

Crawford ISD 2022-2023 **BENEFITS GUIDE**



Kelln Small, Account Manager

kelln.small@ffga.com

First Financial Group of America

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

Kim Buie

[kbunie@crawford-isd.net](mailto:kbuie@crawford-isd.net)

200 Pirate Dr.

Crawford, TX 76638

TABLE OF CONTENTS

TABLE OF CONTENTS

- Employee Benefits Center
- How to Enroll
- Medical
- Dental
- Vision
- Flexible Spending Accounts
- Health Savings Accounts
- FSA & HSA Resources
- Voluntary Supplemental Insurance Products
 - Long Term Disability
 - Cancer Insurance
 - Critical Illness Insurance
 - Permanent Life Insurance
 - Accident Only Insurance
 - Identity Theft Protection
 - Legal Plan
 - Medical Transport
 - 403(b) Retirement Plans
 - Telehealth
 - Hospital Indemnity Insurance
 - COBRA
 - Clever Rx
- Legal Notices
- Benefit Contact Information

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

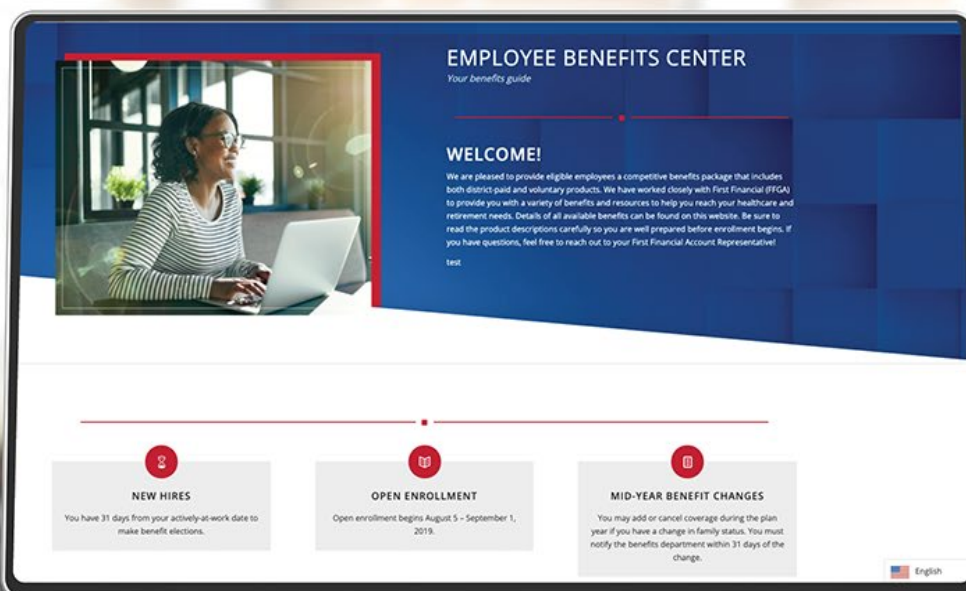
EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

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

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

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



HOW TO ENROLL

ENROLLMENT ASSISTANCE CENTER INSTRUCTIONS

Call 855-765-4473 and follow the prompts to be connected to your local First Financial 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.

ONLINE ENROLLMENT

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

LOGIN

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

VIEW CURRENT BENEFITS

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

VIEW/ADD DEPENDENTS

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

BEGIN ELECTIONS

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

ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections. Visit your EBC to view the on-site enrollment schedule.

ELIGIBILITY

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.

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial 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 & student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

DECLINING COVERAGE

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

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

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

HERE'S HOW IT WORKS

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

IS IT RIGHT FOR ME?

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

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

IRS specified changes in family status include:

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

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

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

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

MEDICAL

TRS-ACTIVECARE

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

BCBSTX

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

TRS-ACTIVECARE PRIMARY

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

TRS-ACTIVECARE HD

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

TRS-ACTIVECARE PRIMARY+

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

TRS-ACTIVECARE 2 – CLOSED TO NEW ENROLLEES

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

TRS-ACTIVECARE PLAN PRESCRIPTION BENEFITS

CVS Caremark | <https://info.caremark.com/trsactivecare/> | 1.866.355.5999

When you enroll in a BCBSTX Plan, you automatically receive prescription drug coverage through CVS Caremark which gives you access to a large, national network of retail pharmacies.

MEDICAL

HMO Plans

Baylor Scott & White HMO | <https://www.bswhealthplan.com/trs/> | 800.321.7947

- Copays for doctor visits and generic prescriptions before you meet deductible
- In-Network only – no out-of-network benefits
- Employee will receive one (1) ID card for medical and prescription benefits. If you are covering dependents, you will receive two (2) cards. Additional cards can be added

For more information, please refer to the TRS-ActiveCare website.

https://www.trs.texas.gov/Pages/healthcare_trs_activecare.aspx



Dental Plan Summary

Effective Date: 9/1/2022

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Benefit Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,250 per benefit year
Allowance	Usual and Customary
Waiting Period	None

Orthodontia Summary - Child Only Coverage

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

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 in 12 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (2 in 12 months) Fluoride for Children 15 and under (1 in 12 months) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites (anterior and posterior teeth) Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

Monthly Rates

Employee Only (EE)	\$33.32
EE + Spouse	\$63.96
EE + Children	\$79.80
EE + Spouse & Children	\$122.04

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of Region 12. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Dental Network Information

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

Pretreatment

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

Open Enrollment

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

Section 125

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

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

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

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

Language Services

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

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

VISION INSURANCE

Superior Vision | <https://www.superiorvision.com> | (800) 507-3800

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

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

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

VISION MONTHLY PREMIUMS	
VSP CHOICE PLAN	
EMPLOYEE ONLY	\$5.27
EMPLOYEE + FAMILY	\$13.43



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 reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$570 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$570 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$570 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2022 is \$2,850.

HIGHLIGHTS

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

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

DEPENDENT CARE FSA

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

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

HIGHLIGHTS

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

HEALTH SAVINGS ACCOUNTS

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

HEALTH SAVINGS ACCOUNTS

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

	2022	2023
HSA Contribution Limit	<ul style="list-style-type: none">Self Only: \$3,650Family: \$7,300	<ul style="list-style-type: none">Self Only: \$3,850Family: \$7,750
HDHP Minimum Deductibles	<ul style="list-style-type: none">Self Only: \$1,400Family: \$2,800	<ul style="list-style-type: none">Self Only: \$1,500Family: \$3,000
<i>\$1,000 catch-up contributions (age 55 or older)</i>		

HIGHLIGHTS

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

WHO CAN PARTICIPATE IN AN HSA?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general-purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- Limited Purpose Flexible Spending Accounts are permitted (dental and vision expenses only).
- You cannot participate if your spouse has a general-purpose FSA or HRA at their place of employment.
- You cannot participate if you are being claimed as a dependent on another person's tax return.

FSA & HSA RESOURCES

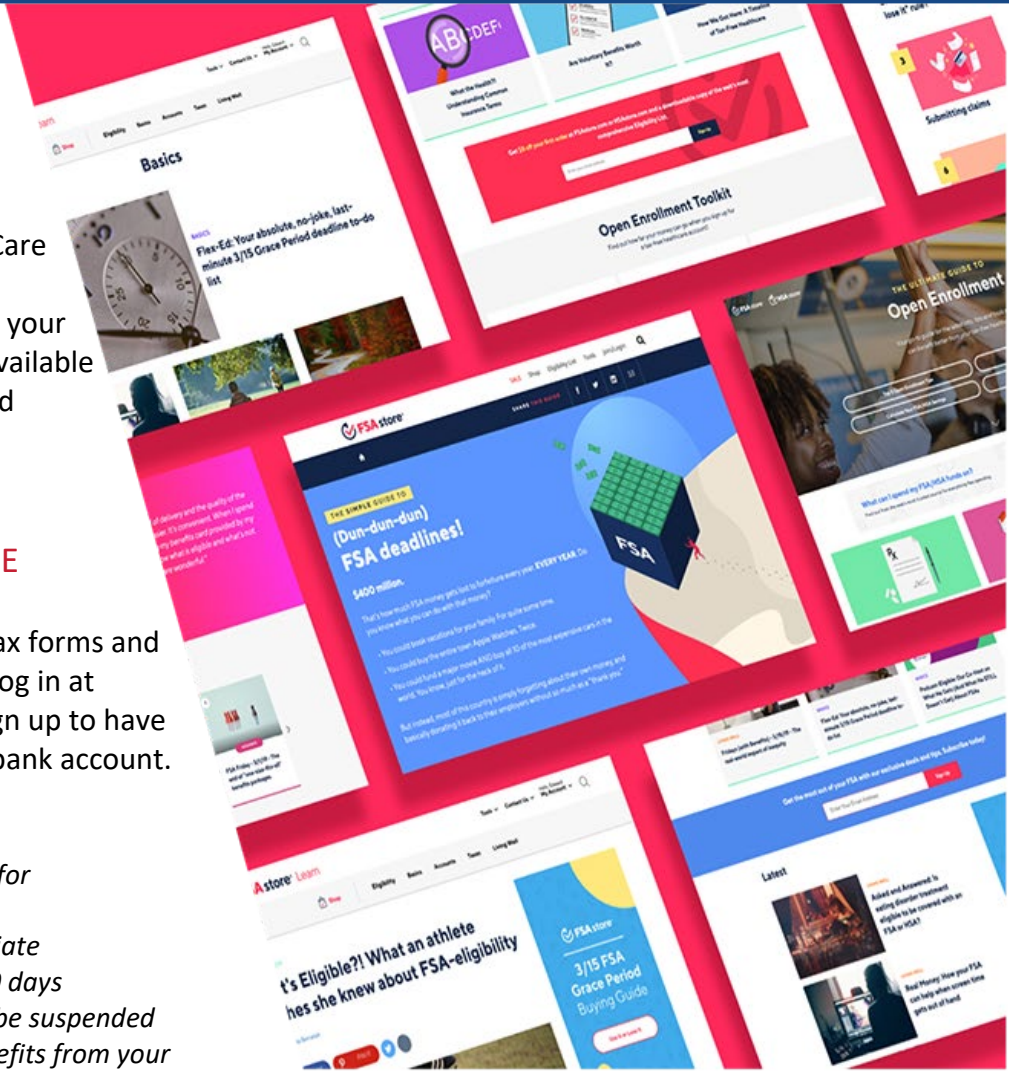
BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in a Flexible Spending Account, Dependent Care Account, or a Health Savings Account. 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.

VIEW YOUR ACCOUNT DETAILS ONLINE

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

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

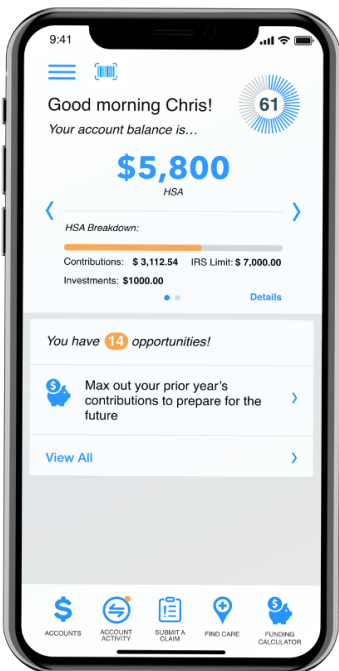


FF MOBILE ACCOUNT APP

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™. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

FSA & HSA STORE

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



TEXAS LIFE – PERMANENT LIFE

Texas Life Insurance Company | 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.

HIGHLIGHT

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



WOW!

LIFE INSURANCE YOU CAN KEEP!

LIFE INSURANCE HIGHLIGHTS

For the employee



IT'S AFFORDABLE
YOU OWN IT



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



YOU CAN COVER YOUR SPOUSE, CHILDREN
AND GRANDCHILDREN, TOO¹



YOU CAN GET A LIVING BENEFIT IF YOU
BECOME TERMINALLY ILL²



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



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



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

During the last six months, has the proposed insured:

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



TEXASLIFE INSURANCE COMPANY

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

ADDITIONAL POLICY BENEFITS

Accelerated Death Benefit Due to Chronic Illness Rider

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

Here's how it works:

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

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

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

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

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

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



DO NOT CROSS

Accidental Death Benefit Rider

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

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

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

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

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

ACCIDENTAL DEATH BENEFIT RIDER EXCEPTIONS TO COVERAGE

The following exceptions to coverage apply to these states: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV, WY

- | | |
|---|---|
| <ul style="list-style-type: none"> a) war or any act attributable to war, whether or not the Insured is in military service; b) participating or engaging in a riot; c) suicide or any attempt to commit suicide, while sane or insane; d) bodily or mental infirmity or illness or disease of any kind; e) participation in an illegal occupation or activity; f) any cause, if death occurred while the Insured is incarcerated; g) an accident caused or contributed to by intoxication as defined by the jurisdiction in which death occurred; | <ul style="list-style-type: none"> h) taking of any poison, drug, or sedative, unless such drug or sedative was taken as prescribed for occurred; i) asphyxiation from inhalation of gas, except the accidental inhalation of gas in the course of Insured's employment; j) operating or riding in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kind of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom. |
|---|---|

In SD, this provision does not cover death which results from any of the following causes:

- | | |
|--|--|
| <ul style="list-style-type: none"> a) war or any act attributable to war, whether or not the insured is in military service; b) suicide or any attempt to commit suicide, while sane; c) bodily illnesses or disease of any kind; d) committing a felony | <ul style="list-style-type: none"> e) operating in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kid of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom. |
|--|--|

In DE, FL, ND, this provision does not cover death which results from any of the following causes:

- | | |
|---|--|
| <ul style="list-style-type: none"> a) an accidental bodily injury occurring, outside the United States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, Panama Canal Zone, the Republic of Panama, and Canada, while in the military service for any country at war; b) war or any act attributable to war, whether or not the Insured is in military service; c) participating or engaging in a riot; d) suicide or any attempt to commit suicide, while sane or insane; e) bodily or mental infirmity or illness or disease of any kind | <ul style="list-style-type: none"> f) committing or attempting to commit a felony; g) taking of any poison, drug, or sedative, unless such drug or sedative was taken as prescribed for the Insured by a physician; h) asphyxiation from inhalation of gas, except the accidental inhalation of gas in the course of the Insured's employment; i) operating or riding in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kind of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom. |
|---|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

DISABILITY INSURANCE

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

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

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

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

ESC REGION 12

Long-Term Disability Income Insurance

Plan Benefit Highlights

Eligibility

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

Benefits are Payable

Benefits are payable up to age 65 for a covered Injury or sickness. After age 65, the benefit period will be extended to the greater of 12 months or your Social Security Normal Retirement Age.

Disability Benefit

Monthly amounts of the Disability Benefits are available from \$200 to \$7,500 in \$100 increments based on 66^{2/3}% of your Monthly Compensation and will not exceed the amount for which premium is being paid. If applicable, the insured's Disability Benefit will be reduced by Deductible Sources of Income.

Step 1: Calculate the disability Benefit you qualify for based upon your salary.

$$\frac{\text{Annual Salary}}{12} = \text{Monthly Salary} \times 0.66^{2/3} = \text{Monthly Disability Benefit}$$

(Rounded down to nearest \$100)

Step 2: Calculate your Monthly Premium based upon your plan selection.

PLAN	BENEFITS BEGIN	MONTHLY PREMIUM
Plan 1	On the 8th day of Disability due to a covered injury or Sickness.	*\$3.54
Plan 2	On the 15th day of Disability due to a covered injury or Sickness.	*\$3.00
Plan 3	On the 31st day of Disability due to a covered injury or Sickness.	*\$2.50
Plan 4	On the 61st day of Disability due to a covered injury or Sickness.	*\$1.54
Plan 5	On the 91st day of Disability due to a covered injury or Sickness.	*\$1.14
Plan 6	On the 151st day of Disability due to a covered injury or Sickness.	*\$0.74

$$\frac{\text{Monthly Benefit}}{100} = \text{Rate from Above} \times \text{Monthly Premium Cost}$$

Example Calculation:

Making \$42,000 per year (\$3,500 month), you would qualify for \$2,300 per month:

$$\$42,000 / 12 = \$3,500 \times 0.66^{2/3} = \$2,300 \text{ Monthly Disability Benefit}$$

$$\$2,300 / 100 = 23 \times \$0.50 = \$11.50 \text{ per month}$$

***Per \$100 Covered Monthly Benefit Rates Based on 12 Deductions per Year**

Physician Expense Benefit

Injury - \$150.00 per Injury

If you need personal treatment by a Physician due to an Injury, we will pay the amount shown above provided no other claim has been paid under the Policy. You are not required to miss one full day of work in order to receive the Injury benefit.

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 on your first day of Hospital confinement. **The remainder of your elimination period will be waived (APPLIES ONLY TO PLANS 1-3).**

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.

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include, Other group disability income, Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits, United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability, State Disability, Unemployment compensation, Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 365 calendar days from the date of disability. We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your Certificate.

Minimum Disability Benefit

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

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

For the first 12 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the schedule. After 12 months, your disability payment will be the disability benefit less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

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

Return To Work Incentives: Disabled and Working

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

- Family Care Benefit**

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

- Worksite Accommodation**

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

If Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 12 months, no disability benefit will be payable. Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied with respect to any increase applied for and approved by us.

Pre-existing condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 3-month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, injury, sickness, physical condition, or mental illness.

Exclusions

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

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

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

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



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

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

Underwritten and administered by:



800-654-8489 • americanfidelity.com

Marketed by:



ESC REGION 12

Long-Term Disability Income Insurance

Your maximum benefit amount is based upon 66^{2/3}% of your gross monthly compensation. Benefit amounts start at \$200 and go up to a Maximum Monthly Disability Benefit of \$7,500. The benefit will not exceed the amount for which premium has been paid.

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan 1 (8th)	Plan 2 (15th)	Plan 3 (31st)	Plan 4 (61st)	Plan 5 (91st)	Plan 6 (151st)
\$300.00 - \$449.99	\$200.00	\$7.08	\$6.00	\$5.00	\$3.08	\$2.28	\$1.48
\$450.00 - \$599.99	\$300.00	\$10.62	\$9.00	\$7.50	\$4.62	\$3.42	\$2.22
\$600.00 - \$749.99	\$400.00	\$14.16	\$12.00	\$10.00	\$6.16	\$4.56	\$2.96
\$750.00 - \$899.99	\$500.00	\$17.70	\$15.00	\$12.50	\$7.70	\$5.70	\$3.70
\$900.00 - \$1,049.99	\$600.00	\$21.24	\$18.00	\$15.00	\$9.24	\$6.84	\$4.44
\$1,050.00 - \$1,199.99	\$700.00	\$24.78	\$21.00	\$17.50	\$10.78	\$7.98	\$5.18
\$1,200.00 - \$1,349.99	\$800.00	\$28.32	\$24.00	\$20.00	\$12.32	\$9.12	\$5.92
\$1,350.00 - \$1,499.99	\$900.00	\$31.86	\$27.00	\$22.50	\$13.86	\$10.26	\$6.66
\$1,500.00 - \$1,649.99	\$1,000.00	\$35.40	\$30.00	\$25.00	\$15.40	\$11.40	\$7.40
\$1,650.00 - \$1,799.99	\$1,100.00	\$38.94	\$33.00	\$27.50	\$16.94	\$12.54	\$8.14
\$1,800.00 - \$1,949.99	\$1,200.00	\$42.48	\$36.00	\$30.00	\$18.48	\$13.68	\$8.88
\$1,950.00 - \$2,099.99	\$1,300.00	\$46.02	\$39.00	\$32.50	\$20.02	\$14.82	\$9.62
\$2,100.00 - \$2,249.99	\$1,400.00	\$49.56	\$42.00	\$35.00	\$21.56	\$15.96	\$10.36
\$2,250.00 - \$2,399.99	\$1,500.00	\$53.10	\$45.00	\$37.50	\$23.10	\$17.10	\$11.10
\$2,400.00 - \$2,549.99	\$1,600.00	\$56.64	\$48.00	\$40.00	\$24.64	\$18.24	\$11.84
\$2,550.00 - \$2,699.99	\$1,700.00	\$60.18	\$51.00	\$42.50	\$26.18	\$19.38	\$12.58
\$2,700.00 - \$2,849.99	\$1,800.00	\$63.72	\$54.00	\$45.00	\$27.72	\$20.52	\$13.32
\$2,850.00 - \$2,999.99	\$1,900.00	\$67.26	\$57.00	\$47.50	\$29.26	\$21.66	\$14.06
\$3,000.00 - \$3,149.99	\$2,000.00	\$70.80	\$60.00	\$50.00	\$30.80	\$22.80	\$14.80
\$3,150.00 - \$3,299.99	\$2,100.00	\$74.34	\$63.00	\$52.50	\$32.34	\$23.94	\$15.54
\$3,300.00 - \$3,449.99	\$2,200.00	\$77.88	\$66.00	\$55.00	\$33.88	\$25.08	\$16.28
\$3,450.00 - \$3,599.99	\$2,300.00	\$81.42	\$69.00	\$57.50	\$35.42	\$26.22	\$17.02
\$3,600.00 - \$3,749.99	\$2,400.00	\$84.96	\$72.00	\$60.00	\$36.96	\$27.36	\$17.76
\$3,750.00 - \$3,899.99	\$2,500.00	\$88.50	\$75.00	\$62.50	\$38.50	\$28.50	\$18.50
\$3,900.00 - \$4,049.99	\$2,600.00	\$92.04	\$78.00	\$65.00	\$40.04	\$29.64	\$19.24
\$4,050.00 - \$4,199.99	\$2,700.00	\$95.58	\$81.00	\$67.50	\$41.58	\$30.78	\$19.98
\$4,200.00 - \$4,349.99	\$2,800.00	\$99.12	\$84.00	\$70.00	\$43.12	\$31.92	\$20.72
\$4,350.00 - \$4,499.99	\$2,900.00	\$102.66	\$87.00	\$72.50	\$44.66	\$33.06	\$21.46
\$4,500.00 - \$4,649.99	\$3,000.00	\$106.20	\$90.00	\$75.00	\$46.20	\$34.20	\$22.20
\$4,650.00 - \$4,799.99	\$3,100.00	\$109.74	\$93.00	\$77.50	\$47.74	\$35.34	\$22.94
\$4,800.00 - \$4,949.99	\$3,200.00	\$113.28	\$96.00	\$80.00	\$49.28	\$36.48	\$23.68
\$4,950.00 - \$5,099.99	\$3,300.00	\$116.82	\$99.00	\$82.50	\$50.82	\$37.62	\$24.42
\$5,100.00 - \$5,249.99	\$3,400.00	\$120.36	\$102.00	\$85.00	\$52.36	\$38.76	\$25.16
\$5,250.00 - \$5,399.99	\$3,500.00	\$123.90	\$105.00	\$87.50	\$53.90	\$39.90	\$25.90
\$5,400.00 - \$5,549.99	\$3,600.00	\$127.44	\$108.00	\$90.00	\$55.44	\$41.04	\$26.64
\$5,550.00 - \$5,699.99	\$3,700.00	\$130.98	\$111.00	\$92.50	\$56.98	\$42.18	\$27.38
\$5,700.00 - \$5,849.99	\$3,800.00	\$134.52	\$114.00	\$95.00	\$58.52	\$43.32	\$28.12
\$5,850.00 - \$5,999.99	\$3,900.00	\$138.06	\$117.00	\$97.50	\$60.06	\$44.46	\$28.86
\$6,000.00 - \$6,149.99	\$4,000.00	\$141.60	\$120.00	\$100.00	\$61.60	\$45.60	\$29.60

This insert must be used in conjunction with SB-31087(FF).

Your maximum benefit amount is based upon 66^{2/3}% of your gross monthly compensation. Benefit amounts start at \$200 and go up to a Maximum Monthly Disability Benefit of \$7,500. The benefit will not exceed the amount for which premium has been paid.

		Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	Plan 1 (8th)	Plan 2 (15th)	Plan 3 (31st)	Plan 4 (61st)	Plan 5 (91st)	Plan 6 (151st)
\$6,150.00 - \$6,299.99	\$4,100.00	\$145.14	\$123.00	\$102.50	\$63.14	\$46.74	\$30.34
\$6,300.00 - \$6,449.99	\$4,200.00	\$148.68	\$126.00	\$105.00	\$64.68	\$47.88	\$31.08
\$6,450.00 - \$6,599.99	\$4,300.00	\$152.22	\$129.00	\$107.50	\$66.22	\$49.02	\$31.82
\$6,600.00 - \$6,749.99	\$4,400.00	\$155.76	\$132.00	\$110.00	\$67.76	\$50.16	\$32.56
\$6,750.00 - \$6,899.99	\$4,500.00	\$159.30	\$135.00	\$112.50	\$69.30	\$51.30	\$33.30
\$6,900.00 - \$7,049.99	\$4,600.00	\$162.84	\$138.00	\$115.00	\$70.84	\$52.44	\$34.04
\$7,050.00 - \$7,199.99	\$4,700.00	\$166.38	\$141.00	\$117.50	\$72.38	\$53.58	\$34.78
\$7,200.00 - \$7,349.99	\$4,800.00	\$169.92	\$144.00	\$120.00	\$73.92	\$54.72	\$35.52
\$7,350.00 - \$7,499.99	\$4,900.00	\$173.46	\$147.00	\$122.50	\$75.46	\$55.86	\$36.26
\$7,500.00 - \$7,649.99	\$5,000.00	\$177.00	\$150.00	\$125.00	\$77.00	\$57.00	\$37.00
\$7,650.00 - \$7,799.99	\$5,100.00	\$180.54	\$153.00	\$127.50	\$78.54	\$58.14	\$37.74
\$7,800.00 - \$7,949.99	\$5,200.00	\$184.08	\$156.00	\$130.00	\$80.08	\$59.28	\$38.48
\$7,950.00 - \$8,099.99	\$5,300.00	\$187.62	\$159.00	\$132.50	\$81.62	\$60.42	\$39.22
\$8,100.00 - \$8,249.99	\$5,400.00	\$191.16	\$162.00	\$135.00	\$83.16	\$61.56	\$39.96
\$8,250.00 - \$8,399.99	\$5,500.00	\$194.70	\$165.00	\$137.50	\$84.70	\$62.70	\$40.70
\$8,400.00 - \$8,549.99	\$5,600.00	\$198.24	\$168.00	\$140.00	\$86.24	\$63.84	\$41.44
\$8,550.00 - \$8,699.99	\$5,700.00	\$201.78	\$171.00	\$142.50	\$87.78	\$64.98	\$42.18
\$8,700.00 - \$8,849.99	\$5,800.00	\$205.32	\$174.00	\$145.00	\$89.32	\$66.12	\$42.92
\$8,850.00 - \$8,999.99	\$5,900.00	\$208.86	\$177.00	\$147.50	\$90.86	\$67.26	\$43.66
\$9,000.00 - \$9,149.99	\$6,000.00	\$212.40	\$180.00	\$150.00	\$92.40	\$68.40	\$44.40
\$9,150.00 - \$9,299.99	\$6,100.00	\$215.94	\$183.00	\$152.50	\$93.94	\$69.54	\$45.14
\$9,300.00 - \$9,449.99	\$6,200.00	\$219.48	\$186.00	\$155.00	\$95.48	\$70.68	\$45.88
\$9,450.00 - \$9,599.99	\$6,300.00	\$223.02	\$189.00	\$157.50	\$97.02	\$71.82	\$46.62
\$9,600.00 - \$9,749.99	\$6,400.00	\$226.56	\$192.00	\$160.00	\$98.56	\$72.96	\$47.36
\$9,750.00 - \$9,899.99	\$6,500.00	\$230.10	\$195.00	\$162.50	\$100.10	\$74.10	\$48.10
\$9,900.00 - \$10,049.99	\$6,600.00	\$233.64	\$198.00	\$165.00	\$101.64	\$75.24	\$48.84
\$10,050.00 - \$10,199.99	\$6,700.00	\$237.18	\$201.00	\$167.50	\$103.18	\$76.38	\$49.58
\$10,200.00 - \$10,349.99	\$6,800.00	\$240.72	\$204.00	\$170.00	\$104.72	\$77.52	\$50.32
\$10,350.00 - \$10,499.99	\$6,900.00	\$244.26	\$207.00	\$172.50	\$106.26	\$78.66	\$51.06
\$10,500.00 - \$10,649.99	\$7,000.00	\$247.80	\$210.00	\$175.00	\$107.80	\$79.80	\$51.80
\$10,650.00 - \$10,799.99	\$7,100.00	\$251.34	\$213.00	\$177.50	\$109.34	\$80.94	\$52.54
\$10,800.00 - \$10,949.99	\$7,200.00	\$254.88	\$216.00	\$180.00	\$110.88	\$82.08	\$53.28
\$10,950.00 - \$11,099.99	\$7,300.00	\$258.42	\$219.00	\$182.50	\$112.42	\$83.22	\$54.02
\$11,100.00 - \$11,249.99	\$7,400.00	\$261.96	\$222.00	\$185.00	\$113.96	\$84.36	\$54.76
\$11,250.00 - And Over	\$7,500.00	\$265.50	\$225.00	\$187.50	\$115.50	\$85.50	\$55.50

This insert must be used in conjunction with SB-31087(FF).

Underwritten and administered by:



800-654-8489 • americanfidelity.com

Marketed by:



CANCER INSURANCE

Guardian | www.website.com | (800) 541-7846

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			
MONTHLY PREMIUM	PLAN 1	PLAN 2	PLAN 3
EMPLOYEE	\$21.64	\$26.04	\$41.45
EMPLOYEE + SPOUSE	\$34.56	\$42.36	\$48.66
EMPLOYEE + CHILD(REN)	\$23.04	\$27.64	\$31.18
EMPLOYEE + FAMILY	\$35.96	\$43.96	\$50.56

CRITICAL ILLNESS INSURANCE

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

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.

Extends coverage to dependent children at no additional cost.

EMPLOYEE MONTHLY RATES

	\$5,000		\$10,000		\$15,000		\$20,000		\$25,000		\$30,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$5.28	\$7.02	\$6.88	\$10.30	\$8.46	\$13.60	\$10.04	\$16.88	\$11.64	\$20.20	\$13.24	\$23.50
30-39	\$7.28	\$10.44	\$10.84	\$17.18	\$14.44	\$23.90	\$18.02	\$30.64	\$21.60	\$37.38	\$25.18	\$44.10
40-49	\$11.68	\$18.02	\$19.64	\$32.38	\$27.60	\$46.74	\$35.56	\$61.06	\$43.56	\$75.42	\$51.52	\$89.78
50-59	\$18.82	\$30.58	\$33.94	\$57.46	\$49.10	\$84.32	\$64.22	\$111.20	\$79.34	\$138.10	\$94.46	\$164.96
60 & Over	\$29.74	\$49.60	\$55.74	\$95.50	\$81.78	\$141.42	\$107.80	\$187.32	\$133.84	\$233.22	\$159.88	\$279.12

SPOUSE MONTHLY RATES

	\$2,500		\$5,000		\$7,500		\$10,000		\$12,500		\$15,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$4.22	\$5.36	\$4.72	\$7.02	\$5.24	\$8.70	\$5.74	\$10.38	\$6.28	\$12.04	\$6.78	\$13.72
30-39	\$5.28	\$7.38	\$6.88	\$11.02	\$8.46	\$14.72	\$10.08	\$18.38	\$11.64	\$22.06	\$13.24	\$25.72
40-49	\$7.70	\$11.84	\$11.72	\$19.96	\$15.72	\$28.10	\$19.72	\$36.24	\$23.76	\$44.38	\$27.76	\$52.50
50-59	\$11.62	\$19.08	\$19.52	\$34.46	\$27.44	\$49.86	\$35.34	\$65.24	\$43.26	\$80.60	\$51.16	\$96.00
60-69	\$17.58	\$30.16	\$31.48	\$56.60	\$45.34	\$83.08	\$59.24	\$109.52	\$73.14	\$135.98	\$87.00	\$162.40

This insert must be used in conjunction with SB-32267(FF) and any state specific deviations thereof.

ACCIDENT INSURANCE

Guardian | (800) 541-7846

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

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

ACCIDENT INSURANCE		
MONTHLY PREMIUM	PLAN #1	PLAN #2
EMPLOYEE	\$11.62	\$14.96
EMPLOYEE + SPOUSE	\$18.90	\$24.02
EMPLOYEE + CHILD(REN)	\$19.60	\$24.51
EMPLOYEE + FAMILY	\$26.88	\$33.57

IDENTITY THEFT PROTECTION

iLock360 | www.ilock360.com | (855) 287-8888

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud.

Identity theft insurance won't prevent your identity from being stolen. But it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep. The sooner you can take action to close your accounts, the quicker you can recover your identity.

It takes years to establish a good reputation with credit lenders and employers. Make sure it remains yours by taking advantage of the identity theft insurance offered through your employer.

ILOCK 360 INSURANCE		
MONTHLY PREMIUM	PLUS	PREMIUM
EMPLOYEE	\$8.00	\$15.00
EMPLOYEE + SPOUSE	\$15.00	\$22.00
EMPLOYEE + CHILD(REN)	\$13.00	\$20.00
EMPLOYEE + FAMILY	\$20.00	\$27.00

LEGAL PLAN

ARAG Legal | <http://ARAGLegal.com> | (800) 888-4184

Have you ever found yourself in need of legal advice, but aren't sure where to go? A voluntary group legal plan helps fill that need. It provides you with access to professional lawyers at a low monthly rate. For just a few dollars a month, you can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce and so much more. Expert legal advice is available at your fingertips.

LEGAL PLAN INSURANCE	
FAMILY COVERAGE	MONTHLY PREMIUM
ULTIMATE ADVISOR	\$18.00
ULTIMATE ADVISOR PLUS	\$23.50

MEDICAL TRANSPORT

MASA | <http://www.masamts.com> | (954) 334-8261

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs.

Most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill.

With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.

MASA TRANSPORT INSURANCE	
FAMILY COVERAGE	MONTHLY PREMIUM
EMERGENT	\$9.00
EMERGENT PLUS	\$14.00
PLATINUM	\$39.00

403(b) RETIREMENT PLANS

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

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

HOW A 403(B) WORKS

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

BENEFITS

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

CONTRIBUTION LIMITS

Participants may contribute up to \$20,500 for year 2022. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$6,500 in 2022, for a total of \$27,000.

TELEHEALTH

WellVia | <https://www.wellviasolutions.com> | (877) 872-0370

Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room.

Board Certified physicians will diagnose your illness, recommend treatment, and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They can treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!

TELEHEALTH	
MONTHLY PREMIUM	
EMPLOYEE + FAMILY	\$10.00

HOSPITAL INDEMNITY INSURANCE

Aetna | <http://www.aetna.com> | (888) 792-9682

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!

HOSPITAL INDEMNITY INSURANCE		
MONTHLY PREMIUM	PLAN 2	PLAN 3
EMPLOYEE	\$20.77	\$35.57
EMPLOYEE + SPOUSE	\$44.24	\$74.30
EMPLOYEE + CHILD(REN)	\$32.62	\$55.73
EMPLOYEE + FAMILY	\$52.62	\$89.39

COBRA

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

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

HIGHLIGHTS

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

CLEVER RX

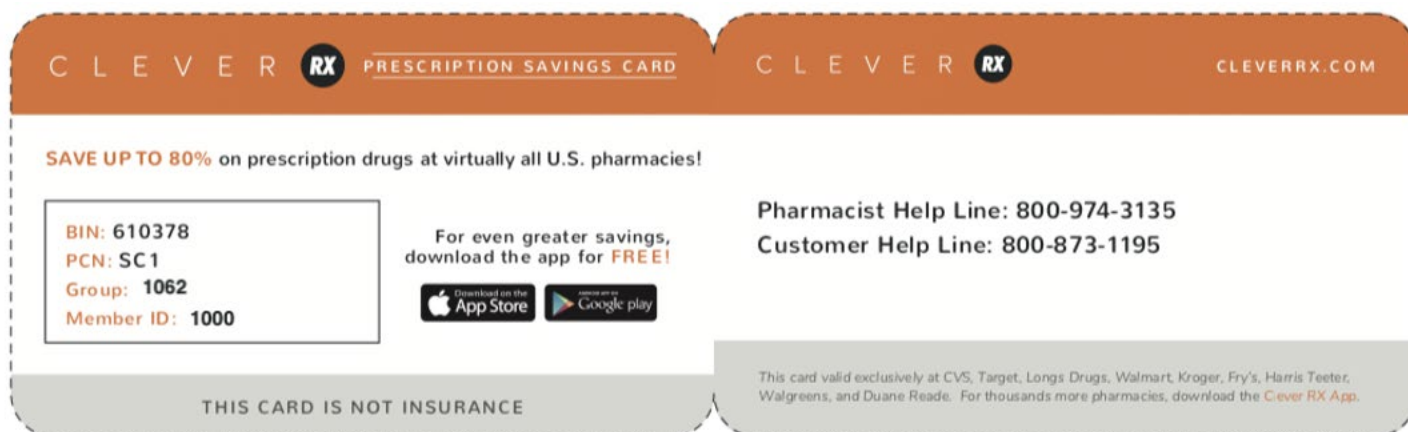
Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

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

HIGHLIGHTS

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

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



CONTACT INFORMATION

CRAWFORD ISD

Kim Buie

kbuie@crawford-isd.net

200 Pirate Dr. | Crawford, TX 76638

FIRST FINANCIAL GROUP OF AMERICA

Kelln Small, Account Manager

(800) 672-9666

kelln.small@ffga.com

CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Medical – TRS Activecare	BCBS	www.bcbstx.com/trsactivecare/	(866) 355-5999
Medical - HMO	Baylor Scott & White HMO	www.bswhealthplan.com/trs/	(800) 321-7947
Dental	Ameritas	www.ameritas.com	(800) 487-5553
Vision	Superior Vision	www.superiorvision.com	(800) 507-3800
FSA & Dependent Care	First Financial Administrators, Inc.	https://ffa.wealthcareportal.com	(866) 853-3539
HSA	First Financial Administrators, Inc.	https://ffa.wealthcareportal.com	(866) 853-3539
Permanent Portable Life	Texas Life Insurance	www.texaslife.com	(800) 283-9233
Disability	American Fidelity	www.americanfidelity.com	(800) 654-8489
Cancer	Guardian	www.GuardianAnytime.com	(800) 541-7846
Accident	Guardian	www.GuardianAnytime.com	(800) 541-7846
Critical Illness	American Fidelity	www.americanfidelity.com	(800) 654-8489
Identity Theft Protection	iLock360	www.ilock360.com	(855) 287-8888
Legal	ARAG Legal	www.ARAGLegal.com	(800) 888-4184
Medical Transport	MASA	www.masamts.com	(954) 334-8261
403(b) Retirement Plans	First Financial Administrators, Inc.	www.ffga.com	(800) 523-8422, option 2
Telehealth	Wellvia	www.wellviasolutions.com/	(877) 872-0370
Hospital Indemnity	Aetna	www.aetna.com	(888) 792-9682
COBRA	First Financial Administrators, Inc.	www.cobrapoint.benaissance.com	(800) 523-8422, option 4
Prescription Discount	Clever RX	https://partner.cleverrx.com/ffga	(800) 873-1195