com/ouachitaparishschoolboard

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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!

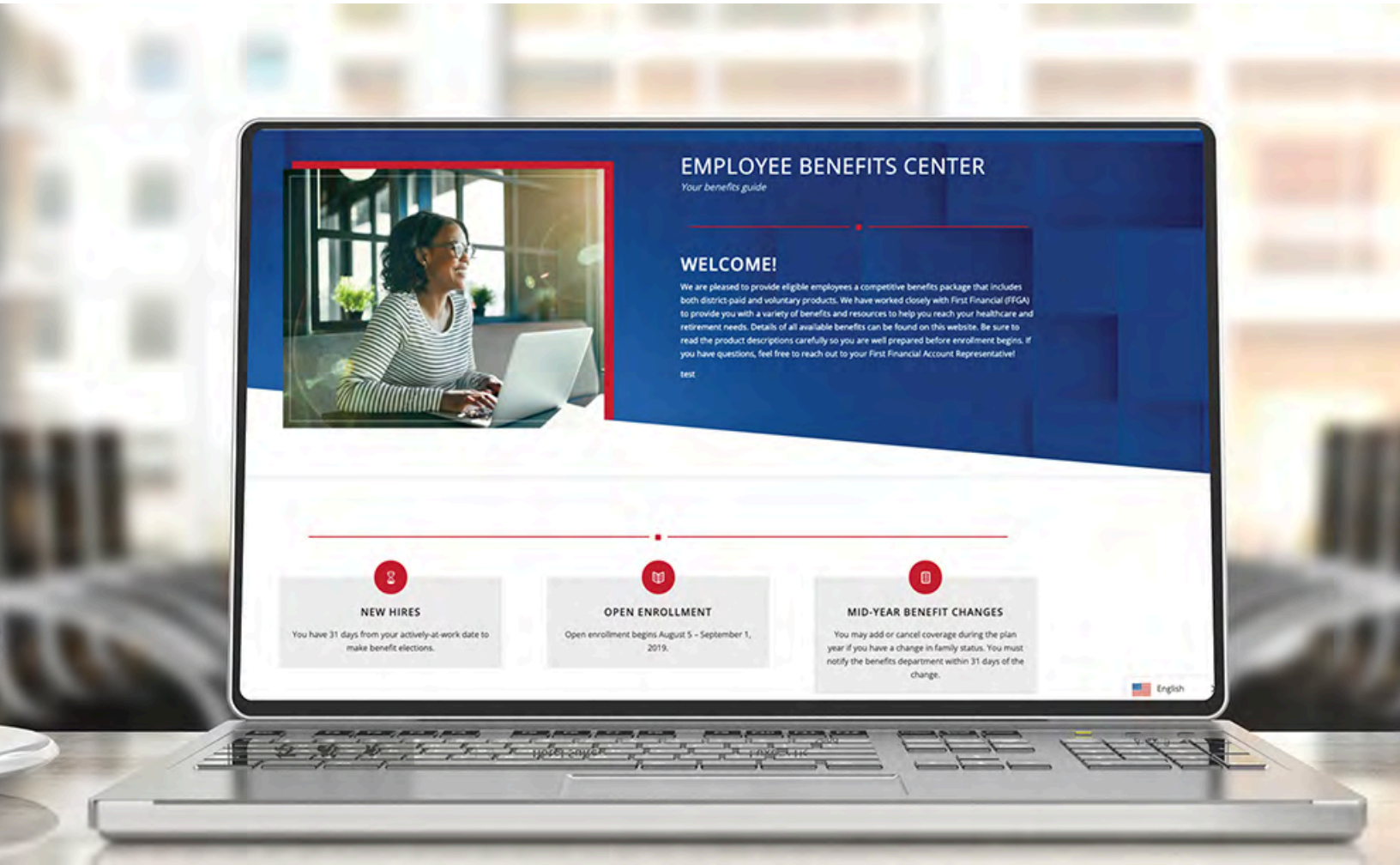
Ouachita Parish School Board and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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!

ffbenefits.ffga.com/ouachitaparishschoolboard



How to Enroll / View Benefits

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.

View Benefits

To log in, visit https://ffga.benselect.com/Enroll/login.aspx

Username & Password

- Username
  - The Username is either your social security number or your Employee ID.
- Password
  - Instructions to access your initial password can 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 give the First Financial Representative their legal name, social security numbers and birth dates.

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

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

Existing Employees

When it's time to enroll in your benefits, your FFGA Account Representative will be available to assist you with making your elections. 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 30 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. **You still need to 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 30 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

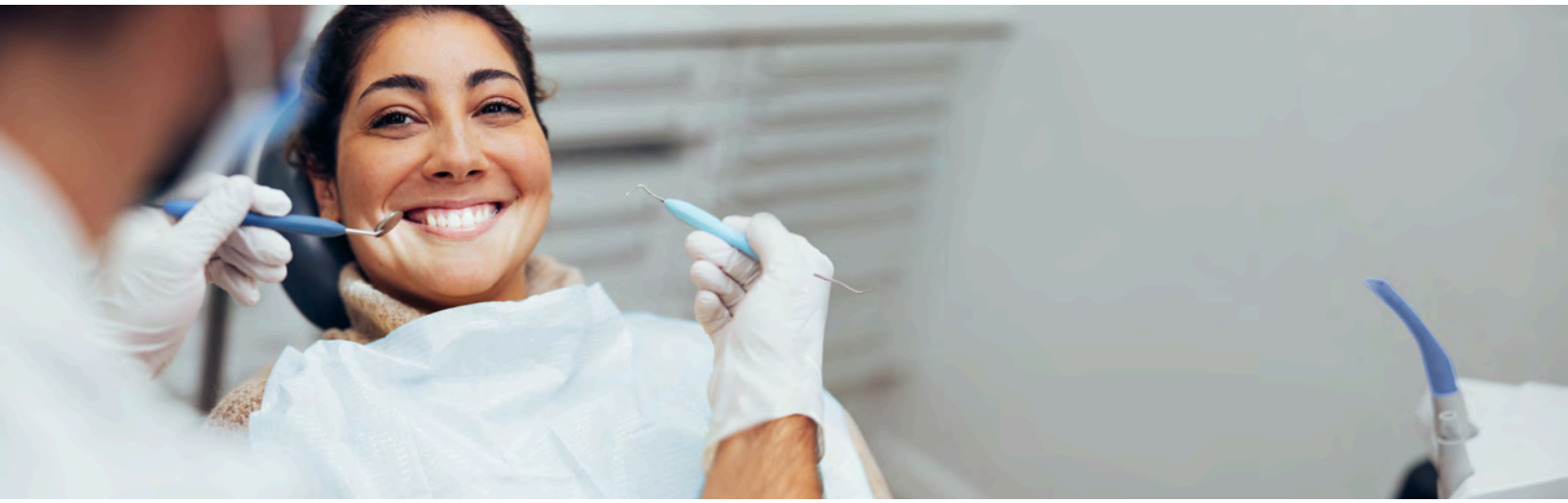
Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	$2,000	$2,000
Less Medical Deductions	-N/A	-$250
Tax Gross Income	$2,000	$1,750
Less Taxes (Fed/State at 20%)	-$400	-$350
Less Estimated FICA (7.65%)	-$153	-$133
Less Medical Deductions	-$250	-N/A
Take Home Pay	$1,197	$1,267

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.*

Dental Insurance

Plan Choices



Delta | www.deltadentalins.com | 800-521-2651

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

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

Dental Monthly Premiums		
	Basic	Enhanced
Employee Only	$33.24	$44.95
Employee + Spouse	$66.50	$89.89
Employee + Children	$80.83	$108.05
Employee + Family	$107.97	$147.26

DELTA DENTAL®

Keep Smiling

Delta Dental PPO™

Save with PPO

Visit a dentist in the PPO[1] network to maximize your savings.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a PPO dentist at **deltadentalins.com**.

Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at **deltadentalins.com**. This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.[4] You can find this date by logging in to your online account.

Newly covered?

Visit **deltadentalins.com/welcome**.

Save with a PPO dentist

PPO

NON-PPO

[1] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

[2] You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

[3] You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

[4] Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

LEGAL NOTICES: Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html.

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HL_PPO #112725A (rev. 4/18)

Plan Benefit Highlights for: Ouachita Parish School Board
Group No: 17427

DELTA DENTAL PPO℠

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month the dependent turns age 26.			
Deductibles*	$50 per person / $150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums*	**Low Plan:** $1,500 per person each calendar year **High Plan:** $2,000 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

	Low Plan		High Plan	
Benefits and Covered Services**	**Delta Dental PPO dentists†**	**Non-Delta Dental PPO dentists†**	**Delta Dental PPO dentists†**	**Non-Delta Dental PPO dentists†**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
Basic Services Fillings	80 %	80 %	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %	80 %	80 %
Periodontics (gum treatment) Covered Under Major Services	0 %	0 %	50 %	50 %
Oral Surgery Covered Under Basic Services	80 %	80 %	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	0 %	0 %	50 %	50 %
Prosthodontics Bridges and dentures	0 %	0 %	50 %	50 %
Orthodontic Benefits Adults and dependent children	0 %	0 %	50 %	50 %
Orthodontic Maximums	N/A	N/A	$1,000 Lifetime	$1,000 Lifetime

* If you switch plans during the calendar year your Deductible and Annual Maximum may be adjusted accordingly.

** Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

† Fees are based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009

Customer Service
800-521-2651

Claims Address
P.O. Box 1809
Alpharetta, GA 30023-1809

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Vision Insurance

Ameritas | www.vsp.com | 800-877-7195

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	$10.20
Employee & Spouse	$20.40
Employee & Child(ren)	$15.40
Employee & Family	$25.60

OUACHITA PARISH SCHOOL BOARD

Eye Care Highlight Sheet

Ameritas

Focus® Plan Summary — Effective Date: 1/1/2026-27

	VSP Network	Out of Network
Deductibles		
	$10 Exam	$10 Exam
	$10 Eye Glass Lenses or Frames*	$10 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to $52
Lenses (per pair)		
Single Vision	Covered in full	Up to $55
Bifocal	Covered in full	Up to $75
Trifocal	Covered in full	Up to $95
Lenticular	Covered in full	Up to $125
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	15% discount See Additional Focus Features.	No benefit
Elective	Up to $105	Up to $105
Medically Necessary	Covered in full	Up to $210
Frame Allowance	$120	Up to $45
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

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

Lens Options (member cost)*

	VSP Network	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
Std. Polycarbonate	Covered in full for dependent children $25 adults	No benefit
Solid Plastic Dye	$13 (except Pink I & II)	No benefit
Plastic Gradient Dye	$15	No benefit
Photochromatic Lenses (Glass & Plastic)	$27-$76	No benefit
Scratch Resistant Coating	$15-$29	No benefit
Anti-Reflective Coating	$39-$75	No benefit
Ultraviolet Coating	$14	No benefit

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

Monthly Rates

Employee Only (EE)	$10.20
EE + Spouse	$20.40
EE + Children	$15.40
EE + Spouse & Children	$25.60

OUACHITA PARISH SCHOOL BOARD

Eye Care Highlight Sheet

Ameritas

Additional Focus® Features

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

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

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.

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more. Locate a VSP provider at: **ameritas.com** or View plan benefit information at: **vsp.com**
VSP Call Center: 1-800-877-7195

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

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S. Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Language Services

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

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

Flexible Spending Accounts

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

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

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

Medical FSA Highlights

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

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

Dependent Care FSA

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

You may allocate up to $7,500 per tax year for reimbursement of dependent care services.
If you are married and file a separate tax return, the limit is $3,750.

Dependent Care FSA Highlights

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

FSA Resources

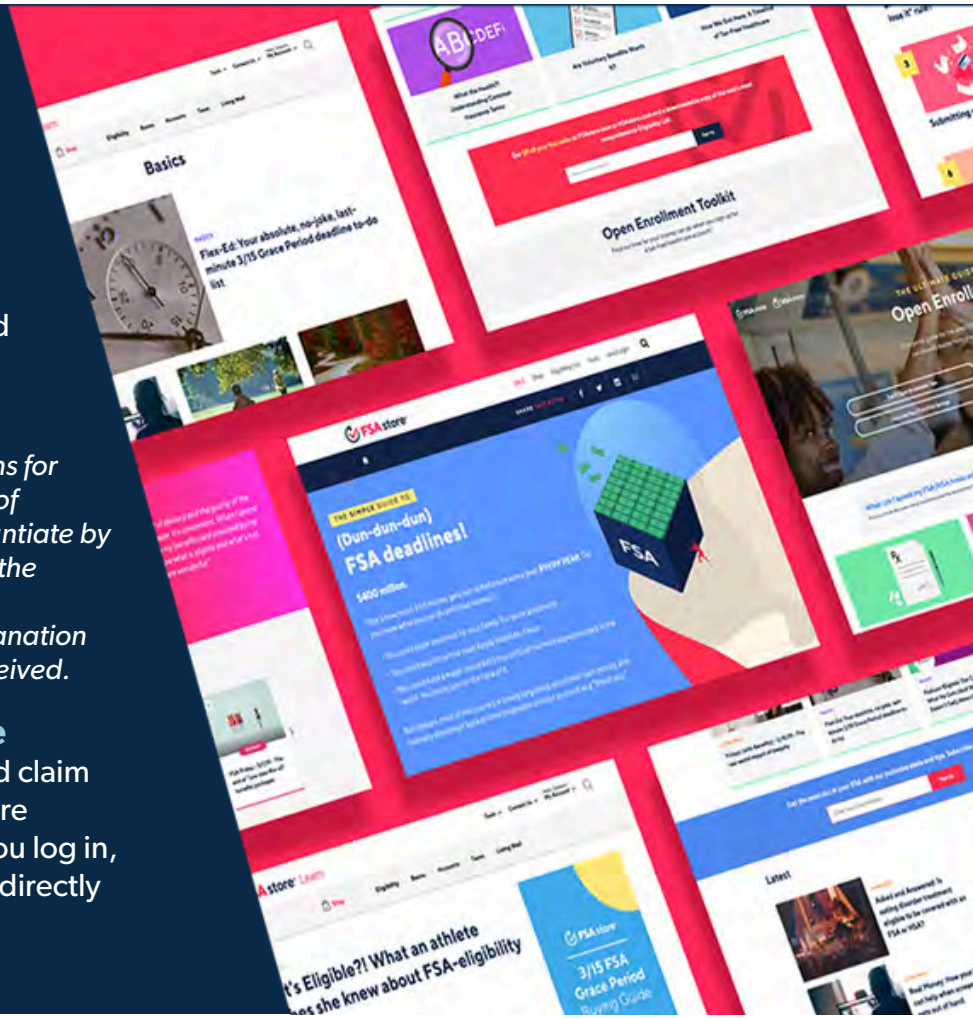
Benefits Card

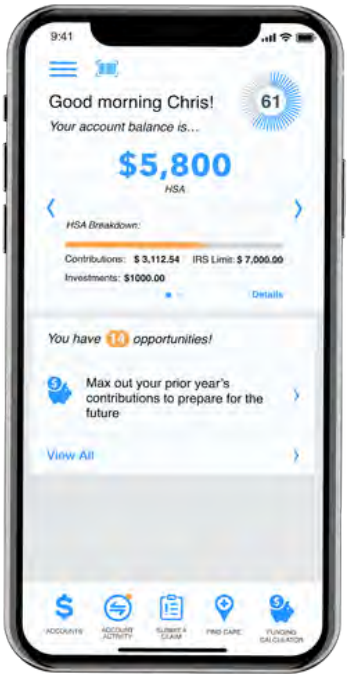
The FFGA Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at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

Ouachita Parish Employer Flex ID: **FFA338**

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

Dearborn | BCBS Texas

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Ouachita Parish School Board will pay half of Dearborn premium (minus OGB contribution) up to $27.00.

VOLUNTARY GROUP LIFE AND AD&D
OUACHITA PARISH VF023308

PREMIUM RATE GRID

Eligibility

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

Voluntary Life/AD&D Insurance

Employee Benefit: **$5,000 - $350,000 in $5,000 increments**

Spouse Benefit: **$2,500 - $25,000 in $2,500 increments, but not to exceed 50% of the employee benefit.**

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

Child Coverage Life/AD&D

Live birth to 14 Days **$0** **15 Days to 6 months** **$100**

6 months to 26 years: **$10,000**

Employee & Spouse: Life and AD&D benefits reduce by 25% of the original amount at age 65 and 50% of the original amount at age 70. All benefits terminate at retirement.

Guarantee Issue: **Employee:** **$150,000** **Spouse:** **$25,000**

EMPLOYEE & SPOUSE
Voluntary Life/AD&D
Monthly rates per $1,000

Age	Rates
Up to 25	$0.090
26-30	$0.100
31-35	$0.120
36-40	$0.140
41-45	$0.170
46-50	$0.230
51-55	$0.310
56-60	$0.540
61-65	$0.970
66-70	$1.750
71+	$2.120

Child(ren) Life/AD&D
Monthly Premium per Family

$10,000	$2.30

Voluntary Life/AD&D Insurance
Monthly Premium Cost (Based on 12 payroll deductions per year)

EMPLOYEE Benefit Amount	ATTAINED AGE <25	25-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71+
$5,000	$0.45	$0.50	$0.60	$0.70	$0.85	$1.15	$1.55	$2.70	$4.85	$8.75	$10.60
$10,000	$0.90	$1.00	$1.20	$1.40	$1.70	$2.30	$3.10	$5.40	$9.70	$17.50	$21.20
$15,000	$1.35	$1.50	$1.80	$2.10	$2.55	$3.45	$4.65	$8.10	$14.55	$26.25	$31.80
$20,000	$1.80	$2.00	$2.40	$2.80	$3.40	$4.60	$6.20	$10.80	$19.40	$35.00	$42.40
$25,000	$2.25	$2.50	$3.00	$3.50	$4.25	$5.75	$7.75	$13.50	$24.25	$43.75	$53.00
$30,000	$2.70	$3.00	$3.60	$4.20	$5.10	$6.90	$9.30	$16.20	$29.10	$52.50	$63.60
$35,000	$3.15	$3.50	$4.20	$4.90	$5.95	$8.05	$10.85	$18.90	$33.95	$61.25	$74.20
$40,000	$3.60	$4.00	$4.80	$5.60	$6.80	$9.20	$12.40	$21.60	$38.80	$70.00	$84.80
$45,000	$4.05	$4.50	$5.40	$6.30	$7.65	$10.35	$13.95	$24.30	$43.65	$78.75	$95.40
$50,000	$4.50	$5.00	$6.00	$7.00	$8.50	$11.50	$15.50	$27.00	$48.50	$87.50	$106.00
$55,000	$4.95	$5.50	$6.60	$7.70	$9.35	$12.65	$17.05	$29.70	$53.35	$96.25	$116.60
$60,000	$5.40	$6.00	$7.20	$8.40	$10.20	$13.80	$18.60	$32.40	$58.20	$105.00	$127.20
$65,000	$5.85	$6.50	$7.80	$9.10	$11.05	$14.95	$20.15	$35.10	$63.05	$113.75	$137.80
$70,000	$6.30	$7.00	$8.40	$9.80	$11.90	$16.10	$21.70	$37.80	$67.90	$122.50	$148.40
$75,000	$6.75	$7.50	$9.00	$10.50	$12.75	$17.25	$23.25	$40.50	$72.75	$131.25	$159.00
$80,000	$7.20	$8.00	$9.60	$11.20	$13.60	$18.40	$24.80	$43.20	$77.60	$140.00	$169.60
$85,000	$7.65	$8.50	$10.20	$11.90	$14.45	$19.55	$26.35	$45.90	$82.45	$148.75	$180.20
$90,000	$8.10	$9.00	$10.80	$12.60	$15.30	$20.70	$27.90	$48.60	$87.30	$157.50	$190.80
$95,000	$8.55	$9.50	$11.40	$13.30	$16.15	$21.85	$29.45	$51.30	$92.15	$166.25	$201.40
$100,000	$9.00	$10.00	$12.00	$14.00	$17.00	$23.00	$31.00	$54.00	$97.00	$175.00	$212.00
$105,000	$9.45	$10.50	$12.60	$14.70	$17.85	$24.15	$32.55	$56.70	$101.85	$183.75	$222.60
$110,000	$9.90	$11.00	$13.20	$15.40	$18.70	$25.30	$34.10	$59.40	$106.70	$192.50	$233.20
$115,000	$10.35	$11.50	$13.80	$16.10	$19.55	$26.45	$35.65	$62.10	$111.55	$201.25	$243.80
$120,000	$10.80	$12.00	$14.40	$16.80	$20.40	$27.60	$37.20	$64.80	$116.40	$210.00	$254.40
$125,000	$11.25	$12.50	$15.00	$17.50	$21.25	$28.75	$38.75	$67.50	$121.25	$218.75	$265.00
$130,000	$11.70	$13.00	$15.60	$18.20	$22.10	$29.90	$40.30	$70.20	$126.10	$227.50	$275.60
$135,000	$12.15	$13.50	$16.20	$18.90	$22.95	$31.05	$41.85	$72.90	$130.95	$236.25	$286.20
$140,000	$12.60	$14.00	$16.80	$19.60	$23.80	$32.20	$43.40	$75.60	$135.80	$245.00	$296.80
$145,000	$13.05	$14.50	$17.40	$20.30	$24.65	$33.35	$44.95	$78.30	$140.65	$253.75	$307.40
$150,000	$13.50	$15.00	$18.00	$21.00	$25.50	$34.50	$46.50	$81.00	$145.50	$262.50	$318.00

Benefit Amount	SPOUSE (EMPLOYEE) ATTAINED AGE <25	25-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71+
$2,500	$0.23	$0.25	$0.30	$0.35	$0.43	$0.58	$0.78	$1.35	$2.43	$4.38	$5.30
$5,000	$0.45	$0.50	$0.60	$0.70	$0.85	$1.15	$1.55	$2.70	$4.85	$0.00	$10.60
$7,500	$0.68	$0.75	$0.90	$1.05	$1.28	$1.73	$2.33	$4.05	$7.28	$13.13	$15.90
$10,000	$0.90	$1.00	$1.20	$1.40	$1.70	$2.30	$3.10	$5.40	$9.70	$17.50	$21.20
$12,500	$1.13	$1.25	$1.50	$1.75	$2.13	$2.88	$3.88	$6.75	$12.13	$21.88	$26.50
$15,000	$3.45	$1.50	$1.80	$2.10	$2.55	$3.45	$4.65	$8.10	$14.55	$26.25	$31.80
$17,500	$1.58	$1.75	$2.10	$2.45	$2.98	$4.03	$5.43	$9.45	$16.98	$30.63	$37.10
$20,000	$1.80	$2.00	$2.40	$2.80	$3.40	$4.60	$6.20	$10.80	$19.40	$35.00	$42.40
$22,500	$2.03	$2.25	$2.70	$3.15	$3.83	$5.18	$6.98	$12.15	$21.83	$39.38	$47.70
$25,000	$2.25	$2.50	$3.00	$4.25	$5.75	$5.75	$7.75	$13.50	$24.25	$43.75	$53.00

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

Slife/blend-w/add/12

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company® (Downers Grove, IL) (formerly known as Fort Dearborn Life Insurance Company®) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.

BENEFIT PROGRAM SUMMARY
For OUACHITA PARISH – POLICY VF023308

VOLUNTARY GROUP TERM LIFE/AD&D

Eligibility	All Eligible Active Full Time Employees.
Group Term Life/AD&D Benefit: Employee	$5,000 - $350,000, in increments of $5,000
Guarantee Issue Amount – Employee	$150,000
Group Term Life/AD&D Benefit: Spouse	$2,500 - $25,000, in increments of $2,500 not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount – Spouse	$25,000
Group Term Life Benefit/AD&D: Child(ren)	Live Birth to 14 Days - $0; 15 Days to 6 months - $100; 6 months to Age 26 - $10,000
Age Reduction Schedule	Employee Voluntary Group Term Life and AD&D benefits reduce by 25% of the original amount at age 65 and 50% of the original amount at age 70. Benefits terminate at retirement. Spouse Voluntary Group Term Life and AD&D benefits reduce by 25% of the original amount at age 65 and 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.
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

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

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For employee distribution

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

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For employee distribution

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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.

Underwritten By

TEXASLIFE INSURANCE COMPANY

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

PURELIFE-PLUS

Flexible Premium Life Insurance to Age 121

Portable, Permanent Individual Life Insurance for the Employee and Family

Policy Form: ICC18-PRFNG-NI-18

Product Highlights

Permanent Life Insurance to Age 121

Minimal Cash Value Premiums Dedicated Primarily to Purchase Life Insurance

Level Premium Guarantees Coverage for a Significant Period of Time

Unique Limited Right to Partial Refund of Premium if Future Premium Required to Continue Coverage Increases

No Surrender Charges Apply

Accelerated Death Benefit Due to Terminal Illness Included

Convenient Premium Payments Through Payroll Deduction

Portable When You Leave Employment

Accidental Death Benefit Included for Selected Ages

Accelerated Death Benefit Due to Chronic Illness Included **For Employee and Spouse Only**

For the eligible employees of

OUACHITA PARISH SCHOOL BOARD

Marketed by

FFGA Benefit Solutions Simplified

Application for Life Insurance

Express Issue | Monthly Pay

FOR USE ONLY IN

Louisiana

Portable, Permanent, Individual Life Insurance for Employees and Their Families

As an employee, you can apply for valuable life insurance protection on you and your family under eligibility guidelines established for your employer. Your employer has conveniently agreed to permit you to pay premiums through payroll deduction. This is a summary only. Policy provisions prevail. This brochure is not a contract or an offer to contract.

Minimal Cash Values Buy this policy for its life insurance protection, not its cash value. The primary benefit is life insurance. Payment of the Table Premium produces a small cash value (Benchmark Cash Value).

Permanent Life Insurance Coverage Unlike group term life insurance, PureLife-plus is a personally owned, permanent individual life insurance policy to age 121 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

Guaranteed Period Continuous, timely, and uninterrupted payment of the Table Premium guarantees coverage for the Guaranteed Period shown. Texas Life (We) cannot legally predict the premium required to continue coverage after the Guaranteed Period. It may be lower, the same, or higher than the Table Premium. However, if the premium to continue coverage is ever higher, We guarantee a limited right to a partial refund of premium (described below).

Guaranteed Limited Right to Partial Refund of Premium If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to:

a. Pay the higher premium(s) required to continue coverage; or,
b. Surrender the policy and receive a partial refund of premium equal to 120 times the minimum monthly premium due at issue (ten years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders.

Portable Once issued, continued employment is not a condition to continue coverage. Coverage is guaranteed as long as required premiums are paid, even after you retire or terminate employment. When employment ends, you can pay equivalent monthly premiums directly or by bank draft (for monthly direct payments we add a monthly fee not to exceed $2.00). Other modes are available.

Accelerated Death Benefit Due to Terminal Illness Rider This policy includes, at no additional premium, an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICC07-ULABR-07). See details on next page.

Individual and Family Coverage is Easy to Apply For Subject to age and amount restrictions, you may apply for an individual policy on your life or your spouse's life (see chart next page for spouse's minimum/maximum amounts). An individual policy is also available on each of your children ages 15 days — 26, and even on each of your grandchildren ages 15 days — 18. Proof of insurability is required. Most policies are issued based upon the answers to three work and health related application questions.

Optional Benefits According to the guidelines established for your employer, your application will include the following benefit for an additional cost depending upon your issue age.

Accidental Death Benefit This benefit to age 65 (Issue Ages 17-59) doubles the coverage when death occurs by accidental bodily injury within 180 days of an accident. Maximum in-force limits and exclusions apply. (Form ICC07-ULCL-ADB-07).

Accelerated Death Benefit Rider For Chronic Illness **For Employee and Spouse Only** This benefit provides an accelerated death benefit if an insured becomes chronically ill as defined in the rider. (Form ICC15-ULABR-CI-15). Requires additional underwriting questions. See details on next page.

Interim Insurance: Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through payroll deduction; (2) the Salary Deduction Authorization is signed; and, (3) the proposed insured is insurable at standard rates under Our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date We decline the application; (c) the date We notify the applicant that s/he is ineligible for interim insurance; or, (d) the 180th day after the application date.

Policy Mechanics and Other Important Details Premiums are flexible. However, we highly recommend payment of the Table Premium during the Guaranteed Period, and no partial surrenders or policy loans. Table Premium produces a small cash value (Benchmark Cash Value). Paying a lesser premium results in an actual cash value which is less than Benchmark Cash Value, causing the policy to lapse. Premiums less a premium load create cash value to pay monthly administrative loads and cost of insurance. Cash value is currently credited at the guaranteed interest rate of 2.00% per year. We may, at any time, credit higher than the guaranteed interest rate. Likewise, We may charge cost of insurance rates which are less than the policy's maximum rates, but only when actual cash value equals or exceeds Benchmark Cash Value. No surrender charges apply. Loads include 10.00% of premium, $2.03 per month and monthly administrative loads. Two year suicide and contestable clauses apply. The policy loan rate is 7.40% in advance. Surrenders and loans may be deferred for up to six months.

TEXASLIFE INSURANCE COMPANY

A Summary of the Accelerated Death Benefit Rider

Terminal Illness - included at no additional cost

The policy includes an Accelerated Death Benefit Due to Terminal Illness Rider. If the Insured has a terminal illness, in lieu of the insurance proceeds otherwise payable at death, you may elect to claim an accelerated benefit while the Insured is still alive. The single sum benefit is 92% of the insurance proceeds less an administrative fee of the lesser of $150 or 7% of the insurance proceeds. Terminal Illness is an injury or sickness diagnosed and certified by a qualifying physician that, despite the appropriate medical care, is reasonably expected to result in death within 12 months. This benefit is intended to qualify for favorable income tax treatment and may not be subject to federal income tax. (See Important Notices below.)

Chronic Illness - included with an additional premium

For an additional premium of 10% of the base policy premium, this policy may include an Accelerated Death Benefit Due to Chronic Illness Rider. If the Insured has a chronic illness, in lieu of the insurance proceeds otherwise payable at death, you may elect to claim an accelerated benefit while the Insured is still alive. The single sum benefit is 92% of the insurance proceeds less an administrative fee of the lesser of $150 or 7% of the insurance proceeds. Chronic Illness means the Insured permanently: (a) is unable to perform, without substantial assistance from another individual, at least two Activities of Daily Living due to a loss of functional capacity and will need services for the rest of his or her life; or (b) requires substantial supervision to protect the Insured from threats to health and safety due to severe cognitive impairment and will need services for the rest of his or her life. Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe cognitive impairment means deterioration or loss of intellectual capacity that: (1) places the Insured in jeopardy of harming himself or herself or others, and therefore, the Insured requires substantial supervision by another person; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

This benefit will be calculated and paid as a lump sum only. This lump sum is intended to serve as a per diem accelerated death benefit as described under Section 101(g) of the Internal Revenue Code. You may be able to exclude certain portions of this accelerated death benefit (specifically, the greater of: (a) the lump sum equivalent of the per diem amount; or (b) the actual cost incurred for Services provided in the year the Accelerated Death Benefit is paid) from your taxable income. Your benefit for Chronic Illness will be calculated in accordance with the rider and you may, in some circumstances, be paid more than the excludable per diem amount.

Important Notices

Tax laws related to the acceleration of life insurance benefits are complex. The information presented in this Summary is general in nature. You should consult a qualified tax or legal advisor to determine the effect of receiving this benefit. Texas Life Insurance Company and its agents do not provide tax or legal advice.

Receipt of any accelerated death benefit under your policy may affect your, your spouse's and your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplemental Social Security Income (SSI), and drug assistance programs. You should consult with a qualified tax or legal advisor and the relevant social service agencies to determine how receiving the benefit may affect your, your spouse's, and your family's eligibility for public assistance.

An accelerated death benefit is not long term care insurance. This summary provides a general description of any accelerated death benefit under your policy. Your policy and riders contain certain exclusions, limitations, and exceptions. Please refer to your policy and rider for details. The right to accelerate benefits under any accelerated death benefit does not extend to any Child Term Life Insurance Rider. However, if the accelerated death benefit under any rider is paid, any coverage provided under the Child Term Life Insurance Rider attached to this policy becomes a paid up term insurance policy on each covered child.

This paid up coverage on each child will terminate on each covered child's 25th birthday. Payment under any accelerated death benefit rider terminates the policy and all other optional benefits/riders and reduces all insurance proceeds, cash values and loan values to zero.

18P061 PLP18 CI R03/23

Representation of benefit payable - Terminal or Chronic Illness

The following chart shows the effect of exercising an accelerated benefit on the base policy. This example is using a $50,000 policy with a $2,000 policy loan balance and all premiums are current. This chart is for representation purposes only. Your benefits may be higher or lower, depending on your face amount of coverage, any unpaid policy loan balance, and any overdue premiums.

	Terminal Illness		**Chronic Illness**	
Death Benefit		$50,000		$50,000
Policy Loan Balance	-	$2,000	-	$2,000
Available for Acceleration	=	$48,000	=	$48,000
Acceleration Percentage	x	92%	x	92%
Gross Benefit	=	$44,160	=	$44,160
Administration Fee	-	$150	-	$150
Overdue Premiums	-	$0	-	$0
Accelerated Benefit Payable	=	$44,010	=	$44,010

Note: The benefit will be paid for either Terminal Illness or Chronic Illness. In no instance will benefits be paid under both riders.

OPTIONAL BENEFITS MONTHLY COST:

Accidental Death Benefit ..... $0.08 per $1,000 of Face Amount
Accelerated Death Benefit Rider For Chronic Illness ..... 10% of Base Plan Table Premium

Express Issue Amounts of Coverage Available on Spouse

Spouse's Issue Age	Minimum Face Amount	Maximum Face Amount
17-34	$25,000	$50,000
35-39	15,000	50,000
40-49	10,000	50,000
50-60	10,000	25,000
61 & Older	N/A	N/A

Monthly Administrative Loads Per $1,000 of Face Amount for Issue Ages Shown

(Non-Tobacco Class)

Issue Age ⟶	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Highest Load	0.2417	0.2425	0.2517	0.2517	0.2525	0.2617	0.2617	0.2617	0.2617	0.2700	0.2692	0.2767	0.2725	0.2659	0.2559
Lowest Load	0.1117	0.1075	0.0750	0.0825	0.0900	0.0625	0.0717	0.0825	0.0950	0.0734	0.0934	0.0825	0.1184	0.1659	0.2225
Zero After Year	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5

Issue Age ⟶	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Highest Load	0.2459	0.2334	0.2284	0.2267	0.2275	0.2275	0.2375	0.2450	0.2584	0.2684	0.2700	0.2884	0.2984	0.2984	0.3075
Lowest Load	0.0434	0.0884	0.1200	0.1375	0.1534	0.1675	0.1392	0.1442	0.1017	0.0600	0.0625	0.2717	0.2542	0.2767	0.2675
Zero After Year	6	6	6	6	6	6	6	6	6	6	6	5	5	5	5

Issue Age ⟶	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
Highest Load	0.3134	0.3100	0.3309	0.3409	0.3575	0.3842	0.3900	0.4084	0.4292	0.4700	0.5084	0.5650	0.6300	0.6892	0.7475
Lowest Load	0.2675	0.0175	0.2650	0.2575	0.2225	0.1492	0.1492	0.1025	0.0575	0.4134	0.3359	0.2075	0.0542	0.6325	0.5659
Zero After Year	5	6	5	5	5	5	5	5	5	4	4	4	4	3	3

Issue Age ⟶	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59
Highest Load	0.8059	0.8717	0.9275	0.9817	1.0534	1.1334	1.2250	1.3242	1.3934	1.4625	1.5400	1.6109	1.6992	1.7775	1.8592
Lowest Load	0.5009	0.4242	0.3692	0.3225	0.2434	0.1584	0.0517	1.2900	1.3067	1.3275	1.3459	1.3767	1.3959	1.4334	1.4750
Zero After Year	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2

Issue Age ⟶	60	61	62	63	64	65	66	67	68	69	70
Highest Load	1.9625	2.0392	2.1359	2.2250	2.3200	2.4275	2.5492	2.6817	2.8242	2.9534	3.0742
Lowest Load	1.5034	1.5684	1.6225	1.6950	1.7725	1.8500	1.9267	2.0075	2.0142	1.8775	1.7492
Zero After Year	2	2	2	2	2	2	2	2	2	2	2

Monthly Administrative Loads Per $1,000 of Face Amount for Issue Ages Shown

(Tobacco Class)

Issue Age ⟶	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Highest Load	0.4084	0.4059	0.4042	0.4025	0.4175	0.4242	0.4475	0.4650	0.4659	0.4850	0.4934	0.5017	0.5092	0.5950	0.5892
Lowest Load	0.1700	0.1967	0.2242	0.2525	0.2300	0.2359	0.1884	0.1642	0.1917	0.1642	0.1692	0.1759	0.1892	0.5725	0.0217
Zero After Year	4	4	4	4	4	4	4	4	4	4	4	4	4	3	4

Issue Age ⟶	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
Highest Load	0.6092	0.6100	0.6092	0.6625	0.6775	0.7284	0.7400	0.7925	0.8725	0.9342	1.0142	1.1242	1.1750	1.2500	1.3034
Lowest Load	0.0025	0.0417	0.0884	0.6484	0.6600	0.6217	0.6575	0.6092	0.5092	0.4475	0.3492	0.1934	0.1659	0.0942	0.0692
Zero After Year	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3

Issue Age ⟶	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
Highest Load	1.3734	1.4325	1.5242	1.5942	1.6609	1.7675	1.8542	1.9250	1.9992	2.0842	2.1617	2.2392	2.3067	2.3700	2.4659
Lowest Load	0.0159	1.4175	1.4642	1.4984	1.5425	1.5534	1.5909	1.6517	1.7184	1.7825	1.8634	1.9542	2.0659	2.1934	2.2992
Zero After Year	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2

Issue Age ⟶	62	63	64	65	66	67	68	69	70
Highest Load	2.5392	2.6009	2.6484	2.7000	2.7609	2.8300	2.8967	2.9625	3.0192
Lowest Load	2.3167	2.2509	2.2000	2.1442	2.0800	2.0059	1.9350	1.8642	1.8034
Zero After Year	2	2	2	2	2	2	2	2	2

TEXASLIFE INSURANCE COMPANY

EMPLOYEE/SPOUSE MONTHLY PREMIUMS

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) $10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
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

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".

NON-TOBACCO

TEXASLIFE INSURANCE COMPANY — EMPLOYEE/SPOUSE MONTHLY PREMIUMS

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) $10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
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

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".

Tobacco

TEXASLIFE INSURANCE COMPANY — CHILD MONTHLY PREMIUMS

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) $10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000	GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
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
27-28										74
29										74
30-31										73
32										74
33										74
34										75
35										76
36										76
37										77
38										77
39										78
40										79
41										80
42										81
43										82
44										83
45										83
46										84
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64										90
65										90
66										90
67										91
68										91
69										91
70										91

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".

Non-Tobacco

TEXASLIFE INSURANCE COMPANY — CHILD MONTHLY PREMIUMS

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) $10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000	GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
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
27-28										71
29										71
30-31										72
32										72
33										72
34										71
35										72
36										72
37										73
38										73
39										74
40										76
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42										78
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62										87
63										87
64										87
65										87
66										88
67										88
68										88
69										88
70										89

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".

Tobacco

Short Term 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™ Short-Term Disability Income Insurance

Ouachita Parish

Marketed by:

IFFGI 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™ **Short-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.

Choose the Right Plan for You

BENEFITS BEGIN on the day of Disability due to a covered Injury or Sickness.	
Plan I	On the 15th day
Plan II	On the 31st day

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 means that you are unable to perform the material and substantial duties of your regular occupation.

Benefit Policy Schedule

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

		Monthly Premiums	
Monthly Salary	**Monthly Disability Benefit**	**Plan I (15th)**	**Plan II (31st)**
$286.00 - $428.99	$200.00	$4.56	$2.88
$429.00 - $571.99	$300.00	$6.84	$4.32
$572.00 - $714.99	$400.00	$9.12	$5.76
$715.00 - $857.99	$500.00	$11.40	$7.20
$858.00 - $999.99	$600.00	$13.68	$8.64
$1,000.00 - $1,142.99	$700.00	$15.96	$10.08
$1,143.00 - $1,285.99	$800.00	$18.24	$11.52
$1,286.00 - $1,428.99	$900.00	$20.52	$12.96
$1,429.00 - $1,571.99	$1,000.00	$22.80	$14.40
$1,572.00 - $1,714.99	$1,100.00	$25.08	$15.84
$1,715.00 - $1,857.99	$1,200.00	$27.36	$17.28
$1,858.00 - $1,999.99	$1,300.00	$29.64	$18.72
$2,000.00 - $2,142.99	$1,400.00	$31.92	$20.16
$2,143.00 - $2,285.99	$1,500.00	$34.20	$21.60
$2,286.00 - $2,428.99	$1,600.00	$36.48	$23.04
$2,429.00 - $2,571.99	$1,700.00	$38.76	$24.48
$2,572.00 - $2,714.99	$1,800.00	$41.04	$25.92
$2,715.00 - $2,857.99	$1,900.00	$43.32	$27.36
$2,858.00 - $2,999.99	$2,000.00	$45.60	$28.80
$3,000.00 - $3,142.99	$2,100.00	$47.88	$30.24
$3,143.00 - $3,285.99	$2,200.00	$50.16	$31.68
$3,286.00 - $3,428.99	$2,300.00	$52.44	$33.12
$3,429.00 - $3,571.99	$2,400.00	$54.72	$34.56
$3,572.00 - $3,714.99	$2,500.00	$57.00	$36.00
$3,715.00 - $3,857.99	$2,600.00	$59.28	$37.44
$3,858.00 - $3,999.99	$2,700.00	$61.56	$38.88
$4,000.00 - $4,142.99	$2,800.00	$63.84	$40.32
$4,143.00 - $4,285.99	$2,900.00	$66.12	$41.76
$4,286.00 - $4,428.99	$3,000.00	$68.40	$43.20
$4,429.00 - $4,571.99	$3,100.00	$70.68	$44.64
$4,572.00 - $4,714.99	$3,200.00	$72.96	$46.08
$4,715.00 - $4,857.99	$3,300.00	$75.24	$47.52
$4,858.00 - $4,999.99	$3,400.00	$77.52	$48.96
$5,000.00 - $5,142.99	$3,500.00	$79.80	$50.40
$5,143.00 - $5,285.99	$3,600.00	$82.08	$51.84
$5,286.00 - $5,428.99	$3,700.00	$84.36	$53.28
$5,429.00 - $5,571.99	$3,800.00	$86.64	$54.72

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Monthly Premiums	
		Plan I (15th)	Plan II (31st)
$5,572.00 - $5,714.99	$3,900.00	$88.92	$56.16
$5,715.00 - $5,857.99	$4,000.00	$91.20	$57.60
$5,858.00 - $5,999.99	$4,100.00	$93.48	$59.04
$6,000.00 - $6,142.99	$4,200.00	$95.76	$60.48
$6,143.00 - $6,285.99	$4,300.00	$98.04	$61.92
$6,286.00 - $6,428.99	$4,400.00	$100.32	$63.36
$6,429.00 - $6,571.99	$4,500.00	$102.60	$64.80
$6,572.00 - $6,714.99	$4,600.00	$104.88	$66.24
$6,715.00 - $6,857.99	$4,700.00	$107.16	$67.68
$6,858.00 - $6,999.99	$4,800.00	$109.44	$69.12
$7,000.00 - $7,142.99	$4,900.00	$111.72	$70.56
$7,143.00 - $7,285.99	$5,000.00	$114.00	$72.00
$7,286.00 - $7,428.99	$5,100.00	$116.28	$73.44
$7,429.00 - $7,571.99	$5,200.00	$118.56	$74.88
$7,572.00 - $7,714.99	$5,300.00	$120.84	$76.32
$7,715.00 - $7,857.99	$5,400.00	$123.12	$77.76
$7,858.00 - $7,999.99	$5,500.00	$125.40	$79.20
$8,000.00 - $8,142.99	$5,600.00	$127.68	$80.64
$8,143.00 - $8,285.99	$5,700.00	$129.96	$82.08
$8,286.00 - $8,428.99	$5,800.00	$132.24	$83.52
$8,429.00 - $8,571.99	$5,900.00	$134.52	$84.96
$8,572.00 - $8,713.99	$6,000.00	$136.80	$86.40
$8,714.00 - $8,856.99	$6,100.00	$139.08	$87.84
$8,857.00 - $8,999.99	$6,200.00	$141.36	$89.28
$9,000.00 - $9,142.99	$6,300.00	$143.64	$90.72
$9,143.00 - $9,285.99	$6,400.00	$145.92	$92.16
$9,286.00 - $9,428.99	$6,500.00	$148.20	$93.60
$9,429.00 - $9,570.99	$6,600.00	$150.48	$95.04
$9,571.00 - $9,713.99	$6,700.00	$152.76	$96.48
$9,714.00 - $9,856.99	$6,800.00	$155.04	$97.92
$9,857.00 - $9,999.99	$6,900.00	$157.32	$99.36
$10,000.00 - $10,142.99	$7,000.00	$159.60	$100.80
$10,143.00 - $10,285.99	$7,100.00	$161.88	$102.24
$10,286.00 - $10,428.99	$7,200.00	$164.16	$103.68
$10,429.00 - $10,570.99	$7,300.00	$166.44	$105.12
$10,571.00 - $10,713.99	$7,400.00	$168.72	$106.56
$10,714.00- And Over	*$7,500.00	$171.00	$108.00

**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 180 days for a covered Injury or Sickness.

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.

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.

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

We will pay the Disability Benefit described in the benefit schedule. No Disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

- **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.

Alcoholism and Drug Addiction Limited Benefit

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

Pre-Existing Condition Limitation

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the policy for 12 months. 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. If you leave employment to perform Service in the Uniformed Services and reapply for coverage after release from the uniformed services, including all of your family members and dependents previously covered, shall be reinstated with coverage under the group policy without any restriction because of a pre-existing condition.

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 12 month period immediately before your effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

Service in the Uniformed Services means the performance of duty on a voluntary or involuntary basis in a uniformed service under competent authority and includes active duty, active duty for training, initial active duty for training, inactive duty training, full-time national guard duty, and a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform any such duty; service in the armed forces of the United States pursuant to authorization by the United States Congress or presidential proclamation pursuant to the War Powers Resolution; or state active duty by members of the national guard who are activated pursuant to a call of the governor of this state or of any other state as provided for by law.

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

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.

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 60 days advance notice. If premium rates are increased we will provide a 45 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.

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**

Long Term 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

Ouachita Parish

Marketed by:

IFFGI 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 on the day of Disability due to a covered Injury or Sickness.	
Plan I	On the 181st day

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 12 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 and which provides you with substantially the same earning capacity as your former earning capacity prior to the start of the Disability.

Benefit Policy Schedule

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

			Monthly Premiums
Monthly Salary	**Monthly Disability Benefit**	**Accidental Death Benefit**	**Plan I (181st)**
$286.00 - $428.99	$200.00	$20,000.00	$2.20
$429.00 - $571.99	$300.00	$20,000.00	$3.30
$572.00 - $714.99	$400.00	$20,000.00	$4.40
$715.00 - $857.99	$500.00	$20,000.00	$5.50
$858.00 - $999.99	$600.00	$20,000.00	$6.60
$1,000.00 - $1,142.99	$700.00	$20,000.00	$7.70
$1,143.00 - $1,285.99	$800.00	$20,000.00	$8.80
$1,286.00 - $1,428.99	$900.00	$20,000.00	$9.90
$1,429.00 - $1,571.99	$1,000.00	$20,000.00	$11.00
$1,572.00 - $1,714.99	$1,100.00	$20,000.00	$12.10
$1,715.00 - $1,857.99	$1,200.00	$20,000.00	$13.20
$1,858.00 - $1,999.99	$1,300.00	$20,000.00	$14.30
$2,000.00 - $2,142.99	$1,400.00	$20,000.00	$15.40
$2,143.00 - $2,285.99	$1,500.00	$20,000.00	$16.50
$2,286.00 - $2,428.99	$1,600.00	$20,000.00	$17.60
$2,429.00 - $2,571.99	$1,700.00	$20,000.00	$18.70
$2,572.00 - $2,714.99	$1,800.00	$20,000.00	$19.80
$2,715.00 - $2,857.99	$1,900.00	$20,000.00	$20.90
$2,858.00 - $2,999.99	$2,000.00	$20,000.00	$22.00
$3,000.00 - $3,142.99	$2,100.00	$20,000.00	$23.10
$3,143.00 - $3,285.99	$2,200.00	$20,000.00	$24.20
$3,286.00 - $3,428.99	$2,300.00	$20,000.00	$25.30
$3,429.00 - $3,571.99	$2,400.00	$20,000.00	$26.40
$3,572.00 - $3,714.99	$2,500.00	$20,000.00	$27.50
$3,715.00 - $3,857.99	$2,600.00	$20,000.00	$28.60
$3,858.00 - $3,999.99	$2,700.00	$20,000.00	$29.70
$4,000.00 - $4,142.99	$2,800.00	$20,000.00	$30.80
$4,143.00 - $4,285.99	$2,900.00	$20,000.00	$31.90
$4,286.00 - $4,428.99	$3,000.00	$20,000.00	$33.00
$4,429.00 - $4,571.99	$3,100.00	$20,000.00	$34.10
$4,572.00 - $4,714.99	$3,200.00	$20,000.00	$35.20
$4,715.00 - $4,857.99	$3,300.00	$20,000.00	$36.30
$4,858.00 - $4,999.99	$3,400.00	$20,000.00	$37.40
$5,000.00 - $5,142.99	$3,500.00	$20,000.00	$38.50
$5,143.00 - $5,285.99	$3,600.00	$20,000.00	$39.60
$5,286.00 - $5,428.99	$3,700.00	$20,000.00	$40.70
$5,429.00 - $5,571.99	$3,800.00	$20,000.00	$41.80

Benefit Policy Schedule (continued)

			Monthly Premiums
Monthly Salary	**Monthly Disability Benefit**	**Accidental Death Benefit**	**Plan I (181st)**
$5,572.00 - $5,714.99	$3,900.00	$20,000.00	$42.90
$5,715.00 - $5,857.99	$4,000.00	$20,000.00	$44.00
$5,858.00 - $5,999.99	$4,100.00	$20,000.00	$45.10
$6,000.00 - $6,142.99	$4,200.00	$20,000.00	$46.20
$6,143.00 - $6,285.99	$4,300.00	$20,000.00	$47.30
$6,286.00 - $6,428.99	$4,400.00	$20,000.00	$48.40
$6,429.00 - $6,571.99	$4,500.00	$20,000.00	$49.50
$6,572.00 - $6,714.99	$4,600.00	$20,000.00	$50.60
$6,715.00 - $6,857.99	$4,700.00	$20,000.00	$51.70
$6,858.00 - $6,999.99	$4,800.00	$20,000.00	$52.80
$7,000.00 - $7,142.99	$4,900.00	$20,000.00	$53.90
$7,143.00 - $7,285.99	$5,000.00	$20,000.00	$55.00
$7,286.00 - $7,428.99	$5,100.00	$20,000.00	$56.10
$7,429.00 - $7,571.99	$5,200.00	$20,000.00	$57.20
$7,572.00 - $7,714.99	$5,300.00	$20,000.00	$58.30
$7,715.00 - $7,857.99	$5,400.00	$20,000.00	$59.40
$7,858.00 - $7,999.99	$5,500.00	$20,000.00	$60.50
$8,000.00 - $8,142.99	$5,600.00	$20,000.00	$61.60
$8,143.00 - $8,285.99	$5,700.00	$20,000.00	$62.70
$8,286.00 - $8,428.99	$5,800.00	$20,000.00	$63.80
$8,429.00 - $8,571.99	$5,900.00	$20,000.00	$64.90
$8,572.00 - $8,713.99	$6,000.00	$20,000.00	$66.00
$8,714.00 - $8,856.99	$6,100.00	$20,000.00	$67.10
$8,857.00 - $8,999.99	$6,200.00	$20,000.00	$68.20
$9,000.00 - $9,142.99	$6,300.00	$20,000.00	$69.30
$9,143.00 - $9,285.99	$6,400.00	$20,000.00	$70.40
$9,286.00 - $9,428.99	$6,500.00	$20,000.00	$71.50
$9,429.00 - $9,570.99	$6,600.00	$20,000.00	$72.60
$9,571.00 - $9,713.99	$6,700.00	$20,000.00	$73.70
$9,714.00 - $9,856.99	$6,800.00	$20,000.00	$74.80
$9,857.00 - $9,999.99	$6,900.00	$20,000.00	$75.90
$10,000.00 - $10,142.99	$7,000.00	$20,000.00	$77.00
$10,143.00 - $10,285.99	$7,100.00	$20,000.00	$78.10
$10,286.00 - $10,428.99	$7,200.00	$20,000.00	$79.20
$10,429.00 - $10,570.99	$7,300.00	$20,000.00	$80.30
$10,571.00 - $10,713.99	$7,400.00	$20,000.00	$81.40
$10,714.00 - And Over	*$7,500.00	$20,000.00	$82.50

**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.

Physician Expense Benefit

Injury - $150.00 per Injury
Sickness - $50.00

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

Accidental Death Benefit

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

Hospital Confinement Benefit

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

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after Disability payments have been received for 180 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 180 calendar days from the date of Disability.

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

Minimum Disability Benefit

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

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

Your Disability payment will be 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.

- **Family Care Benefit**
  If you are Disabled and working and have one or more eligible family members, you may be eligible for a Family Care Benefit. This benefit is for expenses incurred up to 25% of your Monthly Disability Benefit. Your Disability earnings, gross Disability Benefit, and Family Care Benefit cannot exceed 100% of your monthly compensation. Payment of this benefit ends when you cease to be eligible for benefits under the Disabled and working provision of the policy.
- **Worksite Accommodation**
  As a part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Pre-Existing Condition Limitation

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 12 months. 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. If you leave employment to perform Service in the Uniformed Services and reapply for coverage after release from the uniformed services, including all of your family members and dependents previously covered, shall be reinstated with coverage under the group policy without any restriction because of a pre-existing condition.

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 12 month period immediately before your effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

Service in the Uniformed Services means the performance of duty on a voluntary or involuntary basis in a uniformed service under competent authority and includes active duty, active duty for training, initial active duty for training, inactive duty training, full-time national guard duty, and a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform any such duty; service in the armed forces of the United States pursuant to authorization by the United States Congress or presidential proclamation pursuant to the War Powers Resolution; or state active duty by members of the national guard who are activated pursuant to a call of the governor of this state or of any other state as provided for by law.

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

Survivor Benefit Rider

This rider is designed to provide a benefit to your beneficiary or estate, if you die while receiving Disability Benefits.

Benefits are payable if you have been Disabled and not working for at least 90 days, and die while receiving Disability Benefits. Pays a monthly benefit up to one year or until the maximum Disability period is exhausted, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
$2,000.00	$6.80

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.

Survivor Benefit Rider

The policy does not cover any loss, fatal or non-fatal, which results 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. American Fidelity will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or 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. No Disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

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 60 days advance notice. If premium rates are increased we will provide a 45 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.

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-32619(FF)-0825

G120-076 MCH#8872 014411-8, 014709-R1, 014710-R1, 014708-R1, 014002-R1, 014707-R1

Cancer Insurance

Plan Options

Guardian | www.guardianlife.com | 888-600-1600

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	**Option 1**	**Option 2**
Employee	$21.65	$29.24
Employee & Spouse	$41.36	$56.38
Employee & Child(ren)	$26.15	$35.84
Employee & Family	$45.86	$62.98

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ALL ELIGIBLE EMPLOYEES
Group Number: 00055018

Customer Service (888) 600-1600
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Welcome to
Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1. Read through this information.
2. Find out more about your benefits.
3. Talk to your employer if you need help or have any questions.

Your coverage options

Cancer insurance	Financial support after a cancer diagnosis

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This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.

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Watch our video
How cancer insurance can ease the financial burden of a cancer diagnosis.

Cancer insurance

If you're diagnosed with cancer, the last thing you need to think about is the cost. Cancer insurance helps ease the financial burden.

Every year, more and more people are diagnosed with cancer. Unfortunately, in addition to bearing the physical and emotional toll of this disease, patients are often saddled with added financial expenses.

Who is it for?

Cancer insurance is for people who want added financial protection, in addition to their regular health insurance. It comes into play if you are diagnosed with cancer—providing additional financial support to help keep the focus on your cancer treatment and recovery.

What does it cover?

Cancer insurance benefits can help you handle medical plan deductibles, co-pays and other out-of-pocket costs by providing benefits when you receive radiation or chemotherapy treatment, or are hospitalized for surgery to treat cancer. These benefits can be used for non-medical expenses such as transportation to treatment facilities, and even everyday living expenses like groceries, rent, and mortgage payments.

Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. The unexpected out-of-pocket expenses of cancer recovery, including transportation, co-pays, and deductibles, can add up fast. What's more, some of the costs you may incur during recovery are non-medical, such as covering a mortgage, childcare, and household expenses. Cancer insurance can help you pay for all of them.

Plus, cancer insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.

Extra support

Sarah's diagnosed with kidney cancer after a screening test and decides to undergo kidney removal surgery.

Average surgical expense: **$25,000**

Average Major Medical deductible: **$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Sarah's still responsible for 20%: **$4,700**

Total out-of-pocket amount for Sarah (deductible + coinsurance): **$6,200**

Sarah has Guardian's Cancer Advantage policy, which pays her **$2,500** as an initial diagnosis benefit and **$2,100** for a 7-day hospital stay.

This gives her a total of **$4,600** to help cover a portion of her out-of-pocket amount.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

Guardian®

Your cancer coverage

	CANCER	
COVERAGE - DETAILS	**Option 1**	**Option 2**
Your Monthly premium	$21.65	$29.24
You and Spouse	$41.36	$56.38
You and Child(ren)	$26.15	$35.84
You, Spouse and Child(ren)	$45.86	$62.98
INITIAL DIAGNOSIS BENEFIT - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.		
Benefit Amount(s)	Employee $2,500 Spouse $2,500 Child $2,500	Employee $5,000 Spouse $5,000 Child $5,000
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days	30 Days
CANCER SCREENING		
Benefit Amount	$75; $75 for Follow-Up screening	$150; $150 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY		
Benefit	Schedule amounts up to a $15,000 benefit year maximum.	Schedule amounts up to a $20,000 benefit year maximum.
Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 month look back period, 12 month exclusion period.	12 month look back period, 12 month exclusion period.
Portability: Allows you to take your Cancer coverage with you if you terminate employment prior to age 80.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years

FEATURES		
Air Ambulance	$1,500/trip, limit 2 trips per hospital confinement	$1,500/trip, limit 2 trips per hospital confinement
Ambulance	$200/trip, limit 2 trips per hospital confinement	$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit
Anti-Nausea	$50/day up to $150 per month	$50/day up to $150 per month
Attending Physician	$25/day while hospital confined. Limit 75 visits.	$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	$100/day up to $5,000 per year	$100/day up to $5,000 per year
Bone Marrow/Stem Cell	Bone Marrow: $7,500 Stem Cell: $1,500 50% benefit for 2nd transplant. $1,000 benefit if a donor	Bone Marrow: $7,500 Stem Cell: $1,500 50% benefit for 2nd transplant. $1,000 benefit if a donor
Experimental Treatment	$100/day up to $1,000/month	$100/day up to $1,000/month

Guardian®

Your cancer coverage

FEATURES (Cont.)	Option 1	Option 2
Extended Care Facility/Skilled Nursing care	$100/day up to 90 days per year	$100/day up to 90 days per year
Government or Charity Hospital	$300 per day in lieu of all other benefits	$300 per day in lieu of all other benefits
Home Health Care	$50/visit up to 30 visits per year	$50/visit up to 30 visits per year
Hormone Therapy	$25/treatment up to 12 treatments per year	$25/treatment up to 12 treatments per year
Hospice	$50/day up to 100 days/lifetime	$50/day up to 100 days/lifetime
Hospital Confinement	$300/day for first 30 days; $600/day for 31st day thereafter per confinement	$300/day for first 30 days; $600/day for 31st day thereafter per confinement
ICU Rider	Pays a daily amount of $600/day up to 45 days per year if the insured is confined to the ICU for any reason OTHER than Cancer treatment. ICU confinements due to Cancer treatment are covered under our standard Cancer plan.	
ICU Confinement	$400/day for first 30 days; $600/day for 31st day thereafter per confinement	$400/day for first 30 days; $600/day for 31st day thereafter per confinement
Immunotherapy	$500 per month, $2500 lifetime max	$500 per month, $2500 lifetime max
Inpatient Special Nursing	$100/day up to 30 days per year	$100/day up to 30 days per year
Medical Imaging	$100/image up to 2 per year	$100/image up to 2 per year
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	$75/day, up to 90 days per year	$75/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	$250/day, 3 days per procedure	$250/day, 3 days per procedure
Physical or Speech Therapy	$25/visit up to 4 visits per month, $400 lifetime max	$25/visit up to 4 visits per month, $400 lifetime max
Prosthetic	Surgically Implanted: $2,000/device, $4,000 lifetime max Non-Surgically: $200/device, $400 lifetime max	Surgically Implanted: $2,000/device, $4,000 lifetime max Non-Surgically: $200/device, $400 lifetime max
Reconstructive Surgery	Breast TRAM Flap $2,000 Breast reconstruction $500 Breast Symmetry $250 Facial reconstruction $500	Breast TRAM Flap $2,000 Breast reconstruction $500 Breast Symmetry $250 Facial reconstruction $500
Second Surgical Opinion	$200/surgery procedure	$200/surgery procedure
Skin Cancer	Biopsy Only: $100 Reconstructive Surgery: $250 Excision of a skin cancer: $375 Excision of a skin cancer with flap or graft: $600	Biopsy Only: $100 Reconstructive Surgery: $250 Excision of a skin cancer: $375 Excision of a skin cancer with flap or graft: $600
Specified Disease Rider	This rider pays for any of the schedule benefits within our standard Cancer plan for a specific list of diseases. The rider only pays for one specified disease on the list during an insured's lifetime. The covered specified diseases are Addison's Disease, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Brucellosis, Cerebrospinal Meningitis (bacterial), Cystic Fibrosis, Diphtheria, Encephalitis, Hansen's Disease, Hepatitis (Chronic B or Chronic C with liver failure or hepatoma), Legionnaire's Disease (confirmation by culture or sputum), Lyme Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Rabies, Reye's Syndrome, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Systemic Lupus Erythematosus, Tetanus, Thallasemia, Tuberculosis, Tularemia, or Typhoid Fever.	

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Guardian®

Your cancer coverage

Surgical Benefit	Schedule amount up to $4,125	Schedule amount up to $4,125
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	$0.50/mile up to $1,000 per round trip/equal benefit for companion	$0.50/mile up to $1,000 per round trip/equal benefit for companion
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included	Included

UNDERSTANDING YOUR BENEFITS :

- **Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodyplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.
- **Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue underwriting is required on those enrolling outside of the initial enrollment period or annual open enrollment period.

This plan will not pay benefits for: Services or treatment not included in the Features. Services or treatment provided by a family member. Services or treatment rendered for hospital confinement outside the United States. Any cancer diagnosed solely outside of the United States. Services or treatment provided primarily for cosmetic purposes. Services or treatment for premalignant conditions. Services or treatment for conditions with malignant potential. Services or treatment for non-cancer sicknesses.

Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country.

If Cancer insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

Contract # GP-1-CAN-IC-12

Guardian's Cancer Insurance is underwritten and issued 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. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.
Policy Form # GP-1-CAN-IC-12, et al, GP-1-LAH-12R

Guardian®

Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.
Visit **https://www.guardiananytime.com/notice48** to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.
Visit **https://www.guardiananytime.com/notice46** to read more.

Critical Illness Insurance

Guardian | www.guardianlife.com | 888-600-1600

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.

Guardian®

OUACHITA PARISH SCHOOL BOARD
ALL ELIGIBLE EMPLOYEES
Group Number: 00055018

Customer Service (888) 600-1600
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Welcome to
Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1. Read through this information.
2. Find out more about your benefits.
3. Talk to your employer if you need help or have any questions.

Your coverage options

Critical illness insurance	Taking care of the expenses if you're critically ill

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This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.

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Watch our video
How critical illness insurance helps cover the costs of treatment.

Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments for the first and second time you're diagnosed with a covered illness.

Plus, critical illness insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.

Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **$53,000**

Average Major Medical deductible: **$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **$10,300**.

Total out-of-pocket amount for John (deductible + coinsurance): **$11,800**.

John has a **$10,000** Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

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Guardian

Your critical illness coverage

	Option 1		Option 2	
Benefit Amount(s)	Employee may choose a lump sum benefit of $5,000 to $30,000 in $5,000 increments.		Employee may choose a lump sum benefit of $5,000 to $30,000 in $5,000 increments.	
CONDITIONS				
Cancer	**1st OCCURRENCE**	**2nd OCCURRENCE**	**1st OCCURRENCE**	**2nd OCCURRENCE**
Invasive Cancer	Not Applicable	Not Applicable	100%	100%
Carcinoma In Situ	Not Applicable	Not Applicable	30%	0%
Benign Brain or Spinal Tumor	Not Applicable	Not Applicable	100%	0%
Skin Cancer	Not Applicable	Not Applicable	$250	$0
BRCA 1 & BRCA 2	Not Applicable	Not Applicable	30%	Not Covered
Bone Marrow Failure (including Stem Cells)	Not Applicable	Not Applicable	100%	100%
Lung and Vascular Disorder				
Aneurysm	10%	0%	10%	0%
Pulmonary Embolism	30%	0%	30%	0%
Stroke – Moderate	50%	50%	50%	50%
Stroke – Severe	100%	100%	100%	100%
Transient Ischemic Attack (TIA)	10%	0%	10%	0%
Heart Conditions				
Coronary Artery Disease	10%	0%	10%	0%
Coronary Artery Disease – bypass needed	50%	0%	50%	0%
Heart Attack	100%	100%	100%	100%
Heart Failure	100%	100%	100%	100%
Pacemaker	10%	0%	10%	0%
Additional Conditions				
Kidney Failure	100%	100%	100%	100%
Major Organ Failure	100%	100%	100%	100%
	1st OCCURRENCE ONLY		**1st OCCURRENCE ONLY**	
Addison's Disease	30%		30%	
Coma	100%		100%	
Loss of Hearing	100%		100%	
Loss of Sight	100%		100%	
Loss of Speech	100%		100%	
Permanent Paralysis	100% for 1 or more limbs		100% for 1 or more limbs	
Severe Burns	100%		100%	
Chronic Disorders				
Crohn's Disease	30%		30%	
Epilepsy	10%		10%	
Lupus	30%		30%	
Ulcerative Colitis	30%		30%	

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

Guardian®

Your critical illness coverage

	Option 1	Option 2
Neurological Disorders		
Alzheimer's Disease – Early	50%	50%
Alzheimer's Disease – Advanced	100%	100%
ALS (Lou Gehrig's Disease)	100%	100%
Dementia – other causes	100%	100%
Huntington's Disease	30%	30%
Multiple Sclerosis – Early	50%	50%
Multiple Sclerosis – Advanced	100%	100%
Myasthenia Gravis	30%	30%
Parkinson's Disease – Early	50%	50%
Parkinson's Disease – Advanced	100%	100%
Childhood Illnesses and Disorders		
Autism Spectrum Disorder	100%	100%
Cerebral Palsy	100%	100%
Cleft Lip/Cleft Palate	100%	100%
Club Foot	100%	100%
Congenital Heart Defect	100%	100%
Cystic Fibrosis	100%	100%
Diabetes – Type 1	100%	100%
Down Syndrome	100%	100%
Hemophilia	100%	100%
Multisystem Inflammatory Disease (MLS)	100%	100%
Muscular Dystrophy	100%	100%
Spina Bifida	100%	100%
Spouse Benefit	May choose a lump sum benefit of $2,500 to $15,000 in $2,500 increments up to 50% of the employee's lump sum benefit.	May choose a lump sum benefit of $2,500 to $15,000 in $2,500 increments up to 50% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	50% of employee's lump sum benefit	50% of employee's lump sum benefit
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We Guarantee Issue up to: $30,000 For a spouse: $15,000 For a child: All Amounts **Health questions are required if the elected amount exceeds the Guarantee Issue.**	We Guarantee Issue up to: $30,000 For a spouse: $15,000 For a child: All Amounts **Health questions are required if the elected amount exceeds the Guarantee Issue.**

Guardian

Your critical illness coverage

	Option 1	Option 2
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable	Not Applicable
Waiver of Premium: If you become disabled due to a covered critical illness that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included	Included
Health Screening Benefit	Not Applicable	$100 Employee, $100 Spouse, $100 Child per year limit.

Condition Definitions

- BRCA1 or BRCA2 Mutation: occurs the date you're scheduled to undergo a mastectomy, or ovary or fallopian tube removal prior to a breast or ovarian cancer diagnosis as a preventive measure.
- Stroke - Moderate: requires clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage.
- Stroke - Severe: a permanent neurological deficit which persists at least 30 days after the event.
- Coronary Artery Disease: requires a diagnosis and severity level that requires one or more of the following procedures: atherectomy (rotation or laser), balloon angioplasty, laser angioplasty, stent implantation, thrombectomy (angiojet).
- Coronary Artery Disease - requiring a bypass: requires a diagnosis to be of such a severity that it requires one or more coronary artery bypass grafts.
- Heart Failure: requires a heart valve replacement or acceptance into the heart transplant waiting list.
- Kidney Failure: occurs on the earlier date of when renal or peritoneal dialysis begins, or the date you're accepted onto the kidney transplant waiting list of a recognized kidney transplant program in the United States.
- Major Organ Failure: occurs on the date you're accepted onto the liver, pancreas or lung transplant waiting list of a recognized transplant program in the United States.
- Crohn's Disease: benefit is available for the initial diagnosis of the disease, not the periodic flare-ups that may occur after the initial diagnosis.
- Epilepsy: requires initial diagnosis after at least two seizures, which are 24 hours apart and have no known trigger.
- Lupus: requires at least four symptoms be present at time of diagnosis. The benefit is available for initial diagnosis of the disease, not for periodic flare-ups that may occur after the initial diagnosis.
- Ulcerative Colitis: benefit is available for the initial diagnosis based on the results of a colonoscopy, not for periodic flare-ups that may occur after the initial diagnosis.
- Early-Stage Alzheimer's Disease: occurs on the date a physician diagnoses the progression which causes a loss of cognitive ability and functioning.
- Advanced Alzheimer's Disease: occurs on the date a physician diagnoses the cognitive decline to have progressed to the point that there's permanent inability to perform 2 or more Activities of Daily Living.
- Early-Stage Multiple Sclerosis (MS): must be diagnosed by a physician and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.

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Your critical illness coverage

- Advanced Stage Multiple Sclerosis (MS): requires neurological deficits for at least six months and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- Early-Stage Parkinson's Disease: occurs on the date diagnosed by a physician with at least 1 symptom(s) affecting movement and the central nervous system.
- Advanced Parkinson's Disease: occurs on the date diagnosed by a physician and requires at least 3 or more symptom(s) affecting movement and the central nervous system.

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Your premium will not increase as you age.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

Option 1

Monthly Premiums Displayed
Election Cost Per Age Bracket

Benefit Amount	Issue Age	*< 30*	*30-39*	*40-49*	*50-59*	*60-69*	*70+*
Employee							
$5,000	**Non-tobacco**	**$1.25**	**$1.40**	**$4.20**	**$9.45**	**$11.25**	**$25.45**
	Tobacco	$1.50	$2.20	$6.95	$15.45	$28.75	$38.05
$10,000	**Non-tobacco**	**$2.50**	**$2.80**	**$8.40**	**$18.90**	**$22.50**	**$50.90**
	Tobacco	$3.00	$4.40	$13.90	$30.90	$57.50	$76.10
$15,000	**Non-tobacco**	**$3.75**	**$4.20**	**$12.60**	**$28.35**	**$33.75**	**$76.35**
	Tobacco	$4.50	$6.60	$20.85	$46.35	$86.25	$114.15
$20,000	**Non-tobacco**	**$5.00**	**$5.60**	**$16.80**	**$37.80**	**$45.00**	**$101.80**
	Tobacco	$6.00	$8.80	$27.80	$61.80	$115.00	$152.20
$25,000	**Non-tobacco**	**$6.25**	**$7.00**	**$21.00**	**$47.25**	**$56.25**	**$127.25**
	Tobacco	$7.50	$11.00	$34.75	$77.25	$143.75	$190.25
$30,000	**Non-tobacco**	**$7.50**	**$8.40**	**$25.20**	**$56.70**	**$67.50**	**$152.70**
	Tobacco	$9.00	$13.20	$41.70	$92.70	$172.50	$228.30
Benefit Amount Up To 50% of Employee Amount to a Maximum of $15,000							
Spouse							
$2,500	**Non-tobacco**	**$0.63**	**$0.70**	**$2.10**	**$4.72**	**$5.63**	**$12.73**
	Tobacco	$0.75	$1.10	$3.47	$7.73	$14.38	$19.02
$5,000	**Non-tobacco**	**$1.25**	**$1.40**	**$4.20**	**$9.45**	**$11.25**	**$25.45**
	Tobacco	$1.50	$2.20	$6.95	$15.45	$28.75	$38.05
$7,500	**Non-tobacco**	**$1.88**	**$2.10**	**$6.30**	**$14.18**	**$16.88**	**$38.17**
	Tobacco	$2.25	$3.30	$10.43	$23.18	$43.13	$57.08
$10,000	**Non-tobacco**	**$2.50**	**$2.80**	**$8.40**	**$18.90**	**$22.50**	**$50.90**
	Tobacco	$3.00	$4.40	$13.90	$30.90	$57.50	$76.10
$12,500	**Non-tobacco**	**$3.13**	**$3.50**	**$10.50**	**$23.63**	**$28.13**	**$63.63**
	Tobacco	$3.75	$5.50	$17.38	$38.63	$71.88	$95.13
$15,000	**Non-tobacco**	**$3.75**	**$4.20**	**$12.60**	**$28.35**	**$33.75**	**$76.35**
	Tobacco	$4.50	$6.60	$20.85	$46.35	$86.25	$114.15

Option 2

Monthly Premiums Displayed
Election Cost Per Age Bracket

Benefit Amount	Issue Age	*< 30*	*30-39*	*40-49*	*50-59*	*60-69*	*70+*
Employee							
$5,000	**Non-tobacco**	**$3.20**	**$4.20**	**$9.10**	**$18.55**	**$22.00**	**$39.55**
	Tobacco	$3.70	$6.30	$14.85	$30.55	$36.30	$68.70
$10,000	**Non-tobacco**	**$6.40**	**$8.40**	**$18.20**	**$37.10**	**$44.00**	**$79.10**
	Tobacco	$7.40	$12.60	$29.70	$61.10	$72.60	$137.40

	Issue Age	*< 30*	*30-39*	*40-49*	*50-59*	*60-69*	*70+*
$15,000	**Non-tobacco**	**$9.60**	**$12.60**	**$27.30**	**$55.65**	**$66.00**	**$118.65**
	Tobacco	$11.10	$18.90	$44.55	$91.65	$108.90	$206.10
$20,000	**Non-tobacco**	**$12.80**	**$16.80**	**$36.40**	**$74.20**	**$88.00**	**$158.20**
	Tobacco	$14.80	$25.20	$59.40	$122.20	$145.20	$274.80
$25,000	**Non-tobacco**	**$16.00**	**$21.00**	**$45.50**	**$92.75**	**$110.00**	**$197.75**
	Tobacco	$18.50	$31.50	$74.25	$152.75	$181.50	$343.50
$30,000	**Non-tobacco**	**$19.20**	**$25.20**	**$54.60**	**$111.30**	**$132.00**	**$237.30**
	Tobacco	$22.20	$37.80	$89.10	$183.30	$217.80	$412.20
Benefit Amount Up To 50% of Employee Amount to a Maximum of $15,000							
Spouse							
$2,500	**Non-tobacco**	**$1.60**	**$2.10**	**$4.55**	**$9.28**	**$11.00**	**$19.77**
	Tobacco	$1.85	$3.15	$7.43	$15.28	$18.15	$34.35
$5,000	**Non-tobacco**	**$3.20**	**$4.20**	**$9.10**	**$18.55**	**$22.00**	**$39.55**
	Tobacco	$3.70	$6.30	$14.85	$30.55	$36.30	$68.70
$7,500	**Non-tobacco**	**$4.80**	**$6.30**	**$13.65**	**$27.83**	**$33.00**	**$59.33**
	Tobacco	$5.55	$9.45	$22.28	$45.83	$54.45	$103.05
$10,000	**Non-tobacco**	**$6.40**	**$8.40**	**$18.20**	**$37.10**	**$44.00**	**$79.10**
	Tobacco	$7.40	$12.60	$29.70	$61.10	$72.60	$137.40
$12,500	**Non-tobacco**	**$8.00**	**$10.50**	**$22.75**	**$46.38**	**$55.00**	**$98.88**
	Tobacco	$9.25	$15.75	$37.13	$76.38	$90.75	$171.75
$15,000	**Non-tobacco**	**$9.60**	**$12.60**	**$27.30**	**$55.65**	**$66.00**	**$118.65**
	Tobacco	$11.10	$18.90	$44.55	$91.65	$108.90	$206.10

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 6 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease: and (2) routine scheduled follow-up visits to a doctor. If one illness causes or contributes to another illness, we'll pay benefits for only one of these illnesses. We'll pay for the illness that has the larger benefit. If the benefit amounts for the illness are the same, we'll let you choose which one we pay.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or " medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..

If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..

Contract # CI – 23 - P

Guardian's Critical Illness Insurance is underwritten and issued 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. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.
Policy Form # GP-1-LAH-12R; CI – 23 - P

Voluntary Retirement Plans

First Financial Administrators, Inc. | www.ffga.com |
800-523-8422, option 2 | retirement@ffga.com

403(b) Retirement Plan

Research shows that Americans are living well past retirement years. Are you saving enough to be able to enjoy those years? A 403(b) plan can help you get there.

It's an IRS-approved retirement plan that allows you to set aside money on a pre-tax basis for your retirement. Contributions are conveniently made through payroll deduction, so money is moved from your paycheck into the account automatically. Plus, you employer may even match your contributions based on how much you put into the plan. Now is the time to take full advantage of this opportunity to maximize your retirement savings!

457(b) Retirement Plan

The 457(b) plan is an employer-sponsored voluntary retirement savings plan that allows you to save money for retirement on a tax-deferred or ROTH basis. One significant way the 457(b) differs from the 403(b) is that distributions are never subject to the 10 percent tax for early withdrawal.

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

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

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

403(b) Retirement Plans

First Financial Administrators, Inc. | www.ffga.com |
800-523-8422, option 2 | retirement@ffga.com

The 403(b) can be an excellent way to save money for retirement. It can serve as a supplement to a traditional pension plan or other retirement plan(s), or as a stand-alone plan. The 403(b) is a tax deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. The 403(b) is named after the section of the IRS code governing it.

How a 403(b) Works

Employees enroll and participate through their employer. Contributions to a 403(b) are made on a pre-tax basis through a Salary Reduction Agreement. This is an arrangement where the participating employee agrees to take a reduction in salary. The amount by which the salary is reduced is directed to investments offered through the employer and selected by the employee. These contributions are called elective deferrals and are excluded from the employee's taxable income. Contributions grow tax-deferred until the time of retirement when withdrawals are taxed as ordinary income.

Benefits

- Tax deferred growth: no annual taxation on earnings
- Investment options: fixed annuities, variable annuities, or mutual funds
- Competitive interest rates
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan.
- Receive periodic account statements

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

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

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

457(b) Retirement Plans

First Financial Administrators, Inc. | www.ffga.com |
800-523-8422, option 2 | retirement@ffga.com

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

Benefits

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

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

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

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

COBRA

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

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

COBRA Highlights

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

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

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!

My FFGA Benefits+

Manage your benefits anytime, anywhere.

All your benefits info in one place! My FFGA Benefits is your new benefits companion, right at your fingertips.

FIND OUR APP HERE

www.ffga.com/my-ffga-benefits

Ouachita Parish
GROUP ID: 88643

View Available Benefits & Enroll

Navigate to your Employee Benefits Center to enroll and access product brochures, videos, claim forms and carrier contact info.

FSA/HSA Login

Download the FF Mobile Account App and access your FSA/HSA administered through First Financial.

My Wallet

Save provider information, family and health details and carrier cards so that you can quickly access when needed.

Contact Us

Find contact information for your First Financial account manager and local branch office for additional support.

Ouachita Parish Benefits Office
1600 North 7th Street | West Monroe, LA 71291
318-432-5253 | 318-432-5220
www.opsb.net

Louisiana Branch Office:
Toll Free: 866-541-5096
Local: 985-893-5519
Fax: 985-893-7663
Email: covington@ffga.com

Contact Information

Tommy Negrete, Sr. Account Administrator
985-893-5519 | 866-541-5096

Austin Martin, Account Manager
985-893-5519 | 866-541-5096

Product	Carrier	Website	Phone
Flexible Spending Account	First Financial Administrators	www.ffga.com	866-853-3539
COBRA	First Financial Administrators	www.cobrapoint.benaissance.com	800-523-8422 x4
Retirement Plans	First Financial Administrators	www.ffga.com	800-523-8422 x2
Dental			
Vision	Ameritas	www.vsp.com	800-877-7195
Permanent Life Insurance	Texas Life Insurance	www.texaslife.com	800-283-9233
Disability Insurance	American Fidelity	www.americanfidelity.com	800-662-1113
Cancer Insurance	Guardian Life	www.guardianlife.com	888-600-1600
Critical Illness Insurance	Guardian Life	www.guardianlife.com	888-600-1600
Cancer / Critical Illness	Guardian Portability Retirement /Resignation	National_Conversions@glic.com	800-433-5982 Opt. 1, Ext. 5696 Opt. 2, Fax: 920-749-6219