

# Polk County Schools 2025 BENEFITS GUIDE



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Employee Benefits Center (EBC):  
[ffbenefts.ffga.com/polkcountryschools](http://ffbenefts.ffga.com/polkcountryschools)

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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!

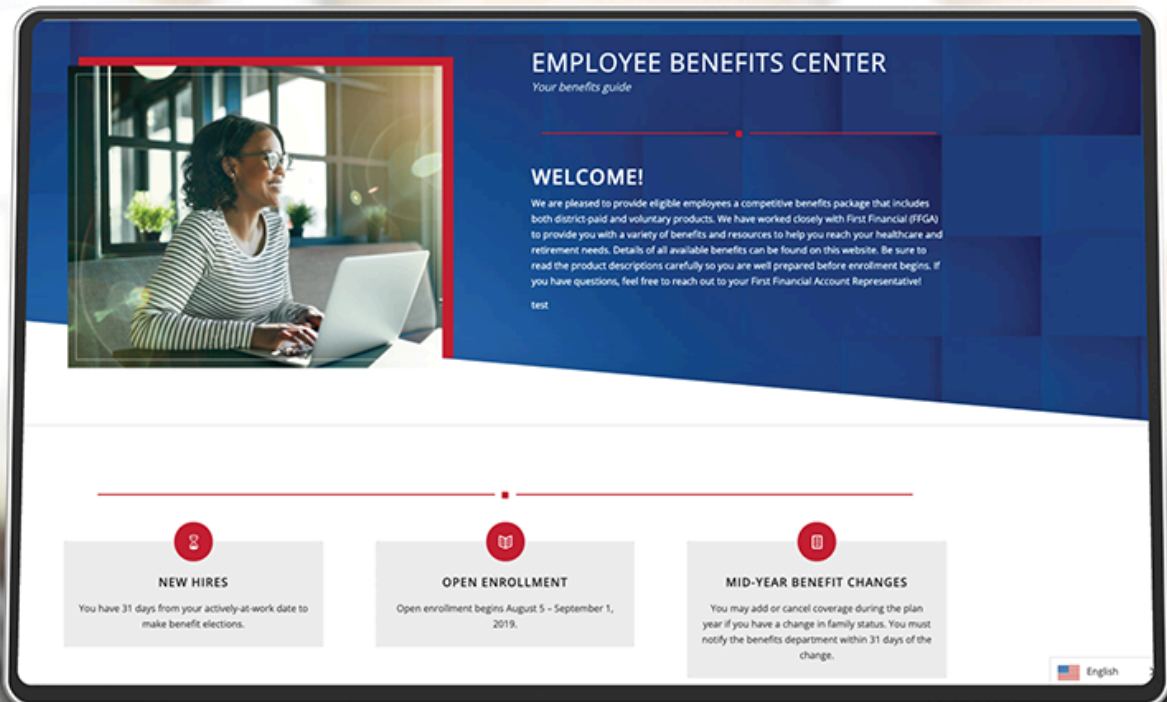
Polk County Schools and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

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



# How to Enroll

## Benefits Enrollment

### **On-Site Enrollment**

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

### **What to Have Ready for Your Enrollment Meeting:**

- Social Security number and birth dates for all dependents
- Any status/life event or address changes
- Questions about available benefits

### **Questions?**

For questions about benefit plans, premiums or to meet with an FFGA representative in person, call (800) 924-3539.

# 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.*

**Delta Dental of North Carolina**  
**Dental Benefit Highlights for**  
**Polk County Schools #10040**



**Delta Dental PPO plus Premier™**

	Delta Dental PPO™ Dentist	Delta Dental Premier* Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, and fluoride	100%	100%	100%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> - fillings and crown repair	80%	80%	80%
<b>Simple Extractions</b> - non-surgical removal of teeth	80%	80%	80%
<b>Major Services</b>			
<b>Space Maintainers</b> - appliances to prevent tooth movement	50%	50%	50%
<b>Endodontic Services</b> - root canals	50%	50%	50%
<b>Periodontic Services</b> - to treat gum disease	50%	50%	50%
<b>Other Oral Surgery</b> - dental surgery	50%	50%	50%
<b>Major Restorative Services</b> - crowns	50%	50%	50%
<b>Other Basic Services</b> - misc. services	50%	50%	50%
<b>Relines and Repairs</b> - to bridges, implants, and dentures	50%	50%	50%
<b>Prosthodontic Services</b> - bridges, dentures, and crowns over implants	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	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.

**Maximum Payment** - \$1,500 per Member total per Benefit Year on all services, except diagnostic, emergency palliative treatment, prophylaxes (cleanings), fluoride, X-rays, brush biopsy, sealants, and orthodontic services. \$1,500 per Member total per lifetime on orthodontic services.

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

**Benefit Waiting Period** - There is a 12-month waiting period for certain services. Endodontic Services, Periodontic Services, Other Oral Surgery, Major Restorative Services, Other Basic Services, Relines and Repairs, Prosthodontic Services, and Orthodontic Services will not be covered until after a Member is enrolled in the dental plan for 12 consecutive months.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

**Welcome to North Carolina's largest dental benefits family!**

As a member of Delta Dental of North Carolina, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

**Quality Dental Program**

With our quick and accurate claims processing, *we pay more than 90% of claims in 10 days or less.* Delta Dental also offers world-class customer service from our BenchmarkPortal Certified Center of Excellence call center.

**Online Access**

Our online Member Portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

**A Healthy Smile**

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

**Questions?**

If you have questions, please call our Customer Service team at 800-662-8856 (TTY users call 711) or look online at <https://www.DeltaDentalNC.com>.

Coverage Tier	10-Pay Rates	12-Pay Rates
Enrollee Only	\$47.95	\$39.96
Enrollee and Spouse	\$94.51	\$78.76
Enrollee and Child(ren)	\$135.14	\$112.62
Enrollee, Spouse, and Child(ren)	\$183.13	\$152.61



### A Vision Plan for Everyone

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

### Plan Features



#### Flexible Eyewear Allowance

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



#### Don't Need Prescription Glasses?

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



#### Expansive Provider Network

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



#### Vision Care is Important

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



#### Member Portal

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

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



#### Prefer to Shop Online?

**Eyeconic** offers CEC members special discounts when using the promo code

**CECMEMBERS** at [eyeconic.com](http://eyeconic.com).



## 120 PLAN

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT
Exam	An annual routine eye exam.	\$10	100% minus the copay
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None
Eyewear	An annual <b>\$120</b> flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$25	Up to \$120 minus copay
Contact Lens Fitting	An annual fitting or evaluation.	\$25	100% minus the copay

MONTHLY RATES - 10 MONTH	
Employee Only	<b>\$7.03</b>
Employee + One	<b>\$13.63</b>
Employee + Family	<b>\$20.39</b>

## 155 PLAN

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT
Exam	An annual routine eye exam.	\$10	100% minus the copay
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None
Eyewear	An annual <b>\$155</b> flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$25	Up to \$155 minus copay
Contact Lens Fitting	An annual fitting or evaluation.	\$25	100% minus the copay

MONTHLY RATES - 10 MONTH	
Employee Only	<b>\$10.78</b>
Employee + One	<b>\$20.47</b>
Employee + Family	<b>\$31.25</b>

## 200 PLAN

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT
Exam	An annual routine eye exam.	\$10	100% minus the copay
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None
Eyewear	An annual <b>\$200</b> flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$25	Up to \$200 minus copay
Contact Lens Fitting	An annual fitting or evaluation.	\$25	100% minus the copay

MONTHLY RATES - 10 MONTH	
Employee Only	<b>\$14.74</b>
Employee + One	<b>\$28.00</b>
Employee + Family	<b>\$42.73</b>

### ADDITIONAL SAVINGS

<b>Additional Pairs of Glasses or Contacts</b>	Members receive a 20% savings on additional pairs of prescription and non-prescription glasses, and 10% savings on contact lenses, from any CEC in-network provider within 12 months of their last eye exam.
<b>LASIK Discounts</b>	Members can save up to 50% from participating QualSight LASIK providers, including TLC Laser Eye Center.
<b>Special Offers</b>	A variety of special offers are available to CEC members. Visit <a href="https://cecvision.com/members/special-offers">cecvision.com/members/special-offers</a> for additional information!

## 120 PLAN

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT	MONTHLY RATES - 12 MONTH	
Exam	An annual routine eye exam.	\$10	100% minus the copay	Employee Only	\$5.86
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None	Employee + One	\$11.36
Eyewear	An annual <b>\$120</b> flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$25	Up to \$120 minus copay	Employee + Family	\$16.99
Contact Lens Fitting	An annual fitting or evaluation.	\$25	100% minus the copay		

## 155 PLAN

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT	MONTHLY RATES - 12 MONTH	
Exam	An annual routine eye exam.	\$10	100% minus the copay	Employee Only	\$8.98
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None	Employee + One	\$17.06
Eyewear	An annual <b>\$155</b> flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$25	Up to \$155 minus copay	Employee + Family	\$26.04
Contact Lens Fitting	An annual fitting or evaluation.	\$25	100% minus the copay		

## 200 PLAN

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT	MONTHLY RATES - 12 MONTH	
Exam	An annual routine eye exam.	\$10	100% minus the copay	Employee Only	\$12.28
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None	Employee + One	\$23.33
Eyewear	An annual <b>\$200</b> flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$25	Up to \$200 minus copay	Employee + Family	\$35.61
Contact Lens Fitting	An annual fitting or evaluation.	\$25	100% minus the copay		

### ADDITIONAL SAVINGS

<b>Additional Pairs of Glasses or Contacts</b>	Members receive a 20% savings on additional pairs of prescription and non-prescription glasses, and 10% savings on contact lenses, from any CEC in-network provider within 12 months of their last eye exam.
<b>LASIK Discounts</b>	Members can save up to 50% from participating QualSight LASIK providers, including TLC Laser Eye Center.
<b>Special Offers</b>	A variety of special offers are available to CEC members. Visit <a href="http://cecvision.com/members/special-offers">cecvision.com/members/special-offers</a> for additional information!

# Flexible Spending Accounts

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

## Medical FSA

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

**Your maximum contribution amount for 2024 is \$3,200.**

### Medical FSA Highlights

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

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

## Dependent Care FSA

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

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

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

### Dependent Care FSA Highlights

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

# FSA Resources

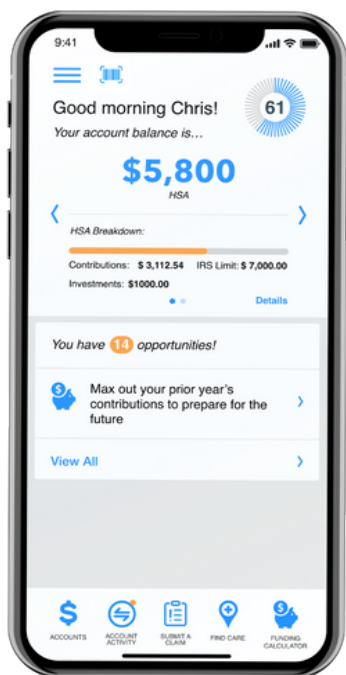
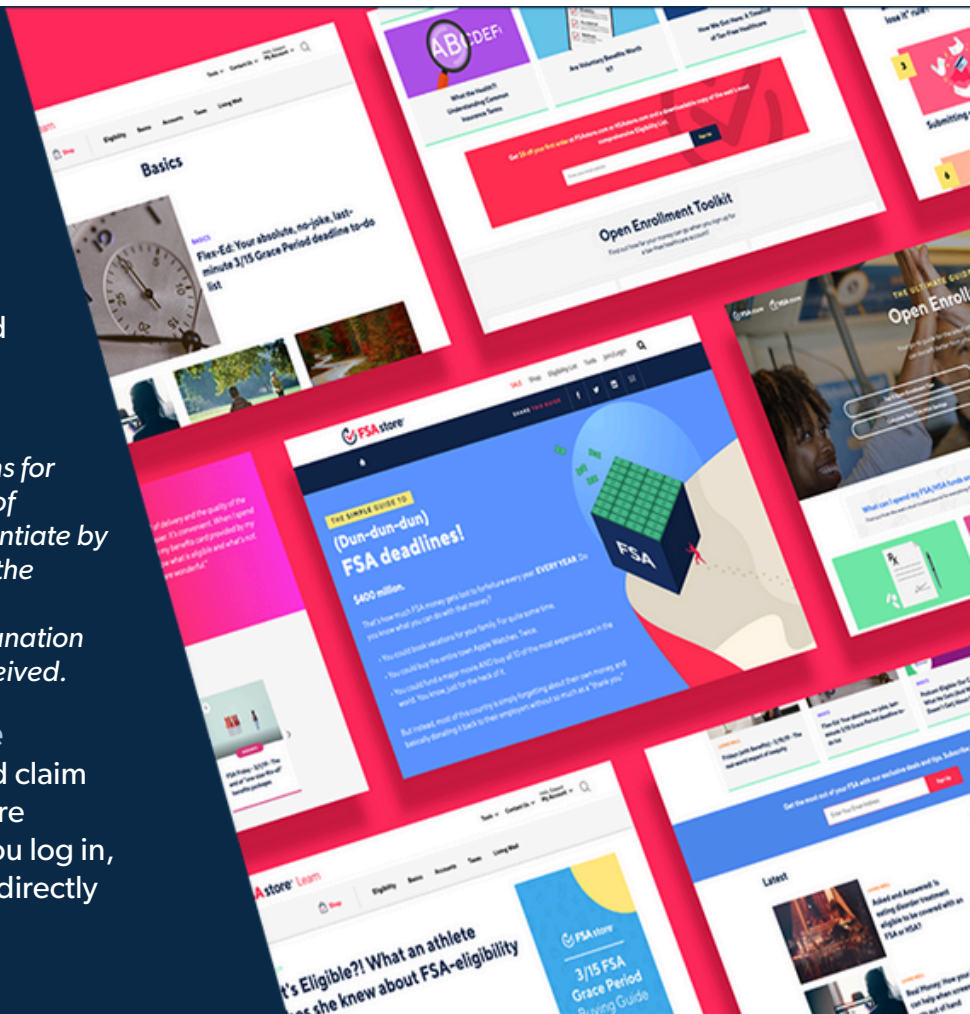
## Benefits Card

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

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

## View Your Account Details Online

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



## FF Mobile Account App

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

## FSA Store

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



# WOW!

## LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS



**IT'S AFFORDABLE  
YOU OWN IT**



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



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



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



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



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



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

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

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

19M004-C FFGA 1003 (exp0321)

 **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

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# LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

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



It's AFFORDABLE  
YOU OWN IT



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



YOU PAY FOR IT  
THROUGH CONVENIENT  
PAYROLL DEDUCTIONS



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



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



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

## 3 QUICK QUESTIONS

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

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

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

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

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

19Mo16-C FFGA 1092 (exp0321)



# TEXASLIFE INSURANCE COMPANY

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

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

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

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

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".



## Focus on Recovery, Not Expenses

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

### Plan Highlights



#### Benefits are Payable Directly to You

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



#### Customized to Meet Your Individual Needs

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



#### Return-to-Work Benefit

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

### Choose the Right Plan for You

**BENEFITS BEGIN** on the day of Disability due to a covered Injury or Sickness.

Plan I	On the 1st/8th day
Plan II	On the 15th day
Plan III	On the 31st day



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



**Sickness** means a disease or illness. Sickness includes pregnancy and any complications of pregnancy, including but not limited to an emergency non-elective cesarean section. Disability must begin while your coverage is active.



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



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

## AF™ Short-Term Disability Income Insurance

North Carolina Educators

Marketed by:



EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

# Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 60% of your monthly compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death & Dismemberment Benefit	Monthly Premiums		
			Plan I (1st/8th)	Plan II (15th)	Plan III (31st)
\$334.00 - \$499.99	\$200.00	\$25,000.00	\$6.68	\$5.52	\$4.04
\$500.00 - \$666.99	\$300.00	\$25,000.00	\$10.02	\$8.28	\$6.06
\$667.00 - \$833.99	\$400.00	\$25,000.00	\$13.36	\$11.04	\$8.08
\$834.00 - \$999.99	\$500.00	\$25,000.00	\$16.70	\$13.80	\$10.10
\$1,000.00 - \$1,166.99	\$600.00	\$25,000.00	\$20.04	\$16.56	\$12.12
\$1,167.00 - \$1,333.99	\$700.00	\$25,000.00	\$23.38	\$19.32	\$14.14
\$1,334.00 - \$1,499.99	\$800.00	\$25,000.00	\$26.72	\$22.08	\$16.16
\$1,500.00 - \$1,666.99	\$900.00	\$25,000.00	\$30.06	\$24.84	\$18.18
\$1,667.00 - \$1,833.99	\$1,000.00	\$25,000.00	\$33.40	\$27.60	\$20.20
\$1,834.00 - \$1,999.99	\$1,100.00	\$25,000.00	\$36.74	\$30.36	\$22.22
\$2,000.00 - \$2,166.99	\$1,200.00	\$25,000.00	\$40.08	\$33.12	\$24.24
\$2,167.00 - \$2,333.99	\$1,300.00	\$25,000.00	\$43.42	\$35.88	\$26.26
\$2,334.00 - \$2,499.99	\$1,400.00	\$25,000.00	\$46.76	\$38.64	\$28.28
\$2,500.00 - \$2,666.99	\$1,500.00	\$25,000.00	\$50.10	\$41.40	\$30.30
\$2,667.00 - \$2,833.99	\$1,600.00	\$25,000.00	\$53.44	\$44.16	\$32.32
\$2,834.00 - \$2,999.99	\$1,700.00	\$25,000.00	\$56.78	\$46.92	\$34.34
\$3,000.00 - \$3,166.99	\$1,800.00	\$25,000.00	\$60.12	\$49.68	\$36.36
\$3,167.00 - \$3,333.99	\$1,900.00	\$25,000.00	\$63.46	\$52.44	\$38.38
\$3,334.00 - \$3,499.99	\$2,000.00	\$25,000.00	\$66.80	\$55.20	\$40.40
\$3,500.00 - \$3,666.99	\$2,100.00	\$25,000.00	\$70.14	\$57.96	\$42.42
\$3,667.00 - \$3,833.99	\$2,200.00	\$25,000.00	\$73.48	\$60.72	\$44.44
\$3,834.00 - \$3,999.99	\$2,300.00	\$25,000.00	\$76.82	\$63.48	\$46.46
\$4,000.00 - \$4,166.99	\$2,400.00	\$25,000.00	\$80.16	\$66.24	\$48.48
\$4,167.00 - \$4,333.99	\$2,500.00	\$25,000.00	\$83.50	\$69.00	\$50.50
\$4,334.00 - \$4,499.99	\$2,600.00	\$25,000.00	\$86.84	\$71.76	\$52.52
\$4,500.00 - \$4,666.99	\$2,700.00	\$25,000.00	\$90.18	\$74.52	\$54.54
\$4,667.00 - \$4,833.99	\$2,800.00	\$25,000.00	\$93.52	\$77.28	\$56.56
\$4,834.00 - \$4,999.99	\$2,900.00	\$25,000.00	\$96.86	\$80.04	\$58.58
\$5,000.00 - \$5,166.99	\$3,000.00	\$25,000.00	\$100.20	\$82.80	\$60.60
\$5,167.00 - \$5,333.99	\$3,100.00	\$25,000.00	\$103.54	\$85.56	\$62.62
\$5,334.00 - \$5,499.99	\$3,200.00	\$25,000.00	\$106.88	\$88.32	\$64.64
\$5,500.00 - \$5,666.99	\$3,300.00	\$25,000.00	\$110.22	\$91.08	\$66.66
\$5,667.00 - \$5,833.99	\$3,400.00	\$25,000.00	\$113.56	\$93.84	\$68.68
\$5,834.00 - \$5,999.99	\$3,500.00	\$25,000.00	\$116.90	\$96.60	\$70.70
\$6,000.00 - \$6,166.99	\$3,600.00	\$25,000.00	\$120.24	\$99.36	\$72.72
\$6,167.00 - \$6,333.99	\$3,700.00	\$25,000.00	\$123.58	\$102.12	\$74.74
\$6,334.00 - \$6,499.99	\$3,800.00	\$25,000.00	\$126.92	\$104.88	\$76.76

# Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Accidental Death & Dismemberment Benefit	Monthly Premiums		
			Plan I (1st/8th)	Plan II (15th)	Plan III (31st)
\$6,500.00 - \$6,666.99	\$3,900.00	\$25,000.00	\$130.26	\$107.64	\$78.78
\$6,667.00 - \$6,833.99	\$4,000.00	\$25,000.00	\$133.60	\$110.40	\$80.80
\$6,834.00 - \$6,999.99	\$4,100.00	\$25,000.00	\$136.94	\$113.16	\$82.82
\$7,000.00 - \$7,166.99	\$4,200.00	\$25,000.00	\$140.28	\$115.92	\$84.84
\$7,167.00 - \$7,333.99	\$4,300.00	\$25,000.00	\$143.62	\$118.68	\$86.86
\$7,334.00 - \$7,499.99	\$4,400.00	\$25,000.00	\$146.96	\$121.44	\$88.88
\$7,500.00 - \$7,666.99	\$4,500.00	\$25,000.00	\$150.30	\$124.20	\$90.90
\$7,667.00 - \$7,833.99	\$4,600.00	\$25,000.00	\$153.64	\$126.96	\$92.92
\$7,834.00 - \$7,999.99	\$4,700.00	\$25,000.00	\$156.98	\$129.72	\$94.94
\$8,000.00 - \$8,166.99	\$4,800.00	\$25,000.00	\$160.32	\$132.48	\$96.96
\$8,167.00 - \$8,333.99	\$4,900.00	\$25,000.00	\$163.66	\$135.24	\$98.98
\$8,334.00 - \$8,499.99	\$5,000.00	\$25,000.00	\$167.00	\$138.00	\$101.00
\$8,500.00 - \$8,666.99	\$5,100.00	\$25,000.00	\$170.34	\$140.76	\$103.02
\$8,667.00 - \$8,833.99	\$5,200.00	\$25,000.00	\$173.68	\$143.52	\$105.04
\$8,834.00 - \$8,999.99	\$5,300.00	\$25,000.00	\$177.02	\$146.28	\$107.06
\$9,000.00 - \$9,166.99	\$5,400.00	\$25,000.00	\$180.36	\$149.04	\$109.08
\$9,167.00 - \$9,333.99	\$5,500.00	\$25,000.00	\$183.70	\$151.80	\$111.10
\$9,334.00 - \$9,499.99	\$5,600.00	\$25,000.00	\$187.04	\$154.56	\$113.12
\$9,500.00 - \$9,666.99	\$5,700.00	\$25,000.00	\$190.38	\$157.32	\$115.14
\$9,667.00 - \$9,833.99	\$5,800.00	\$25,000.00	\$193.72	\$160.08	\$117.16
\$9,834.00 - \$9,999.99	\$5,900.00	\$25,000.00	\$197.06	\$162.84	\$119.18
\$10,000.00 - \$10,166.99	\$6,000.00	\$25,000.00	\$200.40	\$165.60	\$121.20
\$10,167.00 - \$10,332.99	\$6,100.00	\$25,000.00	\$203.74	\$168.36	\$123.22
\$10,333.00 - \$10,499.99	\$6,200.00	\$25,000.00	\$207.08	\$171.12	\$125.24
\$10,500.00 - \$10,666.99	\$6,300.00	\$25,000.00	\$210.42	\$173.88	\$127.26
\$10,667.00 - \$10,832.99	\$6,400.00	\$25,000.00	\$213.76	\$176.64	\$129.28
\$10,833.00 - \$10,999.99	\$6,500.00	\$25,000.00	\$217.10	\$179.40	\$131.30
\$11,000.00 - \$11,166.99	\$6,600.00	\$25,000.00	\$220.44	\$182.16	\$133.32
\$11,167.00 - \$11,332.99	\$6,700.00	\$25,000.00	\$223.78	\$184.92	\$135.34
\$11,333.00 - \$11,499.99	\$6,800.00	\$25,000.00	\$227.12	\$187.68	\$137.36
\$11,500.00 - \$11,666.99	\$6,900.00	\$25,000.00	\$230.46	\$190.44	\$139.38
\$11,667.00 - \$11,832.99	\$7,000.00	\$25,000.00	\$233.80	\$193.20	\$141.40
\$11,833.00 - \$11,999.99	\$7,100.00	\$25,000.00	\$237.14	\$195.96	\$143.42
\$12,000.00 - \$12,166.99	\$7,200.00	\$25,000.00	\$240.48	\$198.72	\$145.44
\$12,167.00 - \$12,332.99	\$7,300.00	\$25,000.00	\$243.82	\$201.48	\$147.46
\$12,333.00 - \$12,499.99	\$7,400.00	\$25,000.00	\$247.16	\$204.24	\$149.48
\$12,500.00 - And Over	\$7,500.00	\$25,000.00	\$250.50	\$207.00	\$151.50

# Plan Benefit Highlights

## Maximum Benefit Period

Benefits are payable up to 14 months for a covered Injury or Sickness begins.

## When Coverage Begins

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

## Physician Expense Benefit

Injury - \$250.00 per Injury  
Sickness - \$50.00

If you need personal treatment by a physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to Sickness, you must have returned to work for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Injury Benefit. This benefit will be limited to 6 payments per calendar year.

## Accidental Death and Dismemberment Benefit

A lump sum of \$25,000 will be paid if you die as the direct result of an Injury within 90 days after the Injury. If you lose one or more members which include hands, feet, and eyes you will receive a percentage of the benefit amount.

## Waiver of Premium

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

## Donor Benefit

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

## Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Workers' Compensation law, occupational disease law or any similar act or law.

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

## Minimum Disability Benefit

The Minimum Disability Benefit is 50% of the Monthly Disability Benefit or \$100.00, whichever is greater.



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

For the first 3 months you are disabled due to a covered Disability and not working, we will pay the disability benefit described in the benefit schedule. After 3 months, your disability payment will be the disability benefit described in the benefit schedule less any Deductible Sources of Income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician, unless you: have reached a point where continuous medical care is unnecessary; and are still Disabled as defined in the policy.

## **Return To Work Incentives: Disabled and Working**

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

- **Worksite Accommodation**

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

## **Alcoholism and Drug Addiction Limited Benefit**

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

## **Pre-Existing Condition Limitation**

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

This limitation will not apply to a disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months. In no event will disabilities be subject to Pre-Existing Condition Limitations after 24 months from your effective date of coverage. Any increase in benefits will be subject to this Pre-Existing limitation, if the Disability begins within 12 months of your effective date of coverage.

***Pre-Existing Condition*** means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; took medication; received care; or received a diagnosis or advice from a physician, during the 6-month period immediately before your effective date of coverage.

# Benefit Riders and Limitations

## Hospital Indemnity Limited Benefit Rider

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

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

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



## Spousal Accident Only Disability Benefit Rider

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

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

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

## COBRA Funding Rider

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

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

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

## Survivor Benefit Rider

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

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

Monthly Benefit Amount	Monthly Premium
\$2,000.00	\$6.80

## Critical Illness Benefit Rider

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

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

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



## Hospital Indemnity Limited Benefit Rider

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

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

## Critical Illness Benefit Rider

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

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

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

## COBRA Funding Benefit Rider

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

## Spousal Accident Only Disability Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war (excluding terrorism), declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or

for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; An Occupational Injury or Sickness which is paid under the North Carolina Workers' Compensation Act according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act; participation in any sport for wage or profit; participation in any contest of speed in a power driven vehicle for wage or profit.

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

## Survivor Benefit Rider

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

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

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

## Policy Exclusions

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

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

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



### Your benefits, all In one place.

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

*Pre-Existing Conditions may apply.*

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



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

# C11 CANCER Insurance Plan

Underwritten by American Fidelity Assurance Company



**Limited Benefit Cancer Expense Insurance Policy**



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

# Cancer C11 Insurance

## Focus on the fight

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

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

## Cancer Insurance Benefits

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

Example Cancer insurance benefits include:



### Experimental Treatment

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



### Transportation and Lodging

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

## Plan Highlights

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

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

American Fidelity's Limited Benefit Cancer Insurance features:

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

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

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

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

Basic  
\$60

Enhanced  
\$75

## Plan Options

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

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

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

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

Marketed by: First Financial Group of America

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

# Schedule of Benefits by Plan+ (continued)

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

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

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

### Critical Illness Rider

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

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

#### Summary of Critical Illness Rider Benefits:

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

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

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

### Hospital Intensive Care Unit Rider

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

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

#### Summary of Hospital ICU Rider Benefits:

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

## Plan Benefit Highlights

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Surgical Benefit** Payable when a surgical operation is performed for covered diagnosed Cancer, skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current physician's relative value table, by the unit dollar amount shown in the policy. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, are not covered under this benefit. This benefit is payable for reconstructive breast surgery performed on a non-diseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed while covered under this policy. Reconstructive surgery to the non-diseased breast must occur within 24 months of the reconstructive surgery of the diseased breast.

# Plan Benefit Highlights (continued)

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

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

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

**Prosthesis Benefit** Payable for a prosthetic device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. **Hair Prosthesis Benefit** is payable once per covered person per lifetime when a hair prosthesis is needed.

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

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

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

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

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

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

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

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

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

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

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

**Limitations and Exclusions** This policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. This policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

**Pre-Existing Condition** A Pre-Existing Condition is a Cancer or dread 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; or which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice, or treatment. Pre-Existing Conditions specifically named or described as excluded in any part of the policy 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 Pre-Existing Condition.

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

**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 terminate the policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than individual the remaining covered persons may have the right to continue or convert their coverage. Coverage will terminate when they no longer meet the eligibility requirements.

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

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



## Critical Illness Rider

Limitations and Exclusions Benefits will only be paid for a Covered Critical Illness as shown on the Policy Schedule page in the policy. No benefits will be provided for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; or intentional self-injury; or alcoholism or drug addiction; or any act of war, declared or undeclared or any act related to war; or military service for any country at war; or a Pre-Existing Condition during the 12 month period following the Covered Person's Effective Date or a Covered Critical Illness when the Date of Diagnosis occurs during the Waiting Period, if applicable; or participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.) All Critical Illness amounts reduce by 50% at age 70.

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

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

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

## Hospital Intensive Care Unit Rider

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

**Termination of Insurance** this policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan; or the date insurance has ceased on all persons covered under this policy/rider(s).

# Cancer Insurance Premiums

## Base Plan Monthly Premiums\*

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

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

## Optional Benefit Rider Monthly Premiums\*

### Hospital Intensive Care Unit Rider Monthly Premiums

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

## Optional Benefit Rider Monthly Premiums\*

### Critical Illness Rider Monthly Premiums

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

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

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

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



View and print your policies or file a claim at [americanfidelity.com](http://americanfidelity.com)

American Fidelity's Online Service Center provides you convenient, secure access to manage your account.

### Guaranteed Renewable

You are guaranteed the right to renew your base policy 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:



9000 Cameron Parkway • Oklahoma City, Oklahoma 73114 • 800-654-8489 • [www.americanfidelity.com](http://www.americanfidelity.com)



# 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 billion<sup>1</sup>.

## 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](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.



<sup>1</sup>WebMD. 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

Polk County Schools

6501161

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### 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
<b>Employee face amount</b>	\$5,000
	\$10,000
	\$15,000
	\$20,000
	\$25,000
	\$30,000
	\$35,000
	\$40,000
	\$45,000
	\$50,000
<b>Spouse face amount</b>	50% of EE face amount
<b>Spouse benefit amount</b>	50% of EE benefit amount
<b>Child(ren) face amount</b>	50% of EE face amount
<b>Child(ren) benefit amount</b>	50% of EE 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 plan



## 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 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%
<i>Maximum per lifetime</i>	<i>NoMax</i>
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 to be eligible for benefits.



# Critical illness plan



## 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.

## 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 (pays once per member per plan year for covered preventive tests)	\$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
- Hemocult 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 rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Rates are based on your (the subscriber's) age and tobacco usage.

## Non-tobacco rates

### Option 1 face amount: \$5,000

Age	You only	You + spouse	You + children	You + family
<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

### Option 2 face amount: \$10,000

Age	You only	You + spouse	You + children	You + family
<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

### Option 3 face amount: \$15,000

Age	You only	You + spouse	You + children	You + family
<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

### Option 4 face amount: \$20,000

Age	You only	You + spouse	You + children	You + family
<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

**Option 5 face amount: \$25,000**

Age	You only	You + spouse	You + children	You + 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

**Option 6 face amount: \$30,000**

Age	You only	You + spouse	You + children	You + 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

**Option 7 face amount: \$35,000**

Age	You only	You + spouse	You + children	You + 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

**Option 8 face amount: \$40,000**

Age	You only	You + spouse	You + children	You + 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

**Option 9 face amount: \$45,000**

Age	You only	You + spouse	You + children	You + 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

**Option 10 face amount: \$50,000**

Age	You only	You + spouse	You + children	You + 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 rates**

**Option 1 face amount: \$5,000**

Age	You only	You + spouse	You + children	You + 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

**Option 2 face amount: \$10,000**

Age	You only	You + spouse	You + children	You + 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

**Option 3 face amount: \$15,000**

Age	You only	You + spouse	You + children	You + 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

**Option 4 face amount: \$20,000**

Age	You only	You + spouse	You + children	You + 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

**Option 5 face amount: \$25,000**

Age	You only	You + spouse	You + children	You + 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

**Option 6 face amount: \$30,000**

Age	You only	You + spouse	You + children	You + 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

**Option 7 face amount: \$35,000**

Age	You only	You + spouse	You + children	You + 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

**Option 8 face amount: \$40,000**

Age	You only	You + spouse	You + children	You + 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

**Option 9 face amount: \$45,000**

Age	You only	You + spouse	You + children	You + 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

**Option 10 face amount: \$50,000**

Age	You only	You + spouse	You + children	You + 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



## 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.

**THIS IS NOT A MEDICARE SUPPLEMENT (MEDIGAP) PLAN.** If you are or will become eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available at [www.medicare.gov](http://www.medicare.gov).

**THIS PLAN IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT.**

This plan provides limited benefits. It pays fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. Members are responsible for making sure the providers' bills get paid. These benefits are paid in addition to any other health coverage members may have.

Please review your cancer buyer's guides:

[http://demo.avpenroll.com/media/1591/maine-nh-prod\\_serv\\_consumer\\_guide\\_cancer.pdf](http://demo.avpenroll.com/media/1591/maine-nh-prod_serv_consumer_guide_cancer.pdf)

[http://demo.avpenroll.com/media/1590/aetna-utah\\_ci\\_buyersguide.pdf](http://demo.avpenroll.com/media/1590/aetna-utah_ci_buyersguide.pdf)

**Policies are insured by Aetna Life Insurance Company (Aetna).** Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Policies may not be available in all states, and rates and benefits may vary by location.

**If you require language assistance, please call the Member Services number on your Aetna ID card, and an Aetna representative will connect you with an interpreter. You can also get interpretation assistance for utilization management issues or for registering a complaint or appeal. If you're deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you're calling.**

**Si usted necesita asistencia lingüística, por favor llame al número de Servicios al Cliente que figura en su tarjeta de identificación de Aetna, y un representante de Aetna lo pondrá en contacto con un intérprete. También puede obtener la asistencia de un intérprete para tratar problemas de manejo de utilización o para registrar una queja o una apelación. Si usted es sordo o tiene dificultades de audición, use su TTY y marque 711 para comunicarse con el servicio de retransmisión de telecomunicaciones. Una vez conectado, ingrese o brinde el número de teléfono de Aetna al que está llamando.**

**ATTENTION MASSACHUSETTS RESIDENTS:** As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at **1-877-MA-ENROLL (1-877-623-6765)** or visit the Connector website ([mahealthconnector.org](http://mahealthconnector.org)). **THIS POLICY, ALONE, DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS.** If you have questions about this notice, you may contact the Division of Insurance by calling **1-617-521-7794** or visiting its website at [mass.gov/doi](http://mass.gov/doi).

**Financial Sanctions Exclusion**

If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit

<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

**Policy forms issued in Oklahoma include:** GR-96843, AL HCOC-VOL CI 01, AL HPOL-VOL CI 01.

**Policy forms issued in Missouri and Wyoming include:** GR-96844 01, AL HCOC-VOL CI 01, AL HPOL-VOL CI 01.







# 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 **\$6,620**<sup>1</sup>. Home accidents injure **one person every four seconds** in the U.S.<sup>2</sup>



### 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.



<sup>1</sup>Average 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.

<sup>2</sup>About Home Safety. U.S. Department of Housing and Urban Development. 2022. Available at: [https://www.hud.gov/program\\_offices/healthy\\_homes/healthyhomes/homesafety](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



Polk County Schools

6501161

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### 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>	1	1
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>	1	1
<i>Max visits for all places of service per plan year</i>	3	3
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>	3	4
<i>Max visits for all places of service per plan year</i>	9	12
Major appliances	\$200	\$300
Minor appliances	\$100	\$150
<i>Maximum appliances per accident, major &amp; minor combined</i>	1	1
Chiropractic treatment/Alternative therapy	\$40	\$45
<i>Max combined visits per accident</i>	10	10
<i>Max combined visits per plan year</i>	30	30
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>	1	1
Repair or replace ( <i>percentage of Prosthetic device/Artificial limb benefit amount</i> )	25%	25%
<i>Max repair or replace per plan year</i>	1	1
Therapy services	\$40	\$45
<i>Max therapy services per accident</i>	10	10
<i>Max therapy visit per plan year</i>	30	30

**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%
<i>Max dislocations per accident</i>	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%
<i>Max fractures per accident</i>	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
<i>Max dismemberments per accident (non-finger, toe)</i>	<i>2</i>	<i>2</i>
Loss of finger	\$1,500	\$1,500
Loss of toe	\$1,500	\$1,500
<i>Max dismemberments per accident (finger, toe)</i>	<i>4</i>	<i>4</i>

## 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* (pays once per member per plan year for covered preventive tests)	\$75

### Covered health screenings

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

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



# Aetna Accident Plan rates



*Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.*

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	\$9.47	\$18.94	\$19.88	\$29.35

Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	\$12.86	\$25.72	\$27.01	\$39.87



e LegalShield'

e IDShield'



# Have You Ever

- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?



- Worried about being a victim of identity theft?
- Been concerned about your child's identity?
- Lost your wallet?

## The LegalShield Membership Includes:

- Dedicated Law Firm Direct access. no call center
- Legal Advice/Consultation on unlimited personal issues
- Letters/Calls made on your behalf
- Contracts/Documents Reviewed up to 15 pages
- Residential Loan Document Assistance for the purchase of your primary residence
- Will Preparation -Will/Living Will/Health Care Power of Attorney
- Speeding Ticket Assistance (15 day waiting period)
- IRS Audit Assistance (begins with the tax return due April 15th of the year you enroll)
- Trial Defense (if named defendant/respondent in a covered civil action suit)
- Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
- 25% Preferred Member Discount (bankruptcy, criminal charges, DUI, personal injury, etc.)
- 24/7 Emergency Access for covered situations

## The IDShield Membership Includes:

- **High Risk Application and Transaction Monitoring** We can detect fraud up to 90 days earlier than traditional credit monitoring services; we carefully watch all your accounts, reorders, loans and more. If a new account is opened, you will receive an alert.
- **Social Media Monitoring** for privacy concerns and reputational risks
- **Credit Monitoring** continuous credit monitoring through TransUnion
- **Monthly Score Tracker** watch your credit score and map your credit trends
- **Credit Inquiry Alerts** (instant hard inquiry alerts)
- **Consultation** on any cyber security question
- **\$1 Million Insurance** (coverage for lost wages, legal defense fees, stolen funds and more)
- **Full Service Restoration & Unlimited Service Guarantee** We don't give up until your identity is restored!
- **24/7 Emergency Access** in the event of an identity theft emergency

  Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

Plan	Family Price monthly	Individual Price monthly
LegalShield	\$18.95	\$18.95
IDShield	\$18.95	\$8.95
Combined	\$33.90	\$27.90

Prepared for:

For more information, contact your Independent Associate:

**Kacy Lavender**  
 512.923.5303  
 lavenderk@legalshieldassociate

*Lego/Shield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a Lego/Shield ("Lego/Shield"). Lego/Shield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. Lego/Shield/ IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state*

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# Legal, Identity Theft and Privacy Protection are Just a Tap Away

Getting started with your LegalShield and IDShield benefits is as easy as 1-2-3!

Follow these steps to use your LegalShield benefit:



- 1. Create your LegalShield Account**  
Create your account at [access.legalshield.com](https://access.legalshield.com). If you already have an account, simply sign in.
- 2. Download the LegalShield Mobile App**  
Use your account username and password to log in.
- 3. Contact Your Law Firm**  
When you have questions about any personal legal matter, contact your dedicated provider law firm directly or use the mobile app.

Follow these steps to use your IDShield Benefit:



- 1. Create your IDShield Account**  
Create your account at [access.legalshield.com](https://access.legalshield.com). If you already have an account with LegalShield, simply sign in.
- 2. Verify your identity**  
Select IDShield from your Member Portal and click "Start" to answer your identity verification questions.
- 3. Add your information for monitoring**  
Once you verify your identity, you can add the personal information you want to monitor, including your social media accounts.

If you're enrolled in the Family Plan you can add covered family members in your Member Portals. Be sure to explore all the great services available to you in your LegalShield and IDShield Member Portals!

If you have questions about setting up your account, please call or email Customer Care at 1-800-654-7757 or [membersupport@legalshieldcorp.com](mailto:membersupport@legalshieldcorp.com). Customer Care is available 7 a.m. - 7 p.m. CT, Monday-Friday.



# 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 expenses<sup>1</sup>.

## 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](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.



<sup>1</sup>Debt.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

Polk County Schools

6501161

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### 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 ( <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 days 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 rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	\$30.25	\$60.49	\$54.44	\$84.69
Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	\$35.76	\$71.52	\$64.37	\$100.12



## 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.**

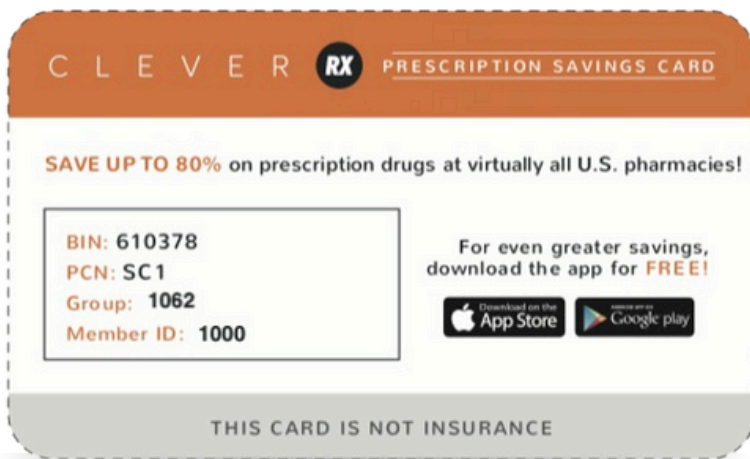


# Clever RX

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](http://www.ffga.com/my-ffga-benefits)

**Polk County Schools**  
**GROUP ID: 87658**



### 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

Shannon Robinson, Benefits Administrator  
 828.894.3051  
[Robinson@PolkSchools.org](mailto:Robinson@PolkSchools.org)

Tyler Webster, Sr. Account Administrator  
 FFGA  
[Tyler.Webster@ffga.com](mailto:Tyler.Webster@ffga.com)

Product	Carrier	Website	Phone
Dental	Delta Dental	<a href="http://DeltaDentalNC.com">DeltaDentalNC.com</a>	800.662.8856
Vision	Community Eye Care	<a href="http://cecvision.com">cecvision.com</a>	888.254.4290
Flexible Spending Account	FFGA	<a href="http://FFGA.com">FFGA.com</a>	866.853.3539
Permanent Life	Texas Life	<a href="http://TexasLife.com">TexasLife.com</a>	800.283.9233
Short Term Disability	American Fidelity	<a href="http://AmericanFidelity.com">AmericanFidelity.com</a>	800.662.1113
Individual Cancer	American Fidelity	<a href="http://AmericanFidelity.com">AmericanFidelity.com</a>	800.662.1113
Critical Illness	Aetna	<a href="http://Aetna.com">Aetna.com</a>	800.800.8121
Accident	Aetna	<a href="http://Aetna.com">Aetna.com</a>	800.800.8121
Legal and Identity Protection	LegalShield/IDShield	<a href="http://legalshield.com">legalshield.com</a>	512.923.5303
Hospital Indemnity	Aetna	<a href="http://Aetna.com">Aetna.com</a>	800.800.8121