

# Texas Life 2026 BENEFITS GUIDE

**TEXASLIFE**  
INSURANCE COMPANY



[ffbenefits.ffga.com/texaslifeinsco](http://ffbenefits.ffga.com/texaslifeinsco)



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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!

Texas Life 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 the QR code to learn more about the plans that are available this year!*

[ffbenefits.ffga.com/texaslifeinsco](http://ffbenefits.ffga.com/texaslifeinsco)

A laptop screen displays the "EMPLOYEE BENEFITS CENTER" website. The website has a dark blue header with the title "EMPLOYEE BENEFITS CENTER" and "Your benefits guide". Below the header is a "WELCOME!" section featuring a photo of a woman working at a desk. The main content area includes three callout boxes: "NEW HIRES" (with a lock icon), "OPEN ENROLLMENT" (with a book icon), and "MID-YEAR BENEFIT CHANGES" (with a gear icon). Each box contains a brief description. At the bottom right of the screen, there is a small "English" language indicator.

# How to Enroll

## Benefits Enrollment

### On-Site Enrollment

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

### Online Enrollment

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

**Enroll Now**

#### Login & PIN

- Login
  - The Login is either your social security number or your Employee ID.
- PIN
  - Instructions to access your initial Personal Identification Number (PIN) will be provided to you prior to open enrollment.
  - Upon initial login, the PIN will be required to be changed.
  - Remember your PIN as you will use this to sign your enrollment confirmation form and to login in the future.

#### View Current Benefits

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

#### View/Add Dependents

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

#### Begin Elections

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

# Benefit Eligibility & Coverage

## Employee Coverage

### Eligibility

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

### New Employees

You have 31 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first day of the month that follows a waiting period of 30 calendar days.

### Existing Employees

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

### Mid-year Benefit Changes

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

#### Qualifying Life Events Include:

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

#### Declining Coverage

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

# Section 125 Plans

## Section 125 Plan Information & Rules

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

### Here's How It Works

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

### Is It Right For Me?

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

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

IRS specified changes in family status include:

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

### Section 125 Plan Sample Paycheck

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

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

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

# Dental Insurance



MetLife | [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) | 800-638-5433

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

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

Dental Monthly Premiums		
	Low	High
Employee Only	\$0.00	\$12.81
Employee + Spouse	\$31.24	\$58.85
Employee + Children	\$32.19	\$66.70
Employee + Family	\$72.11	\$120.56

## Dental Insurance

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

Texas Life Insurance Company

### Network: PDP Plus

	Plan option 1 High Plan		Plan option 2 Low Plan	
	In-Network <sup>1</sup> % of Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> % of R&C Fee <sup>**</sup>	In-Network <sup>1</sup> % of Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> % of R&C Fee <sup>**</sup>
<b>Coverage Type</b>				
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%	50%	50%
Type D: Orthodontia	50%	50%	Not Covered	Not Covered
<b>Deductible<sup>†</sup></b>				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
<b>Annual Maximum Benefit</b>				
Per Person	\$1,500	\$1,500	\$1,000	\$1,000
<b>Orthodontia Lifetime Maximum</b>				
Per Person	\$1,000	\$1,000	Not Covered	Not Covered

**Child(ren)'s eligibility** for dental coverage is from birth up to age 26.

<sup>1</sup> "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

<sup>2</sup> Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

\*\*R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

<sup>†</sup>Applies only to Type B & C Services.

### List of Primary Covered Services & Limitations\*



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166  
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DN-ANY-PPO-DUAL

## Dental Insurance

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

Texas Life Insurance Company

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

Plan Type	Plan Option 1: High Plan How Many/How Often	Plan Option 2: Low Plan How Many/How Often
<b>Type A — Preventive</b>		
Prophylaxis (cleanings)	Two per calendar year	Two per calendar year
Oral Examinations	Two exams per calendar year	Two exams per calendar year
Topical Fluoride Applications	One fluoride treatment per calendar year for dependent children up to his/her 19th birthday	One fluoride treatment per calendar year for dependent children up to his/her 19th birthday
X-rays	<ul style="list-style-type: none"> <li>Full mouth X-rays; one per 3 years</li> <li>Bitewings X-rays; two sets per calendar year for adults and children</li> </ul>	<ul style="list-style-type: none"> <li>Full mouth X-rays; one per 3 years</li> <li>Bitewing X-rays; two sets per calendar year for adults and children</li> </ul>
<b>Type B — Basic Restorative</b>		
Fillings	1 replacement per surface in 24 Months	1 replacement per surface in 24 Months
Simple Extractions		
Oral Surgery		
Space Maintainers	Once per tooth area, per lifetime for dependent children up to his/her 15th birthday.	Once per tooth area, per lifetime for dependent children up to his/her 15th birthday.
Sealants	One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 17th birthday	One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 17th birthday
<b>Type C — Major Restorative</b>		
Crown, Denture and Bridge Repair/ Recementations	1 in 12 months	1 in 12 months
Implants	Replacement once every 5 years	Replacement once every 5 years
Bridges and Dentures	<ul style="list-style-type: none"> <li>Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>Dentures and bridgework replacement; one every 5 years</li> <li>Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>	<ul style="list-style-type: none"> <li>Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>Dentures and bridgework replacement; one every 5 years</li> <li>Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>
Crowns, Inlays and Onlays	Replacement once every 5 years	Replacement once every 5 years

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Texas Life Insurance Company

Endodontics	Root canal treatment limited to once per tooth per lifetime	Root canal treatment limited to once per tooth per lifetime
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	<ul style="list-style-type: none"> <li>Periodontal scaling and root planing once per quadrant, every 24 months</li> <li>Periodontal surgery once per quadrant, every 36 months</li> <li>Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Periodontal scaling and root planing once per quadrant, every 24 months</li> <li>Periodontal surgery once per quadrant, every 36 months</li> <li>Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year</li> </ul>
<b>Type D — Orthodontia</b>		
	<ul style="list-style-type: none"> <li>You, your spouse and your children, up to age 19, are covered while Dental insurance is in effect</li> <li>All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia</li> <li>Payments are on a repetitive basis</li> <li>20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary</li> <li>Orthodontic benefits end at cancellation of coverage</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>

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

## Dental Insurance

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Texas Life Insurance Company

### Exclusions

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

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

## Dental Insurance

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Texas Life Insurance Company

- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

### Limitations

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

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

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

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

### Questions & Answers

#### Q. Who is a participating dentist?

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

#### Q. How do I find a participating dentist?

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

#### Q. What services are covered under this plan?

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

#### Q. May I choose a non-participating dentist?

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

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

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

#### Q. How are claims processed?

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

## Dental Insurance

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

Texas Life Insurance Company

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

A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. MetLife strongly recommends that you have your dentist submit a pretreatment estimate to MetLife if the cost is expected to exceed \$300. When your dentist suggests treatment, have him or her send a claim form, along with the proposed treatment plans and supporting documentation, to MetLife. An explanation of benefits (EOB) will be sent to you and the dentist detailing an estimate of what services MetLife will cover and at what payment level. Actual payments may vary from the pretreatment estimate depending upon annual maximums, deductibles, plan frequency limits and other plan provisions at time of payment.

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

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

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

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

### Q. Do I need an ID card?

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

## Monthly Cost

The following monthly costs are effective through 12/31/2027. Your premium will be paid through convenient payroll deduction. The monthly costs shown below for "Employee + Spouse + Child(ren)" and "Employee + Family" include the cost for all eligible children.

## High Plan

Employee Only	\$39.13	Employee + Child(ren)	\$93.02
Employee + Spouse	\$85.17	Employee + Family	\$146.88

## Low Plan

Employee Only	\$26.32	Employee + Child(ren)	\$58.51
Employee + Spouse	\$57.56	Employee + Family	\$98.43

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

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

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

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

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



# Vision Insurance

MetLife | [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) | 800-638-5433

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
- Contact lenses
- Vision correction
- Eyeglasses
- Eye surgeries

Vision Monthly Premium	
Employee Only	\$7.96
Employee + Spouse	\$17.16
Employee + Children	\$13.88
Employee + Family	\$23.08



## Texas Life Insurance Company – Superior Vision Network Plan Summary

### With your Superior Vision Preferred Provider Organization (PPO) Plan you can:

- Go to any licensed Superior vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart®, Sam's Club®, Visionworks®, LensCrafters®, and Target Optical®.

### In-network value added features: Monthly Premiums

**Additional savings on lens enhancements:**<sup>5</sup> Save an average 20-25% savings over retail on all lens enhancements not otherwise covered under the Superior Vision Insurance program.

**Additional savings on glasses and sunglasses:**<sup>5</sup> 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

**Additional savings on frames:**<sup>5</sup> 20% off any amount over your frames allowance.

**Additional savings on contacts:**<sup>5</sup> Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses. Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses.

**Laser vision correction:**<sup>5</sup> Savings of 20% - 35% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

• <i>Employee Only:</i>	<b>\$7.96</b>
• <i>Employee + Spouse:</i>	<b>\$17.16</b>
• <i>Employee + Child(ren):</i>	<b>\$13.88</b>
• <i>Employee + Family:</i>	<b>\$23.08</b>

### In-network benefits

There are no claims for you to file when you go to an in-network Superior vision provider. Simply pay any copays or member out of pocket amount (MOOP) and, if applicable, any amount over your frame/contact allowance at the time of service.

#### Frequency

#### Eye exam

Once every **12** months

- Eye health exam, dilation, prescription, and refraction for glasses: after a **\$10** copay.
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

#### Frame

Once every **24** months

- Allowance: **\$130**.
- Additional allowance of \$25 at select providers. Visit [metlife.com/mybenefits](http://metlife.com/mybenefits) to locate participating providers Look for the dollar sign icon (\$).

#### Standard corrective lenses

Once every **12** months

- Single vision, lined bifocal, lined trifocal, lenticular: after a **\$25** eyewear copay.<sup>1</sup>

#### Standard lens enhancements<sup>2</sup>

Once every **12** months

- Standard Polycarbonate (child up to age 18)<sup>3</sup>: Covered in full.
- Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at [metlife.com/mybenefits](http://metlife.com/mybenefits).

<sup>1</sup>Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>2</sup>The above list highlights some of the most popular lens enhancements and is not a complete listing.

<sup>3</sup>Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

## Other in-network features - continued:

**Hearing discounts:**<sup>5</sup> A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

**Lens Enhancements:**<sup>6</sup> How to maximize potential savings<sup>7</sup>. In search results, look for the star icon.  These providers have agreed to accept discounts<sup>8</sup> for all covered lens enhancements.

### Contact lenses (instead of eyeglasses)<sup>4</sup>

Once every 12 months

Contact fitting and evaluation:

- Standard fitting: Covered in full after **\$25** copay
- Specialty fitting: **\$50** allowance after **\$25** copay
- Elective lenses: **\$130** allowance
- Necessary lenses: **Covered in full** with prior authorization
- Discounts:<sup>4</sup>
  - Conventional contacts: **20%** off the amount that you pay over your allowance and on purchases of additional contact lenses
  - Disposable contacts: **10%** off the amount that you pay over your allowance and on purchases of additional contact lenses

### We're here to help

Find a Superior Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision) and select 'Superior Vision by MetLife'.

For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

- 1 <sup>4</sup> Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.
- 2 <sup>5</sup> These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart, Costco and Sam's Club. Please check with your in-network vision provider.
- 3 <sup>6</sup> Your actual savings from enrolling in a vision plan will depend on various factors, including the plan chosen, plan premiums, number of visits to an eye care professional by your family per year, and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.
- 4 <sup>7</sup> Lens enhancements are available at participating private practices. Pricing is subject to change without notice. Please check with your provider for details and availability prior to receiving services. Additional discounts may not be available in certain states or at certain retail locations.
- 5 <sup>8</sup> Discount off retail. Not all providers participate in vision program discounts, including the member out-of-pocket features. Discounts may not be available in all states. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.

## Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for detailed out-of-network benefits information.

- Eye exam: up to **\$45** after a **\$0** copay
- Frames: up to **\$70**
- Single vision lenses: up to **\$30**
- Lined bifocal lenses: up to **\$50**
- Lined trifocal lenses: up to **\$65**
- Lenticular lenses: up to **\$100**
- Progressive lenses: up to **\$50**
- Contact lenses:
  - Elective lenses up to **\$105**
  - Necessary lenses up to **\$210**

**Important:** If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision, Inc. ("Superior Vision"), a New York corporation. Superior Vision is part of the MetLife family of companies.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

# Flexible Spending Accounts

First Financial Administrators, Inc. | [www.ffga.com](http://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.

**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 \$5,000 per tax year for reimbursement of dependent care services.  
If you are married and file a separate tax return, the limit is \$2,500.**

### 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.

# Health Savings Account

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1-866-853-3539  
P.O. Box 161968 | Altamonte Springs, F.L. 32716

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like co-pays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies.

## Health Savings Account Highlights

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

## Who Can Participate in an HSA?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- Limited Purpose Flexible Spending Accounts are permitted (dental and vision expenses only).
- You cannot participate if your spouse has a general purpose FSA or HRA at their place of employment.
- You cannot participate if you are being claimed as a dependent on another person's tax return.

2026	
HSA Contribution Limits	<ul style="list-style-type: none"><li>• Self Only: \$4,400</li><li>• Family: \$8,750</li></ul>
Health Insurance Deductible Limits	<ul style="list-style-type: none"><li>• Self Only: \$1,700</li><li>• Family: \$3,400</li></ul>

\$1,000 catch-up contributions (age 55 or older)

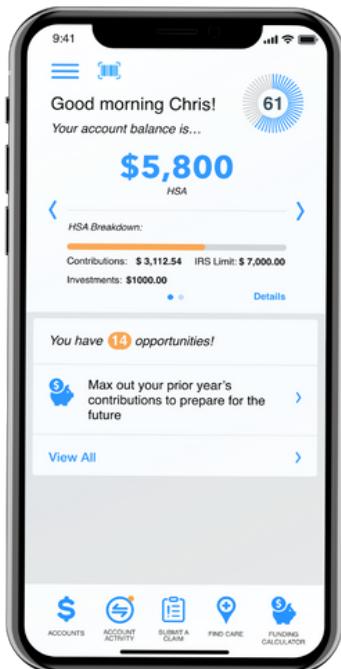
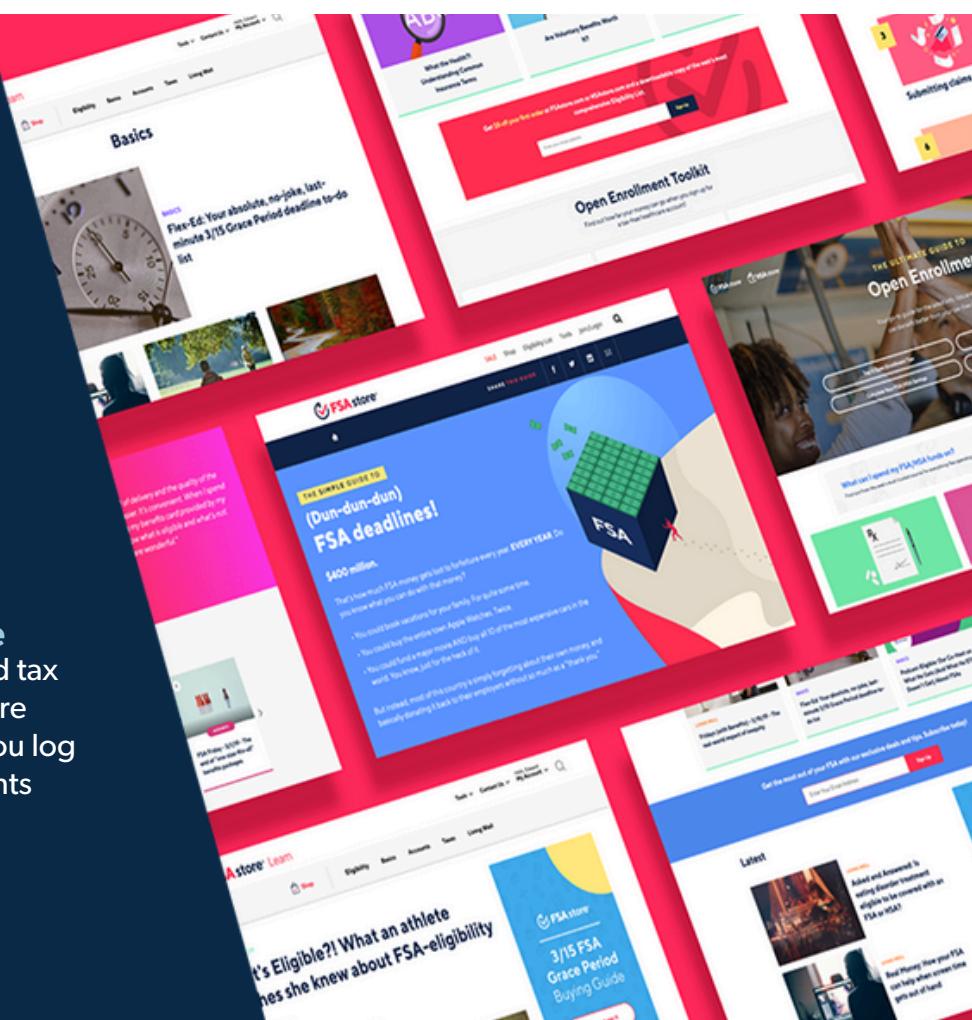
# FSA & HSA Resources

## Benefits Card

The FFGA Benefits Card is available to all employees that participate in a Flexible Spending Account or Health Savings Account. 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.

## View Your Account Details Online

Sign up to view your account balance, find tax forms and check claims status on our secure website. Log in at [www.ffga.com](http://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/HSA Store

FFGA has partnered with the FSA Store and HSA Store to bring you easy-to-use online stores 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 stores at <http://www.ffga.com/individuals/#stores> for more details and special deals.



# Texas Life

## Permanent Life



Texas Life | [www.texaslife.com](http://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.

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

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

**CHILDREN AND GRANDCHILDREN (NON-TOBACCO)**  
with Accidental Death Rider

Grandchild coverage available through age 18.

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

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

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

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

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

23Mo14-C-M FFGA-NT 1012 (exp0325)

Indicates Spouse Coverage Available

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium	
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)										
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000		
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".

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

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

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

### CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

Indicates Spouse Coverage Available

# Disability Insurance

American Fidelity | [www.americanfidelity.com](http://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

# Help Protect Your Paycheck.

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

## Plan Highlights

### Guaranteed Issue\*

You have an initial opportunity to apply for coverage without answering medical questions.

### Custom Coverage Options

Select benefit amounts and elimination periods that 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 8th day
Plan II	On the 15th 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 in force.

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

*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.

## Benefits Are Payable Directly To You

Benefits are payable up to 180 days for a covered Injury or Sickness. Your Disability Benefit will be the amount you applied for and are issued, not to exceed 60% of your Monthly Compensation.

**AMERICAN  
FIDELITY**  
a different opinion

EMPLOYER BENEFIT SOLUTIONS  
FOR YOUR INDUSTRY

\*Pre-existing conditions may apply.

# Plan Benefit Highlights

**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

If you need personal treatment by a Physician due to an Injury, we will pay the amount shown above provided no other claim has been paid under the Policy. You are not required to miss one full day of work in order to receive the Injury benefit. This benefit will be limited to 8 payments per calendar year.

**Accidental Death Benefit** A lump sum of \$10,000 will be paid to your designated beneficiary if you die as the direct result of an injury within 90 days after the injury.

**Donor Benefit** If you are disabled as a result of being an organ or tissue donor, we will pay your benefit as any other sickness under the terms of the plan.

**Offsets With Other Sources of Income** Deductible Sources of Income include: Other group disability income; Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits; United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability; State Disability; Unemployment compensation; Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 30 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 lesser of: the disability benefit or 60% of Your Monthly Compensation 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.

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

**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.

## Policy Benefit Limitations and Exclusions

**Mental Illness Limited Benefit** If you are disabled due to a mental illness, benefits will be provided for up to 3 months, 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** 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, no Disability Benefit will be payable.

Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied with respect to any increase applied for and approved by us. No consideration will be given to prior group disability income coverage in determining the effect of Pre-Existing Conditions on benefits payable.

**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.

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

### 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
\$150.00	\$9.00

### Critical Illness Benefit Rider

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

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions Heart Attack, Stroke, Kidney Failure, Paralysis, or Major Organ Failure. In the case of Heart Attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Benefit Amount	Monthly Premium
\$10,000.00	\$14.12
\$15,000.00	\$19.00
\$20,000.00	\$23.88
\$25,000.00	\$28.76

### 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	Monthly Premium
\$1,500.00	\$12.00

## 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.

**Critical Illness Benefit Rider** The Critical Illness Rider will not be payable for any loss caused by or resulting from: (a) a Critical Illness when the Date of Diagnosis occurs during the Waiting Period; (b) a Critical Illness diagnosed outside of the United States; or (c) a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness Date of Diagnosis occurs before you have been continuously covered under this Rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply. Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advise from a Physician, during the 12-month period immediately before the Effective Date of this Rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the Date of Diagnosis occurs during the Critical Illness Waiting Period. The waiting period is 30 days from the Effective Date of this Rider.

**Spousal Accident Only Disability Benefit Rider** This Rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: (a) Intentionally self-inflicted Injury while sane or insane; (b) An act of war, declared or undeclared; (c) Injury sustained or contracted while in the service of the armed forces of any country; (d) Committing a felony; (e) 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; (f) 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; (g) Participation in any sport for wage or profit; (h) 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. 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. 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.

*This product may contain limitations, exclusions, and waiting periods. This brochure highlights important features of the policy. Please refer to your certificate for complete details.*



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# Texas Life Insurance

## Long-Term Disability Income Insurance

### Plan Benefit Highlights

#### Eligibility

All permanent employees in covered group working 25 hours or more per week.

#### Benefits are Payable

Benefits are payable up to age 65 for a covered Injury or Sickness. After age 65, the benefit period will be extended to the greater of 12 months or your Social Security Normal Retirement Age.

#### Monthly Premium

\$0.21 per \$100 of covered monthly salary.

#### Your Plan Pays a Monthly Disability Benefit

60% of your Monthly Compensation not to exceed: (1) a maximum covered Monthly Compensation of \$16,667.00 and (2) the amount for which premium is being paid. If applicable, the Disability Benefit will be reduced by Deductible Sources of Income.

#### Benefits Begin

On the 181st day of Disability due to a covered Injury or Sickness.

#### Physician Expense Benefit

##### Injury - \$150.00 per Injury

If you need personal treatment by a Physician due to an Injury, we will pay the amount shown above provided no other claim has been paid under the Policy. You are not required to miss one full day of work in order to receive the Injury benefit. This benefit will be limited to 8 payments per calendar year.

#### Accidental Death Benefit

A lump sum of \$10,000 will be paid to your designated beneficiary if you die as the direct result of an injury within 90 days after the injury.

**Hospital**- 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.

#### Waiver of Premium

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

#### Donor Benefit

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

#### Offsets With Other Sources of Income

Deductible Sources of Income include: Other group disability income, Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits, United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability, State Disability, Unemployment compensation, Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 180 calendar days from the date of disability. We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your Certificate.

#### Minimum Disability Benefit

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

#### 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.

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

Your disability payment will be the disability benefit 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.

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

#### 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.

#### Special Conditions Limited Benefit

If you are disabled due to special conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 1 year. Special conditions mean: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

#### Pre-Existing Condition Limitation

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, no Disability Benefit will be payable. Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied with respect to any increase applied for and approved by us. No consideration will be given to prior group disability income coverage in determining the effect of Pre-Existing Conditions on benefits payable.

**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.

#### 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 continued 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. The coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.

#### Optional riders

See your Account Representative regarding available riders, including Critical Illness Rider, Accident Only Spousal Rider, Hospital Indemnity Rider, Survivor Benefit Rider and COBRA Funding Rider.

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# Cancer Insurance



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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.



## Group Cancer Insurance

### Focus on the fight.

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

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

#### Did You Know?

New cancer cases in America are diagnosed at the rate of about 5,255 per day.

*American Cancer Society: Cancer Facts and Figures 2022, P4*

### Plan Benefit Highlights

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

### Benefits designed to help cover costs.

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

#### Examples:



#### Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for quick processing.



#### Travel Expenses

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

# Plan Benefit Highlights

BENEFITS	BASIC	ENHANCED PLUS
<b>Radiation Therapy/Chemotherapy/ Immunotherapy</b> Actual charges per 12 month period	\$10,000	\$15,000
<b>Administrative/Lab Work</b> Per calendar month	\$50	\$75
<b>Hormone Therapy</b> Per treatment per calendar month up to a max of 12 per calendar year	\$50	\$50
<b>Experimental Treatment</b>	Paid in the same manner and under the same maximums as any other treatment	
<b>Blood, Plasma, and Platelets</b> <b>Basic:</b> Per day, up to \$10,000 per calendar year <b>Enhanced Plus:</b> Per day, up to \$15,000 per calendar year	\$200	\$300
<b>Medical Imaging</b> Per image up to 2 per calendar year	\$200	\$300
<b>Surgical</b>	\$20 surgical unit/ Max per operation: \$2,000	\$40 surgical unit/ Max per operation: \$4,000
<b>Anesthesia</b>	25% of the amount paid for covered surgery	
<b>Second and Third Surgical Opinion</b> Per diagnosis	\$300	\$300
<b>Outpatient Hospital or Ambulatory Surgical Center</b> Per day of surgery	\$200	\$600
<b>Bone Marrow or Stem Cell Transplant</b> <b>Patient Provided</b> Per calendar year <b>Donor Provided</b> Per calendar year	\$500 \$1,500	\$1,500 \$4,500
<b>Prosthesis and Orthotic and Related Services</b> <b>Surgical</b> 1 per site, lifetime max of 2 devices per covered person <b>Non-surgical</b> 1 per site, lifetime max of 3 devices per covered person <b>Hair Prosthesis</b> Once per life	\$1,000 \$100 \$100	\$2,000 \$200 \$200
<b>Hospital Confinement</b> Per day <b>Day 1-30</b> <b>Day 31+</b>	\$100 \$200	\$300 \$600
<b>U.S. Government/Charity Hospital</b> Paid in lieu of most benefits per day Inpatient and outpatient	\$100	\$300
<b>Extended Care Facility</b> Per day, up to the same number of days of paid hospital confinement	\$100	\$300
<b>Home Health Care</b> Per day, up to the same number of days of paid hospital confinement	\$100	\$300
<b>Hospice Care</b> <b>Basic:</b> Per day, up to \$18,000 lifetime max <b>Enhanced Plus:</b> Per day, up to \$54,000 lifetime max	\$100	\$300
<b>Inpatient Special Nursing Services</b> Per day	\$100	\$300

BENEFITS	BASIC	ENHANCED PLUS
<b>Dread Disease</b> Per day while hospital confined <b>Day 1-30</b> <b>Day 31+</b>	\$100 \$200	\$300 \$600
<b>Donor</b>	\$1,000/donation	
<b>Drugs and Medicine</b> <b>Inpatient</b> Per confinement <b>Outpatient</b> \$50 per prescription up to maximum shown per calendar month	\$50 \$50	\$200 \$100
<b>Attending Physician</b> While hospital confined, per day	\$50	\$50
<b>Transportation &amp; Lodging (Patient &amp; Family Member)</b> <b>Transportation</b> \$1,500 max per round trip, max 12 trips per calendar year <b>Lodging</b> Per day, up to 90 days per calendar year	Coach fare or \$.50/mile by car	Coach fare or \$.50/mile by car
<b>Ambulance</b> <b>Ground</b> Per trip, up to 2 per confinement <b>Air</b> Per trip, up to 2 per confinement	\$200 \$2,000	\$200 \$2,000
<b>Physical or Speech Therapy</b> Per visit, up to 4 per calendar month, lifetime max of \$1,000.	\$50	\$50
<b>Diagnostic and Prevention</b> One per calendar year	\$25	\$75
<b>Cancer Screening Follow-Up</b> One per calendar year	\$25	\$75
<b>Waiver of Premium</b> Employee only	After 90 days of continuous disability	
<b>Internal Cancer Diagnosis</b> One per covered person per lifetime, benefits reduce 50% at age 70	\$2,500	\$5,000
<b>Heart Attack or Stroke Diagnosis</b> One per covered person per lifetime, benefits reduce 50% at age 70	N/A	\$5,000
<b>Hospital Intensive Care Unit</b> Per day, up to 30 days per confinement; benefits reduced 50% at age 70 <b>Ambulance</b>		\$600 \$100

*Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to the following pages for more complete descriptions and limits to this plan.*

MONTHLY PREMIUMS	BASIC	ENHANCED PLUS
Individual	\$15.80	\$31.62
Family	\$26.86	\$53.80

*The premium and benefit amounts vary depending upon the plan selected.*

# Plan Benefit Highlights

**Only loss for Cancer** Unless otherwise indicated, benefits are payable only for loss resulting from definitive Cancer diagnosis or treatment, including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. The Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy does not cover any other disease, sickness or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically covered under the Dread Disease Benefit; Hospital Intensive Care Unit Benefit; or Heart Attack or Stroke Diagnosis Benefit, if included.

**Cancer** means a disease that is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or have malignant potential such as leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; aplastic anemia; atypia; non-malignant monoclonal gammopathy; or pre-malignant lesions, benign tumors or polyps.

Such Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. Pathologic interpretation of the histology of skin lesions will be accepted by dermatologists certified by the American Board of Dermatopathology. Diagnosis must be made based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue and/or specimen.

## Radiation Therapy, Chemotherapy or Immunotherapy Benefit

We will pay the actual charges up to the benefit listed in the schedule per 12-month period. If Proof of Loss regarding actual charges for treatment is not submitted, we will pay the daily amount shown in your certificate for each day treatment is received, up to the actual charge's maximum per 12-month period. Upon receipt of actual charges Proof of Loss, we will pay the difference, up to the maximum per 12-month period. Actual charges are the amount paid by or on behalf of the Covered Person and accepted by the provider for services provided.

This benefit does not cover other related procedures such as treatment planning, treatment management or consultation, design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies, and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.).

**Administrative and Lab Work Benefit** Paid if the Covered Person is also receiving the Radiation Therapy, Chemotherapy or Immunotherapy Benefit during the same calendar month.

**Hormone Therapy Benefit** Drugs and medicines covered under the Drugs and Medicine Benefit or the Radiation Therapy, Chemotherapy or Immunotherapy Benefit are not included. This benefit does not cover associated administrative processes.

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

**Blood, Plasma and Platelets Benefit** Laboratory processes are not included. Colony-stimulating factors are not covered. Benefits for blood, plasma, and platelets are only provided under this benefit.

**Medical Imaging Benefit** Payable for a Covered Person who has been diagnosed with Cancer who receives either an MRI, CT scan, CAT scan, PET scan, or RAIU (thyroid) test requested by a Physician.

**Surgical Benefit** Payable when a surgical operation is performed for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the unit dollar amount shown in your certificate schedule. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, surgeries required for administration of Radiation Therapy, Chemotherapy or Immunotherapy are not covered under this benefit.

**Anesthesia Benefit** Services of an anesthesiologist for Skin Cancer or surgical prosthesis implantation are not covered.

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

**Outpatient Hospital or Ambulatory Surgical Center Benefit** Surgical procedures for Skin Cancer are not covered.

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

**Prosthesis and Orthotic Benefit and Related Services** Payable for a Prosthetic Device or Orthotic Device and, if surgery required, its surgical implantation. Prosthetic-related supplies such as special bras or ostomy pouches and supplies are not covered. Benefits for a hair prosthesis will only be covered under the Hair Prosthesis Benefit.

Covered benefits under this provision are limited to the most appropriate model of Prosthetic Device or Orthotic Device that adequately meets the medical needs of the covered person as determined by the covered person's treating physician or podiatrist and prosthetist or orthotist, as applicable. The Prosthesis Benefit will include repair and replacement of a Prosthetic Device or Orthotic Device, unless the repair or replacement is necessitated by misuse by the covered person. "Orthotic Device" means a custom-fitted or custom-fabricated medical device that is applied to a part of the human body to correct a deformity, improve function, or relieve symptoms of a disease. "Prosthetic Device" means an artificial device designed to replace, wholly or partly, an arm or leg.

**Hospital Confinement Benefit** Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. We will not pay this benefit for outpatient treatment or a stay of less than 18 hours in an observation unit or emergency room. Hospital shall not include an institution, or part thereof, used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as a hospice or swing bed; 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.

**U.S. Government or Charity Hospital Benefit** Payable when an itemized list of services is not available and the Covered Person is confined in a charity Hospital or a Hospital owned or operated by the U.S. government as a result of Cancer or Dread Disease or covered under a Diagnostic Related Group where no charges are made to the Covered Person for treatment of Cancer or Dread Disease. This benefit will be paid in lieu of most benefits listed on the schedule.

**Extended Care Facility Benefit** Pays a daily benefit for Physician authorized confinement that begins within 14 days after Hospital confinement.

**Home Health Care Benefit** Pays a daily benefit for Physician authorized private nursing care that begins within 14 days of hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services or physical or speech therapy.

## Plan Benefit Highlights (cont.)

**Hospice Care Benefit** Pays a daily benefit when a Physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

**Inpatient Special Nursing Services Benefit** Pays a daily benefit when receiving Physician authorized special nursing care (other than that regularly furnished by a Hospital) for at least eight consecutive hours during 24 hours.

**Dread Disease Benefit** Covered Dread Diseases are Addison's Disease; Amyotrophic Lateral Sclerosis; Cystic Fibrosis; Diphtheria; Encephalitis; Grand Mal Epilepsy; Legionnaire's Disease; Meningitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Niemann-Pick Disease; Osteomyelitis; Poliomyelitis; Reye's Syndrome; Rheumatic Fever; Rocky Mountain Spotted Fever; Sickle Cell Anemia; Systemic Lupus Erythematosus; Tay-Sachs Disease; Tetanus; Toxic Epidermal; Toxic Shock Syndrome; Tuberculosis; Tularemia; Typhoid Fever; Whipple's Disease.

**Donor Benefit** Blood donor expenses are not covered.

**Drugs and Medicine Benefit** Pays a benefit for anti-nausea and pain medication for cancer treatment. It does not include associated administrative processes, drugs, or medicines covered under the Radiation Therapy, Chemotherapy or Immunotherapy Benefit or the Hormone Therapy Benefit.

**Transportation and Lodging Benefits** Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging for Radiation Therapy, Chemotherapy, or Immunotherapy treatment, Bone Marrow or Stem Cell Transplant, or surgery in a Hospital not available locally and at least 50 miles from the Covered Person's residence. Payable for the Covered Person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only to the Covered Person.

**Ambulance Benefit** If air and ground ambulance services are required on the same day, we will only pay the higher benefit amount. A Covered Person must be admitted as an inpatient and hospital confined for at least 18 consecutive hours.

**Waiver of Premium** Premium is waived if you are disabled due to Cancer for longer than 90 continuous days. This benefit does not apply if your spouse or children become disabled. We will require proof annually that you remain Disabled during that time.

**Physical or Speech Therapy Benefit** Therapy must be provided by a caregiver licensed in physical or speech therapy.

**Diagnostic and Prevention Benefit** Pays for a generally medically recognized screening test to detect Internal Cancer. This benefit is not payable for any test covered under the Medical Imaging Benefit.

**Cancer Screening Follow-Up Benefit** Payable for one follow-up invasive screening test when a Covered Person receives abnormal results from a covered screening test. For tests involving an incision or surgery, payable only for tests that result in a negative diagnosis of Cancer.

*This product may contain limitations, exclusions, and waiting periods. This product is not intended for people who are eligible for Medicaid coverage. This is a brief description of the coverage. For complete benefits and other provisions, please refer to your certificate. Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile. This policy is considered an employee welfare benefit plan and/or maintained by an association or employer intended to be covered by ERISA, and will be administrated and enforced under ERISA. Group policies issued to governmental entities may be exempt from ERISA guidelines.*

Marketed by:



**Internal Cancer Diagnosis Benefit** Payable if a Physician diagnoses the Covered Person with Internal Cancer after coverage is active for that person.

**Heart Attack or Stroke Diagnosis Benefit** Payable if a Physician diagnoses the Covered Person as having a Heart Attack or Stroke after the coverage is active for that person. This benefit is payable only for the first occurrence of either the Heart Attack or Stroke.

### Limitations and Exclusions

**Pre-existing condition** means a Specified Disease for which the Covered Person: had treatment; or received advice from a Physician during the 12 months immediately before the Covered Person's Effective Date of coverage.

**Pre-existing condition limitation** No benefit will be payable for any loss caused by or resulting from a Pre-Existing Condition that occurs before a Covered Person has been continuously covered under the Policy for 12 consecutive months. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. Increases or changes in coverage will be subject to an additional Pre-Existing Condition Limitation.

**Hospital intensive care unit benefit limitations** No benefits will be payable during the first two years of coverage for confinement caused by any heart condition diagnosed or treated before 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated before the Effective Date).

**Exclusions** We will not pay benefits resulting from or caused by:  
(a) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;  
(b) alcoholism or drug addiction;  
(c) any act of war, declared or undeclared, or any act related to war;  
(d) military service for any country at war;  
(e) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or  
(f) 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).

Benefits are also not payable for services performed by a Physician who is related to the Covered Person.

**Termination of Insurance** Your coverage may continue 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, retire, you are not on active employment, your employment terminates or you die. Your dependent's coverage will end if your coverage ends, premiums are not paid, they no longer meet the definition of a dependent or the Policy is modified to exclude dependents. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.

Underwritten and administered by:



American Fidelity Assurance Company  
[americanfidelity.com](http://americanfidelity.com)

# Critical Illness Insurance

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 800-662-1113

## 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.





## Limited Benefit Critical Illness Insurance

with Cancer Benefit

**AMERICAN FIDELITY**  
a different opinion

### Surviving a critical illness may come at a high price.

If you experience a critical illness—like a heart attack or stroke—you shouldn't have to worry about the financial impact. But co-pays, transportation expenses, out-of-pocket medical costs, and lost income can add up quickly.

**Limited Benefit Critical Illness Insurance** can help provide financial protection so you can focus on recovery.



Approximately every 40 seconds, someone in the United States will have a heart attack.<sup>1</sup>

### How It Works

If you're diagnosed with a covered critical illness, this plan is designed to pay a lump sum benefit amount to help cover expenses. In addition, certain specified critical illnesses that reoccur will allow for an additional benefit.

#### Features:

- Benefits paid directly to you, to be used however you see fit
- No required medical exams as part of the application process
- Guaranteed issue benefit amounts may be available for first-time eligible employees and spouse
- Coverage extended to dependent children at no additional cost
- Compatible with a Health Savings Account
- Option to add an infectious disease rider in select states

Coverage is available for you, and your children, and your lawful spouse at determined benefit amounts.

### HEALTH SCREENING BENEFIT

This benefit covers several qualified tests, including, but not limited to:

• Pap Smear	• Colonoscopy	• Electrocardiogram (EKG)
• Prostate Test	• Stress Test	• Blood Glucose Testing
• Skin Biopsy	• Echocardiogram	• Neuroimaging Studies

### SCREENING BENEFIT

(per calendar year per covered person)

**\$100**

THIS IS NOT A WORKERS' COMPENSATION INSURANCE POLICY. THE EMPLOYER DOES NOT OBTAIN WORKERS' COMPENSATION INSURANCE COVERAGE BY PURCHASING THIS POLICY, AND IF THE EMPLOYER HAS NOT ELECTED TO OBTAIN WORKERS' COMPENSATION INSURANCE COVERAGE, THE EMPLOYER DOES NOT OBTAIN THOSE BENEFITS THAT WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS IN THIS STATE. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAWS IN THIS STATE AS THEY PERTAIN TO EMPLOYERS THAT ELECT NOT TO MAINTAIN WORKERS' COMPENSATION INSURANCE COVERAGE AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

<sup>1</sup>American Heart Association: 2022 Heart Disease and Stroke Statistics Update Fact Sheet At-a-Glance; January 24, 2022, p2.

# Plan Benefit Highlights

## Schedule of Benefits

Depending on the plan selected by your employer, the following benefit amounts may be available. The employee benefit amounts can range from \$10,000 to \$50,000 in \$10,000 increments. Eligible children will be automatically covered at 25% of the employee's benefit amount at no additional cost. If elected, spousal benefit amounts will be 50% of the employee benefit amount.

<b>CRITICAL ILLNESS BENEFITS</b>		
Pays once per covered person for each critical illness shown below.		
	Benefit Percentage	Recurrent Diagnosis Benefit
<b>Heart Attack Benefit</b> Pays full lump sum benefit amount.	100%	50%
<b>Coronary Artery Bypass Surgery Benefit</b> Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit. No payment if the Heart Attack Benefit has been paid.	25%	-
<b>Stroke Benefit (Permanent damage due to a Stroke)</b> Pays full lump sum benefit amount.	100%	50%
<b>Paralysis Benefit (Permanent due to a covered accident)</b> Pays full lump sum benefit amount.	100%	-
<b>Major Organ Failure Benefit</b> Pays full lump sum benefit amount.	100%	50%
<b>End Stage Renal Failure Benefit</b> Pays full lump sum benefit amount.	100%	-
<b>Early Stage Cancer (Carcinoma In Situ) Benefit</b> Pays 25% of the benefit amount. Payment will reduce any Invasive Cancer Benefit.	25%	-
<b>Invasive Cancer Benefit</b> Pays full lump sum benefit amount.	100%	-

<b>EMPLOYEE MONTHLY PREMIUMS*</b>					
	<b>\$10,000</b>	<b>\$20,000</b>	<b>\$30,000</b>	<b>\$40,000</b>	<b>\$50,000</b>
<b>AGE</b>	<i>Uni-Nic</i>	<i>Uni-Nic</i>	<i>Uni-Nic</i>	<i>Uni-Nic</i>	<i>Uni-Nic</i>
<b>18-29</b>	\$6.74	\$9.84	\$12.98	\$16.08	\$19.24
<b>30-39</b>	\$10.64	\$17.66	\$24.68	\$31.72	\$38.70
<b>40-49</b>	\$19.26	\$34.88	\$50.50	\$66.12	\$81.76
<b>50-59</b>	\$33.28	\$62.96	\$92.62	\$122.28	\$151.96
<b>60 &amp; Over</b>	\$54.66	\$105.70	\$156.74	\$207.76	\$258.82

<b>SPOUSE MONTHLY PREMIUMS*</b>					
	<b>\$5,000</b>	<b>\$10,000</b>	<b>\$15,000</b>	<b>\$20,000</b>	<b>\$25,000</b>
<b>AGE</b>	<i>Uni-Nic</i>	<i>Uni-Nic</i>	<i>Uni-Nic</i>	<i>Uni-Nic</i>	<i>Uni-Nic</i>
<b>18-29</b>	\$4.64	\$5.64	\$6.66	\$7.66	\$8.66
<b>30-39</b>	\$6.74	\$9.86	\$12.98	\$16.08	\$19.20
<b>40-49</b>	\$11.48	\$19.34	\$27.22	\$35.08	\$42.94
<b>50-59</b>	\$19.14	\$34.66	\$50.18	\$65.68	\$81.20
<b>60-69</b>	\$30.86	\$58.08	\$85.30	\$112.54	\$139.76

\*The premium and benefits vary depending upon the amount selected at the time of application.

## **Effective Date**

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

## **Health Screening Benefit**

Pays \$100 when a covered employee or covered spouse receives a covered Health Screening Test. This benefit covers several qualified tests, including, but not limited to: pap smear, prostate test, skin biopsy, colonoscopy, blood test for triglycerides, doppler ultrasound, echocardiogram, electrocardiogram (EKG), fasting blood glucose test, serum cholesterol test to determine HDL and LDL levels, exercise or pharmacologic stress test, and neuroimaging studies. This policy pays for one test per covered employee and one test per covered spouse per calendar year, regardless of the number of tests received during the calendar year. This benefit is available without a diagnosis of a critical illness. This benefit does not reduce the critical illness lump sum benefit amount.

## **Critical Illness Benefit**

Pays once per covered person for each critical illness. Each critical illness must be separated by at least 90 days following the first critical illness occurrence date.

## **Heart Attack Benefit**

Pays following a Heart Attack due to coronary artery disease. Any previous amounts paid for a coronary artery bypass surgery will be deducted from the amount payable under this benefit.

**Heart Attack** means an acute myocardial infarction due to coronary artery disease resulting in the death of a portion of the heart muscle. Diagnosis must be supported by the onset of new symptoms and any of the following: EKG changes, the elevation of biochemical markers, or imaging studies consistent with acute myocardial infarction. In the event of death, an autopsy, medical examiner's confirmation, or death certificate identifying Heart Attack will be acceptable. Heart Attack does not include congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other disease or injury involving the cardiovascular system.

## **Coronary Artery Bypass Surgery Benefit**

Pays following open heart surgery performed by a physician to correct coronary artery disease with bypass grafts. Coronary artery bypass surgery does not include balloon angioplasty, laser angioplasty, stenting, valve replacement surgery, or procedures other than coronary artery bypass surgery.

## **Stroke Benefit (Permanent Damage Due To A Stroke)**

Pays following permanent neurological damage to the brain due to a stroke that results from an acute or sub-acute interruption of blood flow to brain tissue as defined in the policy. Permanent damage due to a stroke does not include transient ischemic attacks (TIA).

## **Paralysis Benefit (Permanent Due To A Covered Accident)**

Injuries to the spinal cord due to a covered accident, which result in the loss of use of two or more limbs. Paralysis must be diagnosed as permanent, total, and irreversible.

## **Major Organ Failure Benefit**

Pays following the date the covered person is placed on the United Network for Organ Sharing (UNOS) list for a transplant of the heart, liver, lung, or entire pancreas.

## **End Stage Renal Failure Benefit**

Pays following the occurrence date of end stage renal failure resulting in irreversible failure of both kidneys to function and which requires regular dialysis or renal transplantation to sustain life.

## **Recurrent Diagnosis Benefit**

Upon a second occurrence of certain specified critical illnesses, this benefit pays 50% of the amount previously paid under the policy. Covered critical illness events include Heart Attack, permanent damage due to a stroke, and major organ failure. The second occurrence date must be separated by at least 180 days following the first occurrence date of that same critical illness. Once a Recurrent Diagnosis Benefit has been paid for a critical illness, no further benefits for that same critical illness will be payable.

## **Cancer Critical Illness Benefit**

### **Early Stage Cancer (Carcinoma In Situ)**

Pays 25% of the critical illness cancer benefit amount following diagnosis of early stage of internal cancer in which the tumor or tumor cells are confined to the organ or tissue where it first developed without having invaded neighboring tissue. Carcinoma in situ does not include skin cancer. Some examples of covered early-stage cancer include prostate cancer, breast cancer, or colon cancer, meeting certain diagnosis requirements. Payments for Carcinoma in situ reduce the Invasive Cancer Benefit.

## **Invasive Cancer Benefit**

Pays a cancer critical illness benefit amount following the occurrence date and diagnosis of invasive cancer with uncontrolled growth, function, or spread of cells in any part of the body. The documented staging will be used to determine if the cancer meets the invasive cancer definition.

## Limitations and Exclusions

### Pre-Existing Condition Limitation

No Critical Illness Benefit will be payable for a critical illness caused by or resulting from a Pre-Existing Condition when the critical illness occurrence date occurs before a covered person has been continuously covered under the policy for 12 consecutive months.

**Pre-Existing Condition** means a disease, accident, sickness, physical condition or mental illness for which a covered person has experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advice from a physician, during the 12-month period immediately before the covered person's effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, accident, sickness, physical condition or mental illness.

### Exclusions

We will not pay benefits for any critical illness resulting from or caused, directly or indirectly, by: (a) an intentionally self-inflicted accident or sickness; (b) suicide or attempted suicide while sane or insane; (c) participating in riots, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss while acting lawfully within the scope of authority; (d) being intoxicated or under the influence of any narcotic unless administered by a physician or taken according to the physician's instructions. Intoxication is determined and defined by the laws and jurisdiction of the geographical area where the event that caused the critical illness occurred; (e) committing or attempting to commit a felony; (f) being incarcerated in any type of penal institution; (g) alcoholism or drug addiction; (h) a diagnosis received outside the United States, or its territories, that cannot be confirmed by a physician licensed and practicing in the United States.

### Portability

Upon becoming no longer eligible for coverage, you will have 30 days to request continuation of coverage. Providing you pay premiums when due, you may be provided coverage under your certificate upon leaving employment until the earliest of these dates: (a) your 75th birthday; (b) 10 years from the portability effective date; (c) the date the policy is terminated; or (d) the date you fail to pay the required premium. You must have been continuously covered for 12 consecutive months before the date your coverage under the policy ends. Portability is not applicable to dependents.

### Leave of Absence

Your coverage may be continued for up to one year during a leave of absence approved in writing by your employer.

### Termination of Coverage

Coverage will continue as long as the group policy remains in force, the premiums are paid, and you remain eligible for 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. Coverage for any dependent children will end when your coverage terminates or they no longer meet the definition of a dependent child. Coverage for your covered spouse will end on the earliest of: the date your coverage terminates, the end of the premium term in which they no longer meet the definition of a covered spouse, or the date you or your spouse turn 75. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.

Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile. This product contains limitations, exclusions, and waiting periods. **This product is inappropriate for people who are eligible for Medicaid coverage.** This brochure highlights important features of the policy. Please refer to your certificate for complete details.

Marketed by:



Underwritten and administered by:



# Accident Insurance

American Fidelity | [www.americanfidelity.com](http://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





## AF™ Accident Only Insurance

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

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a different opinion

EMPLOYER BENEFIT SOLUTIONS  
FOR YOUR INDUSTRY

## Prepare for the unexpected.

You cannot plan for when an accident will happen, but you can plan for unexpected medical expenses. AF™ Limited Benefit Accident Only Insurance provides coverage to help with unforeseen accident expenses. Start providing financial protection today if an accident suddenly occurs.

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.

### EMERGENCY ACCIDENT

#### Hypothetical Example <sup>1</sup>

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

	ENHANCED	ENHANCED PLUS
Accident Emergency Treatment	\$200	\$250
Accident Follow-up Treatment (4 visits)	\$200	\$200
Physical Therapy (8 treatments)	\$200	\$200
Medical Imaging	\$200	\$200
X-Ray	\$100	\$150
Appliances	\$100	\$100
Surgical Facility	\$250	\$350
Torn Knee Cartilage Repair	\$500	\$500
Anesthesia	\$200	\$250
<b>TOTAL</b>	<b>\$1,950</b>	<b>\$2,200</b>

Annual  
Wellness  
Benefit

**ENHANCED**  
**\$75**

**ENHANCED PLUS**  
**\$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
ENHANCED PLUS	PRIMARY	SPOUSE	CHILD
Common Carrier	\$200,000	\$200,000	\$100,000
Other Accident	\$60,000	\$60,000	\$30,000
Dismemberment	\$2,000 to \$60,000	\$2,000 to \$60,000	\$1,000 to \$30,000

<sup>1</sup>Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258 Series.

# Schedule of Benefits for Policy and Enhancement Rider

ACCIDENT BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
<b>EMERGENCY ACCIDENT TREATMENT</b>			
Accident Emergency Treatment	\$150	\$200	\$250
Emergency Accident Follow-up Treatment (up to four treatments)	\$50	\$50	\$50
<b>NON-EMERGENCY ACCIDENT TREATMENT</b>			
Non-Emergency Accident Initial Treatment	\$75	\$100	\$125
Non-Emergency Accident Follow-up Treatment (up to two treatments)	\$50	\$50	\$50
<b>MEDICAL IMAGING</b>			
MRI, CT, CAT, PET, US	\$200	\$200	\$200
X-Rays	\$50	\$100	\$150
<b>HOSPITAL CONFINEMENT</b>			
Hospital Admission	\$500	\$1,000	\$1,500
Intensive Care Unit (up to 15 days)	\$300	\$600	\$900
Hospital Confinement (up to 365 days)	\$100	\$200	\$300
<b>AMBULANCE</b>			
Ground	\$300	\$300	\$300
Air	\$1,500	\$1,500	\$1,500
<b>TREATMENT</b>			
Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250	\$350
Anesthesia	\$150	\$200	\$250
<b>TRANSPORTATION BENEFITS</b>			
Transportation Patient only, per round trip for up to 3 round trips per calendar year	\$300	\$300	\$300
Family Member Lodging and Meals Per day per accident; up to 30 days per confinement	\$100	\$100	\$100
MONTHLY PREMIUMS For Policy And Benefit Enhancement Rider**	BASIC	ENHANCED	ENHANCED PLUS
Individual	\$19.90	\$26.10	\$33.40
Individual & Spouse	\$28.30	\$34.90	\$41.90
Individual & Child(ren)	\$31.50	\$41.00	\$51.30
Family	\$39.90	\$49.80	\$59.90

ACCIDENT INJURY BENEFITS	ALL COVERAGE LEVELS
<b>INJURY TREATMENT</b>	
Fractures Benefit Depending on open or closed reduction, bone involved, or chip fracture	\$25 to \$3,000
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
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
Dislocations Benefit Depending on open or closed reduction, with or without anesthesia and joint involved.	\$25 to \$3,000
Concussion Benefit	\$200
2nd & 3rd Degree Burns Skin grafts are 25% of benefit	\$100 to \$10,000
Internal Injuries Benefit Resulting in open abdominal or thoracic surgery	\$1,000
Paralysis Benefit: Paraplegia / Quadriplegia	\$5,000 / \$10,000
Tendons, Ligaments, and Rotator Cuff Benefit One tendon, ligament, or rotator cuff	\$500
More than one tendon, ligament, or rotator cuff	\$750
Blood, Plasma, and Platelets Benefit	\$250
Exploratory Surgery without Surgical Repair Benefit	\$250
Physical Therapy Benefit Per treatment up to eight treatments	\$25
Prosthesis Benefit	\$500
Emergency Dental Work Benefit Broken teeth repaired with crown Extraction of broken teeth (regardless of number)	\$150 \$50

WELLNESS BENEFIT	BASIC	ENHANCED	ENHANCED PLUS
<b>WELLNESS</b>			
Annual Routine Physical Exam Requires a 30 day waiting period before use. One exam per policy per calendar year	\$50	\$75	\$75

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

# Plan Highlights

A Covered Person (hereafter referred to as "Person") under AF™ **Limited Benefit Accident Only Insurance** Policy can expect the following benefits when a Covered Accident (hereafter 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 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.

### 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/pasenger-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.

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 unmarried 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.

This brochure contains a brief description of the coverage. For complete benefits, limitations, exclusions and other provisions, please refer to the policy, 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.**



American Fidelity Assurance Company  
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114  
800-662-1113 • [americanfidelity.com](http://americanfidelity.com)

# Term Life & AD&D

## Employer-Paid & Voluntary

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 800-662-1113

### **Voluntary Term Life Insurance**

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



# TERM LIFE INSURANCE

## Renewable and Convertible

Marketed by:



*Underwritten by American Fidelity Assurance Company*

## 30 YEAR RATES Non-Tobacco Users Rates

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

Spouse  
Coverage  
Available<sup>1</sup>

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

# TERM LIFE INSURANCE

## Renewable and Convertible

### RIDER RATES (Monthly Premium)

#### SPOUSE TERM RIDER:

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

#### CHILDREN'S TERM RIDER:

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

#### ACCIDENTAL DEATH & DISMEMBERMENT RIDER:

For the monthly rate, multiply .08 per \$1,000 of coverage.

#### WAIVER OF PREMIUM RIDER:

Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

#### ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI):

Add the rate shown in the ABLTI column to the base rate.

## 30 YEAR RATES

### Tobacco Users Rates

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

Spouse  
Coverage  
Available<sup>1</sup>

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# TERM LIFE INSURANCE

## Renewable and Convertible

Marketed by:



*Underwritten by American Fidelity Assurance Company*

## 20 YEARS Tobacco Users Rates

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

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

# TERM LIFE INSURANCE

## Renewable and Convertible

### RIDER RATES (Monthly Premium)

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

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

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

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

## 20 YEARS Non-Tobacco Users Rates

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

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# TERM LIFE INSURANCE

## Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse  
Coverage  
Available<sup>1</sup>

10 YEAR RATES **Tobacco Users Rates**

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

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# TERM LIFE INSURANCE

## Renewable and Convertible

### RIDER RATES (Monthly Premium)

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

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

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

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

## 10 YEAR RATES Non-Tobacco Users Rates

Spouse  
Coverage  
Available<sup>1</sup>

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

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

# TeleHealth



MyHealth Pass | [www.healthpass.com](http://www.healthpass.com) | 855-212-6020

Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room.

Board Certified physicians will diagnose your illness, recommend treatment, and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They can treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

*It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!*



It's 2 am and your child has a fever, what do you do? Use MyHealth MD and call a doctor anytime, anywhere.

## Consult With A Doctor = \$0

**Save time and get treated without leaving home.**

MyHealthPass members get access to Board-Certified doctors and pediatricians 24 hours a day/ 7 days a week via phone or online. Our national network of physicians can resolve many of your medical issues, diagnose, treat and prescribe medication when appropriate.

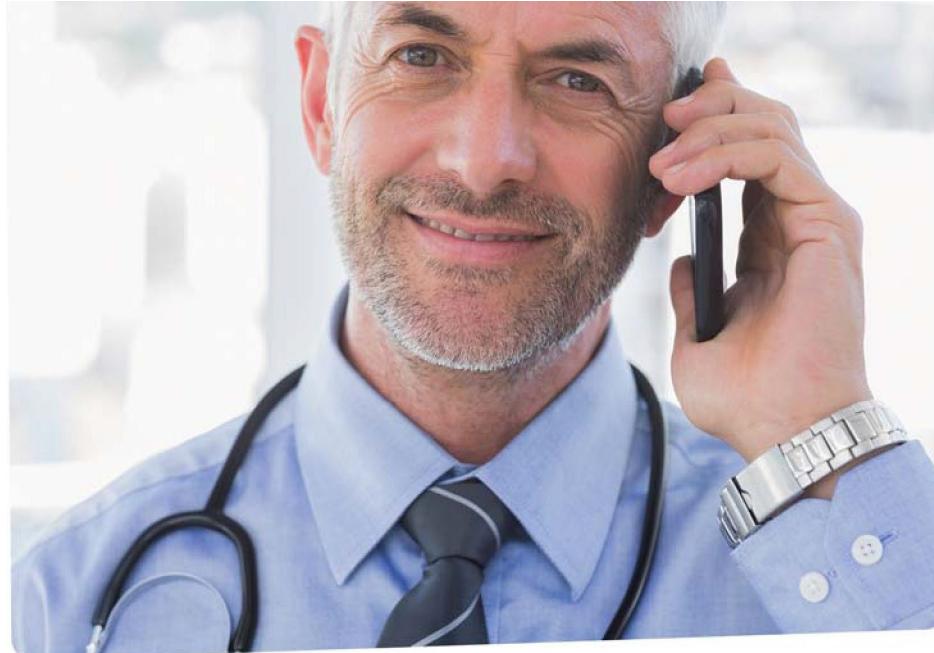
## Now That is Personalized Healthcare

**Speak to a doctor in minutes!**

Our doctors are here to help. Get in touch with a MyHealthPass Associate today.

### Did you know?

- 70% of Emergency Room visits could be handled by phone or webcam.
- Average time spent in an ER waiting room is 1-2 hours.
- A shortage of family doctors could reach 40,000 in next 10 years.
- You and your family get unlimited access to consults.
- Doctors average call back time is 16 minutes.



### Member Support



Call us at  
1-855-212-6020

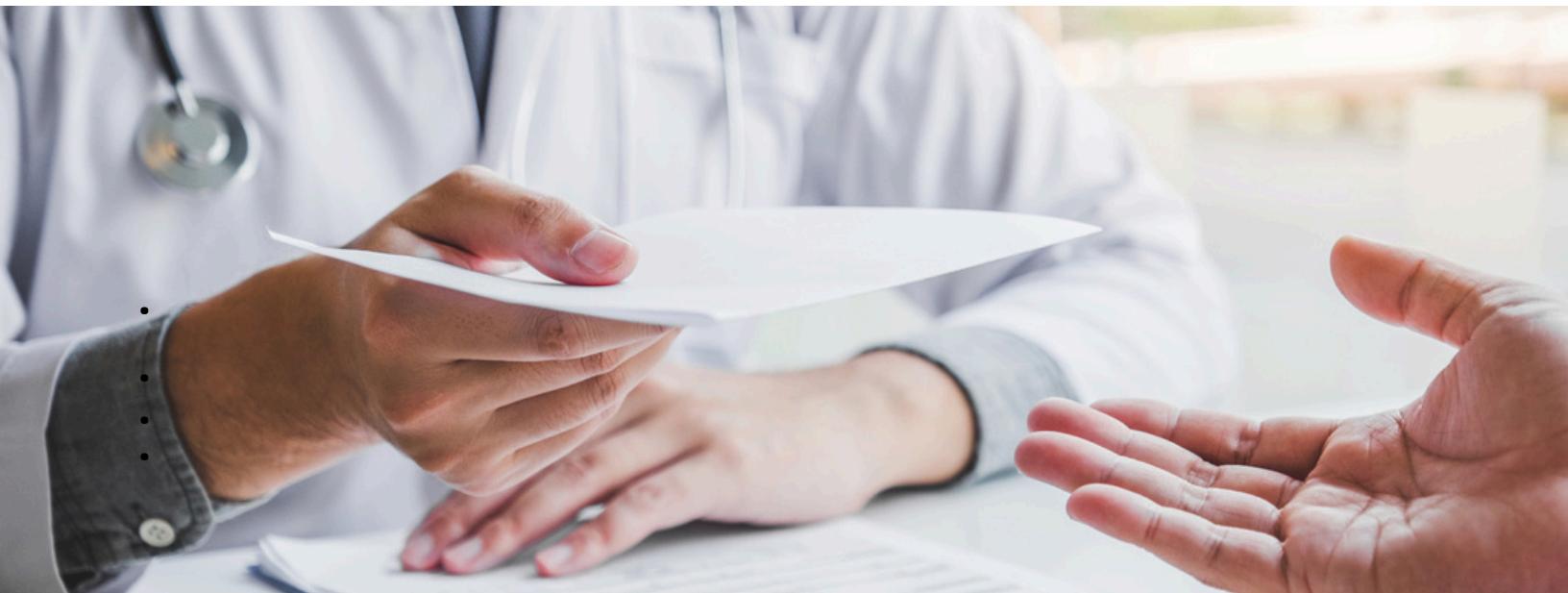


Email us at  
[info@MyHealthPass.com](mailto:info@MyHealthPass.com)



Learn more at  
[MyHealthPass.com](http://MyHealthPass.com)

# Health Reimbursement Arrangement



First Financial Administrators | [www.ffga.com](http://www.ffga.com) | 866-853-3539

A Health Reimbursement Arrangement (HRA) is established by your employer and is designed to help you pay for certain out-of-pocket deductible and coinsurance expenses.

Your employer will contribute to the HRA on your behalf and those contributions are excluded from your taxable income. Withdrawals made from this account are tax free. Eligible expenses incurred for you, your spouse and dependents qualify for reimbursement.

## HRA Highlights

- Eligible expenses are reimbursed by submitting a receipt and claim form. You will be reimbursed upon approval of the claim.
- Covers both in-network and out-of-network deductibles.
- You must first use funds in your HRA before using your FSA, if you have one established.
- Money will not roll over into the next plan year.

*THIS IS NOT A BILL  
Your health care provider  
for any amount that you  
Explanation of benefits  
Reference # 86599999  
Explanation of benefits  
of a claim for services  
provided by MD  
782.91  
This was the amount  
You saved \$33  
Help you save \$33*

**Submit an Explanation of Benefits and claim form for reimbursement of your HRA eligible expenses**

**TEXASLIFE**  
INSURANCE COMPANY

# MAKE THE MOST OF YOUR EMPLOYER'S HEALTH REIMBURSEMENT ARRANGEMENT

## Health Reimbursement Arrangement (HRA)

A Health Reimbursement Arrangement (HRA) is a federally approved program funded solely by employers to reimburse employees for certain out of pocket medical expenses. Texas Life has an HRA in place to reimburse employees for out of pocket deductible and coinsurance expenses incurred under the Aetna Plan.

### HRA Plan Highlights

- \$250 Deductible must be met before HRA funds can be used
- Tax-Free dollars to use for out-of-pocket medical expenses
- Can only be used towards your deductible and co-insurance
- Your dependents must be covered under the Texas Life Employee Group Health Plan.
- Claims will be processed within 3 to 5 days upon receipt of the claim
- Money does not rollover
- You have 90 days after the plan year to file claims
- The HRA covers in-network and out of network deductibles
- Use HRA first before the employee can use Flex plan
- Prescription co-pays and office visit co-pays are not eligible for reimbursement
- The maximum benefit from the plan is \$2,750 each plan year
- Online Secure portal and FF Mobile Account App available to view balances, file claims & check claim status

### How to receive reimbursements for your HRA eligible expenses:

To get reimbursed for eligible expenses, you must submit your Explanation of Benefits and a claim form. You can find the claim form under the HRA section on <http://benefits.ffa.com/texaslifeinsco>

**Note:** You are not eligible for an HSA if you have a "general purpose" Health Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA) through your employer or your spouse's employer which allows reimbursement of your medical expenses.



FFGA-20451220

# Contact Information

Texas Life Insurance Company  
 900 Washington  
 Waco, Texas 76703  
 500-283-9233

Cody Tarver, Senior Account Executive  
 903-2584728  
[cody.tarver@ffga.com](mailto:cody.tarver@ffga.com)

Product	Carrier	Website	Phone
Dental	MetLife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	800-638-5433
Vision	MetLife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	800-638-5433
Flex	FFGA	<a href="http://www.ffga.com">www.ffga.com</a>	866-853-3539
Life Insurance	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	800-283-9233
Short Term and Long Term Disability	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-662-1113
Cancer	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-662-1113
Accident	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-662-1113
Critical Illness	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-662-1113
Term Life	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-662-1113
Telehealth	Health Pass	<a href="http://www.healthpass.com">www.healthpass.com</a>	855-212-6020
Health Reimbursement	FFGA	<a href="http://www.ffga.com">www.ffga.com</a>	866-853-3539