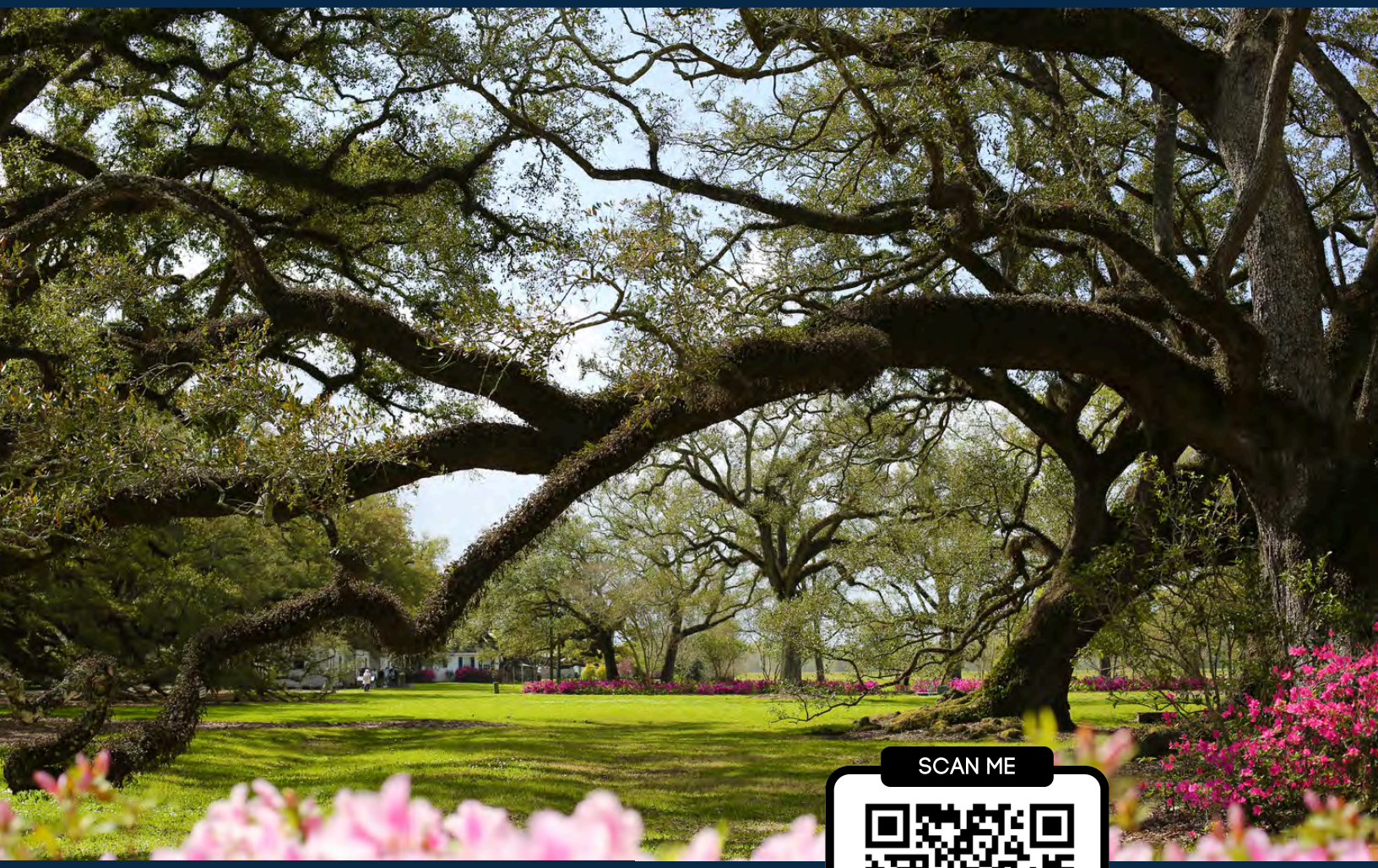
St. Tammany Parish School Board
2026-2027 Plan Year

BENEFITS GUIDE



SCAN ME

ffbenefits.ffga.com/sttammanyparishschoolboard

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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!

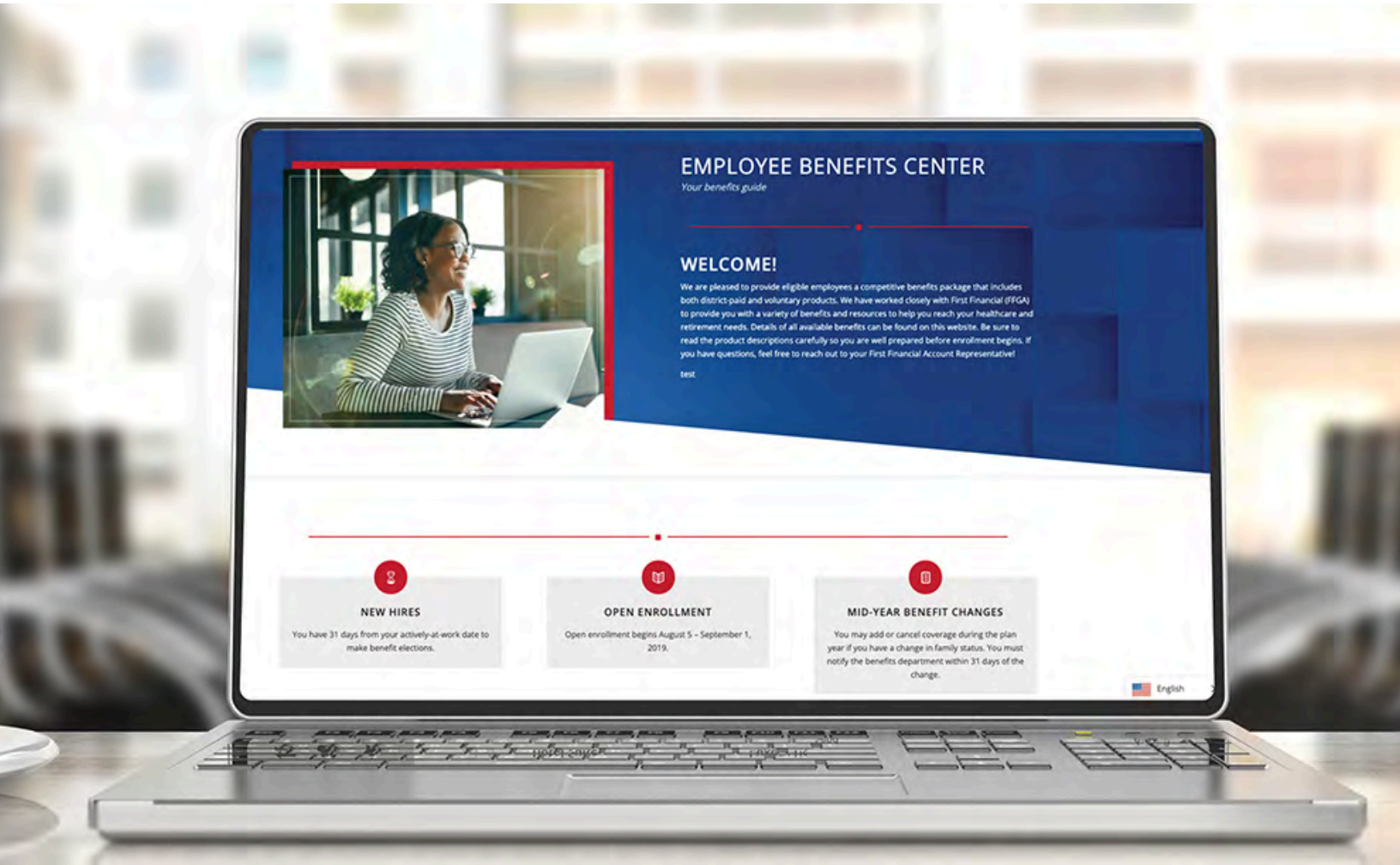
St. Tammany Parish and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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

SCAN ME!

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

ffbenefits.ffga.com/sttammanyparishschoolboard



How to Enroll / View Benefits

Benefits Enrollment

On-Site Enrollment

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

View Benefits

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

Username & Password

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

View Current Benefits

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

View/Add Dependents

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

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

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

Existing Employees

When it's time to enroll in your benefits, your FFGA Account Representative will be available to assist you with making your elections. 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 30 days of the change.

Qualifying Life Events Include:

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

Declining Coverage

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. You still need to complete the beneficiary information.

Section 125 Plans

Section 125 Plan Information & Rules

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

Here's How It Works

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

Is It Right For Me?

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

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 30 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

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

Section 125 Plan Sample Paycheck

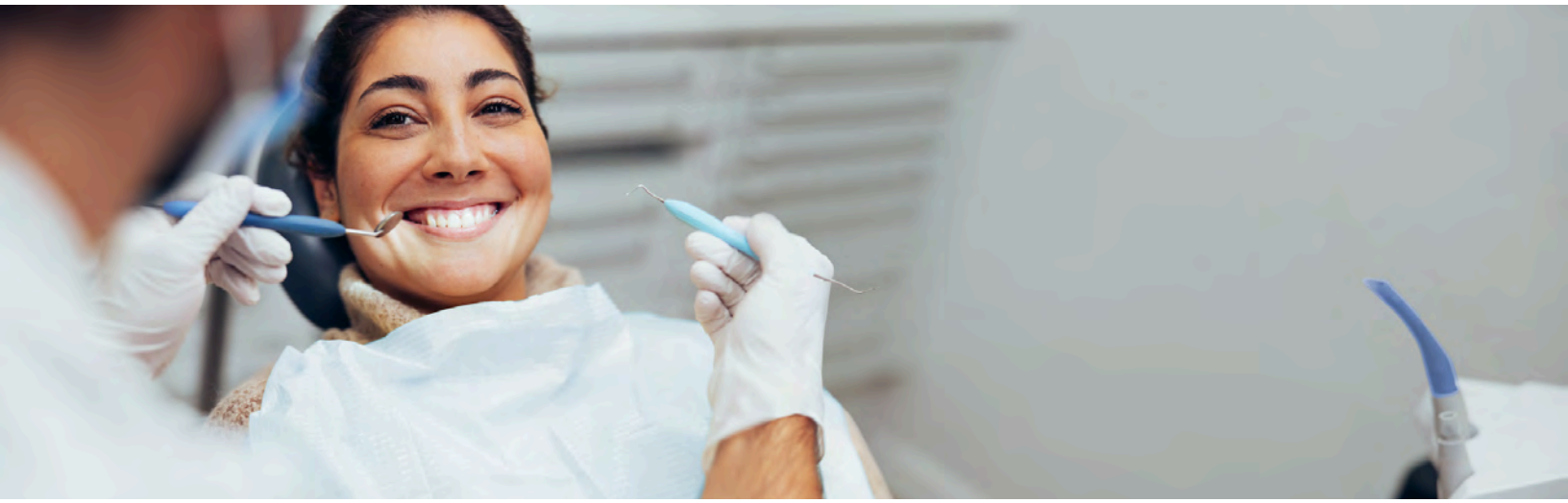
	Without S125	With S125
Monthly Salary	$2,000	$2,000
Less Medical Deductions	-N/A	-$250
Tax Gross Income	$2,000	$1,750
Less Taxes (Fed/State at 20%)	-$400	-$350
Less Estimated FICA (7.65%)	-$153	-$133
Less Medical Deductions	-$250	-N/A
Take Home Pay	$1,197	$1,267

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

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

Dental Insurance

Plan Choices



Humana | www.humana.com | 800-626-1690

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 Semi-Monthly Premiums		
	Preventive	Preferred
Employee Only	$8.30	$17.02
Employee + Spouse	$18.44	$38.27
Employee + Children	$21.20	$35.78
Employee + Family	$33.10	$58.08

Humana Dental Preventive Plus 09

LOUISIANA

St. Tammany Parish School

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual $50	Family $150	Individual $50	Family $150
Calendar-year annual maximum (excludes orthodontia services)	$1,000			
Preventive services • Oral examinations • X-rays • Cleanings • Topical fluoride treatment (through age 14, one per calendar year) • Sealants (through age 14)	100% no deductible		100% no deductible	
Basic services • Space maintainers (through age 14) • Emergency care for pain relief • Basic oral surgery services - basic extractions of erupted tooth or root • Fillings (amalgam, composite for anterior teeth) • Appliances for children (through age 14) • Prefabricated stainless steel crowns	80% after deductible		80% after deductible	
More Value **Basic services** • Space maintainers (through age 14) • Appliances for children • Prefabricated stainless steel crowns **Major services** • Crowns • Inlays and onlays • Bridgework • Dentures • Denture relines and rebases • Denture repair and adjustments • Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots • Periodontics (gums) • Endodontics (root canals) **Orthodontia services** • Adult and child orthodontia	These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.			

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.

Humana Dental Preventive Plus 09

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	Not available	Not available
Late Enrollment	No	Yes	Not available	Not available

Bi-Monthly rates*

Employee	$8.30
Employee + spouse:	$18.44
Employee + child(ren):	$21.20
Family:	$33.18

* This is not a substitute for a quote. Rates must be approved by HumanaDental underwriting.

Humana Dental Traditional Preferred 09

LOUISIANA

St. Tammany Parish School

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual $50	Family $150	Individual $50	Family $150
Calendar-year annual maximum (excludes orthodontia services)	$1,000 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)			
Preventive services • Oral examinations • X-rays • Cleanings • Topical fluoride treatment (through age 14, one per calendar year) • Sealants (through age 14)	100% no deductible		100% no deductible	
Basic services • Space maintainers (through age 14) • Emergency care for pain relief • Basic oral surgery services - basic extractions of erupted tooth or root • Fillings (amalgam, composite for anterior teeth) • Appliances for children (through age 14) • Prefabricated stainless steel crowns • Periodontics (gums) • Endodontics (root canals)	80% after deductible		80% after deductible	
Major services • Crowns • Inlays and onlays • Bridgework • Dentures • Denture relines and rebases • Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots • Denture repair and adjustments	50% after deductible		50% after deductible	
Orthodontia services	Adult/child orthodontia. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: $1,000 lifetime orthodontia maximum.			

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.

Humana Dental Traditional Preferred 09

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	12 months [1]
Late applicant [2, 3]	No	12 months	12 months	12 months

[1] Waiting periods may be decreased or waived based on the number of months the member had dental insurance immediately before their effective date. Members must have prior orthodontic insurance to reduce or waive the orthodontic waiting period.
[2] Late applicants not allowed with open enrollment option.
[3] Waiting periods do not apply to endodontic services unless a late applicant.

Bi-Monthly rates*

Employee	$17.02
Employee + spouse:	$38.27
Employee + child(ren):	$35.78
Family:	$58.08

* This is not a substitute for a quote. Rates must be approved by HumanaDental underwriting.

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental Traditional Preferred plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.
* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.
* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered servcies by choosing dentists in the HumanaDental Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **HumanaDental.com** or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

Humana®

Humana.com

Vision Insurance

Humana | www.humana.com | 866-537-0229

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

Semi-Monthly Premiums	
Humana Vision	
Employee Only	$3.50
Employee + Spouse	$7.00
Employee + Child(ren)	$6.65
Employee + Family	$10.45

Humana Vision 130

LOUISIANA

St. Tammany Parish School Board

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary	$10	Up to $30
• Retinal imaging[1]	Up to $39	Not covered
Contact lens exam options[2]		
• Standard contact lens fit and follow-up	Up to $55	Not covered
• Premium contact lens fit and follow-up	10% off retail	Not covered
Frames[3]	$130 allowance 20% off balance over $130	$65 allowance
Standard plastic lenses[4]		
• Single vision	$15	Up to $25
• Bifocal	$15	Up to $40
• Trifocal	$15	Up to $60
• Lenticular	$15	Up to $100
Covered lens options[4]		
• UV coating	$15	Not covered
• Tint (solid and gradient)	$15	Not covered
• Standard scratch-resistance	$15	Not covered
• Standard polycarbonate - adults	$40	Not covered
• Standard polycarbonate - children <19	$40	Not covered
• Standard anti-reflective coating	$45	Not covered
• Premium anti-reflective coating	Premium anti-reflective coatings as follows:	Premium anti-reflective coatings as follows:
- Tier 1	$57	Not covered
- Tier 2	$68	Not covered
- Tier 3	80% of charge	Not covered
• Standard progressive (add-on to bifocal)	$15	Up to $40
• Premium progressive	Premium progressives as follows:	Premium progressives as follows:
- Tier 1	$110	Not covered
- Tier 2	$120	Not covered
- Tier 3	$135	Not covered
- Tier 4	$90 copay, 80% of charge less $120 allowance	Not covered
• Photochromatic / plastic transitions	$75	Not covered
• Polarized	20% off retail	Not covered
Contact lenses[5] (applies to materials only)		
• Conventional	$130 allowance, 15% off balance over $130	$104 allowance
• Disposable	$130 allowance	$104 allowance
• Medically necessary	$0	$200 allowance

Humana Vision 130

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months
Diabetic Eye Care: care and testing for diabetic members		
• Examination - Up to (2) services per year	$0	Up to $77
• Retinal Imaging - Up to (2) services per year	$0	Up to $50
• Extended Ophthalmoscopy - Up to (2) services per year	$0	Up to $15
• Gonioscopy - Up to (2) services per year	$0	Up to $15
• Scanning Laser - Up to (2) services per year	$0	Up to $33

Optional benefits

[1] Member costs may exceed $39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
[2] Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.
[3] Discounts may be available on all frames except when prohibited by the manufacturer.
[4] Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
[5] Plan covers contact lenses or frames, but not both.

Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

Bi-Monthly rates*

Employee	$3.50
Employee & Spouse	$7.00
Employee & Child(ren)	$6.65
Employee & Family	$10.45

Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
   - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
   - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
   - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
   - War or any act of war, whether declared or not;
   - Any act of international armed conflict; or
   - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
   - Is not a visual necessity;
   - Does not offer a favorable prognosis;
   - Does not have uniform professional endorsement; or
   - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis [1].

[1] Thompson Media Inc.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-877-320-1235 or if you use a TTY, call 711.

If you believe that **Humana Inc. and its subsidiaries** have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-877-320-1235 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800–368–1019, 800-537-7697 (TDD)
Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-320-1235 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-320-1235 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-320-1235 （TTY: 711）。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-320-1235 (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-877-320-1235 (TTY: 711)번으로 전화해 주십시오 .

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-320-1235 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-320-1235 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-320-1235 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-320-1235 (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-320-1235 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-320-1235 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-320-1235 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-320-1235 (TTY: 711).

العربية (Arabic):
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-320-1235 (رقم هاتف الصم والبكم: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-320-1235 （TTY：711）まで、お電話にてご連絡ください。

فارسی (Farsi):
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-320-1235 (TTY: 711) تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę́ę́', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-877-320-1235 (TTY: 711).

Flexible Spending Accounts

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

Medical FSA

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

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

Medical FSA Highlights

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

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

Dependent Care FSA

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

You may allocate up to $7,500 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is $3,750.

Dependent Care FSA Highlights

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

FSA Resources

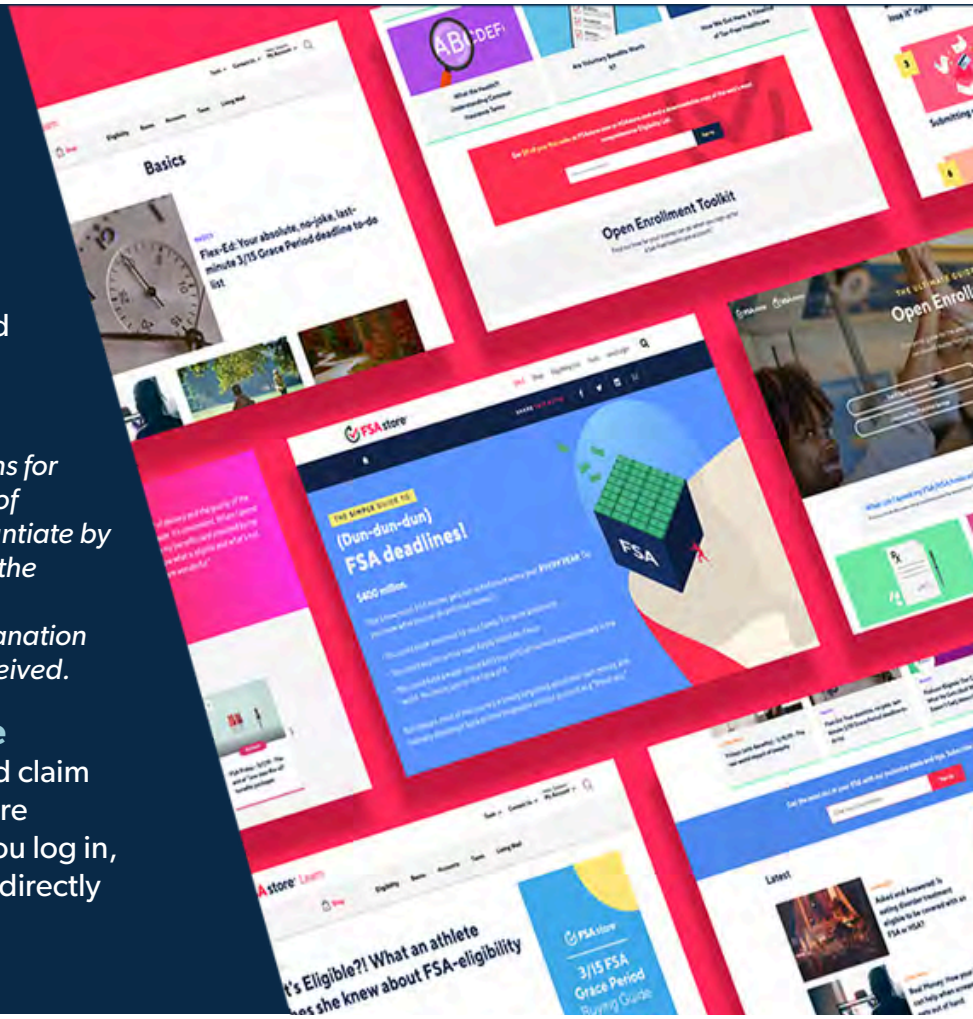
Benefits Card

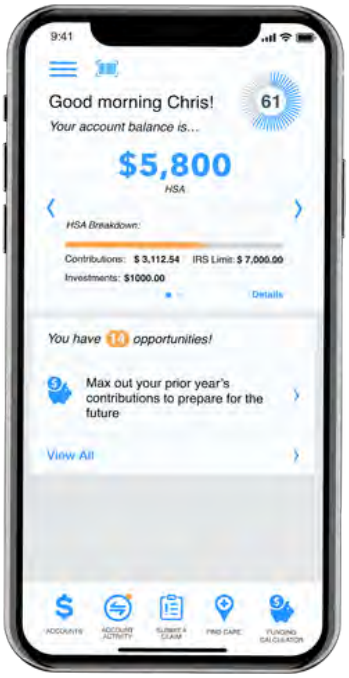
The FFGA Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at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

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

View Your Account Details Online

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





FF Mobile Account App

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

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.

Underwritten By

TEXASLIFE INSURANCE COMPANY

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

PURELIFE-PLUS

Flexible Premium Life Insurance to Age 121

Portable, Permanent Individual Life Insurance for the Employee and Family

Policy Form: ICC18-PRFNG-NI-18

Product Highlights

Permanent Life Insurance to Age 121

Minimal Cash Value Premiums Dedicated Primarily to Purchase Life Insurance

Level Premium Guarantees Coverage for a Significant Period of Time

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

No Surrender Charges Apply

Accelerated Death Benefit Due to Terminal Illness Included

Convenient Premium Payments Through Payroll Deduction

Portable When You Leave Employment

Accidental Death Benefit Included for Selected Ages

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

For the eligible employees of

St. Tammany Parish School Board

Marketed by

Application for Life Insurance

Express Issue | Monthly Pay

FOR USE ONLY IN

Louisiana

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TEXASLIFE INSURANCE COMPANY

A Summary of the Accelerated Death Benefit Rider

Terminal Illness - included at no additional cost

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

Chronic Illness - included with an additional premium

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

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

Important Notices

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

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

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

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

18P061 PLP18 CI R03/23

Representation of benefit payable - Terminal or Chronic Illness

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

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

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

OPTIONAL BENEFITS MONTHLY COST:

Accidental Death Benefit ..... $0.08 per $1,000 of Face Amount

Accelerated Death Benefit Rider For Chronic Illness ..... 10% of Base Plan Table Premium

Express Issue Amounts of Coverage Available on Spouse

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

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

(Non-Tobacco Class)

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

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

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

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

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

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

(Tobacco Class)

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

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

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

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

TEXASLIFE INSURANCE COMPANY — EMPLOYEE/SPOUSE MONTHLY PREMIUMS

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown — Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									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	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

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

Non Tobacco

TEXASLIFE INSURANCE COMPANY — EMPLOYEE/SPOUSE MONTHLY PREMIUMS

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									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	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

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

Tobacco

TEXASLIFE INSURANCE COMPANY

CHILD MONTHLY PREMIUMS

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000	
15D-1				9.25					16.25	81
2-4				9.50					16.75	80
5-8				9.75					17.25	79
9-10				10.00					17.75	79
11-16				10.25					18.25	77
17-20				12.25					22.25	75
21-22				12.50					22.75	74
23				12.75					23.25	75
24-25				13.00					23.75	74
26				13.50					24.75	75
27-28										74
29										74
30-31										73
32										74
33										74
34										75
35										76
36										76
37										77
38										77
39										78
40										79
41										80
42										81
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66										90
67										91
68										91
69										91
70										91

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

Non-Tobacco

TEXAS**LIFE** INSURANCE COMPANY

CHILD MONTHLY PREMIUMS

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				17.25					32.25	71
21-22				18.00					33.75	71
23				18.75					35.25	72
24-25				19.25					36.25	71
26				19.75					37.25	72
27-28										71
29										71
30-31										72
32										72
33										72
34										71
35										72
36										72
37										73
38										73
39										74
40										76
41										77
42										78
43										80
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65										87
66										88
67										88
68										88
69										88
70										89

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

Tobacco

Short Term Disability Insurance

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

Why Do I Need Disability Insurance?

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

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

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

AF™ Short-Term Disability Income Insurance

Saint Tammany Parish

Marketed by:

FFGA Benefit Solutions Simplified

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights

Benefits are Payable Directly to You

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

Customized to Meet Your Individual Needs

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

Choose the Right Plan for You

BENEFITS BEGIN on the day of Disability due to a covered Injury or Sickness.	
Plan I	On the 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 (including pregnancy). Disability must begin while your coverage is active.

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

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

Benefit Policy Schedule

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

		Monthly Premiums		
Monthly Salary	**Monthly Disability Benefit**	**Plan I (1st/8th)**	**Plan II (15th)**	**Plan III (31st)**
$286.00 - $428.99	$200.00	$6.88	$5.28	$3.36
$429.00 - $571.99	$300.00	$10.32	$7.92	$5.04
$572.00 - $714.99	$400.00	$13.76	$10.56	$6.72
$715.00 - $857.99	$500.00	$17.20	$13.20	$8.40
$858.00 - $999.99	$600.00	$20.64	$15.84	$10.08
$1,000.00 - $1,142.99	$700.00	$24.08	$18.48	$11.76
$1,143.00 - $1,285.99	$800.00	$27.52	$21.12	$13.44
$1,286.00 - $1,428.99	$900.00	$30.96	$23.76	$15.12
$1,429.00 - $1,571.99	$1,000.00	$34.40	$26.40	$16.80
$1,572.00 - $1,714.99	$1,100.00	$37.84	$29.04	$18.48
$1,715.00 - $1,857.99	$1,200.00	$41.28	$31.68	$20.16
$1,858.00 - $1,999.99	$1,300.00	$44.72	$34.32	$21.84
$2,000.00 - $2,142.99	$1,400.00	$48.16	$36.96	$23.52
$2,143.00 - $2,285.99	$1,500.00	$51.60	$39.60	$25.20
$2,286.00 - $2,428.99	$1,600.00	$55.04	$42.24	$26.88
$2,429.00 - $2,571.99	$1,700.00	$58.48	$44.88	$28.56
$2,572.00 - $2,714.99	$1,800.00	$61.92	$47.52	$30.24
$2,715.00 - $2,857.99	$1,900.00	$65.36	$50.16	$31.92
$2,858.00 - $2,999.99	$2,000.00	$68.80	$52.80	$33.60
$3,000.00 - $3,142.99	$2,100.00	$72.24	$55.44	$35.28
$3,143.00 - $3,285.99	$2,200.00	$75.68	$58.08	$36.96
$3,286.00 - $3,428.99	$2,300.00	$79.12	$60.72	$38.64
$3,429.00 - $3,571.99	$2,400.00	$82.56	$63.36	$40.32
$3,572.00 - $3,714.99	$2,500.00	$86.00	$66.00	$42.00
$3,715.00 - $3,857.99	$2,600.00	$89.44	$68.64	$43.68
$3,858.00 - $3,999.99	$2,700.00	$92.88	$71.28	$45.36
$4,000.00 - $4,142.99	$2,800.00	$96.32	$73.92	$47.04
$4,143.00 - $4,285.99	$2,900.00	$99.76	$76.56	$48.72
$4,286.00 - $4,428.99	$3,000.00	$103.20	$79.20	$50.40
$4,429.00 - $4,571.99	$3,100.00	$106.64	$81.84	$52.08
$4,572.00 - $4,714.99	$3,200.00	$110.08	$84.48	$53.76
$4,715.00 - $4,857.99	$3,300.00	$113.52	$87.12	$55.44
$4,858.00 - $4,999.99	$3,400.00	$116.96	$89.76	$57.12
$5,000.00 - $5,142.99	$3,500.00	$120.40	$92.40	$58.80
$5,143.00 - $5,285.99	$3,600.00	$123.84	$95.04	$60.48
$5,286.00 - $5,428.99	$3,700.00	$127.28	$97.68	$62.16
$5,429.00 - $5,571.99	$3,800.00	$130.72	$100.32	$63.84

		Monthly Premiums		
Monthly Salary	Monthly Disability Benefit	Plan I (1st/8th)	Plan II (15th)	Plan III (31st)
$5,572.00 - $5,714.99	$3,900.00	$134.16	$102.96	$65.52
$5,715.00 - $5,857.99	$4,000.00	$137.60	$105.60	$67.20
$5,858.00 - $5,999.99	$4,100.00	$141.04	$108.24	$68.88
$6,000.00 - $6,142.99	$4,200.00	$144.48	$110.88	$70.56
$6,143.00 - $6,285.99	$4,300.00	$147.92	$113.52	$72.24
$6,286.00 - $6,428.99	$4,400.00	$151.36	$116.16	$73.92
$6,429.00 - $6,571.99	$4,500.00	$154.80	$118.80	$75.60
$6,572.00 - $6,714.99	$4,600.00	$158.24	$121.44	$77.28
$6,715.00 - $6,857.99	$4,700.00	$161.68	$124.08	$78.96
$6,858.00 - $6,999.99	$4,800.00	$165.12	$126.72	$80.64
$7,000.00 - $7,142.99	$4,900.00	$168.56	$129.36	$82.32
$7,143.00 - $7,285.99	$5,000.00	$172.00	$132.00	$84.00
$7,286.00 - $7,428.99	$5,100.00	$175.44	$134.64	$85.68
$7,429.00 - $7,571.99	$5,200.00	$178.88	$137.28	$87.36
$7,572.00 - $7,714.99	$5,300.00	$182.32	$139.92	$89.04
$7,715.00 - $7,857.99	$5,400.00	$185.76	$142.56	$90.72
$7,858.00 - $7,999.99	$5,500.00	$189.20	$145.20	$92.40
$8,000.00 - $8,142.99	$5,600.00	$192.64	$147.84	$94.08
$8,143.00 - $8,285.99	$5,700.00	$196.08	$150.48	$95.76
$8,286.00 - $8,428.99	$5,800.00	$199.52	$153.12	$97.44
$8,429.00 - $8,571.99	$5,900.00	$202.96	$155.76	$99.12
$8,572.00 - $8,713.99	$6,000.00	$206.40	$158.40	$100.80
$8,714.00 - $8,856.99	$6,100.00	$209.84	$161.04	$102.48
$8,857.00 - $8,999.99	$6,200.00	$213.28	$163.68	$104.16
$9,000.00 - $9,142.99	$6,300.00	$216.72	$166.32	$105.84
$9,143.00 - $9,285.99	$6,400.00	$220.16	$168.96	$107.52
$9,286.00 - $9,428.99	$6,500.00	$223.60	$171.60	$109.20
$9,429.00 - $9,570.99	$6,600.00	$227.04	$174.24	$110.88
$9,571.00 - $9,713.99	$6,700.00	$230.48	$176.88	$112.56
$9,714.00 - $9,856.99	$6,800.00	$233.92	$179.52	$114.24
$9,857.00 - $9,999.99	$6,900.00	$237.36	$182.16	$115.92
$10,000.00 - $10,142.99	$7,000.00	$240.80	$184.80	$117.60
$10,143.00 - $10,285.99	$7,100.00	$244.24	$187.44	$119.28
$10,286.00 - $10,428.99	$7,200.00	$247.68	$190.08	$120.96
$10,429.00 - $10,570.99	$7,300.00	$251.12	$192.72	$122.64
$10,571.00 - $10,713.99	$7,400.00	$254.56	$195.36	$124.32
$10,714.00- And Over	$7,500.00	$258.00	$198.00	$126.00

Maximum Benefit Period

Benefits are payable up to 180 days for a covered Injury or Sickness.

When Coverage Begins

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

Donor Benefit

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

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

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

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

Alcoholism and Drug Addiction Limited Benefit

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

Pre-Existing Condition Limitation

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the policy for 12 months. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician, for 12 consecutive months for such condition(s).

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

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us. If you leave employment to perform Service in the Uniformed Services and reapply for coverage after release from the uniformed services, including all of your family members and dependents previously covered, shall be reinstated with coverage under the group policy without any restriction because of a pre-existing condition.

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

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

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

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.

Spousal Accident Only Disability Benefit Rider

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

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

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

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

Policy Exclusions

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

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

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

Your coverage may be extended for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 60 days advance notice. If premium rates are increased we will provide a 45 day advance notice.

Your benefits, all in one place.
Manage your American Fidelity benefits and reimbursement accounts through your online account or the AFmobile® app.

Pre-Existing Conditions may apply.

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

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

Long Term Disability Insurance

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

Why Do I Need Disability Insurance?

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

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

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

AF™ Long-Term Disability Income Insurance

Saint Tammany Parish

Marketed by:

FFGI Benefit Solutions Simplified

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights

Benefits are Payable Directly to You

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

Customized to Meet Your Individual Needs

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

Return-to-Work Benefit

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

Choose the Right Plan for You

BENEFITS BEGIN on the day of Disability due to a covered Injury or Sickness.	
Plan I	On the 91st day
Plan II	On the 181st day

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

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

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

Disability or disabled for the first 12 months of Disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, Disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience and which provides you with substantially the same earning capacity as your former earning capacity prior to the start of the Disability.

Benefit Policy Schedule

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

			Monthly Premiums	
Monthly Salary	**Monthly Disability Benefit**	**Accidental Death Benefit**	**Plan I (91st)**	**Plan II (181st)**
$286.00 - $428.99	$200.00	$20,000.00	$4.12	$3.08
$429.00 - $571.99	$300.00	$20,000.00	$6.18	$4.62
$572.00 - $714.99	$400.00	$20,000.00	$8.24	$6.16
$715.00 - $857.99	$500.00	$20,000.00	$10.30	$7.70
$858.00 - $999.99	$600.00	$20,000.00	$12.36	$9.24
$1,000.00 - $1,142.99	$700.00	$20,000.00	$14.42	$10.78
$1,143.00 - $1,285.99	$800.00	$20,000.00	$16.48	$12.32
$1,286.00 - $1,428.99	$900.00	$20,000.00	$18.54	$13.86
$1,429.00 - $1,571.99	$1,000.00	$20,000.00	$20.60	$15.40
$1,572.00 - $1,714.99	$1,100.00	$20,000.00	$22.66	$16.94
$1,715.00 - $1,857.99	$1,200.00	$20,000.00	$24.72	$18.48
$1,858.00 - $1,999.99	$1,300.00	$20,000.00	$26.78	$20.02
$2,000.00 - $2,142.99	$1,400.00	$20,000.00	$28.84	$21.56
$2,143.00 - $2,285.99	$1,500.00	$20,000.00	$30.90	$23.10
$2,286.00 - $2,428.99	$1,600.00	$20,000.00	$32.96	$24.64
$2,429.00 - $2,571.99	$1,700.00	$20,000.00	$35.02	$26.18
$2,572.00 - $2,714.99	$1,800.00	$20,000.00	$37.08	$27.72
$2,715.00 - $2,857.99	$1,900.00	$20,000.00	$39.14	$29.26
$2,858.00 - $2,999.99	$2,000.00	$20,000.00	$41.20	$30.80
$3,000.00 - $3,142.99	$2,100.00	$20,000.00	$43.26	$32.34
$3,143.00 - $3,285.99	$2,200.00	$20,000.00	$45.32	$33.88
$3,286.00 - $3,428.99	$2,300.00	$20,000.00	$47.38	$35.42
$3,429.00 - $3,571.99	$2,400.00	$20,000.00	$49.44	$36.96
$3,572.00 - $3,714.99	$2,500.00	$20,000.00	$51.50	$38.50
$3,715.00 - $3,857.99	$2,600.00	$20,000.00	$53.56	$40.04
$3,858.00 - $3,999.99	$2,700.00	$20,000.00	$55.62	$41.58
$4,000.00 - $4,142.99	$2,800.00	$20,000.00	$57.68	$43.12
$4,143.00 - $4,285.99	$2,900.00	$20,000.00	$59.74	$44.66
$4,286.00 - $4,428.99	$3,000.00	$20,000.00	$61.80	$46.20
$4,429.00 - $4,571.99	$3,100.00	$20,000.00	$63.86	$47.74
$4,572.00 - $4,714.99	$3,200.00	$20,000.00	$65.92	$49.28
$4,715.00 - $4,857.99	$3,300.00	$20,000.00	$67.98	$50.82
$4,858.00 - $4,999.99	$3,400.00	$20,000.00	$70.04	$52.36
$5,000.00 - $5,142.99	$3,500.00	$20,000.00	$72.10	$53.90
$5,143.00 - $5,285.99	$3,600.00	$20,000.00	$74.16	$55.44
$5,286.00 - $5,428.99	$3,700.00	$20,000.00	$76.22	$56.98
$5,429.00 - $5,571.99	$3,800.00	$20,000.00	$78.28	$58.52

			Monthly Premiums	
Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Plan I (91st)	Plan II (181st)
$5,572.00 - $5,714.99	$3,900.00	$20,000.00	$80.34	$60.06
$5,715.00 - $5,857.99	$4,000.00	$20,000.00	$82.40	$61.60
$5,858.00 - $5,999.99	$4,100.00	$20,000.00	$84.46	$63.14
$6,000.00 - $6,142.99	$4,200.00	$20,000.00	$86.52	$64.68
$6,143.00 - $6,285.99	$4,300.00	$20,000.00	$88.58	$66.22
$6,286.00 - $6,428.99	$4,400.00	$20,000.00	$90.64	$67.76
$6,429.00 - $6,571.99	$4,500.00	$20,000.00	$92.70	$69.30
$6,572.00 - $6,714.99	$4,600.00	$20,000.00	$94.76	$70.84
$6,715.00 - $6,857.99	$4,700.00	$20,000.00	$96.82	$72.38
$6,858.00 - $6,999.99	$4,800.00	$20,000.00	$98.88	$73.92
$7,000.00 - $7,142.99	$4,900.00	$20,000.00	$100.94	$75.46
$7,143.00 - $7,285.99	$5,000.00	$20,000.00	$103.00	$77.00
$7,286.00 - $7,428.99	$5,100.00	$20,000.00	$105.06	$78.54
$7,429.00 - $7,571.99	$5,200.00	$20,000.00	$107.12	$80.08
$7,572.00 - $7,714.99	$5,300.00	$20,000.00	$109.18	$81.62
$7,715.00 - $7,857.99	$5,400.00	$20,000.00	$111.24	$83.16
$7,858.00 - $7,999.99	$5,500.00	$20,000.00	$113.30	$84.70
$8,000.00 - $8,142.99	$5,600.00	$20,000.00	$115.36	$86.24
$8,143.00 - $8,285.99	$5,700.00	$20,000.00	$117.42	$87.78
$8,286.00 - $8,428.99	$5,800.00	$20,000.00	$119.48	$89.32
$8,429.00 - $8,571.99	$5,900.00	$20,000.00	$121.54	$90.86
$8,572.00 - $8,713.99	$6,000.00	$20,000.00	$123.60	$92.40
$8,714.00 - $8,856.99	$6,100.00	$20,000.00	$125.66	$93.94
$8,857.00 - $8,999.99	$6,200.00	$20,000.00	$127.72	$95.48
$9,000.00 - $9,142.99	$6,300.00	$20,000.00	$129.78	$97.02
$9,143.00 - $9,285.99	$6,400.00	$20,000.00	$131.84	$98.56
$9,286.00 - $9,428.99	$6,500.00	$20,000.00	$133.90	$100.10
$9,429.00 - $9,570.99	$6,600.00	$20,000.00	$135.96	$101.64
$9,571.00 - $9,713.99	$6,700.00	$20,000.00	$138.02	$103.18
$9,714.00 - $9,856.99	$6,800.00	$20,000.00	$140.08	$104.72
$9,857.00 - $9,999.99	$6,900.00	$20,000.00	$142.14	$106.26
$10,000.00 - $10,142.99	$7,000.00	$20,000.00	$144.20	$107.80
$10,143.00 - $10,285.99	$7,100.00	$20,000.00	$146.26	$109.34
$10,286.00 - $10,428.99	$7,200.00	$20,000.00	$148.32	$110.88
$10,429.00 - $10,570.99	$7,300.00	$20,000.00	$150.38	$112.42
$10,571.00 - $10,713.99	$7,400.00	$20,000.00	$152.44	$113.96
$10,714.00 - And Over	$7,500.00	$20,000.00	$154.50	$115.50

Plan Benefit Highlights

Maximum Benefit Period

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

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

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

Social Security Filing Assistance

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

When Coverage Begins

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

Physician Expense Benefit

Injury - $150.00 per Injury
Sickness - $50.00

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

Accidental Death Benefit

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

Hospital Confinement Benefit

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

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after Disability payments have been received for 180 consecutive days. We will require proof annually that you remain Disabled during that time.

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Workers' compensation law, occupational disease law or any similar act or law.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 90 (Plan I) and 180 (Plan II) calendar days from the date of Disability.

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

Minimum Disability Benefit

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

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

Your Disability payment will be the Disability Benefit described in the benefit schedule less any Deductible Sources of Income you receive or are entitled to receive. No Disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Return To Work Incentives: Disabled and Working

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

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Pre-Existing Condition Limitation

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 12 months. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a Physician, for 12 consecutive months for such condition(s).

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

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us. If you leave employment to perform Service in the Uniformed Services and reapply for coverage after release from the uniformed services, including all of your family members and dependents previously covered, shall be reinstated with coverage under the group policy without any restriction because of a pre-existing condition.

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

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

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

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

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

Spousal Accident Only Disability Benefit Rider

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

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

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

COBRA Funding Rider

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

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

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

Survivor Benefit Rider

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

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

Monthly Benefit Amount	Monthly Premium
$2,000.00	$6.80

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.

COBRA Funding Benefit Rider

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

Spousal Accident Only Disability Benefit Rider

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

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

Survivor Benefit Rider

The policy does not cover any loss, fatal or non-fatal, which results from: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or Sickness contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation. No Disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

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

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

Policy Exclusions

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

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

Your coverage may be extended for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 60 days advance notice. If premium rates are increased we will provide a 45 day advance notice.

Your benefits, all in one place.

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

Pre-Existing Conditions may apply.

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

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

G120-207 MCH#7127 014408-5, 014411-10, 014710-R1, 014708-R1, 014002-R1, 014707-R1

SB-32282(FF)-0824

Cancer Insurance

Plan Options

Guardian | www.guardianlife.com | 866-600-1600

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

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

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

Cancer Insurance		
Bi-Monthly Premiums	**Plan 1**	**Plan 2**
Employee	$12.32	$17.38
Employee & Spouse	$22.82	$27.77
Employee & Child(ren)	$14.81	$21.26
Employee & Family	$25.31	$31.65

Guardian®

St Tammany Parish School Board
All Eligible Employees
Group Number: 00040312

Customer Service (888) 600-1600
Monday to Friday | 8am to 8:30pm ET

Welcome to
Workplace benefits

Everyone deserves a Guardian

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

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

Know your benefits

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

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

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

Your coverage options

Cancer insurance	Financial support after a cancer diagnosis

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

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

Cancer insurance

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

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

Who is it for?

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

What does it cover?

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

Why should I consider it?

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

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

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

Extra support

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

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

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

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

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

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

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

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

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Your cancer coverage

	CANCER	
COVERAGE - DETAILS	**Option 1**	**Option 2**
Your Semi-monthly premium	**$12.32**	$17.38
You and Spouse	**$22.82**	**$27.77**
You and Child(ren)	**$14.81**	**$21.26**
You, Spouse and Child(ren)	**$25.31**	**$31.65**
INITIAL DIAGNOSIS BENEFIT - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.		
Benefit Amount(s)	Employee $2,500 Spouse $2,500 Child $2,500	Employee $5,000 Spouse $5,000 Child $5,000
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days	30 Days
CANCER SCREENING		
Benefit Amount	$75; $75 for Follow-Up screening	$150; $150 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY		
Benefit	Schedule amounts up to a $15,000 benefit year maximum.	Schedule amounts up to a $20,000 benefit year maximum.
Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 month look back period, 12 month exclusion period.	12 month look back period, 12 month exclusion period.
Portability: Allows you to take your Cancer coverage with you if you terminate employment.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years

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

Guardian®

Your cancer coverage

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

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

Your cancer coverage

UNDERSTANDING YOUR BENEFITS :

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

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

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

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

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

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

Contract # GP-1-CAN-IC-12

Guardian's Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.
Policy Form # GP-1-CAN-IC-12, et al, GP-1-LAH-12R

Guardian®

Our commitment to you

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

Important information

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

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

No Cost Language Services

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

Critical Illness Insurance

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

Prepare For the Unexpected

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

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

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

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ST TAMMANY PARISH SCHOOL BOARD
ALL ELIGIBLE FULL TIME EMPLOYEES
Group Number: 00040312

Customer Service (888) 600-1600
Monday to Friday | 8am to 8:30pm ET

Welcome to
Workplace benefits

Everyone deserves a Guardian

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

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

Know your benefits

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

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

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

Your coverage options

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

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

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

Critical illness insurance

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

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

Who is it for?

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

What does it cover?

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

Why should I consider it?

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

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

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

Critical costs

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

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

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

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

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

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

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

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Your critical illness coverage

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

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Guardian®

Your critical illness coverage

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

Guardian®

Your critical illness coverage

	Option 1	Option 2
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable	Not Applicable
Health Screening Benefit	Not Applicable	$100 Employee, $100 Spouse, $100 Child per year limit.

Condition Definitions

- BRCA1 or BRCA2 Mutation: occurs the date you're scheduled to undergo a mastectomy, or ovary or fallopian tube removal prior to a breast or ovarian cancer diagnosis as a preventive measure.
- Stroke - Moderate: requires clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage.
- Stroke - Severe: a permanent neurological deficit which persists at least 30 days after the event.
- Coronary Artery Disease: requires a diagnosis and severity level that requires one or more of the following procedures: atherectomy (rotation or laser), balloon angioplasty, laser angioplasty, stent implantation, thrombectomy (angiojet).
- Coronary Artery Disease - requiring a bypass: requires a diagnosis to be of such a severity that it requires one or more coronary artery bypass grafts.
- Heart Failure: requires a heart valve replacement or acceptance into the heart transplant waiting list.
- Kidney Failure: occurs on the earlier date of when renal or peritoneal dialysis begins, or the date you're accepted onto the kidney transplant waiting list of a recognized kidney transplant program in the United States.
- Major Organ Failure: occurs on the date you're accepted onto the liver, pancreas or lung transplant waiting list of a recognized transplant program in the United States.
- Crohn's Disease: benefit is available for the initial diagnosis of the disease, not the periodic flare-ups that may occur after the initial diagnosis.
- Epilepsy: requires initial diagnosis after at least two seizures, which are 24 hours apart and have no known trigger.
- Lupus: requires at least four symptoms be present at time of diagnosis. The benefit is available for initial diagnosis of the disease, not for periodic flare-ups that may occur after the initial diagnosis.
- Ulcerative Colitis: benefit is available for the initial diagnosis based on the results of a colonoscopy, not for periodic flare-ups that may occur after the initial diagnosis.
- Early-Stage Alzheimer's Disease: occurs on the date a physician diagnoses the progression which causes a loss of cognitive ability and functioning.
- Advanced Alzheimer's Disease: occurs on the date a physician diagnoses the cognitive decline to have progressed to the point that there's permanent inability to perform 2 or more Activities of Daily Living.
- Early-Stage Multiple Sclerosis (MS): must be diagnosed by a physician and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- Advanced Stage Multiple Sclerosis (MS): requires neurological deficits for at least six months and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- Early-Stage Parkinson's Disease: occurs on the date diagnosed by a physician with at least 1 symptom(s) affecting movement and the central nervous system.
- Advanced Parkinson's Disease: occurs on the date diagnosed by a physician and requires at least 3 or more symptom(s) affecting movement and the central nervous system.

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Critical Illness Cost Illustration

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

Your premium will not increase as you age.

Spouse/DP coverage premium is based on Employee age

Child cost is included with employee election.

Option 1

Semi-monthly Premiums Displayed
Election Cost Per Age Bracket

Benefit Amount	Issue Age	< 30	30-39	40-49	50-59	60-69	70+
Employee							
$10,000	**Non-tobacco**	**$1.25**	**$1.40**	**$4.20**	**$9.45**	**$11.25**	**$25.45**
	Tobacco	$1.50	$2.20	$6.95	$15.45	$28.75	$38.05
$15,000	**Non-tobacco**	**$1.88**	**$2.10**	**$6.30**	**$14.18**	**$16.88**	**$38.18**
	Tobacco	$2.25	$3.30	$10.43	$23.18	$43.13	$57.08
$20,000	**Non-tobacco**	**$2.50**	**$2.80**	**$8.40**	**$18.90**	**$22.50**	**$50.90**
	Tobacco	$3.00	$4.40	$13.90	$30.90	$57.50	$76.10
$30,000	**Non-tobacco**	**$3.75**	**$4.20**	**$12.60**	**$28.35**	**$33.75**	**$76.35**
	Tobacco	$4.50	$6.60	$20.85	$46.35	$86.25	$114.15
Benefit Amount Up To 50% of Employee Amount to a Maximum of $15,000							
Spouse							
$5,000	**Non-tobacco**	**$0.63**	**$0.70**	**$2.10**	**$4.73**	**$5.63**	**$12.73**
	Tobacco	$0.75	$1.10	$3.48	$7.73	$14.38	$19.03
$7,500	**Non-tobacco**	**$0.94**	**$1.05**	**$3.15**	**$7.09**	**$8.44**	**$19.09**
	Tobacco	$1.13	$1.65	$5.22	$11.59	$21.57	$28.54
$10,000	**Non-tobacco**	**$1.25**	**$1.40**	**$4.20**	**$9.45**	**$11.25**	**$25.45**
	Tobacco	$1.50	$2.20	$6.95	$15.45	$28.75	$38.05
$15,000	**Non-tobacco**	**$1.88**	**$2.10**	**$6.30**	**$14.18**	**$16.88**	**$38.18**
	Tobacco	$2.25	$3.30	$10.43	$23.18	$43.13	$57.08

Option 2

Semi-monthly Premiums Displayed
Election Cost Per Age Bracket

Benefit Amount	Issue Age	< 30	30-39	40-49	50-59	60-69	70+
Employee							
$10,000	**Non-tobacco**	**$3.20**	**$4.20**	**$9.10**	**$18.55**	**$22.00**	**$39.55**
	Tobacco	$3.70	$1.30	$14.85	$30.55	$36.30	$68.70
$15,000	**Non-tobacco**	**$4.80**	**$6.30**	**$13.65**	**$27.83**	**$33.00**	**$59.33**
	Tobacco	$5.55	$1.95	$22.28	$45.83	$54.45	$103.05
$20,000	**Non-tobacco**	**$6.40**	**$8.40**	**$18.20**	**$37.10**	**$44.00**	**$79.10**
	Tobacco	$7.40	$2.60	$29.70	$61.10	$72.60	$137.40
$30,000	**Non-tobacco**	**$9.60**	**$12.60**	**$27.30**	**$55.65**	**$66.00**	**$118.65**
	Tobacco	$11.10	$3.90	$44.55	$91.65	$108.90	$206.10
Benefit Amount Up To 50% of Employee Amount to a Maximum of $15,000							
Spouse							
$5,000	**Non-tobacco**	**$1.60**	**$2.10**	**$4.55**	**$9.28**	**$11.00**	**$19.78**
	Tobacco	$1.85	$0.65	$7.43	$15.28	$18.15	$34.35

	Issue Age	< 30	30-39	40-49	50-59	60-69	70+
$7,500	**Non-tobacco**	**$2.40**	**$3.15**	**$6.83**	**$13.92**	**$16.50**	**$29.67**
	Tobacco	$2.78	$0.98	$11.14	$22.92	$27.23	$51.53
$10,000	**Non-tobacco**	**$3.20**	**$4.20**	**$9.10**	**$18.55**	**$22.00**	**$39.55**
	Tobacco	$3.70	$1.30	$14.85	$30.55	$36.30	$68.70
$15,000	**Non-tobacco**	**$4.80**	**$6.30**	**$13.65**	**$27.83**	**$33.00**	**$59.33**
	Tobacco	$5.55	$1.95	$22.28	$45.83	$54.45	$103.05

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

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

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

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

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

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

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

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

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

Contract # CI – 23 - P

Guardian's Critical Illness Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.
Policy Form # GP-1-LAH-12R; CI – 23 - P

Guardian®

Our commitment to you

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

Important information

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

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

No Cost Language Services

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

Accident Insurance

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

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

Limited Benefit Accident Only Insurance

AMERICAN FIDELITY
a different opinion

Prepare for the unexpected.

Accidents* can happen to anyone. And even though you can't plan for an accident, you can help prepare for unexpected medical costs. **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident expenses.

EMERGENCY ACCIDENT**

Hypothetical Example [1]

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

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

Annual Wellness Benefit**

BASIC
$50

ENHANCED
$75

Paid directly to you!

Benefits for Policy and Enhancement Rider**

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT			
BASIC	**PRIMARY**	**SPOUSE**	**CHILD**
Common Carrier	$50,000	$50,000	$25,000
Other Accident	$15,000	$15,000	$7,500
Dismemberment	$1,000 to $15,000	$1,000 to $15,000	$500 to $7,500
ENHANCED	**PRIMARY**	**SPOUSE**	**CHILD**
Common Carrier	$100,000	$100,000	$50,000
Other Accident	$30,000	$30,000	$15,000
Dismemberment	$1,500 to $30,000	$1,500 to $30,000	$750 to $15,000

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

**Accident* is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause. Please refer to your state's specific policy definition.*

Benefits**

ACCIDENT BENEFITS	BASIC	ENHANCED
EMERGENCY ACCIDENT TREATMENT		
Accident Emergency Treatment	$150	$200
Emergency Accident Follow-up Treatment (up to four treatments)	$50	$50
NON-EMERGENCY ACCIDENT TREATMENT		
Non-Emergency Accident Initial Treatment	$75	$100
Non-Emergency Accident Follow-up Treatment (up to two treatments)	$50	$50
MEDICAL IMAGING		
MRI, CT, CAT, PET, US	$200	$200
X-Rays	$50	$100
HOSPITAL CONFINEMENT		
Hospital Admission	$500	$1,000
Intensive Care Unit (up to 15 days)	$300	$600
Hospital Confinement (up to 365 days)	$100	$200
AMBULANCE		
Ground	$300	$300
Air	$1,500	$1,500
TREATMENT		
Outpatient Hospital or Ambulatory Surgical Center	$150	$250
Anesthesia	$150	$200
TRANSPORTATION BENEFITS		
Transportation Patient only, per round trip for up to 3 round trips per calendar year	$300	$300
Family Member Lodging and Meals Per day per accident; up to 30 days per confinement	$100	$100

MONTHLY PREMIUMS For Policy And Benefit Enhancement Rider	BASIC	ENHANCED
Individual	$19.90	$26.10
Individual & Spouse	$28.30	$34.90
Individual & Child(ren)	$31.50	$41.00
Family	$39.90	$49.80

ACCIDENT INJURY BENEFITS	ALL COVERAGE LEVELS
INJURY TREATMENT	
Fractures Benefit Depending on open or closed reduction, bone involved, or chip fracture	$25 to $3,000
Dislocations Benefit Depending on open or closed reduction, with or without anesthesia and joint involved	$25 to $3,000
Internal Injuries Benefit Resulting in open abdominal or thoracic surgery	$1,000
Tendons, Ligaments, and Rotator Cuff Benefit One tendon, ligament, or rotator cuff More than one tendon, ligament, or rotator cuff	$500 $750
2nd & 3rd Degree Burns Skin grafts are 25% of benefit	$100 to $10,000
Torn Knee Cartilage or Ruptured Disc Benefit	$500
Eye Injury Benefit Injury with surgical repair, for one or both eyes Removal of foreign body by a physician, for one or both eyes	$250 $50
Emergency Dental Work Benefit Broken teeth repaired with crown Extraction of broken teeth (regardless of number)	$150 $50
Concussion Benefit	$200
Lacerations Benefit Not requiring sutures Sutured lacerations up to two inches Sutured lacerations totaling two to six inches Sutured lacerations totaling over six inches	$25 $100 $200 $400
Appliances Benefit Crutches, leg braces, etc.	$100
Physical Therapy Benefit Per treatment up to eight treatments	$25
Prosthesis Benefit	$500
Blood, Plasma, and Platelets Benefit	$250
Exploratory Surgery without Surgical Repair Benefit	$250
Paralysis Benefit: Paraplegia / Quadriplegia	$5,000 / $10,000

WELLNESS BENEFIT	BASIC	ENHANCED
WELLNESS		
Annual Routine Physical Exam Requires a 12-month waiting period before use. One exam per policy per calendar year	$50	$75

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Plan Benefit Highlights (cont.)

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

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

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

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

X-Ray Benefit Payable when an x-ray is performed due to Injuries sustained in a Covered Accident. The x-ray must be done at the request of a Physician. This benefit does not cover any tests payable under the Medical Imaging Benefit or any other screening or medical imaging tests.

Limitations and Exclusions For Policy and Benefit Enhancement Rider

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

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

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

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

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

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

Guaranteed Renewable

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

Termination Notice

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

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

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

Marketed by:

FFGA
Benefit Solutions Simplified

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

Underwritten and administered by:

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

Voluntary Retirement Plans

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

403(b) Retirement Plan

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

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

457(b) Retirement Plan

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

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

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

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

403(b) Retirement Plans

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

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

How a 403(b) Works

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

Benefits

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

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

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

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

457(b) Retirement Plans

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

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

Benefits

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

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

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

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

FFinvest

457(b) RETIREMENT PLAN

The FFinvest Retirement Plan is a comprehensive plan, funded by Net Asset Value Mutual Funds. It is a competitive & simple, yet flexible plan with a 401(k) type of approach.

PLAN HIGHLIGHTS

Multiple Investment Options

- The plan provides 30+ different investment options , for savers and investors of all risk tolerances

ROTH (After-Tax) Option

Loan availability (subject to balance)

Rollovers/Transfers

- Rollovers and Transfers are accepted into the plan from other retirement plans

No Front-End or Deferred Sales Charges

FFGA
Benefit Solutions *Simplified*

ENROLL ONLINE

Go to www.tcgservices.com

- Click Enroll (upper right-hand corner)
- Search for your Employer
- Click Enroll in the 457(b) Savings Plan

If you have questions, please contact TCG Administrators at 800-943-9179
Monday - Friday, 8:00 a.m. - 7:00 p.m.

24/7, 365 ONLINE ACCESS VIA WEB OR MOBILE APP

Vast Learning Center located at
www.tcgservices.com

- Video Library
- Retirement Rundown & Market Commentary
- Financial Calculators

Service from your FFGA Account Rep
Dedicated email address: FFInvest@ffga.com

Long Term Care Insurance

Fidelity | www.fidelitylife.com | 800-369-3990

To fully equip yourself for the future, consider adding a long term care plan to your insurance portfolio. Most health insurance plans will not cover long term care services such as skilled in-home care, nursing home facilities, assisted living centers or adult day care. If you had a long term care insurance plan in place, you would have peace of mind knowing that these costs are covered.

A long term care insurance plan is there for you whenever you need it as long as the premiums are paid and the policy is still in force. And while we usually think of senior citizens being the ones who need a long term care plan, the truth is that any person at any age can claim benefits when it's necessary.

A long term care plan allows your loved ones to be there for you as a family member, not a caretaker. Plus, it helps preserve your assets so you can continue building your nest egg. Benefits are paid through payroll deduction, and the plan may be converted to an individual policy if you leave your employer.

Sit down with your FFGA Account Manager to discuss your group long-term care plan and choose the coverage the works best for you and your family.

LifeTime Benefit Term

Life Insurance with Long Term Care Protection

LifeTime Benefit Term is a unique life insurance protection product that also provides you with a low-cost way to cover the potential costs of long-term care in your senior years. Best of all, it comes with guarantees!

In addition to providing a life insurance death benefit, LifeTime Benefit Term gives you the option to receive an accelerated payment of your insurance coverage to cover the costs associated with nursing homes, assisted living and even in-home care—up to the full amount of your death benefit!

Protect yourself, your family and your future with

LifeTime Benefit Term Insurance

Through the convenience of payroll deduction, we offer you and your families valuable life insurance protection through age 120!

- LifeTime Benefit Term life insurance up to $100,000 for eligible employees.
- Based on the current interest rate of 4% and current mortality charges, death benefit will not decrease and will be fully paid up prior to age 100.
- No medical exams required. Issuance for eligible employees on a guaranteed issue basis based on an actively-at-work requirement during approved enrollment periods.
- Long Term Care (LTC) benefits are provided through an acceleration of the death benefit for up to 25 months. With Extension of Benefits they can last for up to 75 months.
- Fully portable—you own it and take it with you when you leave your employment.
- Spouse and child coverage is available

For Employees of

St. Tammany Parish School Board

Guardian®

+

FIDELITYLIFE®

LifeTime Benefit Term (LBT) is underwritten by Fidelity Life Association, an IL-based life insurance company and is sold and marketed through Guardian as its distribution partner.

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America® and is used with express permission.

Fidelity Life Association, A Legal Reserve Life Insurance Company
1350 E Touhy Ave., Suite 205W, Des Plaines, IL 60018
FidelityLife.com | Rated A- (Excellent) by A.M. Best[1]

Fidelity Life Association is headquartered in Des Plaines, IL and licensed in all states and the District of Columbia, except for WY and NY. LifeTime Benefit Term (Policy Form WP300, Certificate Form WC300) and some Optional Benefits are not available in all states. All applications are subject to underwriting approval. Benefits received for Long Term Care will reduce, by a like amount, the amount available for a death benefit or other accelerated benefits. Our NAIC number is 63290.

1 For latest rating access www.ambest.com

Working with you, *for life*®

MW060 0624 St Tammany PSB 0725

Guaranteed Premiums

Life insurance premiums will not increase and are guaranteed to age 100. After that, no additional premium is due and the coverage can continue through age 120.

Guaranteed Benefits

The death benefit is guaranteed 100% when it is needed most. While the policy is in force, the death benefit is 100% guaranteed for the longer of 25 years or age 70.

After age 70, the death benefit is guaranteed to never be less than 50% of the original death benefit. Based on current interest rates and mortality assumptions, the original death benefit is designed to last a lifetime.

Accelerated Death Benefit for Long Term Care (LTC)[2,3]

If you are unable to perform two of six Activities of Daily Living and require nursing home, home health care, assisted living, or adult day care services, you will receive 4% of your death benefit each month for up to 25 months. Insurance premiums are waived during the time this benefit is being paid. (Form #W3006)

Extension of Benefits[2,3]

After the original death benefit is fully dispersed and more LTC care is needed, benefits can be extended for up to 50 months.(Form #W3008)

Paid-up Benefits

Provides paid-up death benefit values after only five years, if you decide to stop paying premiums at some point in the future, you are guaranteed paid-up coverage of a reduced amount.

Terminal Illness Benefit[2,3]

You can receive up to 50% of the death benefit (not to exceed $100,000) if you are diagnosed as terminally ill, with the remaining death benefit being paid to your beneficiary. (Form #W3003)

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

MW060 0624

LifeTime Benefit Term at Work for You

Death Benefit Only

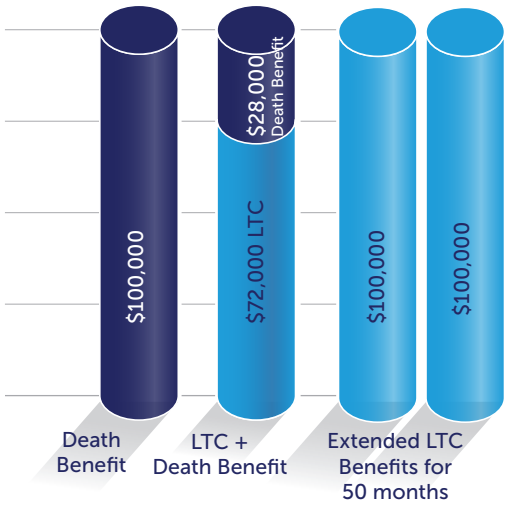
As you age, you do not need LTC, upon your death your beneficiaries receive the full death benefit.

LTC & Death Benefit

As you age, you need LTC services and for 18 months you access a portion of your death benefit (4% of $100,000 {$4,000 x 18 months=$72,000}). This would leave your family with $28,000 in death benefits.

Extension of Benefits

After your original death benefit has been dispersed for LTC services, you can extend the benefits for up to 50 months.



Optional Benefits Riders

- **Dependent Child**[2]—Covers your dependent children for up to $25,000. (Form #W3022)

Policy Exclusions

If the Insured commits suicide, while sane or insane, within two years (one year in some states) from the Date of Issue, and while this Coverage is in force, We will pay in one sum to the Beneficiary, the amount of premiums paid for this Coverage.

Long Term Care Exclusions

We will not pay Rider benefits for care that is received or loss incurred as a result of:
1) an intentionally self-inflicted injury, or attempted suicide; or
2) war or any act of war, declared or undeclared, or service in the armed forces of any country; or
3) treatment of the Insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a Physician, or except while under treatment for an injury or sickness; or
4) the Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.
We will not pay Rider benefits if the Confinement, Home Health Care service, or Adult Day Care service:
1) is received outside the United States and its territories; or
2) is provided by ineligible providers; or
3) is rendered by members of the Certificate Holder's or the Insured's Immediate Family
4) are fully or partially reimbursed by a state or federal worker's compensation plan, Medicare, any other health insurance or other insurance plan, or any other governmental program, except Medicaid
5) would not be charged for in the absence of insurance.

2 See contract for a complete definition of benefit eligibility. These optional benefits are available at additional costs. Long Term Care premiums are not guaranteed. LTC premiums may be adjusted based upon the experience of the group or other group characteristics that may affect results. Premiums cannot be increased solely because of an independent claim..
3 Any accelerated death benefit received for either Long Term Care or Terminal Illness will reduce by a like amount the total benefit amount available for any additional accelerated benefits. The maximum death benefit you may apply for with long term care benefits is $100,000. The accelerated death benefit for a terminal illness is provided at no additional premium. A deduction is made from the remaining death benefit payable to the beneficiary equal to a small administrative fee plus lien interest on the death benefit paid in advance.

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LifeTime Benefit Term Premiums for St. Tammany Parish School Board

PLAN 3										
Fidelity Life Association, A Legal Reserve Life Insurance Company LBT Rates (LTC & EOB2) Monthly Premiums Code: EB2B4M1L1-1.5										
Issue Age	Non-Tobacco Face Amount					Tobacco Face Amount				
	$25,000	$50,000	$75,000	$100,000	$150,000	$25,000	$50,000	$75,000	$100,000	$150,000
19	$9.94	$19.88	$29.81	$39.75	$59.63	$13.29	$26.58	$39.88	$53.17	$79.75
20	$9.94	$19.88	$29.81	$39.75	$59.63	$13.29	$26.58	$39.88	$53.17	$79.75
21	$10.21	$20.42	$30.63	$40.83	$61.25	$13.71	$27.42	$41.13	$54.83	$82.25
22	$10.42	$20.83	$31.25	$41.67	$62.50	$14.17	$28.33	$42.50	$56.67	$85.00
23	$10.71	$21.42	$32.13	$42.83	$64.25	$14.63	$29.25	$43.88	$58.50	$87.75
24	$11.04	$22.08	$33.13	$44.17	$66.25	$15.10	$30.21	$45.31	$60.42	$90.63
25	$11.33	$22.67	$34.00	$45.33	$68.00	$15.58	$31.17	$46.75	$62.33	$93.50
26	$11.73	$23.46	$35.19	$46.92	$70.38	$16.19	$32.38	$48.56	$64.75	$97.13
27	$12.25	$24.50	$36.75	$49.00	$73.50	$16.85	$33.71	$50.56	$67.42	$101.13
28	$12.67	$25.33	$38.00	$50.67	$76.00	$17.50	$35.00	$52.50	$70.00	$105.00
29	$13.13	$26.25	$39.38	$52.50	$78.75	$18.17	$36.33	$54.50	$72.67	$109.00
30	$13.69	$27.38	$41.06	$54.75	$82.13	$18.88	$37.75	$56.63	$75.50	$113.25
31	$14.38	$28.75	$43.13	$57.50	$86.25	$19.79	$39.58	$59.38	$79.17	$118.75
32	$15.06	$30.13	$45.19	$60.25	$90.38	$20.75	$41.50	$62.25	$83.00	$124.50
33	$15.85	$31.71	$47.56	$63.42	$95.13	$21.81	$43.63	$65.44	$87.25	$130.88
34	$16.71	$33.42	$50.13	$66.83	$100.25	$22.83	$45.67	$68.50	$91.33	$137.00
35	$17.52	$35.04	$52.56	$70.08	$105.13	$23.90	$47.79	$71.69	$95.58	$143.38
36	$18.52	$37.04	$55.56	$74.08	$111.13	$25.27	$50.54	$75.81	$101.08	$151.63
37	$19.58	$39.17	$58.75	$78.33	$117.50	$26.79	$53.58	$80.38	$107.17	$160.75
38	$20.77	$41.54	$62.31	$83.08	$124.63	$28.40	$56.79	$85.19	$113.58	$170.38
39	$21.92	$43.83	$65.75	$87.67	$131.50	$30.13	$60.25	$90.38	$120.50	$180.75
40	$23.19	$46.38	$69.56	$92.75	$139.13	$31.92	$63.83	$95.75	$127.67	$191.50
41	$24.56	$49.13	$73.69	$98.25	$147.38	$33.98	$67.96	$101.94	$135.92	$203.88
42	$25.88	$51.75	$77.63	$103.50	$155.25	$36.25	$72.50	$108.75	$145.00	$217.50
43	$27.38	$54.75	$82.13	$109.50	$164.25	$38.67	$77.33	$116.00	$154.67	$232.00
44	$28.90	$57.79	$86.69	$115.58	$173.38	$41.15	$82.29	$123.44	$164.58	$246.88
45	$30.52	$61.04	$91.56	$122.08	$183.13	$43.88	$87.75	$131.63	$175.50	$263.25
46	$32.46	$64.92	$97.38	$129.83	$194.75	$46.83	$93.67	$140.50	$187.33	$281.00
47	$34.54	$69.08	$103.63	$138.17	$207.25	$50.00	$100.00	$150.00	$200.00	$300.00
48	$36.81	$73.63	$110.44	$147.25	$220.88	$53.31	$106.63	$159.94	$213.25	$319.88
49	$39.19	$78.38	$117.56	$156.75	$235.13	$57.00	$114.00	$171.00	$228.00	$342.00
50	$41.77	$83.54	$125.31	$167.08	$250.63	$60.79	$121.58	$182.38	$243.17	$364.75
51	$44.27	$88.54	$132.81	$177.08	$265.63	$64.83	$129.67	$194.50	$259.33	$389.00
52	$47.04	$94.08	$141.13	$188.17	$282.25	$69.08	$138.17	$207.25	$276.33	$414.50
53	$49.92	$99.83	$149.75	$199.67	$299.50	$73.52	$147.04	$220.56	$294.08	$441.13
54	$52.98	$105.96	$158.94	$211.92	$317.88	$78.38	$156.75	$235.13	$313.50	$470.25

Continued on next page.

This is an underwriting offer summary and not intended to be distributed to a potential individual Employee or Member. Limitations, exclusions, riders, rates and product availability may vary by state.

2025 Fidelity Life Association

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LifeTime Benefit Term Premiums for St. Tammany Parish School Board

PLAN 3 (continued from previous page)										
Fidelity Life Association, A Legal Reserve Life Insurance Company LBT Rates (LTC & EOB2) Monthly Premiums Code: EB2B4M1L1-1.5										
Issue Age	Non-Tobacco Face Amount					Tobacco Face Amount				
	$25,000	$50,000	$75,000	$25,000	$50,000	$25,000	$25,000	$50,000	$100,000	$25,000
55	$56.29	$112.58	$168.88	$225.17	$337.75	$83.42	$166.83	$250.25	$333.67	$500.50
56	$60.31	$120.63	$180.94	$241.25	$361.88	$89.44	$178.88	$268.31	$357.75	$536.63
57	$64.54	$129.08	$193.63	$258.17	$387.25	$95.85	$191.71	$287.56	$383.42	$575.13
58	$69.23	$138.46	$207.69	$276.92	$415.38	$102.79	$205.58	$308.38	$411.17	$616.75
59	$74.27	$148.54	$222.81	$297.08	$445.63	$110.27	$220.54	$330.81	$441.08	$661.63
60	$79.81	$159.63	$239.44	$319.25	$478.88	$118.25	$236.50	$354.75	$473.00	$709.50
61	$86.10	$172.21	$258.31	$344.42	$516.63	$127.48	$254.96	$382.44	$509.92	$764.88
62	$92.96	$185.92	$278.88	$371.83	$557.75	$137.48	$274.96	$412.44	$549.92	$824.88
63	$100.40	$200.79	$301.19	$401.58	$602.38	$148.27	$296.54	$444.81	$593.08	$889.63
64	$108.73	$217.46	$326.19	$434.92	$652.38	$159.96	$319.92	$479.88	$639.83	$959.75
65	$117.69	$235.38	$353.06	$470.75	$706.13	$172.63	$345.25	$517.88	$690.50	$1,035.75
66	$129.56	$259.13	$388.69	$518.25	$777.38	$189.85	$379.71	$569.56	$759.42	$1,139.13
67	$142.42	$284.83	$427.25	$569.67	$854.50	$208.48	$416.96	$625.44	$833.92	$1,250.88
68	$156.40	$312.79	$469.19	$625.58	$938.38	$228.69	$457.38	$686.06	$914.75	$1,372.13
69	$171.65	$343.29	$514.94	$686.58	$1,029.88	$250.58	$501.17	$751.75	$1,002.33	$1,503.50
70	$188.10	$376.21	$564.31	$752.42	$1,128.63	$274.25	$548.50	$822.75	$1,097.00	$1,645.50

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2025 Fidelity Life Association

COBRA

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

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

COBRA Highlights

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

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

Clever RX

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

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

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

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

Clever RX Highlights

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

Contact Information

St. Tammany Parish Insurance Department
321 N. Theard St | Covington, LA 70433
985-898-3254
www.stpsb.org

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

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

Rebecca Hanagriff, Client Services Specialist
985-893-5519 | 866-541-5096

Product	Carrier	Website	Phone
Flexible Spending Account	First Financial Administrators	www.ffga.com	866.853.3539
COBRA	First Financial Administrators	www.cobrapoint.benaissance.com	800-523-8422 x4
Retirement Plans	First Financial Administrators	www.ffga.com	800-523-8422 x2
FFInvest Retirement	FFInvest	www.tcgservices.com	800-943-9179
Dental	Humana	www.humana.com	800-626-1690
Vision	Humana	www.humana.com	866-537-0229
Disability Insurance	American Fidelity	www.americanfidelity.com	800-663-1113
Cancer Insurance & Critical Illness Insurance	Guardian Life	www.guardianlife.com	888-600-1600
Accident Insurance	American Fidelity	www.americanfidelity.com	800-663-1113
Permanent Life Insurance	Texas Life Insurance	www.texaslife.com	800-283-9233
Cancer / Critical Illness	Guardian Portability Retirement /Resignation	National_Conversions@glic.com	800-433-5982 Opt. 1, Ext. 5696 Opt.2 Fax: 920-749-6219