



DILLEY ISD

EMPLOYEE BENEFITS GUIDE

2023 - 2024 Plan Year



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Dilley ISD offers eligible employees a competitive benefits package that includes both district-paid and voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on the Employee Benefits Center website, <https://ffbenefits.ffga.com/dilleyisd/>.

Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to your First Financial Account Manager or your Benefits department.

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Dilley ISD Benefits Office
245 Highway 117, Dilley TX 78017 | 830-965-1912

ELIGIBILITY

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

BENEFITS ENROLLMENT

EMPLOYEE BENEFITS CENTER

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit <https://ffbenefits.ffga.com/dilleyisd/> today!

NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. Contact your First Financial representative to schedule.

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative will be available by phone 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.

Online Enrollment

ENROLL ONLINE

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

LOGIN

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

VIEW CURRENT BENEFITS

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

VIEW/ADD DEPENDENTS

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

BEGIN ELECTIONS

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

MID-YEAR BENEFIT CHANGES

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

QUALIFYING LIFE EVENTS INCLUDE:

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

DECLINING COVERAGE

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

SECTION 125 PLAN INFORMATION AND RULES

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

Here's How It Works

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

Is It Right for Me?

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

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

IRS specified changes in family status include:

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

| SECTION 125 PLAN SAMPLE PAYCHECK | | |
|---|--------------|-----------|
| | WITHOUT S125 | WITH S125 |
| Monthly Salary | \$2,000 | \$2,000 |
| Less Medical Deductions | -N/A | -\$250 |
| Taxable Gross Income | \$2,000 | \$1,750 |
| Less Taxes (Fed/State at 20%) | -\$400 | -\$350 |
| Less Estimated FICA (7.65%) | -\$153 | -\$133 |
| Less Medical Deductions | -\$250 | -N/A |
| Take Home Pay | \$1,197 | \$1,267 |
| YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS! | | |

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

Dental Plan Summary

Policy# 50540 Effective Date: 9/1/2023

| | |
|-----------------------------|--|
| Plan Benefit | |
| Type 1 | 100% |
| Type 2 | 80% |
| Type 3 | 50% |
| Deductible | \$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum |
| Maximum (per person) | \$1,000 per calendar year |
| Allowance | Usual and Customary |
| Waiting Period | None |

Orthodontia Summary - Adult and Child Coverage

| | |
|--------------------------------------|---------|
| Allowance | U&C |
| Plan Benefit | 50% |
| Lifetime Maximum (per person) | \$1,000 |
| Waiting Period | None |

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

| Type 1 | Type 2 | Type 3 |
|--|--|--|
| <ul style="list-style-type: none"> Routine Exam (2 in 12 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 in 12 months) Fluoride for Children 13 and under (1 in 12 months) Sealants (age 13 and under) Space Maintainers Pre-Diagnostic Test (age 35 and over) (1 in 2 years) | <ul style="list-style-type: none"> Restorative Amalgams Restorative Composites (anterior and posterior teeth) Denture Repair Simple Extractions Complex Extractions Anesthesia | <ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) |

Monthly Rates

| | |
|----------------------------------|---------|
| Employee Only (EE) | \$29.24 |
| EE + 1 Dependent | \$58.52 |
| EE + 2 or more Dependents | \$95.32 |

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of Dilley ISD. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on September 1.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal. Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan. The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S. Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

The perfect vision solution provides the glasses you really want for the lowest out-of-pocket costs.

eye
topia
the perfect vision solution



Eye Exams can detect the first warning signs of more than 10 debilitating diseases, often before any symptoms are noticeable.

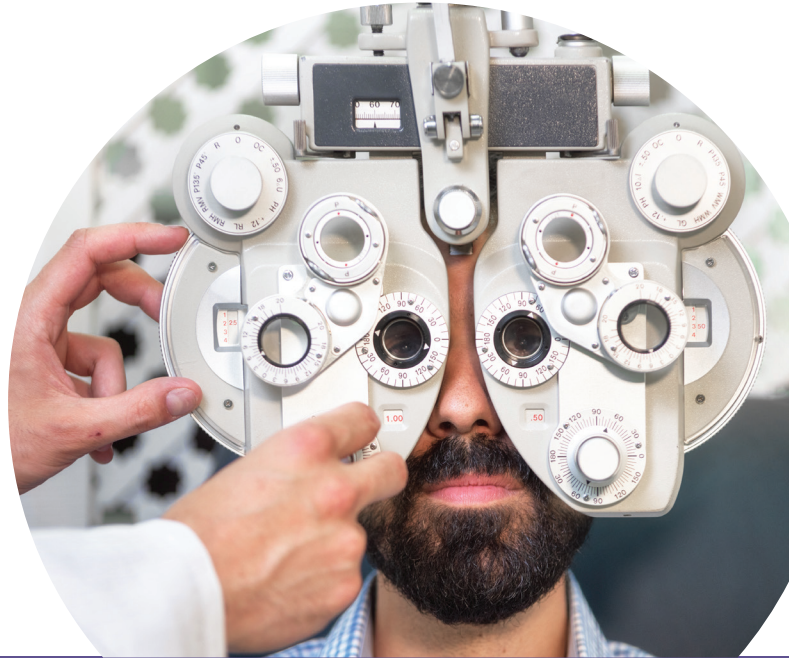


Frames up to \$180 allowance, if you don't see it ask the Optician to order it!

Lenses from standard plastic up to 1.67 high index and all the materials in between covered 100% with no copay. Generous allowances toward Anti-reflective, anti-smudge, anti-scratch, UV blocking coating options.



Contact lenses and fitting up to \$300 annual allowance.



An eyetopia membership includes:

- Access to the latest lens technology at no additional cost!
- Medically necessary contact lenses up to \$700.
- Computer wear to reduce eye strain for those not needing prescription eyewear.
- Refractive Surgery allowance up to \$500 per eye.
- Shaw Lenses – for lazy eye treatments
- Up to 100% coverage on hearing aids

ear@
topia
the perfect hearing solution

Eyetopia was originally created by eye doctors that wanted to provide an 'utopian' experience for their patients.

Participating Providers have the flexibility they need to care for their patients in the best possible way and with the latest technology. Undetected and untreated Vision and Hearing loss costs Texans billions of dollars in avoidable accidents and lost production, but the greater loss is a lower quality of life for the many Texans that are struggling needlessly.

Eyetopia has helped thousands of Members get the glasses they really want with little or no out-of-pocket costs.
Eyetopia Members can now afford the best!

One Exam per year, One Materials option per year or as noted

130/150 Plan
(Standard)

180/300H Plan
(Gold)

| | | |
|--|-------------------------------|-------------------------------|
| Exam Co-pay | \$10 | \$5 |
| Material Option (in lieu of Exam) | \$45 Allowance | \$65 Allowance |
| Materials Co-pay (glasses only) | \$20 | No Co-pay |
| Single Vision Lens | Covered | Covered |
| Bi-focal Lens | Covered | Covered |
| Tri-focal Lens | Covered | Covered |
| Lenticular Lens (Replaced with IOL Benefit) | \$350/Eye Allowance | \$500/Eye Allowance |
| Standard Progressive Lens | Retail up to \$199 is covered | Retail up to \$219 is covered |
| Premium Progressive Lens | \$200 Allowance | \$219 Allowance |
| Polycarbonate Lenses for Child Dependents < age 26 | Covered | Covered |
| Polycarbonate Lenses | \$25 Co-pay | Covered |
| Trivex Lenses | U&C Upgrade | Covered |
| 1.60 Index Lenses | U&C Upgrade | Covered |
| 1.67 Index Lenses | U&C Upgrade | Covered |
| Frame Allowance | \$130 Retail | \$180 Retail |
| Scratch Resistance Coating | Covered | Covered |
| Ultra-Violet (UV) Protection Coating | Covered | Covered |
| Blue Light Blocking Lens or Coating Upgrade | \$105 Co-pay | \$50 Co-Pay |
| Basic Anti-Reflective (AR) Coating | Covered | Covered |
| Mid-Level Anti-Reflective (AR) Coating | Covered | Covered |
| Premium Anti-Reflective (AR) Coating | \$130 Co-pay | \$60 Allowance |
| Lens Tint | \$12 Co-pay | \$12 Co-pay |
| Photochromatic or Polarized upgrade | \$90 Co-pay | \$90 Co-pay |
| *Medically Necessary Spectacle Lenses | \$400 Allowance | \$400 Allowance |
| Contact Lens Co-pay | \$0 | \$0 |
| Contact Lens Allowance (including fitting fee) | \$150 Retail | \$300 Retail |
| Medically Necessary Contacts (including fitting fee) | \$550 Allowance | \$700 Allowance |
| Refractive Surgery (All FDA Approved Procedures) | \$350/Eye Allowance | \$500/Eye Allowance |
| Exam/Lens/Frame/Contacts Frequency (Months) | 12/12/12/12 | 12/12/12/12 |
| Hearing Aid every 12 months or | N/A | \$750 Allowance |
| Hearing Aid every 24 months or | N/A | \$1,600/Eye Allowance |
| Hearing Aid every 36 months | N/A | \$2,500 Allowance |

* Offered by special arrangement between many Participating Providers for Amblyopia or Aniseikonia treatment

Dilley ISD

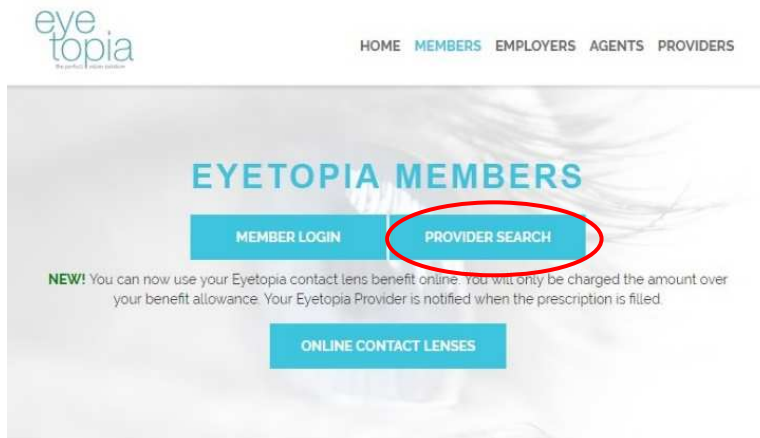
Fees Collected (per Annual Membership):

Monthly

Monthly

| | | |
|-------------------|---------|---------|
| Employee Only | \$8.00 | \$20.00 |
| Employee + One | \$15.00 | \$39.00 |
| Employee + Family | \$24.00 | \$54.00 |

| ClinicName | AddressLine1 | Line2 | City | ST | Zip | Phone | Doctor | Last | Suff | Services | Miles |
|----------------------------------|----------------------|---------|-----------------|----|-------|--------------|-------------|------------|------|---|-------|
| EyeTx Frio Family | 315 E Colorado | | Pearsall | TX | 78061 | 830-334-8077 | Wendy | Lopez | O.D. | Eye Exams, Glasses, Contact Lenses, Refractive Surgery Care | 15.68 |
| EyeTx Frio Family | 315 E Colorado | | Pearsall | TX | 78061 | 830-334-8077 | Anna | Pham | O.D. | Eye Exams, Glasses, Contact Lenses | 15.68 |
| EyeTx Frio Family | 315 E Colorado | | Pearsall | TX | 78061 | 830-334-8077 | Stephen | Planchet | O.D. | Eye Exams, Glasses, Contact Lenses | 15.68 |
| EyeTx Frio Family | 315 E Colorado | | Pearsall | TX | 78061 | 830-334-8077 | Christopher | Prough | O.D. | Eye Exams, Glasses, Contact Lenses | 15.68 |
| Dimmit County Eye Institute | 1203 W Pena Street | | Carrizo Springs | TX | 78834 | 830-876-0282 | Ricky | Alaniz | O.D. | Eye Exams, Glasses, Contact Lenses, Refractive Surgery Care | 43.03 |
| Eye Care for Texans | 2151 West Oaklawn | | Pleasanton | TX | 78064 | 830-569-3334 | Ron | Mixon | O.D. | Eye Exams, Contact Lenses | 43.79 |
| Dr. Rick's Optical | 19690 IH 35 S | | Lytle | TX | 78052 | 830-772-4000 | Rick | Ortiz | O.D. | Eye Exams, Glasses, Contact Lenses, Refractive Surgery Care | 44.5 |
| EyeTx Atascosa | 1514 W. Oaklawn Road | | Pleasanton | TX | 78064 | 830-569-8771 | Michael | Aguilera | O.D. | Eye Exams, Glasses, Contact Lenses | 44.62 |
| EyeTx Atascosa | 1514 W. Oaklawn Road | | Pleasanton | TX | 78064 | 830-569-8771 | Stephen | Planchet | O.D. | Eye Exams, Glasses, Contact Lenses | 44.62 |
| EyeTx Atascosa | 1514 W. Oaklawn Road | | Pleasanton | TX | 78064 | 830-569-8771 | Christopher | Prough | O.D. | Eye Exams, Glasses, Contact Lenses | 44.62 |
| EyeTx Atascosa | 1514 W. Oaklawn Road | | Pleasanton | TX | 78064 | 830-569-8771 | Amy | Schnegg | O.D. | Eye Exams, Glasses, Contact Lenses | 44.62 |
| Eye Associates of South Texas | 3202 Avenue G | | Hondo | TX | 78861 | 830-379-3937 | Sharron | Acosta | M.D. | Glasses, Contact Lenses, Refractive Surgery Care | 45.32 |
| Eye Associates of South Texas | 3202 Avenue G | | Hondo | TX | 78861 | 830-379-3937 | Yuliana | Alanis | O.D. | Eye Exams, Glasses, Refractive Surgery Care | 45.32 |
| Eye Associates of South Texas | 3202 Avenue G | | Hondo | TX | 78861 | 830-379-3937 | Clayton | Ckudre | O.D. | Eye Exams, Glasses, Contact Lenses | 45.32 |
| Eye Associates of South Texas | 3202 Avenue G | | Hondo | TX | 78861 | 830-379-3937 | Sundip | Patel | O.D. | Eye Exams, Glasses, Contact Lenses, Refractive Surgery Care | 45.32 |
| Hill Country Vision Center-Hondo | 1620 Avenue M | | Hondo | TX | 78861 | 830-741-2634 | Brandon | Blaker | O.D. | Eye Exams, Glasses, Contact Lenses | 45.98 |
| Eye-Deal Vision Somerset | 8010 5th Street | Suite 3 | Somerset | TX | 78069 | 210-691-4733 | Wendy | Lopez | O.D. | Eye Exams, Glasses, Contact Lenses, Refractive Surgery Care | 49.14 |
| Eye-Deal Vision Somerset | 8010 5th Street | Suite 3 | Somerset | TX | 78069 | 210-691-4733 | Elizabeth | Nguyen | O.D. | Eye Exams, Glasses, Contact Lenses, Pediatric Care | 49.14 |
| Eye-Deal Vision Somerset | 8010 5th Street | Suite 3 | Somerset | TX | 78069 | 210-691-4733 | Joseph | Rogalinski | O.D. | Glasses, Contact Lenses, Refractive Surgery Care | 49.14 |



Please visit our website, www.Eyetopia.org, and click on “PROVIDER SEARCH” to find a participating Eye Care Provider nearest you.

OUR MEMBER BENEFITS

Why do our members think we are perfect?



WE LISTEN

We listen to you, the Member. You will get a live person when you call. No machines to keep you on hold, no automated answers to your questions.



NO LIMITATIONS

You are unique, we maximize benefit flexibility to help meet your personal needs and circumstances. You forgot your Membership card, no problem, our Providers can look you up online with just your name and date of birth.



OUR BENEFITS

We are first to cover all FDA approved refractive surgeries. We offer the Shaw Lens to those who need it. We include premium AR coatings to protect your high definition lenses with no out of pocket costs.

1387 Sattler Road, Suite B, Sattler, TX 78132

Ph: 830-964-6444 ♦ 800-662-8264 ♦ Fax: 866-772-0285 ♦ www.Eyetopia.org

Flexible Spending Accounts



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

HEALTHCARE FSA

A Health Flexible Spending Account (Health 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 2023 is \$3,050.

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 so you don't have to spend 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: 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 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 child care, babysitters and adult day care.

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

HIGHLIGHTS

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Contributions are not loaded upfront. 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 First Financial Benefits Card is available to all employees that participate in 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 eligible dependents that are at least 18 years old.

- **The IRS requires validation of most transactions for FSAs.** You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 90 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.
- **Dependent Care FSA Contributions are not loaded upfront.** Funds become available as contributions are made to your account.

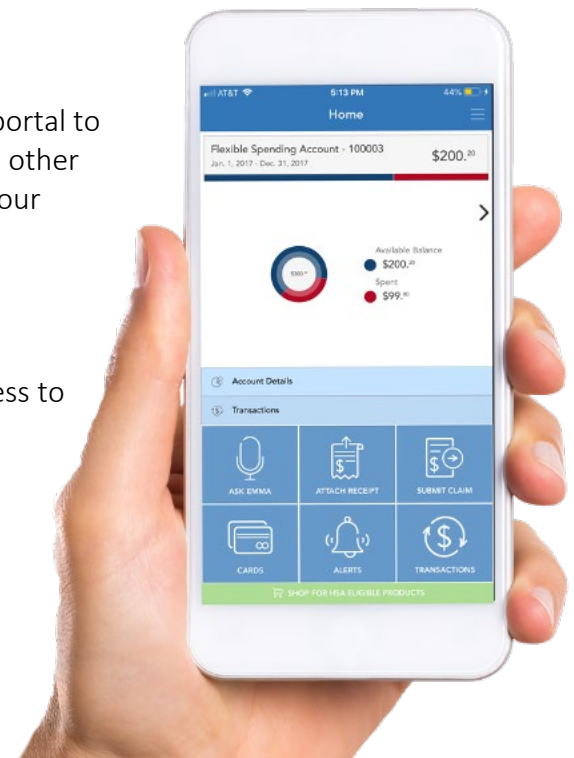
ONLINE FSA PORTAL

Flexible Spending Account participants can log in to their online FSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

FF FLEX MOBILE APP

Managing your benefit accounts on the go is made easy with *FF Flex Mobile App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Access account Information
- View card details and profile information
- Submit FSA claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Update direct deposit information



FSA STORE

First Financial has partnered with the FSA Store to bring you an easy to use online store to better understand and manage your FSA. An online marketplace that connects consumers to FSA-eligible products, seasonal deals, and account support resources such as open enrollment guides and educational videos.

Visit <http://www.ffga.com/fsaextras> for more details & special deals!

- Shop for eligible items from bandages to wheelchairs and thousands of products in between
- Browse or search for eligible products and services using the Eligibility List
- Visit the Learning Center to help find answers to questions you may have about your account.

Health Savings Accounts



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

HEALTH SAVINGS ACCOUNTS

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

HIGHLIGHTS

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.

HSA RESOURCES

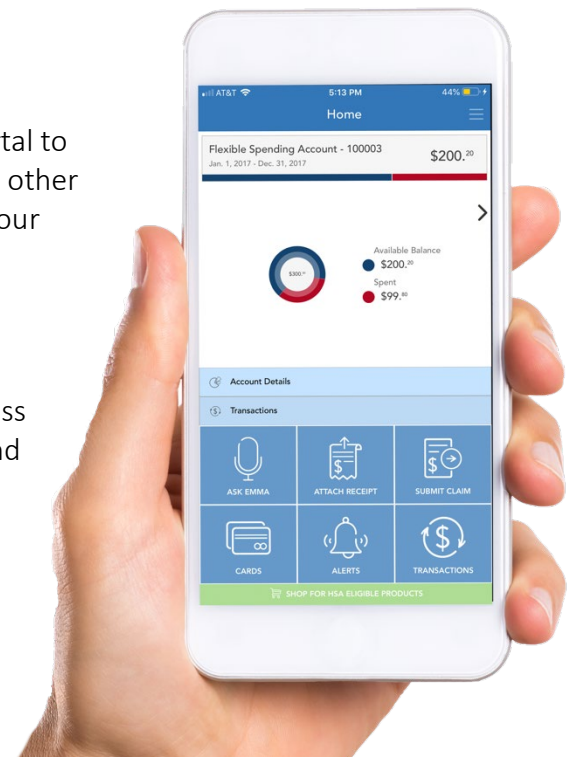
ONLINE HSA PORTAL

Health Savings Account participants can log in to their online HSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

FF FLEX MOBILE APP

Managing your benefit accounts on the go is made easy with *FF Flex Mobile App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Request distributions
- Invest in HSA funds
- Make additional contributions
- Pay a provider or pay yourself
- Download tax forms



HSA STORE

First Financial has partnered with the HSA Store to bring you an easy to use online store to better understand and manage your HSA. An online marketplace that connects consumers to HSA-eligible products, seasonal deals, and account support resources such as a national database of providers as well as an HSA Learning Center.

Visit <http://www.ffga.com/fsaextras> for more details & special deals!

- Shop for eligible items from bandages to wheel chairs and thousands of products in between
- Browse or search for eligible products and services using the Eligibility List
- Visit the Learning Center to help find answers to questions you may have about your account.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

Life & AD&D Insurance



Blue Cross Blue Shield | www.bcbstx.com/ancillary | 1.877.442.4207

EMPLOYER-PAID TERM LIFE & AD&D INSURANCE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$10,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

American Fidelity | www.americanfidelity.com | 1.800.654.8489

WHOLE LIFE INSURANCE

Whole life insurance provides protection for your entire life. It's an individual policy that you own and can take with you when you leave employment or when you retire to age 121. The premium and amount of protection stay the same as long as the policy is in force, provided premiums are paid as requires. Visit the Employee Benefits Center for more details.

Texas Life - Permanent Life



Texas Life | www.texaslife.com | 1.800.283.9233

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

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

HIGHLIGHT

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

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

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

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

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

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

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

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

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

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

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

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

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

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

Disability Insurance



American Fidelity | www.americanfidelity.com | 1.800.654.8489

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

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

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

Cancer Insurance



Guardian | www.guardiananytime.com | 1.800.627.4200

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

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

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



Long-Term Disability Income Insurance Enhanced Plus Plans

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

AMERICAN FIDELITY 
a different opinion[®]

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

Long-Term Disability Income Insurance

Disability income insurance is here for you.

- **Salary Protection for You and Your Loved Ones**
Provides a steady benefit to cover expenses while you are unable to work. The plan makes it easy to help protect your future income in case of a sudden injury or sickness.
- **Several Elimination Periods Available**
Based on your individual need, there are various elimination periods for you to choose from. The plan pays a percentage of your gross monthly income once you have satisfied the elimination period.
- **Benefit Payments Made Directly to You**
Your monthly benefit payments may be deposited directly into your bank account. This gives you the freedom to pay your living expenses and make other purchases as you see fit.
- **Social Security Filing Assistance**
If we determine you are a likely candidate for social security disability benefits, we can assist you with the application and appeal process.

Choose the Right Plan for You

Benefits Begin

- Plan I** - On the 1st day of Disability due to a covered Injury and on the 4th day of Disability due to a covered Sickness.
- Plan II** - On the 15th day of Disability due to a covered Injury or Sickness.
- Plan III** - On the 31st day of Disability due to a covered Injury or Sickness.
- Plan IV** - On the 61st day of Disability due to a covered Injury or Sickness.
- Plan V** - On the 91st day of Disability due to a covered Injury or Sickness.
- Plan VI** - On the 151st day of Disability due to a covered Injury or Sickness.

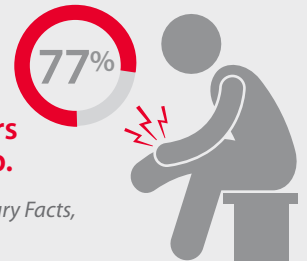
Injury means physical harm or damage to the body you sustained which results directly from an accidental bodily injury, is independent of disease or bodily infirmity; and takes place while your coverage is in force.

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

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



In 2015, 77% of injuries requiring medical attention suffered by workers occurred off the job.



National Safety Council, Injury Facts, 2017 Edition, p. 63.

Benefits Are Payable

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

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

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

If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

Policy Provisions and Plan Features

Eligibility

All permanent employees in subscribing group working 20 hours or more per week. Regarding your eligibility, we may require proof of good health and will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

When Coverage Begins

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

Physician Expense Benefit

Injury - \$150.00 per Injury
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.

Accidental Death Benefit

A lump sum of \$20,000 will be paid to your designated beneficiary if you die as the direct result of an injury within 90 days after the injury.

Hospital Confinement Benefit

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

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group disability income.
- Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 60 (Plans I, II, III, and IV), 90 (Plan V), and 150 (Plan VI) calendar days from the date of disability.

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

Minimum Disability Benefit

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

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

Your disability payment will be the 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.

Disability or disabled for the first 12 months of disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

Return To Work Incentives: Disabled and Working

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

• Family Care Benefit

If you are disabled and working and have one or more eligible family members, you may be eligible for a family care benefit. This benefit is for expenses incurred up to 25% of your monthly disability benefit. Your disability earnings, gross disability benefit, and family care benefit cannot exceed 100% of your monthly compensation. Payment of this benefit ends when you cease to be eligible for benefits under the Disabled and Working provision of the policy.

• Worksite Accommodation

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

Policy Benefit Limitations and Exclusions



Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

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

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the Policy for 24 months.

Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied with respect to any increase applied for and approved by us.

Pre-existing condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, injury, sickness, physical condition, or mental illness.

Exclusions

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

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

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

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



There is a **3 in 10** chance of a person suffering a disabling illness or injury that would keep them out of work for three months or more.

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

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 70% of your Monthly Compensation.

| Monthly Salary | Monthly Disability Benefit | Accidental Death Benefit | Monthly Premiums | | | | | |
|-------------------------|----------------------------|--------------------------|------------------|----------------|-----------------|----------------|---------------|-----------------|
| | | | Plan I (1st/4th) | Plan II (15th) | Plan III (31st) | Plan IV (61st) | Plan V (91st) | Plan VI (151st) |
| \$286.00 - \$428.99 | \$200.00 | \$20,000.00 | \$10.16 | \$7.28 | \$5.80 | \$4.92 | \$4.16 | \$3.12 |
| \$429.00 - \$571.99 | \$300.00 | \$20,000.00 | \$15.24 | \$10.92 | \$8.70 | \$7.38 | \$6.24 | \$4.68 |
| \$572.00 - \$714.99 | \$400.00 | \$20,000.00 | \$20.32 | \$14.56 | \$11.60 | \$9.84 | \$8.32 | \$6.24 |
| \$715.00 - \$857.99 | \$500.00 | \$20,000.00 | \$25.40 | \$18.20 | \$14.50 | \$12.30 | \$10.40 | \$7.80 |
| \$858.00 - \$999.99 | \$600.00 | \$20,000.00 | \$30.48 | \$21.84 | \$17.40 | \$14.76 | \$12.48 | \$9.36 |
| \$1,000.00 - \$1,142.99 | \$700.00 | \$20,000.00 | \$35.56 | \$25.48 | \$20.30 | \$17.22 | \$14.56 | \$10.92 |
| \$1,143.00 - \$1,285.99 | \$800.00 | \$20,000.00 | \$40.64 | \$29.12 | \$23.20 | \$19.68 | \$16.64 | \$12.48 |
| \$1,286.00 - \$1,428.99 | \$900.00 | \$20,000.00 | \$45.72 | \$32.76 | \$26.10 | \$22.14 | \$18.72 | \$14.04 |
| \$1,429.00 - \$1,571.99 | \$1,000.00 | \$20,000.00 | \$50.80 | \$36.40 | \$29.00 | \$24.60 | \$20.80 | \$15.60 |
| \$1,572.00 - \$1,714.99 | \$1,100.00 | \$20,000.00 | \$55.88 | \$40.04 | \$31.90 | \$27.06 | \$22.88 | \$17.16 |
| \$1,715.00 - \$1,857.99 | \$1,200.00 | \$20,000.00 | \$60.96 | \$43.68 | \$34.80 | \$29.52 | \$24.96 | \$18.72 |
| \$1,858.00 - \$1,999.99 | \$1,300.00 | \$20,000.00 | \$66.04 | \$47.32 | \$37.70 | \$31.98 | \$27.04 | \$20.28 |
| \$2,000.00 - \$2,142.99 | \$1,400.00 | \$20,000.00 | \$71.12 | \$50.96 | \$40.60 | \$34.44 | \$29.12 | \$21.84 |
| \$2,143.00 - \$2,285.99 | \$1,500.00 | \$20,000.00 | \$76.20 | \$54.60 | \$43.50 | \$36.90 | \$31.20 | \$23.40 |
| \$2,286.00 - \$2,428.99 | \$1,600.00 | \$20,000.00 | \$81.28 | \$58.24 | \$46.40 | \$39.36 | \$33.28 | \$24.96 |
| \$2,429.00 - \$2,571.99 | \$1,700.00 | \$20,000.00 | \$86.36 | \$61.88 | \$49.30 | \$41.82 | \$35.36 | \$26.52 |
| \$2,572.00 - \$2,714.99 | \$1,800.00 | \$20,000.00 | \$91.44 | \$65.52 | \$52.20 | \$44.28 | \$37.44 | \$28.08 |
| \$2,715.00 - \$2,857.99 | \$1,900.00 | \$20,000.00 | \$96.52 | \$69.16 | \$55.10 | \$46.74 | \$39.52 | \$29.64 |
| \$2,858.00 - \$2,999.99 | \$2,000.00 | \$20,000.00 | \$101.60 | \$72.80 | \$58.00 | \$49.20 | \$41.60 | \$31.20 |
| \$3,000.00 - \$3,142.99 | \$2,100.00 | \$20,000.00 | \$106.68 | \$76.44 | \$60.90 | \$51.66 | \$43.68 | \$32.76 |
| \$3,143.00 - \$3,285.99 | \$2,200.00 | \$20,000.00 | \$111.76 | \$80.08 | \$63.80 | \$54.12 | \$45.76 | \$34.32 |
| \$3,286.00 - \$3,428.99 | \$2,300.00 | \$20,000.00 | \$116.84 | \$83.72 | \$66.70 | \$56.58 | \$47.84 | \$35.88 |
| \$3,429.00 - \$3,571.99 | \$2,400.00 | \$20,000.00 | \$121.92 | \$87.36 | \$69.60 | \$59.04 | \$49.92 | \$37.44 |
| \$3,572.00 - \$3,714.99 | \$2,500.00 | \$20,000.00 | \$127.00 | \$91.00 | \$72.50 | \$61.50 | \$52.00 | \$39.00 |
| \$3,715.00 - \$3,857.99 | \$2,600.00 | \$20,000.00 | \$132.08 | \$94.64 | \$75.40 | \$63.96 | \$54.08 | \$40.56 |
| \$3,858.00 - \$3,999.99 | \$2,700.00 | \$20,000.00 | \$137.16 | \$98.28 | \$78.30 | \$66.42 | \$56.16 | \$42.12 |
| \$4,000.00 - \$4,142.99 | \$2,800.00 | \$20,000.00 | \$142.24 | \$101.92 | \$81.20 | \$68.88 | \$58.24 | \$43.68 |
| \$4,143.00 - \$4,285.99 | \$2,900.00 | \$20,000.00 | \$147.32 | \$105.56 | \$84.10 | \$71.34 | \$60.32 | \$45.24 |
| \$4,286.00 - \$4,428.99 | \$3,000.00 | \$20,000.00 | \$152.40 | \$109.20 | \$87.00 | \$73.80 | \$62.40 | \$46.80 |
| \$4,429.00 - \$4,571.99 | \$3,100.00 | \$20,000.00 | \$157.48 | \$112.84 | \$89.90 | \$76.26 | \$64.48 | \$48.36 |
| \$4,572.00 - \$4,714.99 | \$3,200.00 | \$20,000.00 | \$162.56 | \$116.48 | \$92.80 | \$78.72 | \$66.56 | \$49.92 |
| \$4,715.00 - \$4,857.99 | \$3,300.00 | \$20,000.00 | \$167.64 | \$120.12 | \$95.70 | \$81.18 | \$68.64 | \$51.48 |
| \$4,858.00 - \$4,999.99 | \$3,400.00 | \$20,000.00 | \$172.72 | \$123.76 | \$98.60 | \$83.64 | \$70.72 | \$53.04 |
| \$5,000.00 - \$5,142.99 | \$3,500.00 | \$20,000.00 | \$177.80 | \$127.40 | \$101.50 | \$86.10 | \$72.80 | \$54.60 |
| \$5,143.00 - \$5,285.99 | \$3,600.00 | \$20,000.00 | \$182.88 | \$131.04 | \$104.40 | \$88.56 | \$74.88 | \$56.16 |
| \$5,286.00 - \$5,428.99 | \$3,700.00 | \$20,000.00 | \$187.96 | \$134.68 | \$107.30 | \$91.02 | \$76.96 | \$57.72 |
| \$5,429.00 - \$5,571.99 | \$3,800.00 | \$20,000.00 | \$193.04 | \$138.32 | \$110.20 | \$93.48 | \$79.04 | \$59.28 |

Benefit Policy Schedule (continued)

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 70% of your Monthly Compensation.

| Monthly Salary | Monthly Disability Benefit | Accidental Death Benefit | Monthly Premiums | | | | | |
|---------------------------|----------------------------|--------------------------|------------------|----------------|-----------------|----------------|---------------|-----------------|
| | | | Plan I (1st/4th) | Plan II (15th) | Plan III (31st) | Plan IV (61st) | Plan V (91st) | Plan VI (151st) |
| \$5,572.00 - \$5,714.99 | \$3,900.00 | \$20,000.00 | \$198.12 | \$141.96 | \$113.10 | \$95.94 | \$81.12 | \$60.84 |
| \$5,715.00 - \$5,857.99 | \$4,000.00 | \$20,000.00 | \$203.20 | \$145.60 | \$116.00 | \$98.40 | \$83.20 | \$62.40 |
| \$5,858.00 - \$5,999.99 | \$4,100.00 | \$20,000.00 | \$208.28 | \$149.24 | \$118.90 | \$100.86 | \$85.28 | \$63.96 |
| \$6,000.00 - \$6,142.99 | \$4,200.00 | \$20,000.00 | \$213.36 | \$152.88 | \$121.80 | \$103.32 | \$87.36 | \$65.52 |
| \$6,143.00 - \$6,285.99 | \$4,300.00 | \$20,000.00 | \$218.44 | \$156.52 | \$124.70 | \$105.78 | \$89.44 | \$67.08 |
| \$6,286.00 - \$6,428.99 | \$4,400.00 | \$20,000.00 | \$223.52 | \$160.16 | \$127.60 | \$108.24 | \$91.52 | \$68.64 |
| \$6,429.00 - \$6,571.99 | \$4,500.00 | \$20,000.00 | \$228.60 | \$163.80 | \$130.50 | \$110.70 | \$93.60 | \$70.20 |
| \$6,572.00 - \$6,714.99 | \$4,600.00 | \$20,000.00 | \$233.68 | \$167.44 | \$133.40 | \$113.16 | \$95.68 | \$71.76 |
| \$6,715.00 - \$6,857.99 | \$4,700.00 | \$20,000.00 | \$238.76 | \$171.08 | \$136.30 | \$115.62 | \$97.76 | \$73.32 |
| \$6,858.00 - \$6,999.99 | \$4,800.00 | \$20,000.00 | \$243.84 | \$174.72 | \$139.20 | \$118.08 | \$99.84 | \$74.88 |
| \$7,000.00 - \$7,142.99 | \$4,900.00 | \$20,000.00 | \$248.92 | \$178.36 | \$142.10 | \$120.54 | \$101.92 | \$76.44 |
| \$7,143.00 - \$7,285.99 | \$5,000.00 | \$20,000.00 | \$254.00 | \$182.00 | \$145.00 | \$123.00 | \$104.00 | \$78.00 |
| \$7,286.00 - \$7,428.99 | \$5,100.00 | \$20,000.00 | \$259.08 | \$185.64 | \$147.90 | \$125.46 | \$106.08 | \$79.56 |
| \$7,429.00 - \$7,571.99 | \$5,200.00 | \$20,000.00 | \$264.16 | \$189.28 | \$150.80 | \$127.92 | \$108.16 | \$81.12 |
| \$7,572.00 - \$7,714.99 | \$5,300.00 | \$20,000.00 | \$269.24 | \$192.92 | \$153.70 | \$130.38 | \$110.24 | \$82.68 |
| \$7,715.00 - \$7,857.99 | \$5,400.00 | \$20,000.00 | \$274.32 | \$196.56 | \$156.60 | \$132.84 | \$112.32 | \$84.24 |
| \$7,858.00 - \$7,999.99 | \$5,500.00 | \$20,000.00 | \$279.40 | \$200.20 | \$159.50 | \$135.30 | \$114.40 | \$85.80 |
| \$8,000.00 - \$8,142.99 | \$5,600.00 | \$20,000.00 | \$284.48 | \$203.84 | \$162.40 | \$137.76 | \$116.48 | \$87.36 |
| \$8,143.00 - \$8,285.99 | \$5,700.00 | \$20,000.00 | \$289.56 | \$207.48 | \$165.30 | \$140.22 | \$118.56 | \$88.92 |
| \$8,286.00 - \$8,428.99 | \$5,800.00 | \$20,000.00 | \$294.64 | \$211.12 | \$168.20 | \$142.68 | \$120.64 | \$90.48 |
| \$8,429.00 - \$8,571.99 | \$5,900.00 | \$20,000.00 | \$299.72 | \$214.76 | \$171.10 | \$145.14 | \$122.72 | \$92.04 |
| \$8,572.00 - \$8,713.99 | \$6,000.00 | \$20,000.00 | \$304.80 | \$218.40 | \$174.00 | \$147.60 | \$124.80 | \$93.60 |
| \$8,714.00 - \$8,856.99 | \$6,100.00 | \$20,000.00 | \$309.88 | \$222.04 | \$176.90 | \$150.06 | \$126.88 | \$95.16 |
| \$8,857.00 - \$8,999.99 | \$6,200.00 | \$20,000.00 | \$314.96 | \$225.68 | \$179.80 | \$152.52 | \$128.96 | \$96.72 |
| \$9,000.00 - \$9,142.99 | \$6,300.00 | \$20,000.00 | \$320.04 | \$229.32 | \$182.70 | \$154.98 | \$131.04 | \$98.28 |
| \$9,143.00 - \$9,285.99 | \$6,400.00 | \$20,000.00 | \$325.12 | \$232.96 | \$185.60 | \$157.44 | \$133.12 | \$99.84 |
| \$9,286.00 - \$9,428.99 | \$6,500.00 | \$20,000.00 | \$330.20 | \$236.60 | \$188.50 | \$159.90 | \$135.20 | \$101.40 |
| \$9,429.00 - \$9,570.99 | \$6,600.00 | \$20,000.00 | \$335.28 | \$240.24 | \$191.40 | \$162.36 | \$137.28 | \$102.96 |
| \$9,571.00 - \$9,713.99 | \$6,700.00 | \$20,000.00 | \$340.36 | \$243.88 | \$194.30 | \$164.82 | \$139.36 | \$104.52 |
| \$9,714.00 - \$9,856.99 | \$6,800.00 | \$20,000.00 | \$345.44 | \$247.52 | \$197.20 | \$167.28 | \$141.44 | \$106.08 |
| \$9,857.00 - \$9,999.99 | \$6,900.00 | \$20,000.00 | \$350.52 | \$251.16 | \$200.10 | \$169.74 | \$143.52 | \$107.64 |
| \$10,000.00 - \$10,142.99 | \$7,000.00 | \$20,000.00 | \$355.60 | \$254.80 | \$203.00 | \$172.20 | \$145.60 | \$109.20 |
| \$10,143.00 - \$10,285.99 | \$7,100.00 | \$20,000.00 | \$360.68 | \$258.44 | \$205.90 | \$174.66 | \$147.68 | \$110.76 |
| \$10,286.00 - \$10,428.99 | \$7,200.00 | \$20,000.00 | \$365.76 | \$262.08 | \$208.80 | \$177.12 | \$149.76 | \$112.32 |
| \$10,429.00 - \$10,570.99 | \$7,300.00 | \$20,000.00 | \$370.84 | \$265.72 | \$211.70 | \$179.58 | \$151.84 | \$113.88 |
| \$10,571.00 - \$10,713.99 | \$7,400.00 | \$20,000.00 | \$375.92 | \$269.36 | \$214.60 | \$182.04 | \$153.92 | \$115.44 |
| \$10,714.00 - And Over | \$7,500.00 | \$20,000.00 | \$381.00 | \$273.00 | \$217.50 | \$184.50 | \$156.00 | \$117.00 |

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.

Summary of Hospital Indemnity Limited Benefit Rider Benefits:

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.

| Hospital Indemnity Limited Benefit Rider | |
|--|-----------------|
| Daily Benefit Amount | 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.

Summary of Accident Only Spousal Benefit Rider Benefits:

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.

| Spousal Accident Only Disability Benefit Rider | | |
|--|---------------------------|-----------------|
| 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.

Summary of COBRA Funding Rider 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.

| COBRA Funding Rider | |
|------------------------|-----------------|
| Monthly Benefit Amount | Monthly Premium |
| \$300.00 | \$4.50 |
| \$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.

Summary of Survivor Benefit Rider 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.

| Survivor Benefit Rider | |
|------------------------|-----------------|
| 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.

Summary of Critical Illness Benefit Rider Benefits:

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.

| Critical Illness Benefit Rider | |
|--------------------------------|-----------------|
| Benefit Amount | Monthly Premium |
| \$10,000.00 | \$9.80 |
| \$15,000.00 | \$13.18 |
| \$20,000.00 | \$16.56 |
| \$25,000.00 | \$19.94 |

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

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

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

Critical Illness Benefit Rider

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

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

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

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: (a) Intentionally self-inflicted Injury while sane or insane; (b) An act of war, declared or undeclared; (c) Injury sustained or contracted while in the service

of the armed forces of any country; (d) Committing a felony; (e) Penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; (f) Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which your Spouse is entitled to Workers' Compensation benefits; (g) Participation in any sport for wage or profit; (h) Participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. No benefits are payable for your Spouse under this Rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a Physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from spousal abuse.

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.



**View and print your policies plus
file a claim at americanfidelity.com**

American Fidelity's Online Service Center provides you convenient, secure 24/7 access to manage your account or file a claim.

Underwritten and administered by:

Marketed by:

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a different opinion


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Critical Illness Insurance



AFLAC | www.AFLAC.com | 1.800.992.3522

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

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

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

Accident Insurance



AFLAC | www.AFLAC.com | 1.800.992.3522

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

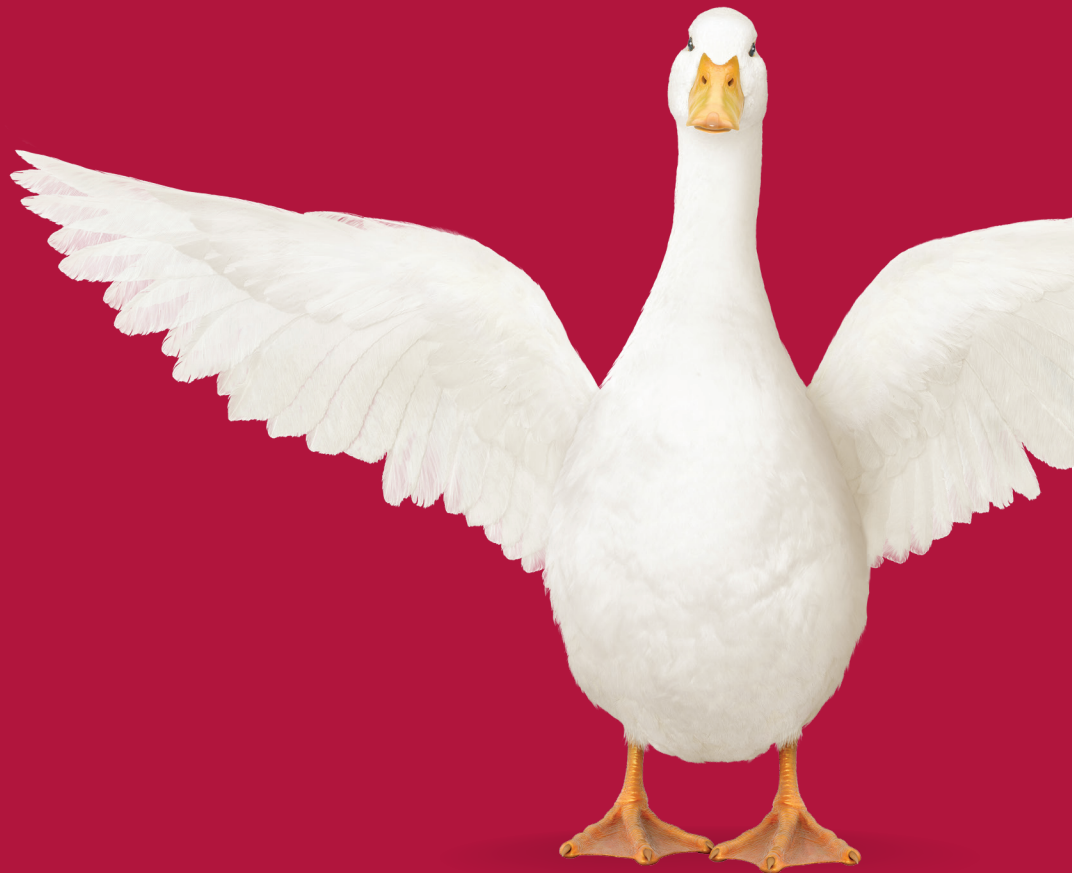
- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit

are age 50 or older, you can contribute up to an additional \$6,500 for a total of \$26,000.

Aflac Group Critical Illness

INSURANCE – PLAN INCLUDES BENEFITS
FOR CANCER AND HEALTH SCREENING

We help take care of your
expenses while you take
care of yourself.



Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.



Here's why the Aflac Group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac Group Critical Illness plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

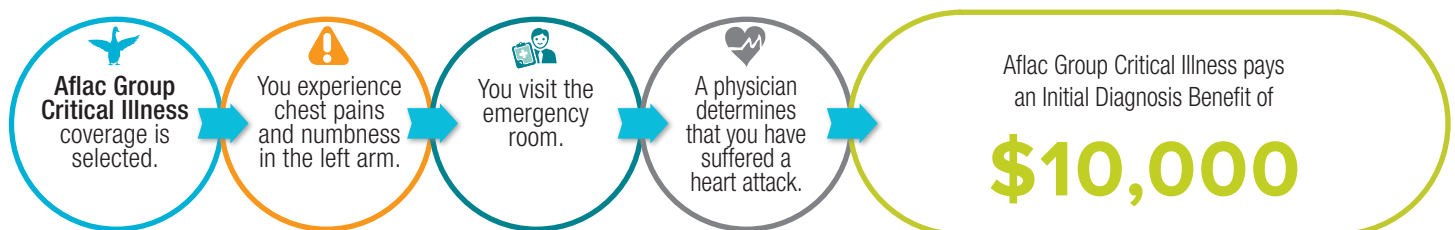
The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
 - Cancer
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Kidney Failure (End-Stage Renal Failure)
 - Major Organ Transplant
 - Bone Marrow Transplant (Stem Cell Transplant)
 - Sudden Cardiac Arrest
- Health Screening Benefit
 - Coronary Artery Bypass Surgery
 - Non-Invasive Cancer
 - Skin Cancer
 - Coma
 - Severe Burn
 - Paralysis
 - Loss of Speech/Sight/Hearing

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

How it works



Amount payable based on \$10,000 Initial Diagnosis Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Benefits Overview

COVERED CRITICAL ILLNESSES:

| | |
|--|------|
| CANCER (Internal or Invasive) | 100% |
| HEART ATTACK (Myocardial Infarction) | 100% |
| STROKE (Ischemic or Hemorrhagic) | 100% |
| MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant) | 100% |
| KIDNEY FAILURE (End-Stage Renal Failure) | 100% |
| BONE MARROW TRANSPLANT (Stem Cell Transplant) | 100% |
| SUDDEN CARDIAC ARREST | 100% |
| SEVERE BURN* | 100% |
| PARALYSIS** | 100% |
| COMA** | 100% |
| LOSS OF SPEECH / SIGHT / HEARING** | 100% |
| NON-INVASIVE CANCER | 25% |
| CORONARY ARTERY BYPASS SURGERY | 25% |

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

*This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.

**These benefits are payable for loss due to a covered underlying disease or a covered accident.

SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$100 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

This benefit is not paid for dependent children.

OPTIONAL BENEFITS RIDER

| | |
|-------------------------------------|------|
| BENIGN BRAIN TUMOR | 100% |
| ADVANCED ALZHEIMER'S DISEASE | 25% |
| ADVANCED PARKINSON'S DISEASE | 25% |

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

PROGRESSIVE DISEASE RIDER:

| | |
|--|------|
| AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE) | 100% |
| SUSTAINED MULTIPLE SCLEROSIS | 100% |

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

SPECIFIED DISEASES RIDER (These benefits will be paid based at 25% of the face amount in effect on the critical illness date of diagnosis.)

Addison's Disease, Cerebrospinal Meningitis, Diphtheria, Huntington's Chorea, Legionnaire's Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis

CHILDHOOD CONDITIONS RIDER

| | |
|---|-----|
| CYSTIC FIBROSIS | 50% |
| CEREBRAL PALSY | 50% |
| CLEFT LIP OR CLEFT PALATE | 50% |
| DOWN SYNDROME | 50% |
| PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU) | 50% |
| SPINA BIFIDA | 50% |
| TYPE 1 DIABETES | 50% |

One Time Benefit Amount

| | |
|---------------------------------------|---------|
| AUTISM SPECTRUM DISORDER (ASD) | \$3,000 |
|---------------------------------------|---------|

Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

LIMITATIONS AND EXCLUSIONS

All limitations and exclusions that apply to the critical illness plan also apply to the rider unless amended by the rider.

Cancer Diagnosis Limitation Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
 - In Alaska: injuring or attempting to injure oneself intentionally
- **Suicide** – committing or attempting to commit suicide, while sane or insane;
 - In Missouri: committing or attempting to commit suicide, while sane
 - In Illinois and Minnesota: this exclusion does not apply
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job:
 - In Arizona: participating in or attempting to commit a felony, or being engaged in

an illegal occupation;

- In Florida: participating or attempting to participate in an illegal activity, or working at an illegal occupation;
 - In Illinois and Pennsylvania: Illegal Occupation - committing or attempting to commit a felony or being engaged in an illegal occupation;
 - In Michigan: Illegal Occupation – the commission of or attempt to commit a felony, or being engaged in an illegal occupation;
 - In Nebraska: being engaged in an illegal occupation, or commission of or attempting to commit a felony;
 - In Ohio: committing or attempting to commit a felony, or working at an illegal job
- **Participation in Aggressive Conflict:**
 - War (declared or undeclared) or military conflicts;
 - In Florida: War does not include acts of terrorism
 - In Oklahoma: War, or act of war, declared or undeclared when serving in the military service or an auxiliary unit thereto
 - Insurrection or riot
 - Civil commotion or civil state of belligerence
 - **Illegal Substance Abuse:**
 - Abuse of legally-obtained prescription medication
 - Illegal use of non-prescription drugs

Aflac Group Accident Insurance

Accident protection made for you.



Underwritten by:
Continental American Insurance Company (CAIC)

In California, coverage is underwritten by
Continental American Life Insurance Company.



Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

What you need, when you need it.

Group accident insurance pays cash benefits that you can use any way you see fit.



GROUP ACCIDENT INSURANCE

| | HIGH | LOW |
|--|--|---|
| <p>INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:</p> | | |
| Hospital emergency room with X-Ray / without X-Ray | \$200/\$150 | \$100/\$50 |
| Urgent care facility with X-Ray / without X-Ray | \$200/\$150 | \$100/\$50 |
| Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray | \$100/\$75 | \$50/\$25 |
| <p>AMBULANCE (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.</p> | \$300 Ground \$900 Air | \$200 Ground \$600 Air |
| <p>MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.</p> | \$200 | \$100 |
| <p>EMERGENCY ROOM OBSERVATION (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.</p> | \$100 Each 24 hour period \$50 Less than 24 hours, but at least 4 hours | \$50 Each 24 hour period \$25 Less than 24 hours, but at least 4 hours |
| <p>PRESCRIPTIONS (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured (in Alaska, Massachusetts and Montana prescriptions do not have to be medically necessary). This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).</p> | \$5 | \$5 |
| <p>BLOOD/PLASMA/PLATELETS (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.</p> | \$400 | \$300 |
| <p>PAIN MANAGEMENT (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.</p> | \$100 | \$50 |
| <p>CONCUSSION (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.</p> | \$400 | \$200 |
| <p>TRAUMATIC BRAIN INJURY (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist.</p> | \$2,500 | \$1,250 |

| | | |
|--|--|--|
| COMA (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident. | \$10,000 | \$5,000 |
| EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident. | \$50 Extraction \$200 Repair with a crown | \$25 Extraction \$100 Repair with a crown |
| BURNS (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered. | | |
| Second Degree | | |
| Less than 10% | \$50 | \$25 |
| At least 10% but less than 25% | \$100 | \$50 |
| At least 25% but less than 35% | \$250 | \$125 |
| 35% or more | \$500 | \$250 |
| Third Degree | | |
| Less than 10% | \$500 | \$250 |
| At least 10% but less than 25% | \$2,500 | \$1,250 |
| At least 25% but less than 35% | \$5,000 | \$2,500 |
| 35% or more | \$10,000 | \$5,000 |
| EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia. | \$300 | \$200 |
| FRACTURES (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one fracture in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures. | Up to \$3,000 based on a schedule | Up to \$1,500 based on a schedule |
| DISLOCATIONS (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint. | Up to \$3,000 based on a schedule | Up to \$1,500 based on a schedule |
| LACERATIONS (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive): | | |
| Under 5 centimeters | \$50 | \$25 |
| 5-15 centimeters | \$200 | \$100 |
| Over 15 centimeters | \$400 | \$200 |
| Lacerations not requiring stitches | \$25 | \$12.50 |

| | | |
|--|---|---|
| <p>OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p> | \$400 | \$200 |
| <p>FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).</p> | \$100 | \$25 |
| <p>OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.</p> | \$50 | \$25 |
| <p>INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p> | \$750 | \$375 |
| <p>TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.</p> | \$400 Plane \$200 Any ground transportation | \$200 Plane \$100 Any ground transportation |
| <p>SUCCESSOR INSURED BENEFIT If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p> | | |

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

| AFTER CARE BENEFITS | HIGH | LOW |
|---|-------------------|------------------|
| <p>APPLIANCES (within 6 months after the accident) Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion. Cane, Ankle Brace Walker, Crutches, Leg Brace, Cervical Collar, Walking Boot, Wheelchair, Knee Scooter, Body Jacket, Back Brace</p> | \$40 \$100 | \$20 \$50 |
| <p>ACCIDENT FOLLOW-UP TREATMENT (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident) Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.</p> | \$50 | \$25 |
| <p>POST-TRAUMATIC STRESS DISORDER (PTSD) (once per accident, within 6 months after the accident) Payable if the insured is diagnosed with PTSD, a mental health condition triggered by a covered accident. An insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.</p> | \$200 | \$100 |

| | | |
|---|---------------|--------------|
| <p>REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)</p> <p>Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement.</p> <p>We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.</p> | \$100 per day | \$50 per day |
| <p>THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)</p> <p>Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.</p> | \$25 | \$15 |
| <p>CHIROPRACTIC OR ALTERNATIVE THERAPY (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)</p> <p>Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.</p> | \$25 | \$15 |

HOSPITALIZATION BENEFITS

HIGH

LOW

| | | |
|---|-------------------------|-----------------------|
| <p>HOSPITAL ADMISSION (once per accident, within 6 months after the accident)</p> <p>Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.</p> <p>This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.</p> | \$1,000 per confinement | \$500 per confinement |
| <p>HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident)</p> <p>Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury.</p> <p>If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.</p> | \$200 per day | \$100 per day |
| <p>HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident)</p> <p>Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury.</p> <p>We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury.</p> <p>If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p> | \$200 per day | \$100 per day |
| <p>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT (maximum of 30 days per accident, within 6 months after the accident)</p> <p>Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury.</p> <p>We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury.</p> <p>If we pay benefits for confinement in an intermediate intensive care step-down unit and an insured becomes confined to an intermediate intensive care step-down unit again within 6 months because of the same condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p> | \$100 per day | \$50 per day |

FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)
 Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:

- The insured must be confined to a hospital for treatment of a covered accidental injury;
- The hospital and motel/hotel must be more than 100 miles from the insured's residence; and
- The treatment must be prescribed by the insured's treating doctor.

\$200
per day

\$100
per day

LIFE CHANGING EVENTS BENEFITS

DISMEMBERMENT (once per accident, within 6 months after the accident)
 Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident.
 Dismemberment means:

- Loss of a hand -The hand is removed at or above the wrist joint;
- Loss of a foot -The foot is removed at or above the ankle;
- Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or
- Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).

If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)

HIGH

LOW

Employee

\$12,500

\$5,000

Spouse

\$5,000

\$2,500

Child(ren)

\$2,500

\$1,250

DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)

Employee

\$25,000

\$10,000

Spouse

\$10,000

\$5,000

Child(ren)

\$5,000

\$2,500

LOSS OF ONE OR MORE FINGERS OR TOES

Employee

\$1,250

\$500

Spouse

\$500

\$250

Child(ren)

\$250

\$125

PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)

Employee

\$125

\$62.50

Spouse

\$125

\$62.50

Child(ren)

\$125

\$62.50

PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident)
 Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.

Paraplegia

\$5,000

\$2,500

Quadriplegia

\$10,000

\$5,000

PROSTHESIS (once per accident, up to 2 prosthetic devices and one replacement per device per insured)*
 Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury.

Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements.

\$1,500

\$500

* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.

| | | |
|---|---------|-------|
| <p>RESIDENCE/VEHICLE MODIFICATION (once per accident, within one year after the accident)</p> <p>Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:</p> <ul style="list-style-type: none"> • The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg. | \$1,000 | \$500 |
|---|---------|-------|

| ACCIDENTAL DEATH RIDER | HIGH | LOW |
|--|--|---|
| <p>ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*)</p> <p>Payable if a covered accidental injury causes the insured to die.</p> | <p>\$50,000 Employee</p> <p>\$25,000 Spouse</p> <p>\$10,000 Child</p> | <p>\$25,000 Employee</p> <p>\$12,500 Spouse</p> <p>\$5,000 Child</p> |
| <p>ACCIDENTAL COMMON-CARRIER DEATH BENEFIT</p> <p>Payable if the insured:</p> <ul style="list-style-type: none"> • Is a fare-paying passenger on a common carrier; • Is injured in a covered accident; and • Dies within 90 days* after the covered accident. <p>*In Oregon and Utah, within 180 days after the accident; in Pennsylvania, there is no limitation on the number of days.</p> | <p>\$100,000 Employee</p> <p>\$50,000 Spouse</p> <p>\$20,000 Child</p> | <p>\$50,000 Employee</p> <p>\$25,000 Spouse</p> <p>\$10,000 Child</p> |

| ORGANIZED ATHLETIC ACTIVITY RIDER | BOTH PLANS |
|---|-------------------|
| <p>ORGANIZED ATHLETIC ACTIVITY BENEFIT</p> <p>We will pay an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event.</p> | 20% |

Hospital Indemnity Insurance



AFLAC | www.AFLAC.com | 1.800.992.3522

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

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

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

Aflac Group Hospital Indemnity

INSURANCE

Even a small trip to the hospital can have a major impact on your finances.

Here's a way to help make your visit a little more affordable.



AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help.

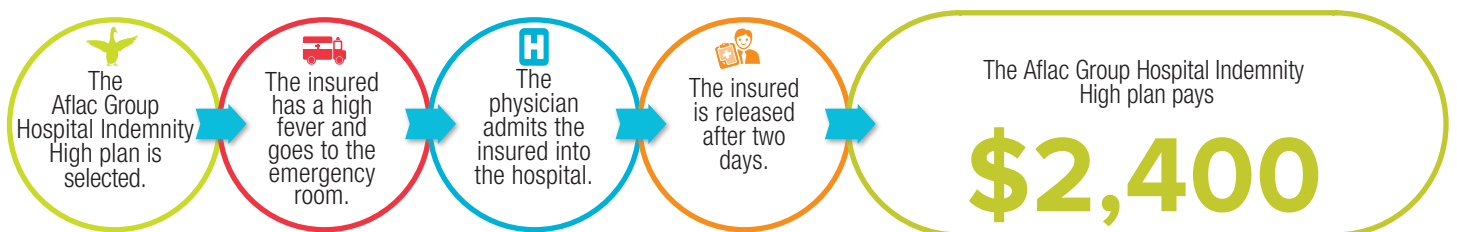
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit and more



How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$2,000), and Hospital Confinement (\$200 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

Benefits Overview

| | HIGH | MID |
|---|---------|---------|
| <p>HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured)</p> <p>Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p> | \$2,000 | \$1,000 |
| <p>HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p> | \$200 | \$150 |
| <p>HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p> | \$200 | \$150 |
| <p>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time.</p> <p>Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p> | \$100 | \$75 |
| <p>SUCCESSOR INSURED BENEFIT</p> <p>If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p> | | |

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).

LIMITATIONS AND EXCLUSIONS

EXCLUSIONS

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
 - In Connecticut: a riot is not excluded.
 - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
 - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
 - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
 - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an

CONTACT INFORMATION

Dilley ISD Benefits Office
245 Highway 117 | Dilley, TX 78017
830-965-1912
www.dilleyisd.net

FIRST FINANCIAL GROUP OF AMERICA

Chuck Egli, Account Manager
chuck.egli@ffga.com | 800-672-9666

| CONTACTS | | | |
|------------------------------|--------------------------------------|--|--------------|
| BENEFIT | CARRIER | WEBSITE | PHONE |
| Dental | Ameritas | www.ameritas.com | 800.487.5553 |
| Vision | Eyetopia | www.eyetopiaplans.com | 800.662.8264 |
| Disability Insurance | American Fidelity | www.americanfidelity.com | 800.654.8489 |
| Cancer Insurance | American Fidelity | www.americanfidelity.com | 800.654.8489 |
| Accident Insurance | AFLAC | www.americanfidelity.com | 800.654.8489 |
| Critical Illness Insurance | AFLAC | www.AFLACgroupinsurance.com | 800.433.3036 |
| Hospital Indemnity Insurance | AFLAC | www.AFLACgroupinsurance.com | 800.433.3036 |
| Permanent Life Insurance | Texas Life | www.texaslife.com | 800.283.9233 |
| Term Life Insurance | American Fidelity | www.americanfidelity.com | 800.654.8489 |
| Whole Life Insurance | American Fidelity | www.americanfidelity.com | 800.654.8489 |
| Group Life Insurance | Blue Cross Blue Shield | www.bcbstx.com/ancillary | 877.422.4207 |
| Medical Transport | MASA | www.masamts.com | 800.643.9023 |
| Flexible Spending Accounts | First Financial Administrators, Inc. | www.ffga.com | 866.853.3539 |

EMPLOYEE BENEFITS CENTER – <https://benefits.ffga.com/dilleyisd>

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit <https://benefits.ffga.com/dilleyisd> today!