

LACKLAND ISD 2023-2024 BENEFITS GUIDE

2023 – 2024 Plan Year
September 1, 2023-August 31, 2024

Open Enrollment
August 7th – August 11th



First Financial Group of America
Marissa Wenning, Senior Account Manager
210-380-0832 | marissa.wenning@ffga.com
<https://ffbenefits.ffga.com/lacklandisd/>

Lackland ISD Benefits Office
2460 Kenly Ave.
San Antonio, TX 78236
(210) 357-5000 | www.lacklandisd.net

TABLE OF CONTENTS

TABLE OF CONTENTS

- EMPLOYEE BENEFITS CENTER.....3
- HOW TO ENROLL.....4
- ELIGIBILITY.....5
- SECTION 125 PLAN.....6
- EMPLOYER CONTRIBUTION RATE SHEET.....7
- MEDICAL.....8
- DENTAL.....13
- VISION.....15
- FLEXIBLE SPENDING ACCOUNTS & FSA RESOURCES.....17
- VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS
 - EMPLOYER-PAID LIFE INSURANCE.....19
 - TERM LIFE & AD&D
 - GROUP VOLUNTARY TERM LIFE
 - PERMANENT LIFE INSURANCE.....22
 - LONG TERM DISABILITY.....28
 - CANCER INSURANCE.....35
 - ACCIDENT ONLY INSURANCE.....41
 - 403(b) RETIREMENT PLANS.....44
 - EMPLOYEE ASSISTANCE PROGRAM.....45
 - COBRA.....50
 - CLEVER RX.....51
- BENEFIT CONTACT INFORMATION.....52

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

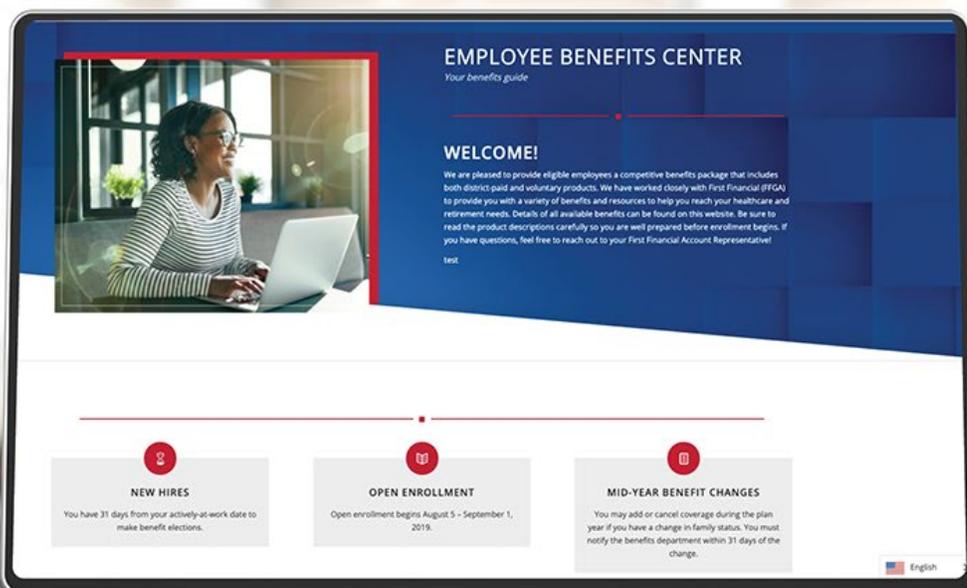
EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Lackland ISD and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer, as well as find claim forms, important phone number, and enrollment information.

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

<https://ffbenefits.ffga.com/lacklandisd/>



HOW TO ENROLL

NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. To enroll, please contact your First Financial representative Marissa Wenning at marissa.wenning@ffga.com or visit this link to schedule an appointment, <https://newhireopenenrollment.timetap.com/#/>.

ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections. Visit your EBC to view the on-site enrollment schedule, <https://ffbenefits.ffga.com/lacklandisd/>.

ONLINE ENROLLMENT

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

LOGIN

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

VIEW CURRENT BENEFITS

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

VIEW/ADD DEPENDENTS

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

BEGIN ELECTIONS

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

ELIGIBILITY

ELIGIBILITY

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

MID-YEAR BENEFIT CHANGES

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

QUALIFYING LIFE EVENTS INCLUDE:

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

DECLINING COVERAGE

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

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

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

HERE'S HOW IT WORKS

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

IS IT RIGHT FOR ME?

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

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

IRS specified changes in family status include:

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

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!

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

**LACKLAND INDEPENDENT SCHOOL DISTRICT
GROUP HEALTH, DENTAL AND GROUP TERM LIFE
2023-2024**

Type of Coverage	TRS ActiveCare Group Health Insurance	
District Contribution for participating employees = \$497.00 per month		
Primary Plan	Premium Amount	Employee Cost
Employee Only	\$376.00	\$0.00
Employee/Child(ren)	\$640.00	\$143.00
Employee/Spouse	\$1,016.00	\$519.00
Employee/Family	\$1,279.00	\$782.00
HD Plan (formerly HD 1)	Premium Amount	Employee Cost
Employee Only	\$388.00	\$0.00
Employee/Child(ren)	\$660.00	\$163.00
Employee/Spouse	\$1,048.00	\$551.00
Employee/Family	\$1,320.00	\$823.00
Primary+ (formerly Select)	Premium Amount	Employee Cost
Employee Only	\$442.00	\$0.00
Employee/Child(ren)	\$752.00	\$255.00
Employee/Spouse	\$1,150.00	\$653.00
Employee/Family	\$1,459.00	\$962.00
ActiveCare 2 (Closed to new enrollees)	Premium Amount	Employee Cost
Employee Only	\$1,013.00	\$516.00
Employee/Child(ren)	\$1,507.00	\$1,010.00
Employee/Spouse	\$2,402.00	\$1,905.00
Employee/Family	\$2,841.00	\$2,344.00
Employees that select the Primary Plan or HD Plan will receive \$100 per month (or \$1200 per year) and \$55 per month (\$660) for Primary+ deposited in a flexible spending account (FSA) if they elect Employee Only Coverage		
Name of Company	MET-LIFE	
Type of Coverage	Dental Insurance Plan	
District Contribution for participating employees = \$37.72 per month		
	Premium Amount	Employee Cost
Employee Only	\$37.72	\$0.00
Employee/Spouse	\$50.52	\$12.80
Employee/Child(ren)	\$55.46	\$17.74
Employee/Family	\$83.80	\$46.08
Name of Company	Blue Cross Blue Shield	
Type of Coverage	Group Term Life Insurance (\$40,000 benefit or less due to age band)	
District Contribution for participating employees = \$1.92 per month		
	Premium Amount	Employee Cost
Employee Only	\$1.92	\$0.00
Name of Company	Deer Oaks	
Type of Coverage	Employee Assistance Provider Services - Up to 6 free visits per year	
District Contribution for participating employees = \$2.61 per month		
	Premium Amount	Employee Cost
Employee Only	\$2.61	\$0.00
Note: Total District contribution for participating employees is noted below: Up to 539.25 per month Annual Total \$6471		

MEDICAL

TRS-ACTIVECARE

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

BCBSTX

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

TRS-ACTIVECARE PRIMARY

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

TRS-ACTIVECARE HD

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

TRS-ACTIVECARE PRIMARY+

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

TRS-ACTIVECARE 2 – CLOSED TO NEW ENROLLEES

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

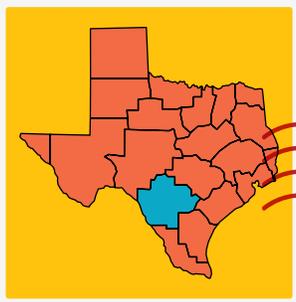
TRS-ACTIVECARE PLAN PRESCRIPTION BENEFITS

Express Scripts | <http://www.express-scripts.com/trsactivecare> | 1.844.367.6108

Starting Friday, September 1, 2023, Express Scripts will be the new pharmacy benefits manager (PBM) for TRS-ActiveCare. We're here to help you understand your prescription benefits and make it convenient and affordable for you and your family to get the prescription medications you need.

Remember the Alamo... and that TRS-ActiveCare has the largest network of doctors and hospitals in Texas!

TRS-ActiveCare REGION 20



TRS-ActiveCare Plan Highlights 2023-24



Learn the Terms.

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

2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 – Aug. 31, 2024



How to Calculate Your Monthly Premium

- ➖ Total Monthly Premium
- ➖ Your District and State Contributions
- ➕ **Your Premium**

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

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

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

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

New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

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

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

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$376	\$0	\$442	\$0	\$388	\$0
Employee and Spouse	\$1,016	\$519	\$1,150	\$653	\$1,048	\$551
Employee and Children	\$640	\$143	\$752	\$255	\$660	\$163
Employee and Family	\$1,279	\$782	\$1,459	\$962	\$1,320	\$823

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	Nationwide Network
PCP Required	Yes	Yes	No	No

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

Immediate Care	Urgent Care	Emergency Care	TRS Virtual Health-RediMD™	TRS Virtual Health-TeleDoc®
	\$50 copay	You pay 30% after deductible	\$0 per medical consultation	\$12 per medical consultation
	You pay 20% after deductible	\$0 per medical consultation	\$12 per medical consultation	
	You pay 30% after deductible	You pay 30% after deductible	\$42 per medical consultation	

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

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

TRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals

Total Premium	Your Premium
\$1,013	\$516
\$2,402	\$1,905
\$1,507	\$1,010
\$2,841	\$2,344

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

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

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

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

What's New and What's Changing



This table shows you the changes between 2022-23 premium price and this year's 2023-24 regional price for your Education Service Center.

	2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$346	\$376	<ul style="list-style-type: none"> Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500. Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000. Teladoc virtual mental health visit copay decreased from \$70 to \$0.
	Employee and Spouse	\$976	\$1,016	
	Employee and Children	\$622	\$640	
	Employee and Family	\$1,168	\$1,279	
TRS-ActiveCare HD	Employee Only	\$357	\$388	<ul style="list-style-type: none"> Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500. Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000. These changes apply only to in-network amounts.
	Employee and Spouse	\$1,005	\$1,048	
	Employee and Children	\$641	\$660	
	Employee and Family	\$1,202	\$1,320	
TRS-ActiveCare Primary+	Employee Only	\$434	\$442	<ul style="list-style-type: none"> Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400. Primary care provider and mental health copays decreased from \$30 to \$15. Teladoc virtual mental health visit copay decreased from \$70 to \$0.
	Employee and Spouse	\$1,062	\$1,150	
	Employee and Children	\$699	\$752	
	Employee and Family	\$1,336	\$1,459	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	<ul style="list-style-type: none"> No changes. This plan is still closed to new enrollees.
	Employee and Spouse	\$2,402	\$2,402	
	Employee and Children	\$1,507	\$1,507	
	Employee and Family	\$2,841	\$2,841	

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

Effective: Sept. 1, 2023

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide (PHG) any time 24/7 to help you find the best price for a medical service. Reach them at **1-866-355-5999**.

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

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

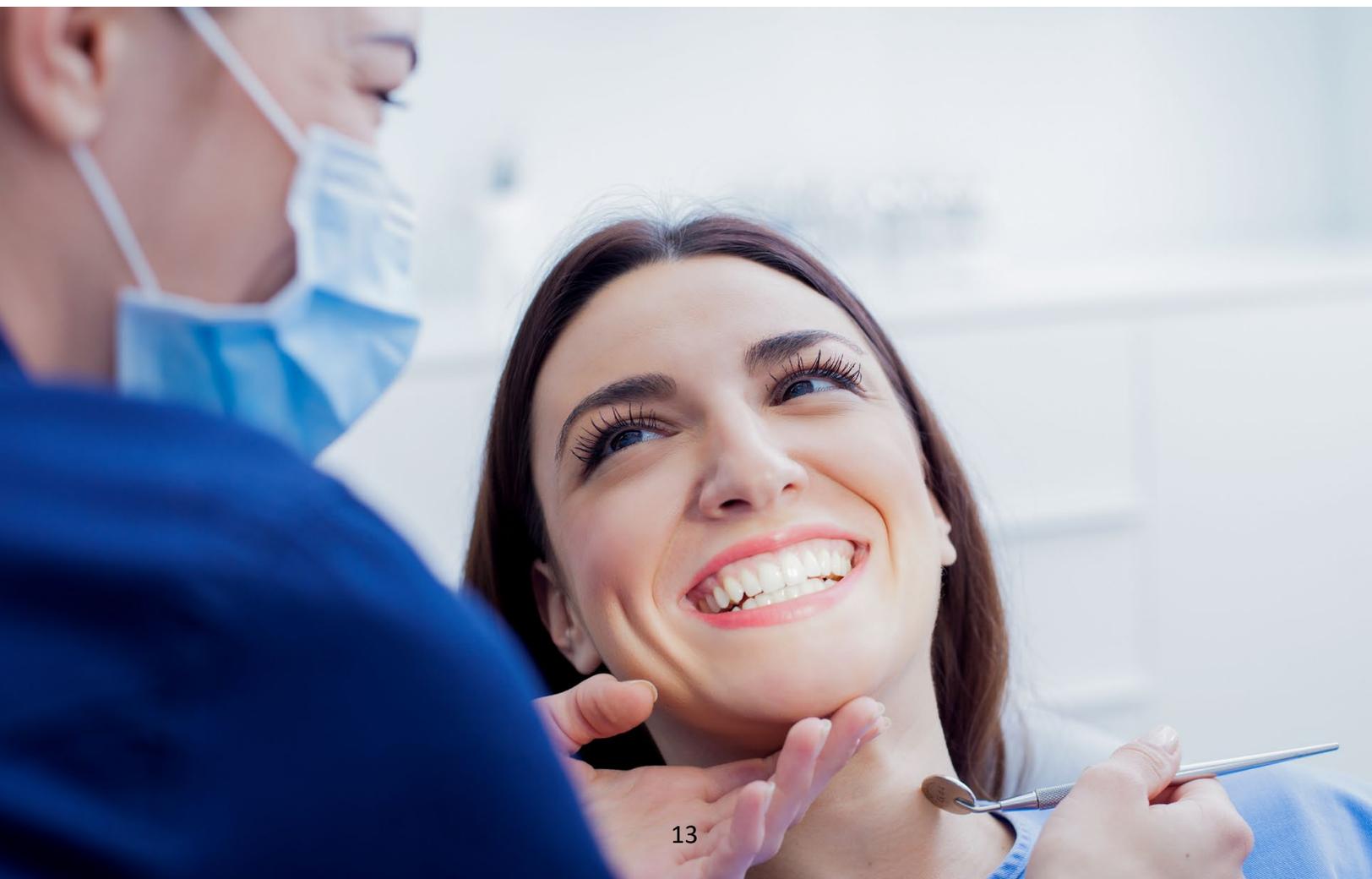
DENTAL INSURANCE

MetLife | <http://www.metlife.com> | 1.800.275.4638

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

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

DENTAL MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$0.00
EMPLOYEE + SPOUSE	\$12.80
EMPLOYEE + CHILD(REN)	\$17.74
EMPLOYEE + FAMILY	\$46.08



Dental Benefits

Metropolitan Life Insurance Company

Overview of Benefits for: LACKLAND ISD

Date Prepared: 9-1-2023

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs.

You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type	In-Network: % of Negotiated Fee	Out-of-Network: % of R&C Fee ¹
Type A	100%	100%
Type B	80%	80%
Type C	50%	50%
Orthodontia	50%	50%
Deductible: Individual/Family*	\$50 (Type B & C)	\$50 (Type B & C)

Annual Maximum Benefit: Per Individual	\$1000	\$1000
---	--------	--------

Orthodontia Lifetime Maximum: Per Individual	\$1000	\$1000
	Ortho applies to Child Only (up to age 19)	

Understanding Your Dental Benefits Plan

With the MetLife Preferred Dentist Program you can visit the dentist of your choice – an “in-network” dentist (a participating MetLife dentist) or an “out-of-network” dentist.

- Plan benefits for in-network services are based on the percentage of the Negotiated fee –the fee that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefit maximums. Negotiated fees are subject to change.
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be higher, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service. Please refer to the Selected Covered Services and Frequency Limitations page of this document for details regarding how R&C charges are defined under this plan.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to www.metlife.com/mybenefits and follow the easy registration instructions.

Certain plan benefits are based on a percentage of the negotiated fee. This is the amount that participating dentists have agreed to accept as payment in full. If your plan benefits are based on a percentage of the Reasonable and Customary (R&C) charges, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

* If you are enrolled for dependent coverage, a maximum family deductible may apply.

Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

VISION INSURANCE

Avesis | <http://www.avesis.com> | 1.800.643.1132

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

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

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

VISION MONTHLY PREMIUMS	
VSP CHOICE PLAN	
EMPLOYEE ONLY	\$8.39
EMPLOYEE + ONE	\$14.69
EMPLOYEE + FAMILY	\$21.83





Effective Date:

Group Number:

Plan Number:

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Vision Examination (Includes Refraction)		Up to
Materials*	(Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance	Members receive a wholesale allowance retail value [†]	Up to
Standard Spectacle Lenses		
Single Vision		Up to
Bifocal		Up to
Trifocal		Up to
Lenticular		Up to
Preferred Pricing Options		
Polycarbonate (Single Vision/Multi-Focal)		
Standard Scratch-Resistant Coating		
Ultra-Violet Screening		
Solid or Gradient Tint		
Standard Anti-Reflective Coating		
Level 1 Progressives		
Level 2 Progressives		
All Other Progressives		
Transitions® (Single Vision/Multi-Focal)		
Polarized		
PGX/PBX		
Other Lens Options	Up to 20% discount	N/A
Contact Lenses[‡] (in lieu of frame and spectacle lenses)		
Elective		Up to
Medically Necessary	Covered in full	Up to
Refractive Laser Surgery	Provider discount up to 25%	
Frequency		
Eye Examination	Once every	
Lenses or contact lenses	Once every	
Frame	Once every	

*Discounts are not insured benefits.

[†]Value may be less depending on the providers retail pricing.

[‡]Prior authorization is required for medically necessary contacts.

Reliable & Dependable

Avësis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avësis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

Here's How It Works

When you need to see an eye care professional, simply visit www.avesis.com or contact Avësis' Customer Service Monday through Friday, 7 a.m. to 8 p.m. (EST) at 800-828-9341 to receive a listing of providers in your area.



*At participating Walmart/Sam's locations, retail pricing for your plan is . At participating Costco locations, retail pricing is .

How can we help you?

Avësis Website:
www.avesis.com

Customer Service:
800-828-9341
7 a.m. - 8 p.m. EST

LASIK Provider:
877-712-2010

FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539

P.O. Box 161968 | Altamonte Springs, FL 32716

MEDICAL FSA

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

Your maximum contribution amount for 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 without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

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

DEPENDENT CARE FSA

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

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

HIGHLIGHTS

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

FSA RESOURCES

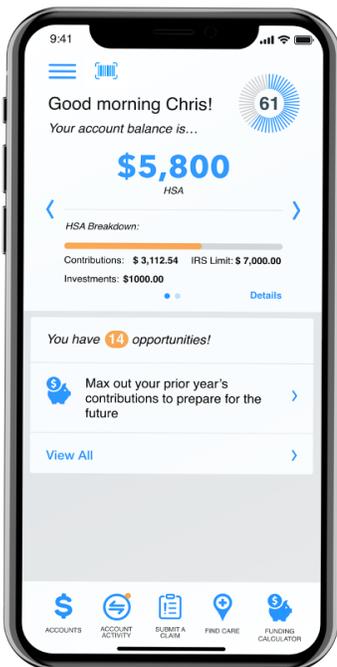
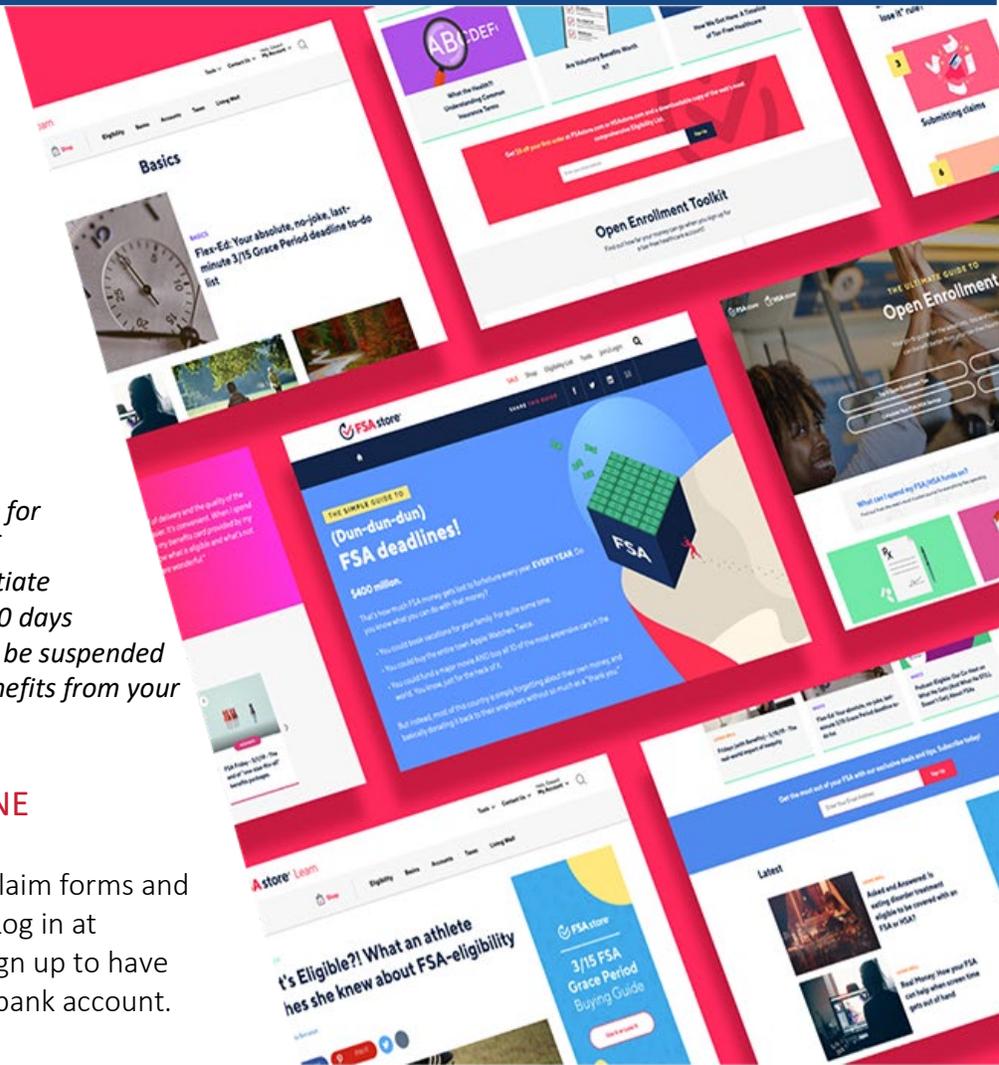
BENEFITS CARD

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

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

VIEW YOUR ACCOUNT DETAILS ONLINE

Sign up to view your account balance, find claim forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account. View the [Portal Log-in Guide](#) now!



FF MOBILE ACCOUNT APP

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App StoreSM or Google Play StoreTM. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

FSA STORE

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



TERM 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 \$40,000 policy. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

VOLUNTARY TERM LIFE INSURANCE

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



BENEFIT PROGRAM SUMMARY
For LACKLAND ISD / TEEBC TRUST F021842 - 371

SUPPLEMENTAL GROUP TERM LIFE/AD&D

Eligibility	All Active Employees who regularly work 15 hours per week are eligible for insurance on the first of the month following their date of hire.
Group Term Life/AD&D Benefit: Employee	\$10,000 - \$500,000, in increments of \$10,000
Guarantee Issue Amount – Employee	\$150,000, under age 65, \$30,000 age 65-69
Group Term Life/AD&D Benefit: Spouse (Includes Domestic Partners)	\$5,000 - \$250,000, in increments of \$5,000, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount – Spouse	\$50,000 under age 60, \$10,000 Age 60-69
Group Term Life Benefit: Child(ren)	Live Birth to Age 26 - \$10,000
Age Reduction Schedule	Employee Basic and Supplemental Group Term Life and AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement. Spouse Supplemental Group Term Life and AD&D benefits terminate upon the Employee's attainment of age 70.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)	Included. (Employee)
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



LACKLAND ISD / TEEBC TRUST F021842 - 371

Eligibility

All Active Employees who regularly work 15 hours per week are eligible for insurance on the first of the month following their date of hire.

Supplemental Life and AD&D

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.**
(not to exceed 50% of the employee benefit)

Note: Spouse may not have coverage unless the employee has coverage.

Child Coverage (Life Only)

Live Birth to Age 26: **\$10,000**

Guarantee Issue*

Employee **\$150,000 Under age 65, \$30,000 age 65-69**
Spouse **\$50,000 Under age 60, \$10,000 age 60-69**

*NEW HIRES ONLY

Employee: Life & AD&D benefits reduce by 50% of the original amount at age 70.
All benefits terminate at retirement.

Spouse: Benefits terminate at Employee's age 70.

Employee/Spouse
Supplemental Life and AD&D

Monthly rates per \$1,000

Age	Rates
Under 20	\$0.080
20-24	\$0.080
25-29	\$0.090
30-34	\$0.110
35-39	\$0.130
40-44	\$0.180
45-49	\$0.280
50-54	\$0.440
55-59	\$0.700
60-64	\$0.870
65+	\$1.490

Dependent Life (Children)

Monthly Premium per Family

Life	Premium
\$10,000	\$1.00

Supplemental Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

Employee Benefit Amount	ATTAINED AGE										
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$10,000	\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90
\$20,000	\$1.60	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80
\$30,000	\$2.40	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70
\$40,000	\$3.20	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60
\$50,000	\$4.00	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50
\$60,000	\$4.80	\$4.80	\$5.40	\$6.60	\$7.80	\$10.80	\$16.80	\$26.40	\$42.00	\$52.20	\$89.40
\$70,000	\$5.60	\$5.60	\$6.30	\$7.70	\$9.10	\$12.60	\$19.60	\$30.80	\$49.00	\$60.90	\$104.30
\$80,000	\$6.40	\$6.40	\$7.20	\$8.80	\$10.40	\$14.40	\$22.40	\$35.20	\$56.00	\$69.60	\$119.20
\$90,000	\$7.20	\$7.20	\$8.10	\$9.90	\$11.70	\$16.20	\$25.20	\$39.60	\$63.00	\$78.30	\$134.10
\$100,000	\$8.00	\$8.00	\$9.00	\$11.00	\$13.00	\$18.00	\$28.00	\$44.00	\$70.00	\$87.00	\$149.00
\$110,000	\$8.80	\$8.80	\$9.90	\$12.10	\$14.30	\$19.80	\$30.80	\$48.40	\$77.00	\$95.70	\$163.90
\$120,000	\$9.60	\$9.60	\$10.80	\$13.20	\$15.60	\$21.60	\$33.60	\$52.80	\$84.00	\$104.40	\$178.80
\$130,000	\$10.40	\$10.40	\$11.70	\$14.30	\$16.90	\$23.40	\$36.40	\$57.20	\$91.00	\$113.10	\$193.70
\$140,000	\$11.20	\$11.20	\$12.60	\$15.40	\$18.20	\$25.20	\$39.20	\$61.60	\$98.00	\$121.80	\$208.60
\$150,000	\$12.00	\$12.00	\$13.50	\$16.50	\$19.50	\$27.00	\$42.00	\$66.00	\$105.00	\$130.50	\$223.50

Spouse (Employee Attained Age)											
Benefit Amount	ATTAINED AGE										
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$5,000	\$0.40	\$0.40	\$0.45	\$0.55	\$0.65	\$0.90	\$1.40	\$2.20	\$3.50	\$4.35	\$7.45
\$10,000	\$0.80	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90
\$15,000	\$1.20	\$1.20	\$1.35	\$1.65	\$1.95	\$2.70	\$4.20	\$6.60	\$10.50	\$13.05	\$22.35
\$20,000	\$1.60	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80
\$25,000	\$2.00	\$2.00	\$2.25	\$2.75	\$3.25	\$4.50	\$7.00	\$11.00	\$17.50	\$21.75	\$37.25
\$30,000	\$2.40	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70
\$35,000	\$2.80	\$2.80	\$3.15	\$3.85	\$4.55	\$6.30	\$9.80	\$15.40	\$24.50	\$30.45	\$52.15
\$40,000	\$3.20	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60
\$45,000	\$3.60	\$3.60	\$4.05	\$4.95	\$5.85	\$8.10	\$12.60	\$19.80	\$31.50	\$39.15	\$67.05
\$50,000	\$4.00	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

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 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.



WOW!

LIFE INSURANCE YOU CAN KEEP!

LIFE INSURANCE HIGHLIGHTS

For the employee



IT'S AFFORDABLE
YOU OWN IT



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



YOU CAN COVER YOUR SPOUSE, CHILDREN
AND GRANDCHILDREN, TOO¹



YOU CAN GET A LIVING BENEFIT IF YOU
BECOME TERMINALLY ILL²



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



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



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

During the last six months, has the proposed insured:

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



TEXASLIFE INSURANCE COMPANY

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

ADDITIONAL POLICY BENEFITS

Accelerated Death Benefit Due to Chronic Illness Rider

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

Here's how it works:

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

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

¹ Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

² Conditions apply. See rider for details. Form ICC07-ULABR-07 or Form Series ULABR-07.

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

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



DO NOT CROSS

Accidental Death Benefit Rider

Included in the contract at the option of your employer, the Accidental Death Benefit Rider covers all employees and spouses between the ages of 17-59.⁶ This rider costs \$0.08 per thousand of the face amount per month and pays the insured's beneficiary double the death benefit if the insured dies within 180 days of an accident from injuries incurred in that accident (90 days in DE, FL, ND, and SD).⁷ The benefit is payable through the insured's age 65. Maximum in-force limits and exclusions apply. See the complete list of exceptions to coverage on the following page.

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

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

⁶ Available to children and grandchildren at issue age 17-26.

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

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
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

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)
with Accidental Death Rider
Grandchild coverage available through age 18.

Issue Age	Premium		Guaranteed Period
	\$25,000	\$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	22.25	75
21-22	12.50	22.75	74
23	12.75	23.25	75
24-25	13.00	23.75	74
26	13.50	24.75	75

Indicates Spouse Coverage Available

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".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

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	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
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

CHILDREN AND GRANDCHILDREN (TOBACCO)
 with Accidental Death Rider
 Grandchild coverage available through age 18.

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".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

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

23Mo14-C-M FFGA-T 1012 (exp0325)

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
17-20	17.25	32.25	71
21-22	18.00	33.75	71
23	18.75	35.25	72
24-25	19.25	36.25	71
26	19.75	37.25	72

Indicates Spouse Coverage Available

DISABILITY INSURANCE

American Fidelity | <http://americanfidelity.com> | 1.800.654.8489

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

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

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

.	.	.	.
.	.	.	.
.	.	.	.
.	.	.	.
.	.	.	.
.	.	.	.
.	.	.	.

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

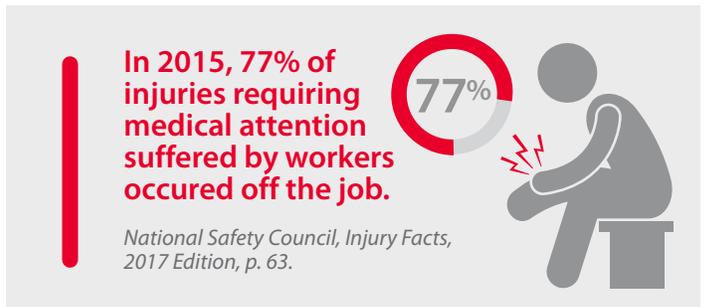
Benefits Begin

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



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, and III), 90 (Plan IV), and 150 (Plan V) 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.

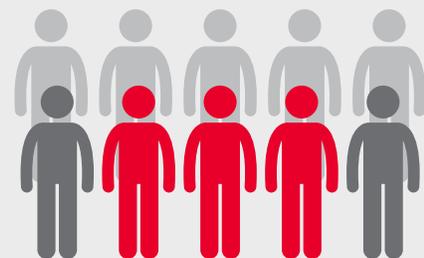
Exclusions

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 (15th)	Plan II (31st)	Plan III (61st)	Plan IV (91st)	Plan V (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$7.28	\$5.80	\$4.92	\$4.16	\$3.12
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$10.92	\$8.70	\$7.38	\$6.24	\$4.68
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$14.56	\$11.60	\$9.84	\$8.32	\$6.24
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$18.20	\$14.50	\$12.30	\$10.40	\$7.80
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$21.84	\$17.40	\$14.76	\$12.48	\$9.36
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$25.48	\$20.30	\$17.22	\$14.56	\$10.92
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$29.12	\$23.20	\$19.68	\$16.64	\$12.48
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$32.76	\$26.10	\$22.14	\$18.72	\$14.04
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$36.40	\$29.00	\$24.60	\$20.80	\$15.60
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$40.04	\$31.90	\$27.06	\$22.88	\$17.16
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$43.68	\$34.80	\$29.52	\$24.96	\$18.72
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$47.32	\$37.70	\$31.98	\$27.04	\$20.28
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$50.96	\$40.60	\$34.44	\$29.12	\$21.84
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$54.60	\$43.50	\$36.90	\$31.20	\$23.40
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$58.24	\$46.40	\$39.36	\$33.28	\$24.96
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$61.88	\$49.30	\$41.82	\$35.36	\$26.52
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$65.52	\$52.20	\$44.28	\$37.44	\$28.08
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$69.16	\$55.10	\$46.74	\$39.52	\$29.64
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$72.80	\$58.00	\$49.20	\$41.60	\$31.20
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$76.44	\$60.90	\$51.66	\$43.68	\$32.76
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$80.08	\$63.80	\$54.12	\$45.76	\$34.32
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$83.72	\$66.70	\$56.58	\$47.84	\$35.88
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$87.36	\$69.60	\$59.04	\$49.92	\$37.44
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$91.00	\$72.50	\$61.50	\$52.00	\$39.00
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$94.64	\$75.40	\$63.96	\$54.08	\$40.56
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$98.28	\$78.30	\$66.42	\$56.16	\$42.12
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$101.92	\$81.20	\$68.88	\$58.24	\$43.68
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$105.56	\$84.10	\$71.34	\$60.32	\$45.24
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$109.20	\$87.00	\$73.80	\$62.40	\$46.80
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$112.84	\$89.90	\$76.26	\$64.48	\$48.36
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$116.48	\$92.80	\$78.72	\$66.56	\$49.92
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$120.12	\$95.70	\$81.18	\$68.64	\$51.48
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$123.76	\$98.60	\$83.64	\$70.72	\$53.04
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$127.40	\$101.50	\$86.10	\$72.80	\$54.60
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$131.04	\$104.40	\$88.56	\$74.88	\$56.16
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$134.68	\$107.30	\$91.02	\$76.96	\$57.72
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$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 (15th)	Plan II (31st)	Plan III (61st)	Plan IV (91st)	Plan V (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$141.96	\$113.10	\$95.94	\$81.12	\$60.84
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$145.60	\$116.00	\$98.40	\$83.20	\$62.40
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$149.24	\$118.90	\$100.86	\$85.28	\$63.96
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$152.88	\$121.80	\$103.32	\$87.36	\$65.52
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$156.52	\$124.70	\$105.78	\$89.44	\$67.08
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$160.16	\$127.60	\$108.24	\$91.52	\$68.64
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$163.80	\$130.50	\$110.70	\$93.60	\$70.20
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$167.44	\$133.40	\$113.16	\$95.68	\$71.76
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$171.08	\$136.30	\$115.62	\$97.76	\$73.32
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$174.72	\$139.20	\$118.08	\$99.84	\$74.88
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$178.36	\$142.10	\$120.54	\$101.92	\$76.44
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$182.00	\$145.00	\$123.00	\$104.00	\$78.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$185.64	\$147.90	\$125.46	\$106.08	\$79.56
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$189.28	\$150.80	\$127.92	\$108.16	\$81.12
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$192.92	\$153.70	\$130.38	\$110.24	\$82.68
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$196.56	\$156.60	\$132.84	\$112.32	\$84.24
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$200.20	\$159.50	\$135.30	\$114.40	\$85.80
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$203.84	\$162.40	\$137.76	\$116.48	\$87.36
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$207.48	\$165.30	\$140.22	\$118.56	\$88.92
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$211.12	\$168.20	\$142.68	\$120.64	\$90.48
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$214.76	\$171.10	\$145.14	\$122.72	\$92.04
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$218.40	\$174.00	\$147.60	\$124.80	\$93.60
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$222.04	\$176.90	\$150.06	\$126.88	\$95.16
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$225.68	\$179.80	\$152.52	\$128.96	\$96.72
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$229.32	\$182.70	\$154.98	\$131.04	\$98.28
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$232.96	\$185.60	\$157.44	\$133.12	\$99.84
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$236.60	\$188.50	\$159.90	\$135.20	\$101.40
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$240.24	\$191.40	\$162.36	\$137.28	\$102.96
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$243.88	\$194.30	\$164.82	\$139.36	\$104.52
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$247.52	\$197.20	\$167.28	\$141.44	\$106.08
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$251.16	\$200.10	\$169.74	\$143.52	\$107.64
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$254.80	\$203.00	\$172.20	\$145.60	\$109.20
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$258.44	\$205.90	\$174.66	\$147.68	\$110.76
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$262.08	\$208.80	\$177.12	\$149.76	\$112.32
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$265.72	\$211.70	\$179.58	\$151.84	\$113.88
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$269.36	\$214.60	\$182.04	\$153.92	\$115.44
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$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

CANCER INSURANCE

American Fidelity | <http://americanfidelity.com> | 1.800.654.8489

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

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

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

CANCER INSURANCE				
BASIC	18-40	41-50	51-60	61+
EMPLOYEE	\$16.30	\$23.60	\$32.60	\$44.20
EMPLOYEE + CHILD(REN)	\$24.40	\$35.20	\$48.70	\$65.90
EMPLOYEE + FAMILY	\$31.80	\$45.70	\$63.30	\$85.80
ENHANCED	18-40	41-50	51-60	61+
EMPLOYEE	\$21.00	\$30.80	\$42.40	\$57.30
EMPLOYEE + CHILD(REN)	\$31.40	\$45.80	\$63.30	\$85.60
EMPLOYEE + FAMILY	\$40.80	\$59.50	\$82.30	\$111.30

C11 CANCER Insurance Plan

Underwritten by American Fidelity Assurance Company



Limited Benefit Cancer Expense Insurance Policy



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

Cancer C11 Insurance

Focus on the fight

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

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

Cancer Insurance Benefits

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

Example Cancer insurance benefits include:



Experimental Treatment

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



Transportation and Lodging

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

Plan Highlights

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

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

American Fidelity's Limited Benefit Cancer Insurance features:

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

SCREENING BENEFIT⁺

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

DIAGNOSTIC AND PREVENTION BENEFIT (per calendar year)

Basic
\$60

Enhanced
\$75

Plan Options

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

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

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

Schedule of Benefits by Plan⁺

Marketed by: First Financial Group of America

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

Schedule of Benefits by Plan⁺ (continued)

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

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

Enhance your plan⁺⁺

Critical Illness Rider

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

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

Summary of Critical Illness Rider Benefits:

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

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

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

Hospital Intensive Care Unit Rider

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

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

Summary of Hospital ICU Rider Benefits:

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

Cancer Insurance Premiums

Base Plan Monthly Premiums*

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

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

Optional Benefit Rider Monthly Premiums*

Hospital Intensive Care Unit Rider Monthly Premiums

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

Optional Benefit Rider Monthly Premiums*

Critical Illness Rider Monthly Premiums

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

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

*The premium and amount of benefits provided vary based upon the plan selected. This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. **These products are inappropriate for people who are eligible for Medicaid Coverage.**



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

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

Guaranteed Renewable

You are guaranteed the right to renew your base policy during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.

Underwritten and administered by:



9000 Cameron Parkway • Oklahoma City, Oklahoma 73114 • 800-654-8489 • www.americanfidelity.com

ACCIDENT INSURANCE

American Fidelity | <http://americanfidelity.com> | 1.800.654.8489

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

ACCIDENT MONTHLY PREMIUMS		
	BASIC	ENHANCED
EMPLOYEE ONLY	\$19.90	\$26.10
EMPLOYEE + SPOUSE	\$28.30	\$34.90
EMPLOYEE + CHILD(REN)	\$31.50	\$41.00
EMPLOYEE + FAMILY	\$39.90	\$49.80



AF™ Limited Benefit Accident Only Insurance

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

Prepare for the unexpected.

Accidents* can happen to anyone. And even though you can't plan for an accident, you can help prepare for unexpected medical costs. AF™ **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident expenses.

EMERGENCY ACCIDENT

Hypothetical Example ¹

Twisted knee in the parking lot resulting in a torn meniscus and treatment is received within 72 hours.

	BASIC	ENHANCED
Accident Emergency Treatment	\$150	\$200
Accident Follow-Up Treatment (4 visits)	\$200	\$200
Physical Therapy (8 treatments)	\$200	\$200
Medical Imaging	\$200	\$200
X-Ray	\$50	\$100
Appliances	\$100	\$100
Surgical Facility	\$150	\$250
Torn Knee Cartilage Repair	\$500	\$500
Anesthesia	\$150	\$200
TOTAL	\$1,700	1,950

Annual Wellness Benefit

BASIC

\$50

ENHANCED

\$75

Paid directly to you!

Benefits for Policy and Enhancement Rider

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

BASIC	PRIMARY	SPOUSE	CHILD
Common Carrier	\$50,000	\$50,000	\$25,000
Other Accident	\$15,000	\$15,000	\$7,500
Dismemberment	\$1,000 to \$15,000	\$1,000 to \$15,000	\$500 to \$7,500
ENHANCED	PRIMARY	SPOUSE	CHILD
Common Carrier	\$100,000	\$100,000	\$50,000
Other Accident	\$30,000	\$30,000	\$15,000
Dismemberment	\$1,500 to \$30,000	\$1,500 to \$30,000	\$750 to \$15,000



¹Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258 Series.
***Accident** is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause.

Benefits

ACCIDENT BENEFITS	BASIC	ENHANCED
EMERGENCY ACCIDENT TREATMENT		
Accident Emergency Treatment	\$150	\$200
Emergency Accident Follow-up Treatment (up to four treatments)	\$50	\$50
NON-EMERGENCY ACCIDENT TREATMENT		
Non-Emergency Accident Initial Treatment	\$75	\$100
Non-Emergency Accident Follow-up Treatment (up to two treatments)	\$50	\$50
MEDICAL IMAGING		
MRI, CT, CAT, PET, US	\$200	\$200
X-Rays	\$50	\$100
HOSPITAL CONFINEMENT		
Hospital Admission	\$500	\$1,000
Intensive Care Unit (up to 15 days)	\$300	\$600
Hospital Confinement (up to 365 days)	\$100	\$200
AMBULANCE		
Ground	\$300	\$300
Air	\$1,500	\$1,500
TREATMENT		
Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250
Anesthesia	\$150	\$200
TRANSPORTATION BENEFITS		
Transportation Patient only, per round trip for up to 3 round trips per calendar year	\$300	\$300
Family Member Lodging and Meals Per day per accident; up to 30 days per confinement	\$100	\$100
MONTHLY PREMIUMS For Policy And Benefit Enhancement Rider**		
Individual	\$19.90	\$26.10
Individual & Spouse	\$28.30	\$34.90
Individual & Child(ren)	\$31.50	\$41.00
Family	\$39.90	\$49.80

ACCIDENT INJURY BENEFITS	ALL COVERAGE LEVELS	
INJURY TREATMENT		
Fractures Benefit Depending on open or closed reduction, bone involved, or chip fracture	\$25 to \$3,000	
Dislocations Benefit Depending on open or closed reduction, with or without anesthesia and joint involved	\$25 to \$3,000	
Internal Injuries Benefit Resulting in open abdominal or thoracic surgery	\$1,000	
Tendons, Ligaments, and Rotator Cuff Benefit One tendon, ligament, or rotator cuff	\$500	
	\$750	
2nd & 3rd Degree Burns Skin grafts are 25% of benefit	\$100 to \$10,000	
Torn Knee Cartilage or Ruptured Disc Benefit	\$500	
Eye Injury Benefit Injury with surgical repair, for one or both eyes	\$250	
	\$50	
Emergency Dental Work Benefit Broken teeth repaired with crown	\$150	
	\$50	
Concussion Benefit	\$200	
Lacerations Benefit Not requiring sutures	\$25	
	\$100	
	\$200	
	\$400	
Appliances Benefit Crutches, leg braces, etc.	\$100	
Physical Therapy Benefit Per treatment up to eight treatments	\$25	
Prosthesis Benefit	\$500	
Blood, Plasma, and Platelets Benefit	\$250	
Exploratory Surgery without Surgical Repair Benefit	\$250	
Paralysis Benefit: Paraplegia / Quadriplegia	\$5,000 / \$10,000	
WELLNESS BENEFIT		
WELLNESS		
Annual Routine Physical Exam Requires a 12-month waiting period before use. One exam per policy per calendar year	\$50	\$75

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

403(b) RETIREMENT PLANS

First Financial Administrators, Inc. | www.ffga.com |
1.800.523.8422, option 2 | retirement@ffga.com

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

HOW A 403(B) WORKS

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

BENEFITS

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

CONTRIBUTION LIMITS

In 2023, you can contribute 100 percent of your includible compensation up to \$22,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$30,000. *All investing involves risk. Past performance is not a guarantee of future returns.*

EMPLOYEE ASSISTANCE PROGRAM

Deer Oaks | <https://americanfidelity.mysupportportal.com> | 1.800.295.8323

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you successfully face emotional issues.

An employee assistance program, or EAP, is a free, voluntary program offered by your employer. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem.

Employee assistance programs address a wide range of issues including mental and emotional well-being, substance abuse and grief. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.

YOUR EAP: SUPPORT FOR TEACHERS & PARENTS



BEING A PARENT AND A TEACHER
CAN BE TOUGH. BOTH BRING THEIR
OWN SET OF REWARDS AND
CHALLENGES.

YOUR EAP IS HERE TO SUPPORT
YOU IN YOUR JOURNEY, BOTH AT
HOME AND AT WORK.

EAP SUPPORT SERVICES

Your EAP + Work-Life program can provide in-the-moment support, counseling, referrals, work-life consultation, community resources, and helpful information that can help you tackle challenges related to parenting and teaching.

- Handling difficult emotions and situations at home and in the classroom i.e. bullying, fighting, time management, change/transitions
- Addressing issues related to social media i.e. online bullying, limiting screen time, security, etc.
- Balancing work, home, and personal time and responsibilities

Helpline: 888-993-7650
Email: eap@deeroaks.com
Web: www.deeroakseap.com



YOUR EMPLOYEE
ASSISTANCE PROGRAM

Caring for Kids

Nurture confidence and
self-esteem

Learn to build self-esteem in
your kids, their reactions to
different situations, and how
you can help them succeed
and grow. We can help.



Always Available | Free | Confidential

LET US HELP

TOLL-FREE: 1-888-993-7650

E-MAIL: eap@deeroaks.com

WEBSITE: www.deeroakseap.com



YOUR EMPLOYEE ASSISTANCE PROGRAM

Back-to-School



Give your child the tools to succeed in school. We can help with informative articles and tip sheets, referrals for schools and tutors, resource links, and more.

Contact us for help to start the school year off right:

- Comprehensive library of articles and tip sheets on school readiness, communicating with teachers, homework, and everything you need to guarantee school success
- Self-search database of public and private schools
- Referrals for tutors, reading and math programs, and more
- Information on special needs and gifted programs
- Links to educational resources

Available anytime, any day, your Employee Assistance Program is a free, confidential program to help you balance your work, family, and personal life.

Call or log on to get started.

ALWAYS AVAILABLE. ALWAYS CONFIDENTIAL.



TOLL-FREE: 1-888-993-7650
E-MAIL: eap@deeroaks.com
WEBSITE: www.deeroakseap.com

BACK TO SCHOOL

Your EAP is Here For You

Back to school can be a stressful time. Your EAP can help you address any anxieties, uncertainties, fears, or sadness and help you to develop healthy coping skills. We also have daily living consultants who can provide assistance with day-to-day responsibilities such as finding after-school programs and arranging after-school care.

We Also Provide

- In-the-moment 24/7 telephonic support
- Short-term counseling to help you deal with stress, anxiety, and other issues
- Telephonic life coaching to assist with goal-setting and action planning
- Referral to our AWARE Mindfulness Based Stress Reduction Program (when appropriate based on assessment)
- Stress and time management resources
- A comprehensive online library of articles and tip sheets on stress management, dealing with change, learning resources, etc.



Helpline: 888-993-7650
Web: www.deeroakseap.com
Email: eap@deeroaks.com

COBRA

First Financial Administrators, Inc. | www.ffga.com | 1.800.523.8422, option 4

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

HIGHLIGHTS

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

CLEVER RX

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

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

HIGHLIGHTS

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

Use Clever RX every time you pay for a medication for instant savings! Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.

CLEVER **RX** PRESCRIPTION SAVINGS CARD

CLEVER **RX** CLEVERRX.COM

SAVE UP TO 80% on prescription drugs at virtually all U.S. pharmacies!

BIN: 610378
PCN: SC 1
Group: 1062
Member ID: 1000

For even greater savings,
download the app for **FREE!**

Download on the **App Store** | **Google play**

Pharmacist Help Line: 800-974-3135
Customer Help Line: 800-873-1195

THIS CARD IS NOT INSURANCE

This card valid exclusively at CVS, Target, Longs Drugs, Walmart, Kroger, Fry's, Harris Teeter, Walgreens, and Duane Reade. For thousands more pharmacies, download the **Clever RX App**.

CONTACT INFORMATION

LACKLAND ISD BENEFITS OFFICE

2460 Kenly Ave. | San Antonio, TX 78236

210.357.5000 | 210.357.5050

FIRST FINANCIAL GROUP OF AMERICA

Marissa Wenning, Senior Account Manager

210.380.0832 | marissa.wenning@ffga.com

CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Medical	BCBS	https://www.bcbstx.com/trsactivecare	(866) 355-5999
Dental	MetLife	http://www.metlife.com	(800) 275-4638
Vision	Avesis	http://www.avesis.com	(800) 643-1132
Flexible Spending Accounts	FFGA FSA Department	https://ffa.wealthcareportal.com/page/home	(866) 853-3539
Term Life & AD&D	BCBS	www.bcbstx.com/ancillary	(877) 442-4207
Permanent Life	Texas Life	www.texaslife.com	(800) 283-9233
Disability	American Fidelity	https://americanfidelity.com	(800) 662-1113
Cancer	American Fidelity	https://americanfidelity.com	(800) 662-1113
Accident	American Fidelity	https://americanfidelity.com	(800) 662-1113
403(b) Retirement Plans	First Financial Administrators, Inc.	www.ffga.com retirement@ffga.com	(800) 523-8422, option 2
Employee Assistance Program	Deer Oaks	www.deeroakseap.com	(888) 993-7650
COBRA	First Financial Administrators, Inc.	www.ffga.com	(800) 523-8422, option 4
Prescription Drug Savings	Clever RX	https://partner.cleverrx.com/ffga	(800) 974-3135