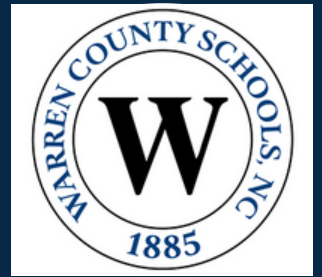


WARREN COUNTY SCHOOLS
NOVEMBER 1, 2025 - OCTOBER 31, 2026
BENEFITS GUIDE



Michael Shelly
Sr. Account Administrator
Michael.Shelly@ffga.com
800.924.3539

ffbenefits.ffga.com/warrencountyschools

Donna Robertson
drobertson@warrenk12nc.org
252-257-3184

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This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.

Employee Benefits Center

A guide to your benefits!

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

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



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

ffbenefits.ffga.com/warrencountyschools



How to Enroll

Benefits Enrollment

On-Site Enrollment

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

Online Enrollment

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

Enroll Now

Login & PIN

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

View Current Benefits

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

View/Add Dependents

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

Begin Elections

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

Enrollment Assistance Center Instructions

Call 855-765-4473 and follow the prompts to be connected to your local FFGA branch office. Hours of operation are 8 a.m. to 5 p.m. (local time) Monday through Friday. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours.

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

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

Existing Employees

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

Mid-year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

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

Here’s How It Works

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

Is It Right For Me?

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

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

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

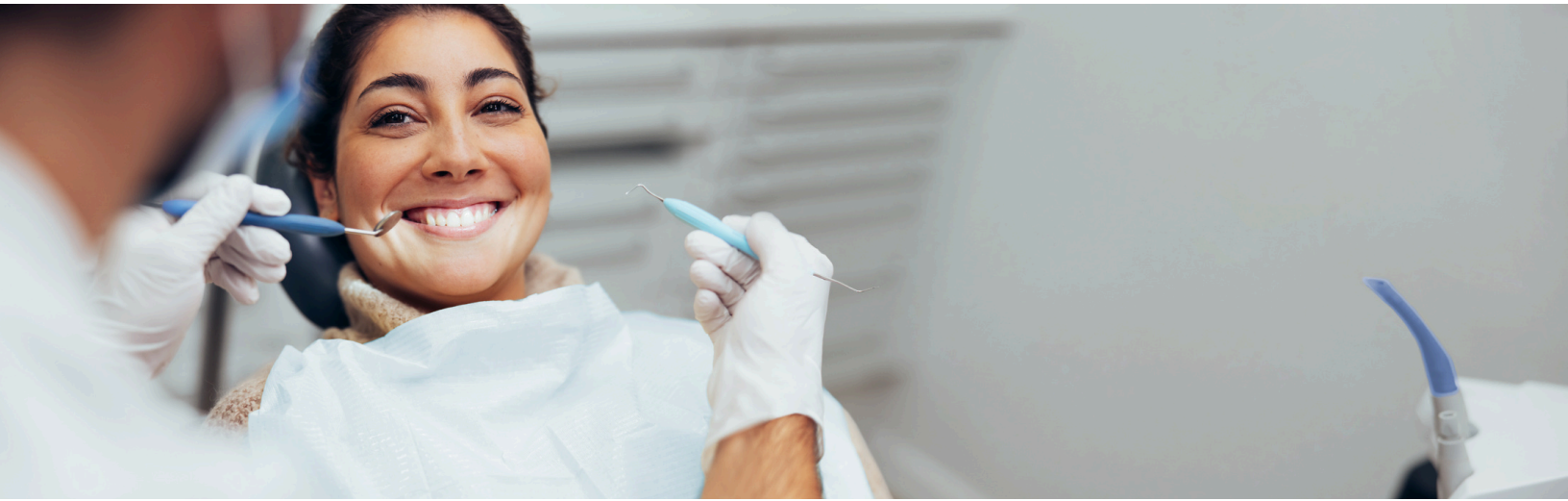
Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Tax Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197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

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

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

Dental Insurance

Plan Choices



Delta Dental | [DeltaDentalNC.com](https://www.DeltaDentalNC.com) | 800.662.8856

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

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

Delta Dental PPO plus Premier™
Summary of Dental Plan Benefits
For Group #1466-0001
Warren County Schools

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

Control Plan – Delta Dental of North Carolina

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Bitewing Radiographs – bitewing X-rays	100%	100%	100%
Basic Services			
All Other Radiographs – other X-rays	80%	80%	80%
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Endodontic Services – root canals	80%	80%	80%
Periodontic Services – to treat gum disease	80%	80%	80%
Simple Extractions – non-surgical removal of teeth	80%	80%	80%
Major Services			
Other Oral Surgery – dental surgery	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
Relines and Repairs – to bridges, implants, and dentures	50%	50%	50%
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	through age 18 and under	through age 18 and under	through age 18 and under

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

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

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Full mouth debridement is payable once per lifetime.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable once per calendar year for people age 12 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first and second permanent molars for people age 14 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on all teeth, including posterior teeth.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Vestibuloplasty is a Covered Service.
- Full and partial dentures are payable once in any five-year period. Reline and rebase of dentures are payable once in any two-year period.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and silver diamine fluoride treatment. Special health care needs includes any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations.

Passport Dental

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

Maximum Payment – \$1,000 per Member total per Benefit Year on all services, except diagnostic and preventive services, emergency palliative treatment, bitewing X-rays, brush biopsy, sealants, and orthodontic services. \$1,250 per Member total per lifetime on orthodontic services.

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

Deductible – \$50 Deductible per Member total per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, bitewing X-rays, sealants, and orthodontic services.

Waiting Period – Employees who are eligible for dental benefits are covered on the first day of the month following hire date.

Eligible People – All full-time employees of the Contractor and any employees working at least 17.5 hours per week who choose the dental plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Subscriber pays the full cost of this plan.

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

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

Coordination of Benefits - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

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

Rates per Employee per Pay Period	10-Month Employee Rates	12-Month Employee Rates
Employee Only	\$37.68	\$31.40
Employee + Spouse	\$77.57	\$64.64
Employee + Child(ren)	\$82.80	\$69.00
Employee + Family	\$122.69	\$102.24

Customer Service Toll-Free Number: 800-662-8856 (TTY users call 711)
<https://www.DeltaDentalNC.com>
November 1, 2025

Vision Insurance

Superior Vision | www.superiorvision.com | 800.507.3800

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

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

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



Vision Care Plan for Warren County Schools

Benefits through Superior National network

Frequency

Exam	12 months
Frame	12 months
Contact lens fitting	12 months
Eyeglass lenses	12 months
Contact Lenses	12 months

(based on date of service)



Need help? Contact 1 (800) 507-3800 or visit superiorvision.com for assistance.



Exams

Eye exam copay:

\$10

Contact lens fitting²
(standard and specialty):

\$25

Specialty In-network allowance:

\$50



Frames

In-network allowance:

\$130



Materials¹

Materials copay:

\$15



Contacts⁴ in lieu of glasses

In-network allowance:

\$130

Monthly Premiums

Employee only:	\$6.60
Employee + 1 dependent:	\$13.00
Employee + family:	\$19.13

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$26
Bifocal	Covered-in-full	Up to \$34
Trifocal	Covered-in-full	Up to \$50
Progressives	See description ³	Up to \$50

Shop with convenience while using your benefits
through these in-network online retailers.

1800 contacts®

GLASSES.COM

contactsdirect

befitting
eyewear

Lens Add-On Discounts ⁵	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid / gradient	\$15 / \$18
Polycarbonate lenses	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (standard / premium / ultra / ultimate)	\$55 / \$110 / \$150 / \$225
Anti-reflective coating (standard / premium / ultra / ultimate)	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80 / \$120
Overage Discounts ⁵	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance
Non-Covered Services Discounts ⁵	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost
Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$44
Eye exam (OD)	Up to \$39
Frame	Up to \$52
Contact lens fitting (standard / specialty) ²	Applied to contact lens allowance
Contact lenses	Up to \$100



LASIK Discounts⁵

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit [superiorvision.com](https://www.superiorvision.com) or contact your benefits coordinator.



Hearing Aid Discounts⁵

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit [superiorvision.com](https://www.superiorvision.com) or contact your benefits coordinator.



Free Mobile App

With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.



Find In-Network Providers Near You

Let's Get Started!

1. Visit superiorvision.com/members and log in to your member account or create a new one.
2. Click "Locate a Provider" from the menu within your member account.
3. Enter your ZIP code and radius (miles) or choose state, county, and city; you can also search by provider or business name.
4. Click "Search Now" to proceed.
5. Scroll to see results in a list or on a map.

Use Our Free App

1. Search for the "Superior Vision" app in the Android or iOS store and install it.
2. Log in to your member account or create a new one.
3. Tap "Locations" from the menu.
4. Enter your city or ZIP code; you can also search by provider or business name.
5. Tap the magnifying glass to proceed.
6. Use the map to interact with results or see them in a list; results can be filtered further by tapping on the funnel icon at the top-right.

Once you've selected an in-network provider, call them to verify network participation, services, and acceptance of your plan.

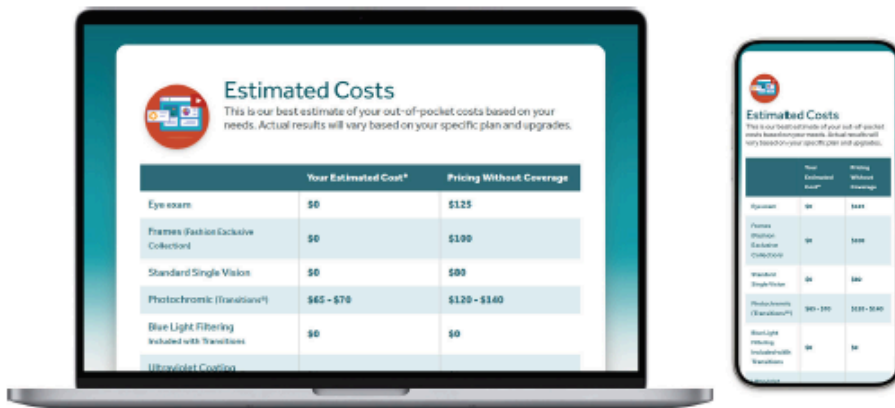
Use Your Member Account To Check Benefit Status

Whether you use our mobile app or our website, you can view your benefit eligibility and full plan details. Your member ID number is also available for your convenience.



Cost Estimator Tool

Help prepare for an eye exam, make decisions at enrollment time, or maximize the benefits you may already have.



Easy To Use and Open to All

- Get an **estimate** of your **approximate out-of-pocket costs** when visiting an in-network eye care provider, reducing financial surprises.
- Can be used on your computer and mobile device – no user information or account are required!



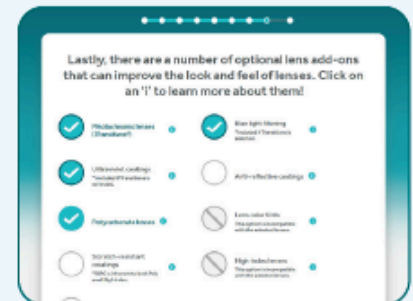
Guided Experience Focused on Member Education

- Answer a variety of brief questions about your eye care needs, from vision correction to eyewear preferences.
- Use the helpful descriptions to learn more about your benefits, such as retinal imaging and lens technology.

A Closer Look



Selecting eyewear preferences



Navigating lens options



Viewing potential cost savings

Visit superiorvision.com/members to give it a try!

The costs and amounts shown in this tool are for guidance only and should not be relied upon as the actual costs for specific vision care administration services. The estimated costs may be higher or lower as they are calculated based on average cost and frequency data with an understanding of provider networks. These costs are not intended to reflect your exact costs for services and are subject to change based on your coverage, benefits, and authorization for services. The information presented does not indicate medical advice, actual costs, guarantee of payment, prior approval for services, or judgement of a claim.

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Accessing or Replacing Your Member ID Card

Getting a hold of an ID number or card is as simple as logging into your member account through our web portal or mobile app. Follow our step-by-step walkthrough below.



Step 1: Create an Account

In your web browser, visit superiorvision.com/members/registration. You can also download our free mobile app (available for Android and iOS devices) then follow the on-screen prompts to create an account.

Step 2: Log In

Visit superiorvision.com/members or use the app to sign in.

Step 3: Access Your ID Number or Request a Card

Once in the member portal, your ID number is shown within the "Subscriber ID" column. If eligible, you can print an ID card by visiting the "Print ID Card" link towards the top of the page.

If using the app, simply tap on the "ID Card" button available from both the main page and the sidebar menu.

Ready for your annual eye exam?

You can use our web portal and mobile app to easily find in-network providers near you! From the web portal, visit the "Locate a Provider" link or, if using the app, tap on the "Locations" option.

File a Claim Online

Superiorvision.com provides quick access to your vision benefits information. Find everything you need from eye care professionals to claim forms and discounts online.



Step 1:

Visit **superiorvision.com** and click on "Member log in" from the top navigation.

Step 2:

If you already have an account, enter your username and password. Otherwise, click the "Create a new account" button.

Step 3:

Once signed in, your information will be displayed. Click on the "Submit a claim" link located beneath the subscriber's information.

Step 4:

You will then be taken to the "Online claims submission" page. Fill out the claim accordingly and submit electronically.

Submit a claim by mail:

Repeat steps 1 through 2 and then click on the "Forms and Pubs" link located above "Subscriber Information". Once on the "Forms and Pubs" page, click on the "Member Reimbursement Claim Form" link. Print the form, fill it out and mail it in to the address located on the form. Should you need more assistance, please call customer service at 1 (800) 507-3800.

What else can I do in my member account?

Use your member account to easily locate an in-network eye care professional, view your benefits and eligibility, print your ID card, download forms and more.

1. **Members** EYE CARE PROFESSIONALS CLIENTS HEALTH PLANS BROKERS

Making vision first for everyone

Members
Shop online

2. **Login** **New Member**

Username
Password
Login

Forgot username or password?

If this is your first time accessing the secure member area, the primary member (subscriber) will need to create a new user account.

Create a new account

3. **MEMBER**

My Benefit Coverage | Post Office | Locate a Provider | Tools | Service Plans | Your Network | Contact Us

Subscriber Information

Subscriber ID	First Name	Last Name	Address	DOB	Coverage Plan
0000000000	John	Doe	2345 Main St Anytown, USA 12345	01/01/1975	Company Only

Family Members

Subscriber ID	First Name	Last Name	DOB	Relationship	Coverage Plan	Sex
0000000000	John	Doe	01/01/1975	Subscriber	Company Only	M

Currently displaying In-Network benefits for John Doe

4. **ONLINE CLAIMS SUBMISSION**

Please follow the instructions below to submit an online claim for services rendered from an out-of-network provider.

1. Upload the claim form as this page.
2. Upload your receipt to this form (receipt file must be .jpg or .pdf).
3. Submit your claim to this form.

This Claim is Being Submitted for: John Doe

Claim Information

If you have more than one receipt, please enter the receipt service date.



Introducing Warby Parker[®] through Superior Vision[®]

An exciting enhancement to our vision network

The Warby Parker value proposition to members is clear: **Buying glasses should be easy and fun and should help leave money in their pockets.** This differentiating network enhancement is only available through Superior Vision.



Online at
WarbyParker.com



250+ stores



Signature home
try-on program



Most sites even offer
onsite standard exams!

Warby Parker is now an in-network retailer through our expansive Superior Vision network, with no premium rate increase. Now there are even more ways that your members can prioritize their eye health – and look stylish, too!



Given Warby Parker's unique product offering, which includes frames, lens enhancements, contact lenses, and standard eye exams, there are a variety of ways that your members may experience savings while using their Superior Vision benefits.

Let's connect on all the ways your members can maximize their vision benefits throughout the year. **Contact your Superior Vision[®] representative today.**

Flexible Spending Accounts

First Financial Administrators, Inc. | www.ffga.com
1.866.853.3539 P.O. Box 161968 | Altamonte Springs, FL 32716

Medical FSA

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

Your maximum contribution amount for 2025 & 2026 is \$3,300.

Medical FSA Highlights

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

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

Dependent Care FSA

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

You may allocate up to \$5,000 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is \$2,500.

Dependent Care FSA Highlights

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

FSA Resources

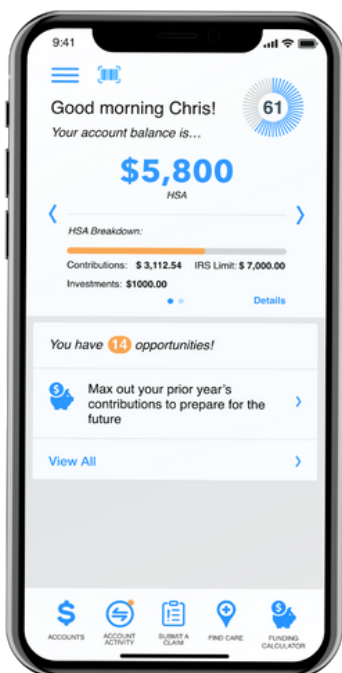
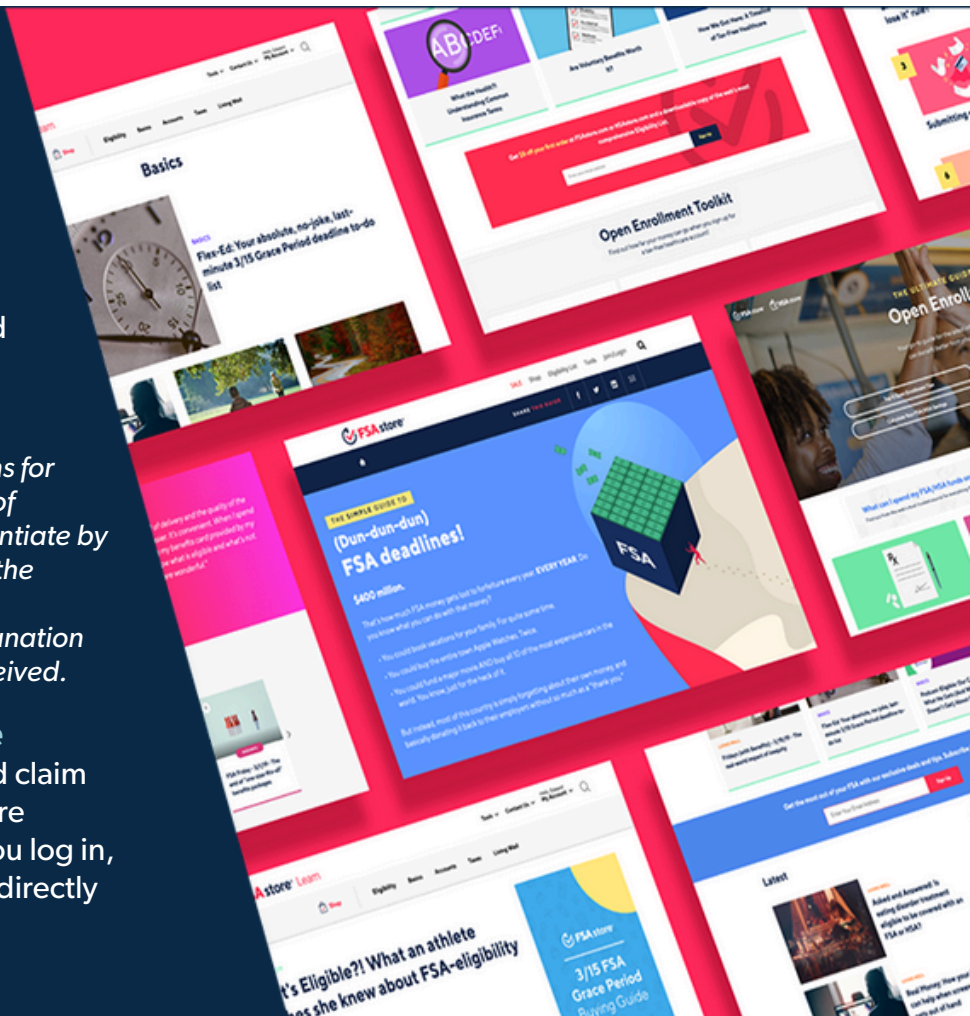
Benefits Card

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

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

View Your Account Details Online

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



FF Mobile Account App

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

FSA Store

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



Term Life & AD&D

Employer-Paid & Voluntary

OneAmerica | www.oneamerica.com | 800.553.5318
Reliance Standard | www.reliancestandard.com | 800.351.7500

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 \$6,000.00 policy as long as you work 30+ hours per week. 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.

Voluntary Term Life Insurance

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





Term Life Highlights

Warren County Schools is providing you with Term Life insurance from OneAmerica®.

What is Term Life insurance?

Term Life insurance is coverage provided by your employer that lasts for a set period of time. While you're working, it can be used to ensure your family is able to replace your earnings and potential future earnings if you die. That money can be used to pay your final expenses and to cover housing, household debts, education and more when your income is no longer available. Having Term Life insurance can help provide peace of mind that your family will be protected.

How much does it cost?

Your employer is providing this coverage to you at no cost. Please refer to the cost illustrations for your benefit.

What is the benefit amount?

- Your benefit is \$6,000.
- Your guarantee issue amount is \$6,000.

What is a beneficiary?

Your beneficiary is who you leave your life insurance benefit to when you die. You can name one or more primary beneficiaries. If your primary beneficiary dies before you, your contingent or secondary beneficiary (or beneficiaries) will receive your life insurance benefit.

Please note any claim payment to a minor child would require a legal custodian to be appointed. [Refer to this page](#) for more information on selecting a beneficiary. It's a good idea to review your beneficiaries at least once a year to ensure your information is up to date.

How long can I keep my benefits?

If you leave your employer and wish to take your coverage with you, other options may be available for continuing coverage. Contact your HR department to learn more or visit <https://www.oneamerica.com/employers/keep-my-benefits>.

Continuation of benefits may be subject to the terms of your certificate or require approval.

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company. Not Available in all states or may vary by state.

ONEAMERICA® is the marketing name for the companies of OneAmerica | [OneAmerica.com](https://www.oneamerica.com)

What you need to know about your Basic Life Benefits

Guaranteed Issue: Employee: \$6,000

Basic Employee Life Coverage

Your Life insurance coverage amount is \$6,000.

Coverage is provided at no cost to you.

OneAmerica Financial[®] is the marketing name for the companies of OneAmerica Financial.



GuidanceResources®

Work-Life Benefits

Are you:

A parent looking for answers to parenting questions?

Get help with:

- Child care
- Nanny services
- Before- and after-school care
- Camps
- Financial assistance
- Adoption information

A family member of an elder? Learn about:

- Home health care
- Respite care
- Community services
- Help determining the right level of care
- Screened referrals for assisted living and nursing homes
- Hospice information

Looking for a place to live? Get help with:

- Finding an apartment
- Finding movers
- Relocating to another city
- Choosing a realtor
- School and neighborhood information
- Housing and utility assistance

A pet owner? Get information on:

- Dog walkers
- Kennels and pet care
- Veterinarians
- Obedience classes
- Pet insurance

Sending a child off to school? Learn about:

- Choosing schools, from preschool through college and beyond
- Financial aid
- Scholarships
- Tutors
- Special needs

Planning a major project? Find resources and qualified experts for:

- Weddings and other events
- Home improvement products
- Vacation planning
- Making a big purchase, such as a home or car

Get the Help You Need.

Just call your ComPsych® GuidanceResources® toll-free number. You'll be connected to a GuidanceConsultantSM who will talk with you about your specific needs. Our work-life specialists will research your question and, in just a few business days, send you a complete packet of practical information, including prescreened referrals (as appropriate), HelpSheetsSM on your subject and much more. The materials can be delivered to you via email, fax or second-day air.

OneAmericaSM
Financial

COMPSYCH[®]
GuidanceResources® Worldwide

OneAmerica Financial® is the marketing name of the companies of OneAmerica Financial. OneAmerica Financial markets ComPsych® services. ComPsych® is not an affiliate of the companies of OneAmerica Financial.



24/7 Live Assistance:
Call: 855.387.9727
TRS: Dial 711



Online: guidanceresources.com
App: GuidanceNowSM
Web ID: ONEAMERICA3



Peace of Mind When Traveling

Travel assistance

Emergencies happen, but help is now only a phone call or email away. On Call International® offers a suite of services to help you in your time of need — from small inconveniences like losing your luggage to life-threatening situations — all delivered with a caring, human touch.

Find comfort in knowing you and your loved ones are protected by the Travel Assistance benefit when traveling more than 100 miles from home for business or leisure. The Travel Assistance benefit protects you when covered under a OneAmerica® company group life insurance policy. It also extends coverage to your spouse, domestic partner and children (under 21 or 25 and living at home as a full-time student) even when they are traveling without you. The Travel Assistance benefit requires no additional premium; however, exclusions do apply.

Medical assistance and transportation services

Pre-trip plan to provide up-to-date information regarding required vaccinations, health risks, travel restrictions and weather conditions.

Medical monitoring and review of documentation utilizing professional case managers and medical professionals to ensure appropriate care is received.

24-hour nurse help line to provide clinical assessment, education and general health information.

Replacement of prescriptions and eyeglasses that have been lost or stolen by consulting with the prescribing provider to transfer prescription to or arranging an appointment with a local provider.

Medical, behavioral or mental health, dental and pharmacy referrals to assist in finding care providers and medical facilities.

Coordination of benefits by requesting health information from the participant and attempting to coordinate benefits during an active travel assistance case.

Emergency medical evacuation to arrange and coordinate air and/or ground transportation and medical care during transportation to the nearest hospital where appropriate care is available.

Medical repatriation to arrange the transport of the participant with a qualified medical attendant, if medically necessary, to their residence or home hospital.

Return of remains to arrange the transportation of a participant's remains to their home in the event of their death while traveling.





24-hour travel assistance
Travel Assistance is made available through
OneAmerica® by an agreement with On Call International®
1-866-816-2103 (US/Canada)
1-603-328-1754 (call collect from other locations)
Email: mail@oncallinternational.com

Travel assistance services

- Pre-trip information
- 24/7 emergency travel arrangements
- Translator and interpreter referral
- Emergency travel funds assistance
- Legal consultation and referral
- Lost or stolen travel documents assistance
- Emergency messaging
- Lost luggage assistance

Note: Group life products are issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN., a OneAmerica company. Not available in all states or may vary by state. Travel assistance provided by On Call International®, On Call International is not an affiliate of AUL, and is not a OneAmerica company. On Call International provides noted services for covered individuals and approved dependents. Services may be unavailable in countries currently under U.S. economic or trade sanctions. Please refer to your policy for covered limits and eligibility details.

This is a brief summary of coverage for insured participants. This is not a contract of insurance. Coverage is governed by an insurance policy issued to OneAmerica®. The policy is underwritten by International Insurance Co. of Hannover Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with OneAmerica. If there is a difference between this program description and the certificate wording, the certificate controls.

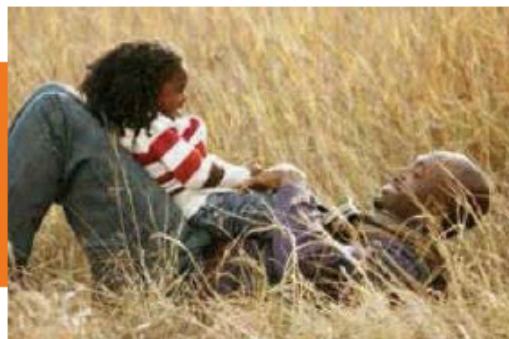


When contacting On Call International, be prepared to provide:

- First and last name
- The name of your employer
- A phone number where you can be reached

Plan Highlights

Voluntary Group Term Life



Warren County Schools

ELIGIBILITY

All Active Full-Time Employees working 20 hours or more per week, except for any person working on a temporary or seasonal basis.

Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you
- ▶ Your unmarried financially dependent children age 14 days to 0 years (to 26 years if full-time student).
- ▶ A person may not have coverage as both an Employee and Dependent.
- ▶ Only one insured spouse may cover dependent children.

BENEFIT AMOUNT

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

Spouse: Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments.

Child(ren): 14 days but less than 6 months: \$1,000; 6 months through age 0: \$10,000 (up to age 26 if a full-time student).

GUARANTEED ISSUE

Initial eligibility period only

Employee:

Under age 60: \$150,000

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

Age 70 and over: \$50,000

Spouse:

Under age 60: \$50,000

Age 60 but less than age 70: none

Age 70 and over: none

Child(ren): none

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

BENEFIT REDUCTION DUE TO AGE

(Applicable to employee / spouse coverage)

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

RATES

See attached Rate Sheet

Reliance Standard Voluntary Plans Voluntary Group Term Life Insurance Premium Table

Plan Holder: Warren County Schools - VG # 675565

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

For employees age 75 and older:

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

Employee/Spouse Premiums:

To find you and your spouse's premium -

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

Monthly Premiums

Benefit Amount	Age 00-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$10,000	\$0.80	\$0.80	\$0.80	\$1.80	\$1.80	\$1.80	\$1.80	\$2.50	\$2.50	\$2.50
\$20,000	\$1.60	\$1.60	\$1.60	\$3.60	\$3.60	\$3.60	\$3.60	\$5.00	\$5.00	\$5.00
\$30,000	\$2.40	\$2.40	\$2.40	\$5.40	\$5.40	\$5.40	\$5.40	\$7.50	\$7.50	\$7.50
\$40,000	\$3.20	\$3.20	\$3.20	\$7.20	\$7.20	\$7.20	\$7.20	\$10.00	\$10.00	\$10.00
\$50,000	\$4.00	\$4.00	\$4.00	\$9.00	\$9.00	\$9.00	\$9.00	\$12.50	\$12.50	\$12.50
\$60,000	\$4.80	\$4.80	\$4.80	\$10.80	\$10.80	\$10.80	\$10.80	\$15.00	\$15.00	\$15.00
\$70,000	\$5.60	\$5.60	\$5.60	\$12.60	\$12.60	\$12.60	\$12.60	\$17.50	\$17.50	\$17.50
\$80,000	\$6.40	\$6.40	\$6.40	\$14.40	\$14.40	\$14.40	\$14.40	\$20.00	\$20.00	\$20.00
\$90,000	\$7.20	\$7.20	\$7.20	\$16.20	\$16.20	\$16.20	\$16.20	\$22.50	\$22.50	\$22.50
\$100,000	\$8.00	\$8.00	\$8.00	\$18.00	\$18.00	\$18.00	\$18.00	\$25.00	\$25.00	\$25.00
\$110,000	\$8.80	\$8.80	\$8.80	\$19.80	\$19.80	\$19.80	\$19.80	\$27.50	\$27.50	\$27.50
\$120,000	\$9.60	\$9.60	\$9.60	\$21.60	\$21.60	\$21.60	\$21.60	\$30.00	\$30.00	\$30.00
\$130,000	\$10.40	\$10.40	\$10.40	\$23.40	\$23.40	\$23.40	\$23.40	\$32.50	\$32.50	\$32.50
\$140,000	\$11.20	\$11.20	\$11.20	\$25.20	\$25.20	\$25.20	\$25.20	\$35.00	\$35.00	\$35.00
\$150,000	\$12.00	\$12.00	\$12.00	\$27.00	\$27.00	\$27.00	\$27.00	\$37.50	\$37.50	\$37.50
\$160,000	\$12.80	\$12.80	\$12.80	\$28.80	\$28.80	\$28.80	\$28.80	\$40.00	\$40.00	\$40.00
\$170,000	\$13.60	\$13.60	\$13.60	\$30.60	\$30.60	\$30.60	\$30.60	\$42.50	\$42.50	\$42.50
\$180,000	\$14.40	\$14.40	\$14.40	\$32.40	\$32.40	\$32.40	\$32.40	\$45.00	\$45.00	\$45.00
\$190,000	\$15.20	\$15.20	\$15.20	\$34.20	\$34.20	\$34.20	\$34.20	\$47.50	\$47.50	\$47.50
\$200,000	\$16.00	\$16.00	\$16.00	\$36.00	\$36.00	\$36.00	\$36.00	\$50.00	\$50.00	\$50.00
\$210,000	\$16.80	\$16.80	\$16.80	\$37.80	\$37.80	\$37.80	\$37.80	\$52.50	\$52.50	\$52.50
\$220,000	\$17.60	\$17.60	\$17.60	\$39.60	\$39.60	\$39.60	\$39.60	\$55.00	\$55.00	\$55.00
\$230,000	\$18.40	\$18.40	\$18.40	\$41.40	\$41.40	\$41.40	\$41.40	\$57.50	\$57.50	\$57.50
\$240,000	\$19.20	\$19.20	\$19.20	\$43.20	\$43.20	\$43.20	\$43.20	\$60.00	\$60.00	\$60.00
\$250,000	\$20.00	\$20.00	\$20.00	\$45.00	\$45.00	\$45.00	\$45.00	\$62.50	\$62.50	\$62.50

Monthly Premiums

Benefit Amount	Age 00-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$260,000	\$20.80	\$20.80	\$20.80	\$46.80	\$46.80	\$46.80	\$46.80	\$65.00	\$65.00	\$65.00
\$270,000	\$21.60	\$21.60	\$21.60	\$48.60	\$48.60	\$48.60	\$48.60	\$67.50	\$67.50	\$67.50
\$280,000	\$22.40	\$22.40	\$22.40	\$50.40	\$50.40	\$50.40	\$50.40	\$70.00	\$70.00	\$70.00
\$290,000	\$23.20	\$23.20	\$23.20	\$52.20	\$52.20	\$52.20	\$52.20	\$72.50	\$72.50	\$72.50
\$300,000	\$24.00	\$24.00	\$24.00	\$54.00	\$54.00	\$54.00	\$54.00	\$75.00	\$75.00	\$75.00
\$310,000	\$24.80	\$24.80	\$24.80	\$55.80	\$55.80	\$55.80	\$55.80	\$77.50	\$77.50	\$77.50
\$320,000	\$25.60	\$25.60	\$25.60	\$57.60	\$57.60	\$57.60	\$57.60	\$80.00	\$80.00	\$80.00
\$330,000	\$26.40	\$26.40	\$26.40	\$59.40	\$59.40	\$59.40	\$59.40	\$82.50	\$82.50	\$82.50
\$340,000	\$27.20	\$27.20	\$27.20	\$61.20	\$61.20	\$61.20	\$61.20	\$85.00	\$85.00	\$85.00
\$350,000	\$28.00	\$28.00	\$28.00	\$63.00	\$63.00	\$63.00	\$63.00	\$87.50	\$87.50	\$87.50
\$360,000	\$28.80	\$28.80	\$28.80	\$64.80	\$64.80	\$64.80	\$64.80	\$90.00	\$90.00	\$90.00
\$370,000	\$29.60	\$29.60	\$29.60	\$66.60	\$66.60	\$66.60	\$66.60	\$92.50	\$92.50	\$92.50
\$380,000	\$30.40	\$30.40	\$30.40	\$68.40	\$68.40	\$68.40	\$68.40	\$95.00	\$95.00	\$95.00
\$390,000	\$31.20	\$31.20	\$31.20	\$70.20	\$70.20	\$70.20	\$70.20	\$97.50	\$97.50	\$97.50
\$400,000	\$32.00	\$32.00	\$32.00	\$72.00	\$72.00	\$72.00	\$72.00	\$100.00	\$100.00	\$100.00
\$410,000	\$32.80	\$32.80	\$32.80	\$73.80	\$73.80	\$73.80	\$73.80	\$102.50	\$102.50	\$102.50
\$420,000	\$33.60	\$33.60	\$33.60	\$75.60	\$75.60	\$75.60	\$75.60	\$105.00	\$105.00	\$105.00
\$430,000	\$34.40	\$34.40	\$34.40	\$77.40	\$77.40	\$77.40	\$77.40	\$107.50	\$107.50	\$107.50
\$440,000	\$35.20	\$35.20	\$35.20	\$79.20	\$79.20	\$79.20	\$79.20	\$110.00	\$110.00	\$110.00
\$450,000	\$36.00	\$36.00	\$36.00	\$81.00	\$81.00	\$81.00	\$81.00	\$112.50	\$112.50	\$112.50
\$460,000	\$36.80	\$36.80	\$36.80	\$82.80	\$82.80	\$82.80	\$82.80	\$115.00	\$115.00	\$115.00
\$470,000	\$37.60	\$37.60	\$37.60	\$84.60	\$84.60	\$84.60	\$84.60	\$117.50	\$117.50	\$117.50
\$480,000	\$38.40	\$38.40	\$38.40	\$86.40	\$86.40	\$86.40	\$86.40	\$120.00	\$120.00	\$120.00
\$490,000	\$39.20	\$39.20	\$39.20	\$88.20	\$88.20	\$88.20	\$88.20	\$122.50	\$122.50	\$122.50
\$500,000	\$40.00	\$40.00	\$40.00	\$90.00	\$90.00	\$90.00	\$90.00	\$125.00	\$125.00	\$125.00

DEPENDENT CHILD(REN) Monthly PREMIUMS:

Benefit Amount	Premium
\$10,000	\$1.36

(One rate for all eligible children in family, regardless of number)

PREMIUM CALCULATION (Add your elections here):

Employee Premium	
Spouse Premium	
Dependent Children Premium	
Total Premium	

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

Please read this important information:

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

Rates are subject to change.

Term Life

Voluntary

American Fidelity | www.americanfidelity.com | 800.662.1113

Voluntary Term Life 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. During this year's enrollment, you have the opportunity to increase your life insurance protection with a voluntary plan offered by your employer.

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



Term Life Insurance

Underwritten by: American Fidelity Assurance Company

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



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



Marketed by:

First Financial Capital Corporation

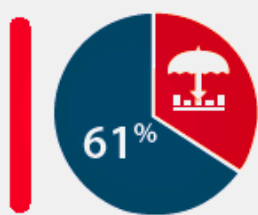
P.O. Box 670329 • Houston, TX 77267-0329

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

ffga.com

Strengthen Your Family's Financial Plan

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



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

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

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



Why You Need Life Insurance

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



Final Expenses

Funeral Costs • Unpaid Medical Bills



Income Replacement

Mortgage/Rent • Other Loans



Nest Egg

Estate Planning • Retirement Goals

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

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

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

Three Easy Steps to Get Covered

1

Select a Term Period

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

2

Answer Three Health Questions⁴

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

3

Get Death Benefit Coverage Immediately⁵

Your death benefit coverage starts when you sign the application.

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

EMPLOYEE ISSUE AGES

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

EMPLOYEE ISSUE MAXIMUM

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

GUARANTEED LEVEL DEATH BENEFIT

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

SPOUSE ISSUE AGES AND MAXIMUMS

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

RATES BASED ON ISSUE AGE AND TOBACCO STATUS

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

RENEWABLE AND CONVERTIBLE⁷

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

Enhance Your Plan

Waiver of Premium Rider

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

Accidental Death and Dismemberment Rider

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

Spouse Term Rider

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

Children's Term Rider

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

Accelerated Benefit Rider for Long Term Illness

(Available with 30-Year Term Life Only)

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

SAMPLE 20-YEAR TERM NON- TOBACCO MONTHLY PREMIUM RATES⁶

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

*Shaded amounts available for spouse base policy purchases.

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

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

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

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

Accelerated Benefit Summary and Disclosure Notice

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

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

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

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

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

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

Accelerated Benefit for Terminal Condition

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

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

- Upon payment of the Accelerated Benefit, the policy/rider will remain in force. Any premiums due to keep the policy/rider in force will be paid by us, and will be deducted from the policy proceeds upon death, unless you are currently exercising the Automatic Premium Loan option. If you are currently exercising the Automatic Premium Loan option, any premiums will continue to be paid under this option, until such time as this option is exhausted or discontinued.
- Policy proceeds which are payable on the death of the Insured/Covered Person will be reduced by the amount of the Accelerated Benefit, any outstanding policy loans, and any premiums paid by us on your behalf.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. Access to the policy cash value

may be restricted to the excess of the cash value over the sum of the amount accelerated and any premiums paid by us and any other outstanding policy loans.

- Any outstanding loan, including interest will not be deducted from the Accelerated Benefit payment.
- **This Accelerated Benefit will be treated as a lien against the death benefit and applied at time of death.**

Accelerated Benefit for Long Term Illness (optional rider)

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

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

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

ICC18 DN111

The acceleration of life insurance benefits offered under this policy are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration of life insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life insurance benefits are complex. You are advised to consult with a qualified tax advisor under circumstances under which you could receive acceleration of life insurance benefits excludable from income under federal law.

Receipt of acceleration of life insurance benefits may affect your, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

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

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

Underwritten and administered by:

AMERICAN FIDELITY
a different opinion



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

americanfidelity.com

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

TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse
Coverage
Available¹

10 YEAR RATES Tobacco Users Rates

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

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

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

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

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

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

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

Spouse
Coverage
Available¹

10 YEAR RATES Non-Tobacco Users Rates

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

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TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse
Coverage
Available¹

20 YEAR RATES **Tobacco Users Rates**

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

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TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse
Coverage
Available¹

20 YEAR RATES Tobacco Users Rates

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

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TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

30 YEAR RATES *Non-Tobacco Users Rates*

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

Spouse
Coverage
Available¹

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TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

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

30 YEAR RATES *Tobacco Users Rates*

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

Spouse
Coverage
Available¹

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

Texas Life

Permanent Life



Texas Life | www.texaslife.com | 800.283.9233

Texas Life Insurance - Permanent, Portable Life Insurance

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.







Texas Life - Permanent Life Highlights

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

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees¹ that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:

-  **IT'S AFFORDABLE**
You own it
-  **YOU CAN TAKE IT**
WITH YOU WHEN YOU
CHANGE JOBS OR RETIRE
-  **YOU PAY FOR IT**
THROUGH CONVENIENT
PAYROLL DEDUCTIONS
-  **YOU CAN COVER YOUR**
SPOUSE, CHILDREN AND
GRANDCHILDREN, TOO²
-  **YOU CAN GET A LIVING**
BENEFIT IF YOU BECOME
TERMINALLY ILL³
-  **YOU CAN GET CASH TO COVER**
LIVING EXPENSES IF YOU
BECOME CHRONICALLY ILL⁴

3 QUICK QUESTIONS

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

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

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

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

19M016-C FFGA 1092 (exp0321)



TEXASLIFE INSURANCE COMPANY

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WOW!

LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS



IT'S AFFORDABLE
YOU OWN IT



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



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



YOU CAN COVER YOUR SPOUSE, CHILDREN
AND GRANDCHILDREN, TOO¹



YOU CAN GET A LIVING BENEFIT IF YOU
BECOME TERMINALLY ILL²



YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU BECOME
CHRONICALLY ILL³



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

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

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

19M004-C FFGA 1003 (exp0321)

 **First
Financial
Group
of America**
First in Service and Expertise

TEXASLIFE INSURANCE COMPANY

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

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

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

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

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

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

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

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

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

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

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

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

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".

Disability Insurance

OneAmerica | www.oneamerica.com | 800.553.5318

Why Do I Need Disability Insurance?

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

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

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





Protect Your Income with Disability Insurance

You probably have insurance for the things you depend on most. That could include protecting your home against fire or flood and protecting your vehicle in case of an accident.

You may even have life insurance to make sure that your loved ones are taken care of after you die. But have you ever considered insuring your income?

It's an important question. Your income is the cornerstone of your financial stability. It's how you afford that home's mortgage, your car's monthly payments and the food and other necessities your household needs. That stability is threatened, however, if you experience a severe injury or illness that leaves you unable to work.

Worker's Compensation Might Not Be Enough

Although worker's compensation does offer some protections, it only covers injuries that happen on the job. To qualify for coverage, you also must meet certain eligibility requirements. If you have medical insurance, that can help too, but only to cover your actual medical costs. It still won't replace your lost income while you're unable to work.

16%

of American workers had disability insurance coverage¹.

50%

of working Americans would have to tap into their savings if they couldn't work due to an injury or illness.²

Ready to learn more? Reach out to your human resources department today to get started.

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If You're Not Prepared, You're Not Alone

In 2020 only 16% of American workers had disability insurance coverage.¹ That's probably why half of those surveyed said they'd have to turn to savings if they were disabled and could no longer work.²

At a time when most Americans would drain their bank accounts in just 10 weeks³, that's not a good long-term solution. Yet it's still better than the 20% of workers who said they just didn't know how they would make up the lost income.²

Disability Insurance Protects Your Paycheck

Anyone can be affected by illness or injury, but it doesn't have to threaten your financial security. With disability insurance, a portion of your income is replaced, and you can have peace of mind knowing that your family is protected, and that you can focus on healing.

Did you know?

According to the Council for Disability Awareness⁴, some of the most common reasons for short-term disability claims include:

- Pregnancy
- Back, spine, knee and hip injuries
- Fractures, sprains and muscle strains
- Digestive disorders
- Mental health, including anxiety and depression

1. Source: <https://lifehappens.org/blog/is-life-insurance-tomorrows-problem-findings-from-the-2020-insurance-barometer-study/> June 16, 2020

2. Source: <https://www.limra.com/globalassets/limra/newsroom/industry-trends/2020-images/DIAM2020factsheet.pdf> Accessed September 9, 2020

3. Source: <https://www.magnifymoney.com/blog/news/paycheck-survey/> February 4, 2020

4. Source: <https://disabilitycanhappen.org/disability-statistic/> March 28, 2018

If you were to face serious illness or injury, would you be financially prepared?

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company. Not available in all states or may vary by state.

What you need to know about your Educator Disability Benefits

Eligible Employees:	This benefit is available for employees who are actively at work on the effective date and working a minimum of 20 hours per week.
Flexible Choices:	Since everyone's needs are different, these plans offer flexibility for you to choose a benefit option that fits your income replacement needs and budget. You are able to enroll and/or change plans during each scheduled enrollment.
Guaranteed Issue:	If you enroll timely, you may be eligible for coverage without having to answer any health questions. If you decline insurance coverage now and decide to enroll later, you may need to provide Evidence of Insurability.
Timely Enrollment:	Enrolling timely means you have enrolled during the initial enrollment period when benefits were first offered by AUL, or as a newly hired employee within 31 days following completion of any applicable waiting period.
Portability:	Should your coverage terminate, you may be eligible to take this disability insurance with you without providing Evidence of Insurability. You must apply within 31 days from the last day you are eligible.
Waiver of Premium:	If approved, this benefit waives your Disability insurance premium in case you become disabled and are unable to collect a paycheck.
Elimination Period:	This is a period of consecutive days of disability before benefits may become payable under the contract.
Total Disability:	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation, you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability:	You may be paid a partial disability benefit, if because of injury or sickness, you are unable to perform every material and substantial duty of your regular occupation on a full-time basis, are performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and are earning less than 80% of your pre-disability earnings due to the same injury or sickness.
Residual:	The elimination period can be satisfied by total disability, partial disability, or a combination of both.
Return to Work:	You may be able to return to work for a specified time period without having your partial disability benefits reduced according to the contract. The Return to Work Benefit is offered up to a maximum of 12 months.
Integration:	The method by which your benefit may be reduced by Other Income Benefits.
Offset:	An offset is an amount that reduces your benefit amount by amounts you receive from other sources for your disability and will be specified in the contract.
Pre-Existing Condition Limitations:	The pre-existing period is 3/12. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is any condition for which a person has received medical treatment or consultation, taken or were prescribed drugs or medicine, or received care or services, including diagnostic measures, within a time-frame specified in the contract. You must also be treatment-free for a time-frame specified in some contracts following your individual effective date of coverage. A limited benefit will be paid if the Person's Disability begins in the first 12 months following the Person's Individual Effective Date of Insurance; and the Person's Disability is caused by, contributed to by, or the result of a condition for which the Person received medical advice or treatment in the 3 months just prior to the Person's Individual Effective Date of Insurance.
About Your Benefits:	Educator Disability benefits are illustrated and paid on a monthly basis.

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What you need to know:

- **Are you eligible?** Benefits are available to employees who are actively at work on the effective date of coverage and working the minimum number of hours per week stated in the contract.
- **Your premiums and benefits may vary.** Actual premiums and benefit amounts will be calculated by OneAmerica Financial® and may change upon reaching certain ages, according to contract terms, and are subject to change. Volumes and benefit amounts shown may be subject to reductions due to age.
- **Enroll timely for guaranteed issue coverage.** You may be eligible for coverage without having to answer any health questions if you enroll during the initial enrollment period when benefits are first offered by OneAmerica®, or if you enroll as a newly hired employee within 31 days after any applicable waiting period.
- **Enrolling later requires approval.** If you decline coverage now, you will lose your only chance to apply for group insurance coverage without having to first undergo medical underwriting. If you decide to enroll later, you will need to submit a Statement of Insurability form for review. OneAmerica will then decide to approve or deny your coverage based on your health history. You may not be approved for any type of coverage at a later date if you have any current or future medical conditions.

What you need to do:

- **Carefully review the contents of this packet.** Enclosed is personal information about the benefits offered to you by OneAmerica Financial on behalf of your employer. This is your opportunity to learn more about group insurance from OneAmerica, but it is not a complete explanation of benefits. For more information, consult the contract about exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or discontinued.
- **Review the Notices and Limitations.** Visit www.employeebenefits.aul.com to find the Notices and Limitations, G-14320 (05 NonPrudent) 12/28/12. Go to Forms, Policy/Employee Admin, and Notices and Limitations.

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), a OneAmerica Financial company. Not available in all states or may vary by state.

Group Educator Disability Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$5,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration
Accident: 5 years/SSFRA / Sickness: 5 years/SSFRA

Pre-Existing Condition Period
3 months / 12 months

Payroll Deduction Illustration: Ten-Pay

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period		
		Opt 1 0/7	Opt 2 14/14	Opt 3 30/30
\$3,600	\$200	\$10.18	\$6.58	\$5.23
\$5,400	\$300	\$15.26	\$9.86	\$7.85
\$7,200	\$400	\$20.35	\$13.15	\$10.46
\$9,000	\$500	\$25.44	\$16.44	\$13.08
\$10,799	\$600	\$30.53	\$19.73	\$15.70
\$12,599	\$700	\$35.62	\$23.02	\$18.31
\$14,399	\$800	\$40.70	\$26.30	\$20.93
\$16,199	\$900	\$45.79	\$29.59	\$23.54
\$17,999	\$1,000	\$50.88	\$32.88	\$26.16
\$19,799	\$1,100	\$55.97	\$36.17	\$28.78
\$21,599	\$1,200	\$61.06	\$39.46	\$31.39
\$23,399	\$1,300	\$66.14	\$42.74	\$34.01
\$25,199	\$1,400	\$71.23	\$46.03	\$36.62
\$26,999	\$1,500	\$76.32	\$49.32	\$39.24
\$28,799	\$1,600	\$81.41	\$52.61	\$41.86
\$30,598	\$1,700	\$86.50	\$55.90	\$44.47
\$32,398	\$1,800	\$91.58	\$59.18	\$47.09
\$34,198	\$1,900	\$96.67	\$62.47	\$49.70
\$35,998	\$2,000	\$101.76	\$65.76	\$52.32
\$37,798	\$2,100	\$106.85	\$69.05	\$54.94
\$39,598	\$2,200	\$111.94	\$72.34	\$57.55
\$41,398	\$2,300	\$117.02	\$75.62	\$60.17
\$43,198	\$2,400	\$122.11	\$78.91	\$62.78
\$44,998	\$2,500	\$127.20	\$82.20	\$65.40
\$46,798	\$2,600	\$132.29	\$85.49	\$68.02
\$48,598	\$2,700	\$137.38	\$88.78	\$70.63
\$50,397	\$2,800	\$142.46	\$92.06	\$73.25
\$52,197	\$2,900	\$147.55	\$95.35	\$75.86
\$53,997	\$3,000	\$152.64	\$98.64	\$78.48
\$55,797	\$3,100	\$157.73	\$101.93	\$81.10
\$57,597	\$3,200	\$162.82	\$105.22	\$83.71

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Group Educator Disability Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$5,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration
Accident: 5 years/SSFRA / Sickness: 5 years/SSFRA

Pre-Existing Condition Period
3 months / 12 months

Payroll Deduction Illustration: Ten-Pay

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period		
		Opt 1 0/7	Opt 2 14/14	Opt 3 30/30
\$59,397	\$3,300	\$167.90	\$108.50	\$86.33
\$61,197	\$3,400	\$172.99	\$111.79	\$88.94
\$62,997	\$3,500	\$178.08	\$115.08	\$91.56
\$64,797	\$3,600	\$183.17	\$118.37	\$94.18
\$66,597	\$3,700	\$188.26	\$121.66	\$96.79
\$68,397	\$3,800	\$193.34	\$124.94	\$99.41
\$70,196	\$3,900	\$198.43	\$128.23	\$102.02
\$71,996	\$4,000	\$203.52	\$131.52	\$104.64
\$73,796	\$4,100	\$208.61	\$134.81	\$107.26
\$75,596	\$4,200	\$213.70	\$138.10	\$109.87
\$77,396	\$4,300	\$218.78	\$141.38	\$112.49
\$79,196	\$4,400	\$223.87	\$144.67	\$115.10
\$80,996	\$4,500	\$228.96	\$147.96	\$117.72
\$82,796	\$4,600	\$234.05	\$151.25	\$120.34
\$84,596	\$4,700	\$239.14	\$154.54	\$122.95
\$86,396	\$4,800	\$244.22	\$157.82	\$125.57
\$88,196	\$4,900	\$249.31	\$161.11	\$128.18
\$89,996	\$5,000	\$254.40	\$164.40	\$130.80

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Group Educator Disability Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$5,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration
Accident: 5 years/SSFRA / Sickness: 5
years/SSFRA

Pre-Existing Condition Period
3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period		
		Opt 1 0/7	Opt 2 14/14	Opt 3 30/30
\$3,600	\$200	\$8.48	\$5.48	\$4.36
\$5,400	\$300	\$12.72	\$8.22	\$6.54
\$7,200	\$400	\$16.96	\$10.96	\$8.72
\$9,000	\$500	\$21.20	\$13.70	\$10.90
\$10,799	\$600	\$25.44	\$16.44	\$13.08
\$12,599	\$700	\$29.68	\$19.18	\$15.26
\$14,399	\$800	\$33.92	\$21.92	\$17.44
\$16,199	\$900	\$38.16	\$24.66	\$19.62
\$17,999	\$1,000	\$42.40	\$27.40	\$21.80
\$19,799	\$1,100	\$46.64	\$30.14	\$23.98
\$21,599	\$1,200	\$50.88	\$32.88	\$26.16
\$23,399	\$1,300	\$55.12	\$35.62	\$28.34
\$25,199	\$1,400	\$59.36	\$38.36	\$30.52
\$26,999	\$1,500	\$63.60	\$41.10	\$32.70
\$28,799	\$1,600	\$67.84	\$43.84	\$34.88
\$30,598	\$1,700	\$72.08	\$46.58	\$37.06
\$32,398	\$1,800	\$76.32	\$49.32	\$39.24
\$34,198	\$1,900	\$80.56	\$52.06	\$41.42
\$35,998	\$2,000	\$84.80	\$54.80	\$43.60
\$37,798	\$2,100	\$89.04	\$57.54	\$45.78
\$39,598	\$2,200	\$93.28	\$60.28	\$47.96
\$41,398	\$2,300	\$97.52	\$63.02	\$50.14
\$43,198	\$2,400	\$101.76	\$65.76	\$52.32
\$44,998	\$2,500	\$106.00	\$68.50	\$54.50
\$46,798	\$2,600	\$110.24	\$71.24	\$56.68
\$48,598	\$2,700	\$114.48	\$73.98	\$58.86
\$50,397	\$2,800	\$118.72	\$76.72	\$61.04
\$52,197	\$2,900	\$122.96	\$79.46	\$63.22
\$53,997	\$3,000	\$127.20	\$82.20	\$65.40
\$55,797	\$3,100	\$131.44	\$84.94	\$67.58
\$57,597	\$3,200	\$135.68	\$87.68	\$69.76

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Group Educator Disability Plan A

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$5,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration	Pre-Existing Condition Period
Accident: 5 years/SSFRA / Sickness: 5 years/SSFRA	3 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period		
		Opt 1 0/7	Opt 2 14/14	Opt 3 30/30
\$59,397	\$3,300	\$139.92	\$90.42	\$71.94
\$61,197	\$3,400	\$144.16	\$93.16	\$74.12
\$62,997	\$3,500	\$148.40	\$95.90	\$76.30
\$64,797	\$3,600	\$152.64	\$98.64	\$78.48
\$66,597	\$3,700	\$156.88	\$101.38	\$80.66
\$68,397	\$3,800	\$161.12	\$104.12	\$82.84
\$70,196	\$3,900	\$165.36	\$106.86	\$85.02
\$71,996	\$4,000	\$169.60	\$109.60	\$87.20
\$73,796	\$4,100	\$173.84	\$112.34	\$89.38
\$75,596	\$4,200	\$178.08	\$115.08	\$91.56
\$77,396	\$4,300	\$182.32	\$117.82	\$93.74
\$79,196	\$4,400	\$186.56	\$120.56	\$95.92
\$80,996	\$4,500	\$190.80	\$123.30	\$98.10
\$82,796	\$4,600	\$195.04	\$126.04	\$100.28
\$84,596	\$4,700	\$199.28	\$128.78	\$102.46
\$86,396	\$4,800	\$203.52	\$131.52	\$104.64
\$88,196	\$4,900	\$207.76	\$134.26	\$106.82
\$89,996	\$5,000	\$212.00	\$137.00	\$109.00

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Cancer Insurance

Plan Options



American Fidelity | www.americanfidelity.com | 800.662.1113

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

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

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



Cancer Insurance

Focus on the fight.

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

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

Plan Highlights

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

Benefits

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

Benefits include:



Experimental Treatment

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



Transportation and Lodging

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

Marketed By:



First Financial Capital Corporation

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

Local (281) 847-8422

Toll Free (800) 523-8422

www.ffga.com

SCREENING BENEFIT

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

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

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

Diagnostic and Prevention Benefit not available in all states.

Benefits

BENEFITS	BASIC	ENHANCED
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SCREENING

Diagnostic and Prevention Benefit (one per calendar year)	\$60	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$60	\$75

TREATMENT

Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (actual charges)	up to \$15,000	up to \$20,000
Medical Imaging Benefit (per image - max two per calendar year)	\$200	\$300
Hormone Therapy Benefit (per treatment - max 12 treatments per calendar year)	\$50	\$50
Administrative/Lab Work Benefit (per calendar month)	\$75	\$100
Blood, Plasma, and Platelets Benefit (actual charges up to max shown per day) (per calendar year max)	\$150 \$7,500	\$200 \$10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit	
Bone Marrow/Stem Cell Transplant Benefit		
Autologous (patient-provided) (per calendar year)	\$1,000	\$1,500
Non-autologous (donor-provided) (per calendar year)	\$3,000	\$4,500
Donor Benefit	\$1,000 per donation	
Inpatient Special Nursing Services Benefit (per day)	\$150	\$150
Dread Disease Benefit (per day for the first 30 days, per Hospital confinement) (per day thereafter)	\$200 \$400	\$300 \$600

HOSPITALIZATION

Hospital Confinement Benefit (per day for the first 30 days) (per day thereafter)	\$200 \$400	\$300 \$600
Drugs and Medicine Benefit	\$200	\$300
Hospital Confinement (per confinement)		
Outpatient (per prescription - \$100 monthly max for basic; \$150 for enhanced)	\$50	\$50
Attending Physician Benefit (per day)	\$40	\$50
U.S. Government/Charity Hospital or HMO Benefit (per day in lieu of most benefits)		
Hospital Confinement	\$200	\$300
Outpatient Services	\$200	\$300

BENEFITS	BASIC	ENHANCED
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AMBULANCE, TRANSPORTATION AND LODGING

Ambulance Benefit (per trip - max two trips any combination, per confinement) Ground Air	\$200 \$2,000	\$200 \$2,000
Transportation and Lodging Benefit (Patient and/or Family)	Coach fare or \$.50/ mile by car	
Transportation (\$1,500 max per round trip - max 12 trips per calendar year)		
Outpatient/Family Lodging (per day up to 90 days, per calendar year)	\$60	\$80

SURGICAL TREATMENT

Surgical Benefit (unit dollar amount, per surgical unit) (max per operation)	\$30 \$3,000	\$40 \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Outpatient Hospital or Ambulatory Surgical Center Benefit (per day)	\$400	\$600
Second and Third Surgical Opinion Benefit (per diagnosis)	\$300	\$300

CONTINUING CARE

Prosthesis Benefit		
Non-Surgical (per device - one per site, lifetime max of three)	\$150	\$200
Surgical Implantation (per device, includes surgical fee - one per site, lifetime max of two)	\$1,500	\$2,000
Hair Prosthesis (once per life)	\$150	\$200
Extended Care Facility Benefit (per day for up to the same number of days of paid Hospital confinement)	\$75	\$100
Physical or Speech Therapy Benefit (per visit any combination, up to four per calendar month - lifetime max of \$1,000)	\$25	\$25
Hospice Care Benefit (per day - \$13,500 lifetime max for basic; \$18,000 lifetime max for enhanced)	\$75	\$100
Home Health Care Benefit (per day for up to the same number of days of paid Hospital confinement)	\$75	\$100
Waiver of Premium (as long as the primary insured remains disabled)	after 90 continuous days of disability	

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

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

Plan Benefit Highlights

MONTHLY PREMIUMS

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

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

Plan Benefit Highlights

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Plan Benefit Highlights (cont.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Underwritten and administered by:



American Fidelity Assurance Company
americanfidelity.com

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

Critical Illness Insurance

Aetna | www.aetna.com | 800.800.8121

Prepare For the Unexpected

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

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

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





By your side

Aetna® Critical Illness Plan

Be prepared for what happens next

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

What is the Aetna Critical Illness Plan?

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

How is this different from a major medical plan?

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

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

How can you use the cash benefits?

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

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

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

Easy to use

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

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

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



Did you know?

More than **1 in 3** Americans have heart disease, making it the most expensive health condition in the U.S. at a combined \$555 billion¹.

Less stress



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

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

An Aetna Simplified Claims Experience™

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

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



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

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



Benefit Summary



Aetna Critical Illness Plan

Warren County Schools

6501118

The critical illness plan helps financially



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

Financial support in your time of need.

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

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

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



Critical illness plan



Face amount

Covered Benefit	Amount
Employee face amount	\$5,000
	\$10,000
	\$15,000
	\$20,000
	\$25,000
	\$30,000
	\$35,000
	\$40,000
	\$45,000
	\$50,000

Spouse face amount or benefit amount

50% of EE face amount or benefit amount

Child(ren) face amount or benefit amount

50% of EE face amount or benefit amount

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

Critical illness benefits — autoimmune

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

Critical illness benefits — childhood conditions

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

Critical illness benefits — chronic condition

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

Note: PTSD benefits are available 1 per lifetime

Critical illness plan



Critical illness benefits — infectious disease

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

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

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

Critical illness benefits — neurological (*brain*)

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

Note: Maximum 1 TIA diagnosis per lifetime.

Critical illness plan



Critical illness benefits — other

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

Note: Maximum 1 bone marrow transplant per lifetime.

Note: Sarcoidosis requires a hospital stay of at least 5 days to be eligible for benefits.

Note: The Mental health conditions require a hospital stay of at least 3 days.

Critical illness benefits — vascular (*heart*)

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

Note: Maximum 1 sudden cardiac arrest diagnosis per lifetime.

Critical illness plan features

Covered benefit	Percentage of face amount
Subsequent (<i>other</i>) critical illness diagnosis	100%
Recurrence (<i>same</i>) critical illness diagnosis	100%

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

Critical illness plan



Cancer benefits

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

Note: Maximum 1 skin cancer diagnosis per lifetime.

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

Additional plan benefits

Covered benefit	Benefit amount
Waiver of premium	Included

Critical illness plan



Additional plan benefits

Covered benefit	Benefit amount
Health screening benefit (<i>pays once per member per plan year for covered preventive tests.</i>)	\$75

Covered health screenings

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

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

Aetna Critical Illness Plan exclusions and limitations

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

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

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

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

Portability

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



Aetna Critical Illness Plan Rates

10-Pay



Critical Illness Plan*

You may enroll in one option only.

Non-Tobacco rates

Employee Face Amount: \$5,000

<u>Age Band</u>	Yourselves only	Yourselves and spouse	Yourselves plus child(ren)	Yourselves and family
<30	\$3.73	\$7.26	\$3.73	\$7.26
30-39	\$6.34	\$11.78	\$6.34	\$11.78
40-49	\$10.28	\$17.82	\$10.28	\$17.82
50-59	\$13.32	\$23.20	\$13.32	\$23.20
60-69	\$15.91	\$27.13	\$15.91	\$27.13
70+	\$20.40	\$33.17	\$20.40	\$33.17

Employee Face Amount: \$10,000

<u>Age Band</u>	Yourselves only	Yourselves and spouse	Yourselves plus child(ren)	Yourselves and family
<30	\$6.34	\$11.60	\$6.34	\$11.60
30-39	\$10.85	\$19.27	\$10.85	\$19.27
40-49	\$18.06	\$30.41	\$18.06	\$30.41
50-59	\$24.00	\$41.00	\$24.00	\$41.00
60-69	\$29.53	\$49.72	\$29.53	\$49.72
70+	\$39.23	\$63.28	\$39.23	\$63.28

Employee Face Amount: \$15,000

<u>Age Band</u>	Yourselves only	Yourselves and spouse	Yourselves plus child(ren)	Yourselves and family
<30	\$8.94	\$15.94	\$8.94	\$15.94
30-39	\$15.36	\$26.76	\$15.36	\$26.76
40-49	\$25.84	\$43.00	\$25.84	\$43.00
50-59	\$34.68	\$58.81	\$34.68	\$58.81
60-69	\$43.15	\$72.30	\$43.15	\$72.30
70+	\$58.04	\$93.38	\$58.04	\$93.38

Employee Face Amount: \$20,000

<u>Age Band</u>	Yourselves only	Yourselves and spouse	Yourselves plus child(ren)	Yourselves and family
<30	\$11.56	\$20.28	\$11.56	\$20.28
30-39	\$19.88	\$34.26	\$19.88	\$34.26
40-49	\$33.62	\$55.57	\$33.62	\$55.57
50-59	\$45.36	\$76.62	\$45.36	\$76.62
60-69	\$56.78	\$94.87	\$56.78	\$94.87
70+	\$76.87	\$123.49	\$76.87	\$123.49



Employee Face Amount: \$25,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$14.16	\$24.61	\$14.16	\$24.61
30-39	\$24.40	\$41.75	\$24.40	\$41.75
40-49	\$41.40	\$68.16	\$41.40	\$68.16
50-59	\$56.04	\$94.42	\$56.04	\$94.42
60-69	\$70.40	\$117.46	\$70.40	\$117.46
70+	\$95.70	\$153.59	\$95.70	\$153.59

Employee Face Amount: \$30,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$16.78	\$28.96	\$16.78	\$28.96
30-39	\$28.91	\$47.98	\$28.91	\$47.98
40-49	\$49.18	\$80.74	\$49.18	\$80.74
50-59	\$66.72	\$112.22	\$66.72	\$112.22
60-69	\$84.02	\$140.03	\$84.02	\$140.03
70+	\$114.53	\$183.70	\$114.53	\$183.70

Employee Face Amount: \$35,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$20.14	\$33.54	\$20.14	\$33.54
30-39	\$33.46	\$53.46	\$33.46	\$53.46
40-49	\$59.17	\$96.95	\$59.17	\$96.95
50-59	\$80.40	\$135.08	\$80.40	\$135.08
60-69	\$101.45	\$168.92	\$101.45	\$168.92
70+	\$138.53	\$222.11	\$138.53	\$222.11

Employee Face Amount: \$40,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$22.02	\$36.30	\$22.02	\$36.30
30-39	\$37.20	\$58.80	\$37.20	\$58.80
40-49	\$67.26	\$110.02	\$67.26	\$110.02
50-59	\$91.50	\$153.58	\$91.50	\$153.58
60-69	\$115.60	\$192.38	\$115.60	\$192.38
70+	\$158.08	\$253.38	\$158.08	\$253.38

Employee Face Amount: \$45,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$23.76	\$39.00	\$23.76	\$39.00
30-39	\$40.80	\$64.20	\$40.80	\$64.20
40-49	\$78.24	\$126.72	\$78.24	\$126.72
50-59	\$150.24	\$239.76	\$150.24	\$239.76
60-69	\$174.60	\$252.24	\$174.60	\$252.24
70+	\$210.00	\$331.20	\$210.00	\$331.20

Employee Face Amount: \$50,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$25.68	\$41.64	\$25.68	\$41.64
30-39	\$44.52	\$70.08	\$44.52	\$70.08
40-49	\$87.00	\$138.24	\$87.00	\$138.24
50-59	\$162.24	\$252.60	\$162.24	\$252.60
60-69	\$239.76	\$390.84	\$239.76	\$390.84
70+	\$252.60	\$450.72	\$252.60	\$450.72

Tobacco rates

Employee Face Amount: \$5,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$5.24	\$9.86	\$5.24	\$9.86
30-39	\$9.07	\$16.56	\$9.07	\$16.56
40-49	\$15.34	\$26.57	\$15.34	\$26.57
50-59	\$20.66	\$36.42	\$20.66	\$36.42
60-69	\$25.73	\$44.41	\$25.73	\$44.41
70+	\$34.55	\$56.30	\$34.55	\$56.30

Employee Face Amount: \$10,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$9.37	\$16.81	\$9.37	\$16.81
30-39	\$16.32	\$28.82	\$16.32	\$28.82
40-49	\$28.16	\$47.89	\$28.16	\$47.89
50-59	\$38.70	\$67.45	\$38.70	\$67.45
60-69	\$49.18	\$84.26	\$49.18	\$84.26
70+	\$67.52	\$109.54	\$67.52	\$109.54

Employee Face Amount: \$15,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$13.50	\$23.76	\$13.50	\$23.76
30-39	\$23.57	\$40.66	\$23.57	\$40.66
40-49	\$41.00	\$69.23	\$41.00	\$69.23
50-59	\$56.72	\$98.48	\$56.72	\$98.48
60-69	\$72.61	\$124.12	\$72.61	\$124.12
70+	\$100.51	\$162.76	\$100.51	\$162.76

Employee Face Amount: \$20,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$16.78	\$28.26	\$16.78	\$28.26
30-39	\$30.66	\$49.26	\$30.66	\$49.26
40-49	\$53.84	\$90.55	\$53.84	\$90.55
50-59	\$74.75	\$129.52	\$74.75	\$129.52
60-69	\$96.06	\$163.97	\$96.06	\$163.97
70+	\$133.49	\$215.99	\$133.49	\$215.99

Employee Face Amount: \$25,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$19.08	\$31.62	\$19.08	\$31.62
30-39	\$36.30	\$57.78	\$36.30	\$57.78
40-49	\$66.68	\$111.88	\$66.68	\$111.88
50-59	\$92.77	\$160.55	\$92.77	\$160.55
60-69	\$119.50	\$203.83	\$119.50	\$203.83
70+	\$166.46	\$269.22	\$166.46	\$269.22

Employee Face Amount: \$30,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$21.30	\$35.22	\$21.30	\$35.22
30-39	\$42.06	\$66.54	\$42.06	\$66.54
40-49	\$79.51	\$133.20	\$79.51	\$133.20
50-59	\$110.80	\$191.57	\$110.80	\$191.57
60-69	\$142.94	\$243.68	\$142.94	\$243.68
70+	\$199.44	\$322.45	\$199.44	\$322.45

Employee Face Amount: \$35,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$23.70	\$38.70	\$23.70	\$38.70
30-39	\$47.86	\$75.12	\$47.86	\$75.12
40-49	\$95.94	\$160.54	\$95.94	\$160.54
50-59	\$133.84	\$231.25	\$133.84	\$231.25
60-69	\$172.85	\$294.55	\$172.85	\$294.55
70+	\$241.44	\$390.28	\$241.44	\$390.28

Employee Face Amount: \$40,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$25.98	\$42.18	\$25.98	\$42.18
30-39	\$53.58	\$83.70	\$53.58	\$83.70
40-49	\$109.27	\$182.69	\$109.27	\$182.69
50-59	\$152.56	\$263.48	\$152.56	\$263.48
60-69	\$197.20	\$335.95	\$197.20	\$335.95
70+	\$275.70	\$445.57	\$275.70	\$445.57

Employee Face Amount: \$45,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$28.26	\$45.66	\$28.26	\$45.66
30-39	\$59.40	\$92.40	\$59.40	\$92.40
40-49	\$122.60	\$204.84	\$122.60	\$204.84
50-59	\$171.29	\$295.72	\$171.29	\$295.72
60-69	\$221.54	\$377.35	\$221.54	\$377.35
70+	\$309.96	\$500.87	\$309.96	\$500.87

Employee Face Amount: \$50,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$30.60	\$49.06	\$30.60	\$49.06
30-39	\$64.98	\$100.98	\$64.98	\$100.98
40-49	\$135.94	\$226.99	\$135.94	\$226.99
50-59	\$190.01	\$327.95	\$190.01	\$327.95
60-69	\$245.90	\$418.75	\$245.90	\$418.75
70+	\$344.22	\$556.18	\$344.22	\$556.18

Aetna Critical Illness Plan Rates

12-Pay



Critical Illness Plan*

You may enroll in one option only.

Non-Tobacco rates

Employee Face Amount: \$5,000

<u>Age Band</u>	<u>Yourself only</u>	<u>Yourself and spouse</u>	<u>Yourself plus child(ren)</u>	<u>Yourself and family</u>
<30	\$3.11	\$ 6.05	\$3.11	\$ 6.05
30-39	\$5.28	\$ 9.82	\$5.28	\$ 9.82
40-49	\$8.57	\$ 14.85	\$8.57	\$ 14.85
50-59	\$11.10	\$ 19.33	\$11.10	\$ 19.33
60-69	\$13.26	\$ 22.61	\$13.26	\$ 22.61
70+	\$17.00	\$ 27.64	\$17.00	\$ 27.64

Employee Face Amount: \$10,000

<u>Age Band</u>	<u>Yourself only</u>	<u>Yourself and spouse</u>	<u>Yourself plus child(ren)</u>	<u>Yourself and family</u>
<30	\$5.28	\$9.67	\$5.28	\$9.67
30-39	\$9.04	\$16.06	\$9.04	\$16.06
40-49	\$15.05	\$25.34	\$15.05	\$25.34
50-59	\$20.00	\$34.17	\$20.00	\$34.17
60-69	\$24.61	\$41.43	\$24.61	\$41.43
70+	\$32.69	\$52.73	\$32.69	\$52.73

Employee Face Amount: \$15,000

<u>Age Band</u>	<u>Yourself only</u>	<u>Yourself and spouse</u>	<u>Yourself plus child(ren)</u>	<u>Yourself and family</u>
<30	\$7.45	\$13.28	\$7.45	\$13.28
30-39	\$12.80	\$22.30	\$12.80	\$22.30
40-49	\$21.53	\$35.83	\$21.53	\$35.83
50-59	\$28.90	\$49.01	\$28.90	\$49.01
60-69	\$35.96	\$60.25	\$35.96	\$60.25
70+	\$48.37	\$77.82	\$48.37	\$77.82

Employee Face Amount: \$20,000

<u>Age Band</u>	<u>Yourself only</u>	<u>Yourself and spouse</u>	<u>Yourself plus child(ren)</u>	<u>Yourself and family</u>
<30	\$9.63	\$16.90	\$9.63	\$16.90
30-39	\$16.57	\$28.55	\$16.57	\$28.55
40-49	\$28.02	\$46.31	\$28.02	\$46.31
50-59	\$37.80	\$63.85	\$37.80	\$63.85
60-69	\$47.32	\$79.06	\$47.32	\$79.06
70+	\$64.06	\$102.91	\$64.06	\$102.91



Employee Face Amount: \$25,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$11.80	\$20.51	\$11.80	\$20.51
30-39	\$20.33	\$34.79	\$20.33	\$34.79
40-49	\$34.50	\$56.80	\$34.50	\$56.80
50-59	\$46.70	\$78.68	\$46.70	\$78.68
60-69	\$58.67	\$97.88	\$58.67	\$97.88
70+	\$79.75	\$127.99	\$79.75	\$127.99

Employee Face Amount: \$30,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$13.98	\$24.13	\$13.98	\$24.13
30-39	\$24.09	\$39.98	\$24.09	\$39.98
40-49	\$40.98	\$67.28	\$40.98	\$67.28
50-59	\$55.60	\$93.52	\$55.60	\$93.52
60-69	\$70.02	\$116.69	\$70.02	\$116.69
70+	\$95.44	\$153.08	\$95.44	\$153.08

Employee Face Amount: \$35,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$16.78	\$27.95	\$16.78	\$27.95
30-39	\$27.88	\$44.55	\$27.88	\$44.55
40-49	\$49.31	\$80.79	\$49.31	\$80.79
50-59	\$67.00	\$112.57	\$67.00	\$112.57
60-69	\$84.54	\$140.77	\$84.54	\$140.77
70+	\$115.44	\$185.09	\$115.44	\$185.09

Employee Face Amount: \$40,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$18.35	\$30.25	\$18.35	\$30.25
30-39	\$31.00	\$49.00	\$31.00	\$49.00
40-49	\$56.05	\$91.68	\$56.05	\$91.68
50-59	\$76.25	\$127.98	\$76.25	\$127.98
60-69	\$96.33	\$160.32	\$96.33	\$160.32
70+	\$131.73	\$211.15	\$131.73	\$211.15

Employee Face Amount: \$45,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$19.80	\$32.50	\$19.80	\$32.50
30-39	\$34.00	\$53.50	\$34.00	\$53.50
40-49	\$65.20	\$105.60	\$65.20	\$105.60
50-59	\$125.20	\$199.80	\$125.20	\$199.80
60-69	\$145.50	\$210.20	\$145.50	\$210.20
70+	\$175.00	\$276.00	\$175.00	\$276.00

Employee Face Amount: \$50,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$21.40	\$34.70	\$21.40	\$34.70
30-39	\$37.10	\$58.40	\$37.10	\$58.40
40-49	\$72.50	\$115.20	\$72.50	\$115.20
50-59	\$135.20	\$210.50	\$135.20	\$210.50
60-69	\$199.80	\$325.70	\$199.80	\$325.70
70+	\$210.50	\$375.60	\$210.50	\$375.60

Tobacco ratesEmployee Face Amount: \$5,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$4.37	\$8.22	\$4.37	\$8.22
30-39	\$7.56	\$13.80	\$7.56	\$13.80
40-49	\$12.78	\$22.14	\$12.78	\$22.14
50-59	\$17.22	\$30.35	\$17.22	\$30.35
60-69	\$21.44	\$37.01	\$21.44	\$37.01
70+	\$28.79	\$46.92	\$28.79	\$46.92

Employee Face Amount: \$10,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$7.81	\$14.01	\$7.81	\$14.01
30-39	\$13.60	\$24.02	\$13.60	\$24.02
40-49	\$23.47	\$39.91	\$23.47	\$39.91
50-59	\$32.25	\$56.21	\$32.25	\$56.21
60-69	\$40.98	\$70.22	\$40.98	\$70.22
70+	\$56.27	\$91.28	\$56.27	\$91.28

Employee Face Amount: \$15,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$11.25	\$19.80	\$11.25	\$19.80
30-39	\$19.64	\$33.88	\$19.64	\$33.88
40-49	\$34.17	\$57.69	\$34.17	\$57.69
50-59	\$47.27	\$82.07	\$47.27	\$82.07
60-69	\$60.51	\$103.43	\$60.51	\$103.43
70+	\$83.76	\$135.63	\$83.76	\$135.63

Employee Face Amount: \$20,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$13.98	\$23.55	\$13.98	\$23.55
30-39	\$25.55	\$41.05	\$25.55	\$41.05
40-49	\$44.87	\$75.46	\$44.87	\$75.46
50-59	\$62.29	\$107.93	\$62.29	\$107.93
60-69	\$80.05	\$136.64	\$80.05	\$136.64
70+	\$111.24	\$179.99	\$111.24	\$179.99

Employee Face Amount: \$25,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$15.90	\$26.35	\$15.90	\$26.35
30-39	\$30.25	\$48.15	\$30.25	\$48.15
40-49	\$55.57	\$93.23	\$55.57	\$93.23
50-59	\$77.31	\$133.79	\$77.31	\$133.79
60-69	\$99.58	\$169.86	\$99.58	\$169.86
70+	\$138.72	\$224.35	\$138.72	\$224.35

Employee Face Amount: \$30,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$17.75	\$29.35	\$17.75	\$29.35
30-39	\$35.05	\$55.45	\$35.05	\$55.45
40-49	\$66.26	\$111.00	\$66.26	\$111.00
50-59	\$92.33	\$159.64	\$92.33	\$159.64
60-69	\$119.12	\$203.07	\$119.12	\$203.07
70+	\$166.20	\$268.71	\$166.20	\$268.71

Employee Face Amount: \$35,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$19.75	\$32.25	\$19.75	\$32.25
30-39	\$39.88	\$62.60	\$39.88	\$62.60
40-49	\$79.95	\$133.78	\$79.95	\$133.78
50-59	\$111.53	\$192.71	\$111.53	\$192.71
60-69	\$144.04	\$245.46	\$144.04	\$245.46
70+	\$201.20	\$325.23	\$201.20	\$325.23

Employee Face Amount: \$40,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$21.65	\$35.15	\$21.65	\$35.15
30-39	\$44.65	\$69.75	\$44.65	\$69.75
40-49	\$91.06	\$152.24	\$91.06	\$152.24
50-59	\$127.13	\$219.57	\$127.13	\$219.57
60-69	\$164.33	\$279.96	\$164.33	\$279.96
70+	\$229.75	\$371.31	\$229.75	\$371.31

Employee Face Amount: \$45,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$23.55	\$38.05	\$23.55	\$38.05
30-39	\$49.50	\$77.00	\$49.50	\$77.00
40-49	\$102.17	\$170.70	\$102.17	\$170.70
50-59	\$142.74	\$246.43	\$142.74	\$246.43
60-69	\$184.62	\$314.46	\$184.62	\$314.46
70+	\$258.30	\$417.39	\$258.30	\$417.39

Employee Face Amount: \$50,000

<u>Age Band</u>	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<30	\$25.50	\$40.88	\$25.50	\$40.88
30-39	\$54.15	\$84.15	\$54.15	\$84.15
40-49	\$113.28	\$189.16	\$113.28	\$189.16
50-59	\$158.34	\$273.29	\$158.34	\$273.29
60-69	\$204.92	\$348.96	\$204.92	\$348.96
70+	\$286.85	\$463.48	\$286.85	\$463.48

Accident Insurance

Aetna | www.aetna.com | 800.800.8121

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

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





Cover your bases

Aetna® Accident Plan

Prepare for the unexpected

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

What is the Aetna Accident Plan?

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

How is this different from a major medical plan?

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

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

How can you use the cash benefits?

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

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

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

Easy to use

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

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



“What ifs” are everywhere

The average cost of all non-fatal injuries per person initially treated in an emergency department was approximately \$6,620¹. Home accidents injure **one person every four seconds** in the U.S.²



Because you never know

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

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

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com) to view plan documents, submit and track claims, and sign up for direct deposit. You can also access the portal from [Aetna.com](https://aetna.com).

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



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

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

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



Benefit Summary

Aetna On/Off-Job Accident Plan



Warren County Schools
6501118

The accident plan helps financially



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

Be ready for when real life happens.

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

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

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



Accident plan



Initial care

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

Follow-up care

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

Note: Major appliances include: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair.

Note: Minor appliances include: Brace, cane, crutches, walker, walking boot, other medical devices to aid in physical movement.

Accident plan



Hospital care

Hospital and all other stays related to a covered accident.

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

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

Surgical care

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

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

Lodging/Transportation

Covered benefit	Low	High
Lodging	\$200	\$200
<i>Max lodging days per accident</i>	30	30
Transportation	\$300	\$300
<i>Max trips per accident</i>	3	3

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

Accident plan



Dislocations- closed reduction (*non-surgical*)

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

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

Fractures- closed reduction (*non-surgical*)

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

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

Accident plan



Accidental death

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

Accidental death common carrier

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

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

Accidental dismemberment

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

Paralysis (complete, total & permanent loss)

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

Accident plan



Other benefits

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

Note: Max 10 days per accident for coma/PVS benefits.

Note: Posttraumatic stress disorder benefit is limited to 1 per person, per lifetime.

Note: Service dog benefit is limited to 1 dog, per lifetime.

Other benefits

Organized sports benefit

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

Note: Organized sport benefit excludes the following benefits:

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

Accident plan



Health screening benefit

Covered benefit	Benefit amount
Health screening benefit <i>(pays once per member per plan year for covered preventive tests.)</i>	\$75

Covered health screenings

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

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

Aetna Accident plan exclusions and limitations

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

Benefits under the policy will not be payable for any care, service or supply for an accidental injury related to the following:

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving;
2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment;
3. Act of war, riot, war;
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
5. Assault, felony, illegal occupation, or other criminal act;
6. Bacterial infections that are not caused by a cut or wound from an accidental injury;
7. Care provided by immediate family members or any household member;
8. Elective or cosmetic surgery;
9. Nutritional supplements;
10. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant, including those prescribed by a physician that are misused;

We will not pay any benefits for a service or supply rendered or received that are not specifically covered or not related to an accidental injury.

The stay, visit or service must be on or after the effective date of coverage, while coverage is in force and take place in the United States or its territories.

Portability

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



Aetna Accident Plan rates



10-Pay Rates



Accident Plan

You may enroll in one option only.

<u>Low</u>	<u>Cost</u>	<u>High</u>	<u>Cost</u>
Yourself only	\$11.36	Yourself only	\$15.43
Yourself & spouse	\$22.73	Yourself & spouse	\$30.86
Yourself plus child(ren)	\$23.86	Yourself plus child(ren)	\$32.41
Yourself and family	\$35.22	Yourself and family	\$47.84

12-Pay Rates



Accident Plan

You may enroll in one option only.

<u>Low</u>	<u>Cost</u>	<u>High</u>	<u>Cost</u>
Yourself only	\$9.47	Yourself only	\$12.86
Yourself & spouse	\$18.94	Yourself & spouse	\$25.72
Yourself plus child(ren)	\$19.88	Yourself plus child(ren)	\$27.01
Yourself and family	\$29.35	Yourself and family	\$39.87



Hospital Indemnity Insurance

Aetna | www.aetna.com | 800.800.8121

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

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

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





Less stress

Aetna® Hospital Indemnity Plan

Be prepared for what lies ahead

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

What is the Aetna Hospital Indemnity Plan?

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

How is this different from a major medical plan?

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

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

How can you use the cash benefits?

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

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

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

Easy to use

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

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



Because it happens

\$1.24 trillion was spent on hospital services in 2020. 60%-65% of all bankruptcies are related to medical expenses¹.

Ready ... or not



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

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

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

An Aetna Simplified Claims Experience™

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

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



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

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



Benefit Summary



Aetna Hospital Indemnity Plan

Warren County Schools

6501118

The hospital indemnity plan helps financially



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

Make your hospital stay a bit easier.

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

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

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

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



Hospital indemnity plan



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

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

Inpatient benefits

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

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

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

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

Newborn benefits

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

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

Surgery protection benefits

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

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

Hospital indemnity plan



Other benefits

Covered benefit	Benefit amount
Health screening benefit <i>(Pays once per member per plan year for covered preventive tests.)</i>	\$50

Covered health screenings

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

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

Aetna Hospital Indemnity Plan exclusions and limitations

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

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

Portability

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



Aetna Hospital Indemnity Plan rates



10-Pay Rates



Hospital Indemnity Plan

You may enroll in one option only.

<u>Low</u>		<u>Cost</u>	<u>High</u>		<u>Cost</u>
Yourself only		\$36.30	Yourself only		\$42.91
Yourself & spouse		\$72.59	Yourself & spouse		\$85.82
Yourself plus child(ren)		\$65.33	Yourself plus child(ren)		\$77.24
Yourself and family		\$101.63	Yourself and family		\$120.14

12-Pay Rates



Hospital Indemnity Plan

You may enroll in one option only.

<u>Low</u>		<u>Cost</u>	<u>High</u>		<u>Cost</u>
Yourself only		\$30.25	Yourself only		\$35.76
Yourself & spouse		\$60.49	Yourself & spouse		\$71.52
Yourself plus child(ren)		\$54.44	Yourself plus child(ren)		\$64.37
Yourself and family		\$84.69	Yourself and family		\$100.12



COBRA

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

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

COBRA Highlights

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

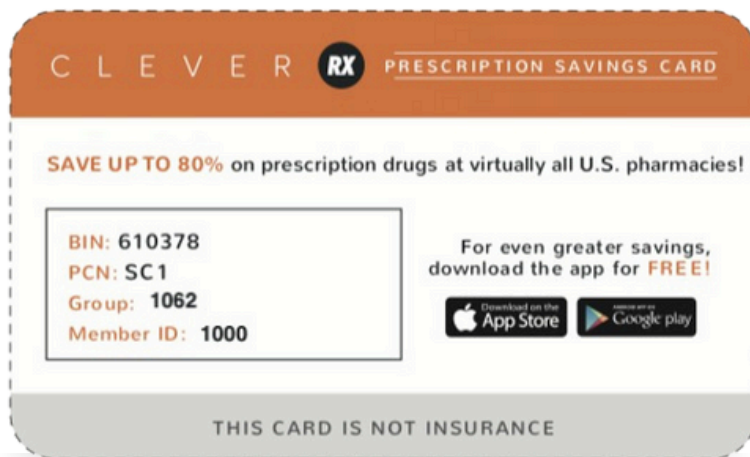


Clever RX

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

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

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



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

Clever RX Highlights

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



Manage your benefits anytime, anywhere.

All your benefits info in one place! My FFGA Benefits is your new benefits companion, right at your fingertips.

FIND OUR APP HERE



www.ffga.com/my-ffga-benefits

WARREN COUNTY SCHOOLS
GROUP ID: 38964



View Available Benefits & Enroll

Navigate to your Employee Benefits Center to enroll and access product brochures, videos, claim forms and carrier contact info.



FSA/HSA Login

Download the FF Mobile Account App and access your FSA/HSA administered through First Financial.



My Wallet

Save provider information, family and health details and carrier cards so that you can quickly access when needed.



Contact Us

Find contact information for your First Financial account manager and local branch office for additional support.

Contact Information

Product	Carrier	Website	Phone
Dental	Delta Dental	DeltaDentalINC.com	800.662.8856
Vision	Superior Vision	www.superiorvision.com	800.507.3800
Flexible Spending Account	FFGA	www.ffga.com	866.853.3539
Employer-Paid Group Term Life	OneAmerica	www.oneamerica.com	800.553.5318
Voluntary Group Term Life	Reliance Standard	www.reliancestandard.com	800.351.7500
Voluntary Term Life	American Fidelity	www.americanfidelity.com	800.662.1113
Permanent Life	Texas Life	www.texaslife.com	800.283.9233
Short Term Disability	OneAmerica	www.oneamerica.com	800.553.5318
Cancer	American Fidelity	www.americanfidelity.com	800.662.1113
Critical Illness	Aetna	www.aetna.com	800.800.8121
Accident	Aetna	www.aetna.com	800.800.8121
Hospital Indemnity	Aetna	www.aetna.com	800.800.8121