

Uvalde 2023-2024

BENEFITS GUIDE



First Financial Group of America
Mike Serna, Account Manager
miguel.serna@ffga.com
210-848-4474

<https://benefits.ffga.com/uvaldeisd>

Uvalde Benefits Office
1000 N Getty
Uvalde, TX 78801
830-278-6655 | www.ucisd.net

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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.

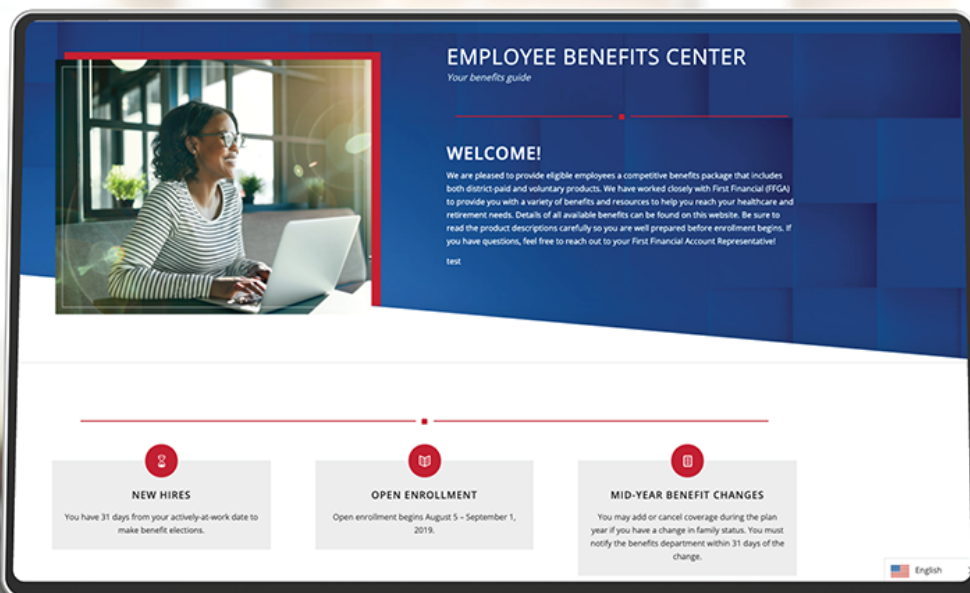
EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Uvalde 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://benefits.ffga.com/uvaldecisd>



HOW TO ENROLL

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. To enroll, please contact your First Financial representative Mike Serna at 210-848-4474.

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.*

DENTAL INSURANCE

Ameritas | www.ameritas.com | 1.800.487.5553

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

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

DENTAL MONTHLY PREMIUMS		
	Low	High
EMPLOYEE ONLY	\$19.04	\$34.80
EMPLOYEE + SPOUSE	\$35.84	\$66.00
EMPLOYEE + CHILDREN	\$48.84	\$83.76
EMPLOYEE + FAMILY	\$65.28	\$114.52





Low Plan: Dental Plan Summary

Policy 35752 Effective Date: 11/1/2023

Plan Benefit	
Type 1	MCE
Type 2	MCE
Type 3	MCE
Deductible	\$5/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	MCE
Waiting Period	None

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$750
Waiting Period	12 months

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 5 years) Cleaning (2 per benefit period) Fluoride for Children 13 and under (2 per benefit period) Sealants (age 13 and under) 	<ul style="list-style-type: none"> Space Maintainers Restorative Amalgams Restorative Composites (anterior and posterior teeth) Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 8 years per tooth) Crown Repair Denture Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)

Monthly Rates

Employee Only (EE)	\$19.04
EE + Spouse	\$35.84
EE + Children	\$48.84
EE + Spouse & Children	\$65.28

Ameritas Information

We're Here to Help: This plan was designed specifically for the associates of UVALDE C.I.S.D.. 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.

High Plan: Dental Plan Summary

Policy #35752 Effective Date: 11/1/2023

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$5/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	Usual and Customary
Dental Rewards®	Included
Waiting Period	None

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	12 months

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Type 1	Type 2	Type 3
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Monthly Rates

Employee Only (EE)	\$34.80
EE + Spouse	\$66.00
EE + Children	\$83.76
EE + Spouse & Children	\$114.52

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VISION INSURANCE

Eyetopia | www.eyetopia.org | 1.800.662.8264

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		
	STANDARD	GOLD
EMPLOYEE ONLY	\$10.00	\$20.00
EMPLOYEE + 1	\$19.00	\$39.00
EMPLOYEE + FAMILY	\$27.00	\$54.00



Uvalde CISD 2023-24 Dual-Option 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)	120/145 Plan (Standard)	180/300H Plan (Gold)
Exam Co-pay	\$10	\$5
Material Option (in lieu of Exam)	\$45 Allowance	\$65 Allowance
Materials Co-pay (spectacle lenses)	\$20	No Co-pay
Single Vision Lens	Covered	Covered
Bi-focal Lens	Covered	Covered
Tri-focal Lens	Covered	Covered
Lenticular Lens	Covered	Covered
Standard Progressive Lens	Retail up to \$199 is covered	Retail up to \$219 is covered
Premium Progressive Lens	\$199 Allowance	\$219 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	\$120 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	\$20	\$0
Contact Lens Allowance (including fitting fee)	\$145 Retail	\$300 Retail
Medically Necessary Contacts (including fitting fee)	\$545 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

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

FLEXIBLE SPENDING ACCOUNTS

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

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 \$610 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$610 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$610 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2023 is \$3,050.

HIGHLIGHTS

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

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

FSA RESOURCES

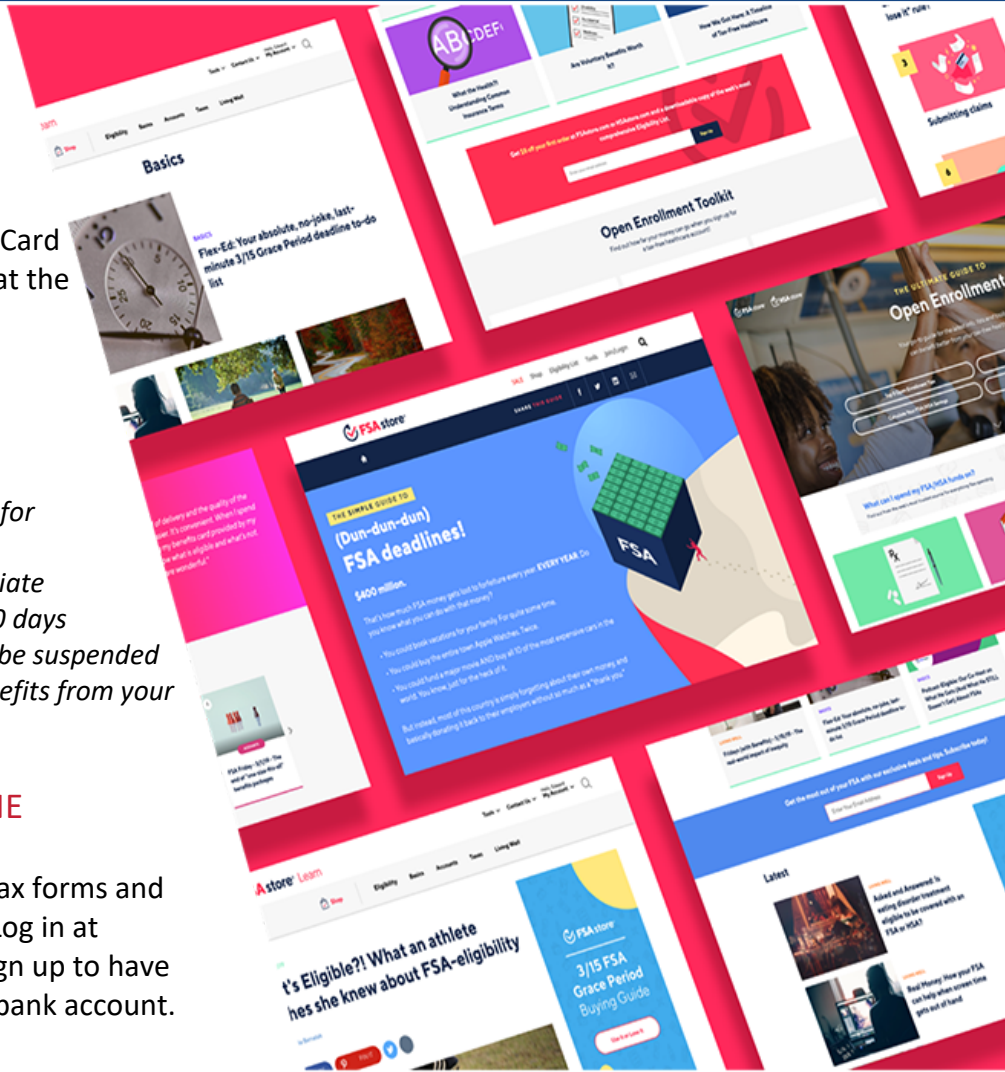
BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in a Flexible Spending 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.

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

VIEW YOUR ACCOUNT DETAILS ONLINE

Sign up to view your account balance, find 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!

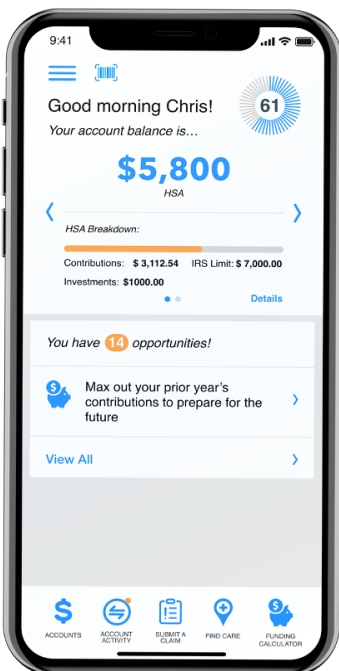


FF MOBILE ACCOUNT APP

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

FSA STORE

First Financial has partnered with the FSA Store to bring you an easy-to-use online store to better understand and 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.



LIFE & AD&D INSURANCE

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

EMPLOYER-PAID TERM LIFE & AD&D INSURANCE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$15,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

American Fidelity | www.americanfidelity.com | 1.800.654.8489

VOLUNTARY TERM AND WHOLE LIFE INSURANCE

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

TEXAS LIFE

Texas Life | www.texaslife.com | 1.800.283.9233

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

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

HIGHLIGHT

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

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

Issue Age (ALB)	Semi-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) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		6.53	11.93	17.33	22.73	33.53	44.33	55.13	65.93	75
21-22		6.67	12.20	17.74	23.28	34.35	45.43	56.50	67.58	74
23		6.80	12.48	18.15	23.83	35.18	46.53	57.88	69.23	75
24-25		6.94	12.75	18.57	24.38	36.00	47.63	59.25	70.88	74
26		7.22	13.30	19.39	25.48	37.65	49.83	62.00	74.18	75
27-28		7.35	13.58	19.80	26.03	38.48	50.93	63.38	75.83	74
29		7.49	13.85	20.22	26.58	39.30	52.03	64.75	77.48	74
30-31		7.63	14.13	20.63	27.13	40.13	53.13	66.13	79.13	73
32		8.04	14.95	21.87	28.78	42.60	56.43	70.25	84.08	74
33		8.32	15.50	22.69	29.88	44.25	58.63	73.00	87.38	74
34		8.73	16.33	23.93	31.53	46.73	61.93	77.13	92.33	75
35		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	76
36		9.55	17.98	26.40	34.83	51.68	68.53	85.38	102.23	76
37		9.97	18.80	27.64	36.48	54.15	71.83	89.50	107.18	77
38		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	77
39		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	78
40	5.38	11.75	22.38	33.00	43.63	64.88	86.13	107.38	128.63	79
41	5.76	12.72	24.30	35.89	47.48	70.65	93.83	117.00	140.18	80
42	6.20	13.82	26.50	39.19	51.88	77.25	102.63	128.00	153.38	81
43	6.59	14.78	28.43	42.08	55.73	83.03	110.33	137.63	164.93	82
44	6.97	15.74	30.35	44.97	59.58	88.80	118.03	147.25	176.48	83
45	7.36	16.70	32.28	47.85	63.43	94.58	125.73	156.88	188.03	83
46	7.80	17.80	34.48	51.15	67.83	101.18	134.53	167.88	201.23	84
47	8.18	18.77	36.40	54.04	71.68	106.95	142.23	177.50	212.78	84
48	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	85
49	9.06	20.97	40.80	60.64	80.48	120.15	159.83	199.50	239.18	85
50	9.61	22.34	43.55	64.77	85.98					86
51	10.27	23.99	46.85	69.72	92.58					87
52	10.99	25.78	50.43	75.08	99.73					88
53	11.54	27.15	53.18	79.20	105.23					88
54	12.09	28.53	55.93	83.33	110.73					88
55	12.69	30.04	58.95	87.87	116.78					89
56	13.24	31.42	61.70	91.99	122.28					89
57	13.90	33.07	65.00	96.94	128.88					89
58	14.51	34.58	68.03	101.48	134.93					89
59	15.17	36.23	71.33	106.43	141.53					89
60	15.59	37.29	73.45	109.62	145.78					90
61	16.31	39.08	77.03	114.98	152.93					90
62	17.19	41.28	81.43	121.58	161.73					90
63	18.07	43.48	85.83	128.18	170.53					90
64	19.00	45.82	90.50	135.19	179.88					90
65	20.05	48.43	95.73	143.03	190.33					90
66	21.20									90
67	22.47									91
68	23.84									91
69	25.22									91
70	26.65									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	4.63	8.13	81
2-4	4.75	8.38	80
5-8	4.88	8.63	79
9-10	5.00	8.88	79
11-16	5.13	9.13	77
17-20	6.13	11.13	75
21-22	6.25	11.38	74
23	6.38	11.63	75
24-25	6.50	11.88	74
26	6.75	12.38	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)	Semi-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		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	71
21-22		9.69	18.25	26.82	35.38	52.50	69.63	86.75	103.88	71
23		10.10	19.08	28.05	37.03	54.98	72.93	90.88	108.83	72
24-25		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	71
26		10.65	20.18	29.70	39.23	58.28	77.33	96.38	115.43	72
27-28		10.93	20.73	30.53	40.33	59.93	79.53	99.13	118.73	71
29		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	71
30-31		12.44	23.75	35.07	46.38	69.00	91.63	114.25	136.88	72
32		12.85	24.58	36.30	48.03	71.48	94.93	118.38	141.83	72
33		12.99	24.85	36.72	48.58	72.30	96.03	119.75	143.48	72
34		13.13	25.13	37.13	49.13	73.13	97.13	121.13	145.13	71
35		14.09	27.05	40.02	52.98	78.90	104.83	130.75	156.68	72
36		14.50	27.88	41.25	54.63	81.38	108.13	134.88	161.63	72
37		15.47	29.80	44.14	58.48	87.15	115.83	144.50	173.18	73
38		15.88	30.63	45.38	60.13	89.63	119.13	148.63	178.13	73
39		16.98	32.83	48.68	64.53	96.23	127.93	159.63	191.33	74
40	8.07	18.49	35.85	53.22	70.58	105.30	140.03	174.75	209.48	76
41	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	77
42	9.17	21.24	41.35	61.47	81.58	121.80	162.03	202.25	242.48	78
43	9.94	23.17	45.20	67.24	89.28	133.35	177.43	221.50	265.58	80
44	10.33	24.13	47.13	70.13	93.13	139.13	185.13	231.13	277.13	80
45	10.88	25.50	49.88	74.25	98.63	147.38	196.13	244.88	293.63	81
46	11.32	26.60	52.08	77.55	103.03	153.98	204.93	255.88	306.83	81
47	11.87	27.98	54.83	81.68	108.53	162.23	215.93	269.63	323.33	82
48	12.36	29.22	57.30	85.39	113.48	169.65	225.83	282.00	338.18	82
49	13.08	31.00	60.88	90.75	120.63	180.38	240.13	299.88	359.63	83
50	13.68	32.52	63.90	95.29	126.68					83
51	14.29	34.03	66.93	99.83	132.73					83
52	15.17	36.23	71.33	106.43	141.53					84
53	15.94	38.15	75.18	112.20	149.23					85
54	16.65	39.94	78.75	117.57	156.38					85
55	17.42	41.87	82.60	123.34	164.08					85
56	18.30	44.07	87.00	129.94	172.88					85
57	19.18	46.27	91.40	136.54	181.68					86
58	20.12	48.60	96.08	143.55	191.03					86
59	21.05	50.94	100.75	150.57	200.38					86
60	21.64	52.42	103.70	154.99	206.28					86
61	22.91	55.58	110.03	164.48	218.93					86
62	24.12	58.60	116.08	173.55	231.03					87
63	25.33	61.63	122.13	182.63	243.13					87
64	26.54	64.65	128.18	191.70	255.23					87
65	27.86	67.95	134.78	201.60	268.43					87
66	29.29									88
67	30.83									88
68	32.42									88
69	34.13									88
70	35.94									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

23M014-C-SM FFGA-T 1012 (exp0325)

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
17-20	8.63	16.13	71
21-22	9.00	16.88	71
23	9.38	17.63	72
24-25	9.63	18.13	71
26	9.88	18.63	72

Indicates Spouse Coverage Available

DISABILITY INSURANCE

American Fidelity | www.americanfidelity.com | 1.800.654.8489

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period 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?

CANCER INSURANCE

American Fidelity | www.americanfidelity.com | 1.800.654.8489

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

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

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



Long-Term Disability Income Insurance

Uvalde CISD

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

AMERICAN FIDELITY 
a different opinion[®]

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

Long-Term Disability Income Insurance

Disability income insurance is here for you.

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

Choose the Right Plan for You

Benefits Begin

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

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

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

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



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



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

Benefits Are Payable

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

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

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

Policy Provisions and Plan Features

Eligibility

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

When Coverage Begins

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

Physician Expense Benefit

Injury - \$150.00 per Injury
Sickness - \$50.00

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

Accidental Death Benefit

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

Hospital Confinement Benefit

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

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

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

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

Minimum Disability Benefit

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

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

Your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

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

Return To Work Incentives: Disabled and Working

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

• Family Care Benefit

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

• Worksite Accommodation

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

Policy Benefit Limitations and Exclusions



Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Special Conditions Limited Benefit

If you are disabled due to special conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 1 year. Special conditions means: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

Pre-Existing Condition Limitation

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 24 months. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a Physician, for 12 consecutive months for such condition(s).

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

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

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

Exclusions

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

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

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

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



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

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

Benefit Policy Schedule

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

			Monthly Premiums- Plan I (1st/4th)							
Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60 & Over
\$285.00 - \$427.99	\$200.00	\$20,000.00	\$4.36	\$5.44	\$6.36	\$7.28	\$7.84	\$8.44	\$9.36	\$12.08
\$428.00 - \$570.99	\$300.00	\$20,000.00	\$6.54	\$8.16	\$9.54	\$10.92	\$11.76	\$12.66	\$14.04	\$18.12
\$571.00 - \$713.99	\$400.00	\$20,000.00	\$8.72	\$10.88	\$12.72	\$14.56	\$15.68	\$16.88	\$18.72	\$24.16
\$714.00 - \$856.99	\$500.00	\$20,000.00	\$10.90	\$13.60	\$15.90	\$18.20	\$19.60	\$21.10	\$23.40	\$30.20
\$857.00 - \$999.99	\$600.00	\$20,000.00	\$13.08	\$16.32	\$19.08	\$21.84	\$23.52	\$25.32	\$28.08	\$36.24
\$1,000.00 - \$1,141.99	\$700.00	\$20,000.00	\$15.26	\$19.04	\$22.26	\$25.48	\$27.44	\$29.54	\$32.76	\$42.28
\$1,142.00 - \$1,284.99	\$800.00	\$20,000.00	\$17.44	\$21.76	\$25.44	\$29.12	\$31.36	\$33.76	\$37.44	\$48.32
\$1,285.00 - \$1,427.99	\$900.00	\$20,000.00	\$19.62	\$24.48	\$28.62	\$32.76	\$35.28	\$37.98	\$42.12	\$54.36
\$1,428.00 - \$1,570.99	\$1,000.00	\$20,000.00	\$21.80	\$27.20	\$31.80	\$36.40	\$39.20	\$42.20	\$46.80	\$60.40
\$1,571.00 - \$1,713.99	\$1,100.00	\$20,000.00	\$23.98	\$29.92	\$34.98	\$40.04	\$43.12	\$46.42	\$51.48	\$66.44
\$1,714.00 - \$1,856.99	\$1,200.00	\$20,000.00	\$26.16	\$32.64	\$38.16	\$43.68	\$47.04	\$50.64	\$56.16	\$72.48
\$1,857.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$28.34	\$35.36	\$41.34	\$47.32	\$50.96	\$54.86	\$60.84	\$78.52
\$2,000.00 - \$2,141.99	\$1,400.00	\$20,000.00	\$30.52	\$38.08	\$44.52	\$50.96	\$54.88	\$59.08	\$65.52	\$84.56
\$2,142.00 - \$2,284.99	\$1,500.00	\$20,000.00	\$32.70	\$40.80	\$47.70	\$54.60	\$58.80	\$63.30	\$70.20	\$90.60
\$2,285.00 - \$2,427.99	\$1,600.00	\$20,000.00	\$34.88	\$43.52	\$50.88	\$58.24	\$62.72	\$67.52	\$74.88	\$96.64
\$2,428.00 - \$2,570.99	\$1,700.00	\$20,000.00	\$37.06	\$46.24	\$54.06	\$61.88	\$66.64	\$71.74	\$79.56	\$102.68
\$2,571.00 - \$2,713.99	\$1,800.00	\$20,000.00	\$39.24	\$48.96	\$57.24	\$65.52	\$70.56	\$75.96	\$84.24	\$108.72
\$2,714.00 - \$2,856.99	\$1,900.00	\$20,000.00	\$41.42	\$51.68	\$60.42	\$69.16	\$74.48	\$80.18	\$88.92	\$114.76
\$2,857.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$43.60	\$54.40	\$63.60	\$72.80	\$78.40	\$84.40	\$93.60	\$120.80
\$3,000.00 - \$3,141.99	\$2,100.00	\$20,000.00	\$45.78	\$57.12	\$66.78	\$76.44	\$82.32	\$88.62	\$98.28	\$126.84
\$3,142.00 - \$3,284.99	\$2,200.00	\$20,000.00	\$47.96	\$59.84	\$69.96	\$80.08	\$86.24	\$92.84	\$102.96	\$132.88
\$3,285.00 - \$3,427.99	\$2,300.00	\$20,000.00	\$50.14	\$62.56	\$73.14	\$83.72	\$90.16	\$97.06	\$107.64	\$138.92
\$3,428.00 - \$3,570.99	\$2,400.00	\$20,000.00	\$52.32	\$65.28	\$76.32	\$87.36	\$94.08	\$101.28	\$112.32	\$144.96
\$3,571.00 - \$3,713.99	\$2,500.00	\$20,000.00	\$54.50	\$68.00	\$79.50	\$91.00	\$98.00	\$105.50	\$117.00	\$151.00
\$3,714.00 - \$3,856.99	\$2,600.00	\$20,000.00	\$56.68	\$70.72	\$82.68	\$94.64	\$101.92	\$109.72	\$121.68	\$157.04
\$3,857.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$58.86	\$73.44	\$85.86	\$98.28	\$105.84	\$113.94	\$126.36	\$163.08
\$4,000.00 - \$4,141.99	\$2,800.00	\$20,000.00	\$61.04	\$76.16	\$89.04	\$101.92	\$109.76	\$118.16	\$131.04	\$169.12
\$4,142.00 - \$4,284.99	\$2,900.00	\$20,000.00	\$63.22	\$78.88	\$92.22	\$105.56	\$113.68	\$122.38	\$135.72	\$175.16
\$4,285.00 - \$4,427.99	\$3,000.00	\$20,000.00	\$65.40	\$81.60	\$95.40	\$109.20	\$117.60	\$126.60	\$140.40	\$181.20
\$4,428.00 - \$4,570.99	\$3,100.00	\$20,000.00	\$67.58	\$84.32	\$98.58	\$112.84	\$121.52	\$130.82	\$145.08	\$187.24
\$4,571.00 - \$4,713.99	\$3,200.00	\$20,000.00	\$69.76	\$87.04	\$101.76	\$116.48	\$125.44	\$135.04	\$149.76	\$193.28
\$4,714.00 - \$4,856.99	\$3,300.00	\$20,000.00	\$71.94	\$89.76	\$104.94	\$120.12	\$129.36	\$139.26	\$154.44	\$199.32
\$4,857.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$74.12	\$92.48	\$108.12	\$123.76	\$133.28	\$143.48	\$159.12	\$205.36
\$5,000.00 - \$5,141.99	\$3,500.00	\$20,000.00	\$76.30	\$95.20	\$111.30	\$127.40	\$137.20	\$147.70	\$163.80	\$211.40
\$5,142.00 - \$5,284.99	\$3,600.00	\$20,000.00	\$78.48	\$97.92	\$114.48	\$131.04	\$141.12	\$151.92	\$168.48	\$217.44
\$5,285.00 - \$5,427.99	\$3,700.00	\$20,000.00	\$80.66	\$100.64	\$117.66	\$134.68	\$145.04	\$156.14	\$173.16	\$223.48
\$5,428.00 - \$5,570.99	\$3,800.00	\$20,000.00	\$82.84	\$103.36	\$120.84	\$138.32	\$148.96	\$160.36	\$177.84	\$229.52

*Higher benefit amounts available, up to \$7,500, based on your Monthly Salary.

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 II (15th)							
			Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60 & Over
\$285.00 - \$427.99	\$200.00	\$20,000.00	\$3.34	\$4.18	\$4.88	\$5.60	\$6.00	\$6.46	\$7.22	\$9.32
\$428.00 - \$570.99	\$300.00	\$20,000.00	\$5.02	\$6.28	\$7.32	\$8.40	\$9.00	\$9.70	\$10.84	\$13.98
\$571.00 - \$713.99	\$400.00	\$20,000.00	\$6.68	\$8.36	\$9.76	\$11.20	\$12.00	\$12.92	\$14.44	\$18.64
\$714.00 - \$856.99	\$500.00	\$20,000.00	\$8.36	\$10.46	\$12.20	\$14.00	\$15.00	\$16.16	\$18.06	\$23.30
\$857.00 - \$999.99	\$600.00	\$20,000.00	\$10.02	\$12.54	\$14.64	\$16.80	\$18.00	\$19.38	\$21.66	\$27.96
\$1,000.00 - \$1,141.99	\$700.00	\$20,000.00	\$11.70	\$14.64	\$17.08	\$19.60	\$21.00	\$22.62	\$25.28	\$32.62
\$1,142.00 - \$1,284.99	\$800.00	\$20,000.00	\$13.36	\$16.72	\$19.52	\$22.40	\$24.00	\$25.84	\$28.88	\$37.28
\$1,285.00 - \$1,427.99	\$900.00	\$20,000.00	\$15.04	\$18.82	\$21.96	\$25.20	\$27.00	\$29.08	\$32.50	\$41.94
\$1,428.00 - \$1,570.99	\$1,000.00	\$20,000.00	\$16.70	\$20.90	\$24.40	\$28.00	\$30.00	\$32.30	\$36.10	\$46.60
\$1,571.00 - \$1,713.99	\$1,100.00	\$20,000.00	\$18.38	\$23.00	\$26.84	\$30.80	\$33.00	\$35.54	\$39.72	\$51.26
\$1,714.00 - \$1,856.99	\$1,200.00	\$20,000.00	\$20.04	\$25.08	\$29.28	\$33.60	\$36.00	\$38.76	\$43.32	\$55.92
\$1,857.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$21.72	\$27.18	\$31.72	\$36.40	\$39.00	\$42.00	\$46.94	\$60.58
\$2,000.00 - \$2,141.99	\$1,400.00	\$20,000.00	\$23.38	\$29.26	\$34.16	\$39.20	\$42.00	\$45.22	\$50.54	\$65.24
\$2,142.00 - \$2,284.99	\$1,500.00	\$20,000.00	\$25.06	\$31.36	\$36.60	\$42.00	\$45.00	\$48.46	\$54.16	\$69.90
\$2,285.00 - \$2,427.99	\$1,600.00	\$20,000.00	\$26.72	\$33.44	\$39.04	\$44.80	\$48.00	\$51.68	\$57.76	\$74.56
\$2,428.00 - \$2,570.99	\$1,700.00	\$20,000.00	\$28.40	\$35.54	\$41.48	\$47.60	\$51.00	\$54.92	\$61.38	\$79.22
\$2,571.00 - \$2,713.99	\$1,800.00	\$20,000.00	\$30.06	\$37.62	\$43.92	\$50.40	\$54.00	\$58.14	\$64.98	\$83.88
\$2,714.00 - \$2,856.99	\$1,900.00	\$20,000.00	\$31.74	\$39.72	\$46.36	\$53.20	\$57.00	\$61.38	\$68.60	\$88.54
\$2,857.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$33.40	\$41.80	\$48.80	\$56.00	\$60.00	\$64.60	\$72.20	\$93.20
\$3,000.00 - \$3,141.99	\$2,100.00	\$20,000.00	\$35.08	\$43.90	\$51.24	\$58.80	\$63.00	\$67.84	\$75.82	\$97.86
\$3,142.00 - \$3,284.99	\$2,200.00	\$20,000.00	\$36.74	\$45.98	\$53.68	\$61.60	\$66.00	\$71.06	\$79.42	\$102.52
\$3,285.00 - \$3,427.99	\$2,300.00	\$20,000.00	\$38.42	\$48.08	\$56.12	\$64.40	\$69.00	\$74.30	\$83.04	\$107.18
\$3,428.00 - \$3,570.99	\$2,400.00	\$20,000.00	\$40.08	\$50.16	\$58.56	\$67.20	\$72.00	\$77.52	\$86.64	\$111.84
\$3,571.00 - \$3,713.99	\$2,500.00	\$20,000.00	\$41.76	\$52.26	\$61.00	\$70.00	\$75.00	\$80.76	\$90.26	\$116.50
\$3,714.00 - \$3,856.99	\$2,600.00	\$20,000.00	\$43.42	\$54.34	\$63.44	\$72.80	\$78.00	\$83.98	\$93.86	\$121.16
\$3,857.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$45.10	\$56.44	\$65.88	\$75.60	\$81.00	\$87.22	\$97.48	\$125.82
\$4,000.00 - \$4,141.99	\$2,800.00	\$20,000.00	\$46.76	\$58.52	\$68.32	\$78.40	\$84.00	\$90.44	\$101.08	\$130.48
\$4,142.00 - \$4,284.99	\$2,900.00	\$20,000.00	\$48.44	\$60.62	\$70.76	\$81.20	\$87.00	\$93.68	\$104.70	\$135.14
\$4,285.00 - \$4,427.99	\$3,000.00	\$20,000.00	\$50.10	\$62.70	\$73.20	\$84.00	\$90.00	\$96.90	\$108.30	\$139.80
\$4,428.00 - \$4,570.99	\$3,100.00	\$20,000.00	\$51.78	\$64.80	\$75.64	\$86.80	\$93.00	\$100.14	\$111.92	\$144.46
\$4,571.00 - \$4,713.99	\$3,200.00	\$20,000.00	\$53.44	\$66.88	\$78.08	\$89.60	\$96.00	\$103.36	\$115.52	\$149.12
\$4,714.00 - \$4,856.99	\$3,300.00	\$20,000.00	\$55.12	\$68.98	\$80.52	\$92.40	\$99.00	\$106.60	\$119.14	\$153.78
\$4,857.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$56.78	\$71.06	\$82.96	\$95.20	\$102.00	\$109.82	\$122.74	\$158.44
\$5,000.00 - \$5,141.99	\$3,500.00	\$20,000.00	\$58.46	\$73.16	\$85.40	\$98.00	\$105.00	\$113.06	\$126.36	\$163.10
\$5,142.00 - \$5,284.99	\$3,600.00	\$20,000.00	\$60.12	\$75.24	\$87.84	\$100.80	\$108.00	\$116.28	\$129.96	\$167.76
\$5,285.00 - \$5,427.99	\$3,700.00	\$20,000.00	\$61.80	\$77.34	\$90.28	\$103.60	\$111.00	\$119.52	\$133.58	\$172.42
\$5,428.00 - \$5,570.99	\$3,800.00	\$20,000.00	\$63.46	\$79.42	\$92.72	\$106.40	\$114.00	\$122.74	\$137.18	\$177.08

*Higher benefit amounts available, up to \$7,500, based on your Monthly Salary.

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 III (31st)							
			Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60 & Over
\$285.00 - \$427.99	\$200.00	\$20,000.00	\$2.68	\$3.34	\$3.92	\$4.50	\$4.86	\$5.20	\$5.80	\$7.50
\$428.00 - \$570.99	\$300.00	\$20,000.00	\$4.02	\$5.02	\$5.88	\$6.76	\$7.30	\$7.80	\$8.70	\$11.26
\$571.00 - \$713.99	\$400.00	\$20,000.00	\$5.36	\$6.68	\$7.84	\$9.00	\$9.72	\$10.40	\$11.60	\$15.00
\$714.00 - \$856.99	\$500.00	\$20,000.00	\$6.70	\$8.36	\$9.80	\$11.26	\$12.16	\$13.00	\$14.50	\$18.76
\$857.00 - \$999.99	\$600.00	\$20,000.00	\$8.04	\$10.02	\$11.76	\$13.50	\$14.58	\$15.60	\$17.40	\$22.50
\$1,000.00 - \$1,141.99	\$700.00	\$20,000.00	\$9.38	\$11.70	\$13.72	\$15.76	\$17.02	\$18.20	\$20.30	\$26.26
\$1,142.00 - \$1,284.99	\$800.00	\$20,000.00	\$10.72	\$13.36	\$15.68	\$18.00	\$19.44	\$20.80	\$23.20	\$30.00
\$1,285.00 - \$1,427.99	\$900.00	\$20,000.00	\$12.06	\$15.04	\$17.64	\$20.26	\$21.88	\$23.40	\$26.10	\$33.76
\$1,428.00 - \$1,570.99	\$1,000.00	\$20,000.00	\$13.40	\$16.70	\$19.60	\$22.50	\$24.30	\$26.00	\$29.00	\$37.50
\$1,571.00 - \$1,713.99	\$1,100.00	\$20,000.00	\$14.74	\$18.38	\$21.56	\$24.76	\$26.74	\$28.60	\$31.90	\$41.26
\$1,714.00 - \$1,856.99	\$1,200.00	\$20,000.00	\$16.08	\$20.04	\$23.52	\$27.00	\$29.16	\$31.20	\$34.80	\$45.00
\$1,857.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$17.42	\$21.72	\$25.48	\$29.26	\$31.60	\$33.80	\$37.70	\$48.76
\$2,000.00 - \$2,141.99	\$1,400.00	\$20,000.00	\$18.76	\$23.38	\$27.44	\$31.50	\$34.02	\$36.40	\$40.60	\$52.50
\$2,142.00 - \$2,284.99	\$1,500.00	\$20,000.00	\$20.10	\$25.06	\$29.40	\$33.76	\$36.46	\$39.00	\$43.50	\$56.26
\$2,285.00 - \$2,427.99	\$1,600.00	\$20,000.00	\$21.44	\$26.72	\$31.36	\$36.00	\$38.88	\$41.60	\$46.40	\$60.00
\$2,428.00 - \$2,570.99	\$1,700.00	\$20,000.00	\$22.78	\$28.40	\$33.32	\$38.26	\$41.32	\$44.20	\$49.30	\$63.76
\$2,571.00 - \$2,713.99	\$1,800.00	\$20,000.00	\$24.12	\$30.06	\$35.28	\$40.50	\$43.74	\$46.80	\$52.20	\$67.50
\$2,714.00 - \$2,856.99	\$1,900.00	\$20,000.00	\$25.46	\$31.74	\$37.24	\$42.76	\$46.18	\$49.40	\$55.10	\$71.26
\$2,857.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$26.80	\$33.40	\$39.20	\$45.00	\$48.60	\$52.00	\$58.00	\$75.00
\$3,000.00 - \$3,141.99	\$2,100.00	\$20,000.00	\$28.14	\$35.08	\$41.16	\$47.26	\$51.04	\$54.60	\$60.90	\$78.76
\$3,142.00 - \$3,284.99	\$2,200.00	\$20,000.00	\$29.48	\$36.74	\$43.12	\$49.50	\$53.46	\$57.20	\$63.80	\$82.50
\$3,285.00 - \$3,427.99	\$2,300.00	\$20,000.00	\$30.82	\$38.42	\$45.08	\$51.76	\$55.90	\$59.80	\$66.70	\$86.26
\$3,428.00 - \$3,570.99	\$2,400.00	\$20,000.00	\$32.16	\$40.08	\$47.04	\$54.00	\$58.32	\$62.40	\$69.60	\$90.00
\$3,571.00 - \$3,713.99	\$2,500.00	\$20,000.00	\$33.50	\$41.76	\$49.00	\$56.26	\$60.76	\$65.00	\$72.50	\$93.76
\$3,714.00 - \$3,856.99	\$2,600.00	\$20,000.00	\$34.84	\$43.42	\$50.96	\$58.50	\$63.18	\$67.60	\$75.40	\$97.50
\$3,857.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$36.18	\$45.10	\$52.92	\$60.76	\$65.62	\$70.20	\$78.30	\$101.26
\$4,000.00 - \$4,141.99	\$2,800.00	\$20,000.00	\$37.52	\$46.76	\$54.88	\$63.00	\$68.04	\$72.80	\$81.20	\$105.00
\$4,142.00 - \$4,284.99	\$2,900.00	\$20,000.00	\$38.86	\$48.44	\$56.84	\$65.26	\$70.48	\$75.40	\$84.10	\$108.76
\$4,285.00 - \$4,427.99	\$3,000.00	\$20,000.00	\$40.20	\$50.10	\$58.80	\$67.50	\$72.90	\$78.00	\$87.00	\$112.50
\$4,428.00 - \$4,570.99	\$3,100.00	\$20,000.00	\$41.54	\$51.78	\$60.76	\$69.76	\$75.34	\$80.60	\$89.90	\$116.26
\$4,571.00 - \$4,713.99	\$3,200.00	\$20,000.00	\$42.88	\$53.44	\$62.72	\$72.00	\$77.76	\$83.20	\$92.80	\$120.00
\$4,714.00 - \$4,856.99	\$3,300.00	\$20,000.00	\$44.22	\$55.12	\$64.68	\$74.26	\$80.20	\$85.80	\$95.70	\$123.76
\$4,857.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$45.56	\$56.78	\$66.64	\$76.50	\$82.62	\$88.40	\$98.60	\$127.50
\$5,000.00 - \$5,141.99	\$3,500.00	\$20,000.00	\$46.90	\$58.46	\$68.60	\$78.76	\$85.06	\$91.00	\$101.50	\$131.26
\$5,142.00 - \$5,284.99	\$3,600.00	\$20,000.00	\$48.24	\$60.12	\$70.56	\$81.00	\$87.48	\$93.60	\$104.40	\$135.00
\$5,285.00 - \$5,427.99	\$3,700.00	\$20,000.00	\$49.58	\$61.80	\$72.52	\$83.26	\$89.92	\$96.20	\$107.30	\$138.76
\$5,428.00 - \$5,570.99	\$3,800.00	\$20,000.00	\$50.92	\$63.46	\$74.48	\$85.50	\$92.34	\$98.80	\$110.20	\$142.50

*Higher benefit amounts available, up to \$7,500, based on your Monthly Salary.

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 IV (61st)							
			Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60 & Over
\$285.00 - \$427.99	\$200.00	\$20,000.00	\$2.28	\$2.84	\$3.34	\$3.80	\$4.06	\$4.38	\$4.88	\$6.32
\$428.00 - \$570.99	\$300.00	\$20,000.00	\$3.42	\$4.26	\$5.02	\$5.70	\$6.10	\$6.58	\$7.32	\$9.48
\$571.00 - \$713.99	\$400.00	\$20,000.00	\$4.56	\$5.68	\$6.68	\$7.60	\$8.12	\$8.76	\$9.76	\$12.64
\$714.00 - \$856.99	\$500.00	\$20,000.00	\$5.70	\$7.10	\$8.36	\$9.50	\$10.16	\$10.96	\$12.20	\$15.80
\$857.00 - \$999.99	\$600.00	\$20,000.00	\$6.84	\$8.52	\$10.02	\$11.40	\$12.18	\$13.14	\$14.64	\$18.96
\$1,000.00 - \$1,141.99	\$700.00	\$20,000.00	\$7.98	\$9.94	\$11.70	\$13.30	\$14.22	\$15.34	\$17.08	\$22.12
\$1,142.00 - \$1,284.99	\$800.00	\$20,000.00	\$9.12	\$11.36	\$13.36	\$15.20	\$16.24	\$17.52	\$19.52	\$25.28
\$1,285.00 - \$1,427.99	\$900.00	\$20,000.00	\$10.26	\$12.78	\$15.04	\$17.10	\$18.28	\$19.72	\$21.96	\$28.44
\$1,428.00 - \$1,570.99	\$1,000.00	\$20,000.00	\$11.40	\$14.20	\$16.70	\$19.00	\$20.30	\$21.90	\$24.40	\$31.60
\$1,571.00 - \$1,713.99	\$1,100.00	\$20,000.00	\$12.54	\$15.62	\$18.38	\$20.90	\$22.34	\$24.10	\$26.84	\$34.76
\$1,714.00 - \$1,856.99	\$1,200.00	\$20,000.00	\$13.68	\$17.04	\$20.04	\$22.80	\$24.36	\$26.28	\$29.28	\$37.92
\$1,857.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$14.82	\$18.46	\$21.72	\$24.70	\$26.40	\$28.48	\$31.72	\$41.08
\$2,000.00 - \$2,141.99	\$1,400.00	\$20,000.00	\$15.96	\$19.88	\$23.38	\$26.60	\$28.42	\$30.66	\$34.16	\$44.24
\$2,142.00 - \$2,284.99	\$1,500.00	\$20,000.00	\$17.10	\$21.30	\$25.06	\$28.50	\$30.46	\$32.86	\$36.60	\$47.40
\$2,285.00 - \$2,427.99	\$1,600.00	\$20,000.00	\$18.24	\$22.72	\$26.72	\$30.40	\$32.48	\$35.04	\$39.04	\$50.56
\$2,428.00 - \$2,570.99	\$1,700.00	\$20,000.00	\$19.38	\$24.14	\$28.40	\$32.30	\$34.52	\$37.24	\$41.48	\$53.72
\$2,571.00 - \$2,713.99	\$1,800.00	\$20,000.00	\$20.52	\$25.56	\$30.06	\$34.20	\$36.54	\$39.42	\$43.92	\$56.88
\$2,714.00 - \$2,856.99	\$1,900.00	\$20,000.00	\$21.66	\$26.98	\$31.74	\$36.10	\$38.58	\$41.62	\$46.36	\$60.04
\$2,857.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$22.80	\$28.40	\$33.40	\$38.00	\$40.60	\$43.80	\$48.80	\$63.20
\$3,000.00 - \$3,141.99	\$2,100.00	\$20,000.00	\$23.94	\$29.82	\$35.08	\$39.90	\$42.64	\$46.00	\$51.24	\$66.36
\$3,142.00 - \$3,284.99	\$2,200.00	\$20,000.00	\$25.08	\$31.24	\$36.74	\$41.80	\$44.66	\$48.18	\$53.68	\$69.52
\$3,285.00 - \$3,427.99	\$2,300.00	\$20,000.00	\$26.22	\$32.66	\$38.42	\$43.70	\$46.70	\$50.38	\$56.12	\$72.68
\$3,428.00 - \$3,570.99	\$2,400.00	\$20,000.00	\$27.36	\$34.08	\$40.08	\$45.60	\$48.72	\$52.56	\$58.56	\$75.84
\$3,571.00 - \$3,713.99	\$2,500.00	\$20,000.00	\$28.50	\$35.50	\$41.76	\$47.50	\$50.76	\$54.76	\$61.00	\$79.00
\$3,714.00 - \$3,856.99	\$2,600.00	\$20,000.00	\$29.64	\$36.92	\$43.42	\$49.40	\$52.78	\$56.94	\$63.44	\$82.16
\$3,857.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$30.78	\$38.34	\$45.10	\$51.30	\$54.82	\$59.14	\$65.88	\$85.32
\$4,000.00 - \$4,141.99	\$2,800.00	\$20,000.00	\$31.92	\$39.76	\$46.76	\$53.20	\$56.84	\$61.32	\$68.32	\$88.48
\$4,142.00 - \$4,284.99	\$2,900.00	\$20,000.00	\$33.06	\$41.18	\$48.44	\$55.10	\$58.88	\$63.52	\$70.76	\$91.64
\$4,285.00 - \$4,427.99	\$3,000.00	\$20,000.00	\$34.20	\$42.60	\$50.10	\$57.00	\$60.90	\$65.70	\$73.20	\$94.80
\$4,428.00 - \$4,570.99	\$3,100.00	\$20,000.00	\$35.34	\$44.02	\$51.78	\$58.90	\$62.94	\$67.90	\$75.64	\$97.96
\$4,571.00 - \$4,713.99	\$3,200.00	\$20,000.00	\$36.48	\$45.44	\$53.44	\$60.80	\$64.96	\$70.08	\$78.08	\$101.12
\$4,714.00 - \$4,856.99	\$3,300.00	\$20,000.00	\$37.62	\$46.86	\$55.12	\$62.70	\$67.00	\$72.28	\$80.52	\$104.28
\$4,857.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$38.76	\$48.28	\$56.78	\$64.60	\$69.02	\$74.46	\$82.96	\$107.44
\$5,000.00 - \$5,141.99	\$3,500.00	\$20,000.00	\$39.90	\$49.70	\$58.46	\$66.50	\$71.06	\$76.66	\$85.40	\$110.60
\$5,142.00 - \$5,284.99	\$3,600.00	\$20,000.00	\$41.04	\$51.12	\$60.12	\$68.40	\$73.08	\$78.84	\$87.84	\$113.76
\$5,285.00 - \$5,427.99	\$3,700.00	\$20,000.00	\$42.18	\$52.54	\$61.80	\$70.30	\$75.12	\$81.04	\$90.28	\$116.92
\$5,428.00 - \$5,570.99	\$3,800.00	\$20,000.00	\$43.32	\$53.96	\$63.46	\$72.20	\$77.14	\$83.22	\$92.72	\$120.08

*Higher benefit amounts available, up to \$7,500, based on your Monthly Salary.

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 V (91st)							
			Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60 & Over
\$285.00 - \$427.99	\$200.00	\$20,000.00	\$1.92	\$2.40	\$2.78	\$3.20	\$3.44	\$3.72	\$4.12	\$5.28
\$428.00 - \$570.99	\$300.00	\$20,000.00	\$2.88	\$3.60	\$4.18	\$4.80	\$5.16	\$5.58	\$6.18	\$7.92
\$571.00 - \$713.99	\$400.00	\$20,000.00	\$3.84	\$4.80	\$5.56	\$6.40	\$6.88	\$7.44	\$8.24	\$10.56
\$714.00 - \$856.99	\$500.00	\$20,000.00	\$4.80	\$6.00	\$6.96	\$8.00	\$8.60	\$9.30	\$10.30	\$13.20
\$857.00 - \$999.99	\$600.00	\$20,000.00	\$5.76	\$7.20	\$8.34	\$9.60	\$10.32	\$11.16	\$12.36	\$15.84
\$1,000.00 - \$1,141.99	\$700.00	\$20,000.00	\$6.72	\$8.40	\$9.74	\$11.20	\$12.04	\$13.02	\$14.42	\$18.48
\$1,142.00 - \$1,284.99	\$800.00	\$20,000.00	\$7.68	\$9.60	\$11.12	\$12.80	\$13.76	\$14.88	\$16.48	\$21.12
\$1,285.00 - \$1,427.99	\$900.00	\$20,000.00	\$8.64	\$10.80	\$12.52	\$14.40	\$15.48	\$16.74	\$18.54	\$23.76
\$1,428.00 - \$1,570.99	\$1,000.00	\$20,000.00	\$9.60	\$12.00	\$13.90	\$16.00	\$17.20	\$18.60	\$20.60	\$26.40
\$1,571.00 - \$1,713.99	\$1,100.00	\$20,000.00	\$10.56	\$13.20	\$15.30	\$17.60	\$18.92	\$20.46	\$22.66	\$29.04
\$1,714.00 - \$1,856.99	\$1,200.00	\$20,000.00	\$11.52	\$14.40	\$16.68	\$19.20	\$20.64	\$22.32	\$24.72	\$31.68
\$1,857.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$12.48	\$15.60	\$18.08	\$20.80	\$22.36	\$24.18	\$26.78	\$34.32
\$2,000.00 - \$2,141.99	\$1,400.00	\$20,000.00	\$13.44	\$16.80	\$19.46	\$22.40	\$24.08	\$26.04	\$28.84	\$36.96
\$2,142.00 - \$2,284.99	\$1,500.00	\$20,000.00	\$14.40	\$18.00	\$20.86	\$24.00	\$25.80	\$27.90	\$30.90	\$39.60
\$2,285.00 - \$2,427.99	\$1,600.00	\$20,000.00	\$15.36	\$19.20	\$22.24	\$25.60	\$27.52	\$29.76	\$32.96	\$42.24
\$2,428.00 - \$2,570.99	\$1,700.00	\$20,000.00	\$16.32	\$20.40	\$23.64	\$27.20	\$29.24	\$31.62	\$35.02	\$44.88
\$2,571.00 - \$2,713.99	\$1,800.00	\$20,000.00	\$17.28	\$21.60	\$25.02	\$28.80	\$30.96	\$33.48	\$37.08	\$47.52
\$2,714.00 - \$2,856.99	\$1,900.00	\$20,000.00	\$18.24	\$22.80	\$26.42	\$30.40	\$32.68	\$35.34	\$39.14	\$50.16
\$2,857.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$19.20	\$24.00	\$27.80	\$32.00	\$34.40	\$37.20	\$41.20	\$52.80
\$3,000.00 - \$3,141.99	\$2,100.00	\$20,000.00	\$20.16	\$25.20	\$29.20	\$33.60	\$36.12	\$39.06	\$43.26	\$55.44
\$3,142.00 - \$3,284.99	\$2,200.00	\$20,000.00	\$21.12	\$26.40	\$30.58	\$35.20	\$37.84	\$40.92	\$45.32	\$58.08
\$3,285.00 - \$3,427.99	\$2,300.00	\$20,000.00	\$22.08	\$27.60	\$31.98	\$36.80	\$39.56	\$42.78	\$47.38	\$60.72
\$3,428.00 - \$3,570.99	\$2,400.00	\$20,000.00	\$23.04	\$28.80	\$33.36	\$38.40	\$41.28	\$44.64	\$49.44	\$63.36
\$3,571.00 - \$3,713.99	\$2,500.00	\$20,000.00	\$24.00	\$30.00	\$34.76	\$40.00	\$43.00	\$46.50	\$51.50	\$66.00
\$3,714.00 - \$3,856.99	\$2,600.00	\$20,000.00	\$24.96	\$31.20	\$36.14	\$41.60	\$44.72	\$48.36	\$53.56	\$68.64
\$3,857.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$25.92	\$32.40	\$37.54	\$43.20	\$46.44	\$50.22	\$55.62	\$71.28
\$4,000.00 - \$4,141.99	\$2,800.00	\$20,000.00	\$26.88	\$33.60	\$38.92	\$44.80	\$48.16	\$52.08	\$57.68	\$73.92
\$4,142.00 - \$4,284.99	\$2,900.00	\$20,000.00	\$27.84	\$34.80	\$40.32	\$46.40	\$49.88	\$53.94	\$59.74	\$76.56
\$4,285.00 - \$4,427.99	\$3,000.00	\$20,000.00	\$28.80	\$36.00	\$41.70	\$48.00	\$51.60	\$55.80	\$61.80	\$79.20
\$4,428.00 - \$4,570.99	\$3,100.00	\$20,000.00	\$29.76	\$37.20	\$43.10	\$49.60	\$53.32	\$57.66	\$63.86	\$81.84
\$4,571.00 - \$4,713.99	\$3,200.00	\$20,000.00	\$30.72	\$38.40	\$44.48	\$51.20	\$55.04	\$59.52	\$65.92	\$84.48
\$4,714.00 - \$4,856.99	\$3,300.00	\$20,000.00	\$31.68	\$39.60	\$45.88	\$52.80	\$56.76	\$61.38	\$67.98	\$87.12
\$4,857.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$32.64	\$40.80	\$47.26	\$54.40	\$58.48	\$63.24	\$70.04	\$89.76
\$5,000.00 - \$5,141.99	\$3,500.00	\$20,000.00	\$33.60	\$42.00	\$48.66	\$56.00	\$60.20	\$65.10	\$72.10	\$92.40
\$5,142.00 - \$5,284.99	\$3,600.00	\$20,000.00	\$34.56	\$43.20	\$50.04	\$57.60	\$61.92	\$66.96	\$74.16	\$95.04
\$5,285.00 - \$5,427.99	\$3,700.00	\$20,000.00	\$35.52	\$44.40	\$51.44	\$59.20	\$63.64	\$68.82	\$76.22	\$97.68
\$5,428.00 - \$5,570.99	\$3,800.00	\$20,000.00	\$36.48	\$45.60	\$52.82	\$60.80	\$65.36	\$70.68	\$78.28	\$100.32

*Higher benefit amounts available, up to \$7,500, based on your Monthly Salary.

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 VI (151st)							
			Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60 & Over
\$285.00 - \$427.99	\$200.00	\$20,000.00	\$1.44	\$1.80	\$2.12	\$2.40	\$2.60	\$2.78	\$3.12	\$4.02
\$428.00 - \$570.99	\$300.00	\$20,000.00	\$2.16	\$2.70	\$3.18	\$3.60	\$3.90	\$4.18	\$4.68	\$6.04
\$571.00 - \$713.99	\$400.00	\$20,000.00	\$2.88	\$3.60	\$4.24	\$4.80	\$5.20	\$5.56	\$6.24	\$8.04
\$714.00 - \$856.99	\$500.00	\$20,000.00	\$3.60	\$4.50	\$5.30	\$6.00	\$6.50	\$6.96	\$7.80	\$10.06
\$857.00 - \$999.99	\$600.00	\$20,000.00	\$4.32	\$5.40	\$6.36	\$7.20	\$7.80	\$8.34	\$9.36	\$12.06
\$1,000.00 - \$1,141.99	\$700.00	\$20,000.00	\$5.04	\$6.30	\$7.42	\$8.40	\$9.10	\$9.74	\$10.92	\$14.08
\$1,142.00 - \$1,284.99	\$800.00	\$20,000.00	\$5.76	\$7.20	\$8.48	\$9.60	\$10.40	\$11.12	\$12.48	\$16.08
\$1,285.00 - \$1,427.99	\$900.00	\$20,000.00	\$6.48	\$8.10	\$9.54	\$10.80	\$11.70	\$12.52	\$14.04	\$18.10
\$1,428.00 - \$1,570.99	\$1,000.00	\$20,000.00	\$7.20	\$9.00	\$10.60	\$12.00	\$13.00	\$13.90	\$15.60	\$20.10
\$1,571.00 - \$1,713.99	\$1,100.00	\$20,000.00	\$7.92	\$9.90	\$11.66	\$13.20	\$14.30	\$15.30	\$17.16	\$22.12
\$1,714.00 - \$1,856.99	\$1,200.00	\$20,000.00	\$8.64	\$10.80	\$12.72	\$14.40	\$15.60	\$16.68	\$18.72	\$24.12
\$1,857.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$9.36	\$11.70	\$13.78	\$15.60	\$16.90	\$18.08	\$20.28	\$26.14
\$2,000.00 - \$2,141.99	\$1,400.00	\$20,000.00	\$10.08	\$12.60	\$14.84	\$16.80	\$18.20	\$19.46	\$21.84	\$28.14
\$2,142.00 - \$2,284.99	\$1,500.00	\$20,000.00	\$10.80	\$13.50	\$15.90	\$18.00	\$19.50	\$20.86	\$23.40	\$30.16
\$2,285.00 - \$2,427.99	\$1,600.00	\$20,000.00	\$11.52	\$14.40	\$16.96	\$19.20	\$20.80	\$22.24	\$24.96	\$32.16
\$2,428.00 - \$2,570.99	\$1,700.00	\$20,000.00	\$12.24	\$15.30	\$18.02	\$20.40	\$22.10	\$23.64	\$26.52	\$34.18
\$2,571.00 - \$2,713.99	\$1,800.00	\$20,000.00	\$12.96	\$16.20	\$19.08	\$21.60	\$23.40	\$25.02	\$28.08	\$36.18
\$2,714.00 - \$2,856.99	\$1,900.00	\$20,000.00	\$13.68	\$17.10	\$20.14	\$22.80	\$24.70	\$26.42	\$29.64	\$38.20
\$2,857.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$14.40	\$18.00	\$21.20	\$24.00	\$26.00	\$27.80	\$31.20	\$40.20
\$3,000.00 - \$3,141.99	\$2,100.00	\$20,000.00	\$15.12	\$18.90	\$22.26	\$25.20	\$27.30	\$29.20	\$32.76	\$42.22
\$3,142.00 - \$3,284.99	\$2,200.00	\$20,000.00	\$15.84	\$19.80	\$23.32	\$26.40	\$28.60	\$30.58	\$34.32	\$44.22
\$3,285.00 - \$3,427.99	\$2,300.00	\$20,000.00	\$16.56	\$20.70	\$24.38	\$27.60	\$29.90	\$31.98	\$35.88	\$46.24
\$3,428.00 - \$3,570.99	\$2,400.00	\$20,000.00	\$17.28	\$21.60	\$25.44	\$28.80	\$31.20	\$33.36	\$37.44	\$48.24
\$3,571.00 - \$3,713.99	\$2,500.00	\$20,000.00	\$18.00	\$22.50	\$26.50	\$30.00	\$32.50	\$34.76	\$39.00	\$50.26
\$3,714.00 - \$3,856.99	\$2,600.00	\$20,000.00	\$18.72	\$23.40	\$27.56	\$31.20	\$33.80	\$36.14	\$40.56	\$52.26
\$3,857.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$19.44	\$24.30	\$28.62	\$32.40	\$35.10	\$37.54	\$42.12	\$54.28
\$4,000.00 - \$4,141.99	\$2,800.00	\$20,000.00	\$20.16	\$25.20	\$29.68	\$33.60	\$36.40	\$38.92	\$43.68	\$56.28
\$4,142.00 - \$4,284.99	\$2,900.00	\$20,000.00	\$20.88	\$26.10	\$30.74	\$34.80	\$37.70	\$40.32	\$45.24	\$58.30
\$4,285.00 - \$4,427.99	\$3,000.00	\$20,000.00	\$21.60	\$27.00	\$31.80	\$36.00	\$39.00	\$41.70	\$46.80	\$60.30
\$4,428.00 - \$4,570.99	\$3,100.00	\$20,000.00	\$22.32	\$27.90	\$32.86	\$37.20	\$40.30	\$43.10	\$48.36	\$62.32
\$4,571.00 - \$4,713.99	\$3,200.00	\$20,000.00	\$23.04	\$28.80	\$33.92	\$38.40	\$41.60	\$44.48	\$49.92	\$64.32
\$4,714.00 - \$4,856.99	\$3,300.00	\$20,000.00	\$23.76	\$29.70	\$34.98	\$39.60	\$42.90	\$45.88	\$51.48	\$66.34
\$4,857.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$24.48	\$30.60	\$36.04	\$40.80	\$44.20	\$47.26	\$53.04	\$68.34
\$5,000.00 - \$5,141.99	\$3,500.00	\$20,000.00	\$25.20	\$31.50	\$37.10	\$42.00	\$45.50	\$48.66	\$54.60	\$70.36
\$5,142.00 - \$5,284.99	\$3,600.00	\$20,000.00	\$25.92	\$32.40	\$38.16	\$43.20	\$46.80	\$50.04	\$56.16	\$72.36
\$5,285.00 - \$5,427.99	\$3,700.00	\$20,000.00	\$26.64	\$33.30	\$39.22	\$44.40	\$48.10	\$51.44	\$57.72	\$74.38
\$5,428.00 - \$5,570.99	\$3,800.00	\$20,000.00	\$27.36	\$34.20	\$40.28	\$45.60	\$49.40	\$52.82	\$59.28	\$76.38

*Higher benefit amounts available, up to \$7,500, based on your Monthly Salary.

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

Summary of Hospital Indemnity Limited Benefit Rider Benefits:

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

Hospital Indemnity Limited Benefit Rider	
Daily Benefit Amount	Monthly Premium
\$100.00	\$6.00
\$150.00	\$9.00

Spousal Accident Only Disability Benefit Rider

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

Summary of Accident Only Spousal Benefit Rider Benefits:

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

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

COBRA Funding Rider

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

Summary of COBRA Funding Rider Benefits:

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

COBRA Funding Rider	
Monthly Benefit Amount	Monthly Premium
\$300.00	\$4.50
\$600.00	\$9.00

Survivor Benefit Rider

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

Summary of Survivor Benefit Rider Benefits:

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

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

Critical Illness Benefit Rider

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

Summary of Critical Illness Benefit Rider Benefits:

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions Heart Attack, Stroke, Kidney Failure, Paralysis, or Major Organ Failure. In the case of Heart Attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

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

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

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

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

Critical Illness Benefit Rider

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

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

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

COBRA Funding Benefit Rider

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

Spousal Accident Only Disability Benefit Rider

This Rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: (a) Intentionally self-inflicted Injury while sane or insane; (b) An act of war, declared or undeclared; (c) Injury sustained or contracted while in the service

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

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

Survivor Benefit Rider

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

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

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



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

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

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CRITICAL ILLNESS INSURANCE

Aflac | www.aflac.com | 1.800.992.3522

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

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

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

ACCIDENT INSURANCE

American Fidelity | www.americanfidelity.com | 1.800.654.8489

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

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

Aflac Group Critical Illness

INSURANCE – PLAN INCLUDES BENEFITS
FOR CANCER AND HEALTH SCREENING

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



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

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

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

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

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

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

What you need, when you need it.

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



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

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

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

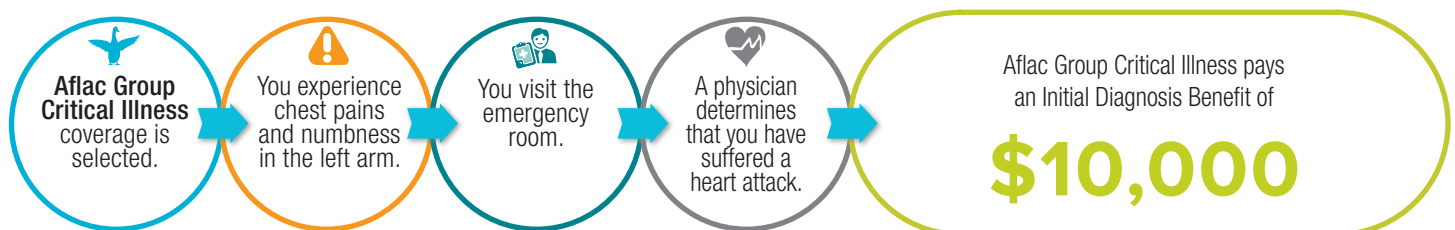
The Aflac Group Critical Illness plan benefits include:

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

Features:

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

How it works



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

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

Benefits Overview

COVERED CRITICAL ILLNESSES:

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

INITIAL DIAGNOSIS

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

ADDITIONAL DIAGNOSIS

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

REOCCURRENCE

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

CHILD COVERAGE AT NO ADDITIONAL COST

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

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

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

SKIN CANCER BENEFIT

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

WAIVER OF PREMIUM

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

SUCCESSOR INSURED BENEFIT

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

HEALTH SCREENING BENEFIT (Employee and Spouse only)

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

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

This benefit is not paid for dependent children.

OPTIONAL BENEFITS RIDER

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

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

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

PROGRESSIVE DISEASE RIDER:

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

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

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

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

CHILDHOOD CONDITIONS RIDER

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

One Time Benefit Amount

AUTISM SPECTRUM DISORDER (ASD)	\$3,000
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Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

LIMITATIONS AND EXCLUSIONS

State references refer to the state of your group and not your resident state.

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

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

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

EXCLUSIONS

We will not pay for loss due to:

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

working at an illegal job:

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

Group Critical Illness Advantage

FFGA Standard TX - Monthly (12pp/yr) Rates

NONTOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.19	\$7.46	\$9.72	\$11.99	\$14.25	\$16.52	\$18.78	\$21.05	\$23.31	\$25.58
30-39	\$6.45	\$9.96	\$13.48	\$17.00	\$20.51	\$24.03	\$27.55	\$31.06	\$34.58	\$38.10
40-49	\$9.53	\$16.12	\$22.72	\$29.31	\$35.91	\$42.51	\$49.10	\$55.70	\$62.30	\$68.89
50-59	\$14.84	\$26.75	\$38.66	\$50.57	\$62.47	\$74.38	\$86.29	\$98.20	\$110.11	\$122.02
60-69	\$22.44	\$41.94	\$61.45	\$80.96	\$100.47	\$119.97	\$139.48	\$158.99	\$178.50	\$198.00

NONTOBACCO - Spouse										
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	
18-29	\$4.92	\$5.92	\$6.91	\$7.91	\$8.91	\$9.90	\$10.90	\$11.90	\$12.89	
30-39	\$6.17	\$7.80	\$9.42	\$11.04	\$12.66	\$14.29	\$15.91	\$17.53	\$19.15	
40-49	\$9.25	\$12.42	\$15.58	\$18.74	\$21.90	\$25.06	\$28.23	\$31.39	\$34.55	
50-59	\$14.58	\$20.41	\$26.23	\$32.06	\$37.88	\$43.71	\$49.54	\$55.36	\$61.19	
60-69	\$22.22	\$31.86	\$41.50	\$51.14	\$60.79	\$70.43	\$80.07	\$89.71	\$99.36	

TOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.00	\$9.07	\$12.15	\$15.22	\$18.29	\$21.36	\$24.44	\$27.51	\$30.58	\$33.65
30-39	\$8.26	\$13.59	\$18.93	\$24.26	\$29.59	\$34.92	\$40.26	\$45.59	\$50.92	\$56.25
40-49	\$13.15	\$23.36	\$33.58	\$43.79	\$54.01	\$64.22	\$74.44	\$84.65	\$94.87	\$105.08
50-59	\$22.00	\$41.06	\$60.13	\$79.19	\$98.26	\$117.32	\$136.39	\$155.45	\$174.52	\$193.58
60-69	\$33.24	\$63.56	\$93.87	\$124.19	\$154.50	\$184.82	\$215.13	\$245.45	\$275.76	\$306.08

TOBACCO - Spouse										
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	
18-29	\$5.73	\$7.13	\$8.53	\$9.93	\$11.33	\$12.73	\$14.13	\$15.53	\$16.93	
30-39	\$7.99	\$10.52	\$13.05	\$15.58	\$18.11	\$20.64	\$23.17	\$25.70	\$28.23	
40-49	\$12.87	\$17.84	\$22.82	\$27.79	\$32.76	\$37.73	\$42.70	\$47.67	\$52.65	
50-59	\$21.74	\$31.14	\$40.55	\$49.95	\$59.35	\$68.76	\$78.16	\$87.57	\$96.97	
60-69	\$33.02	\$48.07	\$63.11	\$78.16	\$93.21	\$108.25	\$123.30	\$138.34	\$153.39	

Base Plan:

- With Cancer Benefit
- \$100 Health Screening Benefit
- \$250 Skin Cancer Benefit
- With Additional Benefits
(Loss of Sight, Speech, Hearing)
(Coma, Burns, Paralysis)

Riders:

- Optional Benefits Rider (BTAP)
- Progressive Diseases Rider
- Specified Disease Rider
- Childhood Conditions Rider

Provisions:

- No Pre-Existing Condition Limitation
- Add'l Separation Waiting Period: 6 Months
- Re-Separation Waiting Period: 6 Months
- Benefit Reduction at Age 70
- Process 1 Portability
- Rate Guarantee: 3 Years

Group Attributes:

- Situs State: TX
- Eligible Lives: 1000

Please Note: Premiums shown are accurate as of publication. They are subject to change.

Published: Jul-17

Series C21000

C121000-170713-103035-F44XwaRw-031ZwvR-08835

Product Code: C1170713-103035

HOSPITAL INDEMNITY INSURANCE

Aflac | www.aflac.com | 1.800.992.3522

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

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

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

MEDICAL TRANSPORT

MASA | www.masamts.com | 1.800.643.9023

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.

Aflac Group Hospital Indemnity

INSURANCE

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

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



AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



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

Does your major medical insurance cover all of your bills?

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

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

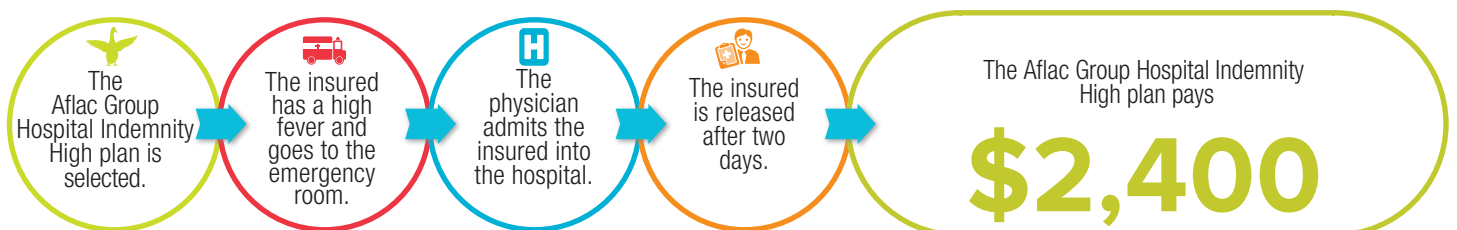
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time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

The Aflac Group Hospital Indemnity plan benefits include the following:

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



How it works



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

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

Benefits Overview

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

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

BUILDING BENEFIT RIDER

Hospital Confinement, Hospital Intensive Care and Intermediate Intensive Care Step-Down Unit Benefits increase by 10% each year for the first 5 years of coverage. This increase is automatic and requires no medical evidence of insurability. Premiums do not increase each year as the benefit increases.

LIMITATIONS AND EXCLUSIONS

State references refer to the state of your group and not your resident state.

All limitations and exclusions that apply to the plan also apply to all riders, if applicable, unless amended by the riders.

EXCLUSIONS (in Montana: LIMITATIONS)

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
 - In Connecticut: a riot is not excluded.
 - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
 - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
 - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
 - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
 - In Vermont: injuring or attempting to injure oneself intentionally, while sane.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
 - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
 - In Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
 - In South Dakota: voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
 - In South Dakota: this exclusion does not apply.

- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
 - In Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
 - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
 - Congenital defects in newborns.

TERMS YOU NEED TO KNOW

A Covered Accident is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

Dependent means your spouse or dependent children, as defined in the applicable rider, who have been accepted for coverage. Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Dependent Children are your or your spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children (in Texas, adopted children), or children placed for adoption. Newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children are automatically covered for 60 days also. See certificate for details. Dependent children must be younger than age 26. See certificate for details.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and: is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made.

In Montana: For purposes of treatment, the insured has full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, licensed social worker, psychologist, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, or advanced practice registered nurse.

A Doctor does not include you or any of your Family Members. For the purposes of this definition, Family Member includes your spouse as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother. In South Dakota, however, a doctor who is your family member may treat you if that doctor is the only doctor in the area and acts within the scope of his or her practice.

A Hospital is not a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation facility; a facility for the treatment of alcoholism or drug addiction (except in Vermont); an assisted living facility; or any facility not meeting the definition of a Hospital as defined in the certificate.

A Hospital Intensive Care Unit is not any of the following step-down units: a progressive care unit; a sub-

acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a Hospital Intensive Care Unit as defined in the certificate

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury (In Maine, illness or disease of an insured). A Covered Sickness is one that is not excluded by name, specific description, or any other provision in this plan. For a benefit to be payable, loss arising from the covered sickness must occur while the applicable insured's coverage is in force (except in Montana).

Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services (except in Kansas).

You May Continue Your Coverage

Your coverage may be continued with certain stipulations. See certificate for details.

Termination of Coverage

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

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

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies. This brochure is a brief description of coverage and is not a contract. Benefits, terms, and conditions may vary by state. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Series C80000. In Arkansas, C80100AR. In Oklahoma, C80100OK. In Oregon, C80100OR. In Pennsylvania, C80100PA. In Texas, C80100TX. In Virginia, C80100VA.

RATES TABLE FOR: UVALDE ISD - GP-2089 / GROUP HOSPITAL INDEMNITY - PLAN-7982

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency

Monthly (12pp / yr)

Employee Periodic Cost

\$22.38

Employee And Spouse Periodic Cost

\$42.62

Employee And Child Periodic Cost

\$34.63

Family Periodic Cost

\$54.87

RATES TABLE FOR: UVALDE ISD - GP-2089 / GROUP HOSPITAL INDEMNITY - PLAN-7983

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency

Monthly (12pp / yr)

Employee Periodic Cost

\$35.44

Employee And Spouse Periodic Cost

\$69.24

Employee And Child Periodic Cost

\$54.93

Family Periodic Cost

\$88.74



EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DO NOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.**

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



Any Ground. Any Air. Anywhere.™

OUR BENEFITS

Benefit*	Platinum \$39/Month	Emergent Plus \$14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	
Mortal Remains Transportation	Worldwide	
Visitor Transportation	BCA**	
Minor Children/Grandchildren Return	BCA**	
Vehicle Return	BCA**	
Pet Return	BCA**	
Organ Retrieval	U.S./Canada	
Organ Recipient Transportation	U.S./Canada	

* Please refer to the MSA for a detailed explanation of benefits and eligibility.

** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

For more information, please contact

Your broker or MASA representative

EVERY FAMILY DESERVES A MASA MEMBERSHIP

CONTACT INFORMATION

Uvalde CISD

1000 N Getty | Uvalde, TX 78801

Cynthia Robles – 830-278-6655



FIRST FINANCIAL
GROUP OF AMERICA

Mike Serna, Account Manager
miguel.serna@ffga.com | 210-848-4474

CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Medical	BCBS	www.bcbs.com	866.355.5999
Dental	AMERITAS	www.ameritas.com	800.487.5553
Flexible Spending Accounts	FFGA	www.ffga.com	866.853.3539
Disability & Voluntary and Whole Life	American Fidelity	www.americanfidelity.com	800.654.8489
Vision	Eyetopia	www.eyetopia.org	800.662.8264
Accident	American Fidelity	www.americanfidelity.com	800.654.8489
Cancer	American Fidelity	www.americanfidelity.com	800.654.8489
Critical Illness	AFLAC	www.aflac.com	800.992.3522
Medical Transport	MASA	www.masamts.com	800.643.9023
Permanent Life Insurance	Texas Life	www.texaslife.com	800.283.9233
Hospital Indemnity	AFLAC	www.aflac.com	800.992.3522
Legal Insurance	LegalShield	www.legalshield.com	800.654.7757
Life & AD&D	BCBS	www.bcbstx/ancillary	877.442.4207
Pharmacy	Express Scripts	www.express-scripts.com	800.282.2881

EMPLOYEE BENEFITS CENTER –

<https://benefits.ffga.com/uvaldecisd>

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