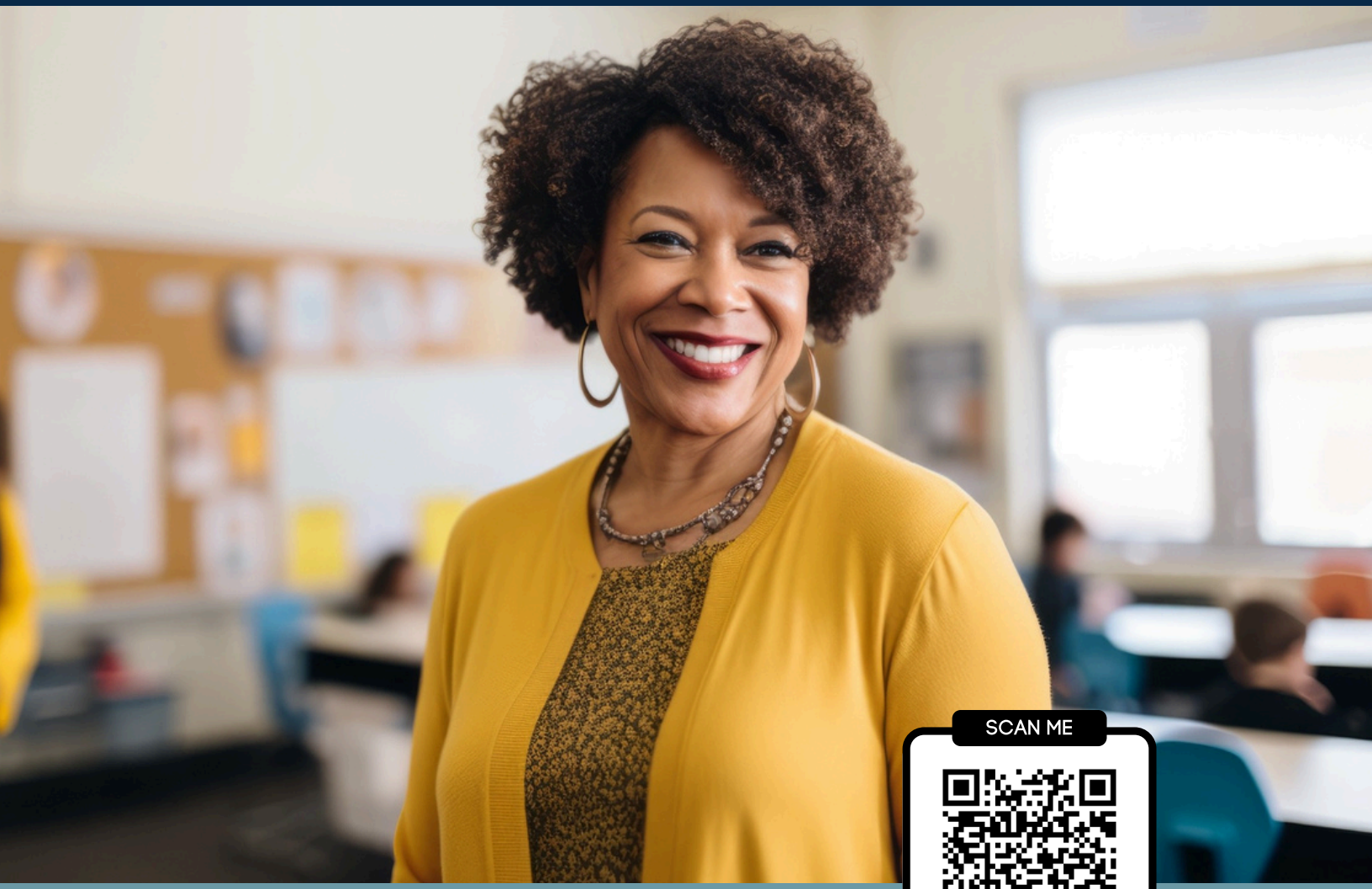
POLK COUNTY SCHOOLS
JANUARY 1 - DECEMBER 31, 2027

BENEFITS GUIDE



SCAN ME

Employee Benefits Center (EBC):
ffbenefits.ffga.com/polkcountyschools

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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!

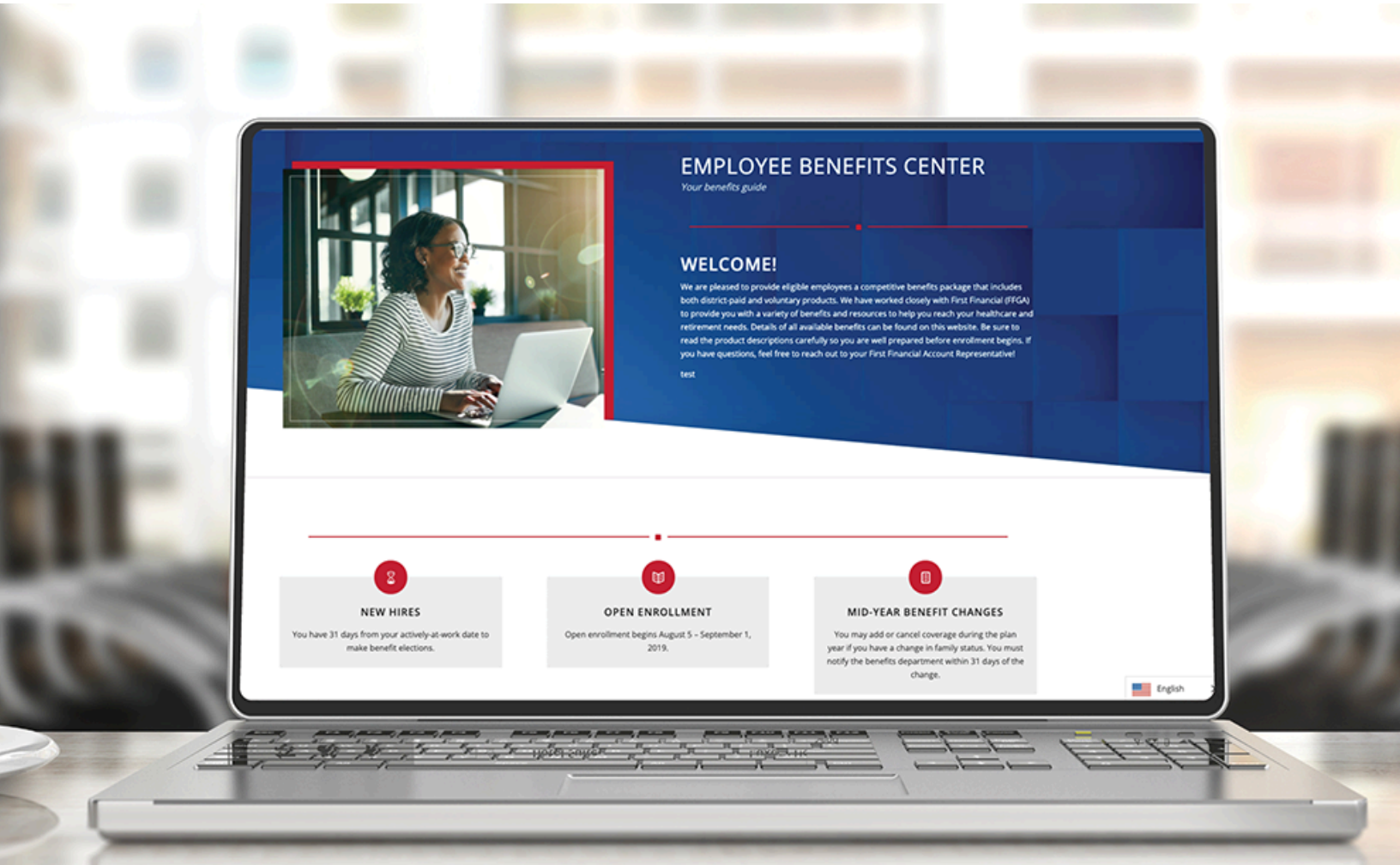
Polk County Schools and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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 or click the link below to learn more about the plans that are available this year!

ffbenefits.ffga.com/polkcountyschools



How to Enroll

Benefits Enrollment

On-Site Enrollment

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

What to Have Ready for Your Enrollment Meeting:

- Social Security number and birth dates for all dependents
- Any status/life event or address changes
- Questions about available benefits

Questions?

For questions about benefit plans, premiums or to speak with an FFGA representative, call (800) 924-3539.



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 31 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.
Click the link below to create a benefits enrollment appointment with your FFGA Representative.

ffgaperryspinelli.timetap.com

Existing Employees

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

Mid-year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

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

Here's How It Works

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

Is It Right For Me?

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

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

IRS specified changes in family status include:

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

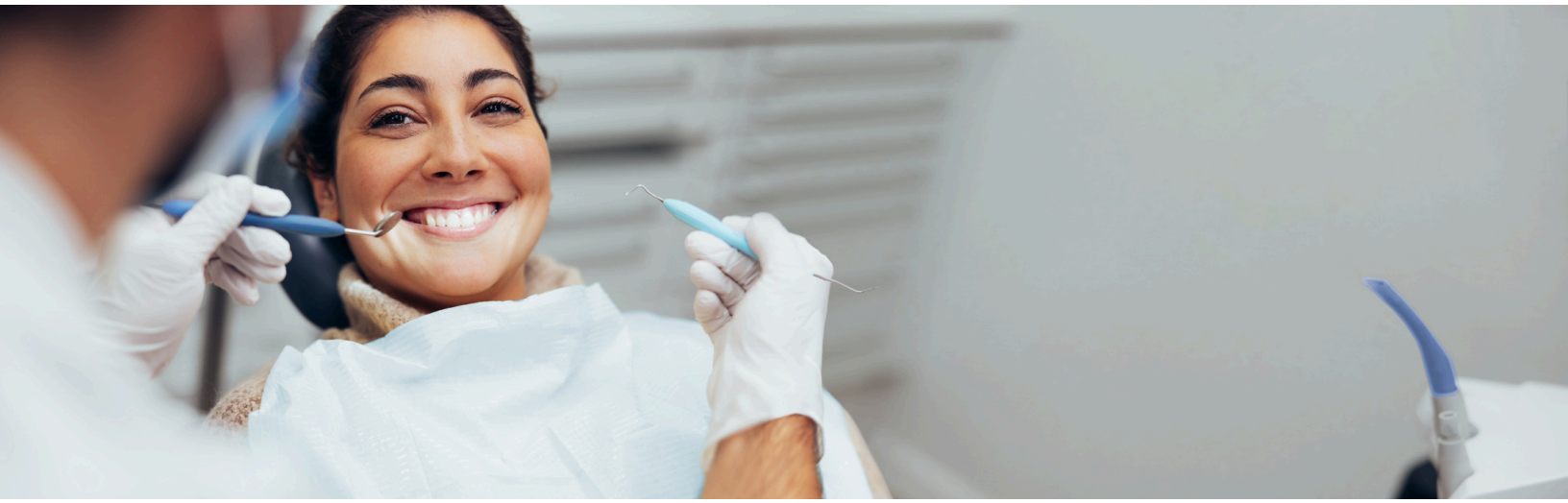
Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	$2,000	$2,000
Less Medical Deductions	-N/A	-$250
Tax Gross Income	$2,000	$1,750
Less Taxes (Fed/State at 20%)	-$400	-$350
Less Estimated FICA (7.65%)	-$153	-$133
Less Medical Deductions	-$250	-N/A
Take Home Pay	$1,197	$1,267

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

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

Dental Insurance

Plan Choices



MetLife | www.metlife.com/dental | 800-438-6388

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 Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Polk County Schools

Network: PDP Plus

	In-Network[1] % of Negotiated Fee[2]	Out-of-Network[1] 90 % of R&C Fee**
Coverage Type		
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (fillings, extractions, X-rays)	80%	80%
Type C: Major Restorative (extractions, bridges, dentures)	50%	50%
Type D: Orthodontia	50%	50%
Deductible†		
Individual	$50	$50
Family	$150	$150
Annual Maximum Benefit		
Per Person	$1,500	$1,500
Orthodontia Lifetime Maximum		
Per Person***	$1,500	$1,500

Child(ren)'s eligibility for dental coverage is from birth up to age 26, age 26 if a full-time student.

[1] "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.
[2]Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.
**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.
†Applies only to Type B & C Services.
*** Orthodontia excluded for adults. Available for dependent children up to age 19.

List of Primary Covered Services & Limitations*

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.
*If Dentally Necessary, You and Your Dependents may be eligible for additional dental treatment if diagnosed with one or more specified medical conditions. Please see the Description of Covered Services section of this Certificate for additional details.

Plan Type	How Many/How Often
Type A — Preventive	
Prophylaxis (cleanings)	One time in 6 months
Oral Examinations	One exam in 12 months
Topical Fluoride Applications	One time in 12 months for dependent children up to his/her 14th birthday
X-rays	Bitewings X-rays; one set in 12 months for adults; one set in 12 months for children
Sealants	One application of sealant material in 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday

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Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

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Type B — Basic Restorative	
Fillings	
Simple Extractions	
Full Mouth X-Rays	Once in 60 months
Type C — Major Restorative	
Crown, Denture and Bridge Repair/ Recementations	
Oral Surgery	
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday.
Implants	Replacement once every 60 months
Bridges and Dentures	• Initial placement to replace one or more natural teeth, which are lost while covered by the plan • Dentures and bridgework replacement; one in 84 months • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	Replacement once per tooth in 84 months
Endodontics	Root canal treatment limited to once per tooth per lifetime
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	• Periodontal scaling and root planing once per quadrant, every 24 months • Periodontal surgery once per quadrant, every 36 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year
Type D — Orthodontia	
	• Your children, up to age 19, are covered while Dental insurance is in effect. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia • Payments are on a repetitive basis • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary • Orthodontic benefits end at cancellation of coverage

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

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Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

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Exclusions

This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

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Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Polk County Schools

Limitations

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your participation ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

This dental benefits plan is made available through a self-funded arrangement. MetLife administers this dental benefits plan, but does not provide insurance to fund benefits.

Group dental plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY 10166.

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. You may be financially responsible for copayments, deductibles, or any other amounts in excess of those MetLife is required to pay for covered services as described in your dental certificate and/or policy. Ask your MetLife representative for costs and complete details.

Questions & Answers

Q. Who is a participating dentist?

A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.†

Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-942-0854 to have a list faxed or mailed to you.

Q. What services are covered under this plan?

A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern. Please review the enclosed plan benefits to learn more.

Q. May I choose a non-participating dentist?

A. Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.

Q. Can my dentist apply for participation in the network?

A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.†† The website and phone number are for use by dental professionals only.

Q. How are claims processed?

A. Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854.

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Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Polk County Schools

Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of $300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

A. Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.** Please remember to hold on to all receipts to submit a dental claim.

Q. How does MetLife coordinate benefits with other insurance plans?

A. Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

Q. Do I need an ID card?

A. No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

Monthly Cost

The following monthly costs are effective through Date. Your premium will be paid through convenient payroll deduction. The monthly costs shown below for "Employee + Spouse + Child(ren)" and "Employee + Family" include the cost for all eligible children.

Employee Only	$37.91	Employee + Spouse + Child(ren)	$106.86
Employee + One	$74.74	Employee + Family	$144.81

†Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

Savings from enrolling in a dental benefits plan featuring the MetLife Preferred Dentist Program will depend on various factors, including the cost of the plan, how often participants visit a dentist, and the cost of services rendered.

††Due to contractual requirements, MetLife is prevented from soliciting certain providers.

*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.

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Vision Insurance

Community Eye Care (CEC) | www.cecvision.com | 888.254.4290

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



CEC™
community eye care

Vision Benefits Summary

Polk County Schools

Underwritten by VSP and administered by CEC Community Eye Care.



Tailored for your vision. Suited for your style.

Vision care is essential, and CEC is dedicated to providing you with the benefits you need to keep your vision crystal-clear. All members enrolled in the CEC vision plan can take advantage of our simple and flexible benefits, where you'll receive an eye exam, a flexible eyewear allowance, and a contact lens fitting each plan year.

Flexible Eyewear Allowance

You can purchase exactly what you want—frames, lenses, contact lenses, sunglasses, special lens options, and any combination of these items. Whether you choose to shop in-network or out-of-network, if the eyewear you want is sold in an optical shop, it's covered!

Don't Need Prescription Eyewear?

Your CEC vision plan covers non-prescription eyewear, including sunglasses, safety glasses, blue-light-blocking glasses, and readers. If you don't need prescription lenses, this is a great way to use your annual eyewear allowance!

Member Portal

Our Member Portal gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card, and more! Log in at **cecvision.com/members/login.**

Member Exclusive Offers

Members have access to a variety of special offers for additional savings on eyewear, contact lenses, LASIK, hearing aids, and more. To view all offers, visit **cecvision.com/members/special-offers.**

Vision Care is Important

Even with perfect vision, your annual eye exam is critical to your overall health and wellness. Signs of diseases, including glaucoma, diabetes, cardiovascular disease, and cancer, can be detected during an eye exam.*

Expansive Provider Network

CEC's network includes optometrists, ophthalmologists, and national retail optical chains, ensuring you can easily find a provider that meets your needs. Visit **cecvision.com/search** to find an in-network provider near you.

WARBY PARKER

Everything You Need for Happier Eyes

From glasses to contacts to eye exams, Warby Parker is here for your everyday vision care. Whether you shop online or in stores, there's a range of ways you can treat your eyes and use your CEC vision benefits. Get started at **warbyparker.com/insurance.**

*Source: American Academy of Ophthalmology (https://www.aao.org)

Your CEC Vision Benefits Summary

Group Name: **Polk County Schools**

Frequency: **All benefits renew every 12 months**

120 PLAN

BENEFIT	COVERAGE WITH A CEC NETWORK PROVIDER	COPAY	OUT-OF-NETWORK REIMBURSEMENT
Eye Exam	A comprehensive routine eye exam.	**$10**	100% minus the copay
Retinal Screening	An enhancement to the eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	**$39**	n/a
Eyewear	An annual **$120 flexible allowance** for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	**$25**	Up to 100% minus the copay
Contact Lens Fitting	A contact lens evaluation and fitting.	**$25**	100% minus the copay

155 PLAN

BENEFIT	COVERAGE WITH A CEC NETWORK PROVIDER	COPAY	OUT-OF-NETWORK REIMBURSEMENT
Eye Exam	A comprehensive routine eye exam.	**$10**	100% minus the copay
Retinal Screening	An enhancement to the eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	**$39**	n/a
Eyewear	An annual **$155 flexible allowance** for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	**$25**	Up to 100% minus the copay
Contact Lens Fitting	A contact lens evaluation and fitting.	**$25**	100% minus the copay

200 PLAN

BENEFIT	COVERAGE WITH A CEC NETWORK PROVIDER	COPAY	OUT-OF-NETWORK REIMBURSEMENT
Eye Exam	A comprehensive routine eye exam.	**$10**	100% minus the copay
Retinal Screening	An enhancement to the eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	**$39**	n/a
Eyewear	An annual **$200 flexible allowance** for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	**$25**	Up to 100% minus the copay
Contact Lens Fitting	A contact lens evaluation and fitting.	**$25**	100% minus the copay

ADDITIONAL SAVINGS

Additional Pairs of Glasses
Members receive a 20% savings on additional pairs of prescription and non-prescription glasses from most CEC in-network providers within 12 months of their last eye exam.

LASIK Discounts
Enjoy discounts up to 35% with participating providers, including QualSight LASIK, TLC Laser Eye Center, LasikPlus, and the LASIK Vision Institute.

Special Offers
A variety of special offers are available to CEC members, including savings on health, wellness, travel, entertainment, hearing aids with TruHearing®, and more. To view all offers, visit cecvision.com/members/special-offers.

MONTHLY RATES

	120 PLAN		155 PLAN		200 PLAN	
	10-Month	**12-Month**	**10-Month**	**12-Month**	**10-Month**	**12-Month**
Employee Only	**$7.03**	**$5.68**	**$10.78**	**$8.98**	**$14.74**	**$12.28**
Employee + One	**$13.63**	**$11.36**	**$20.47**	**$17.06**	**$28.00**	**$23.33**
Employee + Family	**$20.39**	**$16.99**	**$31.25**	**$26.04**	**$42.73**	**$35.61**

Experience Peace of Mind with Our *20/20 Member Guarantee*- The CEC 20/20 Member Guarantee ensures your complete satisfaction with services received from a CEC network provider. If you aren't happy with the services or products received when using your benefit, contact our Customer Service Department for assistance.

Benefits may vary by location.

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Warby Parker is a registered trademark of Warby Parker Inc.
All other brands or marks are the property of their respective owners.
Classification: Restricted

Questions about your benefits?

Visit us online at **cecvision.com** or call **888-254-4290**.

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 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

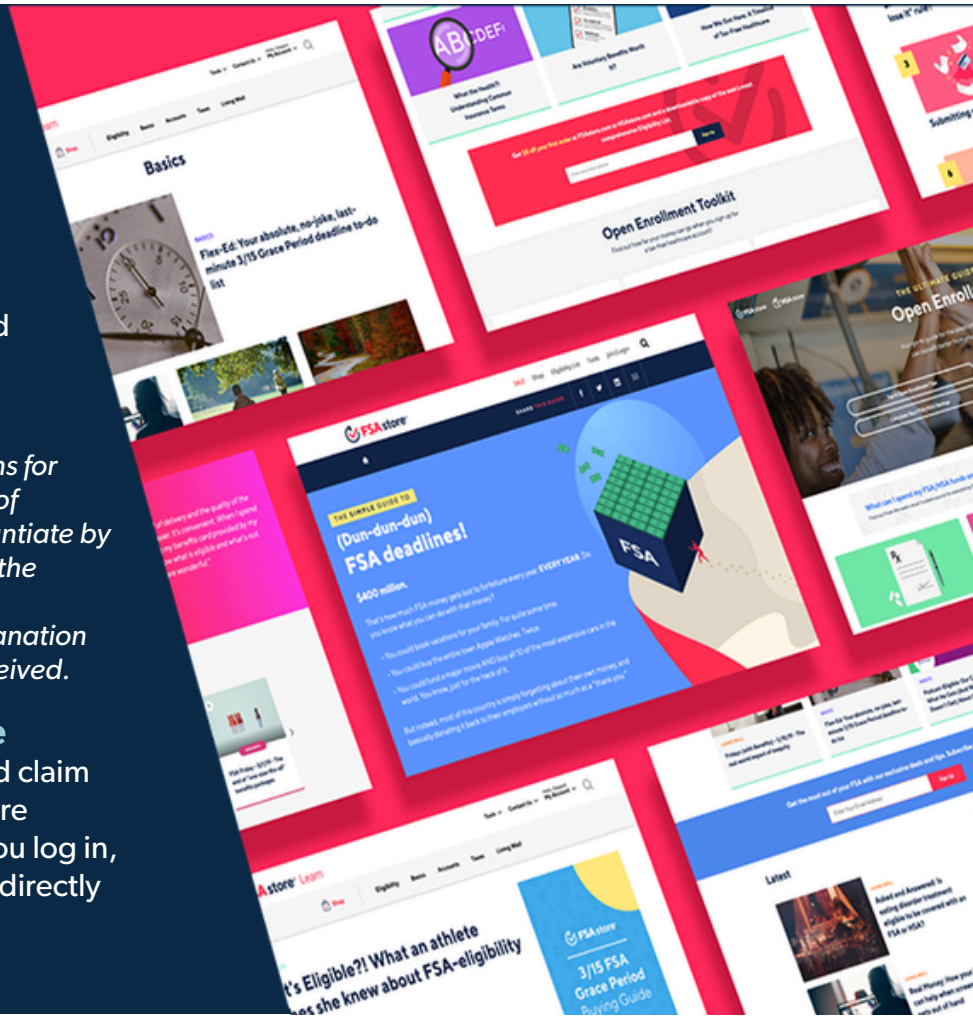
Benefits Card

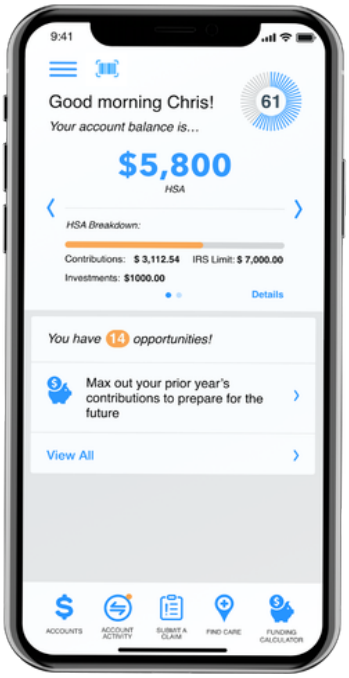
The FFGA Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at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

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.

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.



WOW!

LIFE INSURANCE YOU CAN KEEP!

LIFE INSURANCE HIGHLIGHTS

For the employee

PURELIFE-PLUS

- You can take it with you when you change jobs or retire, as long as premiums are paid
- You pay for it through convenient payroll deductions: No checks to write or links to click
- You can qualify by answering just 3 questions - no exam or needles (see inside for more details)
- You can cover your spouse, children and grandchildren, too[1]
- You can get a living benefit if you become terminally ill[2]
- You can get cash to cover living expenses if you become chronically ill[3]

FFGA Benefit Solutions Simplified

TEXASLIFE INSURANCE COMPANY

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

1 Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
2 Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07
3 Chronic Illness Rider included in the life contract for employees and their spouses at an additional cost. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

23M023-C FFGA R0424 1021 (exp0425)
Not for use in CA.

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



LIFE INSURANCE HIGHLIGHTS

For the employee

PURELIFE-PLUS

Voluntary permanent life insurance can be an ideal complement to the group term and optional term life insurance your employer might provide. This voluntary permanent universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term life insurance may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

The contract, PURELIFE-PLUS, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** Written on a minimal cash-value Universal Life frame, PURELIFE-PLUS features one of the highest death benefits per payroll-deducted dollar offered at the worksite.[1]
- **Refund of Premium.** Unique in the workplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a $150 ($100 in Florida) administrative fee. Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)*
- **Accelerated Death Benefit for Chronic Illness Rider.** Included on employee and spouse contracts at an additional cost, this rider will be triggered by the loss of two out of six Activities of Daily Living[2] or severe cognitive impairment for a period of 90 days. It pays the insured up to 92% of the death benefit minus a small administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility. *(Conditions apply.) (Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15)*

FFGA Benefit Solutions Simplified

TEXASLIFE INSURANCE COMPANY

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

23M012-C FFGA R0523 1010 (exp0325)
Not for use in CA.

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

Additional Features



- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-PLUS helps provide peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).

- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).[3]

You may apply for this permanent coverage, not only for yourself, but also for your spouse, children and grandchildren.[4]

3 QUICK QUESTIONS

You can qualify by answering just 3 questions[5] – no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

Important Note: Texas Life does not offer legal or financial advice. Contact an attorney and a financial advisor in your state for legal and financial information on wills, estates and trusts.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the Purelife-plus brochure for costs and complete details. Contract Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18.

[1] Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, March 2022

[2] Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; 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.

[3] As long as you pay the necessary premium. Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength. 45 years average for all ages based on our actuarial review.

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

[5] Issuance of coverage will depend on the answer to these questions.

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

TEXASLIFE INSURANCE COMPANY

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

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

Non-Tobacco

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

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

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

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

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

Indicates Spouse Coverage Available

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

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

TEXASLIFE INSURANCE COMPANY

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

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

Tobacco

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

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

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

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

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

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

Indicates Spouse Coverage Available

Term Life
Employer Voluntary

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

Voluntary Term Life Insurance

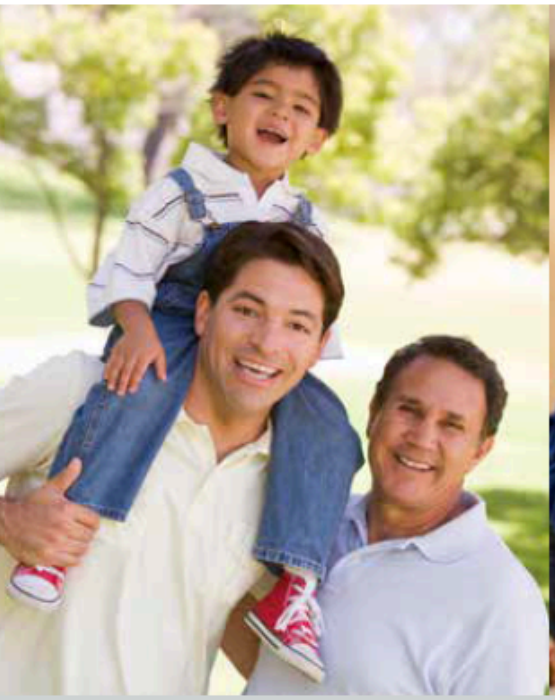
Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and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



Term Life Insurance

Underwritten by: American Fidelity Assurance Company

10, 20 & 30 Year Renewable and Convertible Term Life Insurance







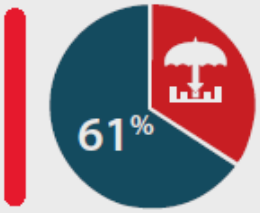
Easy Application Process · No Medical Exams · Excellent Customer Service · Learn More » »

FFGA
Benefit Solutions Simplified

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

Strengthen Your Family's Financial Plan

Life insurance is an essential piece of a robust financial plan. While there is no replacement for losing a loved one, **Term Life Insurance** can help protect your family in your absence. It supplies short-term coverage at a competitive price. Term Life Insurance can help fill temporary needs for those on a limited budget.



61% of adults in the United States have no individual life insurance.[1]

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

A term life policy can help supplement your existing coverage. Plus, you own this policy, meaning you can take it to a different job or retirement.



More than **100 million** individuals in the United States don't have sufficient coverage to provide their families with financial security in case of a tragedy.[2]

Why You Need Life Insurance

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

Final Expenses
Funeral Costs • Unpaid Medical Bills

Income Replacement
Mortgage/Rent • Other Loans

Nest Egg
Estate Planning • Retirement Goals

[1]LIMRA: Study Finds COVID-19 Spurs Greater Interest in Life Insurance; March 23, 2021; [2]According to the 2023 Insurance Barometer Study by LIMRA and Life Happens LIMRA: 2023 Insurance Barometer Study; May 5, 2023; P7.

Term Life Insurance is a great option for your working and earning years when costs are usually at their highest.

Premiums will remain the same for the initial term period selected.[3] The death benefit will not change for the life of the policy, and death benefits are generally paid tax free.

Three Easy Steps to Get Covered

1 Select a Term Period
Choose from a 10, 20, or 30 year term.

2 Answer Three Health Questions[4]
Only three health questions are required to issue coverage. You do not have to take part in any invasive medical exams.

3 Get Death Benefit Coverage Immediately[5]
Your death benefit coverage starts when you sign the application.

[3]Rates will be adjusted on each renewed term period. [4]Issuance of the policy may depend on the answer to these questions. [5]Interim coverage for death will be in force from the date your application is signed if, on such date, the proposed insured is insurable per our underwriting guidelines for the requested coverage per the terms of the policy. This interim coverage for death will remain in force until the earlier of 1) the date a policy becomes effective, 2) the date we decline the application, or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy, Children's Term Rider and Spouse Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, or Accelerated Benefit Rider for Long Term Illness. [6]Example is based on a 20-year term, 10-Pay Rated premium, non-tobacco, base policy with no attached riders. See your American Fidelity account manager for specific ages, rates, term periods or face amounts. [7]Premiums remain level for the initial term period selected. If you choose the 10 or 20-Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60, respectively. Thereafter, premiums are renewable annually. The 30-Year Term Life Plan is renewable annually after the initial term period. All term plans expire on the policy anniversary following age 90. Rates will be adjusted on each renewed term period. ***In the states of AK, AR, CO, IA, KS, MN, MO, ND, NH, OR, PA, RI, SC, TN and WI, the minimum issue age for younger employees is 18. **In the states of MO and PA, the minimum issue age for younger spouses is 18.***

EMPLOYEE ISSUE AGES

10 Year Term: 17*-65
20 Year Term: 17-60
30 Year Term: 17-50

EMPLOYEE ISSUE MAXIMUM

Ages 17*-49: $300,000
Ages 50-65: $100,000

GUARANTEED LEVEL DEATH BENEFIT

Receive the full face amount of your policy provided no accelerated benefits are paid.

SPOUSE ISSUE AGES AND MAXIMUMS

Ages 17**-49: $50,000
Ages 50-60: $25,000

RATES BASED ON ISSUE AGE AND TOBACCO STATUS

Premiums will be based on your age on the date your policy becomes effective. You may be eligible for reduced rates if you are a non-tobacco user.

RENEWABLE AND CONVERTIBLE[7]

Renew your coverage to age 90. You may convert to a whole life policy before age 70.

Enhance Your Plan

Waiver of Premium Rider

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

Accidental Death and Dismemberment Rider

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

Spouse Term Rider

This rider provides Term Life Insurance coverage for your spouse. The premiums for this rider are based on the spouse's age and tobacco usage. Coverage may be renewed for each additional renewal period up to the spouse's age of 90 while the base policy is active. Premiums are guaranteed to remain the same during the initial term period. [7]Premiums adjust upon renewal. The face amount must be equal to or less than the base policy.

Children's Term Rider

This rider provides Term Life Insurance protection for all eligible children between the ages of one month through 19 (in MI and PA, age 17; MA and WA, age 14). Three benefit levels are available: $10,000, $20,000, and $30,000 ($15,000 in WA). Coverage remains on each child until age 26 or the child's marriage before age 26. Your covered child may also convert this rider for up to five times the amount of coverage (subject to a $100,000 limit) to any form of permanent insurance offered by American Fidelity. One premium covers all eligible children.

Accelerated Benefit Rider for Long Term Illness

(Available with 30-Year Term Life Only)

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

SAMPLE 20-YEAR TERM NON-TOBACCO 10-PAY PREMIUM RATES[6]

	$25K+	$50K+	$75K	$100K	$150K	$300K
25	$7.80	$10.80	$15.00	$19.20	$24.00	$45.60
35	$9.00	$13.80	$19.50	$25.20	$33.00	$63.60
45	$14.10	$24.60	$35.70	$46.80	$67.20	$132.00
55	$30.30	$46.20	$68.10	$90.00	n/a	n/a

+Shaded amounts available for spouse base policy purchases.

Premium and amount of benefits vary dependent upon level selected at time of application.

Social Security numbers are required at the time of application for spouses and dependents.

Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability may vary by state.

Third Party Notice: The owner has the right to designate a third party to receive notice of lapse or termination of an individual life insurance policy due to nonpayment of premium. Such notice will be sent to the policy owner and the third party at least 30 calendar days before cancellation. This designation may be done at this time, or at any time the policy is in force. Please contact us to request a form to designate, change or update this information at a later date. M3437.R118

Accelerated Benefit Summary and Disclosure Notice

THIS DOCUMENT SERVES ONLY AS A SUMMARY AND A DISCLOSURE NOTICE. PLEASE REFER TO YOUR POLICY OR RIDER FOR ACTUAL CONTRACT PROVISIONS.

THE POLICY/RIDER PROVIDES AN ACCELERATED BENEFIT OPTION. YOU SHOULD CONSULT WITH A PERSONAL TAX ADVISOR IF YOU ARE CONSIDERING ELECTING PAYMENT UNDER AN ACCELERATED BENEFIT PROVISION. BENEFITS AS SPECIFIED IN THE POLICY/RIDER WILL BE REDUCED UPON RECEIPT OF AN ACCELERATED BENEFIT PAYMENT. RECEIPT OF ACCELERATED BENEFIT PAYMENTS: 1) MAY BE TAXABLE; 2) MAY AFFECT YOUR ELIGIBILITY FOR BENEFITS UNDER STATE OR FEDERAL LAW; AND, 3) DO NOT AND ARE NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.

The policy and/or rider you are applying for has an Accelerated Benefit provision. The provision allows a portion of the death benefits to be advanced if certain conditions are met. Please see policy/rider for conditions and definitions, as applicable.

Prior to the payment of any Accelerated Benefit, the following conditions must be met:

- The maximums vary by policy/rider (see specific information below) and shall not exceed the Benefit Amount for the policy shown on the Policy Schedule.
- Only one Accelerated Benefit election will be made under the policy and/or each rider even if the Owner does not elect the full acceleration amount.
- If two or more Accelerated Benefits are payable on behalf of the Insured/Covered Person under the policy or any attached riders for the same or related sickness, injury or loss, benefits will be paid in the following order:
  1) Accelerated Benefit for Long Term Illness, if this optional rider is attached to the policy; and
  2) Accelerated Benefit for Terminal Condition.
- Additional limitations and exclusions may apply, please read your policy/rider carefully.

Upon request to accelerate the policy/rider proceeds, and upon the payment of the accelerated benefit, the Owner and any irrevocable beneficiary shall be given a statement demonstrating the effect of the acceleration on the payment of policy proceeds, cash value, death benefit, premium, and policy loans, as applicable.

Accelerated Benefit for Terminal Condition

Prior to the payment of any Accelerated Benefit, the Insured/Covered Person must have a Terminal Condition, defined as an imminent death expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of the Insured/Covered Person of 12 months or less. The maximum payable is the lesser of: 50% of the eligible proceeds as defined in the policy/rider, or $100,000. There is no premium associated with this provision.

Payment of an Accelerated Benefit, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the policy/rider will remain in force. Any premiums due to keep the policy/rider in force will be paid by us, and will be deducted from the policy proceeds upon death, unless you are currently exercising the Automatic Premium Loan option. If you are currently exercising the Automatic Premium Loan option, any premiums will continue to be paid under this option, until such time as this option is exhausted or discontinued.
- Policy proceeds which are payable on the death of the Insured/Covered Person will be reduced by the amount of the Accelerated Benefit, any outstanding policy loans, and any premiums paid by us on your behalf.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. Access to the policy cash value may be restricted to the excess of the cash value over the sum of the amount accelerated and any premiums paid by us and any other outstanding policy loans.
- Any outstanding loan, including interest will not be deducted from the Accelerated Benefit payment.
- **This Accelerated Benefit will be treated as a lien against the death benefit and applied at time of death.**

Accelerated Benefit for Long Term Illness (optional rider)

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

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

- Upon payment of the Accelerated Benefit, the rider will terminate and no additional benefits will be due under the rider, even for recurrence. The policy will remain in force and premiums will continue to be billed and payable as due.
- Policy proceeds which are payable on the death of the Insured will be reduced by the amount of the Accelerated Benefit.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. The cash values will be adjusted proportionally by the percent accelerated.
- Any outstanding policy loan, including interest, will be proportionally reduced by the percent accelerated and will be deducted from the Accelerated Benefit payment.
- **The Accelerated Benefit will reduce the Benefit Amount and will be applied immediately upon acceleration. ICC18 DN111**

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

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

Underwritten and administered by:

AMERICAN FIDELITY
a different opinion

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

For Use In: AZ, LA, NM, NC, VA

051-536, 051-537, 051-546, 051-547, 051-556, 051-557

AF-2726(10-Pay Rates)-1125

TERM LIFE INSURANCE
Renewable and Convertible

Marketed by:

FFGA Benefit Solutions Simplified

Underwritten by American Fidelity Assurance Company

10 YEAR RATES *Tobacco Users Rates*

Spouse Coverage Available[1]

DEATH BENEFIT
Monthly Premium Including Policy Fee

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

This insert must be used in conjunction with AF-2726 and any state specific deviations thereof. *Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For additional details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125.* [1]*Maximum face amount available is $50,000.*

TERM LIFE INSURANCE
Renewable and Convertible

RIDER RATES (Monthly Premium)

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

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

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

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

10 YEAR RATES *Non-Tobacco Users Rates*

Spouse Coverage Available[1]

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

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TERM LIFE INSURANCE
Renewable and Convertible

Marketed by: FFGA Benefit Solutions Simplified

Underwritten by American Fidelity Assurance Company

Spouse Coverage Available[1]

20 YEAR RATES *Tobacco Users Rates*

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

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TERM LIFE INSURANCE
Renewable and Convertible

RIDER RATES (Monthly Premium)

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

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

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

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

20 YEAR RATES *Non-Tobacco Users Rates*

Spouse Coverage Available[1]

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

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TERM LIFE INSURANCE
Renewable and Convertible

Marketed by:

FFGA
Benefit Solutions Simplified

Underwritten by American Fidelity Assurance Company

30 YEAR RATES *Non-Tobacco Users Rates*

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

Spouse Coverage Available[1]

This insert must be used in conjunction with AF-2726 and any state specific deviations thereof. *Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. [1]Maximum face amount available is $50,000.*

TERM LIFE INSURANCE
Renewable and Convertible

RIDER RATES (Monthly Premium)

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

30 YEAR RATES *Tobacco Users Rates*

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

Spouse Coverage Available[1]

This insert must be used in conjunction with AF-2726 and any state specific deviations thereof. *Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. [1] Maximum face amount available is $50,000.*

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

North Carolina Educators

Marketed by:

FFGI Benefit Solutions Simplified

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

How would you cover your everyday expenses if you experienced an Injury or Sickness and couldn't work for a period of time? AF™ **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.

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 1st/8th day
Plan II	On the 15th day
Plan III	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. Sickness includes pregnancy and any complications of pregnancy, including but not limited to an emergency non-elective cesarean section. 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 60% of your monthly compensation.

			Monthly Premiums		
Monthly Salary	Monthly Disability Benefit	Accidental Death & Dismemberment Benefit	Plan I (1st/8th)	Plan II (15th)	Plan III (31st)
$334.00 - $499.99	$200.00	$25,000.00	$6.68	$5.52	$4.04
$500.00 - $666.99	$300.00	$25,000.00	$10.02	$8.28	$6.06
$667.00 - $833.99	$400.00	$25,000.00	$13.36	$11.04	$8.08
$834.00 - $999.99	$500.00	$25,000.00	$16.70	$13.80	$10.10
$1,000.00 - $1,166.99	$600.00	$25,000.00	$20.04	$16.56	$12.12
$1,167.00 - $1,333.99	$700.00	$25,000.00	$23.38	$19.32	$14.14
$1,334.00 - $1,499.99	$800.00	$25,000.00	$26.72	$22.08	$16.16
$1,500.00 - $1,666.99	$900.00	$25,000.00	$30.06	$24.84	$18.18
$1,667.00 - $1,833.99	$1,000.00	$25,000.00	$33.40	$27.60	$20.20
$1,834.00 - $1,999.99	$1,100.00	$25,000.00	$36.74	$30.36	$22.22
$2,000.00 - $2,166.99	$1,200.00	$25,000.00	$40.08	$33.12	$24.24
$2,167.00 - $2,333.99	$1,300.00	$25,000.00	$43.42	$35.88	$26.26
$2,334.00 - $2,499.99	$1,400.00	$25,000.00	$46.76	$38.64	$28.28
$2,500.00 - $2,666.99	$1,500.00	$25,000.00	$50.10	$41.40	$30.30
$2,667.00 - $2,833.99	$1,600.00	$25,000.00	$53.44	$44.16	$32.32
$2,834.00 - $2,999.99	$1,700.00	$25,000.00	$56.78	$46.92	$34.34
$3,000.00 - $3,166.99	$1,800.00	$25,000.00	$60.12	$49.68	$36.36
$3,167.00 - $3,333.99	$1,900.00	$25,000.00	$63.46	$52.44	$38.38
$3,334.00 - $3,499.99	$2,000.00	$25,000.00	$66.80	$55.20	$40.40
$3,500.00 - $3,666.99	$2,100.00	$25,000.00	$70.14	$57.96	$42.42
$3,667.00 - $3,833.99	$2,200.00	$25,000.00	$73.48	$60.72	$44.44
$3,834.00 - $3,999.99	$2,300.00	$25,000.00	$76.82	$63.48	$46.46
$4,000.00 - $4,166.99	$2,400.00	$25,000.00	$80.16	$66.24	$48.48
$4,167.00 - $4,333.99	$2,500.00	$25,000.00	$83.50	$69.00	$50.50
$4,334.00 - $4,499.99	$2,600.00	$25,000.00	$86.84	$71.76	$52.52
$4,500.00 - $4,666.99	$2,700.00	$25,000.00	$90.18	$74.52	$54.54
$4,667.00 - $4,833.99	$2,800.00	$25,000.00	$93.52	$77.28	$56.56
$4,834.00 - $4,999.99	$2,900.00	$25,000.00	$96.86	$80.04	$58.58
$5,000.00 - $5,166.99	$3,000.00	$25,000.00	$100.20	$82.80	$60.60
$5,167.00 - $5,333.99	$3,100.00	$25,000.00	$103.54	$85.56	$62.62
$5,334.00 - $5,499.99	$3,200.00	$25,000.00	$106.88	$88.32	$64.64
$5,500.00 - $5,666.99	$3,300.00	$25,000.00	$110.22	$91.08	$66.66
$5,667.00 - $5,833.99	$3,400.00	$25,000.00	$113.56	$93.84	$68.68
$5,834.00 - $5,999.99	$3,500.00	$25,000.00	$116.90	$96.60	$70.70
$6,000.00 - $6,166.99	$3,600.00	$25,000.00	$120.24	$99.36	$72.72
$6,167.00 - $6,333.99	$3,700.00	$25,000.00	$123.58	$102.12	$74.74
$6,334.00 - $6,499.99	$3,800.00	$25,000.00	$126.92	$104.88	$76.76

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Accidental Death & Dismemberment Benefit	Monthly Premiums		
			Plan I (1st/8th)	Plan II (15th)	Plan III (31st)
$6,500.00 - $6,666.99	$3,900.00	$25,000.00	$130.26	$107.64	$78.78
$6,667.00 - $6,833.99	$4,000.00	$25,000.00	$133.60	$110.40	$80.80
$6,834.00 - $6,999.99	$4,100.00	$25,000.00	$136.94	$113.16	$82.82
$7,000.00 - $7,166.99	$4,200.00	$25,000.00	$140.28	$115.92	$84.84
$7,167.00 - $7,333.99	$4,300.00	$25,000.00	$143.62	$118.68	$86.86
$7,334.00 - $7,499.99	$4,400.00	$25,000.00	$146.96	$121.44	$88.88
$7,500.00 - $7,666.99	$4,500.00	$25,000.00	$150.30	$124.20	$90.90
$7,667.00 - $7,833.99	$4,600.00	$25,000.00	$153.64	$126.96	$92.92
$7,834.00 - $7,999.99	$4,700.00	$25,000.00	$156.98	$129.72	$94.94
$8,000.00 - $8,166.99	$4,800.00	$25,000.00	$160.32	$132.48	$96.96
$8,167.00 - $8,333.99	$4,900.00	$25,000.00	$163.66	$135.24	$98.98
$8,334.00 - $8,499.99	$5,000.00	$25,000.00	$167.00	$138.00	$101.00
$8,500.00 - $8,666.99	$5,100.00	$25,000.00	$170.34	$140.76	$103.02
$8,667.00 - $8,833.99	$5,200.00	$25,000.00	$173.68	$143.52	$105.04
$8,834.00 - $8,999.99	$5,300.00	$25,000.00	$177.02	$146.28	$107.06
$9,000.00 - $9,166.99	$5,400.00	$25,000.00	$180.36	$149.04	$109.08
$9,167.00 - $9,333.99	$5,500.00	$25,000.00	$183.70	$151.80	$111.10
$9,334.00 - $9,499.99	$5,600.00	$25,000.00	$187.04	$154.56	$113.12
$9,500.00 - $9,666.99	$5,700.00	$25,000.00	$190.38	$157.32	$115.14
$9,667.00 - $9,833.99	$5,800.00	$25,000.00	$193.72	$160.08	$117.16
$9,834.00 - $9,999.99	$5,900.00	$25,000.00	$197.06	$162.84	$119.18
$10,000.00 - $10,166.99	$6,000.00	$25,000.00	$200.40	$165.60	$121.20
$10,167.00 - $10,332.99	$6,100.00	$25,000.00	$203.74	$168.36	$123.22
$10,333.00 - $10,499.99	$6,200.00	$25,000.00	$207.08	$171.12	$125.24
$10,500.00 - $10,666.99	$6,300.00	$25,000.00	$210.42	$173.88	$127.26
$10,667.00 - $10,832.99	$6,400.00	$25,000.00	$213.76	$176.64	$129.28
$10,833.00 - $10,999.99	$6,500.00	$25,000.00	$217.10	$179.40	$131.30
$11,000.00 - $11,166.99	$6,600.00	$25,000.00	$220.44	$182.16	$133.32
$11,167.00 - $11,332.99	$6,700.00	$25,000.00	$223.78	$184.92	$135.34
$11,333.00 - $11,499.99	$6,800.00	$25,000.00	$227.12	$187.68	$137.36
$11,500.00 - $11,666.99	$6,900.00	$25,000.00	$230.46	$190.44	$139.38
$11,667.00 - $11,832.99	$7,000.00	$25,000.00	$233.80	$193.20	$141.40
$11,833.00 - $11,999.99	$7,100.00	$25,000.00	$237.14	$195.96	$143.42
$12,000.00 - $12,166.99	$7,200.00	$25,000.00	$240.48	$198.72	$145.44
$12,167.00 - $12,332.99	$7,300.00	$25,000.00	$243.82	$201.48	$147.46
$12,333.00 - $12,499.99	$7,400.00	$25,000.00	$247.16	$204.24	$149.48
$12,500.00 - And Over	$7,500.00	$25,000.00	$250.50	$207.00	$151.50

Plan Benefit Highlights

Maximum Benefit Period

Benefits are payable up to 14 months for a covered Injury or Sickness begins.

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 - $250.00 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. This benefit will be limited to 6 payments per calendar year.

Accidental Death and Dismemberment Benefit

A lump sum of $25,000 will be paid if you die as the direct result of an Injury within 90 days after the Injury. If you lose one or more members which include hands, feet, and eyes you will receive a percentage of the benefit amount.

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Workers' Compensation law, occupational disease law or any similar act or law.

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 50% of the Monthly Disability Benefit or $100.00, whichever is greater.



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

For the first 3 months you are disabled due to a covered Disability and not working, we will pay the disability benefit described in the benefit schedule. After 3 months, your disability payment will be the disability benefit described in the benefit schedule less any Deductible Sources of Income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician, unless you: have reached a point where continuous medical care is unnecessary; and are still Disabled as defined in the policy.

Return To Work Incentives: Disabled and Working

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

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

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; taken no medication; and received no diagnosis or advice from a physician, for 12 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. In no event will disabilities be subject to Pre-Existing Condition Limitations after 24 months from your effective date of coverage. Any increase in benefits will be subject to this Pre-Existing limitation, if the Disability begins within 12 months of your effective date of coverage.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; took medication; received care; or received a diagnosis or advice from a physician, during the 6-month period immediately before your effective date of coverage.

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; took prescription 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. 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 (excluding terrorism), 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; An Occupational Injury or Sickness which is paid under the North Carolina Workers' Compensation Act according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act; 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. Regular care and appropriate care of a physician is not required if your Spouse has reached his or her maximum point of recovery yet is still Disabled as defined in this rider. 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 (excluding terrorism), 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.

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 or premiums may be increased on any premium due date with 45 days 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

G120 SERIES 017349-1, 017350-2, 017351-3, 014709-R1, 014710-R1, 014708-R1, 014002-R1, 014707-R1

Cancer Insurance

Plan Options



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

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

Marketed By:

FFGA
Benefit Solutions Simplified

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

AF-4276(NC)(FFGA)-0125

Focus on the fight.

A Cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat Cancer, more and more people are beating the disease. However, with the arrival of these advances comes the continuous rise of Cancer treatment costs.

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

Plan Highlights

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

Benefits

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

Benefits include:

Experimental Treatment

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

Transportation and Lodging

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

SCREENING BENEFIT

Receive a benefit for your annual internal Cancer screening test, including but not limited to mammogram, pap, prostate-specific antigen blood test (PSA), chest x-ray, flexible sigmoidoscopy, thinprep pap test and colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT *(per calendar year)*	
BASIC	ENHANCED
$60	$75

The premium and amount of benefits provided vary based upon the plan selected.
Diagnostic and Prevention Benefit not available in all states.

Benefits

BENEFITS	BASIC	ENHANCED
SCREENING		
Diagnostic and Prevention Benefit (one per calendar year)	$60	$75
Cancer Screening Follow-Up Benefit (one per calendar year)	$60	$75
TREATMENT		
Radiation Therapy/Chemotherapy/ Immunotherapy Benefit (per 12-month period) (actual charges)	up to $15,000	up to $20,000
Medical Imaging Benefit (per image - max two per calendar year)	$200	$300
Hormone Therapy Benefit (per treatment - max 12 treatments per calendar year)	$50	$50
Administrative/Lab Work Benefit (per calendar month)	$75	$100
Blood, Plasma, and Platelets Benefit (actual charges up to max shown per day) (per calendar year max)	$150 $7,500	$200 $10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit	
Bone Marrow/Stem Cell Transplant Benefit		
Autologous (patient-provided) (per calendar year)	$1,000	$1,500
Non-autologous (donor-provided) (per calendar year)	$3,000	$4,500
Donor Benefit	$1,000 per donation	
Inpatient Special Nursing Services Benefit (per day)	$150	$150
Dread Disease Benefit (per day for the first 30 days, per Hospital confinement)	$200	$300
(per day thereafter)	$400	$600
HOSPITALIZATION		
Hospital Confinement Benefit (per day for the first 30 days)	$200	$300
(per day thereafter)	$400	$600
Drugs and Medicine Benefit Hospital Confinement (per confinement)	$200	$300
Outpatient (per prescription - $100 monthly max for basic; $150 for enhanced)	$50	$50
Attending Physician Benefit (per day)	$40	$50
U.S. Government/Charity Hospital or HMO Benefit (per day in lieu of most benefits)		
Hospital Confinement	$200	$300
Outpatient Services	$200	$300

BENEFITS	BASIC	ENHANCED
AMBULANCE, TRANSPORTATION AND LODGING		
Ambulance Benefit (per trip - max two trips any combination, per confinement)		
Ground	$200	$200
Air	$2,000	$2,000
Transportation and Lodging Benefit (Patient and/or Family)		
Transportation ($1,500 max per round trip - max 12 trips per calendar year)	Coach fare or $.50/ mile by car	
Outpatient/Family Lodging (per day up to 90 days, per calendar year)	$60	$80
SURGICAL TREATMENT		
Surgical Benefit (unit dollar amount, per surgical unit)	$30	$40
(max per operation)	$3,000	$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Outpatient Hospital or Ambulatory Surgical Center Benefit (per day)	$400	$600
Second and Third Surgical Opinion Benefit (per diagnosis)	$300	$300
CONTINUING CARE		
Prosthesis Benefit		
Non-Surgical (per device - one per site, lifetime max of three)	$150	$200
Surgical Implantation (per device, includes surgical fee - one per site, lifetime max of two)	$1,500	$2,000
Hair Prosthesis (once per life)	$150	$200
Extended Care Facility Benefit (per day for up to the same number of days of paid Hospital confinement)	$75	$100
Physical or Speech Therapy Benefit (per visit any combination, up to four per calendar month - lifetime max of $1,000)	$25	$25
Hospice Care Benefit (per day - $13,500 lifetime max for basic; $18,000 lifetime max for enhanced)	$75	$100
Home Health Care Benefit (per day for up to the same number of days of paid Hospital confinement)	$75	$100
Waiver of Premium (as long as the primary insured remains disabled)	after 90 continuous days of disability	

Refer to Plan Benefit Highlights for complete benefit descriptions and limits on the plan.

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

MONTHLY PREMIUMS				
BASIC	**Age 18-40**	**Age 41-50**	**Age 51-60**	**Age 61-70**
Individual	$16.30	$23.60	$32.60	$44.20
Single Parent Family	$24.40	$35.20	$48.70	$65.90
Family	$31.80	$45.70	$63.30	$85.80

ENHANCED	Age 18-40	Age 41-50	Age 51-60	Age 61-70
Individual	$21.00	$30.80	$42.40	$57.30
Single Parent Family	$31.40	$45.80	$63.30	$85.60
Family	$40.80	$59.50	$82.30	$111.30

Plan Benefit Highlights

Only Loss for Cancer: Pays only for loss resulting from definitive Cancer treatment, including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The policy does not cover any other disease, sickness or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically provided in the dread disease benefit.

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

All diagnoses of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. **Benefits under this policy pay the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

Diagnostic, Prevention and Cancer Screening Benefit: Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. Benefits will only be paid for tests performed after the 30-day period following the covered person's effective date of coverage. This benefit is available without a diagnosis of Cancer.

Cancer Screening Follow-Up Benefit: Payable for one invasive follow-up screening test needed due to an abnormal result from a covered screening test. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the surgical benefit.

Radiation/Chemotherapy/Immunotherapy Benefit: Pays the Actual Charges up to the maximum amount shown when radiation therapy, chemotherapy or immunotherapy is received as defined in the policy, per 12-month period. The 12-month period begins on the first day the covered radiation therapy, chemotherapy or immunotherapy is received. This benefit does not cover other procedures related to radiation/chemotherapy/immunotherapy.

This benefit does not include any drugs/medicines covered under the drugs and medicine benefit or the hormone therapy benefit. Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

Medical Imaging Benefit: Pays the indemnity amount for either an MRI, CT scan, CAT scan or PET scan when performed at the request of a physician.

Hormone Therapy Benefit: Drugs and medicines covered under the drugs and medicine benefit or the radiation/chemotherapy/immunotherapy benefit are not included. This benefit does not cover associated administrative processes.

Administrative/Lab Work Benefit: Pays when procedures related to radiation therapy/chemotherapy/immunotherapy treatment occur and benefits are payable during the same calendar month as the radiation therapy/chemotherapy/immunotherapy benefit.

Blood, Plasma and Platelets Benefit: Pays the actual charges up to the maximum amount shown for blood, plasma and platelets including fees for administering such and are only provided under this benefit. Other laboratory processes and colony stimulating factors are not covered. Actual charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

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

Hospital Confinement Benefit: Payable while confined to a Hospital for at least 18 continuous hours. A Hospital is not an institution, or part thereof, used as a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial care, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. This benefit is not payable for outpatient treatment.

Drugs and Medicine Benefit: Pays for anti-nausea and pain medication prescribed by a physician and administered while also receiving radiation therapy/chemotherapy/immunotherapy, a covered surgery or a bone marrow/stem cell transplant. It does not include associated administrative processes or drugs or medicines covered under the radiation therapy/chemotherapy/immunotherapy benefit or the hormone therapy benefit.

Attending Physician Benefit: Pays for one physician's visit per day when the services of a physician, other than a surgeon, are required while confined in a Hospital.

U.S. Government/Charity Hospital/HMO Benefit: Payable when an itemized list of services is not available due to confinement in a charity Hospital or a Hospital owned or operated by the U.S. government or covered under an HMO or diagnostic-related group where no charges are made for treatment of Cancer or a covered dread disease. This benefit will be paid in lieu of most benefits covered under this policy.

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

Transportation and Lodging Benefits: Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient/family lodging to receive radiation therapy, chemotherapy or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. If covered person receives treatment while hospital confined lodging and travel paid once per confinement. Travel must be within the United States or its territories. Pays for one mode of transportation per round trip.

Surgical Benefit: Payable when a surgical operation is performed for covered diagnosed Cancer, skin Cancer or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current physician's relative value table, by the unit dollar amount shown in the policy. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries and surgeries to implant a permanent prosthetic device are not covered under this benefit.

Anesthesia Benefit: Services of an anesthesiologist for bone marrow transplants, skin Cancer or surgical prosthesis implantation are not covered.

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

Plan Benefit Highlights (cont.)

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

Prosthesis Benefit: Payable for a prosthetic device received due to Cancer that manifested after the 30th day following the Effective Date and, if surgery is required, its surgical implantation. Prosthetic-related supplies, such as special bras or ostomy pouches and supplies, or hair prosthesis are not covered.

Hair Prosthesis Benefit: Payable once per covered person, per lifetime when a hair prosthesis is needed.

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

Physical or Speech Therapy Benefit: Therapy must be provided by a caregiver licensed in physical or speech therapy. Benefits payable for any combination of physical or speech therapy treatments up to the max shown.

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

Home Health Care Benefit: Pays for physician-authorized home health care that begins within 14 days of a Hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy. The service must be provided by a nurse or home health nurse's aid and can not be a family member.

Waiver of Premium Benefit: If the primary insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums for policy and rider(s) due after the 90th day so long as the primary insured remains disabled. "Disabled" is defined as the primary insured's inability, due to Cancer, to work at any job for which they are qualified by education, training or experience; not working at any job for pay or benefits; and under the care of a physician for the treatment of Cancer. The policy must be in force at the time disability begins and the primary insured must be under age 65.

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

Donor Benefit: Pays if a donor incurs expenses on behalf of a covered person for a covered surgery due to organ transplant or a bone marrow/ stem cell transplant. Blood donor expenses are not covered under this benefit.

Dread Disease Benefit: Covered dread diseases are: addison's disease; amyotrophic lateral sclerosis; cystic fibrosis; diphtheria; encephalitis; grand mal epilepsy; legionnaire's disease; meningitis; multiple sclerosis; muscular dystrophy; myasthenia gravis; niemann-pick disease; osteomyelitis; poliomyelitis; reye's syndrome; rheumatic fever; rocky mountain spotted fever; sickle cell anemia; systemic lupus erythematosus; tay-sach's disease; tetanus; toxic epidermal; toxic shock syndrome; tuberculosis; tularemia; typhoid fever; whipple's disease.

Inpatient Special Nursing Services Benefit: Pays when a covered person is Hospital-confined and receiving physician-authorized special nursing care (other than that regularly furnished by a Hospital) of at least eight consecutive hours during a 24-hour period.

See your policy for more information regarding the benefits listed above.

Eligibility: The policy/rider(s) will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. You, your lawful spouse and each natural, adopted, foster or step child who is under 26 years of age are eligible to apply for coverage.

Limitations and Exclusions: The policy does not cover any other disease, sickness or incapacity even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically stated in the dread disease benefit.

Pre-Existing Condition: A Pre-Existing Condition means a Specified disease for which, within 12 months prior to the Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. No benefits are payable for any covered person for any loss incurred during the first year of the policy as a result of a related Pre–Existing Condition. Benefits will be provided for unrelated Cancer diagnosed after the Effective Date of coverage. Conditions revealed in the application will be covered unless specifically excluded by the rider.

Waiting Period: The policy contains a 30-day waiting period during which no benefits will be paid under the policy. If any Cancer or dread disease is diagnosed before the end of the 30-day period immediately following the effective date, coverage will apply only to loss that is incurred after one year from the effective date. If any covered person is diagnosed as having Cancer or a dread disease during the 30-day period immediately following the effective date, you may elect to void the policy from the beginning and receive a full refund of premium. All benefits are payable only up to the maximum amount listed in the schedule of benefits in the policy.

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

For the spouse, policy/rider(s) will terminate and coverage will end on the earliest of 1) the end of the policy/rider(s) month in which we receive a written request from you to delete the spouse from the policy/rider(s); 2) the end of the premium term in which a divorce, annulment or legal separation is obtained; or 3) upon their death.

For the child(ren), policy/rider(s) will terminate and coverage will end the earliest of 1) the end of the policy/rider(s) month in which we receive a written request from you to delete the child(ren) from the policy/rider(s); 2) the end of the premium term in which the child ceases to meet the definition of eligible child; or 3) upon their death.

Guaranteed Renewable: You are guaranteed the right to renew your policy/rider(s) during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.

Underwritten and administered by:

American Fidelity Assurance Company
americanfidelity.com

This product may contain limitations, exclusions and waiting periods. ***This product is inappropriate for people who are eligible for Medicaid coverage.***

Critical Illness Insurance

Aetna | www.aetna.com | 800-800-8121

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.





By your side

Aetna Critical Illness Plan

Be prepared for what happens next

Critical illness coverage can keep you focused on your health when it matters most. This is extra coverage to help ease financial worries during a stressful time.

What is the Aetna Critical Illness Plan?

The Aetna Critical Illness Plan pays benefits when a doctor diagnoses you with a covered serious illness or condition. For instance, a heart attack, stroke, cancer and more.* You can use the benefits to help pay out-of-pocket medical costs. Or you can use the benefits for everyday expenses.

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But those plans usually don't cover all of the medical costs or unexpected out-of-pocket expenses that can come with a serious illness.

The Aetna Critical Illness Plan pays benefits directly to ***you.*** You'll get extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- **Deductibles or co-pays**
- **Mortgage or rent**
- **Groceries or utility bills**

And so much more! Use the benefits any way you choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered illness. We will pay benefits directly to you by check or direct deposit.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96844.

*Refer to your plan documents to see all covered illnesses under the plan.

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Did you know?

More than **1 in 3** Americans have heart disease, making it the most expensive health condition in the U.S. at a combined $555 billion[1].

Less stress



Dan* knows that heart disease runs in his family. And when a heart attack struck, he was thankful he had the Aetna Critical Illness plan.

He filed his claim online and since he had signed up for direct deposit, his benefits went directly into his bank account. He was able to use the money to help pay his out-of-pocket medical costs and other bills, like his son's day care tuition.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, access discounts, and sign up for direct deposit. You can also access the portal from **Aetna.com**.

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711),** Monday through Friday, 8 AM. to 6 PM.



[1]WebMD. Top 11 Medical Expenses. November, 2021. Available at: https://www.webmd.com/healthy-aging/ss/slideshow-top-11-medical-expenses. Accessed June 3, 2023.

* For illustrative purposes only; does not reflect events experienced by an actual participant.

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Benefit Summary

Aetna Critical Illness Plan

Polk County Schools

6501161

The critical illness plan helps financially



- You'll get guaranteed enrollment, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Financial support in your time of need.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

This is a summary of your benefits. See the plan documents for a complete description of the benefits, exclusions, limitations, and conditions of coverage.

Note: The Aetna Critical Illness Plan pays benefits for the diagnosis of a covered illness, condition, or treatment. The plan doesn't pay benefits for diagnoses that occur before your plan's effective date. If you or a covered dependent are diagnosed with two or more critical illnesses on the same day, we will pay the diagnosis with the highest benefit amount.

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Critical illness plan

Face amount

Covered Benefit	Amount
Employee face amount	$5,000 $10,000 $15,000 $20,000 $25,000 $30,000 $35,000 $40,000 $45,000 $50,000
Spouse face amount	50% of EE face amount
Spouse benefit amount	50% of EE benefit amount
Child(ren) face amount	50% of EE face amount
Child(ren) benefit amount	50% of EE benefit amount

Note: The face amount is the maximum benefit a plan pays for a covered diagnosis for a member. Your benefits are based on a percentage of the face amount, or a specific dollar amount, as shown. Your dependents' benefits are based on a percentage of your benefits. See the plan documents for complete details, including limitations and exclusions that apply.

Critical illness benefits — autoimmune

Covered benefit	Percentage of face amount
Addison's disease *(adrenal hypofunction)*	25%
Lupus	25%
Multiple sclerosis	100%
Myasthenia gravis	25%
Muscular dystrophy	25%

Critical illness benefits — childhood conditions

Covered benefit	Percentage of face amount
Cerebral palsy	100%
Cleft lip or cleft palate	100%
Congenital heart defect	100%
Cystic fibrosis	100%
Down syndrome	100%
Sickle cell anemia	100%
Spina bifida	100%

Critical illness benefits — chronic condition

Covered benefit	Percentage of face amount
Posttraumatic stress disorder *(PTSD)*	25%
Primary sclerosing cholangitis *(PSC)*	25%
Systemic sclerosis *(scleroderma)*	25%

Note: PTSD benefits are available 1 per lifetime.

Critical illness plan

Critical illness benefits — infectious disease

Covered benefit	Percentage of face amount
Cholera	25%
Coronavirus	100%
Creutzfeldt-Jakob disease	25%
Diphtheria	25%
Ebola	25%
Encephalitis	25%
Hepatitis — occupational	100%
Human immunodeficiency virus (HIV) - occupational	100%
Legionnaire's disease	25%
Lyme disease	25%
Malaria	25%
Meningitis — amebic, bacterial, fungal, parasitic, viral	25%
Methicillin-resistant staphylococcus aureus *(MRSA)*	25%
Necrotizing fasciitis	25%
Osteomyelitis	25%
Pneumonia	25%
Poliomyelitis	25%
Rabies	25%
Rocky mountain spotted fever *(RMSF)*	25%
Septic shock and severe sepsis	25%
Tetanus	25%
Tuberculosis *(TB)*	25%
Tularemia	25%
Typhoid Fever	25%
Variant influenza virus *(swine flu in humans)*	25%

Note: Infectious disease benefits are available 1 per disease, per year, per person.

Note: Coronavirus, Creutzfeldt-Jakob disease, Ebola, pneumonia, septic shock and severe sepsis, and variant influenza virus (swine flu in humans) benefits require a hospital stay of **at least 5 days** to be eligible for benefits.

Critical illness plan

Critical illness benefits — neurological *(brain)*

Covered benefit	Percentage of face amount
Advanced dementia	100%
Amyotrophic lateral sclerosis *(ALS)*	100%
Aneurysm	50%
Alzheimer's disease	100%
Benign brain or spinal cord tumor	100%
Coma *(non-induced)*	100%
Huntington's disease	100%
Parkinson's disease	100%
Persistent vegetative state *(PVS)*	100%
Stroke	100%
Transient ischemic attack *(TIA)*	25%

Note: Maximum 1 TIA diagnosis per lifetime.

Critical illness benefits — other

Covered benefit	Percentage of face amount
Bone marrow transplant (Include Autologous)	100%
End-stage renal or kidney failure	100%
Hemophilia	100%
Idiopathic pulmonary fibrosis	100%
Loss of hearing	100%
Loss of sight *(blindness)*	100%
Loss of speech	100%
Major organ failure *(heart, liver, lung(s), or pancreas)*	100%
Maximum per lifetime	*NoMax*
Paralysis — quadriplegia	100%
Paralysis — triplegia	100%
Paralysis — paraplegia	100%
Paralysis — hemiplegia	100%
Paralysis — diplegia	100%
Paralysis — monoplegia	100%
Mental health condition	25%
Sarcoidosis	25%
Burns *(third degree)*	100%

Note: Maximum 1 bone marrow transplant per lifetime.
Note: Sarcoidosis requires a hospital stay of at least 5 days to be eligible for benefits.
Note: The mental health conditions require a hospital stay of at least 3 days to be eligible for benefits.

Critical illness plan

Critical illness benefits — vascular (*heart*)

Covered benefit	Percentage of face amount
Coronary artery condition requiring bypass surgery	50%
Heart attack *(myocardial infarction)*	100%
Heart arrhythmia	25%
Sudden cardiac arrest	100%

Note: Maximum 1 sudden cardiac arrest diagnosis per lifetime.

Critical illness plan features

Covered benefit	Percentage of face amount
Subsequent *(other)* critical illness diagnosis	100%
Recurrence *(same)* critical illness diagnosis	100%

Note: Recurrence *(same)* illness diagnoses must occur at least 180 days after initial diagnosis. Subsequent *(different)* illness diagnoses must occur at least 30 days after initial diagnosis.

Cancer benefits

Covered benefit	Percentage of face amount
Cancer *(invasive)*	100%
Carcinoma in situ *(non-invasive)*	25%
Skin cancer	$1,000
Recurrence cancer *(invasive)* diagnosis	100%
Recurrence carcinoma in situ *(non-invasive)* diagnosis	100%

Note: Maximum 1 skin cancer diagnosis per lifetime.
Note: Recurrence *(same)* cancer diagnoses must occur at least 180 treatment-free days after initial diagnosis.

Additional plan benefits

Covered benefit	Benefit amount
Waiver of premium	Included

Critical illness plan

Additional plan benefits

Covered benefit	Benefit amount
Health screening benefit *(pays once per member per plan year for covered preventive tests)*	$75

Covered health screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Breast MRI
- Breast ultrasound
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemoccult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Infectious disease testing
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

Note: COVID-19 testing is an eligible health screening benefit.

Aetna Critical Illness Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Rates are based on your (the subscriber's) age and tobacco usage.

Non-tobacco rates

Option 1 face amount: $5,000

Age	You only	You + spouse	You + children	You + family
<30	$3.11	$6.05	$3.11	$6.05
30-39	$5.28	$9.82	$5.28	$9.82
40-49	$8.57	$14.85	$8.57	$14.85
50-59	$11.10	$19.33	$11.10	$19.33
60-69	$13.26	$22.61	$13.26	$22.61
70+	$17.00	$27.64	$17.00	$27.64

Option 2 face amount: $10,000

Age	You only	You + spouse	You + children	You + family
<30	$5.28	$9.67	$5.28	$9.67
30-39	$9.04	$16.06	$9.04	$16.06
40-49	$15.05	$25.34	$15.05	$25.34
50-59	$20.00	$34.17	$20.00	$34.17
60-69	$24.61	$41.43	$24.61	$41.43
70+	$32.69	$52.73	$32.69	$52.73

Option 3 face amount: $15,000

Age	You only	You + spouse	You + children	You + family
<30	$7.45	$13.28	$7.45	$13.28
30-39	$12.80	$22.30	$12.80	$22.30
40-49	$21.53	$35.83	$21.53	$35.83
50-59	$28.90	$49.01	$28.90	$49.01
60-69	$35.96	$60.25	$35.96	$60.25
70+	$48.37	$77.82	$48.37	$77.82

Option 4 face amount: $20,000

Age	You only	You + spouse	You + children	You + family
<30	$9.63	$16.90	$9.63	$16.90
30-39	$16.57	$28.55	$16.57	$28.55
40-49	$28.02	$46.31	$28.02	$46.31
50-59	$37.80	$63.85	$37.80	$63.85
60-69	$47.32	$79.06	$47.32	$79.06
70+	$64.06	$102.91	$64.06	$102.91

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Option 5 face amount: $25,000

Age	You only	You + spouse	You + children	You + family
<30	$11.80	$20.51	$11.80	$20.51
30-39	$20.33	$34.79	$20.33	$34.79
40-49	$34.50	$56.80	$34.50	$56.80
50-59	$46.70	$78.68	$46.70	$78.68
60-69	$58.67	$97.88	$58.67	$97.88
70+	$79.75	$127.99	$79.75	$127.99

Option 6 face amount: $30,000

Age	You only	You + spouse	You + children	You + family
<30	$13.98	$24.13	$13.98	$24.13
30-39	$24.09	$39.98	$24.09	$39.98
40-49	$40.98	$67.28	$40.98	$67.28
50-59	$55.60	$93.52	$55.60	$93.52
60-69	$70.02	$116.69	$70.02	$116.69
70+	$95.44	$153.08	$95.44	$153.08

Option 7 face amount: $35,000

Age	You only	You + spouse	You + children	You + family
<30	$16.78	$27.95	$16.78	$27.95
30-39	$27.88	$44.55	$27.88	$44.55
40-49	$49.31	$80.79	$49.31	$80.79
50-59	$67.00	$112.57	$67.00	$112.57
60-69	$84.54	$140.77	$84.54	$140.77
70+	$115.44	$185.09	$115.44	$185.09

Option 8 face amount: $40,000

Age	You only	You + spouse	You + children	You + family
<30	$18.35	$30.25	$18.35	$30.25
30-39	$31.00	$49.00	$31.00	$49.00
40-49	$56.05	$91.68	$56.05	$91.68
50-59	$76.25	$127.98	$76.25	$127.98
60-69	$96.33	$160.32	$96.33	$160.32
70+	$131.73	$211.15	$131.73	$211.15

Option 9 face amount: $45,000

Age	You only	You + spouse	You + children	You + family
<30	$19.80	$32.50	$19.80	$32.50
30-39	$34.00	$53.50	$34.00	$53.50
40-49	$65.20	$105.60	$65.20	$105.60
50-59	$125.20	$199.80	$125.20	$199.80
60-69	$145.50	$210.20	$145.50	$210.20
70+	$175.00	$276.00	$175.00	$276.00

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Option 10 face amount: $50,000

Age	You only	You + spouse	You + children	You + family
<30	$21.40	$34.70	$21.40	$34.70
30-39	$37.10	$58.40	$37.10	$58.40
40-49	$72.50	$115.20	$72.50	$115.20
50-59	$135.20	$210.50	$135.20	$210.50
60-69	$199.80	$325.70	$199.80	$325.70
70+	$210.50	$375.60	$210.50	$375.60

Tobacco rates

Option 1 face amount: $5,000

Age	You only	You + spouse	You + children	You + family
<30	$4.37	$8.22	$4.37	$8.22
30-39	$7.56	$13.80	$7.56	$13.80
40-49	$12.78	$22.14	$12.78	$22.14
50-59	$17.22	$30.35	$17.22	$30.35
60-69	$21.44	$37.01	$21.44	$37.01
70+	$28.79	$46.92	$28.79	$46.92

Option 2 face amount: $10,000

Age	You only	You + spouse	You + children	You + family
<30	$7.81	$14.01	$7.81	$14.01
30-39	$13.60	$24.02	$13.60	$24.02
40-49	$23.47	$39.91	$23.47	$39.91
50-59	$32.25	$56.21	$32.25	$56.21
60-69	$40.98	$70.22	$40.98	$70.22
70+	$56.27	$91.28	$56.27	$91.28

Option 3 face amount: $15,000

Age	You only	You + spouse	You + children	You + family
<30	$11.25	$19.80	$11.25	$19.80
30-39	$19.64	$33.88	$19.64	$33.88
40-49	$34.17	$57.69	$34.17	$57.69
50-59	$47.27	$82.07	$47.27	$82.07
60-69	$60.51	$103.43	$60.51	$103.43
70+	$83.76	$135.63	$83.76	$135.63

Option 4 face amount: $20,000

Age	You only	You + spouse	You + children	You + family
<30	$13.98	$23.55	$13.98	$23.55
30-39	$25.55	$41.05	$25.55	$41.05
40-49	$44.87	$75.46	$44.87	$75.46
50-59	$62.29	$107.93	$62.29	$107.93
60-69	$80.05	$136.64	$80.05	$136.64
70+	$111.24	$179.99	$111.24	$179.99

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Option 5 face amount: $25,000

Age	You only	You + spouse	You + children	You + family
<30	$15.90	$26.35	$15.90	$26.35
30-39	$30.25	$48.15	$30.25	$48.15
40-49	$55.57	$93.23	$55.57	$93.23
50-59	$77.31	$133.79	$77.31	$133.79
60-69	$99.58	$169.86	$99.58	$169.86
70+	$138.72	$224.35	$138.72	$224.35

Option 6 face amount: $30,000

Age	You only	You + spouse	You + children	You + family
<30	$17.75	$29.35	$17.75	$29.35
30-39	$35.05	$55.45	$35.05	$55.45
40-49	$66.26	$111.00	$66.26	$111.00
50-59	$92.33	$159.64	$92.33	$159.64
60-69	$119.12	$203.07	$119.12	$203.07
70+	$166.20	$268.71	$166.20	$268.71

Option 7 face amount: $35,000

Age	You only	You + spouse	You + children	You + family
<30	$19.75	$32.25	$19.75	$32.25
30-39	$39.88	$62.60	$39.88	$62.60
40-49	$79.95	$133.78	$79.95	$133.78
50-59	$111.53	$192.71	$111.53	$192.71
60-69	$144.04	$245.46	$144.04	$245.46
70+	$201.20	$325.23	$201.20	$325.23

Option 8 face amount: $40,000

Age	You only	You + spouse	You + children	You + family
<30	$21.65	$35.15	$21.65	$35.15
30-39	$44.65	$69.75	$44.65	$69.75
40-49	$91.06	$152.24	$91.06	$152.24
50-59	$127.13	$219.57	$127.13	$219.57
60-69	$164.33	$279.96	$164.33	$279.96
70+	$229.75	$371.31	$229.75	$371.31

Option 9 face amount: $45,000

Age	You only	You + spouse	You + children	You + family
<30	$23.55	$38.05	$23.55	$38.05
30-39	$49.50	$77.00	$49.50	$77.00
40-49	$102.17	$170.70	$102.17	$170.70
50-59	$142.74	$246.43	$142.74	$246.43
60-69	$184.62	$314.46	$184.62	$314.46
70+	$258.30	$417.39	$258.30	$417.39

Option 10 face amount: $50,000

Age	You only	You + spouse	You + children	You + family
<30	$25.50	$40.88	$25.50	$40.88
30-39	$54.15	$84.15	$54.15	$84.15
40-49	$113.28	$189.16	$113.28	$189.16
50-59	$158.34	$273.29	$158.34	$273.29
60-69	$204.92	$348.96	$204.92	$348.96
70+	$286.85	$463.48	$286.85	$463.48

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Aetna Critical Illness Plan exclusions and limitations

This plan has exclusions and limitations. Refer to the actual booklet certificate and Schedule of Benefits to determine which services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Exclusions: Benefits under the Policy will not be payable for any critical illness that is diagnosed or for which care was received outside the United States and its territories, or for any loss caused in whole or in part by or resulting in whole or part from the following:

1. Act of war, riot, war;
2. Care provided by immediate family members or any household member;
3. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
4. Being under the influence of a stimulant (such as amphetamines), depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the covered person, except when resulting from a diagnosed disorder;

The critical illness date of diagnosis must be on or after the effective date of the certificate and while coverage is in force. The diagnosis must be given or received in the United States or its territories.

Portability

Your plan includes a portability option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option if your employment ceases for any reason. Refer to your certificate for additional portability provisions. **If you have any questions, call member services at 1-800-800-8121 (TTY:711),** Monday through Friday, 8 AM to 6 PM.

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THIS IS NOT A MEDICARE SUPPLEMENT (MEDIGAP) PLAN. If you are or will become eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available at www.medicare.gov.

THIS PLAN IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. This plan provides limited benefits. It pays fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. Members are responsible for making sure the providers' bills get paid. These benefits are paid in addition to any other health coverage members may have.
Please review your cancer buyer's guides:
http://demo.avpenroll.com/media/1591/maine-nh-prod_serv_consumer_guide_cancer.pdf
http://demo.avpenroll.com/media/1590/aetna-utah_ci_buyersguide.pdf

Policies are insured by Aetna Life Insurance Company (Aetna). Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Policies may not be available in all states, and rates and benefits may vary by location.

If you require language assistance, please call the Member Services number on your Aetna ID card, and an Aetna representative will connect you with an interpreter. You can also get interpretation assistance for utilization management issues or for registering a complaint or appeal. If you're deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you're calling.

Si usted necesita asistencia lingüística, por favor llame al número de Servicios al Cliente que figura en su tarjeta de identificación de Aetna, y un representante de Aetna lo pondrá en contacto con un intérprete. También puede obtener la asistencia de un intérprete para tratar problemas de manejo de utilización o para registrar una queja o una apelación. Si usted es sordo o tiene dificultades de audición, use su TTY y marque 711 para comunicarse con el servicio de retransmisión de telecomunicaciones. Una vez conectado, ingrese o brinde el número de teléfono de Aetna al que está llamando.

ATTENTION MASSACHUSETTS RESIDENTS: As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at **1-877-MA-ENROLL (1-877-623-6765)** or visit the Connector website **(mahealthconnector.org).** THIS POLICY, ALONE, DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling **1-617-521-7794** or visiting its website at **mass.gov/doi.**

Financial Sanctions Exclusion
If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit
http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

Policy forms issued in Oklahoma include: GR-96843, AL HCOC-VOL CI 01, AL HPOL-VOL CI 01.
Policy forms issued in Missouri and Wyoming include: GR-96844 01, AL HCOC-VOL CI 01, AL HPOL-VOL CI 01.

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Accident Insurance

Aetna | www.aetna.com | 800-800-8121

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

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





Cover your bases

Aetna Accident Plan

Prepare for the unexpected

Would you be financially ready if you had an accidental injury? The Aetna Accident Plan can help supplement your medical coverage.

What is the Aetna Accident Plan?

The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and more serious injuries. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

How is this different from a major medical plan?

Medical plans pay ***doctors and hospitals*** directly for treatment related to your care. But these plans usually don't cover 100 percent of the costs until you meet deductibles and co-insurance, and you have to come up with the rest. Medical plans also don't cover other expenses health events might impact, like day care, rent and more, if you're out of work.

The Aetna Accident Plan pays benefits directly to ***you***. You'll get extra cash when you need it most. The plan can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way ***you*** choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered injury or treatment. We will pay benefits directly to you by check or direct deposit.

Accident insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96842, AL HPOL-VOL Acc01.

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"What ifs" are everywhere

The average cost of all non-fatal injuries per person initially treated in an emergency department was approximately **$6,620**[1]. Home accidents injure **one person every four seconds** in the U.S.[2]

Because you never know

Miguel* didn't expect to get hit from behind in the middle of rush hour. But it happened. Now his back and his car need some work.

Luckily, he had the Aetna Accident Plan. He filed his claim online and, since he had signed up for direct deposit, his benefits were deposited directly into his bank account. He used some of the money to pay out-of-pocket medical costs. The rest went toward getting his car back into shape.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, and sign up for direct deposit. You can also access the portal from **Aetna.com**.

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711),** Monday through Friday, 8 AM to 6 PM.



[1]Average medical cost of fatal and non-fatal injuries by type in the USA. National Library of Medicine. February 27, 2021. Available at: https://pubmed.ncbi.nlm.nih.gov/31888976/. Accessed June 17, 2022.

[2]About Home Safety. U.S. Department of Housing and Urban Development. 2022. Available at: https://www.hud.gov/program_offices/healthy_homes/healthyhomes/homesafety. Accessed June 17, 2022.

* For illustrative purposes only; does not reflect events experienced by an actual participant.

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Benefit Summary

Aetna On/Off-Job Accident Plan

Polk County Schools

6501161

The accident plan helps financially



- Your enrollment is guaranteed, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Be ready for when real life happens.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY:711),** Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

This is a summary of your benefits. Limits apply to the number of times a benefit is paid, as specified in your Certificate of Coverage. If a service or injury falls in more than one category, the plan will pay only one benefit, and the highest benefit that applies. See the plan documents for a complete description of the benefits, maximums, exclusions, limitations, and conditions of coverage. This policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Note: The Aetna Accident Plan pays benefits for specific care, treatment and services related to a covered accident. The plan doesn't pay benefits for care, treatment or services related to an accident that occurs before the plan's coverage effective date.

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Accident plan

Initial care

Covered Benefit	Low	High
Ground ambulance	$300	$300
Air ambulance	$1,500	$1,500
Max trips per accident, air and ground combined	*1*	*1*
Emergency room/Hospital	$200	$300
Physician's office/Urgent care facility	$200	$300
Walk-in clinic/Telemedicine	$50	$50
Max visits for all places of service per accident	*1*	*1*
Max visits for all places of service per plan year	*3*	*3*
X-ray	$150	$175
Lab	$150	$175
Medical Imaging	$225	$250

Follow-up care

Covered benefit	Low	High
Emergency room/Hospital	$50	$75
Physician's office/Urgent care facility	$50	$75
Walk-in clinic/Telemedicine	$25	$25
Max visits for all places of service per accident	*3*	*4*
Max visits for all places of service per plan year	*9*	*12*
Major appliances	$200	$300
Minor appliances	$100	$150
Maximum appliances per accident, major & minor combined	*1*	*1*
Chiropractic treatment/Alternative therapy	$40	$45
Max combined visits per accident	*10*	*10*
Max combined visits per plan year	*30*	*30*
Pain management *(epidural anesthesia)*	$100	$150
Prescription drugs	$10	$10
One prosthetic device/Artificial limb	$750	$1,500
Multiple prosthetic devices/Artificial limbs	$1,500	$3,000
Max prosthetic benefits per accident	*1*	*1*
Repair or replace *(percentage of Prosthetic device/Artificial limb benefit amount)*	25%	25%
Max repair or replace per plan year	*1*	*1*
Therapy services	$40	$45
Max therapy services per accident	*10*	*10*
Max therapy visit per plan year	*30*	*30*

Note: Major appliances include: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair.
Note: Minor appliances include: Brace, cane, crutches, walker, walking boot, other medical devices to aid in physical movement.

Accident plan

Hospital care

Hospital and all other stays related to a covered accident.

Covered benefit	Low	High
Non-ICU hospital admission *(initial day)*	$1,000	$1,500
ICU hospital admission *(initial day)*	$2,000	$3,000
Non-ICU hospital stay — daily	$200	$300
Step down intensive care unit hospital stay— daily	$300	$450
ICU hospital stay — daily	$400	$600
Max days per accident (combined for all stays due to the same accident)	*365*	*365*
Rehabilitation unit stay — daily	$100	$150
Max days for rehabilitation stay per accident	*30*	*30*
Observation unit *(one day per plan year)*	$100	$100

Note: Hospital daily stay begins on day 2, and all daily stays (except rehabilitation) add up to a maximum combined 365 days per person, per accident.

Surgical care

Covered benefit	Low	High
Blood/Plasma/Platelets	$400	$500
Eye injury — surgical repair	$300	$400
Eye injury — removal of foreign object	$150	$200
Surgery *(without repair)* — arthroscopic or exploratory	$250	$250
Cranial, open abdominal & *thoracic (surgery with repair)*	$1,500	$2,000
Hernia *(surgery with repair)*	$250	$300
Ruptured disc *(surgery with repair)*	$750	$1,000
Tendon/Ligament/Rotator cuff — single repair *(surgery with repair)*	$750	$1,000
Tendon/Ligament/Rotator cuff — multiple repairs *(surgery with repair)*	$1,500	$2,000
Torn knee cartilage *(surgery with repair)*	$750	$1,000
Inpatient surgery *(non-specified with repair)*	$250	$300
Outpatient surgery *(non-specified with repair)*	$250	$300
Max benefits per accident, combined for all surgery (with and without repair)	*2*	*2*

Note: Surgical benefits must be related to a covered accident.

Lodging/Transportation

Covered benefit	Low	High
Lodging	$200	$200
Max lodging days per accident	*30*	*30*
Transportation	$300	$300
Max trips per accident	*3*	*3*

Note: Lodging and transportation must be related to a covered accident, and member, or companion must travel over 50 miles from home for care.

Accident plan

Dislocations- closed reduction *(non-surgical)*

Covered benefit	Low	High
Hip	$3,000	$6,000
Knee	$1,500	$3,000
Ankle — bone or bones of the foot other than toes	$750	$1,500
Collarbone — sternoclavicular	$600	$1,200
Lower jaw	$600	$1,200
Shoulder — glenohumeral	$600	$1,200
Elbow	$600	$1,200
Wrist	$600	$1,200
Bone or bones of the hand other than fingers	$600	$1,200
Collarbone — acromioclavicular and separation	$150	$300
Rib	$150	$300
One toe or one finger	$150	$300
Partial dislocation *(percentage of named dislocation)*	25%	25%
Max dislocations per accident	*3*	*3*

Note: Closed reduction means the injury doesn't need surgical repair. Open reduction (when injury needs surgical repair) **pays 2 times** the closed reduction benefit amount.

Fractures- closed reduction *(non-surgical)*

Covered benefit	Low	High
Skull except bones of the face or nose, depressed	$4,125	$8,250
Skull except bones of the face or nose, non-depressed	$4,125	$8,250
Hip or thigh *(femur)*	$1,725	$3,450
Vertebrae — excluding vertebral processes	$1,125	$2,250
Pelvis — including ilium, ischium, pubis, acetabulum except coccyx	$1,125	$2,250
Leg — tibia and/or fibula malleolus	$1,125	$2,250
Bones of the face or nose except mandible or maxilla	$600	$1,200
Upper Jaw, maxilla *(except alveolar process)*	$600	$1,200
Upper arm between elbow and shoulder *(humerus)*	$600	$1,200
Lower jaw, mandible *(except alveolar process)*	$600	$1,200
Collarbone *(clavicle, sternum)*	$600	$1,200
Shoulder blade *(scapula)*	$600	$1,200
Vertebral process	$600	$1,200
Forearm *(radius and/or ulna)*	$450	$900
Kneecap *(patella)*	$450	$900
Hand/foot *(except fingers, toes)*	$450	$900
Ankle/wrist	$450	$900
Rib	$225	$450
Coccyx	$225	$450
Finger, toe	$225	$450
Chip fracture *(percentage of named fracture)*	25%	25%
Max fractures per accident	*3*	*3*

Note: Closed reduction means the injury doesn't need surgical repair. Open reduction (when injury needs surgical repair) **pays 2 times** the closed reduction benefit amount.

Accident plan



Accidental death

Covered benefit	Low	High
Employee	$50,000	$100,000
Covered dependent spouse	$25,000	$50,000
Covered dependent children	$25,000	$50,000

Accidental death common carrier

Covered benefit	Low	High
Employee	$100,000	$200,000
Covered dependent spouse	$50,000	$100,000
Covered dependent children	$50,000	$100,000

Note: Accidental death common carrier benefit pays when you or a covered dependent have an accidental injury as a fare paying passenger on a public airline, railroad, bus line, taxicab, etc. that results in death.

Accidental dismemberment

Covered benefit	Low	High
Loss of arm	$10,000	$10,000
Loss of hand	$10,000	$10,000
Loss of leg	$10,000	$10,000
Loss of foot	$10,000	$10,000
Loss of sight	$10,000	$10,000
Loss of ability to speak	$30,000	$30,000
Loss of hearing	$10,000	$10,000
Max dismemberments per accident (non-finger, toe)	*2*	*2*
Loss of finger	$1,500	$1,500
Loss of toe	$1,500	$1,500
Max dismemberments per accident (finger, toe)	*4*	*4*

Paralysis *(complete, total & permanent loss)*

Covered benefit	Low	High
Quadriplegia	$10,000	$20,000
Triplegia	$7,500	$15,000
Paraplegia	$5,000	$10,000
Hemiplegia	$5,000	$10,000
Diplegia	$5,000	$10,000
Monoplegia	$2,500	$5,000

Accident plan

Other benefits

Covered benefit	Low	High
Home and vehicle alteration	$1,000	$1,500
Animal bite treatment — tetanus shot	$100	$100
Animal bite treatment — anti-venom shot	$200	$200
Animal bite treatment — rabies shot	$300	$300
Brain injury — concussion/mild traumatic brain injury	$200	$200
Brain injury — moderate/severe traumatic brain injury	$600	$600
Burn — second degree burn *(greater than 5% of total body surface)*	$1,000	$1,500
Burn — third degree burn *(less than 5% of total body surface)*	$1,500	$2,250
Burn — third degree burn *(between 5% and 10% of total body surface)*	$6,000	$9,000
Burn — third degree burn *(greater than 10% of total body surface)*	$18,000	$27,000
Burn skin graft *(percentage of the named burn benefit)*	50% of Burn	50% of Burn
Coma *(non-induced)*	$10,000	$20,000
Persistent vegetative state *(PVS)*	$10,000	$20,000
Coma *(induced)*	$250	$250
Dental extractions	$75	$100
Dental crown	$225	$300
Gunshot wound	$1,500	$2,000
Laceration without stitches	$25	$25
Laceration with stitches *(less than 7.5cm)*	$75	$75
Laceration with stitches *(between 7.6cm and 20cm)*	$300	$300
Laceration with stitches *(greater than 20cm)*	$600	$600
Posttraumatic stress disorder *(PTSD)*	$500	$500
Service dog	$1,500	$1,500
Waiver of premium	Included	Included

Note: Max 10 days per accident for coma/PVS benefits.
Note: Posttraumatic stress disorder benefit is limited to 1 per person, per lifetime.
Note: Service dog benefit is limited to 1 dog, per lifetime.

Other benefits

Organized sports benefit

The **organized sports benefit** pays an additional **25** percent of benefits if a covered member is injured while participating as a registered member of an organized sporting activity.

Note: Organized sport benefit excludes the following benefits:

- Accidental death
- Accidental death common carrier
- Gunshot wound
- Service dog
- Burn skin graft
- Animal bite
- Burn

Accident plan

Health screening benefit

Covered benefit	Benefit amount
Health screening benefit* *(pays once per member per plan year for covered preventive tests)*	$75

Covered health screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemoccult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

Note: COVID-19 testing is an eligible health screening benefit.

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Aetna Accident Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	$9.47	$18.94	$19.88	$29.35

Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	$12.86	$25.72	$27.01	$39.87

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Legal & Identity Plan



LegalShield | w3.legalshield.com | 800.654.7757

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



Have You Ever

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?

The LegalShield Membership Includes:

- Dedicated Law Firm Direct access. no call center
- Legal Advice/Consultation on unlimited personal issues
- Letters/Calls made on your behalf
- Contracts/Documents Reviewed up to 15 pages
- Residential Loan Document Assistance for the purchase of your primary residence
- Will Preparation -Will/Living Will/Health Care Power of Attorney
- Speeding Ticket Assistance (15 day waiting period)
- IRS Audit Assistance (begins with the tax return due April 15th of the year you enroll)
- Trial Defense (if named defendant/respondent in a covered civil action suit)
- Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
- 25% Preferred Member Discount (bankruptcy, criminal charges. DUI. personal injury, etc.)
- 24/7 Emergency Access for covered situations

The IDShield Membership Includes:

- High Risk Application and Transaction Monitoring We can detect fraud up to 90 days earlier than traditional credit monitoring services; we carefully watch all your accounts. reorders. loans and more. If a new account is opened, you will receive an alert.
- Social Media Monitoring for privacy concerns and reputational risks
- Credit Monitoring continuous credit monitoring through TransUnion
- Monthly Score Tracker watch your credit score and map your credit trends
- Credit Inquiry Alerts (instant hard inquiry alerts)
- Consultation on any cyber security question
- $1 Million Insurance (coverage for lost wages, legal defense fees, stolen funds and more)
- Full Service Restoration & Unlimited Service Guarantee We don't give up until your identity is restored!
- 24/7 Emergency Access in the event of an identity theft emergency

Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

Plan	Family Price monthly	Individual Price monthly
LegalShield	$18.95	$18.95
IDShield	$18.95	$8.95
Combined	$33.90	$27.90

Prepared for:

For more information, contact your Independent Associate:

Kacy Lavender
512.923.5303
lavenderk@legalshieldassociate

Lego/Shield legal plans cover the member; member's spouse: never married dependent children under 26 living at home: de pendent children under the age 18 for whom the member is the legal guardian: never married dependent children up to age 26 if a full-time college student: or physically or mentally disabled dependent children. IDShie/d is a product of Pre-Paid Legal Services, Inc. d/b/a Lego/Shield ("Lega/Shie!d'J. Lego/Shield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Ucensed Private Investigators are licensed in the state of Oklahoma. A $1 million insurance policy is issued through a nationally recognized carrier. Lego/Shield/ IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state



LegalShield® | IDShield®

Legal, Identity Theft and Privacy Protection are Just a Tap Away

Getting started with your LegalShield and IDShield benefits is as easy as 1-2-3!

Follow these steps to use your LegalShield benefit:

LegalShield®

1. Create your LegalShield Account
   Create your account at access.legalshield.com. If you already have an account, simply sign in.
2. Download the LegalShield Mobile App
   Use your account username and password to log in.
3. Contact Your Law Firm
   When you have questions about any personal legal matter, contact your dedicated provider law firm directly or use the mobile app.

Follow these steps to use your IDShield Benefit:

IDShield®

1. Create your IDShield Account
   Create your account at access.legalshield.com. If you already have an account with LegalShield, simply sign in.
2. Verify your identity
   Select IDShield from your Member Portal and click "Start" to answer your identity verification questions.
3. Add your information for monitoring
   Once you verify your identity, you can add the personal information you want to monitor, including your social media accounts.

If you're enrolled in the Family Plan you can add covered family members in your Member Portals. Be sure to explore all the great services available to you in your LegalShield and IDShield Member Portals!

If you have questions about setting up your account,
please call or email Customer Care at 1-800-654-7757 or membersupport@legalshieldcorp.com.
Customer Care is available 7 a.m. - 7 p.m. CT, Monday-Friday.

IDShield is a product of PPL Legal Care of Canada Corp d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner. It also provides consultation and restoration services for up to 10 dependant children who are of legal age, under the age of 26. For complete terms, coverage, and conditions, please see an identity theft plan. Certain benefits are not available in all provinces. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier.

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LegalShield®

Hospital Indemnity Insurance

Aetna | www.aetna.com | 800-800-8121

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

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

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





Less stress

Aetna Hospital Indemnity Plan

Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, it's good to plan ahead. And to give yourself an extra financial cushion.

What is the Aetna Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or an unplanned hospital stay. It can be for an illness, injury, surgery or to deliver a baby. The Aetna Hospital Indemnity Plan pays a lump-sum benefit for admission and daily benefits for a covered hospital stay. You can use these benefits to help pay your part of medical costs or for ongoing bills.

How is this different from a major medical plan?

Medical plans help pay ***doctors and hospitals*** for services and treatment. But they don't cover everything, including unexpected costs that might result from a hospital stay.

The Aetna Hospital Indemnity Plan pays benefits directly to ***you***. So, you'll have extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way ***you*** choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered hospital stay. We will pay benefits directly to you by check or direct deposit.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01.

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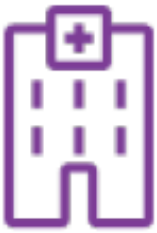
Because it happens

$1.24 trillion was spent on hospital services in 2020. **60%-65%** of all bankruptcies are related to medical expenses[1].

Ready ... or not



Carter* is a hard worker, so he doesn't always slow down to listen to his body. Before he knew it, a little cough turned into pneumonia — and a hospital stay.

Good thing he had the Aetna Hospital Indemnity Plan. He filed his claim online and, since he had signed up for direct deposit, his benefits went directly into his bank account.

He used the cash to help make up for the earnings he lost from the time he missed work while recovering and to help pay some of his deductible. Now, he can focus more on his health.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, access discounts and sign up for direct deposit. You can also access the portal from **Aetna.com**.

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at 1-800-800-8121 (TTY:711), Monday through Friday, 8 AM to 6 PM.



[1]Debt.org. Hospital and Surgery Costs. October 2021. Available at: https://www.debt.org/medical/hospital-surgery-costs/. Accessed June 3, 2022.

* For illustrative purposes only; does not reflect events experienced by an actual participant.

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Benefit Summary

Aetna Hospital Indemnity Plan

Polk County Schools

6501161

The hospital indemnity plan helps financially

- Your enrollment is guaranteed, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Make your hospital stay a bit easier.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY: 711),** Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

This is a summary of your benefits. See the plan documents for a complete description of the benefits, maximums, exclusions, limitations, and conditions of coverage.

Note: The Aetna Hospital Indemnity Plan pays benefits when you have a covered hospital stay and other covered services. This plan doesn't pay for any stays or other services that happen before your effective date of coverage.

This plan is compatible with a Health Savings Account (HSA).

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Hospital indemnity plan



A **stay** is a period during which you are inpatient and confined in a hospital, or other covered facility, and are charged for room, board, and general nursing services.

A stay does not include time in the hospital due to custodial or personal needs that do not require medical skills or training. A stay does not include time in the hospital in the emergency room unless this leads to a stay. A stay only covers the specific benefits listed below.

Inpatient benefits

Covered benefit	Low	High
Hospital admission *(initial day)*	$1,000	$1,500
Hospital daily stay — non-ICU	$150	$150
Hospital daily stay — ICU	$300	$300
Substance abuse daily stay	$100	$100
Mental disorder daily stay	$100	$100
Rehabilitation unit daily stay	$50	$50
Observation unit	$100	$100
Waiver of premium	Included	Included

Note for hospital admission benefits: No max admissions per plan year. Admissions must be separated by at least 30 days in a row.

Note for inpatient daily stay benefits: All inpatient stay benefits begin on day one and count toward the plan year 60 days combined max days.

Note for observation benefits: Max 1 day lump sum daily benefit per member per year for hospital observation visit. *(Non-admission into hospital.) Observation unit stays 24 hours or longer will be treated as an admission.*

Newborn benefits

Covered benefit for newborn	Low	High
Newborn routine care	$100	$100

Note for newborn routine care benefits: Max lump sum benefit once per birth per year for delivery in a hospital. This will not pay for an outpatient birth.

Surgery protection benefits

Benefits below may be related to an accidental injury or illness.

Covered benefit	Low	High
Inpatient surgery	$500	$500
Maximum days per plan year	1	1
Outpatient surgery — hospital outpatient or ambulatory surgical center	$500	$500
Maximum days per plan year	1	1

Hospital indemnity plan

Other benefits

Covered benefit	Benefit amount
Health screening benefit *(pays once per member per plan year for covered preventive tests)*	$50

Covered health screenings

- Lipoprotein profile (serum plus HDL, LDL and triglycerides)
- Fasting blood glucose test
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Carotid Doppler Ultrasound
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Chest x-ray (CXR)
- Thermography
- Ultrasound screening for abdominal aortic aneurysms
- Bone marrow screening
- Adult and child immunizations
- HPV vaccine (Human Papillomavirus)
- Bone mass density measurement (DEXA, DXA)
- Skin cancer screening
- Serum protein electrophoresis (blood test for myeloma)
- Prostate Specific Antigen (PSA) Test
- Flexible sigmoidoscopy
- Digital rectal exams (DRE)
- Hemoccult stool analysis
- Colonoscopy
- Virtual colonoscopy
- Carcinoembryonic Antigen (CEA)
- Cancer Antigen (CA) Test 15-3 (breast cancer)
- Mammography
- Breast Ultrasound
- Cancer Antigen (CA) Test 125 (ovarian cancer)
- Pap smears
- Cytologic Screening
- ThinPrep Pap Test

Note: COVID-19 testing is an eligible health screening benefit.

Aetna Hospital Indemnity Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	$30.25	$60.49	$54.44	$84.69

Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	$35.76	$71.52	$64.37	$100.12

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Aetna Hospital Indemnity Plan exclusions and limitations

This plan has exclusions and limitations. Refer to the actual policy and booklet certificate to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. **However, the plan may contain exceptions to this list based on state mandates or the plan design purchased. Benefits will not be paid for any service for an illness or accidental injury related to the following:**

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving
2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment
3. Act of war, riot, war
4. Operating, learning to operate, or serving as a pilot or crew member of any aircraft, whether motorized or not
5. Assault, felony, illegal occupation or other criminal act
6. Care provided by a spouse, parent, child, sibling, or any other household member
7. Cosmetic services and plastic surgery, with certain exceptions
8. Custodial care
9. Hospice services, except as specifically provided in the benefits under your plan section of the certificate
10. Self-harm, suicide, except when resulting from a diagnosed disorder
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle
12. Care or services received outside the United States or its territories
13. Experimental or investigational drugs, devices, treatments, or procedures
14. Education, training or retraining services or testing
15. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant
16. Exams except as specifically provided in the Benefits under your plan section of the certificate
17. Dental and orthodontic care and treatment
18. Family planning services
19. Any care, prescription drugs and medicines related to infertility
20. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins
21. Outpatient cognitive rehabilitation, physical therapy, occupational therapy or speech therapy for any reason
22. Vision-related care

Portability

Your plan includes a portability option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option if your employment ceases for any reason. Refer to your certificate for additional portability provisions. **If you have any questions, call member services at 1-800-800-8121 (TTY:711),** Monday through Friday, 8 AM to 6 PM.

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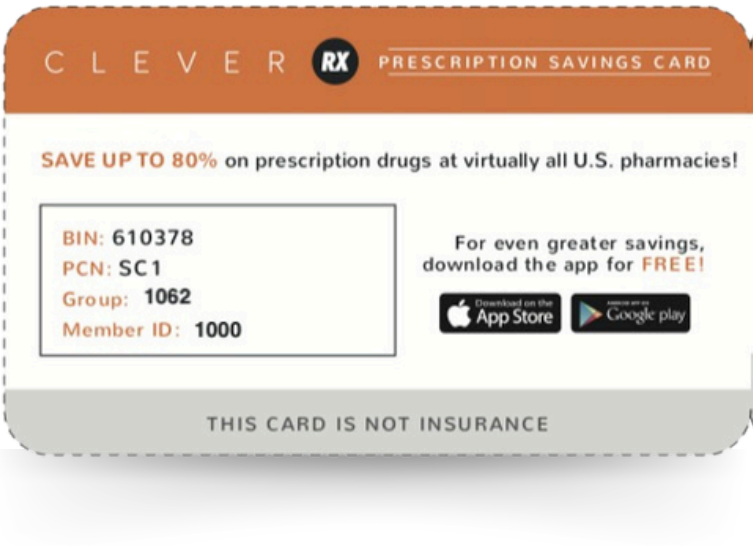
1029151-04-01

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

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Polk County Schools
GROUP ID: 87658

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.

Contact Information

Product	Carrier	Website	Phone
Dental	MetLife Dental	metlife.com/dental	800-438-6388
Vision	Community Eye Care	cecvision.com	888-254-4290
Flexible Spending Account	FFGA	FFGA.com	866-853-3539
Permanent Life	Texas Life	TexasLife.com	800-283-9233
Short Term Disability	American Fidelity	AmericanFidelity.com	800-662-1113
Individual Cancer	American Fidelity	AmericanFidelity.com	800-662-1113
Critical Illness	Aetna	Aetna.com	800-800-8121
Accident	Aetna	Aetna.com	800-800-8121
Legal and Identity Protection	LegalShield/IDShield	legalshield.com	512-923-5303
Hospital Indemnity	Aetna	Aetna.com	800-800-8121