

*Alleghany County Schools*  
*April 1, 2025 - March 31, 2026*

# BENEFITS GUIDE



SCAN ME



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Employee Benefits Center (EBC)  
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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!

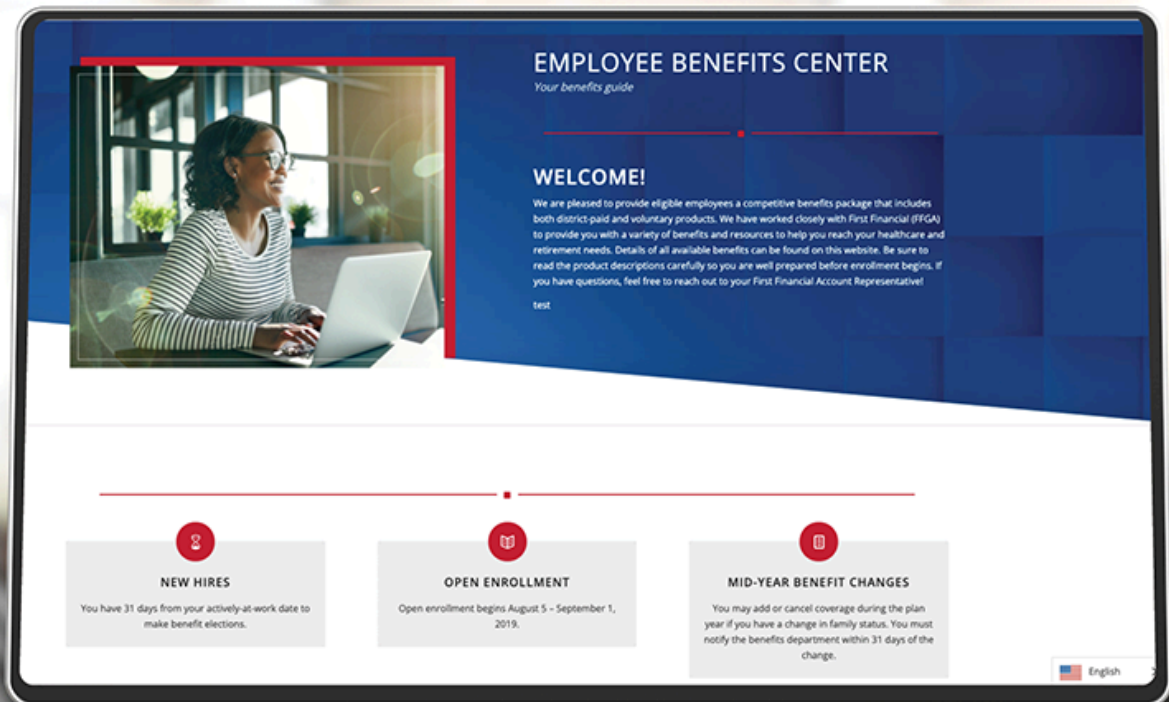
Allegheny County Schools and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

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



# How to Enroll

## Benefits Enrollment

### On-Site Enrollment

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

### What's New?

Allegheny County Schools announces the addition of Aetna Accident, Critical Illness, and Hospital Indemnity Supplemental Benefits for 2025!

### Why Aetna Supplemental Benefits?

- Comprehensive plan designs offering broad coverage
- Competitive pricing—opportunity to save premium dollars
- Unique claims integration process for Aetna medical members—no separate filing for benefits
- Full portability allows you to continue coverage after a job change or retirement
- Pre-existing condition limitation waived
- Family members are eligible to participate.

Get details on the new Aetna products and all offerings available at this year's Open Enrollment by visiting Allegheny County Schools' Employee Benefits Center (EBC) here: [ffbenefits.ffga.com/alleghanycountyschools/2025-26-plan-year](https://ffbenefits.ffga.com/alleghanycountyschools/2025-26-plan-year).



# 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

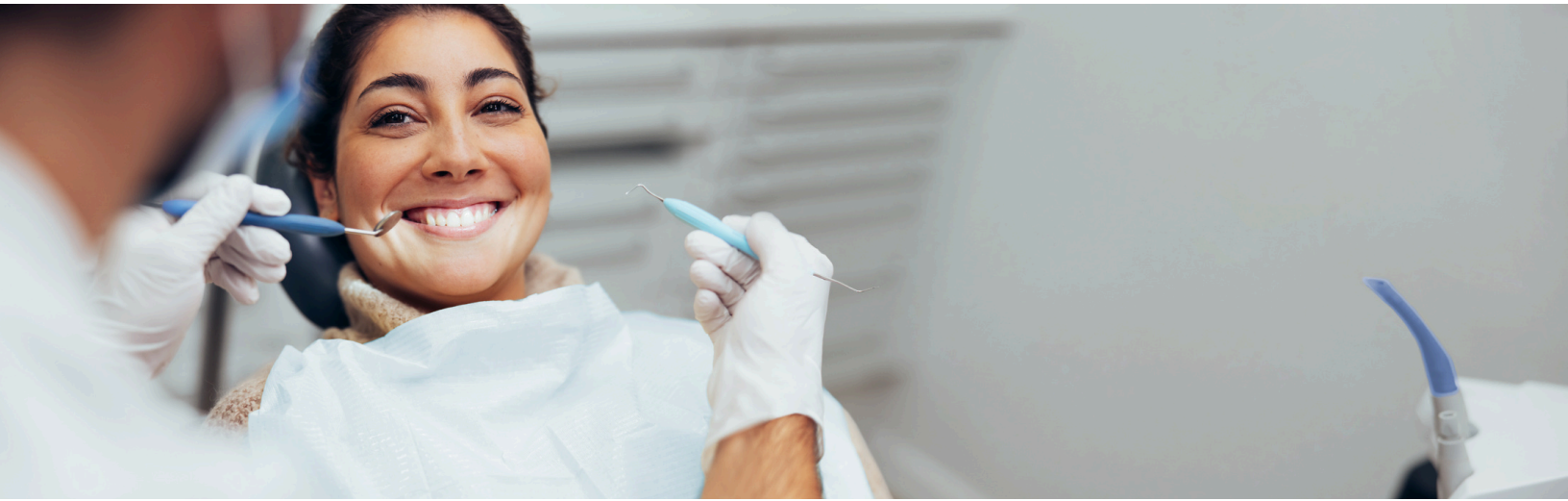
Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Tax Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197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

## Plan Choices



Delta Dental NC | [deltadentalnc.com](https://deltadentalnc.com) | 800.662.8856

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

## Delta Dental PPO plus Premier™ Summary of Dental Plan Benefits For Group# 10095-0003 Allegheny County Schools

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.\*

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Non-Participating Dentist Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	100%	100%	100%
<b>Brush Biopsy</b> – to detect oral cancer	100%	100%	100%
<b>Radiographs</b> – X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Sealants</b> – to prevent decay of permanent teeth	80%	80%	80%
<b>Minor Restorative Services</b> – fillings and crown repair	80%	80%	80%
<b>Oral Surgery Services</b> – extractions and dental surgery	80%	80%	80%
<b>Other Basic Services</b> – misc. services	80%	80%	80%
<b>Relines and Repairs</b> – to bridges, implants, and dentures	80%	80%	80%
<b>Major Services</b>			
<b>Endodontic Services</b> – root canals	50%	50%	50%
<b>Periodontic Services</b> – to treat gum disease	50%	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%	50%
<b>Prosthodontic Services</b> – bridges, implants, dentures, and crowns over implants	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	No Age Limit	No Age Limit	No Age Limit

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

The explanation and sample calculation of how these services will be paid can be found in Section VI – How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Full mouth debridement is payable once per lifetime.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable once per calendar year for people age 18 and under.



- Bitewing X-rays are payable twice per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable once per tooth per lifetime for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Vestibuloplasty is a Covered Service.
- Full and partial dentures are payable once in any five-year period. Reline and rebase of dentures are payable once in any two-year period.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and silver diamine fluoride treatment. Special health care needs includes any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations.

### **Passport Dental**

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** – \$1,000 per Member total per Benefit Year on all services, except diagnostic and preventive services, brush biopsy, X-rays, emergency palliative treatment, and orthodontic services. \$1,000 per Member total per lifetime on orthodontic services.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

**Deductible** – \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays and orthodontic services.

**Waiting Period** – Enrollees who are eligible for Benefits are covered on the first day of the month following 90 days of employment.

**Eligible People** – All full-time employees of the Contractor working at least 30 hours per week who choose the dental plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Contractor and Subscriber share the cost of this plan.

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled. Also eligible is your domestic partner, as defined by the contractor. Domestic partners will be treated as Spouses under This Plan.

Enrollees and Dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate Benefits between your coverage and your Spouse's coverage.

Benefits will cease on the last day of the month in which your employment is terminated.

	9-Pay Rates	10-Pay Rates	12-Pay Rates
Employee	\$49.42	\$44.48	\$37.07
Employee + Spouse	\$109.70	\$98.74	\$82.28
Employee + Child(ren)	\$131.48	\$118.33	\$98.61
Family	\$191.70	\$172.54	\$143.78

# Vision Insurance

Community Eye Care | [www.cecvision.com](http://www.cecvision.com) | 888.254.4290

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

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

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







## Vision Benefits Summary

## Allegheny County Schools



### A Vision Plan for Everyone

All members enrolled in the CEC vision plan can take advantage of our simple and flexible benefits. Each plan year, you'll receive an eye exam, a flexible eyewear allowance, and a contact lens fitting.

### Plan Features



#### Flexible Eyewear Allowance

Purchase exactly what you want—frames, lenses, contact lenses, sunglasses, special lens options, and any combination of these items. If the eyewear you want is sold in an optical shop, it's covered!



#### Don't Need Prescription Glasses?

Non-prescription eyewear, including blue-light blocking glasses, sunglasses, safety glasses, and readers, is covered by your CEC vision plan. Don't need prescription lenses? This is a great way to use your annual eyewear allowance!



#### Expansive Provider Network

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



#### Vision Care is Important

Even if you have perfect vision, your annual eye exam is critical to your overall health and wellness. Common diseases, including glaucoma, diabetes, cardiovascular disease, and cancer, can be identified during an eye exam. Your exam is covered-in-full. You just cover the copay.



#### Member Portal

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

[cecvision.com/members/login](https://cecvision.com/members/login)

**eyeconic.**

#### Prefer to Shop Online?

**Eyeconic** offers CEC members special discounts when using the promo code **CECMEMBERS**. To save online, visit:

[cecvision.com/members/special-offers/eyeconic](https://cecvision.com/members/special-offers/eyeconic)



Your CEC Vision Benefits Summary

Company: Allegheny County Schools



CEC Coverage Effective Date: 04/01/2025

120 PLAN

Frequency: All benefits renew every 12 months.

BENEFIT				MONTHLY RATES		
DESCRIPTION		COPAY	OUT-OF-NETWORK REIMBURSEMENT		10 Month Rate	12 Month Rate
Exam	An annual routine eye exam.	\$10	100% minus the copay			
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None	Employee Only	\$7.51	\$6.26
Eyewear	An annual \$120 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$10	Up to 100% of flexible allowance minus the copay	Employee + One	\$21.24	\$17.70
Contact Lens Fitting	An annual fitting or evaluation.	\$10	100% minus the copay	Employee + Family	\$21.24	\$17.70

200 PLAN

Frequency: All benefits renew every 12 months.

BENEFIT				MONTHLY RATES		
DESCRIPTION		COPAY	OUT-OF-NETWORK REIMBURSEMENT		10 Month Rate	12 Month Rate
Exam	An annual routine eye exam.	\$10	100% minus the copay			
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None	Employee Only	\$9.77	\$8.14
Eyewear	An annual \$200 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$10	Up to 100% of flexible allowance minus the copay	Employee + One	\$27.60	\$23.00
Contact Lens Fitting	An annual fitting or evaluation.	\$10	100% minus the copay	Employee + Family	\$27.60	\$23.00

ADDITIONAL SAVINGS	
Additional Pairs of Glasses	Members receive a 20% savings on additional pairs of prescription and non-prescription glasses from most CEC in-network providers within 12 months of their last eye exam.
LASIK Discounts	Members are eligible for discounts from participating providers, including QualSight LASIK, TLC Laser Eye Center, LasikPlus, and the LASIK Vision Institute.
Special Offers	A variety of special offers are available to CEC members. Visit <a href="https://cecvision.com/members/special-offers">cecvision.com/members/special-offers</a> for additional information!

Benefits may vary by location.  
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Rev. 03/2024

Questions about your benefits?  
Visit us online at [cecvision.com](https://cecvision.com) or call 888-254-4290.

# Flexible Spending Accounts

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com)  
1.866.853.3539 P.O. Box 161968 | Altamonte Springs, FL 32716

## Medical FSA

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

**Your maximum contribution amount for 2025 is \$3,300.**

### 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.

# FSA Resources

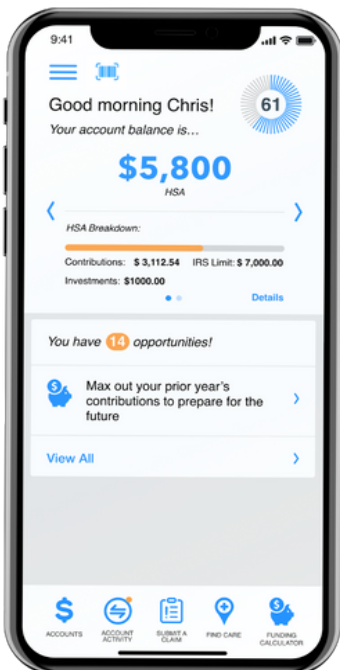
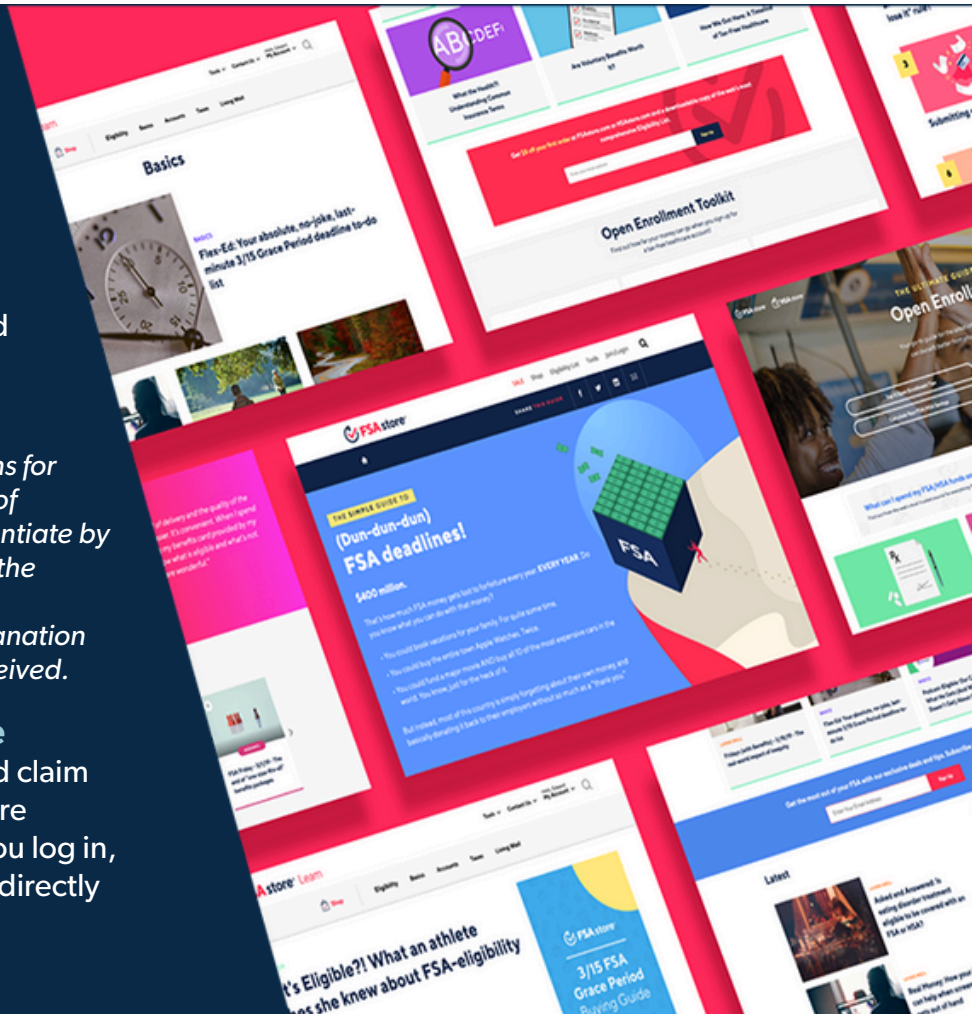
## Benefits Card

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

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

## View Your Account Details Online

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

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





# Voluntary Term Life

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 800.654.8489  
Reliance Standard | [www.reliancestandard.com](http://www.reliancestandard.com) | 800.351.7500

## Voluntary Term Life Insurance

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





# Term Life Insurance

*Underwritten by: American Fidelity Assurance Company*

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



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



**Marketed by:**

First Financial Capital Corporation

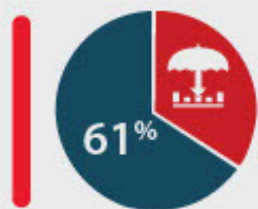
P.O. Box 670329 • Houston, TX 77267-0329

Local (281) 847-8422 | Toll Free (800) 523-8422

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

# Strengthen Your Family's Financial Plan

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



**61%** of adults in the United States have no individual life insurance.<sup>1</sup>

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

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



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

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

## Why You Need Life Insurance

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



### Final Expenses

Funeral Costs • Unpaid Medical Bills



### Income Replacement

Mortgage/Rent • Other Loans



### Nest Egg

Estate Planning • Retirement Goals

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

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

## Three Easy Steps to Get Covered

**1**

### Select a Term Period

Choose from a 10, 20, or 30 year term.

**2**

### Answer Three Health Questions<sup>4</sup>

Only three health questions are required to issue coverage. You do not have to take part in any invasive medical exams.

**3**

### Get Death Benefit Coverage Immediately<sup>5</sup>

Your death benefit coverage starts when you sign the application.

<sup>3</sup>Rates will be adjusted on each renewed term period. <sup>4</sup>Issuance of the policy may depend on the answer to these questions. <sup>5</sup>Interim coverage for death will be in force from the date your application is signed if, on such date, the proposed insured is insurable per our underwriting guidelines for the requested coverage per the terms of the policy. This interim coverage for death will remain in force until the earlier of 1) the date a policy becomes effective, 2) the date we decline the application, or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy, Children's Term Rider and Spouse Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, or Accelerated Benefit Rider for Long Term Illness. <sup>6</sup>Example is based on a 20-year term, monthly, non-tobacco, base policy with no attached riders. See your American Fidelity account manager for specific ages, rates, term periods or face amounts. <sup>7</sup>Premiums remain level for the initial term period selected. If you choose the 10 or 20-Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60, respectively. Thereafter, premiums are renewable annually. The 30-Year Term Life Plan is renewable annually after the initial term period. All term plans expire on the policy anniversary following age 90. Rates will be adjusted on each renewed term period. <sup>8</sup>In the states of AK, AR, CO, IA, KS, MN, MO, ND, NH, OR, PA, RI, SC, TN and WI, the minimum issue age for younger employees is 18. <sup>9</sup>In the states of MO and PA, the minimum issue age for younger spouses is 18.



#### EMPLOYEE ISSUE AGES

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

#### EMPLOYEE ISSUE MAXIMUM

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

#### GUARANTEED LEVEL DEATH BENEFIT

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

#### SPOUSE ISSUE AGES AND MAXIMUMS

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

#### RATES BASED ON ISSUE AGE AND TOBACCO STATUS

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

#### RENEWABLE AND CONVERTIBLE<sup>7</sup>

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

## Enhance Your Plan

### Waiver of Premium Rider

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

### Accidental Death and Dismemberment Rider

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

### Spouse Term Rider

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

### Children's Term Rider

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

### Accelerated Benefit Rider for Long Term Illness

(Available with 30-Year Term Life Only)

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

#### SAMPLE 20-YEAR TERM NON-TOBACCO MONTHLY PREMIUM RATES<sup>a</sup>

	\$25K*	\$50K*	\$100K	\$150K	\$300K
25	\$6.50	\$9.00	\$16.00	\$20.00	\$38.00
35	\$7.50	\$11.50	\$21.00	\$27.50	\$53.00
45	\$11.75	\$20.50	\$39.00	\$56.00	\$110.00
55	\$25.25	\$38.50	\$75.00	n/a	n/a

\*Shaded amounts available for spouse base policy purchases.

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

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

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

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

## Accelerated Benefit Summary and Disclosure Notice

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

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

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

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

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

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

### Accelerated Benefit for Terminal Condition

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

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

- Upon payment of the Accelerated Benefit, the policy/rider will remain in force. Any premiums due to keep the policy/rider in force will be paid by us, and will be deducted from the policy proceeds upon death, unless you are currently exercising the Automatic Premium Loan option. If you are currently exercising the Automatic Premium Loan option, any premiums will continue to be paid under this option, until such time as this option is exhausted or discontinued.

- Policy proceeds which are payable on the death of the Insured/Covered Person will be reduced by the amount of the Accelerated Benefit, any outstanding policy loans, and any premiums paid by us on your behalf.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. Access to the policy cash value may be restricted to the excess of the cash value over the sum of the amount accelerated and any premiums paid by us and any other outstanding policy loans.
- Any outstanding loan, including interest will not be deducted from the Accelerated Benefit payment.
- **This Accelerated Benefit will be treated as a lien against the death benefit and applied at time of death.**

### Accelerated Benefit for Long Term Illness (optional rider)

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

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

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

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

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

Underwritten and administered by:

**AMERICAN FIDELITY**

a different opinion



American Fidelity Assurance Company

9000 Cameron Parkway

Oklahoma City, Oklahoma 73114

800-662-1113

[americanfidelity.com](http://americanfidelity.com)

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

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



# 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	--	--	--	--	--	--

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.



# TERM LIFE INSURANCE

## Renewable and Convertible

### RIDER RATES (Monthly Premium)

**SPOUSE TERM RIDER:** Use the rate sheet to find 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.

Spouse  
Coverage  
Available<sup>1</sup>

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

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# TERM LIFE INSURANCE

## Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

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	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	—	—	—	—	—	—

20 YEAR RATES Tobacco Users Rates

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 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.

Spouse  
Coverage  
Available<sup>1</sup>

## 20 YEAR RATES 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

## 30 YEAR RATES *Non-Tobacco Users Rates*

ISSUE AGE	Death Benefit Monthly Premium Including Policy Fee													
	\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLT <sup>1</sup>	Base	ABLT <sup>1</sup>	Base	ABLT <sup>1</sup>	Base	ABLT <sup>1</sup>	Base	ABLT <sup>1</sup>	Base	ABLT <sup>1</sup>	Base	ABLT <sup>1</sup>
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>

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# TERM LIFE INSURANCE

## Renewable and Convertible

### RIDER RATES (Monthly Premium)

<b>SPOUSE TERM RIDER:</b>	Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.
<b>CHILDREN'S TERM RIDER:</b>	\$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.
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT RIDER:</b>	For the monthly rate, multiply .08 per \$1,000 of coverage.
<b>WAIVER OF PREMIUM RIDER:</b>	Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.
<b>ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLT):</b>	Add the rate shown in the ABLTI column to the base rate.

## 30 YEAR RATES *Tobacco Users Rates*

ISSUE AGE	Death Benefit Monthly Premium Including Policy Fee													
	\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT
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>

*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.*



## Plan Highlights

### Voluntary Group Term Life



#### Alleghany County School

##### ELIGIBILITY

**Employees:** All Active Full-Time Employees working 15 hours or more per week, except for any person working on a temporary or seasonal basis.

**Dependents:** You must be insured for your Dependents to be covered.

Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you
- ▶ Your unmarried financially dependent children age 14 days to 26 years (to 26 years if full-time student).
- ▶ A person may not have coverage as both an Employee and Dependent.
- ▶ Only one insured spouse may cover Dependent children.

##### GUARANTEED ISSUE

Initial eligibility period only

**Employee:**

Under age 60: \$150,000

Age 60 but less than age 70: \$150,000

Age 70 and over: \$150,000

**Spouse:**

Under age 60: \$50,000

Age 60 but less than age 70: none

Age 70 and over: none

**Child:** all child amounts are guaranteed issue

##### BENEFIT AMOUNT

**Voluntary Life:**

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments; subject to a salary cap of 10 times base annual earnings.

**Dependent Spouse:** Choose from a minimum of \$10,000, a maximum of \$50,000 in \$10,000 increments

**Dependent Child(ren):**

14 days but less than 6 months: \$1,000.

6 months through age 26: \$5,000 or \$10,000.

(up to age 26 if a full-time student)

##### CONTRIBUTION REQUIREMENTS

**Voluntary Life:**

Coverage is 100% employee paid.

**Dependent Spouse:**

Coverage is 100% employee paid.

**Dependent Child(ren):**

Coverage is 100% employee paid.

##### BENEFIT REDUCTION DUE TO AGE

(Applicable to employee / spouse coverage)

At Age	Face Amount Reduces To
75-79	60% of available or in force amount at age 74
80-84	35% of available or in force amount at age 74
85-89	27.5% of available or in force amount at age 74
90-94	20% of available or in force amount at age 74
95-99	7.5% of available or in force amount at age 74
100 +	5% of available or in force amount at age 74

##### EXCLUSIONS

**LIMITATIONS:**

If you or your insured dependent die by suicide, while sane or insane, within two (2) years of your effective date for Voluntary Life, Dependent Spouse, and/or Dependent Child(ren) insurance coverage, our payment will be limited to a refund of all life insurance premiums paid prior to the date of death.

For a comprehensive list of exclusions and specific limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

**Reliance Standard Voluntary Plans  
Voluntary Group Term Life Insurance  
Premium Table**

Plan Holder: Alleghany County Schools - VG # 675548

Scheduled Benefit: Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the Table below.

For employees age 75 and older:

Benefit amounts are reduced according to the age-based reduction chart shown in the Voluntary Term Life brochure. When selecting an amount of insurance, you must select a pre-age 75 benefit amount.

Employee/Spouse Premiums:

To find you and your spouse's premium –

Determine your age band: Your age = your age at your last birthday.

Select a benefit amount (employees age 75 and older: see above comment - do not select a calculated reduced amount).

Spouse premium: Your spouse must be under age 70 to be enrolled.

Employee and spouse rates change as insured moves from one age bracket to the next.

**9 Pay Premiums**

Benefit Amount	Age 19-39	Age 40-59	Age 60-150
\$10,000.00	\$1.60	\$3.60	\$5.00
\$20,000.00	\$3.20	\$7.20	\$10.00
\$30,000.00	\$4.80	\$10.80	\$15.00
\$40,000.00	\$6.40	\$14.40	\$20.00
\$50,000.00	\$8.00	\$18.00	\$25.00
\$60,000.00	\$9.60	\$21.60	\$30.00
\$70,000.00	\$11.20	\$25.20	\$35.00
\$80,000.00	\$12.80	\$28.80	\$40.00
\$90,000.00	\$14.40	\$32.40	\$45.00
\$100,000.00	\$16.00	\$36.00	\$50.00
\$110,000.00	\$17.60	\$39.60	\$55.00
\$120,000.00	\$19.20	\$43.20	\$60.00
\$130,000.00	\$20.80	\$46.80	\$65.00
\$140,000.00	\$22.40	\$50.40	\$70.00
\$150,000.00	\$24.00	\$54.00	\$75.00
\$160,000.00	\$25.60	\$57.60	\$80.00
\$170,000.00	\$27.20	\$61.20	\$85.00
\$180,000.00	\$28.80	\$64.80	\$90.00
\$190,000.00	\$30.40	\$68.40	\$95.00
\$200,000.00	\$32.00	\$72.00	\$100.00
\$210,000.00	\$33.60	\$75.60	\$105.00
\$220,000.00	\$35.20	\$79.20	\$110.00
\$230,000.00	\$36.80	\$82.80	\$115.00
\$240,000.00	\$38.40	\$86.40	\$120.00
\$250,000.00	\$40.00	\$90.00	\$125.00
\$260,000.00	\$41.60	\$93.60	\$130.00
\$270,000.00	\$43.20	\$97.20	\$135.00
\$280,000.00	\$44.80	\$100.80	\$140.00
\$290,000.00	\$46.40	\$104.40	\$145.00
\$300,000.00	\$48.00	\$108.00	\$150.00
\$310,000.00	\$49.60	\$111.60	\$155.00
\$320,000.00	\$51.20	\$115.20	\$160.00
\$330,000.00	\$52.80	\$118.80	\$165.00



\$340,000.00	\$54.40	\$122.40	\$170.00
\$350,000.00	\$56.00	\$126.00	\$175.00
\$360,000.00	\$57.60	\$129.60	\$180.00
\$370,000.00	\$59.20	\$133.20	\$185.00
\$380,000.00	\$60.80	\$136.80	\$190.00
\$390,000.00	\$62.40	\$140.40	\$195.00
\$400,000.00	\$64.00	\$144.00	\$200.00
\$410,000.00	\$65.60	\$147.60	\$205.00
\$420,000.00	\$67.20	\$151.20	\$210.00
\$430,000.00	\$68.80	\$154.80	\$215.00
\$440,000.00	\$70.40	\$158.40	\$220.00
\$450,000.00	\$72.00	\$162.00	\$225.00
\$460,000.00	\$73.60	\$165.60	\$230.00
\$470,000.00	\$75.20	\$169.20	\$235.00
\$480,000.00	\$76.80	\$172.80	\$240.00
\$490,000.00	\$78.40	\$176.40	\$245.00
\$500,000.00	\$80.00	\$180.00	\$250.00

**DEPENDENT CHILD(REN) Monthly PREMIUMS:**

Benefit Amount	Premium
\$5,000	\$0.91
\$10,000	\$1.81

(One rate for all eligible children in family, regardless of number) **PREMIUM CALCULATION** (Add your elections here):

Employee Premium:	\$
Spouse Premium	\$
Dependent Child(ren) Premium	\$
Total Premium	\$

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

**Please read this important information:**

- You may not have coverage as both an employee and as a dependent.
  - Only one insured spouse may cover the eligible dependent children.
  - Neither you nor your spouse may hold more than a total of \$500,000 of group term life insurance with Reliance Standard under the master Group Policy. Insurance over that amount will be void and the premium refunded.
- Rates are subject to change.***

# **Reliance Standard Voluntary Plans** **Voluntary Group Term Life Insurance** **Premium Table**

Plan Holder: Alleghany County Schools - VG # 675548

Scheduled Benefit: Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the Table below.

For employees age 75 and older:

Benefit amounts are reduced according to the age-based reduction chart shown in the Voluntary Term Life brochure. When selecting an amount of insurance, you must select a pre-age 75 benefit amount.

Employee/Spouse Premiums:

To find you and your spouse's premium –

Determine your age band: Your age = your age at your last birthday.

Select a benefit amount (employees age 75 and older: see above comment - do not select a calculated reduced amount).

Spouse premium: Your spouse must be under age 70 to be enrolled.

Employee and spouse rates change as insured moves from one age bracket to the next.

## **10 Pay Premiums**

Benefit Amount	Age 19-39	Age 40-59	Age 60-150
\$10,000.00	\$1.44	\$3.24	\$4.50
\$20,000.00	\$2.88	\$6.48	\$9.00
\$30,000.00	\$4.32	\$9.72	\$13.50
\$40,000.00	\$5.76	\$12.96	\$18.00
\$50,000.00	\$7.20	\$16.20	\$22.50
\$60,000.00	\$8.64	\$19.44	\$27.00
\$70,000.00	\$10.08	\$22.68	\$31.50
\$80,000.00	\$11.52	\$25.92	\$36.00
\$90,000.00	\$12.96	\$29.16	\$40.50
\$100,000.00	\$14.40	\$32.40	\$45.00
\$110,000.00	\$15.84	\$35.64	\$49.50
\$120,000.00	\$17.28	\$38.88	\$54.00
\$130,000.00	\$18.72	\$42.12	\$58.50
\$140,000.00	\$20.16	\$45.36	\$63.00
\$150,000.00	\$21.60	\$48.60	\$67.50
\$160,000.00	\$23.04	\$51.84	\$72.00
\$170,000.00	\$24.48	\$55.08	\$76.50
\$180,000.00	\$25.92	\$58.32	\$81.00
\$190,000.00	\$27.36	\$61.56	\$85.50
\$200,000.00	\$28.80	\$64.80	\$90.00
\$210,000.00	\$30.24	\$68.04	\$94.50
\$220,000.00	\$31.68	\$71.28	\$99.00
\$230,000.00	\$33.12	\$74.52	\$103.50
\$240,000.00	\$34.56	\$77.76	\$108.00
\$250,000.00	\$36.00	\$81.00	\$112.50
\$260,000.00	\$37.44	\$84.24	\$117.00
\$270,000.00	\$38.88	\$87.48	\$121.50
\$280,000.00	\$40.32	\$90.72	\$126.00
\$290,000.00	\$41.76	\$93.96	\$130.50
\$300,000.00	\$43.20	\$97.20	\$135.00
\$310,000.00	\$44.64	\$100.44	\$139.50
\$320,000.00	\$46.08	\$103.68	\$144.00

\$330,000.00	\$47.52	\$106.92	\$148.50
\$340,000.00	\$48.96	\$110.16	\$153.00
\$350,000.00	\$50.40	\$113.40	\$157.50
\$360,000.00	\$51.84	\$116.64	\$162.00
\$370,000.00	\$53.28	\$119.88	\$166.50
\$380,000.00	\$54.72	\$123.12	\$171.00
\$390,000.00	\$56.16	\$126.36	\$175.50
\$400,000.00	\$57.60	\$129.60	\$180.00
\$410,000.00	\$59.04	\$132.84	\$184.50
\$420,000.00	\$60.48	\$136.08	\$189.00
\$430,000.00	\$61.92	\$139.32	\$193.50
\$440,000.00	\$63.36	\$142.56	\$198.00
\$450,000.00	\$64.80	\$145.80	\$202.50
\$460,000.00	\$66.24	\$149.04	\$207.00
\$470,000.00	\$67.68	\$152.28	\$211.50
\$480,000.00	\$69.12	\$155.52	\$216.00
\$490,000.00	\$70.56	\$158.76	\$220.50
\$500,000.00	\$72.00	\$162.00	\$225.00

**DEPENDENT CHILD(REN) Monthly PREMIUMS:**

Benefit Amount	Premium
\$5,000	\$0.82
\$10,000	\$1.63

(One rate for all eligible children in family, regardless of number) **PREMIUM CALCULATION** (Add your elections here):

Employee Premium:	\$
Spouse Premium	\$
Dependent Child(ren) Premium	\$
Total Premium	\$

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

**Please read this important information:**

- You may not have coverage as both an employee and as a dependent.
- Only one insured spouse may cover the eligible dependent children.
- Neither you nor your spouse may hold more than a total of \$500,000 of group term life insurance with Reliance Standard under the master Group Policy. Insurance over that amount will be void and the premium refunded.

*Rates are subject to change.*

# **Reliance Standard Voluntary Plans** **Voluntary Group Term Life Insurance** **Premium Table**

Plan Holder: Alleghany County Schools - VG # 675548

Scheduled Benefit: Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the Table below.

For employees age 75 and older:

Benefit amounts are reduced according to the age-based reduction chart shown in the Voluntary Term Life brochure. When selecting an amount of insurance, you must select a pre-age 75 benefit amount.

Employee/Spouse Premiums:

To find you and your spouse's premium –

- Determine your age band: Your age = your age at your last birthday.
- Select a benefit amount (employees age 75 and older: see above comment - do not select a calculated reduced amount).
- Spouse premium: Your spouse must be under age 70 to be enrolled.
- Employee and spouse rates change as insured moves from one age bracket to the next.

## **12 Pay Premiums**

Benefit Amount	Age 19-39	Age 40-59	Age 60-150
\$10,000.00	\$1.20	\$2.70	\$3.75
\$20,000.00	\$2.40	\$5.40	\$7.50
\$30,000.00	\$3.60	\$8.10	\$11.25
\$40,000.00	\$4.80	\$10.80	\$15.00
\$50,000.00	\$6.00	\$13.50	\$18.75
\$60,000.00	\$7.20	\$16.20	\$22.50
\$70,000.00	\$8.40	\$18.90	\$26.25
\$80,000.00	\$9.60	\$21.60	\$30.00
\$90,000.00	\$10.80	\$24.30	\$33.75
\$100,000.00	\$12.00	\$27.00	\$37.50
\$110,000.00	\$13.20	\$29.70	\$41.25
\$120,000.00	\$14.40	\$32.40	\$45.00
\$130,000.00	\$15.60	\$35.10	\$48.75
\$140,000.00	\$16.80	\$37.80	\$52.50
\$150,000.00	\$18.00	\$40.50	\$56.25
\$160,000.00	\$19.20	\$43.20	\$60.00
\$170,000.00	\$20.40	\$45.90	\$63.75
\$180,000.00	\$21.60	\$48.60	\$67.50
\$190,000.00	\$22.80	\$51.30	\$71.25
\$200,000.00	\$24.00	\$54.00	\$75.00
\$210,000.00	\$25.20	\$56.70	\$78.75
\$220,000.00	\$26.40	\$59.40	\$82.50
\$230,000.00	\$27.60	\$62.10	\$86.25
\$240,000.00	\$28.80	\$64.80	\$90.00
\$250,000.00	\$30.00	\$67.50	\$93.75
\$260,000.00	\$31.20	\$70.20	\$97.50
\$270,000.00	\$32.40	\$72.90	\$101.25
\$280,000.00	\$33.60	\$75.60	\$105.00
\$290,000.00	\$34.80	\$78.30	\$108.75
\$300,000.00	\$36.00	\$81.00	\$112.50
\$310,000.00	\$37.20	\$83.70	\$116.25
\$320,000.00	\$38.40	\$86.40	\$120.00
\$330,000.00	\$39.60	\$89.10	\$123.75



\$340,000.00	\$40.80	\$91.80	\$127.50
\$350,000.00	\$42.00	\$94.50	\$131.25
\$360,000.00	\$43.20	\$97.20	\$135.00
\$370,000.00	\$44.40	\$99.90	\$138.75
\$380,000.00	\$45.60	\$102.60	\$142.50
\$390,000.00	\$46.80	\$105.30	\$146.25
\$400,000.00	\$48.00	\$108.00	\$150.00
\$410,000.00	\$49.20	\$110.70	\$153.75
\$420,000.00	\$50.40	\$113.40	\$157.50
\$430,000.00	\$51.60	\$116.10	\$161.25
\$440,000.00	\$52.80	\$118.80	\$165.00
\$450,000.00	\$54.00	\$121.50	\$168.75
\$460,000.00	\$55.20	\$124.20	\$172.50
\$470,000.00	\$56.40	\$126.90	\$176.25
\$480,000.00	\$57.60	\$129.60	\$180.00
\$490,000.00	\$58.80	\$132.30	\$183.75
\$500,000.00	\$60.00	\$135.00	\$187.50

**DEPENDENT CHILD(REN) Monthly PREMIUMS:**

Benefit Amount	Premium
\$5,000	\$0.68
\$10,000	\$1.36

(One rate for all eligible children in family, regardless of number) **PREMIUM CALCULATION** (Add your elections here):

Employee Premium:	\$
Spouse Premium	\$
Dependent Child(ren) Premium	\$
Total Premium	\$

(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

**Please read this important information:**

- You may not have coverage as both an employee and as a dependent.
  - Only one insured spouse may cover the eligible dependent children.
  - Neither you nor your spouse may hold more than a total of \$500,000 of group term life insurance with Reliance Standard under the master Group Policy. Insurance over that amount will be void and the premium refunded.
- Rates are subject to change.***

# 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.



# WOW!

## LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS



**IT'S AFFORDABLE  
YOU OWN IT**



**YOU CAN TAKE IT WITH  
YOU WHEN YOU CHANGE  
JOBS OR RETIRE**



**YOU PAY FOR IT THROUGH  
CONVENIENT PAYROLL DEDUCTIONS:  
NO CHECKS TO WRITE OR LINKS TO CLICK**



**YOU CAN COVER YOUR SPOUSE, CHILDREN  
AND GRANDCHILDREN, TOO<sup>1</sup>**



**YOU CAN GET A LIVING BENEFIT IF YOU  
BECOME TERMINALLY ILL<sup>2</sup>**



**YOU CAN GET CASH TO COVER  
LIVING EXPENSES IF YOU BECOME  
CHRONICALLY ILL<sup>3</sup>**



**YOU CAN QUALIFY BY ANSWERING JUST  
3 QUESTIONS - NO EXAM OR NEEDLES**

1. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
2. Conditions apply.
3. Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Rider not available in CA. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

19M004-C FFGA 1003 (exp0321)



# TEXASLIFE INSURANCE COMPANY

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



# LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees<sup>1</sup> that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:



**It's AFFORDABLE  
You OWN IT**



**YOU CAN TAKE IT  
WITH YOU WHEN YOU  
CHANGE JOBS OR RETIRE**



**YOU PAY FOR IT  
THROUGH CONVENIENT  
PAYROLL DEDUCTIONS**



**YOU CAN COVER YOUR  
SPOUSE, CHILDREN AND  
GRANDCHILDREN, TOO<sup>2</sup>**



**YOU CAN GET A LIVING  
BENEFIT IF YOU BECOME  
TERMINALLY ILL<sup>3</sup>**



**YOU CAN GET CASH TO COVER  
LIVING EXPENSES IF YOU  
BECOME CHRONICALLY ILL<sup>4</sup>**

## 3 QUICK QUESTIONS

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

### **DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:**

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

1. After the guarantee period, premiums may go down, stay the same or go up.
2. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
3. Conditions apply.
4. Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Rider not available in CA. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

19Mo16-C FFGA 1092 (exp0321)



# TEXASLIFE INSURANCE COMPANY

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

Issue Age (ALB)	<b>Monthly Premiums for Life Insurance Face Amounts Shown</b> Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									<b>GUARANTEED PERIOD</b> Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1				9.25					16.25	81
2-4				9.50					16.75	80
5-8				9.75					17.25	79
9-10				10.00					17.75	79
11-16				10.25					18.25	77
17-20				12.25	14.25	16.25	18.25	20.25	22.25	75
21-22				12.50	14.55	16.60	18.65	20.70	22.75	74
23				12.75	14.85	16.95	19.05	21.15	23.25	75
24-25				13.00	15.15	17.30	19.45	21.60	23.75	74
26				13.50	15.75	18.00	20.25	22.50	24.75	75
27-28				13.75	16.05	18.35	20.65	22.95	25.25	74
29				14.00	16.35	18.70	21.05	23.40	25.75	74
30-31				14.25	16.65	19.05	21.45	23.85	26.25	73
32				15.00	17.55	20.10	22.65	25.20	27.75	74
33				15.50	18.15	20.80	23.45	26.10	28.75	74
34				16.25	19.05	21.85	24.65	27.45	30.25	75
35		11.25	14.25	17.25	20.25	23.25	26.25	29.25	32.25	76
36		11.55	14.65	17.75	20.85	23.95	27.05	30.15	33.25	76
37		12.00	15.25	18.50	21.75	25.00	28.25	31.50	34.75	77
38		12.45	15.85	19.25	22.65	26.05	29.45	32.85	36.25	77
39		13.20	16.85	20.50	24.15	27.80	31.45	35.10	38.75	78
40	10.05	13.95	17.85	21.75	25.65	29.55	33.45	37.35	41.25	79
41	10.75	15.00	19.25	23.50	27.75	32.00	36.25	40.50	44.75	80
42	11.55	16.20	20.85	25.50	30.15	34.80	39.45	44.10	48.75	81
43	12.25	17.25	22.25	27.25	32.25	37.25	42.25	47.25	52.25	82
44	12.95	18.30	23.65	29.00	34.35	39.70	45.05	50.40	55.75	83
45	13.65	19.35	25.05	30.75	36.45	42.15	47.85	53.55	59.25	83
46	14.45	20.55	26.65	32.75	38.85	44.95	51.05	57.15	63.25	84
47	15.15	21.60	28.05	34.50	40.95	47.40	53.85	60.30	66.75	84
48	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	85
49	16.75	24.00	31.25	38.50	45.75	53.00	60.25	67.50	74.75	85
50	17.75	25.50	33.25	41.00						86
51	18.95	27.30	35.65	44.00						87
52	20.25	29.25	38.25	47.25						88
53	21.25	30.75	40.25	49.75						88
54	22.25	32.25	42.25	52.25						88
55	23.35	33.90	44.45	55.00						89
56	24.35	35.40	46.45	57.50						89
57	25.55	37.20	48.85	60.50						89
58	26.65	38.85	51.05	63.25						89
59	27.85	40.65	53.45	66.25						89
60	28.55	41.70	54.85	68.00						90
61										90
62										90
63										90
64										90
65										90
66										90
67										91
68										91
69										91
70										91

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



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

Issue Age (ALB)	<b>Monthly Premiums for Life Insurance Face Amounts Shown</b> Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									<b>GUARANTEED PERIOD</b> Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				17.25	20.25	23.25	26.25	29.25	32.25	71
21-22				18.00	21.15	24.30	27.45	30.60	33.75	71
23				18.75	22.05	25.35	28.65	31.95	35.25	72
24-25				19.25	22.65	26.05	29.45	32.85	36.25	71
26				19.75	23.25	26.75	30.25	33.75	37.25	72
27-28				20.25	23.85	27.45	31.05	34.65	38.25	71
29				20.50	24.15	27.80	31.45	35.10	38.75	71
30-31				23.00	27.15	31.30	35.45	39.60	43.75	72
32				23.75	28.05	32.35	36.65	40.95	45.25	72
33				24.00	28.35	32.70	37.05	41.40	45.75	72
34				24.25	28.65	33.05	37.45	41.85	46.25	71
35		16.50	21.25	26.00	30.75	35.50	40.25	45.00	49.75	72
36		16.95	21.85	26.75	31.65	36.55	41.45	46.35	51.25	72
37		18.00	23.25	28.50	33.75	39.00	44.25	49.50	54.75	73
38		18.45	23.85	29.25	34.65	40.05	45.45	50.85	56.25	73
39		19.65	25.45	31.25	37.05	42.85	48.65	54.45	60.25	74
40	14.95	21.30	27.65	34.00	40.35	46.70	53.05	59.40	65.75	76
41	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	77
42	16.95	24.30	31.65	39.00	46.35	53.70	61.05	68.40	75.75	78
43	18.35	26.40	34.45	42.50	50.55	58.60	66.65	74.70	82.75	80
44	19.05	27.45	35.85	44.25	52.65	61.05	69.45	77.85	86.25	80
45	20.05	28.95	37.85	46.75	55.65	64.55	73.45	82.35	91.25	81
46	20.85	30.15	39.45	48.75	58.05	67.35	76.65	85.95	95.25	81
47	21.85	31.65	41.45	51.25	61.05	70.85	80.65	90.45	100.25	82
48	22.75	33.00	43.25	53.50	63.75	74.00	84.25	94.50	104.75	82
49	24.05	34.95	45.85	56.75	67.65	78.55	89.45	100.35	111.25	83
50	25.15	36.60	48.05	59.50						83
51	26.25	38.25	50.25	62.25						83
52	27.85	40.65	53.45	66.25						84
53	29.25	42.75	56.25	69.75						85
54	30.55	44.70	58.85	73.00						85
55	31.95	46.80	61.65	76.50						85
56	33.55	49.20	64.85	80.50						85
57	35.15	51.60	68.05	84.50						86
58	36.85	54.15	71.45	88.75						86
59	38.55	56.70	74.85	93.00						86
60	39.55	58.20	76.85	95.50						86
61										86
62										87
63										87
64										87
65										87
66										88
67										88
68										88
69										88
70										89

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# Disability Insurance

Manhattan Life | [www.manhattanlife.com](http://www.manhattanlife.com) | 855.448.6982

## 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?



# Disability Income

Supplemental income protection



## Protect your financial well-being with Voluntary Disability

A Disability plan will help with day-to-day expenses – housing, food, car payments, even additional medical costs – if you become disabled from an accident or illness. You will not have to worry about using your savings or incurring additional debt to cover these costs and care for your family.

## Why do I need Disability coverage?

Most people can't afford to be disabled, even for a short time. Almost 90 percent of disabling accidents and illnesses are not work related, so you can't count on Workers Compensation to be there for you and your loved ones.

*National Safety Council, Injury Facts 2008 Ed.*

Because you can't know when a disabling illness or injury will impact your ability to bring home a paycheck, you can enroll in Disability coverage from ManhattanLife to help you and your family deal with the unexpected. You will be able to concentrate on your recovery after a sickness or accident and return to your job.

## Here's how it works

Benefits from your ManhattanLife plan are paid in addition to any Disability coverage you already have. Your monthly coverage, elimination period, benefit period and any optional benefits will depend on the plan design your employer selects. You will find the plan to be easy and economical – your premiums are conveniently paid through payroll deduction.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Assurance Company of America. Applications will not be accepted under this offer until written acceptance of this offer and the Employer Agreement and Participation Request are received in ManhattanLife Assurance Company of America's New Business Department.

## Disability Income Coverage

Coverage type	Disability Income Plus provides a monthly disability income benefit as a result of non-occupational accident or sickness.		
Product	Policy Type:	Group	
	Policy Name:	Disability Income Plus	
	Policy Form:	M-8014	
Eligibility	Issue Age:	Employee:	18 – 70
	Criteria:	<ul style="list-style-type: none"> <li>Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Employee only coverage.</li> </ul>	
	Termination Age:	<ul style="list-style-type: none"> <li>Age 70 unless actively at work, then on last day of active employment.</li> </ul>	
			Guarantee Issue
Underwriting Offer	Employee:	Employee:	Up to 65% of base salary to a max benefit of \$3,000.
		Superintendents:	Up to 65% of base salary to a max benefit of \$5,000.
Target Participation	Minimum to Issue:	10 Employee applications or 1% of eligible Employees, whichever is greater.	
	Guarantee Issue:	Waived, expectation of 20% of all eligible enrolled by end of the enrollment.	
Benefit Amounts	Employee:	Minimum benefit of \$300 and maximum benefit of \$5,000* per month, not to exceed 65% of base monthly income.	

\*If Enrollment technology does not support SI Underwriting all applications must be taken on paper applications.



## Benefit Definitions

**TOTAL DISABILITY:** For the first 24 months of a disability that the Employee/member is unable to perform the substantial and material duties of his or her regular occupation, not working in any other occupation, and under the care of a physician for the disability. After 24 months of total disability, totally disabled means that the Employee/member is unable to perform the duties of any occupation, and under the care of a physician for the disability.

**PARTIAL DISABILITY:** Because of a covered sickness or injury, the Employee/member is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician.

**RECURRENT DISABILITY:** Total and/or partial disability that is due to the same or related causes as a prior period of disability, follows a prior period for which a monthly benefit was paid, and occurs within 180 days after the end of a prior period for which a monthly benefit was paid. The elimination period is waived, and benefits are immediately available for up to the remaining benefit from the previous disability.

**OCCUPATIONAL INCOME:** The Eligible Persons' monthly rate of earnings from His Employer as of the day before the start of Total Disability. Occupational Income including commissions will be averaged over a period of time (see certificate of coverage). Occupational Income does not include overtime pay, bonuses, or extra compensation other than commissions.

**ACCIDENT & SICKNESS:** Provides coverage for disabilities caused by either an accidental injury or sickness.

**ELIMINATION PERIOD:** The number of continuous days, beginning with the first day of a total disability, before any monthly benefit amount is payable. Separate elimination periods apply to injury and illness.

**BENEFIT PERIOD:** The period of time for which Monthly Income Benefits are payable for disability due to the same cause.

**WAIVER OF PREMIUM:** Premium is waived if the Employee is totally disabled for more than 90 days or the elimination period, whichever is longer. Waiver of Premium will continue while the insured is receiving a Total Disability Income Benefit.

**PRE-EXISTING CONDITION LIMITATION:** If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations.

**PORTABILITY:** Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70, not Totally Disabled, and no longer Actively at work for the Employer. Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Employer's Master Policy. Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25. If the policy terminates the ported Certificate terminates.

# Disability Income Plus

## Disability Income Plus rates

Tenthly deductions, Elimination Period: 0/7

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$16.06	\$20.51	\$24.96	\$29.41	\$33.86	\$38.32	\$42.77	\$47.22	\$51.67	\$56.12
36-45	\$17.10	\$21.90	\$26.70	\$31.50	\$36.30	\$41.10	\$45.90	\$50.70	\$55.50	\$60.30
46-55	\$19.22	\$24.73	\$30.24	\$35.75	\$41.26	\$46.76	\$52.27	\$57.78	\$63.29	\$68.80
56-65	\$21.71	\$28.04	\$34.38	\$40.72	\$47.05	\$53.39	\$59.72	\$66.06	\$72.40	\$78.73
66-70	\$28.69	\$37.36	\$46.02	\$54.68	\$63.35	\$72.01	\$80.68	\$89.34	\$98.00	\$106.67
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$60.58	\$65.03	\$69.48	\$73.93	\$78.38	\$82.84	\$87.29	\$91.74	\$96.19	\$100.64
36-45	\$65.10	\$69.90	\$74.70	\$79.50	\$84.30	\$89.10	\$93.90	\$98.70	\$103.50	\$108.30
46-55	\$74.30	\$79.81	\$85.32	\$90.83	\$96.34	\$101.84	\$107.35	\$112.86	\$118.37	\$123.88
56-65	\$85.07	\$91.40	\$97.74	\$104.08	\$110.41	\$116.75	\$123.08	\$129.42	\$135.76	\$142.09
66-70	\$115.33	\$124.00	\$132.66	\$141.32	\$149.99	\$158.65	\$167.32	\$175.98	\$184.64	\$193.31
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$105.10	\$109.55	\$114.00	\$118.45	\$122.90	\$127.36	\$131.81	\$136.26	\$140.71	\$145.16
36-45	\$113.10	\$117.90	\$122.70	\$127.50	\$132.30	\$137.10	\$141.90	\$146.70	\$151.50	\$156.30
46-55	\$129.38	\$134.89	\$140.40	\$145.91	\$151.42	\$156.92	\$162.43	\$167.94	\$173.45	\$178.96
56-65	\$148.43	\$154.76	\$161.10	\$167.44	\$173.77	\$180.11	\$186.44	\$192.78	\$199.12	\$205.45
66-70	\$201.97	\$210.64	\$219.30	\$227.96	\$236.63	\$245.29	\$253.96	\$262.62	\$271.28	\$279.95
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$149.62	\$154.07	\$158.52	\$162.97	\$167.42	\$171.88	\$176.33	\$180.78	\$185.23	\$189.68
36-45	\$161.10	\$165.90	\$170.70	\$175.50	\$180.30	\$185.10	\$189.90	\$194.70	\$199.50	\$204.30
46-55	\$184.46	\$189.97	\$195.48	\$200.99	\$206.50	\$212.00	\$217.51	\$223.02	\$228.53	\$234.04
56-65	\$211.79	\$218.12	\$224.46	\$230.80	\$237.13	\$243.47	\$249.80	\$256.14	\$262.48	\$268.81
66-70	\$288.61	\$297.28	\$305.94	\$314.60	\$323.27	\$331.93	\$340.60	\$349.26	\$357.92	\$366.59
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$194.14	\$198.59	\$203.04	\$207.49	\$211.94	\$216.40	\$220.85	\$225.30		
36-45	\$209.10	\$213.90	\$218.70	\$223.50	\$228.30	\$233.10	\$237.90	\$242.70		
46-55	\$239.54	\$245.05	\$250.56	\$256.07	\$261.58	\$267.08	\$272.59	\$278.10		
56-65	\$275.15	\$281.48	\$287.82	\$294.16	\$300.49	\$306.83	\$313.16	\$319.50		
66-70	\$375.25	\$383.92	\$392.58	\$401.24	\$409.91	\$418.57	\$427.24	\$435.90		





# Disability Income Plus

## Disability Income Plus rates

Tenthly deductions, Elimination Period: 14/14

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$11.59	\$14.56	\$17.52	\$20.48	\$23.45	\$26.41	\$29.38	\$32.34	\$35.30	\$38.27
36-45	\$12.31	\$15.52	\$18.72	\$21.92	\$25.13	\$28.33	\$31.54	\$34.74	\$37.94	\$41.15
46-55	\$14.11	\$17.92	\$21.72	\$25.52	\$29.33	\$33.13	\$36.94	\$40.74	\$44.54	\$48.35
56-65	\$16.42	\$20.99	\$25.56	\$30.13	\$34.70	\$39.28	\$43.85	\$48.42	\$52.99	\$57.56
66-70	\$21.67	\$28.00	\$34.32	\$40.64	\$46.97	\$53.29	\$59.62	\$65.94	\$72.26	\$78.59
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$41.23	\$44.20	\$47.16	\$50.12	\$53.09	\$56.05	\$59.02	\$61.98	\$64.94	\$67.91
36-45	\$44.35	\$47.56	\$50.76	\$53.96	\$57.17	\$60.37	\$63.58	\$66.78	\$69.98	\$73.19
46-55	\$52.15	\$55.96	\$59.76	\$63.56	\$67.37	\$71.17	\$74.98	\$78.78	\$82.58	\$86.39
56-65	\$62.14	\$66.71	\$71.28	\$75.85	\$80.42	\$85.00	\$89.57	\$94.14	\$98.71	\$103.28
66-70	\$84.91	\$91.24	\$97.56	\$103.88	\$110.21	\$116.53	\$122.86	\$129.18	\$135.50	\$141.83
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$70.87	\$73.84	\$76.80	\$79.76	\$82.73	\$85.69	\$88.66	\$91.62	\$94.58	\$97.55
36-45	\$76.39	\$79.60	\$82.80	\$86.00	\$89.21	\$92.41	\$95.62	\$98.82	\$102.02	\$105.23
46-55	\$90.19	\$94.00	\$97.80	\$101.60	\$105.41	\$109.21	\$113.02	\$116.82	\$120.62	\$124.43
56-65	\$107.86	\$112.43	\$117.00	\$121.57	\$126.14	\$130.72	\$135.29	\$139.86	\$144.43	\$149.00
66-70	\$148.15	\$154.48	\$160.80	\$167.12	\$173.45	\$179.77	\$186.10	\$192.42	\$198.74	\$205.07
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$100.51	\$103.48	\$106.44	\$109.40	\$112.37	\$115.33	\$118.30	\$121.26	\$124.22	\$127.19
36-45	\$108.43	\$111.64	\$114.84	\$118.04	\$121.25	\$124.45	\$127.66	\$130.86	\$134.06	\$137.27
46-55	\$128.23	\$132.04	\$135.84	\$139.64	\$143.45	\$147.25	\$151.06	\$154.86	\$158.66	\$162.47
56-65	\$153.58	\$158.15	\$162.72	\$167.29	\$171.86	\$176.44	\$181.01	\$185.58	\$190.15	\$194.72
66-70	\$211.39	\$217.72	\$224.04	\$230.36	\$236.69	\$243.01	\$249.34	\$255.66	\$261.98	\$268.31
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$130.15	\$133.12	\$136.08	\$139.04	\$142.01	\$144.97	\$147.94	\$150.90		
36-45	\$140.47	\$143.68	\$146.88	\$150.08	\$153.29	\$156.49	\$159.70	\$162.90		
46-55	\$166.27	\$170.08	\$173.88	\$177.68	\$181.49	\$185.29	\$189.10	\$192.90		
56-65	\$199.30	\$203.87	\$208.44	\$213.01	\$217.58	\$222.16	\$226.73	\$231.30		
66-70	\$274.63	\$280.96	\$287.28	\$293.60	\$299.93	\$306.25	\$312.58	\$318.90		





# Disability Income Plus

## Disability Income Plus rates

Tenthly deductions, Elimination Period: 30/30

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$8.64	\$10.62	\$12.60	\$14.58	\$16.56	\$18.54	\$20.52	\$22.50	\$24.48	\$26.46
36-45	\$9.07	\$11.20	\$13.32	\$15.44	\$17.57	\$19.69	\$21.82	\$23.94	\$26.06	\$28.19
46-55	\$10.48	\$13.07	\$15.66	\$18.25	\$20.84	\$23.44	\$26.03	\$28.62	\$31.21	\$33.80
56-65	\$12.35	\$15.56	\$18.78	\$22.00	\$25.21	\$28.43	\$31.64	\$34.86	\$38.08	\$41.29
66-70	\$16.42	\$20.99	\$25.56	\$30.13	\$34.70	\$39.28	\$43.85	\$48.42	\$52.99	\$57.56
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$28.44	\$30.42	\$32.40	\$34.38	\$36.36	\$38.34	\$40.32	\$42.30	\$44.28	\$46.26
36-45	\$30.31	\$32.44	\$34.56	\$36.68	\$38.81	\$40.93	\$43.06	\$45.18	\$47.30	\$49.43
46-55	\$36.40	\$38.99	\$41.58	\$44.17	\$46.76	\$49.36	\$51.95	\$54.54	\$57.13	\$59.72
56-65	\$44.51	\$47.72	\$50.94	\$54.16	\$57.37	\$60.59	\$63.80	\$67.02	\$70.24	\$73.45
66-70	\$62.14	\$66.71	\$71.28	\$75.85	\$80.42	\$85.00	\$89.57	\$94.14	\$98.71	\$103.28
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$48.24	\$50.22	\$52.20	\$54.18	\$56.16	\$58.14	\$60.12	\$62.10	\$64.08	\$66.06
36-45	\$51.55	\$53.68	\$55.80	\$57.92	\$60.05	\$62.17	\$64.30	\$66.42	\$68.54	\$70.67
46-55	\$62.32	\$64.91	\$67.50	\$70.09	\$72.68	\$75.28	\$77.87	\$80.46	\$83.05	\$85.64
56-65	\$76.67	\$79.88	\$83.10	\$86.32	\$89.53	\$92.75	\$95.96	\$99.18	\$102.40	\$105.61
66-70	\$107.86	\$112.43	\$117.00	\$121.57	\$126.14	\$130.72	\$135.29	\$139.86	\$144.43	\$149.00
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$68.04	\$70.02	\$72.00	\$73.98	\$75.96	\$77.94	\$79.92	\$81.90	\$83.88	\$85.86
36-45	\$72.79	\$74.92	\$77.04	\$79.16	\$81.29	\$83.41	\$85.54	\$87.66	\$89.78	\$91.91
46-55	\$88.24	\$90.83	\$93.42	\$96.01	\$98.60	\$101.20	\$103.79	\$106.38	\$108.97	\$111.56
56-65	\$108.83	\$112.04	\$115.26	\$118.48	\$121.69	\$124.91	\$128.12	\$131.34	\$134.56	\$137.77
66-70	\$153.58	\$158.15	\$162.72	\$167.29	\$171.86	\$176.44	\$181.01	\$185.58	\$190.15	\$194.72
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$87.84	\$89.82	\$91.80	\$93.78	\$95.76	\$97.74	\$99.72	\$101.70		
36-45	\$94.03	\$96.16	\$98.28	\$100.40	\$102.53	\$104.65	\$106.78	\$108.90		
46-55	\$114.16	\$116.75	\$119.34	\$121.93	\$124.52	\$127.12	\$129.71	\$132.30		
56-65	\$140.99	\$144.20	\$147.42	\$150.64	\$153.85	\$157.07	\$160.28	\$163.50		
66-70	\$199.30	\$203.87	\$208.44	\$213.01	\$217.58	\$222.16	\$226.73	\$231.30		



# Disability Income Plus

## Disability Income Plus rates

Monthly deductions, Elimination Period: 0/7

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$13.38	\$17.09	\$20.80	\$24.51	\$28.22	\$31.93	\$35.64	\$39.35	\$43.06	\$46.77
36-45	\$14.25	\$18.25	\$22.25	\$26.25	\$30.25	\$34.25	\$38.25	\$42.25	\$46.25	\$50.25
46-55	\$16.02	\$20.61	\$25.20	\$29.79	\$34.38	\$38.97	\$43.56	\$48.15	\$52.74	\$57.33
56-65	\$18.09	\$23.37	\$28.65	\$33.93	\$39.21	\$44.49	\$49.77	\$55.05	\$60.33	\$65.61
66-70	\$23.91	\$31.13	\$38.35	\$45.57	\$52.79	\$60.01	\$67.23	\$74.45	\$81.67	\$88.89
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$50.48	\$54.19	\$57.90	\$61.61	\$65.32	\$69.03	\$72.74	\$76.45	\$80.16	\$83.87
36-45	\$54.25	\$58.25	\$62.25	\$66.25	\$70.25	\$74.25	\$78.25	\$82.25	\$86.25	\$90.25
46-55	\$61.92	\$66.51	\$71.10	\$75.69	\$80.28	\$84.87	\$89.46	\$94.05	\$98.64	\$103.23
56-65	\$70.89	\$76.17	\$81.45	\$86.73	\$92.01	\$97.29	\$102.57	\$107.85	\$113.13	\$118.41
66-70	\$96.11	\$103.33	\$110.55	\$117.77	\$124.99	\$132.21	\$139.43	\$146.65	\$153.87	\$161.09
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$87.58	\$91.29	\$95.00	\$98.71	\$102.42	\$106.13	\$109.84	\$113.55	\$117.26	\$120.97
36-45	\$94.25	\$98.25	\$102.25	\$106.25	\$110.25	\$114.25	\$118.25	\$122.25	\$126.25	\$130.25
46-55	\$107.82	\$112.41	\$117.00	\$121.59	\$126.18	\$130.77	\$135.36	\$139.95	\$144.54	\$149.13
56-65	\$123.69	\$128.97	\$134.25	\$139.53	\$144.81	\$150.09	\$155.37	\$160.65	\$165.93	\$171.21
66-70	\$168.31	\$175.53	\$182.75	\$189.97	\$197.19	\$204.41	\$211.63	\$218.85	\$226.07	\$233.29
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$124.68	\$128.39	\$132.10	\$135.81	\$139.52	\$143.23	\$146.94	\$150.65	\$154.36	\$158.07
36-45	\$134.25	\$138.25	\$142.25	\$146.25	\$150.25	\$154.25	\$158.25	\$162.25	\$166.25	\$170.25
46-55	\$153.72	\$158.31	\$162.90	\$167.49	\$172.08	\$176.67	\$181.26	\$185.85	\$190.44	\$195.03
56-65	\$176.49	\$181.77	\$187.05	\$192.33	\$197.61	\$202.89	\$208.17	\$213.45	\$218.73	\$224.01
66-70	\$240.51	\$247.73	\$254.95	\$262.17	\$269.39	\$276.61	\$283.83	\$291.05	\$298.27	\$305.49
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$161.78	\$165.49	\$169.20	\$172.91	\$176.62	\$180.33	\$184.04	\$187.75		
36-45	\$174.25	\$178.25	\$182.25	\$186.25	\$190.25	\$194.25	\$198.25	\$202.25		
46-55	\$199.62	\$204.21	\$208.80	\$213.39	\$217.98	\$222.57	\$227.16	\$231.75		
56-65	\$229.29	\$234.57	\$239.85	\$245.13	\$250.41	\$255.69	\$260.97	\$266.25		
66-70	\$312.71	\$319.93	\$327.15	\$334.37	\$341.59	\$348.81	\$356.03	\$363.25		



# Disability Income Plus

## Disability Income Plus rates

Monthly deductions, Elimination Period: 14/14

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$9.66	\$12.13	\$14.60	\$17.07	\$19.54	\$22.01	\$24.48	\$26.95	\$29.42	\$31.89
36-45	\$10.26	\$12.93	\$15.60	\$18.27	\$20.94	\$23.61	\$26.28	\$28.95	\$31.62	\$34.29
46-55	\$11.76	\$14.93	\$18.10	\$21.27	\$24.44	\$27.61	\$30.78	\$33.95	\$37.12	\$40.29
56-65	\$13.68	\$17.49	\$21.30	\$25.11	\$28.92	\$32.73	\$36.54	\$40.35	\$44.16	\$47.97
66-70	\$18.06	\$23.33	\$28.60	\$33.87	\$39.14	\$44.41	\$49.68	\$54.95	\$60.22	\$65.49
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$34.36	\$36.83	\$39.30	\$41.77	\$44.24	\$46.71	\$49.18	\$51.65	\$54.12	\$56.59
36-45	\$36.96	\$39.63	\$42.30	\$44.97	\$47.64	\$50.31	\$52.98	\$55.65	\$58.32	\$60.99
46-55	\$43.46	\$46.63	\$49.80	\$52.97	\$56.14	\$59.31	\$62.48	\$65.65	\$68.82	\$71.99
56-65	\$51.78	\$55.59	\$59.40	\$63.21	\$67.02	\$70.83	\$74.64	\$78.45	\$82.26	\$86.07
66-70	\$70.76	\$76.03	\$81.30	\$86.57	\$91.84	\$97.11	\$102.38	\$107.65	\$112.92	\$118.19
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$59.06	\$61.53	\$64.00	\$66.47	\$68.94	\$71.41	\$73.88	\$76.35	\$78.82	\$81.29
36-45	\$63.66	\$66.33	\$69.00	\$71.67	\$74.34	\$77.01	\$79.68	\$82.35	\$85.02	\$87.69
46-55	\$75.16	\$78.33	\$81.50	\$84.67	\$87.84	\$91.01	\$94.18	\$97.35	\$100.52	\$103.69
56-65	\$89.88	\$93.69	\$97.50	\$101.31	\$105.12	\$108.93	\$112.74	\$116.55	\$120.36	\$124.17
66-70	\$123.46	\$128.73	\$134.00	\$139.27	\$144.54	\$149.81	\$155.08	\$160.35	\$165.62	\$170.89
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$83.76	\$86.23	\$88.70	\$91.17	\$93.64	\$96.11	\$98.58	\$101.05	\$103.52	\$105.99
36-45	\$90.36	\$93.03	\$95.70	\$98.37	\$101.04	\$103.71	\$106.38	\$109.05	\$111.72	\$114.39
46-55	\$106.86	\$110.03	\$113.20	\$116.37	\$119.54	\$122.71	\$125.88	\$129.05	\$132.22	\$135.39
56-65	\$127.98	\$131.79	\$135.60	\$139.41	\$143.22	\$147.03	\$150.84	\$154.65	\$158.46	\$162.27
66-70	\$176.16	\$181.43	\$186.70	\$191.97	\$197.24	\$202.51	\$207.78	\$213.05	\$218.32	\$223.59
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$108.46	\$110.93	\$113.40	\$115.87	\$118.34	\$120.81	\$123.28	\$125.75		
36-45	\$117.06	\$119.73	\$122.40	\$125.07	\$127.74	\$130.41	\$133.08	\$135.75		
46-55	\$138.56	\$141.73	\$144.90	\$148.07	\$151.24	\$154.41	\$157.58	\$160.75		
56-65	\$166.08	\$169.89	\$173.70	\$177.51	\$181.32	\$185.13	\$188.94	\$192.75		
66-70	\$228.86	\$234.13	\$239.40	\$244.67	\$249.94	\$255.21	\$260.48	\$265.75		





# Disability Income Plus

## Disability Income Plus rates

Monthly deductions, Elimination Period: 30/30

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$7.20	\$8.85	\$10.50	\$12.15	\$13.80	\$15.45	\$17.10	\$18.75	\$20.40	\$22.05
36-45	\$7.56	\$9.33	\$11.10	\$12.87	\$14.64	\$16.41	\$18.18	\$19.95	\$21.72	\$23.49
46-55	\$8.73	\$10.89	\$13.05	\$15.21	\$17.37	\$19.53	\$21.69	\$23.85	\$26.01	\$28.17
56-65	\$10.29	\$12.97	\$15.65	\$18.33	\$21.01	\$23.69	\$26.37	\$29.05	\$31.73	\$34.41
66-70	\$13.68	\$17.49	\$21.30	\$25.11	\$28.92	\$32.73	\$36.54	\$40.35	\$44.16	\$47.97
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$23.70	\$25.35	\$27.00	\$28.65	\$30.30	\$31.95	\$33.60	\$35.25	\$36.90	\$38.55
36-45	\$25.26	\$27.03	\$28.80	\$30.57	\$32.34	\$34.11	\$35.88	\$37.65	\$39.42	\$41.19
46-55	\$30.33	\$32.49	\$34.65	\$36.81	\$38.97	\$41.13	\$43.29	\$45.45	\$47.61	\$49.77
56-65	\$37.09	\$39.77	\$42.45	\$45.13	\$47.81	\$50.49	\$53.17	\$55.85	\$58.53	\$61.21
66-70	\$51.78	\$55.59	\$59.40	\$63.21	\$67.02	\$70.83	\$74.64	\$78.45	\$82.26	\$86.07
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$40.20	\$41.85	\$43.50	\$45.15	\$46.80	\$48.45	\$50.10	\$51.75	\$53.40	\$55.05
36-45	\$42.96	\$44.73	\$46.50	\$48.27	\$50.04	\$51.81	\$53.58	\$55.35	\$57.12	\$58.89
46-55	\$51.93	\$54.09	\$56.25	\$58.41	\$60.57	\$62.73	\$64.89	\$67.05	\$69.21	\$71.37
56-65	\$63.89	\$66.57	\$69.25	\$71.93	\$74.61	\$77.29	\$79.97	\$82.65	\$85.33	\$88.01
66-70	\$89.88	\$93.69	\$97.50	\$101.31	\$105.12	\$108.93	\$112.74	\$116.55	\$120.36	\$124.17
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$56.70	\$58.35	\$60.00	\$61.65	\$63.30	\$64.95	\$66.60	\$68.25	\$69.90	\$71.55
36-45	\$60.66	\$62.43	\$64.20	\$65.97	\$67.74	\$69.51	\$71.28	\$73.05	\$74.82	\$76.59
46-55	\$73.53	\$75.69	\$77.85	\$80.01	\$82.17	\$84.33	\$86.49	\$88.65	\$90.81	\$92.97
56-65	\$90.69	\$93.37	\$96.05	\$98.73	\$101.41	\$104.09	\$106.77	\$109.45	\$112.13	\$114.81
66-70	\$127.98	\$131.79	\$135.60	\$139.41	\$143.22	\$147.03	\$150.84	\$154.65	\$158.46	\$162.27
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$73.20	\$74.85	\$76.50	\$78.15	\$79.80	\$81.45	\$83.10	\$84.75		
36-45	\$78.36	\$80.13	\$81.90	\$83.67	\$85.44	\$87.21	\$88.98	\$90.75		
46-55	\$95.13	\$97.29	\$99.45	\$101.61	\$103.77	\$105.93	\$108.09	\$110.25		
56-65	\$117.49	\$120.17	\$122.85	\$125.53	\$128.21	\$130.89	\$133.57	\$136.25		
66-70	\$166.08	\$169.89	\$173.70	\$177.51	\$181.32	\$185.13	\$188.94	\$192.75		



# Cancer Insurance

## Plan Options



American Fidelity | [www.americanfidelity.com](https://www.americanfidelity.com) | 800.654.8489

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.



# C11 CANCER Insurance Plan

*Underwritten by American Fidelity Assurance Company*



**Limited Benefit Individual Cancer and Specified Disease Insurance**



SB-32223(NC)-0121

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



# Cancer C11 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 the arrival of these advances also comes the continuing rise in the cost of Cancer treatment.

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

## Cancer Insurance Benefits

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

Example Cancer Insurance benefits include:



### Experimental Treatment

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



### Transportation and Lodging

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

## Plan Highlights

This plan is designed to help cover expenses, should you be diagnosed with cancer. With more than 25 built-in plan benefits, this plan provides benefits for the treatment of cancer, transportation, hospitalization, and more.

In addition, this is a portable plan, so you own the policy. You can take the coverage with you if you choose to leave your current job, and your premiums will not increase because you left your employment.

American Fidelity's Limited Benefit Cancer Insurance features:

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

### SCREENING BENEFIT<sup>+</sup>

Receive a benefit for your annual internal cancer screening test, including but not limited to Mammogram, PAP, Prostate-Specific Antigen Blood Test (PSA), Chest X-ray, Flexible Sigmoidoscopy, ThinPrep Pap test, and Colonoscopy.

### DIAGNOSTIC AND PREVENTION BENEFIT (per calendar year)

Basic  
\$60

Enhanced  
\$75

## Plan Options

You can take advantage of the following options to extend coverage to your family:

- **Individual Plan**  
The Insured, age 18 through 70, at the date of policy issue, is the only Covered Person.
- **Single Parent Family Plan**  
The Insured, age 18 through 70, at the date of policy issue, and each Eligible Child, to age 26, or as defined in the policy.
- **Family Plan**  
The Insured and spouse age 18 through 70, at the date of policy issue, and Eligible Child, to age 26, or as defined in the policy.

<sup>+</sup>The premium and amount of benefits vary based upon the plan selected.

# Schedule of Benefits by Plan<sup>+</sup>

Marketed by: First Financial Group of America

	Basic	Enhanced
<b>SCREENING BENEFITS</b>		
Diagnostic and Prevention Benefit (one per calendar year)	\$60	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$60	\$75
<b>TREATMENT BENEFITS</b>		
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (Actual Charges)	up to \$15,000	up to \$20,000
Medical Imaging Benefit (per image - max 2 per calendar year)	\$200	\$300
Hormone Therapy Benefit (per treatment - max 12 treatments/calendar year)	\$50	\$50
Administrative/Lab Work Benefit (per calendar month)	\$75	\$100
Blood, Plasma, and Platelets Benefit (Actual Charges per day) (per calendar year max)	\$150 \$7,500	\$200 \$10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit	
Bone Marrow/Stem Cell Transplant Benefit Autologous (Patient provided) (per calendar year) Non-autologous (Donor provided) (per calendar year)	\$1,000 \$3,000	\$1,500 \$4,500
Donor Benefit	\$1,000 per donation	
Inpatient Special Nursing Services Benefit (benefit per day while Hospital Confined)	\$150	\$150
Dread Disease Benefit (benefit per day for the first 30 days per Hospital Confinement) (benefit per day thereafter)	\$200 \$400	\$300 \$600
<b>HOSPITALIZATION BENEFITS</b>		
Hospital Confinement Benefit*** (per day for the first 30 days) (per day after the first 30 days of Hospital Confinement)	\$200 \$400	\$300 \$600
Drugs & Medicine Benefit Hospital Confinement (per Confinement) Outpatient (per prescription - \$100 monthly max for Basic; \$150 for Enhanced) (per calendar month)	\$200 \$50	\$300 \$50
Attending Physician Benefit (per day while Hospital Confined)	\$40	\$50
U.S. Government/Charity Hospital or HMO Benefit (per day in lieu of most benefits) Hospital Confinement Outpatient Services	\$200 \$200	\$300 \$300
<b>AMBULANCE, TRANSPORTATION, &amp; LODGING BENEFITS</b>		
Ambulance Benefit (per trip - max 2 trips any combination per confinement) Ground Air	\$200 \$2,000	\$200 \$2,000
Transportation & Lodging Benefit (Patient and/or Family) Transportation (\$1,500 max per round trip; max 12 trips/calendar year) Outpatient Lodging (per day up to 90 days per calendar year)	Coach fare or \$.50/mile by car \$60	Coach fare or \$.50/mile by car \$80



# Schedule of Benefits by Plan<sup>+</sup> (continued)

	Basic	Enhanced
<b>SURGICAL TREATMENT BENEFITS</b>		
<b>Surgical Benefit</b> <i>Unit Dollar Amount (per surgical unit)</i> <i>Maximum Per Operation</i>	\$30 \$3,000	\$40 \$4,000
<b>Anesthesia Benefit</b>	25% of the amount paid for covered surgery	
<b>Outpatient Hospital or Ambulatory Surgical Center Benefit (per day)</b>	\$400	\$600
<b>Second &amp; Third Surgical Opinion Benefit (per diagnosis)</b>	\$300	\$300
<b>CONTINUING CARE BENEFITS</b>		
<b>Prosthesis Benefit</b> <b>Non-Surgical</b> (per device - 1 per site, lifetime max of 3) <b>Surgical Implantation</b> (per device, includes surgical fee - 1 per site, lifetime max of 2) <b>Hair Prosthesis</b> (once per life)	\$150 \$1,500 \$150	\$200 \$2,000 \$200
<b>Extended Care Facility Benefit</b> (per day for up to the same number of days of paid Hospital Confinement)	\$75	\$100
<b>Physical or Speech Therapy Benefit</b> (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$25	\$25
<b>Hospice Care Benefit</b> (per day - \$13,500 lifetime max for Basic; \$18,000 lifetime max for Enhanced)	\$75	\$100
<b>Home Health Care Benefit</b> (per day for up to the same number of days of paid Hospital Confinement)	\$75	\$100
<b>Waiver of Premium Benefit</b> (as long as the primary insured remains disabled)	after 90 continuous days of disability	

Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

## Enhance your plan<sup>++</sup>

### Critical Illness Rider

Thanks to medical technology, more people are surviving critical illnesses. This rider is designed to help with the cost associated with surviving these types of illnesses.

Schedule of Benefits	
Cancer Benefit (per unit - maximum \$10,000)	\$2,500
Heart Attack/Stroke Benefit (per unit - maximum \$10,000)	\$2,500

#### Summary of Critical Illness Rider Benefits:

- Pays when diagnosed after 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke, depending upon the Critical Illness coverage elected at time of application.
- Pays the specified Maximum Benefit Amount per Covered Critical Illness, as defined under this rider (this rider only pays a benefit for the first to occur of either a heart attack or stroke).
- Each benefit is a one-time paid benefit.
- All Critical Illness amounts reduce by 50% at age 70.

<sup>+</sup>The premium and amount of benefits provided vary based upon the plan selected.

<sup>++</sup>Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.

### Hospital Intensive Care Unit Rider

This rider can provide a benefit to help by paying for each day a Covered Person is confined in an Intensive Care Unit (ICU), as defined in the rider.

Schedule of Benefits	
ICU Confinement Benefit (per day up to 30 days)	\$600
Ambulance Benefit (per admission in an ICU)	\$100

#### Summary of Hospital ICU Rider Benefits:

- Confinement must be due to an accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.
- For ambulance charges, \$100 for transportation to a Hospital where the Covered Person is admitted to an ICU within 24 hours of arrival.
- All ICU amounts reduce by 50% at age 70.



## Plan Benefit Highlights

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

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

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

**Diagnostic, Prevention and Cancer Screening Benefit** Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy, and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will **ONLY** be paid under this benefit and does not include any test payable under the medical imaging benefit. This benefit is available without a diagnosis of Cancer.

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

**Radiation/Chemotherapy/Immunotherapy Benefit** Pays the Actual Charges up to the maximum amount shown when radiation therapy, chemotherapy, or immunotherapy is received as defined in the policy, per 12-month period. The 12-month period begins on the first day the covered radiation therapy, chemotherapy, or immunotherapy is received. This benefit does not cover other procedures related to radiation/ chemotherapy/immunotherapy. This benefit does not include any drugs/ medicines covered under the drugs and medicine benefit or the hormone therapy benefit. Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

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

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

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

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

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

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

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

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

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

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

**Transportation and Lodging Benefits** Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging to receive radiation therapy, chemotherapy, or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. Travel must be within the United States or its Territories.



# Plan Benefit Highlights (continued)

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

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

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

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

**Prosthesis Benefit** Payable for a prosthetic device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered.

**Hair Prosthesis Benefit** is payable once per covered person per lifetime when a hair prosthesis is needed.

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

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

**Hospice Care Benefit** Payable 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.

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

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

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

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

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

**Inpatient Special Nursing Services Benefit** Pays when Hospital confined and receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period.

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

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

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

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

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



# Limitations and Exclusions

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

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

## Critical Illness Rider

**Limitations and Exclusions** Benefits will only be paid for a Covered Critical Illness as shown on the Policy Schedule page in the policy. No benefits will be provided for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; or intentional self-injury; or alcoholism or drug addiction; or any act of war, declared or undeclared or any act related to war (undeclared war does not include acts of terrorism); or military service for any country at war; or a Pre-Existing Condition during the 12 month period following the Covered Person's Effective Date under the rider; (An unrelated Internal Cancer diagnosed after the 30th day following the Covered Person's effective date of coverage will be covered.) or a Covered Critical Illness when the Date of Diagnosis occurs during the Waiting Period, if applicable; or active 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.) All Critical Illness amounts reduce by 50% at age 70.

**Pre-Existing Condition** As defined in the rider means any sickness or condition for which, within 12 months prior to the Effective Date of coverage under the rider, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession. Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: Acquired immune deficiency syndrome (AIDS); or Actinic keratosis; or Myelodysplastic and non-malignant myeloproliferative disorders; or Aplastic anemia; or Atypia; or Non-malignant monoclonal gammopathy; or Pre-malignant lesions, benign tumors or polyps; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or Cancer in situ or any skin Cancer other than invasive malignant melanoma into the dermis or deeper. Heart Attack does not include congestive heart failure, atherosclerotic heart disease, angina, including unstable angina, coronary disease or any other dysfunction of the cardiovascular system. Stroke does not mean a head injury, transient ischemic attack, multi-infarct dementia, or chronic cerebrovascular insufficiency.

**Waiting Period** Pays when diagnosed by a Physician after a 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke, depending upon the Critical Illness coverage elected at time of application.

**Termination** Each Covered Person's coverage will terminate when the maximum benefit amount for the Covered Critical Illness(es) has been paid for him/her.

## Hospital Intensive Care Unit Rider

**Limitations and Exclusions** No benefits will be provided during the first two years of the rider for Hospital Intensive Care Unit confinement caused by any heart condition when any heart condition was diagnosed or treated prior to the 30th day following the Covered Person's Effective Date of the rider (The heart condition causing the confinement need not be the same condition diagnosed or treated prior to the Effective Date.). No benefits will be provided if the loss results from: attempted suicide whether sane or insane; intentional self-injury; alcoholism or drug addiction; or any act of war, declared or undeclared, or any act related to war; or military service for any country at war. No benefits will be paid for confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined in the Rider. For a newborn child born within the ten-month period following the effective date of the rider, no benefits will be provided for Hospital Intensive Care Unit Confinement that begins within the first 30 days following the birth of such child. All ICU and Ambulance amounts reduce by 50% at age 70.

**Termination of Insurance** this 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; or the date insurance has ceased on all persons covered under this policy/rider(s).



# Cancer Insurance Premiums

## Base Plan Monthly Premiums\*

BASIC	18-40	41-50	51-60	61+
Individual	16.30	23.60	32.60	44.20
1 Parent Family	24.40	35.20	48.70	65.90
2 Parent Family	31.80	45.70	63.30	85.80

ENHANCED	18-40	41-50	51-60	61+
Individual	21.00	30.80	42.40	57.30
1 Parent Family	31.40	45.80	63.30	85.60
2 Parent Family	40.80	59.50	82.30	111.30

## Optional Benefit Rider Monthly Premiums\*

### Hospital Intensive Care Unit Rider Monthly Premiums

ICU RIDER	18-40	41-50	51-60	61+
Individual	3.40	4.20	5.50	7.10
1 Parent Family	5.10	6.30	8.20	10.60
2 Parent Family	6.60	8.20	10.70	13.80

## Optional Benefit Rider Monthly Premiums\*

### Critical Illness Rider Monthly Premiums

CANCER ONLY												
\$2,500			\$5,000			\$7,500			\$10,000			
Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	
18-40	1.50	2.20	2.90	3.00	4.40	5.80	4.50	6.60	8.70	6.00	8.80	11.60
41-50	3.00	4.50	5.80	6.00	9.00	11.60	9.00	13.50	17.40	12.00	18.00	23.20
51-60	4.90	7.30	9.40	9.80	14.60	18.80	14.70	21.90	28.20	19.60	29.20	37.60
61+	7.10	10.60	13.80	14.20	21.20	27.60	21.30	31.80	41.40	28.40	42.40	55.20

HEART ATTACK/STROKE ONLY												
\$2,500			\$5,000			\$7,500			\$10,000			
Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	
18-40	0.80	1.20	1.50	1.60	2.40	3.00	2.40	3.60	4.50	3.20	4.80	6.00
41-50	2.10	3.10	4.10	4.20	6.20	8.20	6.30	9.30	12.30	8.40	12.40	16.40
51-60	3.10	4.60	6.00	6.20	9.20	12.00	9.30	13.80	18.00	12.40	18.40	24.00
61+	4.60	6.90	8.90	9.20	13.80	17.80	13.80	20.70	26.70	18.40	27.60	35.60

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

This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. These products are inappropriate for people who are eligible for Medicaid Coverage.



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# Critical Illness Insurance

Aetna | [www.aetna.com](https://www.aetna.com) | 800.800.8121

## Prepare For the Unexpected

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

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

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





# Aetna Critical Illness Plan

## Plan Description

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Aetna's critical illness plan provides cash benefits to help cover out-of-pocket costs that come with a covered critical illness such as heart attack or stroke or cancer.

## Plan Eligibility

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- Employee eligibility as defined by the Client. A minimum of at least 15 hours per week is required
- Eligible dependents include Legal spouse, domestic partner, civil union partner, children under age 26 and provided they meet the definition of dependent child as defined by the state
- Retirees are not considered actively at work and therefore not eligible for this plan
- Coverage will not terminate due to age

## Plan Highlights

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- Guaranteed Issue
- Rate Guarantee for 60 months subject to all other terms in this Proposal
- Tobacco/Non Tobacco rates
- Issue age bands
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children and Family
- Pre-ex waived
- HSA compatible
- Benefits paid to the employee
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan
- Participation Requirement Waived

## Plan Features

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- Spouse Face Amount: 100%
- Child(ren) Face Amount: 50%
- Subsequent Critical Illness Diagnosis Benefit: 100% after 0 days
- Recurrence Critical Illness Diagnosis Benefit: 100% after 90 days
- Recurrence Cancer (invasive) Diagnosis Benefit: 100% after 90 days
- Recurrence Carcinoma in Situ Diagnosis Benefit (non-invasive): 100% after 90 days
- No benefit reductions due to age
- Health Screening Benefit
- Waiver of Premium
- Portable

## Value Added Programs

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- Member-only CVS shopping site with 20% discount:
  - Curated CVS shopping site for members to shop a variety of health and wellness products including adult care, cold care, first aid, home health care, feminine products, pain relief, vitamins and more
  - Unique code gives members 20% off CVS branded items

# Critical Illness Plan Benefits

## Face Amounts

Covered Benefit	Amount
Employee face amount	\$5,000
	\$10,000
	\$15,000
	\$20,000
	\$25,000
	\$30,000
	\$35,000
	\$40,000
	\$45,000
	\$50,000
Spouse face amount or benefit amount	100% of EE face amount or benefit amount
Child(ren) face amount or benefit amount	50% of EE face amount or benefit amount

## Plan Features

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Subsequent critical illness diagnosis	100%
<i>Minimum days between diagnosis of different condition</i>	<i>0 days</i>
Recurrence critical illness diagnosis	100%
<i>Minimum days between diagnosis of same condition</i>	<i>90 days</i>
Recurrence cancer (invasive) diagnosis	100%
<i>Minimum days between diagnosis of cancer (invasive)**</i>	<i>90 days</i>
Recurrence carcinoma in situ diagnosis	100%
<i>Minimum days between diagnosis of carcinoma in situ**</i>	<i>90 days</i>

\*\* In addition to the separation period, the insured person must be treatment free during the separation period. Treatment does not include maintenance drug therapy or routine follow-up visits to a physician to confirm the initial cancer or carcinoma in situ has not returned.



## Critical Illness Benefits – Autoimmune

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Addison's disease (adrenal hypofunction)	25%
Lupus	25%
Myasthenia gravis	25%
Multiple sclerosis	100%
Muscular dystrophy	25%

## Critical Illness Benefits – Childhood Condition

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Anal atresia	100%
Andersen disease	100%
Anencephaly	100%
Autism spectrum disorder (type I, II & III)	\$3,000
Biliary atresia	100%
Canavan disease	100%
Cerebral palsy	100%
Cleft lip or cleft palate	100%
Congenital heart defect	100%
Cystic fibrosis	100%
Diaphragmatic hernia	100%
Down syndrome	100%
Ehlers-Danlos syndrome	100%
Fragile X syndrome	100%
Gastroschisis	100%
Gaucher disease (type II & III)	100%
Glutaric acidemia	100%
Hexosaminidase activator deficiency	100%
Hirschsprung's disease	100%
Infantile Tay-Sachs	100%
Infantile-onset ascending spastic paralysis	100%
Juvenile primary lateral sclerosis	100%
Lesch-Nyham syndrome	100%
Mucopolysaccharidoses (MPS)	100%
Niemann-Pick disease (NPD)	100%
Omphalocele	100%
Osteogenesis imperfecta	100%
Phenylketonuria (PKU)	100%
Pompe disease	100%
Pyloric stenosis	100%
Sandhoff disease	100%
Sickle cell anemia	100%
Spina bifida	100%
Spinal muscular atrophy	100%
Zellweger syndrome	100%

*No Maximum diagnoses per Plan year*

## Critical Illness Benefits - Chronic Condition

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Diabetes	
Type I	100%
Primary sclerosing cholangitis (PSC)	25%
Systemic sclerosis (scleroderma)	25%

## Critical Illness Benefits - Infectious Disease

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Cholera	25%
Coronavirus	25%
Creutzfeldt-Jakob disease	25%
Diphtheria	25%
Ebola	25%
Encephalitis	25%
Hepatitis - occupational	100%
Human immunodeficiency virus (HIV)	25%
Legionnaire's disease	25%
Lyme disease	25%
Malaria	25%
Meningitis - amebic, bacterial, fungal, parasitic, viral	25%
Methicillin-resistant staphylococcus aureus (MRSA)	25%
Necrotizing Fasciitis	25%
Osteomyelitis	25%
Pneumonia	25%
Polio	25%
Rabies	25%
Rocky mountain spotted fever (RMSF)	25%
Septic shock and Severe sepsis	25%
Tetanus	25%
Tuberculosis (TB)	25%
Tularemia	25%
Typhoid Fever	25%
Variant influenza virus (swine flu in humans)	25%
<i>Maximum infectious disease diagnosis per plan year</i>	<i>1</i>

**Note:** the following infectious disease benefits require a hospital stay of at least 5 days: Coronavirus, Creutzfeldt-Jakob disease, Ebola, Pneumonia, Septic shock and severe sepsis, Variant influenza virus (swine flu in humans)



## Critical Illness Benefits – Neurological (Brain)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Advanced dementia	25%
Alzheimer's disease	100%
Amyotrophic lateral sclerosis (ALS)	100%
Benign brain or spinal cord tumor	100%
Coma (non-induced)	100%
Huntington's disease	100%
Parkinson's disease	100%
Persistent vegetative state (PVS)	100%
Ruptured Aneurysm	50%
Stroke	100%
Transient ischemic attack (TIA)	25%
<i>Maximum per lifetime</i>	<i>1</i>

## Critical Illness Benefits – Other

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Aplastic anemia	25%
Bone Marrow Transplant (Include Autologous)	100%
<i>Maximum per lifetime</i>	<i>1</i>
End-stage renal failure	100%
Hemophilia	100%
Idiopathic pulmonary fibrosis	100%
Loss of Hearing	100%
Loss of Sight (blindness)	100%
Loss of Speech	100%
Major Organ Failure (heart, liver, lung(s), or pancreas)	100%
<i>Maximum per plan year</i>	<i>NoMax</i>
Paralysis	
Quadriplegia	100%
Triplegia	100%
Paraplegia	100%
Hemiplegia	100%
Diplegia	100%
Monoplegia	100%
Sarcoidosis	25%
Third Degree Burns	100%
Note: Sarcoidosis requires a hospital stay of at least 5 days	

## Critical Illness Benefits – Vascular (Heart)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Coronary artery condition requiring bypass surgery	50%
Heart attack (myocardial infarction)	100%
Heart arrhythmia	25%
Sudden Cardiac Arrest	100%
Maximum per plan year	NoMax

## Cancer Benefits

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Cancer (Invasive)	100%
Carcinoma in situ (non-invasive)	25%
Skin Cancer	\$1,000
Maximum per lifetime	1

\*For those members who were diagnosed with cancer prior to their effective date of coverage under the Aetna plan and then receive another cancer diagnosis (the first time) while covered under the Aetna plan, we will treat their diagnosis as an 'initial' diagnosis under the Aetna plan.

## Waiver of Premium

Covered Benefit	Benefit Amount
If, as a result of your covered critical illness, cancer (invasive), carcinoma in situ or skin cancer you miss 30 continuous days of work we will waive the premium beginning on the first premium due date that occurs after the 30 <sup>th</sup> day of your absence, through the next 6 months of coverage. During such absence, you must remain employed with the policyholder. The premium waiver does not apply to your covered dependents.	Included

# Health Screening Rider

Covered Benefit	Benefit Amount
Health screening*	\$100
<i>Maximum Screening per plan year</i>	<i>1</i>
*Covered Health Screenings	
<ul style="list-style-type: none"> <li>• Bone marrow screening</li> <li>• Bone mass density measurement (DEXA, DXA)</li> <li>• Biopsies for cancer</li> <li>• Blood chemistry panel</li> <li>• Breast sonogram</li> <li>• Breast MRI</li> <li>• Breast ultrasound</li> <li>• Cancer antigen 125 blood test for ovarian cancer (CA 125)</li> <li>• Carotid doppler ultrasound</li> <li>• Chest x-ray (CXR)</li> <li>• Cytologic screening</li> <li>• Cancer antigen 15-3 blood test for breast cancer (CA 15-3)</li> <li>• Carcinoembryonic antigen blood test for colon cancer (CEA)</li> <li>• Clinical testicular exam</li> <li>• Colonoscopy</li> <li>• Complete blood count (CBC)</li> <li>• Dental exam</li> <li>• Digital rectal exam (DRE)</li> <li>• Doppler screening for cancer</li> <li>• Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)</li> <li>• Electroencephalogram (EEG)</li> <li>• Electrocardiogram (EKG, ECG)</li> <li>• Echocardiogram (ECHO)</li> <li>• Endoscopy</li> <li>• Eye exam</li> <li>• Fasting blood glucose test</li> <li>• Fasting plasma glucose test</li> <li>• Flexible sigmoidoscopy</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing test</li> <li>• Hemoccult stool analysis</li> <li>• Hemoglobin A1C</li> <li>• Human papillomavirus vaccination (HPV)</li> <li>• Infectious disease testing</li> <li>• Immunizations</li> <li>• Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)</li> <li>• Mammography</li> <li>• Oral cancer screening</li> <li>• Pap smear</li> <li>• Prostate specific antigen (PSA) test</li> <li>• Routine health check-up exam</li> <li>• Skin cancer biopsy</li> <li>• Skin cancer screening</li> <li>• Skin exam</li> <li>• Serum protein electrophoresis (blood test for myeloma)</li> <li>• Successful completion of smoking cessation program</li> <li>• Stress test on bicycle or treadmill</li> <li>• Test for sexually transmitted infections (STIs)</li> <li>• Thermography</li> <li>• ThinPrep pap test</li> <li>• Two-hour post-load plasma glucose test</li> <li>• Ultrasound for cancer detection</li> <li>• Ultrasound screening for abdominal aortic aneurysms</li> <li>• Virtual colonoscopy</li> </ul>
<b>Note: COVID-19 testing is covered as an eligible health screening benefit</b>	



## Monthly Rates - Critical Illness Plan

### Non-Tobacco Rates

	Employee	Employee & Spouse	Employee & Children	Family
<b>Face Amount</b>	<b>\$5,000</b>			
<30	\$4.44	\$9.44	\$4.44	\$9.44
30-39	\$6.96	\$14.85	\$6.96	\$14.85
40-49	\$10.56	\$22.25	\$10.56	\$22.25
50-59	\$13.09	\$29.06	\$13.09	\$29.06
60-69	\$15.20	\$34.03	\$15.20	\$34.03
70+	\$19.27	\$42.22	\$19.27	\$42.22

	Employee	Employee & Spouse	Employee & Children	Family
<b>Face Amount</b>	<b>\$10,000</b>			
<30	\$6.61	\$14.17	\$6.61	\$14.17
30-39	\$10.73	\$23.17	\$10.73	\$23.17
40-49	\$17.09	\$36.72	\$17.09	\$36.72
50-59	\$22.00	\$50.15	\$22.00	\$50.15
60-69	\$26.73	\$61.22	\$26.73	\$61.22
70+	\$35.96	\$79.81	\$35.96	\$79.81

	Employee	Employee & Spouse	Employee & Children	Family
<b>Face Amount</b>	<b>\$15,000</b>			
<30	\$8.77	\$18.90	\$8.77	\$18.90
30-39	\$14.50	\$31.48	\$14.50	\$31.48
40-49	\$23.61	\$51.19	\$23.61	\$51.19
50-59	\$30.91	\$71.25	\$30.91	\$71.25
60-69	\$38.26	\$88.40	\$38.26	\$88.40
70+	\$52.64	\$117.40	\$52.64	\$117.40

Employee	Employee & Spouse	Employee & Children	Family
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**Face Amount      \$20,000**

<30	\$10.94	\$23.62	\$10.94	\$23.62
30-39	\$18.27	\$39.80	\$18.27	\$39.80
40-49	\$30.13	\$65.66	\$30.13	\$65.66
50-59	\$39.82	\$92.34	\$39.82	\$92.34
60-69	\$49.78	\$115.59	\$49.78	\$115.59
70+	\$69.33	\$154.99	\$69.33	\$154.99

Employee	Employee & Spouse	Employee & Children	Family
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**Face Amount      \$25,000**

<30	\$13.10	\$28.35	\$13.10	\$28.35
30-39	\$22.05	\$48.12	\$22.05	\$48.12
40-49	\$36.65	\$80.13	\$36.65	\$80.13
50-59	\$48.73	\$113.43	\$48.73	\$113.43
60-69	\$61.31	\$142.78	\$61.31	\$142.78
70+	\$86.01	\$192.58	\$86.01	\$192.58

Employee	Employee & Spouse	Employee & Children	Family
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**Face Amount      \$30,000**

<30	\$15.27	\$33.08	\$15.27	\$33.08
30-39	\$25.82	\$56.44	\$25.82	\$56.44
40-49	\$43.17	\$94.60	\$43.17	\$94.60
50-59	\$57.65	\$134.52	\$57.65	\$134.52
60-69	\$72.83	\$169.97	\$72.83	\$169.97
70+	\$102.70	\$230.17	\$102.70	\$230.17

Employee	Employee & Spouse	Employee & Children	Family
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**Face Amount      \$35,000**

<30	\$18.11	\$39.28	\$18.11	\$39.28
30-39	\$30.74	\$67.28	\$30.74	\$67.28
40-49	\$51.62	\$113.31	\$51.62	\$113.31
50-59	\$69.14	\$161.66	\$69.14	\$161.66
60-69	\$87.64	\$204.81	\$87.64	\$204.81
70+	\$124.02	\$278.16	\$124.02	\$278.16

Employee	Employee & Spouse	Employee & Children	Family
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**Face Amount      \$40,000**

<30	\$20.36	\$44.19	\$20.36	\$44.19
30-39	\$34.66	\$75.92	\$34.66	\$75.92
40-49	\$58.40	\$128.34	\$58.40	\$128.34
50-59	\$78.40	\$183.57	\$78.40	\$183.57
60-69	\$99.61	\$233.06	\$99.61	\$233.06
70+	\$141.36	\$317.21	\$141.36	\$317.21

Employee	Employee & Spouse	Employee & Children	Family
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**Face Amount      \$45,000**

<30	\$22.61	\$49.10	\$22.61	\$49.10
30-39	\$38.58	\$84.56	\$38.58	\$84.56
40-49	\$65.17	\$143.37	\$65.17	\$143.37
50-59	\$87.66	\$205.49	\$87.66	\$205.49
60-69	\$111.58	\$261.30	\$111.58	\$261.30
70+	\$158.69	\$356.26	\$158.69	\$356.26



Employee	Employee & Spouse	Employee & Children	Family
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**Face Amount      \$50,000**

<30	\$24.85	\$54.01	\$24.85	\$54.01
30-39	\$42.50	\$93.21	\$42.50	\$93.21
40-49	\$71.95	\$158.41	\$71.95	\$158.41
50-59	\$96.91	\$227.40	\$96.91	\$227.40
60-69	\$123.56	\$289.54	\$123.56	\$289.54
70+	\$176.02	\$395.32	\$176.02	\$395.32

## Tobacco Rates

Employee	Employee & Spouse	Employee & Children	Family
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**Face Amount      \$5,000**

<30	\$6.32	\$13.05	\$6.32	\$13.05
30-39	\$9.90	\$21.19	\$9.90	\$21.19
40-49	\$15.52	\$33.72	\$15.52	\$33.72
50-59	\$20.05	\$46.59	\$20.05	\$46.59
60-69	\$24.38	\$56.69	\$24.38	\$56.69
70+	\$32.87	\$73.03	\$32.87	\$73.03

Employee	Employee & Spouse	Employee & Children	Family
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**Face Amount      \$10,000**

<30	\$9.74	\$20.77	\$9.74	\$20.77
30-39	\$15.99	\$35.24	\$15.99	\$35.24
40-49	\$26.38	\$59.05	\$26.38	\$59.05
50-59	\$35.30	\$84.59	\$35.30	\$84.59
60-69	\$44.46	\$105.91	\$44.46	\$105.91
70+	\$62.55	\$140.81	\$62.55	\$140.81

	Employee	Employee & Spouse	Employee & Children	Family
<b>Face Amount</b>	<b>\$15,000</b>			
<30	\$13.16	\$28.49	\$13.16	\$28.49
30-39	\$22.08	\$49.29	\$22.08	\$49.29
40-49	\$37.23	\$84.37	\$37.23	\$84.37
50-59	\$50.55	\$122.60	\$50.55	\$122.60
60-69	\$64.54	\$155.14	\$64.54	\$155.14
70+	\$92.22	\$208.60	\$92.22	\$208.60

	Employee	Employee & Spouse	Employee & Children	Family
<b>Face Amount</b>	<b>\$20,000</b>			
<30	\$16.59	\$36.21	\$16.59	\$36.21
30-39	\$28.18	\$63.34	\$28.18	\$63.34
40-49	\$48.09	\$109.69	\$48.09	\$109.69
50-59	\$65.80	\$160.60	\$65.80	\$160.60
60-69	\$84.63	\$204.37	\$84.63	\$204.37
70+	\$121.89	\$276.39	\$121.89	\$276.39

	Employee	Employee & Spouse	Employee & Children	Family
<b>Face Amount</b>	<b>\$25,000</b>			
<30	\$20.01	\$43.92	\$20.01	\$43.92
30-39	\$34.27	\$77.39	\$34.27	\$77.39
40-49	\$58.95	\$135.02	\$58.95	\$135.02
50-59	\$81.06	\$198.61	\$81.06	\$198.61
60-69	\$104.71	\$253.60	\$104.71	\$253.60
70+	\$151.56	\$344.17	\$151.56	\$344.17

Employee	Employee & Spouse	Employee & Children	Family
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**Face Amount      \$30,000**

<30	\$23.43	\$51.64	\$23.43	\$51.64
30-39	\$40.37	\$91.43	\$40.37	\$91.43
40-49	\$69.81	\$160.34	\$69.81	\$160.34
50-59	\$96.31	\$236.62	\$96.31	\$236.62
60-69	\$124.80	\$302.83	\$124.80	\$302.83
70+	\$181.23	\$411.96	\$181.23	\$411.96

Employee	Employee & Spouse	Employee & Children	Family
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**Face Amount      \$35,000**

<30	\$27.90	\$61.67	\$27.90	\$61.67
30-39	\$48.26	\$109.58	\$48.26	\$109.58
40-49	\$83.80	\$192.87	\$83.80	\$192.87
50-59	\$115.89	\$285.29	\$115.89	\$285.29
60-69	\$150.51	\$365.73	\$150.51	\$365.73
70+	\$219.09	\$498.37	\$219.09	\$498.37

Employee	Employee & Spouse	Employee & Children	Family
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**Face Amount      \$40,000**

<30	\$31.46	\$69.69	\$31.46	\$69.69
30-39	\$54.59	\$124.17	\$54.59	\$124.17
40-49	\$95.08	\$219.18	\$95.08	\$219.18
50-59	\$131.74	\$324.77	\$131.74	\$324.77
60-69	\$171.37	\$416.87	\$171.37	\$416.87
70+	\$249.92	\$568.79	\$249.92	\$568.79



	Employee	Employee & Spouse	Employee & Children	Family
<b>Face Amount</b>	<b>\$45,000</b>			
<30	\$35.01	\$77.71	\$35.01	\$77.71
30-39	\$60.93	\$138.77	\$60.93	\$138.77
40-49	\$106.36	\$245.48	\$106.36	\$245.48
50-59	\$147.58	\$364.25	\$147.58	\$364.25
60-69	\$192.23	\$468.01	\$192.23	\$468.01
70+	\$280.74	\$639.21	\$280.74	\$639.21

	Employee	Employee & Spouse	Employee & Children	Family
<b>Face Amount</b>	<b>\$50,000</b>			
<30	\$38.57	\$85.73	\$38.57	\$85.73
30-39	\$67.26	\$153.36	\$67.26	\$153.36
40-49	\$117.64	\$271.79	\$117.64	\$271.79
50-59	\$163.43	\$403.73	\$163.43	\$403.73
60-69	\$213.10	\$519.15	\$213.10	\$519.15
70+	\$311.56	\$709.63	\$311.56	\$709.63

Any changes in benefit level or conditions stated above may result in a change in rates. The quoted rates are anticipated to be valid as of the Effective Date and apply only to the benefit level and conditions stated above and are subject to the terms and conditions set forth in the policy, and related documents for each product as well as applicable law.

# Accident Insurance

Aetna | [www.aetna.com](http://www.aetna.com) | 800.800.8121

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

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



# Aetna Accident Plan

## Plan Description

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Aetna's Accident plan pays members cash directly to help cover out-of-pocket costs, such as deductibles or coinsurance, day care, utility bills or whatever else they need as a result of a covered accident.

## Plan Eligibility

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- Employee eligibility as defined by the Client. A minimum of at least 15 hours per week is required.
- Eligible dependents include: Legal spouse, domestic partner, civil union partner, children under age 26 and provided they meet the definition of dependent child as defined by the state.
- Retirees are not considered actively at work and therefore not eligible for this plan.

## Plan Highlights

---

- Guaranteed Issue every year for employees and their families – even if coverage waived in the past
- Rate Guarantee for 60 months subject to all other terms in this Proposal
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children, and Family
- HSA compatible
- Cash benefits paid directly to the employee
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan
- Participation Requirement Waived

## Plan Features

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- Full schedule of benefits payable for accidental injuries including initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D.
- On/Off job coverage
- Health screening rider
- Organized sports rider
- Waiver of premium
- Portable

## Value Added Programs

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- Member-only CVS shopping site with 20% discount:
  - Curated CVS shopping site for members to shop a variety of health and wellness products including adult care, cold care, first aid, home health care, feminine products, pain relief, vitamins and more
  - Unique code gives members 20% off CVS branded items



## Accident Plan Benefits

Each benefit is payable once per accident, unless stated otherwise. Details are in the Policy.

### Initial Care

Covered Benefit	Plan 1	Plan 2
Ambulance		
Ground ambulance	\$400	\$500
Air ambulance	\$1,750	\$2,000
<i>Maximum trips per accident, air and ground combined</i>	1	1
Initial Treatment		
Emergency room/Hospital	\$200	\$300
Physician's office/Urgent care facility	\$200	\$300
Walk-in clinic/Telemedicine	\$75	\$85
<i>Maximum visits per accident, combined for all places of service</i>	1	1
<i>Maximum visits per plan year, combined for all places of service</i>	3	3
X-ray	\$100	\$200
Lab	\$50	\$75
Medical imaging	\$200	\$275

### Follow-up Care

Covered Benefit	Plan 1	Plan 2
Accident follow-up		
Emergency room/Hospital	\$100	\$125
Physician's office/Urgent care facility	\$100	\$125
Walk-in clinic/Telemedicine	\$50	\$65
<i>Maximum visits per accident, combined for all places of service</i>	3	3
<i>Maximum visits per plan year, combined for all places of service</i>	9	9
Appliances		
Major: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	\$200	\$250
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	\$100	\$125
<i>Maximum appliance per accident, major &amp; minor combined</i>	1	1
Chiropractic treatment and alternative therapy	\$45	\$55
<i>Maximum visits per accident</i>	10	10
<i>Maximum visits per plan year</i>	30	30
Pain management (epidural anesthesia)	\$100	\$125
Prescription drugs	\$15	\$15
Prosthetic device/Artificial limb		
One limb	\$750	\$1,200
Multiple limbs	\$1,500	\$2,400
<i>Maximum benefit per accident</i>	1	1
Repair or replace	25%	25%
<i>Maximum benefit per plan year</i>	1	1
Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitatic	\$50	\$65
<i>Maximum visits per accident</i>	10	10
<i>Maximum visits per plan year</i>	30	30

## Hospital Care

Covered Benefit	Plan 1	Plan 2
Hospital stay – admission (initial day)		
Non-ICU admission	\$1,000	\$1,500
ICU admission	\$2,000	\$3,000
Hospital stay – daily*		
Non-ICU daily	\$200	\$300
ICU daily	\$400	\$600
Step down intensive care unit daily	\$300	\$375
<i>Maximum days per accident (combined for all stays due to the same accident):</i>	365	365
Rehabilitation unit stay – daily	\$100	\$125
<i>Maximum days per accident</i>	30	30
Observation unit	\$200	\$250
<b>* Important Note:</b> All Hospital stay – daily benefits begin on day one.		

## Surgical Care

Covered Benefit	Plan 1	Plan 2
Blood/Plasma/Platelets	\$400	\$450
Eye Injury		
Surgical repair	\$300	\$350
Removal of foreign object	\$150	\$175
Surgery (without repair)		
Arthroscopic or exploratory	\$250	\$275
Surgery (with repair)		
Cranial, open abdominal or thoracic	\$1,500	\$1,750
Hernia	\$250	\$275
Ruptured disc	\$750	\$875
Tendon/Ligament/Rotator cuff		
Single repair	\$750	\$875
Multiple repairs	\$1,500	\$1,750
Torn knee cartilage	\$750	\$875
Non-Specified		
Inpatient	\$250	\$275
Outpatient	\$250	\$275
<i>Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits</i>	2	2

## Transportation/Lodging Assistance

Covered Benefit	Plan 1	Plan 2
Lodging	\$250	\$275
<i>Maximum days per accident</i>	30	30
Transportation	\$400	\$450
<i>Maximum trips per accident</i>	3	3

Fractures and Dislocations

Covered Benefit	Plan 1	Plan 2
Dislocations – Closed Reduction*		
Hip	\$6,000	\$7,500
Knee	\$4,000	\$5,000
Ankle – bone or bones of the foot (other than toes)	\$2,000	\$2,500
Collarbone (sternoclavicular)	\$1,000	\$1,250
Lower jaw	\$1,000	\$1,250
Shoulder (glenohumeral)	\$1,000	\$1,250
Elbow	\$1,000	\$1,250
Wrist	\$1,000	\$1,250
Bone or bones of the hand (other than fingers)	\$1,000	\$1,250
Collarbone (acromioclavicular and separation)	\$300	\$375
Rib	\$300	\$375
One toe or one finger	\$300	\$375
Partial dislocation	25%	25%
Maximum dislocations per accident	3	3
*Open reduction pays 2.0 times the closed reduction benefit value		
Fractures– Closed Reduction*		
Skull (except bones of the face or nose), depressed	\$8,000	\$10,000
Skull (except bones of the face or nose), non-depressed	\$8,000	\$10,000
Hip, thigh (femur)	\$6,000	\$7,500
Vertebrae, body of (excluding vertebral processes)	\$2,400	\$3,000
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	\$2,400	\$3,000
Leg (tibia and/or fibula malleolus)	\$2,400	\$3,000
Bones of the face or nose (except mandible or maxilla)	\$1,000	\$1,250
Upper jaw, maxilla (except alveolar process)	\$1,000	\$1,250
Upper arm between elbow and shoulder (humerus)	\$1,000	\$1,250
Lower jaw, mandible (except alveolar process)	\$1,000	\$1,250
Collarbone (clavicle, sternum)	\$1,000	\$1,250
Shoulder blade (scapula)	\$1,000	\$1,250
Vertebral process	\$1,000	\$1,250
Forearm (radius and/or ulna)	\$1,000	\$1,250
Kneecap (patella)	\$1,000	\$1,250
Hand/foot (except fingers/toes)	\$1,000	\$1,250
Ankle/wrist	\$1,000	\$1,250
Rib	\$300	\$375
Coccyx	\$300	\$375
Finger, toe	\$300	\$375
Chip fracture	25%	25%
Maximum Fractures per accident	3	3
*Open reduction pays 2.0 times the closed reduction benefit value		



AD&D and Paralysis

Covered Benefit	Plan 1	Plan 2
Accidental death		
Employee	\$50,000	\$50,000
Covered dependent spouse	\$25,000	\$50,000
Covered dependent children	\$25,000	\$25,000
Accidental death common carrier		
Employee	\$100,000	\$100,000
Covered dependent spouse	\$50,000	\$100,000
Covered dependent children	\$50,000	\$50,000
Accidental dismemberment		
Loss of arm	\$5,000	\$5,000
Loss of Hand	\$5,000	\$5,000
Loss of Leg	\$5,000	\$5,000
Loss of Foot	\$5,000	\$5,000
Loss of Sight	\$5,000	\$5,000
Loss of Ability to Speak	\$10,000	\$10,000
Loss of Hearing	\$5,000	\$5,000
Maximum dismemberment per accident (non-finger, toe)	2	2
Loss of Finger	\$500	\$500
Loss of Toe	\$500	\$500
Maximum dismemberment per accident (finger, toe)	4	4
Home and vehicle alteration	\$1,000	\$1,250
Paralysis (Complete, Total and Permanent Loss)		
Quadriplegia	\$10,000	\$15,000
Triplegia	\$7,500	\$11,250
Paraplegia	\$5,000	\$7,500
Hemiplegia	\$5,000	\$7,500
Diplegia	\$5,000	\$7,500
Monoplegia	\$2,500	\$3,750

## Other Accidental Injuries

Covered Benefit	Plan 1	Plan 2
Animal bite treatment		
Tetanus Shot	\$200	\$225
Anti-venom Shot	\$400	\$450
Rabies Shot	\$600	\$650
Brain injury		
Concussion/Mild Traumatic Brain Injury	\$200	\$250
Moderate/Severe Traumatic Brain Injury	\$500	\$600
Burn		
Second degree burn, greater than 5% of total body surface	\$1,000	\$1,250
Third degree burn, less than 5% of total body surface	\$1,500	\$1,880
Third degree burn, 5-10% of total body surface	\$6,000	\$7,500
Third degree burn, greater than 10% of total body surface	\$18,000	\$22,500
Burn skin graft	50% of Burn	50% of Burn
Coma/Persistent vegetative state (PVS)		
Coma (non-induced)	\$10,000	\$15,000
PVS	\$10,000	\$15,000
Coma (induced)	\$350	\$400
<i>Maximum days per accident</i>	10	10
Dental treatment		
Extractions	\$75	\$90
Crown	\$225	\$265
Gunshot wound	\$1,500	\$1,750
Laceration		
Without stitches	\$40	\$50
With stitches, less than 7.5 centimeters	\$150	\$175
With stitches, 7.6 – 20.0 centimeters	\$400	\$450
With stitches, greater than 20.0 centimeters	\$800	\$900
Posttraumatic stress disorder (PTSD)	\$500	\$500
<i>Maximum diagnosis per lifetime</i>	1	1
Service dog	\$1,500	\$1,500
<i>Maximum service dogs per your lifetime</i>	1	1

## Waiver of Premium

Covered Benefit	Plan 1	Plan 2
If, as a result of an accidental injury, you miss 30 continuous days of work we will waive the premium beginning on the first premium due date that occurs after the 30 <sup>th</sup> day of your absence, through the next 6 months of coverage. During such absence, you must remain employed with the policyholder. The premium waiver does not apply to your covered dependents.	Included	Included

# Organized Sports Rider

Covered Benefit	Plan 1	Plan 2
If while you are playing as a registered member of an organized sporting activity, you sustain an accidental injury, benefits payable under the certificate will be increased by the percentage shown, except for the excluded benefits below:	25%	25%

## Excluded benefits for the Organized Sports Rider

- Accidental death
- Accidental death common carrier
- Gunshot wound
- Service Dog
- Burn Skin Graft
- Animal bite
- Burn

# Health Screening Rider

Covered Benefit	Plan 1	Plan 2
Health screening*	\$75	\$75

## \*Covered Health Screenings

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

**Note: COVID-19 testing is covered as an eligible health screening benefit**



# Monthly Rates - Accident Plan



## 100% Voluntary

	Accident 2.0 Plan 1			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$13.43	\$21.16	\$23.31	\$31.16

## 100% Voluntary

	Accident 2.0 Plan 2			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$18.76	\$26.95	\$30.83	\$39.10

Any changes in benefit level or conditions stated above may result in a change in rates. The quoted rates are anticipated to be valid as of the Effective Date and apply only to the benefit level and conditions stated above and are subject to the terms and conditions set forth in the policy, and related documents for each product as well as applicable law.

This is accident-only insurance. It does not provide coverage for sickness. This is a supplement to health insurance and is not a substitute for major medical coverage or other minimum essential coverage.

# Hospital Indemnity Insurance

Aetna | [www.aetna.com](https://www.aetna.com) | 800.800.8121

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

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

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



# Aetna Hospital Indemnity Plan

## Plan Description

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Our hospital indemnity plan pays members cash directly when they have a covered inpatient hospital stay.

## Plan Eligibility

---

- Employee eligibility as defined by the Client. A minimum of at least 15 hours per week is required
- Eligible dependents include: Legal spouse, domestic partner, civil union partner, children under age 26 and provided they meet the definition of dependent child as defined by the state
- Retirees are not considered actively at work and therefore not eligible for this plan

## Plan Highlights

---

- Guaranteed Issue every year for employees and their families – even if coverage waived in the past
- Rate Guarantee for 60 months subject to all other terms in this Proposal
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children and Family
- HSA compatible
- Cash benefits paid directly to the employee
- Pre-ex waived
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan
- Participation Requirement Waived

## Plan Features

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- Lump-sum payment for first day of inpatient stay, when stay begins during the plan year
- Daily benefit payment beginning on the second day
- Increased per day payment in an intensive care unit (ICU)
- Health Screening Rider
- Portable
- Waiver of Premium

## Value Added Programs

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- Member-only CVS shopping site with 20% discount:
  - Curated CVS shopping site for members to shop a variety of health and wellness products including adult care, cold care, first aid, home health care, feminine products, pain relief, vitamins and more
  - Unique code gives members 20% off CVS branded items



# Hospital Indemnity Plan Benefits

Covered Benefit for Inpatient Stays		Plan 1
<b>Hospital Stay – Admission</b>		\$1,500
Provides a lump sum benefit for the initial day of your stay in a non-ICU room of a hospital. <i>Maximum 2 days per plan year; separated by 30 days in a row</i>		
<b>Hospital Stay – Daily</b>		\$200
Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital. <i>Maximum 30 days per plan year</i>		
<b>Hospital Stay – Daily (ICU)</b>		\$400
Pays a daily benefit, beginning on day two of your stay in a ICU room of a hospital. <i>Maximum 30 days per plan year</i>		
<b>Observation Unit</b>		\$100
Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury. Observation unit stays longer than 24 hours will be payable under admission and daily stay benefits. <i>Maximum 1 day per plan year</i>		
<b>Substance Abuse Stay – Daily</b>		\$50
Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse. <i>Maximum 30 days per plan year</i>		
<b>Mental Disorders Stay – Daily</b>		\$50
Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders. <i>Maximum 30 days per plan year</i>		
<b>Rehabilitation Unit Stay – Daily</b>		\$50
Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury. <i>Maximum 30 days per plan year</i>		

**Important Note:** All daily inpatient stay benefits begin on day two and count toward the plan year 30 days maximum.

# Newborn Benefits

Covered Benefit for Newborn	Plan 1
<b>Newborn routine care</b> Provides a lump-sum after the birth of your newborn. This will not pay for an outpatient birth. <i>Maximum 1 day per plan year</i>	\$100

**Important Note:** Hospital Stay – Admission, Hospital Stay – Daily, & Hospital Stay – Daily (ICU) are payable for NICU, accident and sickness for newborns.

Stays due to complications of pregnancy are payable to the same extent as any other illness.

# Waiver of Premium

Covered Benefit	Plan 1
If you are in a hospital for more than 30 days in a row, we will waive the premium beginning on the first premium due date that occurs after the 30th day of your stay, through the next 6 months of coverage. During your stay, you must remain employed with the policyholder.	Included

# Health Screening

Covered Benefit	Plan 1
<b>Health Screening*</b> Pays a lump sum benefit for each day you receive any of the approved health screening tests. <i>Maximum 1 day per plan year</i>	\$50

*Covered Health Screenings	
<ul style="list-style-type: none"> <li>• Lipoprotein profile (serum plus HDL, LDL and triglycerides)</li> <li>• Fasting blood glucose test</li> <li>• Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)</li> <li>• Carotid Doppler Ultrasound</li> <li>• Electrocardiogram (EKG, ECG)</li> <li>• Echocardiogram (ECHO)</li> <li>• Chest x-ray (CXR)</li> <li>• Thermography</li> <li>• Ultrasound screening for abdominal aortic aneurysms</li> <li>• Bone marrow screening</li> <li>• Adult and child immunizations</li> <li>• HPV vaccine (Human Papillomavirus)</li> <li>• Bone mass density measurement (DEXA, DXA)</li> <li>• Skin cancer screening</li> <li>• Serum protein electrophoresis (blood test for myeloma)</li> </ul>	<ul style="list-style-type: none"> <li>• Prostate Specific Antigen (PSA) Test</li> <li>• Flexible sigmoidoscopy</li> <li>• Digital rectal exams (DRE)</li> <li>• Hemoccult stool analysis</li> <li>• Colonoscopy</li> <li>• Virtual colonoscopy</li> <li>• Carcinoembryonic Antigen (CEA)</li> <li>• Cancer Antigen (CA) Test 15-3 (breast cancer)</li> <li>• Mammography</li> <li>• Breast Ultrasound</li> <li>• Cancer Antigen (CA) Test 125 (ovarian cancer)</li> <li>• Pap smears</li> <li>• Cytologic Screening</li> <li>• ThinPrep Pap Test</li> </ul>

**Note: COVID-19 testing is covered as an eligible health screening benefit**



# Monthly Rates - Hospital Indemnity Plan

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## 100% Voluntary

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	Hospital Indemnity – Plan 1 (HSA)			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$32.56	\$65.11	\$58.60	\$91.16

Any changes in benefit level or conditions stated above may result in a change in rates. The quoted rates are anticipated to be valid as of the Effective Date and apply only to the benefit level and conditions stated above and are subject to the terms and conditions set forth in the policy, and related documents for each product as well as applicable law.

This is hospital indemnity insurance. This is a supplement to health insurance and is not a substitute for major medical coverage or other minimum essential coverage.

# 403(b) Retirement Plans

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) |  
800-523-8422, option 2 | [retirement@ffga.com](mailto:retirement@ffga.com)

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

## How a 403(b) Works

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

## Benefits

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

Contribution Limits	
2024	2025
\$23,000	\$23,500
Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500.	

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

# 457(b) Retirement Plans



First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) |  
800-523-8422, option 2 | [retirement@ffga.com](mailto:retirement@ffga.com)

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

## Benefits

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

Contribution Limits	
2024	2025
\$23,000	\$23,500
Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500.	

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

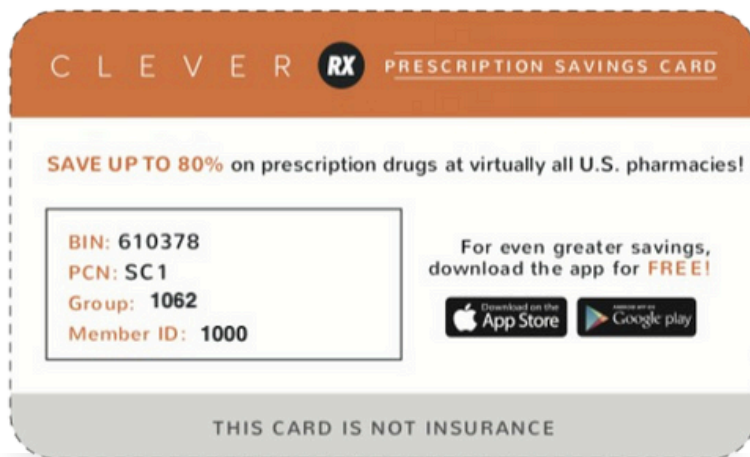


# Clever RX

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

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

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



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

## Clever RX Highlights

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

# Contact Information

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Product	Carrier	Website	Phone
Dental	Delta Dental NC	<a href="http://deltadentalnc.com">deltadentalnc.com</a>	800.662.8856
Vision	Community Eye Care	<a href="http://www.cecvision.com">www.cecvision.com</a>	888.254.4290
FSA	FFGA	<a href="http://ffa.wealthcareportal.com">ffa.wealthcareportal.com</a>	866.853.3539
Term Life	AFA	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800.654.8489
Permanent Life	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	800.283.9233
Short-Term Disability	Manhattan Life	<a href="http://www.manhattanlife.com">www.manhattanlife.com</a>	855.448.6982
Cancer	AFA	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800.654.8489
Critical Illness	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	800.800.8121
Accident	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	800.800.8121
Retirement	First Financial Administrators, Inc.	<a href="mailto:retirement@ffga.com">retirement@ffga.com</a>	800-523-8422, option 2
Hospital Indemnity	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	800.800.8121