

# *San Diego ISD 2022-2023*

# **BENEFITS GUIDE**



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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

## YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

San Diego ISD and First Financial 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 claims, important phone number, 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.

*<https://benefits.ffga.com/sandiegoisd>*



# HOW TO ENROLL

## ONLINE ENROLLMENT

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

### LOGIN

- Login: Your Employee ID or Social Security Number (no dashes)
- PIN (first login only): The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)
- New PIN: The first time you log in you will be required to change to a new PIN. Please note your new PIN because you will use the new PIN from that point forward.

### VIEW CURRENT BENEFITS

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

### VIEW/ADD DEPENDENTS

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

### BEGIN ELECTIONS

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

## ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections. Visit your EBC to view the on-site enrollment schedule.

# ELIGIBILITY

## 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. To enroll please contact your First Financial representative Edelia Trevino at 361-779-1041.

### EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial 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 & 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 AND 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
Taxable 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.*

# MEDICAL

## TRS-ACTIVECARE

The district's medical plans are offered through TRS. From in- and out-of-network options to comprehensive prescription drug coverage and special health and wellness programs, TRS-ActiveCare has been designed to flexibly meet the needs of nearly half a million public education employees.

## BCBSTX

Blue Cross Blue Shield of Texas | <https://www.bcbstx.com/trsactivecare/> | 1.866.355.5999

### TRS-ACTIVECARE PRIMARY

- Copays for doctor visits and generic prescriptions before you meet deductible
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Caremark)

### TRS-ACTIVECARE HD

- Must meet deductible before plan pays for non-preventive care
- In-network and out-of-network benefits – separate out-of-network deductible/out-of-pocket maximum
- Nationwide network
- Deductible applies to medical and pharmacy
- No requirement for PCP or referrals
- Compatible with health savings account (HSA)
- Employee will receive two (2) ID cards (BCBS & Caremark)

### TRS-ACTIVECARE PRIMARY+

- Copays for many services and drugs
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive 2 ID cards (BCBS & Caremark)

### TRS-ACTIVECARE 2 – CLOSED TO NEW ENROLLEES

- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Caremark)

### TRS-ACTIVECARE PLAN PRESCRIPTION BENEFITS

CVS Caremark | <https://www.bcbstx.com/trsactivecare/> | 1.866.355.5999

When you enroll in a BCBSTX Plan, you automatically receive prescription drug coverage through CVS Caremark which gives you access to a large, national network of retail pharmacies.

San Diego ISD Medical

<b>TRS ActiveCare Primary</b>	<b>Total Premium</b>	<b>SDISD Monthly Contribution</b>	<b>Monthly Premium</b>	<b>Semi-Monthly</b>
Employee Only	\$401	\$361	\$40	\$20
Employee and Spouse	\$1,130	\$361	\$769	\$385
Employee and Children	\$721	\$361	\$360	\$180
Employee and Family	\$1,353	\$361	\$992	\$496

<b>TRS ActiveCare Primary+</b>	<b>Total Premium</b>	<b>SDISD Contribution</b>	<b>Monthly Premium</b>	<b>Semi-Monthly</b>
Employee Only	\$504	\$361	\$143	\$72
Employee and Spouse	\$1,231	\$361	\$870	\$435
Employee and Children	\$810	\$361	\$449	\$225
Employee and Family	\$1,548	\$361	\$1,187	\$594

<b>TRS ActiveCare HD</b>	<b>Total Premium</b>	<b>SDISD Contribution</b>	<b>Monthly Premium</b>	<b>Semi-Monthly</b>
Employee Only	\$414	\$361	\$53	\$27
Employee and Spouse	\$1,163	\$361	\$802	\$401
Employee and Children	\$742	\$361	\$381	\$191
Employee and Family	\$1,391	\$361	\$1,030	\$515

<b>TRS ActiveCare 2 (Grandfathered Plan)</b>	<b>Total Premium</b>	<b>SDISD Contribution</b>	<b>Monthly Premium</b>	<b>Semi-Monthly</b>
Employee Only	\$1,013	\$361	\$652	\$326
Employee and Spouse	\$2,402	\$361	\$2,041	\$1,021
Employee and Children	\$1,507	\$361	\$1,146	\$573
Employee and Family	\$2,841	\$361	\$2,480	\$1,240



# LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

## TRS-ActiveCare Plan Highlights 2022-23



From the North Texas plains to the Gulf Coast, TRS-ActiveCare is where you live and work. We have more Texas doctors than any other plan and more ways to make your health plan *yours*.

# TRS-ActiveCare REGION 2



### Learn the terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

# 2022-23 TRS-ActiveCare Plan Highlights

Sept. 1, 2022 – Aug. 31, 2023



THE STATE HEALTH PLAN OF TEXAS

## How to Calculate Your Monthly Premium

- ➔ Total Monthly Premium
- ➔ Your District and State Contributions
- ➔ Your Premium

Ask your Benefits Administrator for your district's specific premiums.

All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> <li>• Lowest premium of all three plans</li> <li>• Copays for doctor visits before you meet your deductible</li> <li>• Statewide network</li> <li>• Primary Care Provider (PCP) referrals required to see specialists</li> <li>• Not compatible with a Health Savings Account (HSA)</li> <li>• No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Lower deductible than the HD and Primary plans</li> <li>• Copays for many services and drugs</li> <li>• Higher premium</li> <li>• Statewide network</li> <li>• PCP referrals required to see specialists</li> <li>• Not compatible with a Health Savings Account (HSA)</li> <li>• No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Compatible with a Health Savings Account (HSA)</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for PCPs or referrals</li> <li>• Must meet your deductible before plan pays for non-preventive care</li> </ul>

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$401	\$	\$504	\$	\$414	\$
Employee and Spouse	\$1,130	\$	\$1,231	\$	\$1,163	\$
Employee and Children	\$721	\$	\$810	\$	\$742	\$
Employee and Family	\$1,353	\$	\$1,548	\$	\$1,391	\$

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,941	\$

### TRS-ActiveCare 2

- Closed to new enrollees
- Current enrollees can choose to stay in plan
- Lower deductible
- Copays for many services and drugs
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals

**This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.**

## Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

\*Available for all plans. See the benefits guide for more details.

## Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specially drug insurance means you're covered, no matter what life throws at you.

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Statewide Network	Nationwide Network
PCP Required	Yes	Yes	No	No

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	Nationwide Network
No	No

Doctor Visits	Primary Care	Specialist	Primary Care	Specialist
	\$30 copay	\$70 copay	\$30 copay	\$70 copay
	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

Immediate Care	Urgent Care	Emergency Care	TRS Virtual Health-RediMD™	TRS Virtual Health-Teladoc®
	\$50 copay	You pay 30% after deductible	\$0 per medical consultation	\$12 per medical consultation
	You pay 30% after deductible	You pay 20% after deductible	\$0 per medical consultation	\$12 per medical consultation

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

Prescription Drugs	Drug Deductible	Integrated with medical	\$200 brand deductible	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics		\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred Brand	You pay 30% after deductible		You pay 25% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible		You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible		\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply		\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible	
\$20/\$45 copay	
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)	
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	
\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications	
\$25 copay for 31-day supply; \$75 for 61-90 day supply	

# What's New and What's Changing



This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$417	\$401	(\$16)	<ul style="list-style-type: none"> <li>Member Rewards was expanded to include more than 100 new procedures</li> <li>Copay for Teladoc® rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</li> </ul>
	Employee and Spouse	\$1,176	\$1,130	(\$46)	
	Employee and Children	\$751	\$721	(\$30)	
	Employee and Family	\$1,405	\$1,353	(\$52)	
<b>TRS-ActiveCare HD</b>	Employee Only	\$429	\$414	(\$15)	<ul style="list-style-type: none"> <li>In-network maximum rose by \$50/individual, \$100/families</li> <li>The Member Rewards program is now available for HD participants - Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses</li> <li>Consult fee for Teladoc rose from \$30 to \$42</li> </ul>
	Employee and Spouse	\$1,209	\$1,163	(\$46)	
	Employee and Children	\$772	\$742	(\$30)	
	Employee and Family	\$1,445	\$1,391	(\$54)	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$542	\$504	(\$38)	<ul style="list-style-type: none"> <li>Member Rewards was expanded to include more than 100 new procedures</li> <li>Copay for Teladoc rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</li> </ul>
	Employee and Spouse	\$1,334	\$1,231	(\$103)	
	Employee and Children	\$879	\$810	(\$69)	
	Employee and Family	\$1,675	\$1,548	(\$127)	
<b>TRS-ActiveCare 2 (closed to new enrollees)</b>	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> <li>Copay for Teladoc rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</li> <li>This plan is still closed to new enrollees</li> </ul>
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

## At a Glance

	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2022

# Compare Prices for Common Medical Services

## REMEMBER:

Log into Blue Access for Members<sup>SM</sup> at [www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare) to use the cost estimator tool. This will help you find the best prices through different providers.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

\*Pre-certification for genetic and specialty testing may apply. Contact a Personal Health Guide at 1-866-355-5999 with questions.

[www.trs.texas.gov](http://www.trs.texas.gov)

# DENTAL INSURANCE

DeltaDental | [www.deltadental.com](http://www.deltadental.com) | 1.800.521.2651

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

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

DENTAL MONTHLY PREMIUMS		
	LOW	HIGH
EMPLOYEE ONLY	\$18.97	\$35.06
EMPLOYEE + SPOUSE	\$37.92	\$67.44
EMPLOYEE + CHILD(REN)	\$41.64	\$69.30
EMPLOYEE + FAMILY	\$60.61	\$97.74





# Keep Smiling

## Delta Dental PPO™

### Stay in network to save

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

If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.

### Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com](https://deltadentalins.com).

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your

plan, they'll need to provide your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

### Coordinate dual coverage

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

### Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.<sup>4</sup> Log in to your online account to find this date.

### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care<sup>5</sup>, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

## Save with a PPO dentist



PPO



PREMIER



NON-DELTA DENTAL

<sup>1</sup> In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

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

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

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

<sup>5</sup> Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

# Benefit Highlights: DPO from Delta Dental

Plan Benefit Highlights for: San Diego Independent School District - Low Plan  
Group Number: 21865

Effective Date: 9/1/2022

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Deductibles</b> per member / per family each calendar year	\$50/ \$150	\$50/ \$150	\$50/ \$150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
<b>Maximums</b> Per member each calendar year	\$1,000	\$1,000	\$1,000
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Diagnostic &amp; Preventive Services (D&amp;P)</b> Exams, Cleanings, X-Rays and Sealants	80%	80%	80%
<b>Basic Services</b> Fillings and Simple Extractions	50%	50%	50%
<b>Endodontics</b> Root Canals	50%	50%	50%
<b>Periodontics</b> Surgical and Non-Surgical Periodontics	50%	50%	50%
<b>Oral Surgery</b>	50%	50%	50%
<b>Major Services</b> Crowns, Inlays, Onlays and Cast Restorations	40%	40%	40%
<b>Prosthodontics</b> Bridges, Dentures and Denture Repair	40%	40%	40%
<b>Implants</b> Implant Services	40%	40%	40%
<b>Orthodontic Services</b> Dependent Children	50%	50%	50%
<b>Orthodontic Maximums</b>	\$1,000 Lifetime	\$1,000 Lifetime	\$1,000 Lifetime
<b>Other Services</b> Space Maintainers	40%	40%	40%

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

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

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for Non-Delta Dental dentists.

<b>Delta Dental Insurance Company</b> 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	<b>Customer Service</b> 800-521-2651 deltadentalins.com	<b>Claims Address</b> P.O. Box 1809 Alpharetta, GA 30023-1809
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

# Benefit Highlights: DPO from Delta Dental

Plan Benefit Highlights for: San Diego Independent School District - High Plan  
Group Number: 21865

Effective Date: 9/1/2022

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Deductibles</b> per member / per family each calendar year	\$50/ \$150	\$50/ \$150	\$50/ \$150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
<b>Maximums</b> Per member each calendar year	\$2,000	\$2,000	\$2,000
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Diagnostic &amp; Preventive Services (D&amp;P)</b> Exams, Cleanings, X-Rays and Sealants	100%	100%	100%
<b>Basic Services</b> Fillings and Simple Extractions	80%	80%	80%
<b>Endodontics</b> Root Canals	80%	80%	80%
<b>Periodontics</b> Surgical and Non-Surgical Periodontics	80%	80%	80%
<b>Oral Surgery</b>	80%	80%	80%
<b>Major Services</b> Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
<b>Prosthodontics</b> Bridges, Dentures and Denture Repair	50%	50%	50%
<b>Implants</b> Implant Services	50%	50%	50%
<b>Orthodontic Services</b> Dependent Children	50%	50%	50%
<b>Orthodontic Maximums</b>	\$1,000 Lifetime	\$1,000 Lifetime	\$1,000 Lifetime
<b>Other Services</b> Space Maintainers	50%	50%	50%

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

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

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for Non-Delta Dental dentists.

<b>Delta Dental Insurance Company</b> 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	<b>Customer Service</b> 800-521-2651 deltadentalins.com	<b>Claims Address</b> P.O. Box 1809 Alpharetta, GA 30023-1809
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.



# VISION INSURANCE

Ameritas | [www.ameritas.com](http://www.ameritas.com) | 1.800.745.1112

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

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

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

VISION MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$6.36
EMPLOYEE + SPOUSE	\$12.64
EMPLOYEE + CHILD(REN)	\$12.36
EMPLOYEE + FAMILY	\$18.84



Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 9/1/2022

	VSP Choice Network + Affiliates	Plan 1: Focus®	Out of Network
Annual Eye Exam	Covered in full		Up to \$45
Lenses (per pair)			
Single Vision	Covered in full		Up to \$30
Bifocal	Covered in full		Up to \$50
Trifocal	Covered in full		Up to \$65
Lenticular	Covered in full		Up to \$100
Progressive	See lens options		NA
Frame Allowance	\$130**		Up to \$70
Frequencies			
Exam/Lens/Frames	12/12/12 Based on date of service		12/12/12 Based on date of service

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

Deductible, Maximum

Deductibles	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames
Maximum per benefit period	None	None

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

Contact Lenses

Fit & Follow Up Exams	Member cost up to \$60	No benefit
Contacts		
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210

Monthly Rates

Employee (EE)	\$6.36
EE + Spouse	\$12.64
EE + Children	\$12.36
EE + Spouse & Children	\$18.84

Rates are guaranteed for 24 months following the effective date listed above.

Employee Participation Requirements

Eligible Employees: 200

	Minimum 10 lives Voluntary
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**Lens Options (member cost)\***

	Plan 1: Focus®	
	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
<b>Progressive Lenses</b>	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
<b>Std. Polycarbonate</b>	Covered in full for dependent children \$33 adults	No benefit
<b>Scratch Resistant Coating</b>	\$17-\$33	No benefit
<b>Anti-Reflective Coating</b>	\$43-\$85	No benefit
<b>Ultraviolet Coating</b>	\$16	No benefit

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

**Additional Focus® Choice Network Features (In Network)**

<b>Contact Lenses Elective</b>	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
<b>Lens Options (Member Cost)*</b>	\$15 - Solid Plastic Dye (Except Pink I & II) \$17 - Plastic Gradient Dye \$31-\$82 - Photochromatic Lenses (Glass & Plastic) Lens Option member cost vary by prescription and option chosen.
<b>Additional Glasses</b>	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
<b>Frame Discount</b>	VSP offers 20% off any amount above the retail allowance.*
<b>Laser VisionCare<sup>SM</sup></b>	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

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

**Ameritas Focus® Eye Care**

Focus eye care plans from Ameritas Group will help your employees receive and pay for the eye care they need. Our Focus plans emphasize eye health and preventive care, and features experienced, independent private-practice VSP eye doctors.

**The Ameritas Group Partners with VSP® Vision Care**

Since the mid-1980s, Ameritas Group and VSP have shared a strong business alliance based on similar philosophies: a commitment to excellent service. For Focus plans, Ameritas provides expertise in actuarial, underwriting, policy and certificate issue, and plan administration including eligibility and billing/collecting. VSP provides a network of exceptional eye care doctors, in addition to claims processing and customer service to Focus plan members.

**VSP's Philosophy is One-Stop Care**

Each doctor in VSP's network provides exam and eyewear services, so there's no need for Focus plan members to have a comprehensive exam in one location and then travel to another for their lenses and frames. VSP's statistics indicate most of the U.S. population lives within 4 miles of a VSP doctor.

**Focus Plan Members Use The VSP Choice Network**

Policyholders can select the VSP Choice Network, offering 29,000 doctors and 50,000 access points, plus reduced rates. Members will still save out-of-pocket for typical eye care services, including an average savings of 20-25% on lens options.

**Member Choice**

As with every Ameritas Group plan, members may visit any eye doctor. When Focus plan members see non-VSP providers, benefits are reimbursed according to the plan schedule.

**No Claim Forms**

Making an appointment and receiving claims payment through VSP will be easy for your employees. There is no paperwork or claim to file. Focus plan members simply make an appointment with a VSP doctor, state that they have coverage in a VSP network, and visit the doctor. VSP handles the rest.

**Service And Satisfaction**

A Recent Summary of Performance Results from VSP:

Member Satisfaction with Plan	99% (good/very good/excellent)
Ease of Doing Business with VSP	99% (good/very good/excellent)
Claims Financial Accuracy	100%
Claims Processing Accuracy	100%
Call Center Average Speed of Answer	14 Seconds
Call Center Telephone Inquiry Response	99.5% (same day response)
Call Abandonment Rate	1.4%

**Rx Savings - Extra value for Ameritas plan members**

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

**Retail Chain Affiliate Providers Available With Focus Plans**

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer’s VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

**Worldwide Support**

When our members travel abroad, they’ll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

# 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 reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$570 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$570 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$570 will be forfeited under the use-it-or-lose-it rule.

**Your maximum contribution amount for 2022 is \$2,850.**

## 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.**

## HIGHLIGHTS

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

# HEALTH SAVINGS ACCOUNTS

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

## HEALTH SAVINGS ACCOUNTS

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

	2022	2023
<b>HSA Contribution Limit</b>	<ul style="list-style-type: none"><li>Self Only: \$3,650</li><li>Family: \$7,300</li></ul>	<ul style="list-style-type: none"><li>Self Only: \$3,850</li><li>Family: \$7,750</li></ul>
<b>HDHP Minimum Deductibles</b>	<ul style="list-style-type: none"><li>Self Only: \$1,400</li><li>Family: \$2,800</li></ul>	<ul style="list-style-type: none"><li>Self Only: \$1,500</li><li>Family: \$3,000</li></ul>
<i>\$1,000 catch-up contributions (age 55 or older)</i>		

## HIGHLIGHTS

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

## WHO CAN PARTICIPATE IN AN HSA?

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

# FSA & HSA RESOURCES

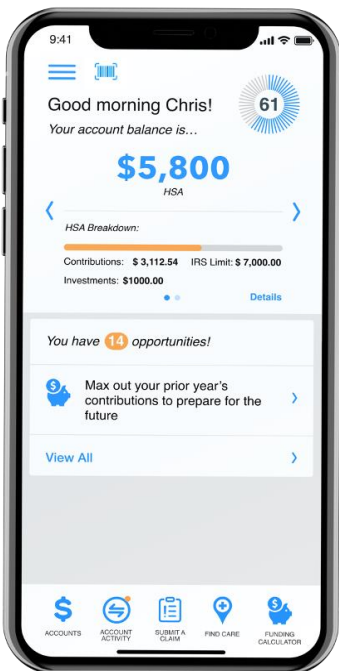
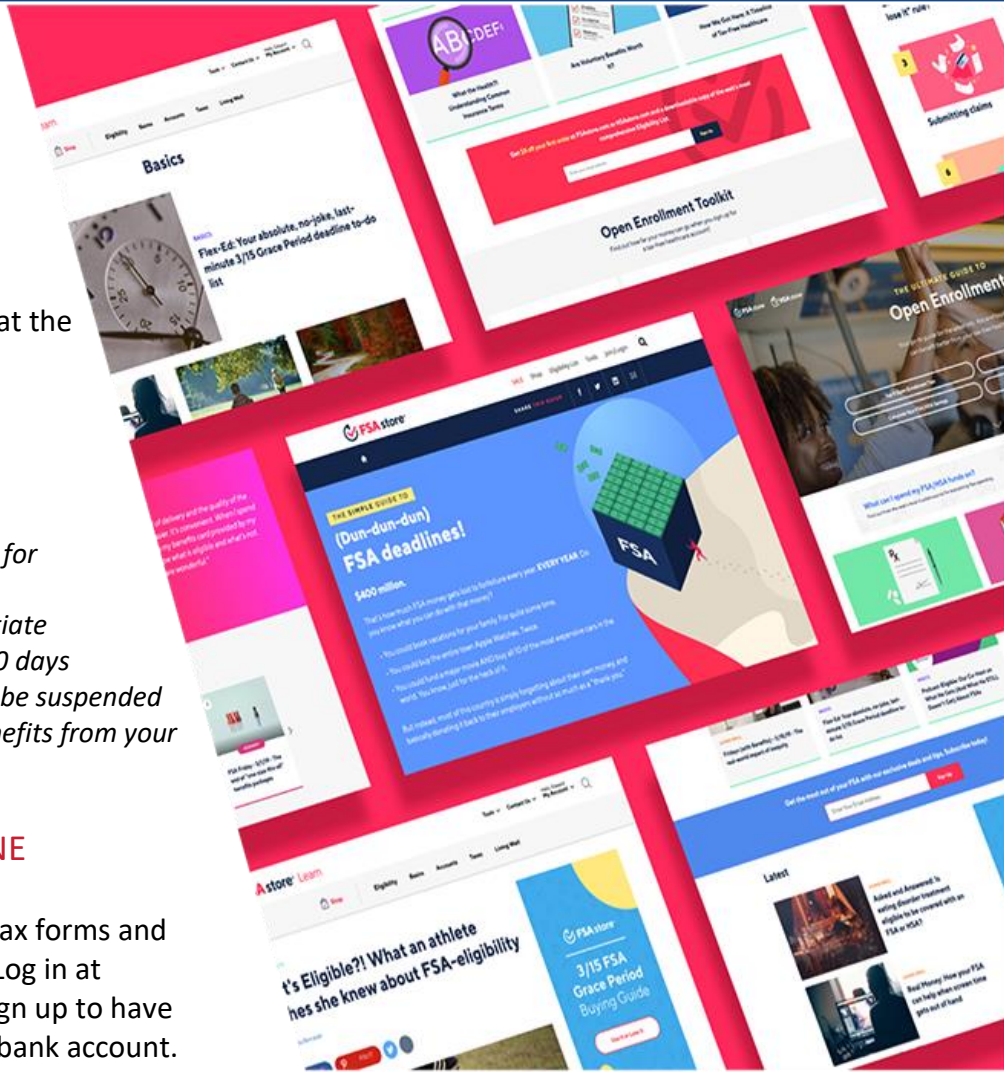
## BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in a Flexible Spending Account or a Health Savings Account. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least 18 years old.

*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 First Financial 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 tax forms and check claims status on our secure website. Log in at [www.ffga.com](http://www.ffga.com). After you log in, you may sign up to have reimbursements directly deposited to your bank account. View the [Portal Log-in Guide](#) now!



## 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<sup>SM</sup> or Google Play Store<sup>TM</sup>. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

## FSA & HSA STORE

First Financial has partnered with the FSA & HSA Store to bring you an easy-to-use online store to better understand and manager 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.





# LIFE & AD&D INSURANCE

Blue Cross Blue Shield | [www.bcbstx.com](http://www.bcbstx.com) | 1.888.630.2583

## EMPLOYER-PAID TERM LIFE & AD&D INSURANCE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$40,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

# TEXAS LIFE – PERMANENT LIFE

Texas Life | [www.texaslife.com](http://www.texaslife.com) | 1.800.283.9233

## 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.

### HIGHLIGHT

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.



# WOW!

## LIFE INSURANCE YOU CAN KEEP!

### LIFE INSURANCE HIGHLIGHTS

For the employee



**IT'S AFFORDABLE**  
**YOU OWN IT**



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



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



**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**

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?



# TEXASLIFE INSURANCE COMPANY

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

21M057-C-R FFGA Ro422 2000 (exp0523)  
Not for use in CA.

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

# ADDITIONAL POLICY BENEFITS

## Accelerated Death Benefit Due to Chronic Illness Rider

Optional for employees at an additional cost, this valuable living benefit can help offset the unplanned expense of care should the insured be faced with a disabling chronic illness or serious cognitive impairment.

Here's how it works:

- If you're no longer able to perform any two of the six activities of daily living (eating, bathing, dressing, toileting, transferring, maintaining continence) or if you suffer serious cognitive impairment, you can receive a living benefit.<sup>4</sup>
  - Example: You own a \$100,000 Texas Life insurance policy with the Chronic Illness rider. A medical professional certifies that you can no longer perform 2 of the 6 activities or have suffered serious cognitive impairment, you can receive \$92,000 minus a \$150 processing fee.<sup>3</sup>
- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

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*For pennies a day, you can get both a living benefit, should you need it, and a death benefit if you don't.*

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<sup>1</sup> 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.

<sup>2</sup> Conditions apply. See rider for details. Form ICC07-ULABR-07 or Form Series ULABR-07.

<sup>3</sup> The Accelerated Death Benefit Rider for Chronic Illness is available for an additional cost for employees only. This rider pays 92% of the insurance proceeds less a \$150 administration fee (\$100 in FL) in lieu of the benefit payable at death. Conditions apply. Any outstanding loans will reduce the cash value and death benefit. Contract Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15.

<sup>4</sup> Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.



DO NOT CROSS

## Accidental Death Benefit Rider

Included in the contract at the option of your employer, the Accidental Death Benefit Rider covers all employees and spouses between the ages of 17-59.<sup>6</sup> This rider costs \$0.08 per thousand of the face amount per month and pays the insured's beneficiary double the death benefit if the insured dies within 180 days of an accident from injuries incurred in that accident (90 days in FL, ND, and SD).<sup>7</sup> The benefit is payable through the insured's age 65. Maximum in-force limits and exclusions apply. See the complete list of exceptions to coverage on the following page.

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*According to the Center for Disease Control, accidents are the third leading cause of death in the U.S.<sup>5</sup>*

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<sup>5</sup> Heron, Melonie, PhD. "Deaths: Leading Causes for 2017." National Vital Statistics Reports, Volume 68, Number 6, June 24, 2019.

<sup>6</sup> Available to children and grandchildren at issue age 17-26.

<sup>7</sup> Rider details vary by state. Conditions apply. See contract for complete coverage description. Form ICC07-ULABR-07 or Form Series ULABR-07

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the PureLife-plus brochure for costs and complete details. Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO. Texas Life is licensed to do business in the District of Columbia and every state but New York.

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

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

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$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

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".



# ACCIDENTAL DEATH BENEFIT RIDER EXCEPTIONS TO COVERAGE

The following exceptions to coverage apply to these states: AK, AL, AR, AZ, CO, CT, DC, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV, WY

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>a) war or any act attributable to war, whether or not the Insured is in military service;</li> <li>b) participating or engaging in a riot;</li> <li>c) suicide or any attempt to commit suicide, while sane or insane;</li> <li>d) bodily or mental infirmity or illness or disease of any kind;</li> <li>e) participation in an illegal occupation or activity;</li> <li>f) any cause, if death occurred while the Insured is incarcerated;</li> <li>g) an accident caused or contributed to by intoxication as defined by the jurisdiction in which death occurred;</li> </ul> | <ul style="list-style-type: none"> <li>h) taking of any poison, drug, or sedative, unless such drug or sedative was taken as prescribed for occurred;</li> <li>i) asphyxiation from inhalation of gas, except the accidental inhalation of gas in the course of Insured's employment;</li> <li>j) operating or riding in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kind of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom.</li> </ul> |
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**In SD, this provision does not cover death which results from any of the following causes:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>a) war or any act attributable to war, whether or not the insured is in military service;</li> <li>b) suicide or any attempt to commit suicide, while sane;</li> <li>c) bodily illnesses or disease of any kind;</li> <li>d) committing a felony</li> </ul> | <ul style="list-style-type: none"> <li>e) operating in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kid of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom.</li> </ul> |
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**In FL and ND, this provision does not cover death which results from any of the following causes:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>a) an accidental bodily injury occurring, outside the United States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, Panama Canal Zone, the Republic of Panama, and Canada, while in the military service for any country at war;</li> <li>b) war or any act attributable to war, whether or not the Insured is in military service;</li> <li>c) participating or engaging in a riot;</li> <li>d) suicide or any attempt to commit suicide, while sane or insane;</li> <li>e) bodily or mental infirmity or illness or disease of any kind</li> </ul> | <ul style="list-style-type: none"> <li>f) committing or attempting to commit a felony;</li> <li>g) taking of any poison, drug, or sedative, unless such drug or sedative was taken as prescribed for the Insured by a physician;</li> <li>h) asphyxiation from inhalation of gas, except the accidental inhalation of gas in the course of the Insured's employment;</li> <li>i) operating or riding in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kind of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom.</li> </ul> |
|---|--|

# DISABILITY INSURANCE

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 1.800.654.8489

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?

# CANCER INSURANCE

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 1.800.654.8489

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.



# AF™ Long-Term Disability Income Insurance

Texas Schools

Marketed by:



EMPLOYER BENEFIT SOLUTIONS  
FOR YOUR INDUSTRY

## Focus on Recovery, Not Expenses

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

### Plan Highlights



#### Benefits are Payable Directly to You

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



#### Customized to Meet Your Individual Needs

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



#### Return-to-Work Benefit

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

### Choose the Right Plan for You

BENEFITS BEGIN	
Plan I	On the 1st day of Disability due to a Disability requiring hospitalization and on the 8th day of Disability due to a covered Injury or Sickness.
Plan II	On the 1st day of Disability due to a Disability requiring hospitalization and on the 15th day of Disability due to a covered Injury or Sickness.
Plan III	On the 1st day of Disability due to a Disability requiring hospitalization and on the 31st day of Disability due to a covered Injury or Sickness.
Plan IV	On the 61st day of Disability due to a covered Injury or Sickness.
Plan V	On the 91st day of Disability due to a covered Injury or Sickness.
Plan VI	On the 151st day of Disability due to a covered Injury or Sickness.



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



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



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



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

# Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 66<sup>2/3</sup>% of your monthly compensation.

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$300.00 - \$449.99	\$200.00	\$7.36	\$6.28	\$5.20	\$3.24	\$2.40	\$1.56
\$450.00 - \$599.99	\$300.00	\$11.04	\$9.42	\$7.80	\$4.86	\$3.60	\$2.34
\$600.00 - \$749.99	\$400.00	\$14.72	\$12.56	\$10.40	\$6.48	\$4.80	\$3.12
\$750.00 - \$899.99	\$500.00	\$18.40	\$15.70	\$13.00	\$8.10	\$6.00	\$3.90
\$900.00 - \$1,049.99	\$600.00	\$22.08	\$18.84	\$15.60	\$9.72	\$7.20	\$4.68
\$1,050.00 - \$1,199.99	\$700.00	\$25.76	\$21.98	\$18.20	\$11.34	\$8.40	\$5.46
\$1,200.00 - \$1,349.99	\$800.00	\$29.44	\$25.12	\$20.80	\$12.96	\$9.60	\$6.24
\$1,350.00 - \$1,499.99	\$900.00	\$33.12	\$28.26	\$23.40	\$14.58	\$10.80	\$7.02
\$1,500.00 - \$1,649.99	\$1,000.00	\$36.80	\$31.40	\$26.00	\$16.20	\$12.00	\$7.80
\$1,650.00 - \$1,799.99	\$1,100.00	\$40.48	\$34.54	\$28.60	\$17.82	\$13.20	\$8.58
\$1,800.00 - \$1,949.99	\$1,200.00	\$44.16	\$37.68	\$31.20	\$19.44	\$14.40	\$9.36
\$1,950.00 - \$2,099.99	\$1,300.00	\$47.84	\$40.82	\$33.80	\$21.06	\$15.60	\$10.14
\$2,100.00 - \$2,249.99	\$1,400.00	\$51.52	\$43.96	\$36.40	\$22.68	\$16.80	\$10.92
\$2,250.00 - \$2,399.99	\$1,500.00	\$55.20	\$47.10	\$39.00	\$24.30	\$18.00	\$11.70
\$2,400.00 - \$2,549.99	\$1,600.00	\$58.88	\$50.24	\$41.60	\$25.92	\$19.20	\$12.48
\$2,550.00 - \$2,699.99	\$1,700.00	\$62.56	\$53.38	\$44.20	\$27.54	\$20.40	\$13.26
\$2,700.00 - \$2,849.99	\$1,800.00	\$66.24	\$56.52	\$46.80	\$29.16	\$21.60	\$14.04
\$2,850.00 - \$2,999.99	\$1,900.00	\$69.92	\$59.66	\$49.40	\$30.78	\$22.80	\$14.82
\$3,000.00 - \$3,149.99	\$2,000.00	\$73.60	\$62.80	\$52.00	\$32.40	\$24.00	\$15.60
\$3,150.00 - \$3,299.99	\$2,100.00	\$77.28	\$65.94	\$54.60	\$34.02	\$25.20	\$16.38
\$3,300.00 - \$3,449.99	\$2,200.00	\$80.96	\$69.08	\$57.20	\$35.64	\$26.40	\$17.16
\$3,450.00 - \$3,599.99	\$2,300.00	\$84.64	\$72.22	\$59.80	\$37.26	\$27.60	\$17.94
\$3,600.00 - \$3,749.99	\$2,400.00	\$88.32	\$75.36	\$62.40	\$38.88	\$28.80	\$18.72
\$3,750.00 - \$3,899.99	\$2,500.00	\$92.00	\$78.50	\$65.00	\$40.50	\$30.00	\$19.50
\$3,900.00 - \$4,049.99	\$2,600.00	\$95.68	\$81.64	\$67.60	\$42.12	\$31.20	\$20.28
\$4,050.00 - \$4,199.99	\$2,700.00	\$99.36	\$84.78	\$70.20	\$43.74	\$32.40	\$21.06
\$4,200.00 - \$4,349.99	\$2,800.00	\$103.04	\$87.92	\$72.80	\$45.36	\$33.60	\$21.84
\$4,350.00 - \$4,499.99	\$2,900.00	\$106.72	\$91.06	\$75.40	\$46.98	\$34.80	\$22.62
\$4,500.00 - \$4,649.99	\$3,000.00	\$110.40	\$94.20	\$78.00	\$48.60	\$36.00	\$23.40
\$4,650.00 - \$4,799.99	\$3,100.00	\$114.08	\$97.34	\$80.60	\$50.22	\$37.20	\$24.18
\$4,800.00 - \$4,949.99	\$3,200.00	\$117.76	\$100.48	\$83.20	\$51.84	\$38.40	\$24.96
\$4,950.00 - \$5,099.99	\$3,300.00	\$121.44	\$103.62	\$85.80	\$53.46	\$39.60	\$25.74
\$5,100.00 - \$5,249.99	\$3,400.00	\$125.12	\$106.76	\$88.40	\$55.08	\$40.80	\$26.52
\$5,250.00 - \$5,399.99	\$3,500.00	\$128.80	\$109.90	\$91.00	\$56.70	\$42.00	\$27.30
\$5,400.00 - \$5,549.99	\$3,600.00	\$132.48	\$113.04	\$93.60	\$58.32	\$43.20	\$28.08
\$5,550.00 - \$5,699.99	\$3,700.00	\$136.16	\$116.18	\$96.20	\$59.94	\$44.40	\$28.86
\$5,700.00 - \$5,849.99	\$3,800.00	\$139.84	\$119.32	\$98.80	\$61.56	\$45.60	\$29.64

# Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,850.00 - \$5,999.99	\$3,900.00	\$143.52	\$122.46	\$101.40	\$63.18	\$46.80	\$30.42
\$6,000.00 - \$6,149.99	\$4,000.00	\$147.20	\$125.60	\$104.00	\$64.80	\$48.00	\$31.20
\$6,150.00 - \$6,299.99	\$4,100.00	\$150.88	\$128.74	\$106.60	\$66.42	\$49.20	\$31.98
\$6,300.00 - \$6,449.99	\$4,200.00	\$154.56	\$131.88	\$109.20	\$68.04	\$50.40	\$32.76
\$6,450.00 - \$6,599.99	\$4,300.00	\$158.24	\$135.02	\$111.80	\$69.66	\$51.60	\$33.54
\$6,600.00 - \$6,749.99	\$4,400.00	\$161.92	\$138.16	\$114.40	\$71.28	\$52.80	\$34.32
\$6,750.00 - \$6,899.99	\$4,500.00	\$165.60	\$141.30	\$117.00	\$72.90	\$54.00	\$35.10
\$6,900.00 - \$7,049.99	\$4,600.00	\$169.28	\$144.44	\$119.60	\$74.52	\$55.20	\$35.88
\$7,050.00 - \$7,199.99	\$4,700.00	\$172.96	\$147.58	\$122.20	\$76.14	\$56.40	\$36.66
\$7,200.00 - \$7,349.99	\$4,800.00	\$176.64	\$150.72	\$124.80	\$77.76	\$57.60	\$37.44
\$7,350.00 - \$7,499.99	\$4,900.00	\$180.32	\$153.86	\$127.40	\$79.38	\$58.80	\$38.22
\$7,500.00 - \$7,649.99	\$5,000.00	\$184.00	\$157.00	\$130.00	\$81.00	\$60.00	\$39.00
\$7,650.00 - \$7,799.99	\$5,100.00	\$187.68	\$160.14	\$132.60	\$82.62	\$61.20	\$39.78
\$7,800.00 - \$7,949.99	\$5,200.00	\$191.36	\$163.28	\$135.20	\$84.24	\$62.40	\$40.56
\$7,950.00 - \$8,099.99	\$5,300.00	\$195.04	\$166.42	\$137.80	\$85.86	\$63.60	\$41.34
\$8,100.00 - \$8,249.99	\$5,400.00	\$198.72	\$169.56	\$140.40	\$87.48	\$64.80	\$42.12
\$8,250.00 - \$8,399.99	\$5,500.00	\$202.40	\$172.70	\$143.00	\$89.10	\$66.00	\$42.90
\$8,400.00 - \$8,549.99	\$5,600.00	\$206.08	\$175.84	\$145.60	\$90.72	\$67.20	\$43.68
\$8,550.00 - \$8,699.99	\$5,700.00	\$209.76	\$178.98	\$148.20	\$92.34	\$68.40	\$44.46
\$8,700.00 - \$8,849.99	\$5,800.00	\$213.44	\$182.12	\$150.80	\$93.96	\$69.60	\$45.24
\$8,850.00 - \$8,999.99	\$5,900.00	\$217.12	\$185.26	\$153.40	\$95.58	\$70.80	\$46.02
\$9,000.00 - \$9,149.99	\$6,000.00	\$220.80	\$188.40	\$156.00	\$97.20	\$72.00	\$46.80
\$9,150.00 - \$9,299.99	\$6,100.00	\$224.48	\$191.54	\$158.60	\$98.82	\$73.20	\$47.58
\$9,300.00 - \$9,449.99	\$6,200.00	\$228.16	\$194.68	\$161.20	\$100.44	\$74.40	\$48.36
\$9,450.00 - \$9,599.99	\$6,300.00	\$231.84	\$197.82	\$163.80	\$102.06	\$75.60	\$49.14
\$9,600.00 - \$9,749.99	\$6,400.00	\$235.52	\$200.96	\$166.40	\$103.68	\$76.80	\$49.92
\$9,750.00 - \$9,899.99	\$6,500.00	\$239.20	\$204.10	\$169.00	\$105.30	\$78.00	\$50.70
\$9,900.00 - \$10,049.99	\$6,600.00	\$242.88	\$207.24	\$171.60	\$106.92	\$79.20	\$51.48
\$10,050.00 - \$10,199.99	\$6,700.00	\$246.56	\$210.38	\$174.20	\$108.54	\$80.40	\$52.26
\$10,200.00 - \$10,349.99	\$6,800.00	\$250.24	\$213.52	\$176.80	\$110.16	\$81.60	\$53.04
\$10,350.00 - \$10,499.99	\$6,900.00	\$253.92	\$216.66	\$179.40	\$111.78	\$82.80	\$53.82
\$10,500.00 - \$10,649.99	\$7,000.00	\$257.60	\$219.80	\$182.00	\$113.40	\$84.00	\$54.60
\$10,650.00 - \$10,799.99	\$7,100.00	\$261.28	\$222.94	\$184.60	\$115.02	\$85.20	\$55.38
\$10,800.00 - \$10,949.99	\$7,200.00	\$264.96	\$226.08	\$187.20	\$116.64	\$86.40	\$56.16
\$10,950.00 - \$11,099.99	\$7,300.00	\$268.64	\$229.22	\$189.80	\$118.26	\$87.60	\$56.94
\$11,100.00 - \$11,249.99	\$7,400.00	\$272.32	\$232.36	\$192.40	\$119.88	\$88.80	\$57.72
\$11,250.00 - \$11,399.99	\$7,500.00*	\$276.00	\$235.50	\$195.00	\$121.50	\$90.00	\$58.50

\*Higher benefit amounts available up to a maximum Monthly Disability Benefit of \$10,000.

# Plan Benefit Highlights

## Maximum Benefit Period

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

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

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

## Social Security Filing Assistance

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

## When Coverage Begins

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

## Hospital Confinement Benefit

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

**Plans IV-VI:** This benefit will begin after you've met your elimination period.

**Plans I-III:** This benefit will begin on your first day of Hospital confinement. The remainder of your elimination period will be waived. If you are Hospital confined due to a covered Injury or Sickness, your Hospital Confinement Benefit will be paid for any days of that confinement occurring before the day your Monthly Disability Benefit would otherwise begin.

## Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of your death your Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

## Waiver of Premium

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

## Donor Benefit

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

## Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 365 calendar days from the date of Disability.

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



## Minimum Disability Benefit

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

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

For the first 12 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the benefit schedule. After 12 months, your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

## Return To Work Incentives: Disabled and Working

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

- **Worksite Accommodation**

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

## Mental Illness Limited Benefit

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

## Alcoholism and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 2 years for each Disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

## Special Conditions Limited Benefit

If you are Disabled due to Special Conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 2 years. Special Conditions means: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or Injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and Self-Reported Symptoms. Self-Reported Symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

## Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit will be payable for Disability due to a Pre-Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician, for 12 consecutive months for such condition(s).

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

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us.

**Pre-Existing Condition** means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 3 month period immediately before your effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

# Benefit Riders and Limitations

## Hospital Indemnity Limited Benefit Rider

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

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

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



## Spousal Accident Only Disability Benefit Rider

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

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

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

## COBRA Funding Rider

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

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

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

## Critical Illness Benefit Rider

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

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions heart attack, stroke, kidney failure, paralysis, or major organ failure. In the case of heart attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Benefit Amount	Monthly Premium
\$10,000.00	\$9.80
\$15,000.00	\$13.18
\$20,000.00	\$16.56
\$25,000.00	\$19.94



# Benefit Rider Limitations and Exclusions

## Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the policy. In addition to the exclusions listed in the policy, no benefits will be payable under this rider for any Hospital confinement that is caused by or resulting from mental illness or drug or alcohol abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a Hospital.

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

## Critical Illness Benefit Rider

The Critical Illness Benefit rider will not be payable for any loss caused by or resulting from: a Critical Illness when the date of diagnosis occurs during the waiting period; a Critical Illness diagnosed outside of the United States; or a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness date of diagnosis occurs before you have been continuously covered under this rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12-month period immediately before the effective date of this rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the date of diagnosis occurs during the Critical Illness waiting period. The waiting period is 30 days from the effective date of this rider.

## COBRA Funding Benefit Rider

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

## Spousal Accident Only Disability Benefit Rider

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

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

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

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

## Policy Exclusions

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

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

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

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



### Your benefits, all in one place.

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

*Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile.*

*Pre-Existing Conditions may apply.*

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



Underwritten and Administered by:  
American Fidelity Assurance Company  
800-662-1113 • [americanfidelity.com](http://americanfidelity.com)



## AF™ Group Cancer Insurance

## Focus on the fight.

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

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

### Did You Know?

New cancer cases in America are diagnosed at the rate of about 4,626 per day.

American Cancer Society: Cancer Facts and Figures 2017, pg. 4.

## Plan Highlights

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

## Cancer Insurance Benefits

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

### Example cancer insurance benefits include:



#### Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for our AFQuickClaims®.



#### Travel Expenses

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

**AMERICAN FIDELITY**   
a different opinion

# Choose Your Coverage

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

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Donor Benefit	\$1,000/donation	
Drugs and Medicine Benefit		
Inpatient (payable per confinement)	\$50	\$200
Outpatient (\$50/prescription/calendar month up to max shown)	\$50	\$100
Attending Physician Benefit (while hospital confined)	\$50/day	\$50/day
Transportation & Lodging Benefit (Patient & Family Member)		
Transportation (\$1,500 max per round trip; max 12 trips/calendar year)	Coach fare or \$.50/mile by car	Coach fare or \$.50/mile by car
Lodging (per day up to 90 days per calendar year)	\$50	\$75
Ambulance Benefit		
Ground (per trip, up to 2 per confinement)	\$200	\$200
Air (per trip, up to 2 per confinement)	\$2,000	\$2,000
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$50	\$50
Diagnostic and Prevention Benefit (one per calendar year)	\$25	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$25	\$75
Waiver of Premium (employee only)	After 90 days of continuous disability	
Internal Cancer Diagnosis Benefit (paid once/Covered Person/Lifetime; Benefits reduce 50% at age 70)	\$2,500	\$5,000
Heart Attack or Stroke Diagnosis Benefit (paid once/covered person/lifetime; benefits reduce 50% at age 70)	N/A	\$5,000
Hospital Intensive Care Unit Benefit (per day; max 30 days/confinement; benefits reduce 50% at age 70)		\$600
Ambulance		\$100

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

## Monthly Premium

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

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

# Plan Benefit Highlights

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

**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; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; aplastic anemia; atypia; non-malignant monoclonal gammopathy; or pre-malignant lesions, benign tumors or polyps.

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

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

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

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

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

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

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

**Medical Imaging Benefit** Payable for a Covered Person who has been diagnosed with Cancer who receives either an MRI, CT scan, CAT scan, PET scan, or RAIU (thyroid) test when performed at the request of a physician.

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

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

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

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

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

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

Covered benefits under this provision are limited to the most appropriate model of Prosthetic Device or Orthotic Device that adequately meets the medical needs of the Covered Person as determined by the Covered Person's treating Physician or podiatrist and prosthetist or orthotist, as applicable. The Prosthesis Benefit will include repair and replacement of a Prosthetic Device or Orthotic Device, unless the repair or replacement is necessitated by misuse by the Covered Person.

**Hospital Confinement Benefit** Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. Hospital shall not include an institution, or part thereof, used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as a hospice or swing bed; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

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

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

**Home Health Care Benefit** Pays a daily benefit 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.

## Plan Benefit Highlights (cont.)

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

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

**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.

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

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

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

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

**Waiver of Premium** Premium waived if you are disabled due to Cancer for longer than 90 continuous days. This benefit does not apply if your spouse or children become disabled.

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

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

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

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

**Heart Attack or Stroke Diagnosis Benefit** Payable if a physician diagnoses the Covered Person as having a Heart Attack or Stroke after coverage is in force for that person. This benefit is payable only for the first to occur of either the Heart Attack or Stroke.

**Pre-existing condition** Means a Specified Disease for which the Covered Person: (a) had treatment; or (b) received advice from a Physician, during the 12-month period immediately before the Covered Person's Effective Date of coverage.

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

**Hospital intensive care unit benefit limitations** No benefits will be payable during the first 2 years of coverage for confinement caused by any heart condition that was diagnosed or treated prior to 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated prior to the Effective Date).

**Exclusions** We will not pay benefits resulting from or caused by:

- (a) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (b) alcoholism or drug addiction;
- (c) war or acts of war, declared or undeclared, while serving in the military or an auxiliary unit thereto;
- (d) military service for any country at war;
- (e) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or
- (f) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.)

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

**Termination of Insurance** Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, your employment terminates, or you die. Your dependent's coverage will end if your coverage ends, premiums are not paid, they no longer meet the definition of a dependent or the policy is modified to exclude dependents. Your coverage can be terminated or premiums may be increased on any premium due date with 60 days advance written notice.



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

*This product may contain limitations, exclusions, and waiting periods. This brochure highlights important features of the policy. Please refer to your certificate for complete details. If you reside in a state other than your employers state domicile, where required by law, policy provisions and benefits may vary. This product is inappropriate for people who are eligible for Medicaid coverage.*

# CRITICAL ILLNESS INSURANCE

Metlife | [www.metlife.com](http://www.metlife.com) | 1.800.942.0854

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, 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.

# ACCIDENT INSURANCE

Allstate | [www.allstate.com](http://www.allstate.com) | 1.800.669.2214

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

## Critical Illness Insurance

Benefits that may help cover expenses that are not covered by your medical plan.

**San Diego Independent School District**

### Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
<b>Coverage Options</b>		
<b>Employee</b>	<b>\$5,000, \$10,000, \$15,000, \$20,000, \$25,000 or \$30,000</b>	Coverage is guaranteed provided you are actively at work. <sup>1</sup>
<b>Spouse/Domestic Partner<sup>2</sup></b>	<b>50% of the Employee's Initial Benefit</b>	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>
<b>Dependent Child(ren)<sup>3</sup></b>	<b>50% of the Employee's Initial Benefit</b>	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>

### Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum **Recurrence Benefit<sup>4</sup>** for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions.

Please refer to the table below for the percentage benefit payable for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
<b>Benign Tumor Category</b>		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
<b>Cancer Category</b>		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	NONE
<b>Cardiovascular Disease Category</b>		
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	50% of Benefit Amount	100% of Initial Benefit
<b>Childhood Disease Category</b>		
Cerebral Palsy	100% of Benefit Amount	NONE
Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE





## Critical Illness Insurance

Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type 1)	100% of Benefit Amount	NONE
Down Syndrome	100% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	100% of Benefit Amount	NONE
<b>Functional Loss Category</b>		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	NONE
<b>Heart Attack Category</b>		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest <i>Payable upon death</i>	50% of Benefit Amount	NONE
<b>Infectious Disease Category</b>		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 5 consecutive days.</i>		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	NONE
COVID-19	25% of Benefit Amount	NONE
Diphtheria	25% of Benefit Amount	NONE
Encephalitis	25% of Benefit Amount	NONE
Legionnaire's Disease	25% of Benefit Amount	NONE
Malaria	25% of Benefit Amount	NONE
Necrotizing Fasciitis	25% of Benefit Amount	NONE
Osteomyelitis	25% of Benefit Amount	NONE
Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	NONE
Tuberculosis	25% of Benefit Amount	NONE
<b>Kidney Failure Category</b>		
Kidney Failure	100% of Benefit Amount	NONE
<b>Major Organ Transplant Category</b>		
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	NONE
<b>Progressive Disease Category</b>		
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE
<b>Severe Burn Category</b>		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
<b>Stroke Category</b>		
Stroke	100% of Benefit Amount	100% of Initial Benefit

## Critical Illness Insurance

### \* Notes Regarding Covered Conditions

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Infectious Disease Covered Condition Category – For an Infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for a consecutive number of days as specified in the certificate.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
  - Coma
  - Loss of: Ability to Speak; Hearing; or Sight
  - Paralysis
  - Severe Burn

### Health Screening Benefit

MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

### Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$30,000.

Illness – Covered Condition	Payment
Heart Attack — first verified diagnosis	Initial Benefit payment of \$30,000 or 100%
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of \$30,000 or 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of \$30,000 or 100%

This example is for illustrative purposes only. The MetLife Group Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

### Questions & Answers

#### Q. Who is eligible to enroll for this critical illness coverage?

- A. **You are eligible to enroll yourself and your eligible family members!**<sup>5</sup> You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

#### Q. How do I pay for my critical illness coverage?

- A. **Premiums will be paid through payroll deduction**, so you don't have to worry about writing a check or missing a payment.

#### Q. What happens if my employment status changes? Can I take my coverage with me?

- A. **Yes, you can take your coverage with you.**<sup>6</sup> You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

#### Q. Who do I call for assistance?

- A. **Please call MetLife directly at 1-855-JOIN-MET (1-855-564-6638), Monday through Friday from 8:00 a.m. to 8 p.m., EST** and talk with a benefits consultant.



## Critical Illness Insurance

### Insurance Rates

MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

#### Monthly Premium per \$1,000 of coverage for Employees Who Elect \$5000 of Coverage.

Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$2.45	\$3.90	\$3.30	\$4.75
25–29	\$3.00	\$4.75	\$3.85	\$5.60
30–34	\$3.85	\$6.00	\$4.70	\$6.85
35–39	\$5.05	\$7.80	\$5.90	\$8.65
40–44	\$7.15	\$11.05	\$8.00	\$11.85
45–49	\$9.35	\$14.50	\$10.20	\$15.35
50–54	\$12.20	\$18.95	\$13.05	\$19.80
55–59	\$15.80	\$24.60	\$16.65	\$25.45
60–64	\$21.10	\$32.85	\$21.95	\$33.65
65–69	\$26.65	\$41.40	\$27.50	\$42.25
70–74	\$33.20	\$51.25	\$34.05	\$52.10
75+	\$43.15	\$66.10	\$44.00	\$66.95

#### Monthly Premium per \$1,000 of coverage for Employees Who Elect \$10,000 of Coverage.

Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$4.90	\$7.80	\$6.60	\$9.50
25–29	\$6.00	\$9.50	\$7.70	\$11.20
30–34	\$7.70	\$12.00	\$9.40	\$13.70
35–39	\$10.10	\$15.60	\$11.80	\$17.30
40–44	\$14.30	\$22.10	\$16.00	\$23.70
45–49	\$18.70	\$29.00	\$20.40	\$30.70
50–54	\$24.40	\$37.90	\$26.10	\$39.60
55–59	\$31.60	\$49.20	\$33.30	\$50.90
60–64	\$42.20	\$65.70	\$43.90	\$67.30
65–69	\$53.30	\$82.80	\$55.00	\$84.50
70–74	\$66.40	\$102.50	\$68.10	\$104.20
75+	\$86.30	\$132.20	\$88.00	\$133.90

## Critical Illness Insurance

### Monthly Premium per \$1,000 of coverage for Employees Who Elect \$15,000 of Coverage.

Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$7.35	\$11.70	\$9.90	\$14.25
25–29	\$9.00	\$14.25	\$11.55	\$16.80
30–34	\$11.55	\$18.00	\$14.10	\$20.55
35–39	\$15.15	\$23.40	\$17.70	\$25.95
40–44	\$21.45	\$33.15	\$24.00	\$35.55
45–49	\$28.05	\$43.50	\$30.60	\$46.05
50–54	\$36.60	\$56.85	\$39.15	\$59.40
55–59	\$47.40	\$73.80	\$49.95	\$76.35
60–64	\$63.30	\$98.55	\$65.85	\$100.95
65–69	\$79.95	\$124.20	\$82.50	\$126.75
70–74	\$99.60	\$153.75	\$102.15	\$156.30
75+	\$129.45	\$198.30	\$132.00	\$200.85

### Monthly Premium per \$1,000 of coverage for Employees Who Elect \$20,000 of Coverage.

Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$9.80	\$15.60	\$13.20	\$19.00
25–29	\$12.00	\$19.00	\$15.40	\$22.40
30–34	\$15.40	\$24.00	\$18.80	\$27.40
35–39	\$20.20	\$31.20	\$23.60	\$34.60
40–44	\$28.60	\$44.20	\$32.00	\$47.40
45–49	\$37.40	\$58.00	\$40.80	\$61.40
50–54	\$48.80	\$75.80	\$52.20	\$79.20
55–59	\$63.20	\$98.40	\$66.60	\$101.80
60–64	\$84.40	\$131.40	\$87.80	\$134.60
65–69	\$106.60	\$165.60	\$110.00	\$169.00
70–74	\$132.80	\$205.00	\$136.20	\$208.40
75+	\$172.60	\$264.40	\$176.00	\$267.80

## Critical Illness Insurance

### Monthly Premium per \$1,000 of coverage for Employees Who Elect \$25,000 of Coverage.

Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$12.25	\$19.50	\$16.50	\$23.75
25–29	\$15.00	\$23.75	\$19.25	\$28.00
30–34	\$19.25	\$30.00	\$23.50	\$34.25
35–39	\$25.25	\$39.00	\$29.50	\$43.25
40–44	\$35.75	\$55.25	\$40.00	\$59.25
45–49	\$46.75	\$72.50	\$51.00	\$76.75
50–54	\$61.00	\$94.75	\$65.25	\$99.00
55–59	\$79.00	\$123.00	\$83.25	\$127.25
60–64	\$105.50	\$164.25	\$109.75	\$168.25
65–69	\$133.25	\$207.00	\$137.50	\$211.25
70–74	\$166.00	\$256.25	\$170.25	\$260.50
75+	\$215.75	\$330.50	\$220.00	\$334.75

### Monthly Premium per \$1,000 of coverage for Employees Who Elect \$30,000 of Coverage.

Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$14.70	\$23.40	\$19.80	\$28.50
25–29	\$18.00	\$28.50	\$23.10	\$33.60
30–34	\$23.10	\$36.00	\$28.20	\$41.10
35–39	\$30.30	\$46.80	\$35.40	\$51.90
40–44	\$42.90	\$66.30	\$48.00	\$71.10
45–49	\$56.10	\$87.00	\$61.20	\$92.10
50–54	\$73.20	\$113.70	\$78.30	\$118.80
55–59	\$94.80	\$147.60	\$99.90	\$152.70
60–64	\$126.60	\$197.10	\$131.70	\$201.90
65–69	\$159.90	\$248.40	\$165.00	\$253.50
70–74	\$199.20	\$307.50	\$204.30	\$312.60
75+	\$258.90	\$396.60	\$264.00	\$401.70

Rates will increase when a Covered Person reaches a new age band. Rates are subject to change.

<sup>1</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

<sup>2</sup> Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

<sup>3</sup> Dependent Child coverage varies by state. Please contact MetLife for more information.

<sup>4</sup> Review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

<sup>5</sup> Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

<sup>6</sup> Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.





## Critical Illness Insurance

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14- CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses



<b>BASE COVERAGE</b>	<b>OPTION 1</b>	<b>OPTION 2</b>
Initial Hospital Confinement	\$500	\$1,000
Daily Hospital Confinement	\$100	\$200
Intensive Care	\$200	\$400
<b>DISLOCATION or FRACTURE RIDER*</b>		
Dislocation/Fracture Rider	\$2,000	\$4,000
<b>ACCIDENT TREATMENT &amp; URGENT CARE RIDER</b>		
Ground Ambulance	\$100	\$200
Air Ambulance	\$300	\$600
Accident Physician's Treatment	\$50	\$100
X-ray	\$100	\$200
Urgent Care	\$50	\$100
<b>ACCIDENTAL DEATH, DISMEMBERMENT AND FUNCTIONAL LOSS RIDER</b>		
Accidental Death	\$20,000	\$40,000
Common Carrier Accidental Death	\$50,000	\$100,000
Dismemberment <sup>1</sup>	\$20,000	\$40,000
Functional Loss <sup>1</sup>	\$20,000	\$40,000
<b>EMERGENCY ROOM SERVICES RIDER</b>		
Emergency Room Services Rider	\$100	\$200
<b>OUTPATIENT PHYSICIAN'S TREATMENT FOR ACCIDENT AND PREVENTIVE CARE BENEFIT RIDER</b>		
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (OPH)	\$25	\$50

<sup>1</sup>Up to amount shown. Multiple losses from same injury pay only up to amount shown above.  
Children get 50% of the amount shown for Dislocation or Fracture



BENEFIT ENHANCEMENT RIDER		OPTION 1	OPTION 2
Accident Follow-Up Treatment		\$50	\$100
Lacerations		\$50	\$100
Burns	< 15% of body	\$100	\$200
	≥ 15% of body	\$500	\$1,000
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		\$300	\$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		\$50	\$100
Paralysis	Paraplegia	\$7,500	\$15,000
	Quadriplegia	\$15,000	\$30,000
Coma with Respiratory Assistance		\$10,000	\$20,000
Open Abdominal or Thoracic Surgery		\$1,000	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery			
	With Repair	\$500	\$1,000
	Without Repair	\$150	\$300
Ruptured Disc Surgery		\$500	\$1,000
Eye Surgery		\$100	\$200
General Anesthesia		\$100	\$200
Blood and Plasma		\$300	\$600
Appliance		\$125	\$250
Medical Supplies		\$5	\$10
Medicine		\$5	\$10
Prosthesis	One device	\$500	\$1,000
	Two or more devices	\$1,000	\$2,000
Physical, Occupational, or Speech Therapy		\$30	\$60
Rehabilitation Unit		\$100	\$200
Non-Local Transportation		\$250	\$500
Family Member Lodging		\$100	\$200
Post-Accident Transportation		\$200	\$400
Broken Tooth		\$100	\$200
Residence/Vehicle Modification		\$500	\$1,000
Pain Management (Epidural Injection)		\$50	\$100
Miscellaneous Outpatient Surgery		\$100	\$200





**PREMIUMS**

PLAN DESIGN	EE	EE+SP	EE+CH	F
<b>OPTION 1 = Monthly</b>	\$7.51	\$12.98	\$14.37	\$19.30
<b>OPTION 2 = Monthly</b>	\$15.03	\$25.98	\$28.74	\$38.61

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family

No associations allowed in this state.

FOR HOME OFFICE USE ONLY - GVAP6

Opt 1 - 1.0U Base; 1.0U D/F 50%CH; 1.0U AUC; 1.0U ERS; 1.0U ADD; 1.0U BER; 1.0U OPH; 24 Hour

Opt 2 - 2.0U Base; 2.0U D/F 50%CH; 2.0U AUC; 2.0U ERS; 2.0U ADD; 2.0U BER; 2.0U OPH; 24 Hour

TF0.00 == CF1.00

Eligible 201. SIC 8211. National.

ABQ V 03.01.2022 RE V 06.03.2020

Prepared on 06/14/2022 and valid through 01/01/2023.



Plan design and rates indicate which of the following Benefit and Rider Descriptions are applicable to the proposed plan. Below information includes all options available in the proposed situs state.

Group Voluntary 24 Hour Accident pays the following benefits for covered on and off the job accidental injuries. The injury must be diagnosed by a physician and the services described below must be provided or received within 180 days of the covered accident, unless otherwise stated. Any loss not stated is not covered. Treatment must be received in the United States or its territories, except in the case of an emergency.

### **BASE ACCIDENT BENEFIT DESCRIPTION**

#### **Initial Hospital Confinement -**

We pay the amount shown the first time a covered person is confined in a hospital after that person's effective date of coverage. This benefit is payable only once per covered person, per calendar year.

#### **Daily Hospital Confinement -**

We pay the amount shown for each day a covered person is confined in a hospital, up to a maximum of 365 days for any 1 accident, starting with the first full day of confinement. This maximum number of days may be used over a 2-year period following the date of the accident.

#### **Intensive Care -**

We pay the amount shown for each day a covered person is confined in a hospital intensive care unit, up to 180 days for each period of continuous confinement, starting with the first full day of confinement.

### **DISLOCATION or FRACTURE RIDER BENEFIT DESCRIPTION**

We pay the amount shown, multiplied by the applicable factor in the Schedule of Benefit Factors in the rider. If more than 1 dislocation or fracture is sustained in any 1 injury, the total amount we will pay for the multiple dislocations or fractures will not exceed the scheduled maximum benefit amount stated. No benefit will be paid for any dislocation or fracture that is not listed in the Schedule of Benefit Factors in the rider.

### **ACCIDENT TREATMENT AND URGENT CARE RIDER BENEFIT DESCRIPTION**

#### **Ground Ambulance -**

We pay the amount shown if a covered person requires ground ambulance service for the transfer to or from a hospital. This benefit is payable only once per covered person, per accident.

#### **Air Ambulance -**

We pay the amount shown if a covered person requires air ambulance service for the transfer to or from a hospital. This benefit is payable only once per covered person, per accident.

#### **Accident Physician's Treatment -**

We pay the amount shown if a covered person receives treatment by a physician. This benefit is payable only once per covered person, per accident.

#### **X-Ray -**

We pay the amount shown if a covered person receives x-rays. This benefit is payable only once per covered person, per accident.

#### **Urgent Care -**

We pay the amount shown if a covered person receives services at an urgent care facility. This benefit is payable only once per covered person, per accident.

### **ACCIDENTAL DEATH, DISMEMBERMENT AND FUNCTIONAL LOSS RIDER BENEFIT DESCRIPTION**

#### **Accidental Death -**

We pay the amount shown if death results from an injury.

#### **Common Carrier -**

We pay the amount shown if death results from an injury while riding as a fare-paying passenger on a scheduled common carrier.



**Dismemberment -**

We pay the amount shown, multiplied by the applicable factor in the Schedule of Dismemberment and Functional Loss Factors in the rider if a covered person suffers a dismemberment that results from an injury. If more than 1 dismemberment is sustained in any 1 injury, the total amount we will pay for the multiple dismemberments will not exceed the scheduled maximum benefit amount shown.

**Functional Loss -**

We pay the amount shown, multiplied by the applicable factor in the Schedule of Dismemberment and Functional Loss Factors in the rider if a covered person suffers a functional loss of hearing or speech that results from an injury. If more than 1 functional loss is sustained in any 1 injury, the total amount we will pay for the multiple functional losses will not exceed the scheduled maximum benefit amount shown.

**EMERGENCY ROOM SERVICES RIDER BENEFIT DESCRIPTION**

We pay the amount shown if a covered person, as a result of an injury, receives emergency room services. This benefit is payable only once per covered person, per accident.

**OUTPATIENT PHYSICIAN'S TREATMENT FOR ACCIDENT AND PREVENTIVE CARE BENEFIT RIDER**

We pay the amount shown for each day a covered person is treated by a physician outside of a hospital for an injury sustained as a result of an accident; or preventive care. This benefit is payable only once per day per covered person, and is limited to 2 days per covered person, per calendar year and a maximum of 4 days per calendar year if coverage includes eligible dependents. This rider does not cover sickness.

**BENEFIT ENHANCEMENT RIDER DESCRIPTIONS**

**Accident Follow-Up Treatment -**

We pay the amount shown for each day a covered person receives follow-up treatment. We pay for 1 follow-up treatment per day for up to a maximum of 2 treatments per covered person, per accident. Treatments must be administered by a physician in a physician's office or in a hospital on an outpatient basis and must be for injuries sustained in an accident. This benefit is not payable for the same visit for which the Physical, Occupational or Speech Therapy benefit is paid.

**Lacerations -**

We pay the amount shown if a covered person receives treatment for one or more lacerations (cuts). This benefit is payable only once per covered person, per accident.

**Burns -**

We pay the amount shown if a covered person receives treatment for one or more burns, other than sunburns. This benefit is payable only once per covered person per accident.

**Skin Graft -**

We pay the amount shown if a covered person receives a skin graft for a burn for which a benefit is paid under the Burns benefit. This benefit is payable only once per covered person per accident.

**Brain Injury Diagnosis -**

**Brain Injury Diagnosis -**

We pay the amount shown upon the first diagnosis of one of the following traumatic brain injuries by a covered person: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage. The covered traumatic brain injury must be diagnosed by computed tomography (CT) scan, magnetic resonance imaging (MRI), electroencephalogram (EEG), positron emission tomography (PET) scan, or x-ray. This benefit is payable only once per covered person, per accident.

**Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) -**

We pay the amount shown if a covered person receives a CT scan or MRI. The covered person must be first treated by a physician within 30 days after the accident. This benefit is payable only once per covered person per accident, and is limited to once per calendar year.

**Paralysis -**

We pay the amount shown if a covered person receives a spinal cord injury resulting in the complete and permanent loss of use of 2 or more limbs as a result of an injury. Paralysis must be confirmed by the attending physician after the accident and have a duration of at least 90 consecutive days. This benefit is payable only once per covered person.

**Coma with Respiratory Assistance -**

We pay the amount shown if a covered person is in a coma as defined in the rider. This benefit is payable only once per covered person, per accident.



**Open Abdominal or Thoracic Surgery –**

We pay the amount shown if a covered person undergoes open abdominal or thoracic surgery for internal injuries. The surgical procedure must be performed by a physician. We pay this benefit even if no surgical repair is required. This benefit is payable only once per covered person, per accident. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation.

**Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery –**

We pay the first amount shown if a covered person undergoes a surgical procedure to repair an injury to a tendon, ligament, rotator cuff or knee cartilage. The injured site must be torn, ruptured, or severed and the surgical procedure must be performed by a physician. This benefit is payable only once per covered person, per accident. If exploratory surgery using arthroscopy is performed and no surgical repair is required then we will pay the second amount shown. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation, and we will pay the amount for the procedure with the largest dollar amount benefit.

**Ruptured Disc Surgery –**

We pay the amount shown if a covered person undergoes a surgical procedure to repair a ruptured disc of the spine. The ruptured disc must be diagnosed and the surgical procedure must be performed by a physician. This benefit is payable only once per covered person, per accident. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation.

**Eye Surgery -**

We pay the amount shown for surgery or removal of a foreign object from the eye of a covered person. The procedure must be performed by a physician. An examination with or without anesthesia is not considered surgery. This benefit is payable only once per covered person, per accident.

**General Anesthesia -**

We pay the amount shown if a covered person received general anesthesia administered by a nurse anesthetist or physician for surgery required to treat an injury provided a benefit is paid for the surgery under one of the Surgery benefits in this rider. This benefit is payable only once per covered person, per accident.

**Blood and Plasma -**

We pay the amount shown if a covered person receives a blood or plasma transfusion. This benefit is payable only once per covered person, per accident.

**Appliance -**

We pay the amount shown if a covered person receives one of the following medical appliances prescribed by a physician as an aid in personal locomotion or mobility: wheelchair, crutches, or walker. This benefit is payable only once per covered person per accident.

**Medical Supplies -**

We pay the amount shown for over-the-counter medical supplies purchased for a covered person. This benefit is payable only once per covered person per accident.

**Medicine -**

We pay the amount shown for prescription or over-the-counter medicine purchased for a covered person. This benefit is payable only once per covered person per accident.

**Prosthesis -**

We pay the amount shown for a prosthetic arm, leg, hand, foot or eye prescribed by a physician to replace an arm, leg, hand, foot or eye that a covered person loses as a direct result of an accident. This benefit is payable only once per covered person, per accident.

**Physical, Occupational or Speech Therapy -**

We pay the amount shown per day for physical, occupational or speech therapy treatment received by a covered person when prescribed by a physician for an injury. This includes chiropractic treatment. We pay for one physical, occupational or speech therapy treatment per day for up to a maximum of 6 treatments per covered person, per accident. Physical, occupational or speech therapy must be for injuries sustained in an accident. This benefit is not payable for the same visit for which the Accident Follow-Up Treatment benefit is paid.

**Rehabilitation Unit -**

We pay the amount shown per day if a covered person is confined to a rehabilitation unit as a result of an injury, provided that the covered person has been hospital confined immediately prior to being transferred to the rehabilitation unit. This benefit is paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. This benefit is not payable for days on which the Daily Hospital Confinement benefit in the policy is paid.

**Non-local Transportation -**

We pay the amount shown per trip for non-local treatment of a covered person by a physician when the same or similar treatment cannot be obtained locally. "Non-local" means a one-way trip of 50 miles or more from the covered person's home to the nearest treatment facility. This benefit is payable up to 3 times per covered person, per accident. Transportation by ground or air ambulance is not covered under this benefit.



**Family Member Lodging -**

We pay the amount shown per day for the lodging of one adult family member of the covered person's family to be with the covered person when a covered person is confined in a hospital. This benefit is payable for up to 30 days for each accident. This benefit is not payable if the family member lives within 50 miles one-way of the hospital.

**Post-Accident Transportation -**

We pay the amount shown if a covered person is hospital confined for at least 3 consecutive days due to an injury resulting from an accident which occurs more than 250 miles from his or her place of residence and the covered person is brought home by a common carrier, as defined in the rider. Travel to the place of residence must take place within 48 hours following discharge from the hospital. This benefit is payable for the injured covered person only, and only if the Daily Hospital Confinement benefit in the policy is paid. This benefit is payable only once per covered person, per calendar year.

**Broken Tooth -**

We pay the amount shown if a covered person sustains a broken tooth that is repaired by a dental crown or filling, or is extracted. This benefit is payable for 1 crown, 1 filling or 1 extraction per covered person, per accident, regardless of the number of teeth involved. This benefit is only payable for injury to a sound, natural tooth. This benefit is not payable for injury caused by biting or chewing.

**Residence/Vehicle Modification -**

We pay the amount shown if a covered person requires a permanent structural modification to the covered person's primary residence or vehicle. The modification must be certified by a physician as necessary to help enable the covered person to live in his or her primary residence or travel in his or her primary vehicle, due to the injury. The modification must occur within 365 days after the accident. This benefit is payable only once per covered person, per accident.

**Pain Management (Epidural Injection) -**

We pay the amount shown if a covered person receives an epidural injection in the spine to manage pain. This benefit is payable only once per covered person, per accident. An epidural injection must be for injuries sustained in an accident.

**Miscellaneous Outpatient Surgery -**

We pay the amount shown if a covered person undergoes surgery on an outpatient basis. The surgical procedure must be performed by a physician. This benefit is payable only once per covered person, per accident. This benefit is not payable if the Open Abdominal or Thoracic Surgery, Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery, Ruptured Disc Surgery or Eye Surgery benefit is paid.

**OUTPATIENT PHYSICIAN'S TREATMENT FOR ACCIDENT AND PREVENTIVE CARE BENEFIT RIDER EXCLUSIONS AND LIMITATIONS -**

We will not pay any benefits for any injury that is caused by, contributed to by or results from: an injury incurred within 12 months prior to the covered person's effective date of coverage subject to the INCONTESTABILITY provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or intentionally self-inflicted injury or action; or participation in any form of aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or engaging in an illegal occupation or committing or attempting to commit a felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or any injury sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic, unless administered and taken as prescribed by a physician. Any injury incurred while a covered person is an active member of the Military, Naval, or Air Forces of any country or combination of countries is not covered.



### POLICY EXCLUSIONS AND LIMITATIONS

We will not pay any benefits for any loss that is caused by, contributed to by or results from:

1. Injury incurred prior to the covered person's effective date of coverage subject to the INCONTESTABILITY provision.
2. Any act of war, whether or not declared, participation in a riot, insurrection or rebellion.
3. Suicide, or any attempt at suicide, whether sane or insane.
4. Intentionally self-inflicted injury or action.
5. Any bacterial infection (except pyogenic food poisoning and infections which shall occur with and through an accidental cut or wound).
6. Participation in any form of aeronautics, except as a fare paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports.
7. Engaging in an illegal occupation or committing or attempting to commit a felony.
8. Driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway.
9. Hernia, including complications due to hernia.
10. Any injury sustained or contracted in consequence of the covered person's being intoxicated or under the influence of any narcotic unless administered and taken as prescribed by a physician.

Any injury incurred while a covered person is an active member of the Military, Naval or Air Forces of any country or combination of countries is not covered. Upon notice and proof of services in such forces, we will return the pro-rata portion of the premium paid for any period of such service.

### SPECIFICATIONS

You decide who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over. Family members eligible for coverage are the employee's spouse or domestic partner and eligible children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or the employee's death. Domestic partner coverage ends when the domestic partnership ends or the employee's death.

Coverage under the policy ends when: the policy is canceled; the employee stops paying their premium; last day of active employment, except as provided under the Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence provision; they are no longer eligible; or upon discovery of fraud or material misrepresentation when filing a claim.

### CONTINUATION OF INSURANCE

If a covered person's coverage terminates for reasons other than non-payment of premium, such covered person will be eligible for continuation coverage. This means the covered person may continue the same benefits as under the group policy, subject to the conditions defined in the policy, as long as premiums are paid directly to American Heritage Life Insurance Company.

### DISCLOSURE

This material is valid as long as information remains current. Group Voluntary Accident benefits provided by policy form GVAP6, or state variations thereof. Dislocation or Fracture Rider provided by rider GP6DF, or state variations thereof. Accident Treatment and Urgent Care Rider provided by rider GP6AUC, or state variations thereof. Emergency Room Services Rider provided by rider GP6ERS, or state variations thereof. Accidental Death, Dismemberment and Functional Loss Rider provided by rider GP6ADD, or state variations thereof. Benefit Enhancement Rider provided by rider GP6BE, or state variations thereof. Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider provided by rider GP6OPH, or state variations thereof.

Coverage provided is Limited Benefit Supplemental Accident Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This proposal highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Representative. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the policy and/or certificates issued.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

For use with producers and brokers or for presentation to employers. Not for use with consumer sales. Not to be disseminated to public.

# HOSPITAL INDEMNITY INSURANCE

Metlife | [www.metlife.com](http://www.metlife.com) | 1.800.942.0854

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!

# IDENTITY THEFT PROTECTION

iLOCK360 | [www.iLOCK360.com](http://www.iLOCK360.com) | 1.855.287.8888

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud.

Identity theft insurance won't prevent your identity from being stolen. But it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep. The sooner you can take action to close your accounts, the quicker you can recover your identity.

It takes years to establish a good reputation with credit lenders and employers. Make sure it remains yours by taking advantage of the identity theft insurance offered through your employer.

# A financial benefit to help employees focus on recovery

Hospital<sup>1</sup> stays don't only cause emotional burdens; they can also create financial strains — particularly for people with high deductibles in their medical plans.

Our hospital indemnity insurance<sup>1</sup> can help employees with their copays, deductibles, and other unexpected expenses. Benefits are paid no matter what medical insurance covers, and employees can spend payments as they choose.



**There are many people so affected by health care debts that they need to file for bankruptcy.<sup>2</sup>**

With options that reflect your employees' needs, and that are simple to understand and easy to use, we'll help you design the right benefit plan for their needs. And when paired with our other products, hospital indemnity insurance helps employees design an overall health plan that gives them confidence.

### **Tailored to their needs.**

Everyone's health care needs are unique. That's why we offer coverage in four categories to meet a broad range of needs and for a variety of events. What's more, you have the flexibility to customize the plan to better supplement your overall health care benefits strategy.

#### **Coverage available:**

- **Hospitalization<sup>3</sup>** (e.g. Admission, Intensive Care Unit (ICU) Supplemental Admission, Confinement, ICU Supplemental Confinement, Inpatient Rehabilitation)
- **Surgery** (e.g. Inpatient Surgery, Outpatient Surgery, Anesthesia)
- **Additional Care Benefits** (e.g. Ambulance, Emergency Care, Nursing Care, Outpatient Therapy, Hospice, Rx, Physician's Visit, Outpatient IV Infusion Therapy, Diagnostic Procedure)
- **Other Benefits<sup>4</sup>** (e.g. Lodging, Transportation, Health Screening, Childcare)



## Simple to understand.

Medical plans can be complicated. We've designed our supplemental health plans to be simple — so employees can clearly see the value we offer and make the right decisions. Leveraging insights from market trends and industry benchmarks, we help ensure our plans meet the needs of today's workforce — including standards like:

- Annual Guaranteed Issue coverage<sup>5</sup>
- Portability for continuation of coverage<sup>6</sup>
- No age restriction for employee or spouse to enroll<sup>7</sup>

## Easy to use.

Our people, processes, and tools make using the plan easy — and help give your employees confidence in their decisions. Your employees can enjoy:

- Lump sum benefit payments to use as they choose
- No coordination of benefits with medical insurance
- Choice of claim submission channels to fit their needs
- Online capabilities helping employees use their plan
- Consultative customer services when employees need it most

**With a variety of easy-to-use-and-understand options, your employees can create the health care plans that fit their financial needs. So when the unexpected happens, they can worry less about getting by — and can focus more on getting better.**

**Get expert guidance for confident decisions — for your organization, and your employees.  
Contact your MetLife representative today.**

1. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. Hospital Indemnity may be referred to as Accident and Sickness Insurance in Colorado. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
2. Medical Bankruptcy and the Economy, Updated April 30, 2021. [www.thebalance.com/medical-bankruptcy-statistics-4154729](http://www.thebalance.com/medical-bankruptcy-statistics-4154729). Accessed June 2021.
3. The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement. Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Please consult your certificate for details. When plan includes an Admission Benefit, the Confinement Benefit begins on Day 2. Inpatient Rehabilitation Unit Benefit is standardly applied for covered Accidents only. It is available as an add-on for Sickness.
4. The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence. The Health Screening Benefit is not available in all states. There is a separate mammogram benefit for MT residents and for cases situated in CA and MT.
5. Coverage is guaranteed provided: (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions may apply to dependents serving in the armed forces or living overseas.
6. Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.
7. There are benefit reductions that begin at age 65.

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

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Availability of products and services is based on MetLife's guidelines, group size, underwriting, and state requirements.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain States, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.



# Your identity is your most valuable asset. Is yours protected?

# iLOCK360



**39 seconds** is how often cyber-attacks to occur

**25% of kids** are projected to be affected by identity theft before turning 18

**17% increase** in data breaches 2018 to 2019

Identity theft is the fastest growing crime. With iLock360, you can rest easier knowing you have experienced professionals in your corner restoring your identity.

## How iLOCK360 helps



### Defend

Your personal information is monitored 24/7/365



### Protect

Alerts inform you of potential threats for immediate action



### Restore

iLOCK360 does the work to restore your identity

## Take advantage of special **EDUCATOR PRICING** during open enrollment!

### Monthly payroll deduction

Coverage plan	Essential	Elite
Employee	\$6.95	\$11.95
Employee + Family	\$13.95	\$22.95

*\*Plans with children include coverage for up to 10 Children under the age of 18.*

## Protect your identity **TODAY!**

# Available protections for your identity

Plan features	Service description	Essential	Elite
<b>Identity theft resolution services</b>			
<b>Full-Service Identity Restoration &amp; Lost Wallet Protection</b>   <b>MOST VALUABLE SERVICE.</b> <i>Dependable help that's just a phone call away!</i>	<p>If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will <b>work on your behalf to restore your good name, so that you can get on with your life.</b> All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with.</p> <p>Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.</p>	✓✓	✓✓
<b>\$1M Identity Theft Insurance</b>	<p>If you incur expenses associated with your identity theft recovery, you will be covered with <b>\$1M reimbursement</b> (\$0 deductible). Covered costs include:</p> <ul style="list-style-type: none"> <li>• Lost wages or income</li> <li>• Attorney and legal fees</li> <li>• Expenses incurred for refiling of loans, grants and other lines of credit</li> <li>• Costs of childcare and/or elderly care incurred as a result of identity restoration</li> </ul>	✓	✓
<b>Comprehensive identity monitoring</b>			
<b>CyberAlert™ Monitors:</b> <ul style="list-style-type: none"> <li>• one Social Security Number</li> <li>• one Drivers License Number</li> <li>• one Passport</li> <li>• two Phone Numbers</li> <li>• two Email Addresses</li> <li>• two Medical ID Numbers</li> <li>• five Credit/Debit Cards</li> <li>• five Bank Accounts</li> </ul>	<p>We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.</p>	✓✓	✓✓
<b>Change of Address Monitoring</b>	<p>A thief may try to establish "your" new identity by changing your address. <b>Receive an alert if your mail is redirected</b> in the USPS National Change of Address (NCOA) Registry.</p>	✓	✓
<b>Payday Loan Monitoring</b>	<p>High-interest, easy-to-obtain payday loans can negatively impact your credit score. <b>Alerts you if a non-credit loan was opened in your name</b> at a payday/quick cash loan provider.</p>	✓	✓
<b>Social Security Number Trace</b>	<p>Provides you with a <b>report of all names and/or aliases as well as current and reported addresses associated with your Social Security number.</b> If there are findings that you don't recognize, this could be a sign of possible identity theft.</p>	✓✓	✓✓
<b>Medical ID Monitoring</b>	<p>If your Medical ID number is found compromised by CyberAlert™, a <b>Restoration Specialist can help you report it as fraud.</b></p>	✓	✓
<b>Court/Criminal Records Monitoring</b>	<p>Tracks municipal court systems and <b>notifies you if a crime has been committed</b> under your name and date of birth</p>		✓
<b>Credit monitoring services</b>			
<b>Bank Account Takeover &amp; Credit Card Application Monitoring</b>	<p>Notifies you when your <b>Social Security number and personal information have been used to apply for or open a new bank or credit card account;</b> or if changes have been made to your existing bank account - such as an attempt to add a new account holder.</p>	✓	✓
<b>Daily Monitoring of Experian Credit</b>	<p>Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.</p>	✓	✓
<b>Daily Monitoring of all 3 Credit Bureaus</b>	<p><b>Provides higher-level credit protection</b> with monitoring from all three credit bureaus: Experian, Equifax &amp; TransUnion. You receive notifications for changes in your credit report such as loan data, inquiries, new accounts, judgments, liens and more.</p>		✓
<b>ScoreTracker</b>	<p>Receive a monthly report that helps you <b>understand how your credit score has trended over time</b> and what is impacting it with credit score insight.</p>		✓
<b>3-Bureau Credit Score &amp; Report</b>	<p>Provides you with access to your credit score and report reported by each credit bureau - Experian, Equifax &amp; TransUnion. These are reported once a year.</p>		✓
<b>Experian Positive Activity Notifications</b>	<p>Alerts you when <b>positive activity is reported on your Experian credit file,</b> a key indicator that your credit may be improving.</p>		✓
<b>Experian Score Variance Alerts</b>	<p>Receive alerts when your Experian <b>credit score increases or decreases</b> by a certain amount, changes risk level/score rank, or reaches a target score value.</p>		✓
<b>Advanced tools</b>			
<b>Sex Offender Alerts</b>	<p>Keep your family safe with awareness of <b>where registered sex offenders live</b> in your immediate area. You'll also be notified when a new one moves to your area.</p>	✓	✓
<b>Social Media Monitoring</b>	<p>Receive notifications if the content you share on social media could pose a privacy or reputational risk. With Family coverage, you can monitor your child's social media presence.</p>	✓	✓
<b>Solicitation Reduction</b>	<p>Limit access to the amount of personal information that is public to <b>reduce your exposure to fraud and clutter your mailbox and phone line.</b> Also, opt-out of direct marketing campaigns including utilizing the National Do Not Call Registry.</p>	✓	✓
✓ adults    ✓ children to age 18			

# MEDICAL TRANSPORT

MASA | [www.masamts.com](http://www.masamts.com) | 1.800.643.9023

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs.

Most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill.

With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.

# TELEHEALTH

WellVia | [www.wellviasolutions.com](http://www.wellviasolutions.com) | 1.855.935.5842

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

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



**DID YOU KNOW?**

**25 MILLION PEOPLE**

are sent to the emergency room through ground or air ambulance every year\*.

Insurance companies **may not** cover all air and ground ambulance expenses which can result in max in-network out-of-pocket\*\* costs of:



**\$8,700 Individual**  
**\$17,400 Family**



Ground ambulance **out-of-network transportation costs may be even higher than in-network** since the No Surprises Act does not apply to ground ambulance at this time.

## EMERGENCY PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

### Emergency Air Ambulance Coverage<sup>1</sup>

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

### Emergency Ground Ambulance Coverage<sup>1</sup>

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

### Hospital to Hospital Ambulance Coverage<sup>1</sup>

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

### Repatriation to Hospital Near Home Coverage<sup>1</sup>

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

**Contact Your Representative, to learn more:**



The information provided in this product information sheet is for informational purposes only. The benefits listed, and the descriptions thereof do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums and benefits vary depending on the benefits selected. For a complete list of benefits, premiums, and full terms, conditions, and restrictions, please refer to the applicable member services agreement for your territory. MASA MTS products and services are not available in AK, NY, WA, ND, and NJ. **For FL residents, MASA MTS provides insurance coverage whereby Medical Air Services Association of Florida, Inc. is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 and is doing business as MASA MTS with its principal place of business at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324.** MASA Global, MASA MTS and MASA TRS are registered service marks of MASA Holdings, Inc., a Delaware corporation. Void where prohibited by law.

~If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code ("IRC") section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

#### COVERAGE TERRITORIES:

1. All coverage provided by this policy is limited to the continental United States, Alaska, Hawaii, and Canada, and must originate and conclude therein.

#### SOURCES:

\*ACEP NOW 2014

\*\* *Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2022 and Pharmacy Benefit Manager Standards. May 5, 2021.*



1250 S. Pine Island Rd., Suite 500,  
Plantation, FL 33324

800-643-9023 | [www.masamts.com](http://www.masamts.com)



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**\$17,400 Family**



Ground ambulance **out-of-network transportation costs may be even higher than in-network** since the No Surprises Act does not apply to ground ambulance at this time.

**PLATINUM MEMBERSHIP BENEFITS**

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

**Emergency Air Ambulance Coverage<sup>3</sup>**

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

**Emergency Ground Ambulance Coverage<sup>3</sup>**

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

**Hospital to Hospital Ambulance Coverage<sup>3</sup>**

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

**Repatriation to Hospital Near Home Coverage<sup>1</sup>**

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

**Patient Return Transportation Coverage<sup>1</sup>**

MASA MTS provides services and covers the out-of-pocket expenses associated with coordinating a Member's transportation when hospitalized more than one hundred (100) miles from home, after discharge from the medical facility, by a regularly scheduled commercial airline to the commercial airport nearest the Member's home.

## PLATINUM MEMBERSHIP BENEFITS

### Companion Transportation Coverage<sup>2</sup>

MASA MTS provides services associated with the coordination of transportation for the Member's spouse, other family member, or companion to accompany the Member's emergency transport by a medically equipped, rotary (i.e., helicopter) or fixed-wing aircraft, giving due priority to the medical personnel and/or equipment and the welfare and safety of the patient.

### Hospital Visitor Transportation Coverage<sup>2</sup>

MASA MTS provides services and covers air transportation expenses associated with coordinating a round-trip, regularly scheduled, commercial airfare for Member's spouse, other family Member or companion to join the Member in the event of in-patient hospitalization more than one hundred (100) statute miles from Member's home.

### Minor Return Transportation Coverage<sup>2</sup>

MASA MTS provides services and covers out-of-pocket expenses associated with minor return transportation to a parent, legal guardian, or another person that can be responsible for the minor in the event that the minor is unattended as a result of Member's Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, or Mortal Remains Transportation coverages. MASA MTS also provides for a qualified attendant to accompany the minor during travel when the minor's age and/or medical condition may require such care.

### Vehicle & RV Return Coverage<sup>2</sup>

MASA MTS provides services and covers the out-of-pocket expenses associated with vehicle return transportation for one (1) a safe operational car, truck, van, motorcycle, travel trailer, or motor home to the Member's home. This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages. MASA MTS pays the cost of fuel, oil and driver.

### Pet Return Transportation Coverage<sup>2</sup>

MASA MTS provides services and covers out-of-pocket expenses for the return transportation to a Member's home for up to two (2) pet(s) belonging to the Member that includes either a dog, cat or other small animal(s). This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages.

### Organ Retrieval & Organ Recipient Transportation Coverage<sup>4</sup>

MASA MTS provides services and covers air transportation expenses associated with coordinating transportation for an organ when the Member requires an organ transplant. MASA MTS will also provide service and cover transportation costs of Member and Member's spouse, other family Member or a companion should the Member need to travel to the location where the procedure will occur. If medically necessary, the organ will be transported by a medically equipped fixed-wing aircraft; otherwise, the organ is delivered by a commercial airline to the suitable airport nearest the location of the operation.

### Mortal Remains Transportation Coverage<sup>1</sup>

MASA MTS covers the air transportation expense for a Member's mortal remains in the event of their death when it occurs more than one hundred (100) statute miles from home. Remains are transported by a regularly scheduled commercial airline to the commercial airport nearest a Member's home.

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**Contact Your Representative, to learn more.**





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~If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code ("IRC") section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

#### COVERAGE TERRITORIES:

1. Worldwide Coverage - Repatriation to Hospital Near Home Coverage, Patient Return Transportation Coverage, and Mortal Remains Transportation Coverage benefits shall extend Worldwide. Worldwide Coverage shall automatically extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda (collectively, "Basic Coverage Area") (excluding countries referenced on the Office of Foreign Assets Control ("OFAC") countries, and Antarctica), and extend elsewhere contingent upon ten (10) day prior notice of such travel. Notice may be provided by (i) certified mail, return receipt requested, to the MASA Corporate office; (ii) electronic mail, including delivery confirmation; or (iii) facsimile, including confirmation of delivery, and MASA's written acknowledgment of such notice. Notice must include a travel itinerary of travel destinations and dates. Unless otherwise authorized by MASA MTS in writing, Worldwide coverage shall apply up to ninety (90) days per trip.
2. Basic Coverage Area – Companion Transportation Coverage, Hospital Visitor Transportation Coverage, Minor Return Transportation Coverage, Vehicle & RV Return Coverage, and Pet Return Transportation Coverage benefits shall extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda. Vehicle & RV Return Coverage shall be limited to only rental vehicles in Hawaii, the Caribbean (excluding Cuba), the Bahamas and Bermuda.
3. United States and Canada Only – Emergency Air Ambulance Coverage, Emergency Ground Ambulance Coverage, and Hospital to Hospital Ambulance Coverage benefits shall only be provided in the United States and Canada.
4. United States Only – Organ Retrieval & Organ Recipient Transportation benefits shall only be provided in the United States.

#### SOURCES:

\**ACEP NOW 2014*

\*\* *Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2022 and Pharmacy Benefit Manager Standards. May 5, 2021.*

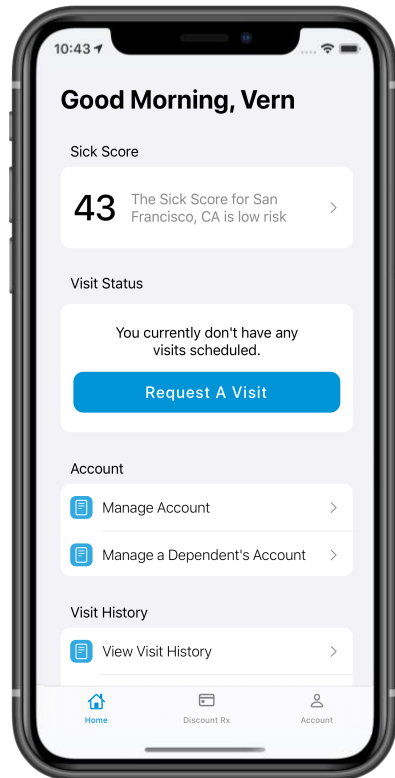


1250 S. Pine Island Rd., Suite 500,  
Plantation, FL 33324

800-643-9023 | [www.masamts.com](http://www.masamts.com)

# WELLVIA®

Accessible Care • Secure Sessions • Virtual Access



## 24/7/365 Access to Doctors

Primary Care - Pediatrics - Urgent Care

WellVia has a national network of board certified, state licensed doctors offering medical consultations 24 hours a day, 7 days a week! WellVia doctors diagnose acute non emergent medical conditions and prescribe medications when clinically appropriate. Speak to our doctor within minutes from anywhere – home – work – or while traveling.

Simply make an appointment on your lunch break, while traveling, or weekends to utilize this service anytime, anywhere.

### HEALTHCARE THAT MAKES CENTS

Type of Visit	Average Cost
Primary Care	\$100
Urgent Care	\$150
Emergency Room	\$1400
<b>WELLVIA®</b>	<b>\$0</b>

2013 Medical Expenditure Panel Survey / MEPS

### COMMON CONDITIONS TREATED

- Acid Reflux
- Allergies
- Asthma
- Bladder Infection
- Bronchitis
- Cold & Flu
- Infections
- Nausea
- Rashes
- Sinus Conditions
- Sore Throat
- Thyroid Conditions
- Urinary Tract Infection
- and more...

[www.WellViaSolutions.com](http://www.WellViaSolutions.com)



Member Services: (855) WELLVIA

Disclaimer: WellVia Services are for non-emergency conditions only. WellVia does not replace the primary care doctor, services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. WellVia doctors do not prescribe DEA controlled substances (schedule I-IV) and do not guarantee that a prescription will be written. Available nationwide where allowable by law. For updated full disclosures, please visit [www.wellviasolutions.com](http://www.wellviasolutions.com).

# COBRA

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.800.523.8422, option 4

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

## HIGHLIGHTS

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

# CLEVER RX

Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

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!

## 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 below to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

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>.

