

Crystal City ISD 2026-2027 BENEFITS GUIDE



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

Employee Benefits Center

A guide to your benefits!

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

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



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

ffbenefits.ffga.com/crystalcityisd



How to Enroll

Benefits Enrollment

On-Site Enrollment

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

Online Enrollment

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

Enroll Now

Login

- 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 legal name, social security numbers and birth dates.

Begin Elections

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

Enrollment Assistance Center Instructions

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

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

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

Existing Employees

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

Mid-year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

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

Here's How It Works

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

Is It Right For Me?

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

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

IRS specified changes in family status include:

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

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

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

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

Vision Insurance

Eyetopia | www.eyetopia.com | 800-662-8264

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 Premium | | |
|------------------------|----------|---------|
| | Standard | Gold |
| Employee Only | \$10.00 | \$20.00 |
| Employee + One | \$19.00 | \$39.00 |
| Employee + Family | \$27.00 | \$54.00 |



| Eyetopia Benefits | | |
|--|-----------------------|----------------------------|
| Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage. | | |
| BENEFIT ONE ² (choose either one of the following 2 options every 12 months): | Allowance | Co-pay ¹ |
| 1. Refractive Exam. One routine Vision Exam. | N/A | \$10.00 |
| 2. Coverage towards a medical eye exam copay or other services or materials. ² | \$45.00 | None |
| BENEFIT TWO (choose only one of the following Vision Correction Options): Eyetopia provides you with 3 options for correcting your vision every 12 months. ³ | | |
| 1. Prescription Lenses ⁴ | Allowance | Co-pay ¹ |
| CR-39 plastic single vision, bifocal, trifocal lenses. | N/A | \$20.00 |
| • CR-39 plastic Progressive (no-line multi-focal) lenses. | \$200.00 | \$20.00 |
| • Polycarbonate material upgrade | N/A | \$25.00 |
| • Polycarbonate material upgrade for child dependents (under age 26) | Covered | None |
| • Basic Coating (Ultraviolet Protection & Scratch Resistant Coating) | Covered | None |
| • Mid-Level Anti-Reflective Coatings that retail up to \$99. | Covered | None |
| • Premium Anti-Reflective Coatings that retail for \$100 or more copay not to exceed: | N/A | \$130.00 |
| • Premium blue light blocking lenses or premium blue light blocking anti-reflective coating. | N/A | \$105.00 |
| • Tint (Solid or Gradient) | N/A | \$12.00 |
| • Photochromatic or Polarized Lenses | N/A | \$90.00 |
| ◆ Medically necessary spectacles for Aniseikonia or Amblyopia. ⁵ | \$400.00 | None |
| ◆ Anti-Fatigue lenses. | Covered | \$20.00 |
| ◆ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance. | \$130 | None |
| 2. Contact Lens Option: In lieu of spectacles. Allowance to be applied toward prescription contact lenses. | \$150.00 | None |
| ◆ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶ | \$150.00 | None |
| ◆ Medically necessary contact lenses - \$150.00 evaluation allowance and \$400.00 contact lens allowance. ⁷ | \$550.00 | None |
| 3. Refractive Surgery Option. ⁸ In lieu of spectacles or contact lenses. A \$350.00 per eye allowance with contracted surgeons or a \$75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance. | \$350/eye \$75/eye | None |

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

⁴ Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ The Shaw Lens coverage includes a premium anti-reflective coating and an upgraded lens material. .

⁶ If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

⁷ Total maximum benefit allowance is \$550.00 the Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia.

In-Network coverage is available through Participating Providers. Out of network services are not covered at the same rate.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.



Find us on Facebook.com/eyetopiaivision

Emp - \$10
E+1 - \$19
Fam - \$27

For more information please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org

| Eyetopia Benefits | | |
|--|------------------------|-----------------------------|
| Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage. | | |
| BENEFIT ONE ² (choose either one of the following 2 options every 12 months): | Allowance | Co-pay ¹ |
| 1. Refractive Exam. One routine vision exam. | N/A | \$5.00 |
| 2. Coverage toward medical eye exam co-pay or other services or materials. ² | \$65.00 | None |
| BENEFIT TWO (choose only 1 of the following Vision Correction Options) Eyetopia provides you with 3 options for correcting your vision every 12 months. ³ | | |
| 1. Prescription Lenses ^{3,4} Single Vision, Bi-focal or Tri-focal lenses | Allowance Covered | Co-pay ¹ None |
| • Progressive (no line multifocal) lenses that retail for up to \$219. | Covered | None |
| • Progressive (no line multifocal) lenses that retail for more than \$219. | \$219.00 | None |
| • Lens Materials: polycarbonate, Trivex®, 1.60 or 1.67 index plastic. | Covered | None |
| • Basic Coating (ultraviolet protection and scratch resistant coating) | Covered | None |
| • Mid-Level Anti-Reflective Coatings that retail up to \$99. | Covered | None |
| • Premium Anti-Reflective Coatings that retail for \$100 or more. | \$60.00 | None |
| • Premium blue light blocking lenses or premium blue light blocking anti-reflective coating. | N/A | \$50.00 |
| • Tint (Solid and Gradient) | N/A | \$12.00 |
| • Photochromic or polarized lens upgrade | N/A | \$90.00 |
| ◆ Medically necessary spectacles for Aniseikonia or Amblyopia. ⁵ | \$400.00 | None |
| ◆ Anti-Fatigue lenses. | Covered | None |
| ◆ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance. | \$180.00 | None |
| 2. Contact Lens Option in lieu of spectacles. Allowance to be applied toward prescription contact lenses. ◆ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶ | \$300.00 | None |
| ◆ Medically necessary contact lenses - \$300.00 evaluation allowance and \$400.00 contact lens allowance. ⁷ | \$700.00 | None |
| 3. Refractive Surgery Option ⁸ in lieu of spectacles or contact lenses. A \$500.00 per eye allowance with contracted surgeons or a \$150.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance. | \$500/eye \$150/eye | None |
| 4. Hearing Aid Option. ⁹ If you do not use any other benefit options you can elect to apply your benefit toward hearing aids. Please see the attached Eartopia benefit forms. The benefit increases each year for 3 years if not used. | N/A | See Eartopia Forms |

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

⁴ Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ The Shaw Lens coverage includes a premium anti-reflective coating and an upgraded lens material.

⁶ If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

⁷ Total maximum benefit allowance is \$700.00. The Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.

⁹ To access your hearing aid benefit, you must call AudioNet America at (568) 250-2731 or go to www.AudioNetAmerica.com to arrange for a hearing evaluation. Your copay will vary based on your choice of hearing aid and which year of three possible years you qualify for the benefit.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia plan. In-Network coverage is available through Participating Providers. Out of network services are not covered.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

| |
|------------|
| Emp - \$20 |
| E+1 - \$39 |
| Fam - \$54 |

**For more information, please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org**

Eyetoopia 180/300H Year 1
Summary of Benefits - Commercial Plan Design
Effective: May 1, 2023

All services require preauthorization. Providers seeking authorization or members with questions who are seeking Participating Providers in their area should call AudioNet America at (586) 250-2731 or click www.audionetamerica.com

| Service | <u>Obtained at a Participating Provider</u> <i>Participating Provider means a physician, audiologist, hearing instrument specialist or dispenser who participates in the AudioNet America Hearing Aid Program.</i> | Frequency |
|--|--|---|
| Audiometric Examination | Covered in Full | Once every 12 months |
| Hearing Aid Evaluation Test | Covered in Full per ear | Once every 12 months |
| Dispensing Fee | Covered in Full per ear | Once every 12 months |
| Digital Hearing Aids | Essential-Level standard digital hearing devices will be covered with a \$350 monaural /\$1,400 binaural member co-payment. Mid-Level standard digital hearing devices will be covered with a \$630 monaural /\$1,960 binaural member co-payment. Advanced Level standard digital hearing devices will be covered with a \$910 monaural /\$2,520 binaural member co-payment. Flagship Level standard digital hearing devices will be covered with a \$1,180 monaural /\$3,060 binaural member co-payment. Premium Level standard digital hearing devices will be covered with a \$1,530 monaural /\$3,760 binaural member co-payment. | Once every 12 months Three-year repair warranty and three-year loss and damage warranty (one-time replacement) |
| Conformity Evaluation | Covered in Full per ear | Once every 12 months |
| Replacement Ear Molds (For children up to age 7) | Up to four (4) replacement ear molds annually are covered in full for children up to age 3. Up to two (2) replacement ear molds annually are covered in full for children ages 3-7. Additional molds are charged to member. | No more than four (4) replacement ear molds annually for children up to age 3. No more than two (2) replacement ear molds annually for children ages 3-7. Any additional molds are not covered. |
| Ear Molds (Enrollees over age 7) | First is Covered in Full. Additional molds are charged to member. | First is included with initial hearing aid. Any additional molds are not covered. |
| Batteries | Covered in Full per ear. First 48 batteries, one-time supply | First year only |
| Accessories | Not Covered | |
| Maintenance / Fittings / Follow-Up Visits | Covered in Full within first 6 months, \$45 copay thereafter for the remaining 30 months. | |

Out of Network Benefits: If an eligible member lives within 25 miles of a Network provider, a Network provider must be utilized in order to receive coverage. If an eligible member lives within 25 miles of a Network provider and receives hearing aid services and materials from a non-Network provider, there is no coverage. If an eligible member lives more than 25 miles from the closest In-Network provider, the member will be reimbursed at the in-network provider fee level. However, members must contact AudioNet prior to seeking service with a non-Network provider in order to qualify for reimbursement.

Eyetopia 180/300H Year 2
Summary of Benefits - Commercial Plan Design
Effective: May 1, 2023

All services require preauthorization. Providers seeking authorization or members with questions who are seeking Participating Providers in their area should call AudioNet America at (586) 250-2731 or click www.audionetamerica.com

| Service | Obtained at a Participating Provider <i>Participating Provider means a physician, audiologist, hearing instrument specialist or dispenser who participates in the AudioNet America Hearing Aid Program.</i> | Frequency |
|--|---|---|
| Audiometric Examination | Covered in Full | Once every 24 months |
| Hearing Aid Evaluation Test | Covered in Full per ear | Once every 24 months |
| Dispensing Fee | Covered in Full per ear | Once every 24 months |
| Digital Hearing Aids | Essential-Level standard digital hearing devices will be covered with a \$0 monaural /\$550 binaural member co-payment. Mid-Level standard digital hearing devices will be covered with a \$0 monaural /\$1,110 binaural member co-payment. Advanced Level standard digital hearing devices will be covered with a \$60 monaural /\$1,670 binaural member co-payment. Flagship Level standard digital hearing devices will be covered with a \$330 monaural /\$2,210 binaural member co-payment. Premium Level standard digital hearing devices will be covered with a \$680 monaural /\$2,910 binaural member co-payment. | Once every 24 months Three-year repair warranty and three-year loss and damage warranty (one-time replacement) |
| Conformity Evaluation | Covered in Full per ear | Once every 24 months |
| Replacement Ear Molds (For children up to age 7) | Up to four (4) replacement ear molds annually are covered in full for children up to age 3. Up to two (2) replacement ear molds annually are covered in full for children ages 3-7. Additional molds are charged to member. | No more than four (4) replacement ear molds annually for children up to age 3. No more than two (2) replacement ear molds annually for children ages 3-7. Any additional molds are not covered. |
| Ear Molds (Enrollees over age 7) | First is Covered in Full. Additional molds are charged to member. | First is included with initial hearing aid. Any additional molds are not covered. |
| Batteries | Covered in Full per ear. First 48 batteries, one-time supply | First year only |
| Accessories | Not Covered | |
| Maintenance / Fittings / Follow-Up Visits | Covered in Full within first 6 months, \$45 copay thereafter for the remaining 30 months. | |

Out of Network Benefits: If an eligible member lives within 25 miles of a Network provider, a Network provider must be utilized in order to receive coverage. If an eligible member lives within 25 miles of a Network provider and receives hearing aid services and materials from a non-Network provider, there is no coverage. If an eligible member lives more than 25 miles from the closest In-Network provider, the member will be reimbursed at the in-network provider fee level. However, members must contact AudioNet prior to seeking service with a non-Network provider in order to qualify for reimbursement.

Eyetopia 180/300H Year 3
Summary of Benefits - Commercial Plan Design
Effective: May 1, 2023

All services require preauthorization. Providers seeking authorization or members with questions who are seeking Participating Providers in their area should call AudioNet America at (586) 250-2731 or click www.audionetamerica.com

| Service | <p style="text-align: center;"><u>Obtained at a Participating Provider</u> <i>Participating Provider means a physician, audiologist, hearing instrument specialist or dispenser who participates in the AudioNet America Hearing Aid Program.</i></p> | Frequency |
|--|---|---|
| Audiometric Examination | Covered in Full | Once every 36 months |
| Hearing Aid Evaluation Test | Covered in Full per ear | Once every 36 months |
| Dispensing Fee | Covered in Full per ear | Once every 36 months |
| Digital Hearing Aids | Essential-Level standard digital hearing devices will be covered in Full . Mid-Level standard digital hearing devices will be covered with a \$0 monaural /\$160 binaural member co-payment . Advanced Level standard digital hearing devices will be covered with a \$0 monaural /\$720 binaural member co-payment . Flagship Level standard digital hearing devices will be covered with a \$0 monaural /\$1,260 binaural member co-payment . Premium Level standard digital hearing devices will be covered with a \$0 monaural /\$1,960 binaural member co-payment . | Once every 36 months Three-year repair warranty and three-year loss and damage warranty (one-time replacement) |
| Conformity Evaluation | Covered in Full per ear | Once every 36 months |
| Replacement Ear Molds (For children up to age 7) | Up to four (4) replacement ear molds annually are covered in full for children up to age 3. Up to two (2) replacement ear molds annually are covered in full for children ages 3-7. Additional molds are charged to member. | No more than four (4) replacement ear molds annually for children up to age 3. No more than two (2) replacement ear molds annually for children ages 3-7. Any additional molds are not covered. |
| Ear Molds (Enrollees over age 7) | First is Covered in Full. Additional molds are charged to member. | First is included with initial hearing aid. Any additional molds are not covered. |
| Batteries | Covered in Full per ear. First 48 batteries, one-time supply | First year only |
| Accessories | Not Covered | |
| Maintenance / Fittings / Follow-Up Visits | Covered in Full within first 6 months, \$45 copay thereafter for the remaining 30 months. | |

Out of Network Benefits: If an eligible member lives within 25 miles of a Network provider, a Network provider must be utilized in order to receive coverage. If an eligible member lives within 25 miles of a Network provider and receives hearing aid services and materials from a non-Network provider, there is no coverage. If an eligible member lives more than 25 miles from the closest In-Network provider, the member will be reimbursed at the in-network provider fee level. However, members must contact AudioNet prior to seeking service with a non-Network provider in order to qualify for reimbursement.



Crystal City ISD 2026-27 Eyetopia Plan Comparison

| ABBREVIATED BENEFIT DESCRIPTIONS (Contact Eyetopia for more details) | CO-PAYS / ALLOWANCES | |
|---|----------------------------|-------------------------|
| One Exam + one Materials Option per year (or as noted below) | 130/150 Plan (Standard) | 180/300H Plan (Gold) |
| Exam Co-pay | \$10 | \$5 |
| Material Option (in lieu of Exam) | \$45 Allowance | \$65 Allowance |
| Materials Co-pay (glasses only) | \$20 | No Co-pay |
| Single Vision Lens | Covered | Covered |
| Bi-focal Lens | Covered | Covered |
| Tri-focal Lens | Covered | Covered |
| Progressive Lens | \$200 Allowance | \$220 Allowance |
| Polycarbonate material for child dependents | Covered | Covered |
| Polycarbonate Lenses | \$25 Co-pay | Covered |
| Trivex Lenses | U&C Upgrade | Covered |
| 1.60 Index Lenses | U&C Upgrade | Covered |
| 1.67 Index Lenses | U&C Upgrade | Covered |
| Frame Allowance | \$130 Retail | \$180 Retail |
| Scratch Resistance Coating | Covered | Covered |
| Ultra-Violet (UV) Protection Coating | Covered | Covered |
| Blue light blocking lens or coating upgrade | \$105 Co-pay | \$50 Co-pay |
| Mid-Level Anti-Reflective Coating (up to \$99 retail value) | Covered | Covered |
| Premium Anti-Reflective Coating | Up to \$130 Co-pay | \$60 Allowance |
| Lens Tint | \$12 Co-pay | \$12 Co-pay |
| Photochromatic or Polarized upgrade | \$90.00 Co-pay | \$90.00 Co-pay |
| ^ Medically Necessary Spectacle Lenses | \$400 Allowance | \$400 Allowance |
| Contact Lens Co-pay | \$0 | \$0 |
| Contact Lens Allowance (including fitting fee) | \$150 Retail | \$300 Retail |
| Medically Necessary Contacts (including fitting fee) | \$550 Allowance | \$700 Allowance |
| Refractive Surgery (All FDA Approved Procedures) | \$350/Eye Allowance | \$500/Eye Allowance |
| Exam/Lens/Frame/Contacts Frequency (Months) | 12/12/12/12 | 12/12/12/12 |
| Hearing Aid every 12 months, or | N/A | \$750 Allowance |
| Hearing Aid every 24 months, or | N/A | \$1,600 Allowance |
| Hearing Aid every 36 months | N/A | \$2,550 Allowance |

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

| Fees Collected (per Annual Membership): | Monthly | Monthly |
|---|---------|---------|
| Employee Only | \$10.00 | \$20.00 |
| Employee + One | \$19.00 | \$39.00 |
| Employee + Family | \$27.00 | \$54.00 |

Visit Eyetopia.org and learn more about the vision plan that maximizes benefits for our members while providing flexibility and reasonable reimbursements to our Participating Providers!

RECOMMENDED BY MORE TEXAS EYE DOCTORS THAN ANY OTHER VISION PLAN.

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 2 ½ months 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 2026 is \$3,400.

Medical FSA Highlights

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

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

Dependent Care FSA

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

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

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

Dependent Care FSA Highlights

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

FSA Resources

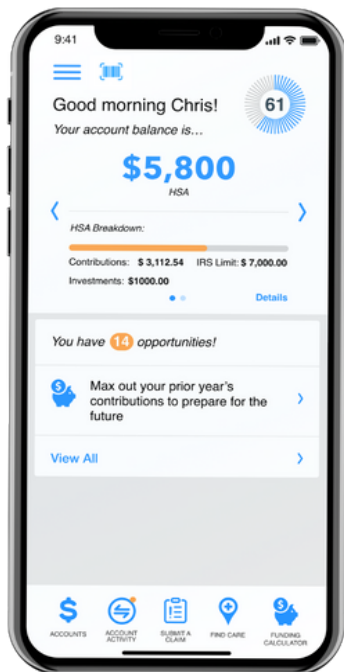
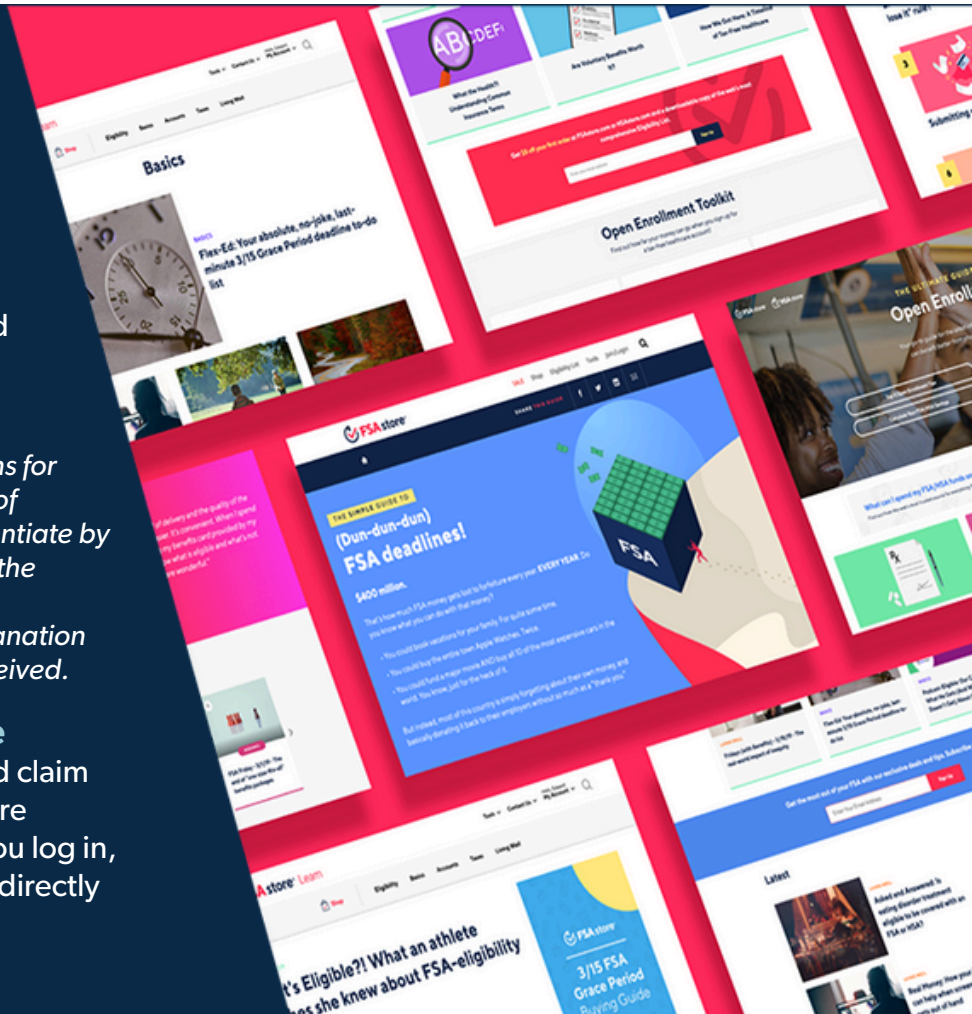
Benefits Card

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

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

View Your Account Details Online

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



FF Mobile Account App

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

FSA Store

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



Texas Life

Permanent Life



Texas Life | www.texaslife.com | 800-283-9233

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

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

Whole Life



American Fidelity | www.americanfidelity.com | 800-654-8489

GROUP WHOLE LIFE INSURANCE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. A whole life policy is one that stays in force as long as premiums are paid as required. You keep it even after employment ends, making it a smart choice to protect your loved ones.

HERE'S HOW IT WORKS

With Group Whole Life Insurance from Allstate Benefits, you get simplified and straightforward coverage. You decide how much coverage and who to cover. You get guaranteed rates for the life of the policy and a guaranteed death benefit to be paid to your beneficiaries. As the policy builds cash value, you can achieve your financial goals or borrow against it should you need to.

Whole Life Insurance

Underwritten by: American Fidelity Assurance Company



Easy Application Process · Flexibility · Excellent Customer Service · [Learn More » »](#)

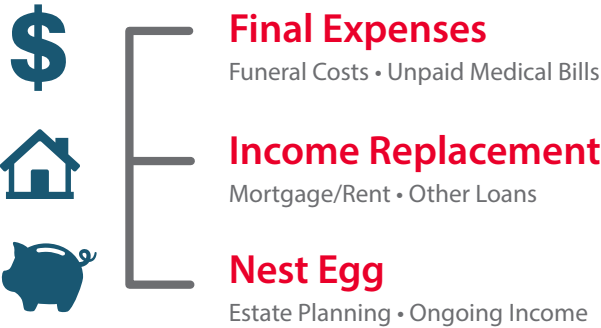


Marketed by:
First Financial Capital Corporation
P.O. Box 670329 • Houston, TX 77267-0329
Local (281) 847-8422 | Toll Free (800) 523-8422
ffga.com

A Lifetime of Protection

Ensuring your family has protection during a tragedy may be uncomfortable, but preparing for the unexpected is essential. Your life insurance benefit can help replace your income for expenses like funeral costs, college tuition and other daily costs.

Whole Life Insurance provides protection for your entire life. You can take it to a new job and into retirement up to age 121. The premium and amount of protection stay the same as long as the policy is active, provided premiums are paid as required.



Flexibility When You Need It

By choosing a Whole Life policy, you have the flexibility to adjust your benefits when needed.

- **Cash Surrender:** You can end your policy and receive a check in the amount of your plan's current cash value. In many situations, cash surrenders may be paid tax-free.¹
- **Partial Surrender:** You can withdraw a small portion of your policy's cash value. In exchange, the available cash value and face amount of your policy will be reduced.
- **Loans:** You can borrow against your cash value at an 8% loan interest rate.

Discontinue Your Premium While Keeping Your Coverage Active

- **Same Amount of Coverage - Shorter Length of Time:** Under the **Extended Term Insurance** provision, your policy's original face amount (minus outstanding loans or accelerated benefit payments) will only be guaranteed for a specific term of time. In addition, your premium is "paid in full" until your new extended term period expires, terminating your policy.
- **Coverage to Age 121 - Smaller Guaranteed Benefit Amount:** The **Reduced Paid-Up Provision** will reduce your original death benefit to a smaller amount. You will have lifetime coverage at a reduced benefit with no premiums. Your cash value will continue to accumulate.

Three Easy Steps to Get Covered

- 1 Select a Whole Life Plan**
Add riders to cover you and your family!
- 2 Answer Three Health Questions²**
There's no worry of participating in any invasive medical exams.
- 3 Get Death Benefit Coverage Immediately³**
Your death benefit coverage starts when you sign the application.

| SAMPLE NON-TOBACCO MONTHLY PREMIUM RATES FOR BASE WHOLE LIFE PLAN ⁴ | | | | | |
|--|---------|----------|----------|----------|----------|
| | \$10K+ | \$50K+ | \$100K | \$150K | \$300K |
| 25 | \$11.10 | \$39.00 | \$75.00 | \$105.00 | \$207.00 |
| 35 | \$14.50 | \$56.50 | \$110.00 | \$157.50 | \$312.00 |
| 45 | \$19.90 | \$83.50 | \$164.00 | \$237.00 | \$471.00 |
| 55 | \$29.10 | \$123.00 | \$243.00 | n/a | n/a |

⁴Shaded amounts available for spouse base policy purchases.

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

¹As long as the cash surrender does not exceed the total premiums received under the policy since inception. Please consult your tax consultant for your specific situation.
²Issuance of the policy may depend on the answer to these questions. ³Interim coverage for death will be in force from the date your application is signed if, on such date, the proposed insured is insurable per our underwriting guidelines for the requested coverage per the terms of the policy. This interim coverage for death will remain in force until the earlier of 1) the date a policy becomes effective, 2) the date we decline the application, or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy and Children's Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, Accelerated Benefit Rider for Long Term Illness or Accelerated Benefit for Critical Illness Rider. ⁴Example is based on monthly non-tobacco rates for a WL14 base plan only. Contact your American Fidelity account manager for specific ages, rates or face amounts.

EMPLOYEE ISSUE AGE AND MAXIMUM⁵

Ages 17-49: \$300,000
Ages 50-65: \$100,000
Ages 66-70: \$10,000

CHILD/GRANDCHILD ISSUE AGE AND MAXIMUM⁵

Ages 1 month - 26: \$50,000

RATES BASED ON ISSUE AGE AND TOBACCO STATUS

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

SPOUSE ISSUE AGE AND MAXIMUM⁵

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

ACCELERATED BENEFIT FOR TERMINAL CONDITION

You can receive a portion of the chosen death benefit if you are diagnosed with a Terminal Condition, as defined in the policy.

LEVEL PREMIUM AND DEATH BENEFIT⁶

Premiums and the death benefit are guaranteed to remain level for the life of the policy to age 121. Death benefits are generally paid tax free⁷.

Enhance Your Plan

Waiver of Premium Rider

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

Accidental Death and Dismemberment Rider

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

Children's Term Rider

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

Accelerated Benefit Rider for Long Term Illness

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

Accelerated Benefit Rider for Critical Illness

This rider provides for an advance of a portion of the base policy's death benefit due to a Critical Illness, defined as a Heart Attack, Permanent Damage Due to Stroke, Invasive Cancer, Major Organ Failure, or End Stage Renal Disease. The rider provides only one acceleration for one of the Critical Illnesses shown. The rider terminates upon acceleration.

The acceleration of life insurance benefits offered under this policy are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration of life insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life insurance benefits are complex. You are advised to consult with a qualified tax advisor under circumstances under which you could receive acceleration of life insurance benefits excludable from income under federal law. Receipt of acceleration of life insurance benefits may affect your, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

⁵Face amounts vary based on issue age. Issuance of coverage may be subject to responses received to a few medical questions. ⁶Provided no partial surrenders or accelerated benefits are taken. ⁷Please consult your tax advisor for your specific situation.

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

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

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

Disability Insurance

American Fidelity | www.americanfidelity.com | 800-654-8489

Why Do I Need Disability Insurance?

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

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

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





AF™ Long-Term Disability Income Insurance

Enhanced Plus Plans
Crystal City ISD

Marketed by:



EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights



Benefits are Payable Directly to You

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



Customized to Meet Your Individual Needs

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



Return-to-Work Benefit

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

Choose the Right Plan for You

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

| | | | |
|----------|--------------------|---------|------------------|
| Plan I | On the 1st/4th day | Plan IV | On the 61st day |
| Plan II | On the 15th day | Plan V | On the 91st day |
| Plan III | On the 31st day | Plan VI | On the 151st day |



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



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



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



Disability or disabled for the first 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.

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your monthly compensation.

| Monthly Salary | Monthly Disability Benefit | Accidental Death Benefit | Monthly Premiums | | | | | |
|-------------------------|----------------------------|--------------------------|------------------|----------------|-----------------|----------------|---------------|-----------------|
| | | | Plan I (1st/4th) | Plan II (15th) | Plan III (31st) | Plan IV (61st) | Plan V (91st) | Plan VI (151st) |
| \$286.00 - \$428.99 | \$200.00 | \$20,000.00 | \$7.80 | \$7.28 | \$5.80 | \$4.92 | \$4.16 | \$3.12 |
| \$429.00 - \$571.99 | \$300.00 | \$20,000.00 | \$11.70 | \$10.92 | \$8.70 | \$7.38 | \$6.24 | \$4.68 |
| \$572.00 - \$714.99 | \$400.00 | \$20,000.00 | \$15.60 | \$14.56 | \$11.60 | \$9.84 | \$8.32 | \$6.24 |
| \$715.00 - \$857.99 | \$500.00 | \$20,000.00 | \$19.50 | \$18.20 | \$14.50 | \$12.30 | \$10.40 | \$7.80 |
| \$858.00 - \$999.99 | \$600.00 | \$20,000.00 | \$23.40 | \$21.84 | \$17.40 | \$14.76 | \$12.48 | \$9.36 |
| \$1,000.00 - \$1,142.99 | \$700.00 | \$20,000.00 | \$27.30 | \$25.48 | \$20.30 | \$17.22 | \$14.56 | \$10.92 |
| \$1,143.00 - \$1,285.99 | \$800.00 | \$20,000.00 | \$31.20 | \$29.12 | \$23.20 | \$19.68 | \$16.64 | \$12.48 |
| \$1,286.00 - \$1,428.99 | \$900.00 | \$20,000.00 | \$35.10 | \$32.76 | \$26.10 | \$22.14 | \$18.72 | \$14.04 |
| \$1,429.00 - \$1,571.99 | \$1,000.00 | \$20,000.00 | \$39.00 | \$36.40 | \$29.00 | \$24.60 | \$20.80 | \$15.60 |
| \$1,572.00 - \$1,714.99 | \$1,100.00 | \$20,000.00 | \$42.90 | \$40.04 | \$31.90 | \$27.06 | \$22.88 | \$17.16 |
| \$1,715.00 - \$1,857.99 | \$1,200.00 | \$20,000.00 | \$46.80 | \$43.68 | \$34.80 | \$29.52 | \$24.96 | \$18.72 |
| \$1,858.00 - \$1,999.99 | \$1,300.00 | \$20,000.00 | \$50.70 | \$47.32 | \$37.70 | \$31.98 | \$27.04 | \$20.28 |
| \$2,000.00 - \$2,142.99 | \$1,400.00 | \$20,000.00 | \$54.60 | \$50.96 | \$40.60 | \$34.44 | \$29.12 | \$21.84 |
| \$2,143.00 - \$2,285.99 | \$1,500.00 | \$20,000.00 | \$58.50 | \$54.60 | \$43.50 | \$36.90 | \$31.20 | \$23.40 |
| \$2,286.00 - \$2,428.99 | \$1,600.00 | \$20,000.00 | \$62.40 | \$58.24 | \$46.40 | \$39.36 | \$33.28 | \$24.96 |
| \$2,429.00 - \$2,571.99 | \$1,700.00 | \$20,000.00 | \$66.30 | \$61.88 | \$49.30 | \$41.82 | \$35.36 | \$26.52 |
| \$2,572.00 - \$2,714.99 | \$1,800.00 | \$20,000.00 | \$70.20 | \$65.52 | \$52.20 | \$44.28 | \$37.44 | \$28.08 |
| \$2,715.00 - \$2,857.99 | \$1,900.00 | \$20,000.00 | \$74.10 | \$69.16 | \$55.10 | \$46.74 | \$39.52 | \$29.64 |
| \$2,858.00 - \$2,999.99 | \$2,000.00 | \$20,000.00 | \$78.00 | \$72.80 | \$58.00 | \$49.20 | \$41.60 | \$31.20 |
| \$3,000.00 - \$3,142.99 | \$2,100.00 | \$20,000.00 | \$81.90 | \$76.44 | \$60.90 | \$51.66 | \$43.68 | \$32.76 |
| \$3,143.00 - \$3,285.99 | \$2,200.00 | \$20,000.00 | \$85.80 | \$80.08 | \$63.80 | \$54.12 | \$45.76 | \$34.32 |
| \$3,286.00 - \$3,428.99 | \$2,300.00 | \$20,000.00 | \$89.70 | \$83.72 | \$66.70 | \$56.58 | \$47.84 | \$35.88 |
| \$3,429.00 - \$3,571.99 | \$2,400.00 | \$20,000.00 | \$93.60 | \$87.36 | \$69.60 | \$59.04 | \$49.92 | \$37.44 |
| \$3,572.00 - \$3,714.99 | \$2,500.00 | \$20,000.00 | \$97.50 | \$91.00 | \$72.50 | \$61.50 | \$52.00 | \$39.00 |
| \$3,715.00 - \$3,857.99 | \$2,600.00 | \$20,000.00 | \$101.40 | \$94.64 | \$75.40 | \$63.96 | \$54.08 | \$40.56 |
| \$3,858.00 - \$3,999.99 | \$2,700.00 | \$20,000.00 | \$105.30 | \$98.28 | \$78.30 | \$66.42 | \$56.16 | \$42.12 |
| \$4,000.00 - \$4,142.99 | \$2,800.00 | \$20,000.00 | \$109.20 | \$101.92 | \$81.20 | \$68.88 | \$58.24 | \$43.68 |
| \$4,143.00 - \$4,285.99 | \$2,900.00 | \$20,000.00 | \$113.10 | \$105.56 | \$84.10 | \$71.34 | \$60.32 | \$45.24 |
| \$4,286.00 - \$4,428.99 | \$3,000.00 | \$20,000.00 | \$117.00 | \$109.20 | \$87.00 | \$73.80 | \$62.40 | \$46.80 |
| \$4,429.00 - \$4,571.99 | \$3,100.00 | \$20,000.00 | \$120.90 | \$112.84 | \$89.90 | \$76.26 | \$64.48 | \$48.36 |
| \$4,572.00 - \$4,714.99 | \$3,200.00 | \$20,000.00 | \$124.80 | \$116.48 | \$92.80 | \$78.72 | \$66.56 | \$49.92 |
| \$4,715.00 - \$4,857.99 | \$3,300.00 | \$20,000.00 | \$128.70 | \$120.12 | \$95.70 | \$81.18 | \$68.64 | \$51.48 |
| \$4,858.00 - \$4,999.99 | \$3,400.00 | \$20,000.00 | \$132.60 | \$123.76 | \$98.60 | \$83.64 | \$70.72 | \$53.04 |
| \$5,000.00 - \$5,142.99 | \$3,500.00 | \$20,000.00 | \$136.50 | \$127.40 | \$101.50 | \$86.10 | \$72.80 | \$54.60 |
| \$5,143.00 - \$5,285.99 | \$3,600.00 | \$20,000.00 | \$140.40 | \$131.04 | \$104.40 | \$88.56 | \$74.88 | \$56.16 |
| \$5,286.00 - \$5,428.99 | \$3,700.00 | \$20,000.00 | \$144.30 | \$134.68 | \$107.30 | \$91.02 | \$76.96 | \$57.72 |
| \$5,429.00 - \$5,571.99 | \$3,800.00 | \$20,000.00 | \$148.20 | \$138.32 | \$110.20 | \$93.48 | \$79.04 | \$59.28 |

Benefit Policy Schedule (continued)

| Monthly Salary | Monthly Disability Benefit | Accidental Death Benefit | Monthly Premiums | | | | | |
|---------------------------|----------------------------|--------------------------|------------------|----------------|-----------------|----------------|---------------|-----------------|
| | | | Plan I (1st/4th) | Plan II (15th) | Plan III (31st) | Plan IV (61st) | Plan V (91st) | Plan VI (151st) |
| \$5,572.00 - \$5,714.99 | \$3,900.00 | \$20,000.00 | \$152.10 | \$141.96 | \$113.10 | \$95.94 | \$81.12 | \$60.84 |
| \$5,715.00 - \$5,857.99 | \$4,000.00 | \$20,000.00 | \$156.00 | \$145.60 | \$116.00 | \$98.40 | \$83.20 | \$62.40 |
| \$5,858.00 - \$5,999.99 | \$4,100.00 | \$20,000.00 | \$159.90 | \$149.24 | \$118.90 | \$100.86 | \$85.28 | \$63.96 |
| \$6,000.00 - \$6,142.99 | \$4,200.00 | \$20,000.00 | \$163.80 | \$152.88 | \$121.80 | \$103.32 | \$87.36 | \$65.52 |
| \$6,143.00 - \$6,285.99 | \$4,300.00 | \$20,000.00 | \$167.70 | \$156.52 | \$124.70 | \$105.78 | \$89.44 | \$67.08 |
| \$6,286.00 - \$6,428.99 | \$4,400.00 | \$20,000.00 | \$171.60 | \$160.16 | \$127.60 | \$108.24 | \$91.52 | \$68.64 |
| \$6,429.00 - \$6,571.99 | \$4,500.00 | \$20,000.00 | \$175.50 | \$163.80 | \$130.50 | \$110.70 | \$93.60 | \$70.20 |
| \$6,572.00 - \$6,714.99 | \$4,600.00 | \$20,000.00 | \$179.40 | \$167.44 | \$133.40 | \$113.16 | \$95.68 | \$71.76 |
| \$6,715.00 - \$6,857.99 | \$4,700.00 | \$20,000.00 | \$183.30 | \$171.08 | \$136.30 | \$115.62 | \$97.76 | \$73.32 |
| \$6,858.00 - \$6,999.99 | \$4,800.00 | \$20,000.00 | \$187.20 | \$174.72 | \$139.20 | \$118.08 | \$99.84 | \$74.88 |
| \$7,000.00 - \$7,142.99 | \$4,900.00 | \$20,000.00 | \$191.10 | \$178.36 | \$142.10 | \$120.54 | \$101.92 | \$76.44 |
| \$7,143.00 - \$7,285.99 | \$5,000.00 | \$20,000.00 | \$195.00 | \$182.00 | \$145.00 | \$123.00 | \$104.00 | \$78.00 |
| \$7,286.00 - \$7,428.99 | \$5,100.00 | \$20,000.00 | \$198.90 | \$185.64 | \$147.90 | \$125.46 | \$106.08 | \$79.56 |
| \$7,429.00 - \$7,571.99 | \$5,200.00 | \$20,000.00 | \$202.80 | \$189.28 | \$150.80 | \$127.92 | \$108.16 | \$81.12 |
| \$7,572.00 - \$7,714.99 | \$5,300.00 | \$20,000.00 | \$206.70 | \$192.92 | \$153.70 | \$130.38 | \$110.24 | \$82.68 |
| \$7,715.00 - \$7,857.99 | \$5,400.00 | \$20,000.00 | \$210.60 | \$196.56 | \$156.60 | \$132.84 | \$112.32 | \$84.24 |
| \$7,858.00 - \$7,999.99 | \$5,500.00 | \$20,000.00 | \$214.50 | \$200.20 | \$159.50 | \$135.30 | \$114.40 | \$85.80 |
| \$8,000.00 - \$8,142.99 | \$5,600.00 | \$20,000.00 | \$218.40 | \$203.84 | \$162.40 | \$137.76 | \$116.48 | \$87.36 |
| \$8,143.00 - \$8,285.99 | \$5,700.00 | \$20,000.00 | \$222.30 | \$207.48 | \$165.30 | \$140.22 | \$118.56 | \$88.92 |
| \$8,286.00 - \$8,428.99 | \$5,800.00 | \$20,000.00 | \$226.20 | \$211.12 | \$168.20 | \$142.68 | \$120.64 | \$90.48 |
| \$8,429.00 - \$8,571.99 | \$5,900.00 | \$20,000.00 | \$230.10 | \$214.76 | \$171.10 | \$145.14 | \$122.72 | \$92.04 |
| \$8,572.00 - \$8,713.99 | \$6,000.00 | \$20,000.00 | \$234.00 | \$218.40 | \$174.00 | \$147.60 | \$124.80 | \$93.60 |
| \$8,714.00 - \$8,856.99 | \$6,100.00 | \$20,000.00 | \$237.90 | \$222.04 | \$176.90 | \$150.06 | \$126.88 | \$95.16 |
| \$8,857.00 - \$8,999.99 | \$6,200.00 | \$20,000.00 | \$241.80 | \$225.68 | \$179.80 | \$152.52 | \$128.96 | \$96.72 |
| \$9,000.00 - \$9,142.99 | \$6,300.00 | \$20,000.00 | \$245.70 | \$229.32 | \$182.70 | \$154.98 | \$131.04 | \$98.28 |
| \$9,143.00 - \$9,285.99 | \$6,400.00 | \$20,000.00 | \$249.60 | \$232.96 | \$185.60 | \$157.44 | \$133.12 | \$99.84 |
| \$9,286.00 - \$9,428.99 | \$6,500.00 | \$20,000.00 | \$253.50 | \$236.60 | \$188.50 | \$159.90 | \$135.20 | \$101.40 |
| \$9,429.00 - \$9,570.99 | \$6,600.00 | \$20,000.00 | \$257.40 | \$240.24 | \$191.40 | \$162.36 | \$137.28 | \$102.96 |
| \$9,571.00 - \$9,713.99 | \$6,700.00 | \$20,000.00 | \$261.30 | \$243.88 | \$194.30 | \$164.82 | \$139.36 | \$104.52 |
| \$9,714.00 - \$9,856.99 | \$6,800.00 | \$20,000.00 | \$265.20 | \$247.52 | \$197.20 | \$167.28 | \$141.44 | \$106.08 |
| \$9,857.00 - \$9,999.99 | \$6,900.00 | \$20,000.00 | \$269.10 | \$251.16 | \$200.10 | \$169.74 | \$143.52 | \$107.64 |
| \$10,000.00 - \$10,142.99 | \$7,000.00 | \$20,000.00 | \$273.00 | \$254.80 | \$203.00 | \$172.20 | \$145.60 | \$109.20 |
| \$10,143.00 - \$10,285.99 | \$7,100.00 | \$20,000.00 | \$276.90 | \$258.44 | \$205.90 | \$174.66 | \$147.68 | \$110.76 |
| \$10,286.00 - \$10,428.99 | \$7,200.00 | \$20,000.00 | \$280.80 | \$262.08 | \$208.80 | \$177.12 | \$149.76 | \$112.32 |
| \$10,429.00 - \$10,570.99 | \$7,300.00 | \$20,000.00 | \$284.70 | \$265.72 | \$211.70 | \$179.58 | \$151.84 | \$113.88 |
| \$10,571.00 - \$10,713.99 | \$7,400.00 | \$20,000.00 | \$288.60 | \$269.36 | \$214.60 | \$182.04 | \$153.92 | \$115.44 |
| \$10,714.00 - And Over | \$7,500.00 | \$20,000.00 | \$292.50 | \$273.00 | \$217.50 | \$184.50 | \$156.00 | \$117.00 |

Plan Benefit Highlights

Maximum Benefit Period

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

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

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

Social Security Filing Assistance

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

When Coverage Begins

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

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 you've met your 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.



Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

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

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



Spousal Accident Only Disability Benefit Rider

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

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

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

COBRA Funding Rider

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

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

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

Survivor Benefit Rider

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

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

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

Critical Illness Benefit Rider

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

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

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

Cancer Insurance

Plan Options



American Fidelity | www.americanfidelity.com | 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

Focus on the fight.

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

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

Plan Highlights

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

Benefits

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

Benefits include:



Experimental Treatment

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



Transportation and Lodging

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

Marketed By:



First Financial Capital Corporation

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

Local (281) 847-8422

Toll Free (800) 523-8422

www.ffga.com

SCREENING BENEFIT

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

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

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

Diagnostic and Prevention Benefit not available in all states.

Benefits

| BENEFITS | BASIC | ENHANCED |
|--|--|-------------------|
| SCREENING | | |
| Diagnostic and Prevention Benefit (one per calendar year) | \$60 | \$75 |
| Cancer Screening Follow-Up Benefit (one per calendar year) | \$60 | \$75 |
| TREATMENT | | |
| Radiation Therapy/Chemotherapy/ Immunotherapy Benefit (per 12-month period) (actual charges) | up to \$15,000 | up to \$20,000 |
| Medical Imaging Benefit (per image - max two per calendar year) | \$200 | \$300 |
| Hormone Therapy Benefit (per treatment - max 12 treatments per calendar year) | \$50 | \$50 |
| Administrative/Lab Work Benefit (per calendar month) | \$75 | \$100 |
| Blood, Plasma and Platelets Benefit (per day) (per calendar year max) | \$150 \$7,500 | \$200 \$10,000 |
| Experimental Treatment Benefit | Paid as any non- experimental benefit | |
| Bone Marrow/Stem Cell Transplant Benefit | | |
| Autologous (patient-provided) (per calendar year) | \$1,000 | \$1,500 |
| Non-autologous (donor-provided) (per calendar year) | \$3,000 | \$4,500 |
| Donor Benefit | \$1,000 per donation | |
| Inpatient Special Nursing Services Benefit (per day) | \$150 | \$150 |
| Dread Disease Benefit (per day for the first 30 days, per Hospital confinement) (per day thereafter) | \$200 \$400 | \$300 \$600 |
| HOSPITALIZATION | | |
| Hospital Confinement Benefit (per day for the first 30 days) (per day thereafter) | \$200 \$400 | \$300 \$600 |
| Drugs and Medicine Benefit Hospital Confinement (per confinement) | \$200 | \$300 |
| Outpatient (per prescription - \$100 monthly max for basic; \$150 for enhanced) | \$50 | \$50 |
| Attending Physician Benefit (per day) | \$40 | \$50 |
| U.S. Government/Charity Hospital or HMO Benefit (per day in lieu of most benefits) | | |
| Hospital Confinement | \$200 | \$300 |
| Outpatient Services | \$200 | \$300 |

| BENEFITS | BASIC | ENHANCED |
|---|--|-----------------|
| AMBULANCE, TRANSPORTATION AND LODGING | | |
| Ambulance Benefit (per trip - max two trips any combination, per confinement) | | |
| Ground | \$200 | \$200 |
| Air | \$2,000 | \$2,000 |
| Transportation and Lodging Benefit (Patient and/or Family) | Coach fare or 50 cents per mile by car | |
| Transportation (\$1,500 max per round trip - max 12 trips per calendar year) | | |
| Outpatient/Family Lodging (per day up to 90 days, per calendar year) | \$60 | \$80 |
| SURGICAL TREATMENT | | |
| Surgical Benefit (unit dollar amount, per surgical unit) (max per operation) | \$30 \$3,000 | \$40 \$4,000 |
| Anesthesia Benefit | 25% of the amount paid for covered surgery | |
| Outpatient Hospital or Ambulatory Surgical Center Benefit (per day) | \$400 | \$600 |
| Second and Third Surgical Opinion Benefit (per diagnosis) | \$300 | \$300 |
| CONTINUING CARE | | |
| Prosthesis Benefit | | |
| Non-Surgical (per device - one per site, lifetime max of three) | \$150 | \$200 |
| Surgical Implantation (per device, includes surgical fee - one per site, lifetime max of two) | \$1,500 | \$2,000 |
| Hair Prosthesis (once per life) | \$150 | \$200 |
| Extended Care Facility Benefit (per day for up to the same number of days of paid Hospital confinement) | \$75 | \$100 |
| Physical or Speech Therapy Benefit (per visit any combination, up to four per calendar month - lifetime max of \$1,000) | \$25 | \$25 |
| Hospice Care Benefit (per day - \$13,500 lifetime max for basic; \$18,000 lifetime max for enhanced) | \$75 | \$100 |
| Home Health Care Benefit (per day for up to the same number of days of paid Hospital confinement) | \$75 | \$100 |
| Waiver of Premium (as long as the primary insured remains disabled) | After 90 continuous days of disability | |

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

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

Plan Benefit Highlights

MONTHLY PREMIUMS

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

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

Plan Benefit Highlights

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Critical Illness Insurance

Aetna | www.aetna.com | 800-800-8121

Prepare For the Unexpected

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

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

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





By your side

Aetna Critical Illness Plan

Be prepared for what happens next

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

What is the Aetna Critical Illness Plan?

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

How is this different from a major medical plan?

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

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

How can you use the cash benefits?

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

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

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

Easy to use

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

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

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



Did you know?

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

Less stress



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

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

An Aetna Simplified Claims Experience™

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

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



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

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



Benefit Summary



Aetna Critical Illness Plan

Crystal City Independent School District

6501494

The critical illness plan helps financially



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

Financial support in your time of need.

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

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

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



Critical illness plan



Face amount

| Coverage by member | Percentage | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 |
|--|------------|----------|----------|----------|----------|----------|
| Your — face amount | 100% | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 |
| Spouse — percent of employee face amount or benefit amount | 100% | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 |
| Child(ren) — percent of employee face amount or benefit amount | 50% | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 |

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

Critical illness benefits — autoimmune

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

Critical illness benefits — childhood conditions

| Covered benefit | Percentage of face amount/ Employee Benefit amount |
|--|---|
| Anal atresia | 100% |
| Andersen disease | 100% |
| Anencephaly | 100% |
| Autism spectrum disorder (<i>type I, II & III</i>) | \$3,000 |
| Biliary atresia | 100% |
| Canavan disease | 100% |
| Cerebral palsy | 100% |
| Cleft lip or cleft palate | 100% |
| Congenital heart defect | 100% |
| Cystic fibrosis | 100% |
| Diaphragmatic hernia | 100% |
| Down syndrome | 100% |
| Ehlers-Danlos syndrome | 100% |
| Fragile X syndrome | 100% |
| Gastroschisis | 100% |
| Gaucher disease (<i>type II & III</i>) | 100% |
| Glutaric acidemia | 100% |
| Hexosaminidase activator deficiency | 100% |

Critical illness plan



| Covered benefit | Percentage of face amount/ Employee Benefit amount |
|---|---|
| Hirschsprung's disease | 100% |
| Infantile-onset ascending spastic paralysis | 100% |
| Infantile Tay-Sachs | 100% |
| Juvenile primary lateral sclerosis | 100% |
| Lesch-Nyham syndrome | 100% |
| Mucopolysaccharidoses (<i>MPS</i>) | 100% |
| Niemann-Pick disease (<i>NPD</i>) | 100% |
| Omphalocele | 100% |
| Osteogenesis imperfecta | 100% |
| Phenylketonuria (<i>PKU</i>) | 100% |
| Pompe disease | 100% |
| Pyloric stenosis | 100% |
| Sandhoff disease | 100% |
| Sickle cell anemia | 100% |
| Spina bifida | 100% |
| Spinal muscular atrophy | 100% |
| Zellweger syndrome | 100% |

Critical illness benefits — chronic condition

| Covered benefit | Percentage of face amount/ Employee Benefit amount |
|---|---|
| Diabetes — type I | 50% |
| Primary sclerosing cholangitis (<i>PSC</i>) | 25% |
| Systemic sclerosis (<i>scleroderma</i>) | 25% |

Note: Diabetes benefits are subject to a 1 benefit per lifetime maximum.

Critical illness plan



Critical illness benefits — infectious disease

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

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

Note: the following infectious disease benefits require a hospital stay of at least 5 days: Coronavirus, Creutzfeldt-Jakob disease, Ebola, Pneumonia, Septic shock and severe sepsis, Variant influenza virus (swine flu in humans)

Critical illness plan



Critical illness benefits — neurological (*brain*)

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

Note: Maximum 1 TIA diagnosis per lifetime.

Critical illness benefits — other

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

Note: Maximum 1 bone marrow transplant per lifetime.

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

Critical illness plan



Critical illness benefits — vascular (*heart*)

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

Note: No maximum sudden cardiac arrest benefit.

Critical illness plan features

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

Note: Recurrence (*same*) illness diagnoses must occur at least 90 days after initial diagnosis.

Cancer benefits

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

Note: Maximum 1 skin cancer diagnosis per lifetime.

Note: Recurrence (*same*) cancer diagnoses must occur at least 90 treatment-free days after initial diagnosis.

Additional plan benefits

| Covered benefit | Percentage of face amount/ Employee Benefit amount |
|-------------------|---|
| Waiver of premium | Included |

Critical illness plan



Additional plan benefits

| Covered benefit | Benefit Amount |
|---|----------------|
| Health screening benefit <i>Pays once per member per plan year for covered preventive test.</i> | \$100 |

Covered health screenings

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

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

Aetna Critical Illness Plan rates



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

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

Non-tobacco rates

Option 1 face amount: \$10,000

| Age | You only | You + spouse | You + children | You + family |
|-------|----------|--------------|----------------|--------------|
| <30 | \$6.26 | \$13.39 | \$6.26 | \$13.39 |
| 30-39 | \$10.18 | \$21.85 | \$10.18 | \$21.85 |
| 40-49 | \$16.12 | \$34.36 | \$16.12 | \$34.36 |
| 50-59 | \$20.61 | \$46.48 | \$20.61 | \$46.48 |
| 60-69 | \$24.68 | \$55.98 | \$24.68 | \$55.98 |
| 70+ | \$32.07 | \$70.73 | \$32.07 | \$70.73 |

Option 2 face amount: \$20,000

| Age | You only | You + spouse | You + children | You + family |
|-------|----------|--------------|----------------|--------------|
| <30 | \$10.32 | \$22.21 | \$10.32 | \$22.21 |
| 30-39 | \$17.28 | \$37.39 | \$17.28 | \$37.39 |
| 40-49 | \$28.33 | \$61.19 | \$28.33 | \$61.19 |
| 50-59 | \$37.18 | \$85.24 | \$37.18 | \$85.24 |
| 60-69 | \$45.80 | \$105.33 | \$45.80 | \$105.33 |
| 70+ | \$61.63 | \$136.99 | \$61.63 | \$136.99 |

Option 3 face amount: \$30,000

| Age | You only | You + spouse | You + children | You + family |
|-------|----------|--------------|----------------|--------------|
| <30 | \$14.38 | \$31.03 | \$14.38 | \$31.03 |
| 30-39 | \$24.38 | \$52.92 | \$24.38 | \$52.92 |
| 40-49 | \$40.53 | \$88.01 | \$40.53 | \$88.01 |
| 50-59 | \$53.74 | \$124.01 | \$53.74 | \$124.01 |
| 60-69 | \$66.92 | \$154.68 | \$66.92 | \$154.68 |
| 70+ | \$91.20 | \$203.25 | \$91.20 | \$203.25 |

Option 4 face amount: \$40,000

| Age | You only | You + spouse | You + children | You + family |
|-------|----------|--------------|----------------|--------------|
| <30 | \$19.15 | \$41.40 | \$19.15 | \$41.40 |
| 30-39 | \$32.70 | \$71.11 | \$32.70 | \$71.11 |
| 40-49 | \$54.78 | \$119.30 | \$54.78 | \$119.30 |
| 50-59 | \$73.04 | \$169.10 | \$73.04 | \$169.10 |
| 60-69 | \$91.46 | \$211.95 | \$91.46 | \$211.95 |
| 70+ | \$125.45 | \$279.97 | \$125.45 | \$279.97 |

Option 5 face amount: \$50,000

| Age | You only | You + spouse | You + children | You + family |
|-------|----------|--------------|----------------|--------------|
| <30 | \$23.37 | \$50.57 | \$23.37 | \$50.57 |
| 30-39 | \$40.08 | \$87.25 | \$40.08 | \$87.25 |
| 40-49 | \$67.46 | \$147.17 | \$67.46 | \$147.17 |
| 50-59 | \$90.25 | \$209.37 | \$90.25 | \$209.37 |
| 60-69 | \$113.40 | \$263.22 | \$113.40 | \$263.22 |
| 70+ | \$156.17 | \$348.80 | \$156.17 | \$348.80 |

Tobacco rates**Option 1 face amount: \$10,000**

| Age | You only | You + spouse | You + children | You + family |
|-------|----------|--------------|----------------|--------------|
| <30 | \$9.27 | \$19.68 | \$9.27 | \$19.68 |
| 30-39 | \$15.21 | \$33.31 | \$15.21 | \$33.31 |
| 40-49 | \$24.98 | \$55.49 | \$24.98 | \$55.49 |
| 50-59 | \$33.24 | \$78.89 | \$33.24 | \$78.89 |
| 60-69 | \$41.46 | \$97.98 | \$41.46 | \$97.98 |
| 70+ | \$56.96 | \$127.64 | \$56.96 | \$127.64 |

Option 2 face amount: \$20,000

| Age | You only | You + spouse | You + children | You + family |
|-------|----------|--------------|----------------|--------------|
| <30 | \$15.73 | \$34.19 | \$15.73 | \$34.19 |
| 30-39 | \$26.74 | \$59.71 | \$26.74 | \$59.71 |
| 40-49 | \$45.44 | \$102.84 | \$45.44 | \$102.84 |
| 50-59 | \$61.84 | \$149.47 | \$61.84 | \$149.47 |
| 60-69 | \$78.75 | \$188.73 | \$78.75 | \$188.73 |
| 70+ | \$110.82 | \$250.21 | \$110.82 | \$250.21 |

Option 3 face amount: \$30,000

| Age | You only | You + spouse | You + children | You + family |
|-------|----------|--------------|----------------|--------------|
| <30 | \$22.20 | \$48.71 | \$22.20 | \$48.71 |
| 30-39 | \$38.27 | \$86.11 | \$38.27 | \$86.11 |
| 40-49 | \$65.91 | \$150.19 | \$65.91 | \$150.19 |
| 50-59 | \$90.43 | \$220.06 | \$90.43 | \$220.06 |
| 60-69 | \$116.05 | \$279.49 | \$116.05 | \$279.49 |
| 70+ | \$164.67 | \$372.78 | \$164.67 | \$372.78 |

Option 4 face amount: \$40,000

| Age | You only | You + spouse | You + children | You + family |
|-------|----------|--------------|----------------|--------------|
| <30 | \$29.77 | \$65.68 | \$29.77 | \$65.68 |
| 30-39 | \$51.74 | \$116.87 | \$51.74 | \$116.87 |
| 40-49 | \$89.73 | \$205.21 | \$89.73 | \$205.21 |
| 50-59 | \$123.65 | \$301.92 | \$123.65 | \$301.92 |
| 60-69 | \$159.30 | \$384.62 | \$159.30 | \$384.62 |
| 70+ | \$227.02 | \$514.58 | \$227.02 | \$514.58 |

Option 5 face amount: \$50,000

| Age | You only | You + spouse | You + children | You + family |
|---------------|-----------------|---------------------|-----------------------|---------------------|
| <30 | \$36.49 | \$80.77 | \$36.49 | \$80.77 |
| 30-39 | \$63.71 | \$144.29 | \$63.71 | \$144.29 |
| 40-49 | \$110.99 | \$254.41 | \$110.99 | \$254.41 |
| 50-59 | \$153.36 | \$375.25 | \$153.36 | \$375.25 |
| 60-69 | \$198.05 | \$478.90 | \$198.05 | \$478.90 |
| 70+ | \$282.97 | \$641.91 | \$282.97 | \$641.91 |

Accident Insurance

American Fidelity | www.americanfidelity.com | 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





**Group
Accident
Insurance**
24-Hour Coverage

Marketed by:



Are you financially prepared for an accident?

Accidents happen all the time and are always unexpected. Even though you can't plan for an accident, you can help prepare for unexpected medical expenses. **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident costs.

ACCIDENTAL INJURY*

Hypothetical Example

A bad fall off a bicycle leads to a broken arm and head injury, resulting in a fractured radius and concussion. Treatment is received within three days.

| | LEVEL 1 | LEVEL 2 | LEVEL 3 |
|--|----------------|----------------|----------------|
| Initial Treatment | \$100 | \$150 | \$200 |
| X-Rays (two different days) | \$100 | \$200 | \$300 |
| Anesthesia | \$100 | \$200 | \$300 |
| Hospital Admission (day one) | \$500 | \$1,000 | \$1,500 |
| Hospital Confinement (days two through four) | \$300 | \$600 | \$900 |
| Concussion | \$250 | \$300 | \$350 |
| Open Reduction Radius Fracture Repair | \$600 | \$800 | \$1,000 |
| Appliance – Arm Brace | \$100 | \$150 | \$200 |
| Follow-Up Treatment (three visits) | \$150 | \$150 | \$150 |
| TOTAL | \$2,200 | \$3,550 | \$4,900 |

ACCIDENT SCREENING BENEFIT*

This benefit is paid directly to you once per policy per calendar year and covers several tests, including, but not limited to:

| | | | |
|--|---------|---------|---------|
| <ul style="list-style-type: none"> • Routine Physical Exam • Bone Density Screening • Sports Physical Exam • Stress Test | LEVEL 1 | LEVEL 2 | LEVEL 3 |
| | \$50 | \$50 | \$50 |

Plan Benefit Highlights*

| ACCIDENTAL DEATH & DISMEMBERMENT | | |
|----------------------------------|-----------------------|---------------------|
| LEVEL 1 | For Employee / Spouse | For Child |
| Common Carrier | \$50,000 | \$25,000 |
| Other Accident | \$20,000 | \$10,000 |
| Dismemberment | \$1,750 to \$25,000 | \$875 to \$12,500 |
| LEVEL 2 | For Employee / Spouse | For Child |
| Common Carrier | \$100,000 | \$50,000 |
| Other Accident | \$40,000 | \$20,000 |
| Dismemberment | \$3,500 to \$50,000 | \$1,750 to \$25,000 |
| LEVEL 3 | For Employee / Spouse | For Child |
| Common Carrier | \$150,000 | \$75,000 |
| Other Accident | \$60,000 | \$30,000 |
| Dismemberment | \$5,250 to \$75,000 | \$2,625 to \$37,500 |

*The benefit amounts vary depending on the plan level selected at the time of application.

Plan Benefit Highlights

The benefit amounts vary depending on the plan level selected at the time of application.

| BENEFITS | LEVEL 1 | LEVEL 2 | LEVEL 3 |
|---|---------|---------|---------|
| TREATMENTS | | | |
| Initial Treatment Up to four treatments per Calendar Year | \$100 | \$150 | \$200 |
| Follow Up Treatment Up to six treatments per Covered Accident | \$50 | \$50 | \$50 |

| MEDICAL IMAGING | | | |
|-------------------------------------|-------|-------|-------|
| CT, CAT, MRI, PET, US, SPECT | \$100 | \$150 | \$200 |
| X-Rays Up to two days | \$50 | \$100 | \$150 |

| HOSPITAL | | | |
|---|---------|---------|---------|
| ICU Admission | \$1,000 | \$1,500 | \$2,000 |
| Hospital Admission | \$500 | \$1,000 | \$1,500 |
| ICU Confinement Up to 30 days | \$200 | \$400 | \$600 |
| Hospital Confinement Up to 365 days | \$100 | \$200 | \$300 |
| Rehabilitation Up to 30 days | \$50 | \$100 | \$150 |

| SURGICAL | | | |
|---|---------|---------|---------|
| Internal Injuries Surgery Open abdominal/ thoracic surgery | \$1,000 | \$1,500 | \$2,000 |
| Exploratory Surgery | \$250 | \$300 | \$350 |
| Tendons, Ligaments, and Rotator Cuff Surgery One tendon, ligament, or rotator cuff | \$500 | \$500 | \$500 |
| More than one tendon, ligament, or rotator cuff | \$750 | \$750 | \$750 |
| Ruptured Disc or Torn Knee Cartilage Surgery | \$500 | \$500 | \$500 |
| Miscellaneous Surgery | \$200 | \$200 | \$200 |
| Outpatient Hospital or Ambulatory Surgical Center | \$100 | \$200 | \$300 |
| Anesthesia | \$100 | \$200 | \$300 |

| AMBULANCE | | | |
|---------------------|---------|---------|---------|
| Ground/Water | \$500 | \$500 | \$500 |
| Air | \$1,500 | \$1,500 | \$1,500 |

| TRANSPORTATION, LODGING, AND MEALS | | | |
|---|-------|-------|-------|
| Transportation Up to three round trips per Covered Accident | \$300 | \$300 | \$300 |
| Family Member Lodging and Meals Per day of Covered Accident, up to 30 days combined | \$200 | \$200 | \$200 |

| BENEFITS | LEVEL 1 | LEVEL 2 | LEVEL 3 |
|--|---------------------|-------------------|---------------------|
| INJURY TREATMENTS | | | |
| Fractures Depending on open or closed reduction and bone involved <i>Chip fracture (25% of closed reduction amount)</i> | \$112.50 to \$3,000 | \$150 to \$4,000 | \$187.50 to \$5,000 |
| Dislocations Depending on open or closed reduction and joint involved <i>With local or no anesthesia (25% of closed reduction amount)</i> | \$112.50 to \$3,000 | \$150 to \$4,000 | \$187.50 to \$5,000 |
| Lacerations (Depending on severity and length of laceration) | \$25-\$400 | \$50-\$500 | \$75-\$600 |
| Severe Burns, 2nd & 3rd Degree Skin grafts are 50% of benefit | \$100 to \$10,000 | \$100 to \$10,000 | \$100 to \$10,000 |

| ADDITIONAL BENEFITS | | | |
|--|-----------------------------------|-----------------------------------|-----------------------------------|
| Appliances Crutches, leg braces, etc. | \$100 | \$150 | \$200 |
| Blood, Plasma, and Platelets | \$200 | \$200 | \$200 |
| Concussion | \$250 | \$300 | \$350 |
| Traumatic Brain Injury | \$1,000 | \$1,500 | \$2,000 |
| Coma | \$5,000 | \$10,000 | \$15,000 |
| Emergency Dental Work Broken teeth repaired with crown or extraction of a broken natural tooth | \$100 | \$200 | \$300 |
| Epidural Pain Management | \$50 | \$75 | \$100 |
| Eye Injury Injury with surgical repair or removal of foreign body by physician, for one or both eyes | \$200 | \$250 | \$300 |
| Gunshot Wound | \$500 | \$500 | \$500 |
| Paralysis Paraplegia/Uniplegia Quadriplegia | \$10,000 \$20,000 | \$10,000 \$20,000 | \$10,000 \$20,000 |
| Physical, Occupational, or Speech Therapy Per day of treatment, up to eight days combined | \$25 | \$25 | \$25 |
| Prosthesis Up to two devices | \$500 | \$500 | \$500 |
| Organized Sports Benefit | Additional 25% of benefit payable | Additional 25% of benefit payable | Additional 25% of benefit payable |

| MONTHLY PREMIUMS | LEVEL 1 | LEVEL 2 | LEVEL 3 |
|-----------------------|---------|---------|---------|
| Employee | \$9.02 | \$12.48 | \$15.92 |
| Employee & Spouse | \$15.78 | \$21.82 | \$27.86 |
| Employee & Child(ren) | \$18.04 | \$24.94 | \$31.84 |
| Family | \$24.82 | \$34.30 | \$43.78 |

The premium and benefit amounts vary depending on the plan level selected at the time of application.

Hospital Indemnity Insurance

American Fidelity | www.americanfidelity.com | 800-654-8489

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

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

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





Limited Benefit Hospital GAP PLAN Choice[®] Insurance

Be Prepared for Unexpected Expenses

Rising medical costs can be troubling, and there may be times when your Other Medical Plan coverage won't cover all of your medical expenses. If you have an unexpected hospital stay, how would you manage to pay your share, including the deductible and copays? **Limited Benefit Hospital GAP PLAN Choice[®] Insurance** may help you and your family cover some of those costs.

Gap insurance is a supplemental, medical expense policy that is designed to help with certain out-of-pocket costs when you or a covered family member visit or stay in the hospital.

Plan Highlights



Benefits Are Paid Directly to You

Use the funds where they're most needed, like copayments, deductibles, emergency room visits, outpatient surgery, diagnostic testing and more.



Inpatient and Outpatient Benefits

Options to help you pay for inpatient hospital stays, outpatient surgery, emergency room treatment and more.



Physician's Office Benefits

Provides a reimbursement amount for up to five physician visits per year.



Several Benefit Amounts Available

Based on your individual need, there are multiple benefit amounts for you to choose from.

Other (or Another) Medical Plan means any group basic major medical or group comprehensive medical policy, through the insured's employer, through which a covered person has coverage. The term Other Medical Plan does not include TRICARE, Medicaid, Health Savings Accounts or Health Reimbursement Accounts.



How the Plan Works

As an example, let's assume your Other Medical Plan deductible is \$1,500 and your co-insurance is 80/20 with a total out-of-pocket maximum of \$2,500. The hypothetical example is based on a \$2,000 Inpatient Benefit and \$800 for the Outpatient Benefit.

Inpatient and Outpatient Benefits

Example: Hospital Stay and Surgery, totaling \$10,000

| Inpatient Benefit Payment Example* | Without Hospital GAP PLAN Choice® Insurance Coverage | WITH Hospital GAP PLAN Choice® Insurance Coverage |
|---|---|--|
| Deductible: | \$1,500 | \$1,500 |
| Co-insurance | \$1,000 | \$1,000 |
| Out-of-Pocket Costs: | \$2,500 | \$2,500 |
| Hospital GAP PLAN Choice® Insurance Benefit: | \$0 | \$2,000 |
| Your Out-of-Pocket Costs: | \$2,500 | \$500 |

Example: Hospital Stay and Surgery, totaling \$10,000

| Outpatient Benefit Payment Example* | Without Hospital GAP PLAN Choice® Insurance Coverage | WITH Hospital GAP PLAN Choice® Insurance Coverage |
|--|---|--|
| Deductible: | \$1,500 | \$1,500 |
| Co-insurance | \$1,000 | \$1,000 |
| Out-of-Pocket Costs: | \$2,500 | \$2,500 |
| Hospital GAP PLAN Choice® Insurance Benefit: | \$0 | \$800 |
| Your Out-of-Pocket Costs: | \$2,500 | \$1,700 |

**These are hypothetical examples and are for illustrative purposes only.*

Policy Benefits and Features

Inpatient Hospital Benefit

What it Covers:

- Inpatient Hospital stays
- Inpatient surgery
- Physician expenses from inpatient stay
- Lab expenses from inpatient stay

How it Pays:

The Inpatient Hospital Benefit pays the difference between the actual expenses you incur and the amount your Other Medical Plan pays, up to the maximum amount provided under the policy.

Maximum Reimbursement:

Benefit amounts available range from \$1,000 to \$7,500 per confinement for qualified out-of-pocket expenses for injury or sickness. Your reimbursement can not exceed the benefit amount you initially select under this plan.

Length of Hospital Stay:

A Hospital stay of 18 consecutive hours or over is considered an Inpatient Benefit. Anything under 18 hours is considered an Outpatient Benefit.

Outpatient Benefit

What it Covers:

- Treatment in a Hospital emergency room
- Outpatient surgery
- Treatment in a Hospital
- Freestanding outpatient surgery center
- Outpatient diagnostic testing

Repeat visits for the same or related conditions will be subject to a single maximum Outpatient Benefit. After 90 consecutive days without a related condition, a new maximum Outpatient Benefit will apply.

Contact Information

| Product | Carrier | Website | Phone |
|------------------|-------------------|--|--------------|
| Vision | Eyetopia | www.eyetopia.com | 800-662-8264 |
| Flex | FFGA | www.ffga.com | 866.853.3539 |
| DCA | FFGA | www.ffga.com | 866.853.3539 |
| Disability | American Fidelity | www.americanfidelity.com | 800-654-8489 |
| Accident | FFGA | www.ffga.com | 800-654-8489 |
| Critical Illness | Aetna | www.aetna.com | 800-800-8121 |
| Permanent Life | Texas Life | www.texaslife.com | 800-283-9233 |
| Term Life | American Fidelity | www.americanfidelity.com | 800-654-8489 |
| Cancer | American Fidelity | www.americanfidelity.com | 800-654-8489 |
| Whole Life | American Fidelity | www.americanfidelity.com | 800-654-8489 |
| Hospital | American Fidelity | www.americanfidelity.com | 800-654-8489 |