

*Acadia Parish School Board*  
*2023-2024 Plan Year*

# **BENEFITS GUIDE**



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First Financial Group of America  
<https://ffbenefits.ffga.com/acadiaparishschoolboard>

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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.*

# CONTACT INFORMATION

## ACADIA PARISH BENEFITS OFFICE

2402 North Parkerson Ave | Crowley, LA 70526

337-783-3664

[www.acadia.k12.la.us](http://www.acadia.k12.la.us)

## FIRST FINANCIAL GROUP OF AMERICA

Tommy Negrete, Sr. Account Administrator

Rebecca Hanagriff, Client Services Specialist

## CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Dental	Delta Dental	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	888.234.0781
Vision	Humana	<a href="http://www.humana.com">www.humana.com</a>	866.537.0229
Flexible Spending Accounts	First Financial Administrators, Inc.	<a href="http://www.ffga.com">www.ffga.com</a>	866.853.3539
Short & Long Disability Insurance	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800.662.1113
Group Cancer Insurance	Guardian Cancer	<a href="http://www.guardianlife.com">www.guardianlife.com</a>	888.600.1600
Critical Illness Insurance	Allstate	<a href="http://www.allstatebenefits.com">www.allstatebenefits.com</a>	800.521.3535
Accident Insurance	Manhattan Life	<a href="http://www.manhattanlife.com">www.manhattanlife.com</a>	877.378.1505
Individual Cancer Insurance	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800.662.1113
Life/Long Term Care Insurance	Combined	<a href="http://www.combinedinsurance.com">www.combinedinsurance.com</a>	855.241.9891
Permanent Life Insurance	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	800.283.9233
Retirement Plans	First Financial Administrators, Inc.	<a href="http://www.ffga.com">www.ffga.com</a>	800.523.8422 x2
COBRA	First Financial Administrators, Inc.	<a href="http://www.cobrapoint.benaissance.com">www.cobrapoint.benaissance.com</a>	800.523.8422 x4

## Louisiana Branch Office

Toll Free: 866.541.5096

Local: 985.893.5519

Fax: 985.893.7663

Email: [covington@ffga.com](mailto:covington@ffga.com)

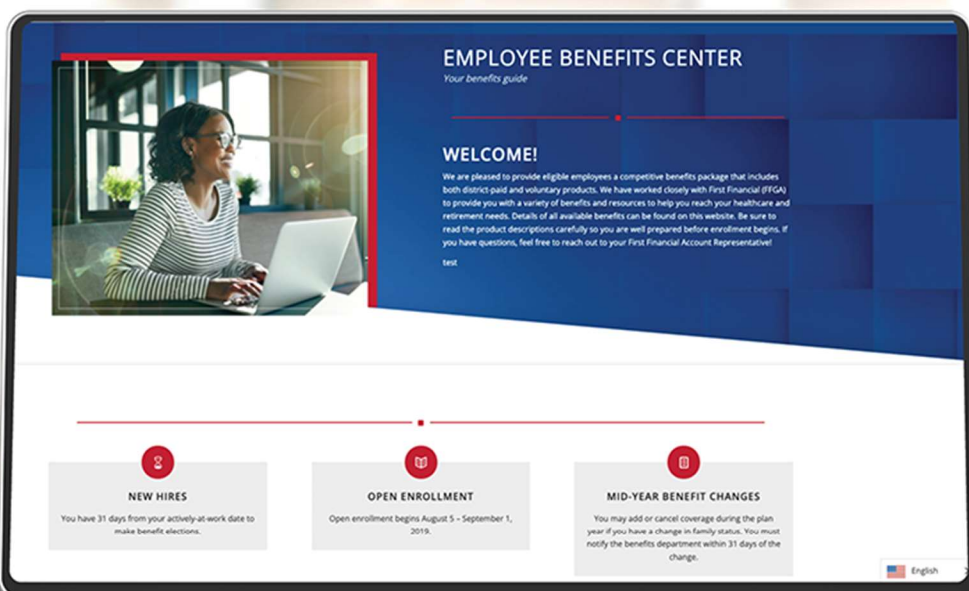
# EMPLOYEE BENEFITS CENTER

## YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

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

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

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





# HOW TO ENROLL

## 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.

## DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, you still need to sit with a First Financial Representative to "waive" benefits, view beneficiaries, confirm demographics and dependents.

## NEW EMPLOYEE ENROLLMENT

You have 30 days from your actively-at-work date to make benefit elections. Please reach out to First Financial Louisiana Branch Office to have a First Financial Representative contact you regarding benefits.

Louisiana Branch Office:  
Toll Free: 866.541.5096  
Local: 985.893.5519  
Fax: 985.893.7663  
Email: [covington@ffga.com](mailto:covington@ffga.com)

# HOW TO VIEW BENEFITS

## LOGIN

- Visit <https://ffga.benselect.com/Enroll/login.aspx>
- 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.

# ELIGIBILITY

## ELIGIBILITY

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

### EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative will be available at each location to assist you with making your elections. 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 30 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

# 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 30 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.*

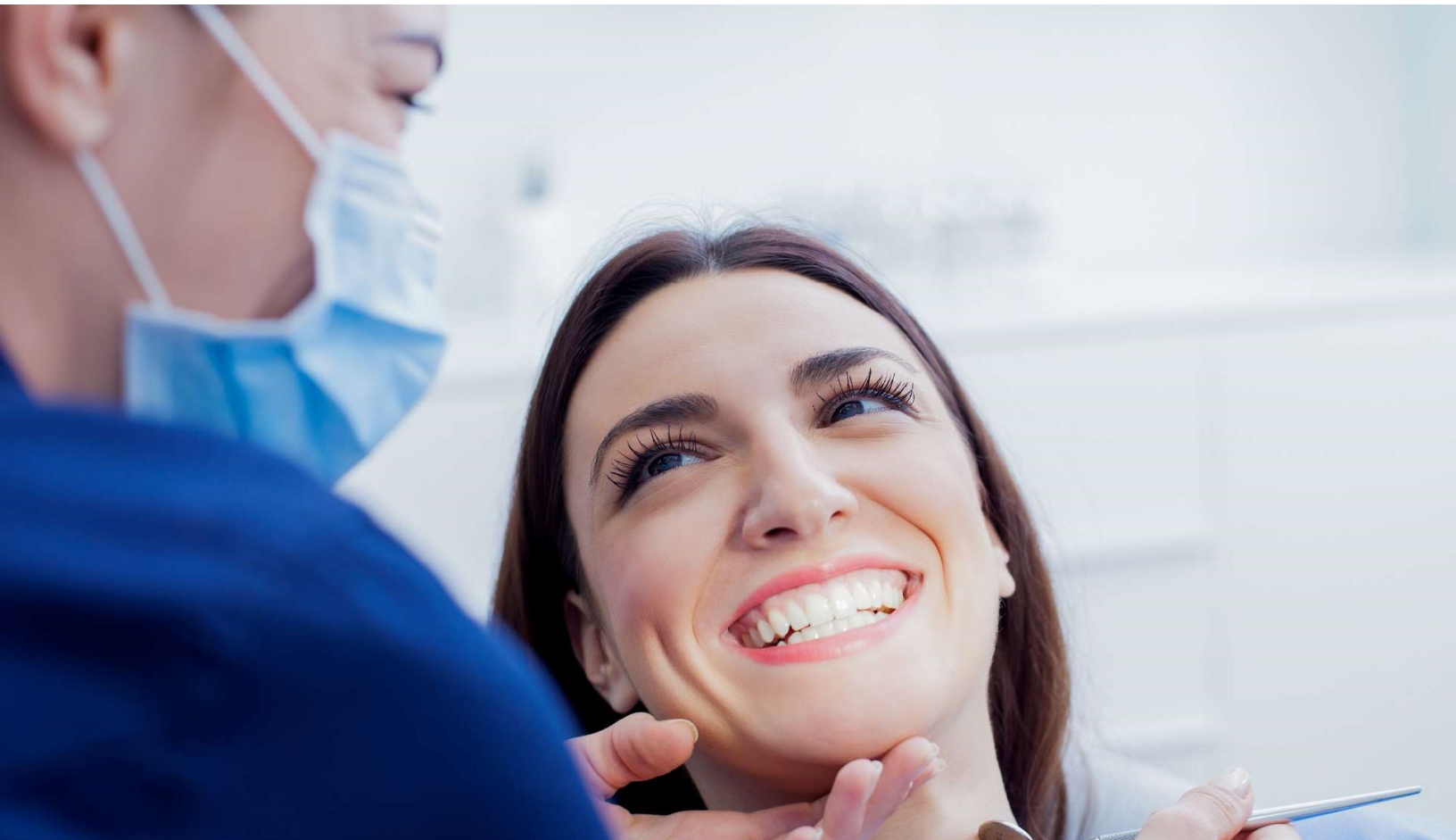
# DENTAL INSURANCE

Delta Dental | [www.deltadentalins.com](http://www.deltadentalins.com) | 1.800.521.2651

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

*RATES	
EMPLOYEE ONLY	\$37.43
EMPLOYEE + 1 DEPENDENT	\$71.75
EMPLOYEE + FAMILY	\$122.08





# Keep Smiling

## Delta Dental PPO™



### Stay in network to save

Visit a dentist in the PPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](https://deltadentalins.com).

If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.

### Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com](https://deltadentalins.com).

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your

plan, they'll need to provide your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

### Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.<sup>4</sup> Log in to your online account to find this date.

### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care<sup>5</sup>, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

## Save with a PPO dentist



PPO



PREMIER



NON-DELTA DENTAL

<sup>1</sup> In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

<sup>4</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

<sup>5</sup> Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

# Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: Acadia Parish School Board  
Group Number: 21786

Effective Date: 7/1/2022

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Deductibles</b> per member / per family each calendar year	\$50/ \$150	\$50/ \$150	\$50/ \$150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
<b>Maximums</b> Per member each calendar year	\$1,000	\$1,000	\$1,000
D&P counts toward maximum?	No		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Diagnostic &amp; Preventive Services (D&amp;P)</b> Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
<b>Basic Services</b> Fillings and Simple Extractions	80%	80%	80%
<b>Endodontics</b> Root Canals	50%	50%	50%
<b>Periodontics</b> Surgical and Non-Surgical Periodontics	50%	50%	50%
<b>Oral Surgery</b>	80%	80%	80%
<b>Major Services</b> Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
<b>Prosthodontics</b> Bridges, Dentures and Denture	50%	50%	50%
<b>Implants</b> Implant Services	50%	50%	50%
<b>Orthodontic Services</b> Adults and Dependent Children	50%	50%	50%
<b>Orthodontic Maximums</b>	\$1,000 Lifetime	\$1,000 Lifetime	\$1,000 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for Non-Delta Dental dentists.

<b>Delta Dental Insurance Company</b> 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	<b>Customer Service</b> 800-521-2651 deltadentalins.com	<b>Claims Address</b> P.O. Box 1809 Alpharetta, GA 30023-1809
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

# VISION INSURANCE

Humana | [www.humana.com](http://www.humana.com) | 1.866.537.0229

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

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

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

Monthly rates* (12 deductions per year)	
Employee	\$8.77
Employee + 1	\$17.52
Family	\$23.48



## ACADIA PARISH SCHOOL BOARD

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary • Retinal imaging <sup>1</sup>	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options <sup>2</sup> • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$40 10% off retail	Not covered Not covered
Frames <sup>3</sup>	\$130 allowance 20% off balance over \$130	\$65 allowance
Standard plastic lenses <sup>4</sup> • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options <sup>4</sup> • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating  - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	X \$15 \$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows:  \$57 \$68 80% of charge \$15 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered Not covered Not covered
Contact lenses <sup>5</sup> (applies to materials only) • Conventional  • Disposable • Medically necessary	\$130 allowance, 15% off balance over \$130 \$130 allowance \$0	\$104 allowance  \$104 allowance \$200 allowance

## Humana Vision 130

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
<b>Frequency</b> <ul style="list-style-type: none"> <li>Examination</li> <li>Lenses or contact lenses</li> <li>Frame</li> </ul>	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months
<b>Diabetic Eye Care: care and testing for diabetic members</b> <ul style="list-style-type: none"> <li>Examination               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> <li>Retinal Imaging               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> <li>Extended Ophthalmoscopy               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> <li>Gonioscopy               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> <li>Scanning Laser               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> </ul>	\$0 \$0 \$0 \$0 \$0	Up to \$77 Up to \$50 Up to \$15 Up to \$15 Up to \$33
<sup>1</sup> Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available. <sup>2</sup> Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available. <sup>3</sup> Discounts may be available on all frames except when prohibited by the manufacturer. <sup>4</sup> Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available. <sup>5</sup> Plan covers contact lenses or frames, but not both.		

### Monthly rates\* (12 deductions per year)

<b>Employee</b>	\$8.77
<b>Employee + 1</b>	\$17.52
<b>Family</b>	\$23.48

\* This is not a substitute for a quote. Rates must be approved by HumanaDental underwriting



### Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
  - Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.
-

## Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
  - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
  - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
  - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
  - War or any act of war, whether declared or not;
  - Any act of international armed conflict; or
  - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
  - Is not a visual necessity;
  - Does not offer a favorable prognosis;
  - Does not have uniform professional endorsement; or
  - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

## Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis <sup>1</sup>.



<sup>1</sup> Thompson Media Inc.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.



# FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.866.853.3539

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

## MEDICAL FSA

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

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

### HIGHLIGHTS

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

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

## DEPENDENT CARE FSA

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

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

### HIGHLIGHTS

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

# First Financials FSA Card Substantiation Process



*First Financial Administrators (FFA) takes compliance of our administration seriously. We have outlined below information from the IRS regulations regarding Section 125 Flexible Spending Accounts and the processes we have implemented to keep your plan in compliance.*

The IRS allows three options for FSA card transactions to be automatically approved without validation, also called substantiation.

1. IIAS system adjudicates the transaction. IIAS is an Inventory Information Approval System that is required to be in place for facilities that sell medications and over the counter items. IIAS maintains the list of all over the counter and prescriptions SKU numbers. IIAS approves most transactions for prescriptions and eligible over the counter items.
2. Transactions are set to recurring when we can see a participant has the same service and the same amount charged on a regular basis; for example monthly orthodontia or chiropractic visits.
3. FFA will load your employer health, dental and vision co-payments. We can approve up to 5 times these co-payments.

In order to keep your plan in compliance with IRS regulations we request employees send in documentation for transactions that do not meet these IRS auto approval processes. Our current process is to send out three notices by email or mail to the participant asking them to mail, fax, email, upload to the portal or take a photo and upload to our new phone app. We are trying to make it as simple as possible for participants to provide the required documents. If we do not receive a response after 60 days the card will be temporarily deactivated until we receive the documentation.

## THE DETAILED RECEIPT OR EXPLANATION OF BENEFITS MUST INCLUDE:

- Date of Service was incurred
- Type of Service preformed
- Doctor or Facility who performed the service
- Amount you had to pay out of pocket after insurance paid
- Medical Determination required for some expenses
- Explanation of Benefits generally has all information needed
- Prepayments or Payments outside of plan year are ineligible

The Section 125 Cafeteria plan, which includes the FSA plans, is implemented and administered by the employer and by doing this the IRS has mandated several requirements to receive this pre-tax benefit. The employer can hire a Third Party Administrator to provide administration of the plan. It is the employer's responsibility to maintain these guidelines and the compliance of the plan. If there is an audit, the IRS will not request the documentation from the employee, they will ask the employer sponsoring the plan to prove all documentation has been substantiated. If employers' are ever audited the IRS can assess penalties to the employer and also make all pre-tax benefits ineligible back to the inception of the plan. This means all employees who had pre-tax medical, dental, vision, FSA plans etc. would have to pay the tax on these benefits.

One of the benefits of hiring FFA as your Third Party Administrator for FSAs is to maintain the compliance of your Section 125 plan in case of an IRS audit. Below is an excerpt and the link to the published guidelines on the IRS website.

*§1.125-6 Substantiation of expenses for all cafeteria plans.*

(a) *Cafeteria plan payments and reimbursements—(1) In general.* A cafeteria plan may pay or reimburse only those substantiated expenses for qualified benefits incurred on or after the later of the effective date of the cafeteria plan and the date the employee is enrolled in the plan. This requirement applies to all qualified benefits offered through the cafeteria plan. See paragraph (b) of this section for substantiation rules.

(b) *Rules for claims substantiation for cafeteria plans—(1) Substantiation required before reimbursing expenses for qualified benefits.* This paragraph (b) sets forth the substantiation requirements that a cafeteria plan must satisfy before paying or reimbursing any expense for a qualified benefit.

(2) *All claims must be substantiated.* As a precondition of payment or reimbursement of expenses for qualified benefits, a cafeteria plan must require substantiation in accordance with this section. Substantiating only a percentage of claims, or substantiating only claims above a certain dollar amount, fails to comply with the substantiation requirements in §1.125-1 and this section.

(3) *Substantiation by independent third-party.* (i) *In general.* All expenses must be substantiated by information from a third-party that is independent of the employee and the employee's spouse and dependents. The independent third-party must provide information describing the service or product, the date of the service or sale, and the amount. Self-substantiation or self-certification of an expense by an employee does not satisfy the substantiation requirements of this paragraph (b). The specific requirements in sections 105(b), 129, and 137 must also be satisfied as a condition of reimbursing expenses for qualified benefits. For example, a health FSA does not satisfy the requirements of section 105(b) if it reimburses employees for expenses where the employees only submit information describing medical expenses, the amount of the expenses and the date of the expenses but fail to provide a statement from an independent third-party (either automatically or subsequent to the transaction) verifying the expenses. Under §1.105-2, all amounts paid under a plan that permits self-substantiation or self-certification are includible in gross income, including amounts reimbursed for medical expenses, whether or not substantiated. See paragraph (m) in §1.125-5 for additional substantiation rules for limited-purpose and post-deductible health FSAs.

(ii) *Rules for substantiation of health FSA claims using an explanation of benefits provided by an insurance company.* (A) *Written statement from an independent third-party.* If the employer is provided with information from an independent third-party (such as an "explanation of benefits" (EOB) from an insurance company) indicating the date of the section 213(d) medical care and the employee's responsibility for payment for that medical care (that is, coinsurance payments and amounts below the plan's deductible), and the employee certifies that any expense paid through the health FSA has not been reimbursed and that the employee will not seek reimbursement from any other plan covering health benefits, the claim is fully substantiated without the need for submission of a receipt by the employee or further review

(1) Before any employee participating in a health FSA receives the debit card, the employee agrees in writing that he or she will only use the card to pay for medical expenses (as defined in section 213(d)) of the employee or his or her spouse or dependents, that he or she will not use the debit card for any medical expense that has already been reimbursed, that he or she will not seek reimbursement under any other health plan for any expense paid for with a debit card, and that he or she will acquire and retain sufficient documentation (including invoices and receipts) for any expense paid with the debit card.

(2) The debit card includes a statement providing that the agreements described in paragraph (d)(1) of this section are reaffirmed each time the employee uses the card.

(3) The amount available through the debit card equals the amount elected by the employee for the health FSA for the cafeteria plan year, and is reduced by amounts paid or reimbursed for section 213(d) medical expenses incurred during the plan year.

(4) The debit card is automatically cancelled when the employee ceases to participate in the health FSA.

(5) The employer limits use of the debit card to

(i) Physicians, dentists, vision care offices, hospitals, other medical care providers (as identified by the merchant category code);



(ii) Stores with the merchant category code for Drugstores and Pharmacies if, on a location by location basis, 90 percent of the store's gross receipts during the prior taxable year consisted of items which qualify as expenses for medical care described in section 213(d); and

(iii) Stores that have implemented the inventory information approval system under paragraph (f).

(6) The employer substantiates claims based on payments to medical care providers and stores described in paragraphs (d)(5)(i) and (ii) of this section in accordance with either paragraph (e) or paragraph (f) of this section.

(7) The employer follows all of the following correction procedures for any improper payments using the debit card—

(i) Until the amount of the improper payment is recovered, the debit card must be de-activated and the employee must request payments or reimbursements of medical expenses from the health FSA through other methods (for example, by submitting receipts or invoices from a merchant or service provider showing the employee incurred a section 213(d) medical expense);

(ii) The employer demands that the employee repay the cafeteria plan an amount equal to the improper payment;

(iii) If, after the demand for repayment of improper payment (as described in paragraph (d)(7)(ii) of this section), the employee fails to repay the amount of the improper charge, the employer withholds the amount of the improper charge from the employee's pay or other compensation, to the full extent allowed by applicable law;

(iv) If any portion of the improper payment remains outstanding after attempts to recover the amount (as described in paragraph (d)(7)(ii) and (iii) of this section), the employer applies a claims substitution or offset to resolve improper payments, such as a reimbursement for a later substantiated expense claim is reduced by the amount of the improper payment. So, for example, if an employee has received an improper payment of \$200 and subsequently submits a substantiated claim for \$250 incurred during the same coverage period, a reimbursement for \$50 is made; and

(v) If, after applying all the procedures described in paragraph (d)(7)(ii) through (iv) of this section, the employee remains indebted to the employer for improper payments, the employer, consistent with its business practice, treats the improper payment as it would any other business indebtedness.

Full Documents – Items above are starting on page 21.

[http://www.irs.gov/irb/2007-39\\_IRB/ar14.html](http://www.irs.gov/irb/2007-39_IRB/ar14.html)



**First Financial Administrators | PO Box 670329 | Houston TX 77267-0329**

Flex Customer Service: 866-853-3539 | Flex Fax: 800-298-7785 | Flex questions: [Flex@ffga.com](mailto:Flex@ffga.com)

Flex Receipts and Documents only: [First\\_Financial\\_Receipts@Alegeus.com](mailto:First_Financial_Receipts@Alegeus.com) | Tech Support – [techsupport@ffga.com](mailto:techsupport@ffga.com)

Visit our Website at [www.ffga.com](http://www.ffga.com)

# FSA RESOURCES

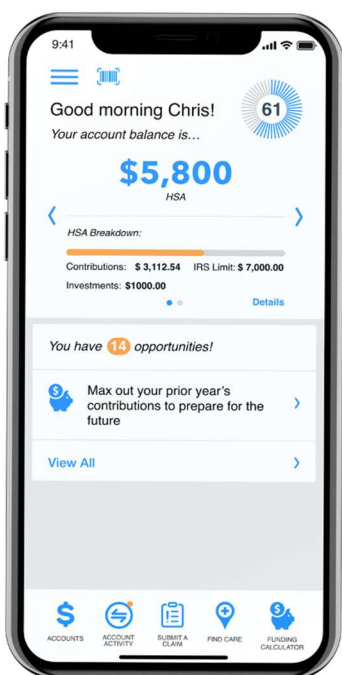
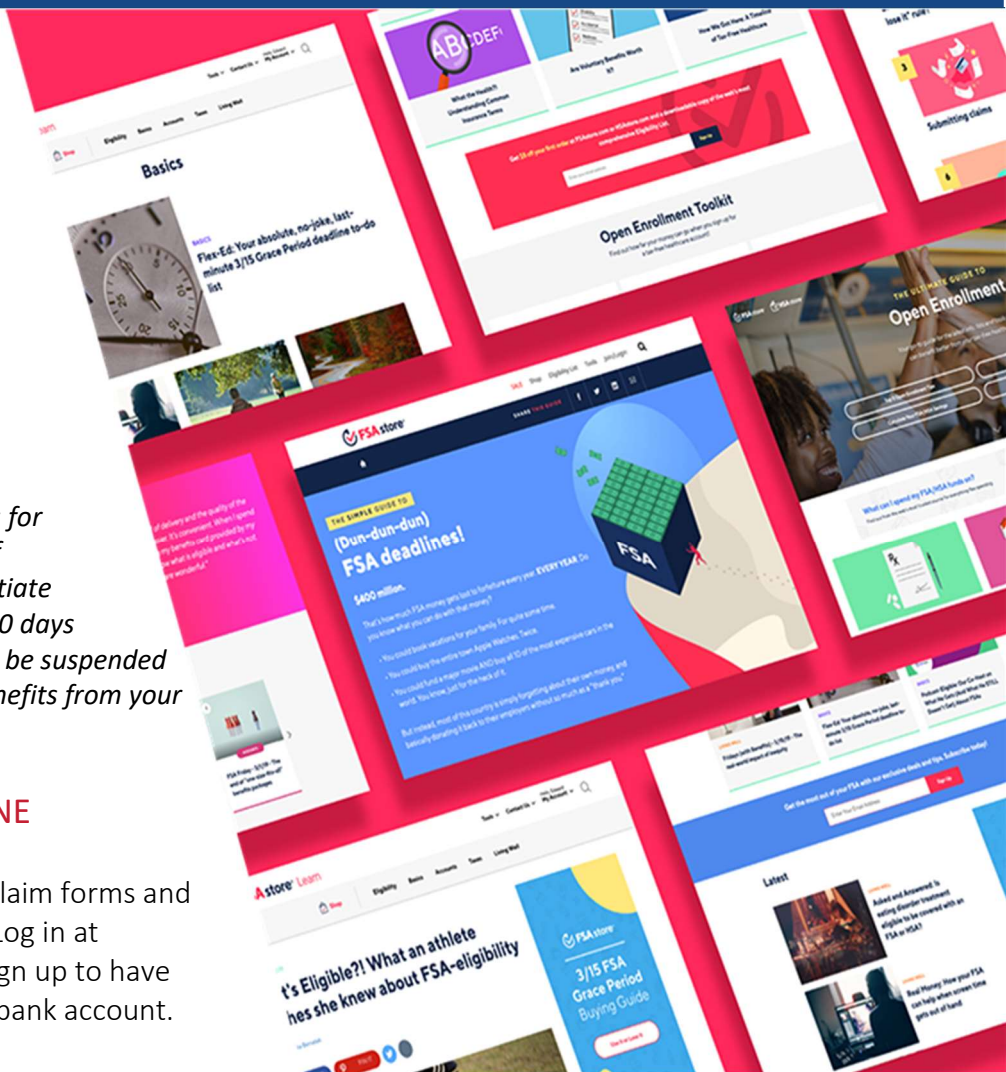
## BENEFITS CARD

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

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

## VIEW YOUR ACCOUNT DETAILS ONLINE

Sign up to view your account balance, find claim forms and check claims status on our secure website. Log in at [www.ffga.com](http://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 Store<sup>SM</sup> or Google Play Store<sup>TM</sup>. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

## FSA STORE

**Acadia Parish Employer ID: FFA135**

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



# TEXAS LIFE – PERMANENT LIFE

Texas Life | [www.texaslife.com](http://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.

Underwritten By

# TEXASLIFE INSURANCE COMPANY

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

## PURELIFE-PLUS

*Flexible Premium Life Insurance  
to Age 121*

*Portable, Permanent Individual Life Insurance for the Employee and Family*

*Policy Form: ICC18-PRFNG-NI-18*

### *Product Highlights*

Permanent Life Insurance  
to Age 121

Minimal Cash Value  
Premiums Dedicated Primarily  
to Purchase Life Insurance

Level Premium Guarantees  
Coverage for a Significant  
Period of Time

Unique Limited Right to Partial  
Refund of Premium if Future  
Premium Required to  
Continue Coverage Increases

No Surrender Charges Apply

Accelerated Death Benefit Due  
to Terminal Illness Included

Convenient Premium Payments  
Through Payroll Deduction

Portable When You Leave  
Employment

Accidental Death Benefit  
Included for Selected Ages

Accelerated Death Benefit Due  
to Chronic Illness Included  
**For Employee and  
Spouse Only**

*For the eligible employees of*

**ACADIA PARISH SCHOOL BOARD**

*Marketed by*



*Application for Life Insurance*

**Express Issue | Monthly Pay**

**FOR USE ONLY IN**  
*Louisiana*

## *Portable, Permanent, Individual Life Insurance for Employees and Their Families*

As an employee, you can apply for valuable life insurance protection on you and your family under eligibility guidelines established for your employer. Your employer has conveniently agreed to permit you to pay premiums through payroll deduction. This is a summary only. Policy provisions prevail. This brochure is not a contract or an offer to contract.

**Minimal Cash Values** Buy this policy for its life insurance protection, not its cash value. The primary benefit is life insurance. Payment of the Table Premium produces a small cash value (Benchmark Cash Value).

**Permanent Life Insurance Coverage** Unlike group term life insurance, PureLife-plus is a personally owned, permanent individual life insurance policy to age 121 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

**Guaranteed Period** Continuous, timely, and uninterrupted payment of the Table Premium guarantees coverage for the Guaranteed Period shown. Texas Life (We) cannot legally predict the premium required to continue coverage after the Guaranteed Period. It may be lower, the same, or higher than the Table Premium. However, if the premium to continue coverage is ever higher, We guarantee a limited right to a partial refund of premium (described below).

**Guaranteed Limited Right to Partial Refund of Premium** If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to:

- Pay the higher premium(s) required to continue coverage; or,
- Surrender the policy and receive a partial refund of premium equal to 120 times the minimum monthly premium due at issue (ten years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders.

**Portable** Once issued, continued employment is not a condition to continue coverage. Coverage is guaranteed as long as required premiums are paid, even after you retire or terminate employment. When employment ends, you can pay equivalent monthly premiums directly or by bank draft (for monthly direct payments we add a monthly fee not to exceed \$2.00). Other modes are available.

**Accelerated Death Benefit Due to Terminal Illness Rider** This policy includes, at no additional premium, an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICC07-ULABR-07). See details on next page.

**Individual and Family Coverage is Easy to Apply For** Subject to age and amount restrictions, you may apply for an individual policy on your life or your spouse's life (see chart next page for spouse's minimum/maximum amounts). An individual policy is

also available on each of your children ages 15 days — 26, and even on each of your grandchildren ages 15 days — 18. Proof of insurability is required. Most policies are issued based upon the answers to three work and health related application questions.

**Optional Benefits** According to the guidelines established for your employer, your application will include the following benefit for an additional cost depending upon your issue age.

**Accidental Death Benefit** This benefit to age 65 (Issue Ages 17-59) doubles the coverage when death occurs by accidental bodily injury within 180 days of an accident. Maximum in-force limits and exclusions apply. (Form ICC07-ULCL-ADB-07).

**Accelerated Death Benefit Rider For Chronic Illness For Employee and Spouse Only** This benefit provides an accelerated death benefit if an insured becomes chronically ill as defined in the rider. (Form ICC15-ULABR-CI-15). See details on next page.

**Interim Insurance:** Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through payroll deduction; (2) the Salary Deduction Authorization is signed; and, (3) the proposed insured is insurable at standard rates under Our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date We decline the application; (c) the date We notify the applicant that s/he is ineligible for interim insurance; or, (d) the 180th day after the application date.

**Policy Mechanics and Other Important Details** Premiums are flexible. However, we highly recommend payment of the Table Premium during the Guaranteed Period, and no partial surrenders or policy loans. Table Premium produces a small cash value (Benchmark Cash Value). Paying a lesser premium results in an actual cash value which is less than Benchmark Cash Value, causing the policy to lapse. Premiums less a premium load create cash value to pay monthly administrative loads and cost of insurance. Cash value is currently credited at the guaranteed interest rate of 2.00% per year. We may, at any time, credit higher than the guaranteed interest rate. Likewise, We may charge cost of insurance rates which are less than the policy's maximum rates, but only when actual cash value equals or exceeds Benchmark Cash Value. No surrender charges apply. Loads include 10.00% of premium, \$2.03 per month and monthly administrative loads. Two year suicide and contestable clauses apply. The policy loan rate is 7.40% in advance. Surrenders and loans may be deferred for up to six months.



## A Summary of the Accelerated Death Benefit Rider

### **Terminal Illness - included at no additional cost**

The policy includes an Accelerated Death Benefit Due to Terminal Illness Rider. If the Insured has a terminal illness, in lieu of the insurance proceeds otherwise payable at death, you may elect to claim an accelerated benefit while the Insured is still alive. The single sum benefit is 92% of the insurance proceeds less an administrative fee of the lesser of \$150 or 7% of the insurance proceeds. Terminal Illness is an injury or sickness diagnosed and certified by a qualifying physician that, despite the appropriate medical care, is reasonably expected to result in death within 12 months. This benefit is intended to qualify for favorable income tax treatment and may not be subject to federal income tax. (See Important Notices below.)

### **Chronic Illness - included with an additional premium**

For an additional premium of 10% of the base policy premium, this policy may include an Accelerated Death Benefit Due to Chronic Illness Rider. If the Insured has a chronic illness, in lieu of the insurance proceeds otherwise payable at death, you may elect to claim an accelerated benefit while the Insured is still alive. The single sum benefit is 92% of the insurance proceeds less an administrative fee of the lesser of \$150 or 7% of the insurance proceeds. Chronic Illness means the Insured permanently: (a) is unable to perform, without substantial assistance from another individual, at least two Activities of Daily Living due to a loss of functional capacity and will need services for the rest of his or her life; or (b) requires substantial supervision to protect the Insured from threats to health and safety due to severe cognitive impairment and will need services for the rest of his or her life. Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe cognitive impairment means deterioration or loss of intellectual capacity that: (1) places the Insured in jeopardy of harming himself or herself or others, and therefore, the Insured requires substantial supervision by another person; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

This benefit will be calculated and paid as a lump sum only. This lump sum is intended to serve as a per diem accelerated death benefit as described under Section 101(g) of the Internal Revenue Code. You may be able to exclude certain portions of this accelerated death benefit (specifically, the greater of: (a) the lump sum equivalent of the per diem amount; or (b) the actual cost incurred for Services provided in the year the Accelerated Death Benefit is paid) from your taxable income. Your benefit for Chronic Illness will be calculated in accordance with the rider and you may, in some circumstances, be paid more than the excludable per diem amount.

### **Important Notices**

Tax laws related to the acceleration of life insurance benefits are complex. The information presented in this Summary is general in nature. You should consult a qualified tax or legal advisor to determine the effect of receiving this benefit. Texas Life Insurance Company and its agents do not provide tax or legal advice.

Receipt of any accelerated death benefit under your policy may affect your, your spouse's and your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplemental Social Security Income (SSI), and drug assistance programs. You should consult with a qualified tax or legal advisor and the relevant social service agencies to determine how receiving the benefit may affect your, your spouse's, and your family's eligibility for public assistance.

An accelerated death benefit is not long term care insurance. This summary provides a general description of any accelerated death benefit under your policy. Your policy and riders contain certain exclusions, limitations, and exceptions. Please refer to your policy and rider for details. The right to accelerate benefits under any accelerated death benefit does not extend to any Child Term Life Insurance Rider. However, if the accelerated death benefit under any rider is paid, any coverage provided under the Child Term Life Insurance Rider attached to this policy becomes a paid up term insurance policy on each covered child.

This paid up coverage on each child will terminate on each covered child's 25th birthday. Payment under any accelerated death benefit rider terminates the policy and all other optional benefits/riders and reduces all insurance proceeds, cash values and loan values to zero.

**Representation of benefit payable - Terminal or Chronic Illness**

The following chart shows the effect of exercising an accelerated benefit on the base policy. This example is using a \$50,000 policy with a \$2,000 policy loan balance and all premiums are current. This chart is for representation purposes only. Your benefits may be higher or lower, depending on your face amount of coverage, any unpaid policy loan balance, and any overdue premiums.

	<b>Terminal Illness</b>	<b>Chronic Illness</b>
Death Benefit	\$50,000	\$50,000
Policy Loan Balance	- \$2,000	- \$2,000
Available for Acceleration	= \$48,000	= \$48,000
Acceleration Percentage	x 92%	x 92%
Gross Benefit	= \$44,160	= \$44,160
Administration Fee	- \$150	- \$150
Overdue Premiums	- \$0	- \$0
Accelerated Benefit Payable	= \$44,010	= \$44,010

**Note: The benefit will be paid for either Terminal Illness or Chronic Illness. In no instance will benefits be paid under both riders.**

**OPTIONAL BENEFITS MONTHLY COST:**

Accidental Death Benefit ..... \$0.08 per \$1,000 of Face Amount  
Accelerated Death Benefit Rider For Chronic Illness ..... 10% of Base Plan Table Premium

**EXPRESS ISSUE AMOUNTS OF COVERAGE AVAILABLE ON SPOUSE**

Spouse's Issue Age	Minimum Face Amount	Maximum Face Amount
17-34	\$25,000	\$50,000
35-39	15,000	50,000
40-49	10,000	50,000
50-60	10,000	25,000
61 & Older	N/A	N/A

**MONTHLY ADMINISTRATIVE LOADS PER \$1,000 OF FACE AMOUNT FOR ISSUE AGES SHOWN  
(NON-TOBACCO CLASS)**

Issue Age →	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Highest Load	0.2417	0.2425	0.2517	0.2517	0.2525	0.2617	0.2617	0.2617	0.2617	0.2700	0.2692	0.2767	0.2725	0.2659	0.2559
Lowest Load	0.1117	0.1075	0.0750	0.0825	0.0900	0.0625	0.0717	0.0825	0.0950	0.0734	0.0934	0.0825	0.1184	0.1659	0.2225
Zero After Year	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5

Issue Age →	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Highest Load	0.2459	0.2334	0.2284	0.2267	0.2275	0.2275	0.2375	0.2450	0.2584	0.2684	0.2700	0.2884	0.2984	0.2984	0.3075
Lowest Load	0.0434	0.0884	0.1200	0.1375	0.1534	0.1675	0.1392	0.1442	0.1017	0.0600	0.0625	0.2717	0.2542	0.2767	0.2675
Zero After Year	6	6	6	6	6	6	6	6	6	6	6	5	5	5	5

Issue Age →	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
Highest Load	0.3134	0.3100	0.3309	0.3409	0.3575	0.3842	0.3900	0.4084	0.4292	0.4700	0.5084	0.5650	0.6300	0.6892	0.7475
Lowest Load	0.2675	0.0175	0.2650	0.2575	0.2225	0.1492	0.1492	0.1025	0.0575	0.4134	0.3359	0.2075	0.0542	0.6325	0.5659
Zero After Year	5	6	5	5	5	5	5	5	5	4	4	4	4	3	3

Issue Age →	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59
Highest Load	0.8059	0.8717	0.9275	0.9817	1.0534	1.1334	1.2250	1.3242	1.3934	1.4625	1.5400	1.6109	1.6992	1.7775	1.8592
Lowest Load	0.5009	0.4242	0.3692	0.3225	0.2434	0.1584	0.0517	1.2900	1.3067	1.3275	1.3459	1.3767	1.3959	1.4334	1.4750
Zero After Year	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2

Issue Age →	60	61	62	63	64	65	66	67	68	69	70
Highest Load	1.9625	2.0392	2.1359	2.2250	2.3200	2.4275	2.5492	2.6817	2.8242	2.9534	3.0742
Lowest Load	1.5034	1.5684	1.6225	1.6950	1.7725	1.8500	1.9267	2.0075	2.0142	1.8775	1.7492
Zero After Year	2	2	2	2	2	2	2	2	2	2	2

**MONTHLY ADMINISTRATIVE LOADS PER \$1,000 OF FACE AMOUNT FOR ISSUE AGES SHOWN  
(TOBACCO CLASS)**

Issue Age →	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Highest Load	0.4084	0.4059	0.4042	0.4025	0.4175	0.4242	0.4475	0.4650	0.4659	0.4850	0.4934	0.5017	0.5092	0.5950	0.5892
Lowest Load	0.1700	0.1967	0.2242	0.2525	0.2300	0.2359	0.1884	0.1642	0.1917	0.1642	0.1692	0.1759	0.1892	0.5725	0.0217
Zero After Year	4	4	4	4	4	4	4	4	4	4	4	4	4	3	4

Issue Age →	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
Highest Load	0.6092	0.6100	0.6092	0.6625	0.6775	0.7284	0.7400	0.7925	0.8725	0.9342	1.0142	1.1242	1.1750	1.2500	1.3034
Lowest Load	0.0025	0.0417	0.0884	0.6484	0.6600	0.6217	0.6575	0.6092	0.5092	0.4475	0.3492	0.1934	0.1659	0.0942	0.0692
Zero After Year	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3

Issue Age →	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
Highest Load	1.3734	1.4325	1.5242	1.5942	1.6609	1.7675	1.8542	1.9250	1.9992	2.0842	2.1617	2.2392	2.3067	2.3700	2.4659
Lowest Load	0.0159	1.4175	1.4642	1.4984	1.5425	1.5534	1.5909	1.6517	1.7184	1.7825	1.8634	1.9542	2.0659	2.1934	2.2992
Zero After Year	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2

Issue Age →	62	63	64	65	66	67	68	69	70
Highest Load	2.5392	2.6009	2.6484	2.7000	2.7609	2.8300	2.8967	2.9625	3.0192
Lowest Load	2.3167	2.2509	2.2000	2.1442	2.0800	2.0059	1.9350	1.8642	1.8034
Zero After Year	2	2	2	2	2	2	2	2	2

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

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

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

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

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

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

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

Issue Age (ALB)	<b>Monthly Premiums for Life Insurance Face Amounts Shown</b> Includes Added Cost for Accidental Death Benefit (Ages 17-59)									<b>GUARANTEED PERIOD</b> Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1				9.25					16.25	81
2-4				9.50					16.75	80
5-8				9.75					17.25	79
9-10				10.00					17.75	79
11-16				10.25					18.25	77
17-20				12.25					22.25	75
21-22				12.50					22.75	74
23				12.75					23.25	75
24-25				13.00					23.75	74
26				13.50					24.75	75
27-28										74
29										74
30-31										73
32										74
33										74
34										75
35										76
36										76
37										77
38										77
39										78
40										79
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67										91
68										91
69										91
70										91

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



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

Issue Age (ALB)	<b>Monthly Premiums for Life Insurance Face Amounts Shown</b> Includes Added Cost for Accidental Death Benefit (Ages 17-59)									<b>GUARANTEED PERIOD</b> Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				17.25					32.25	71
21-22				18.00					33.75	71
23				18.75					35.25	72
24-25				19.25					36.25	71
26				19.75					37.25	72
27-28										71
29										71
30-31										72
32										72
33										72
34										71
35										72
36										72
37										73
38										73
39										74
40										76
41										77
42										78
43										80
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68										88
69										88
70										89

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

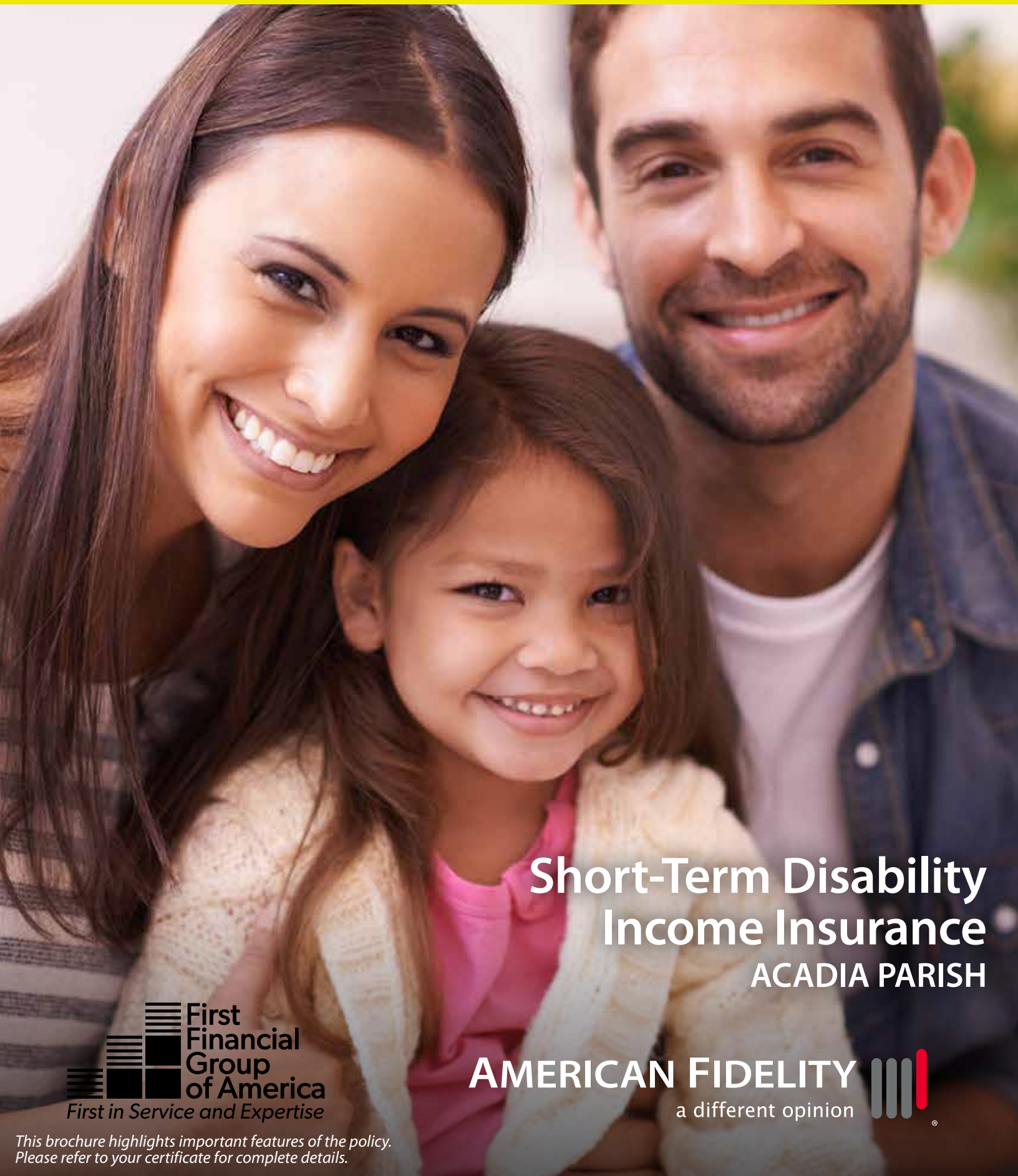
# SHORT TERM DISABILITY INSURANCE

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 1.800.662.1113

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?



# Short-Term Disability Income Insurance

ACADIA PARISH



**AMERICAN FIDELITY**  
a different opinion



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

# Short-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.



## Choose the Right Plan for You

### Benefits Begin

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

**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.

**Service in the Uniformed Services** means: (a) the performance of duty on a voluntary or involuntary basis in a uniformed service under competent authority and includes active duty, active duty for training, initial active duty for training, inactive duty training, full-time national guard duty, and a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform any such duty; (b) service in the armed forces of the United States pursuant to authorization by the United States Congress or presidential proclamation pursuant to the War Powers Resolution (50 U.S.C. 1541 *et seq.*); or (c) state active duty by members of the national guard who are activated pursuant to a call of the governor of this state or of any other state as provided for by law.

### Benefits Are Payable

Benefits are payable up to 180 days for a covered Injury or Sickness.

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



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



# 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.

## 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.

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

We will pay the disability benefit described in the Benefit Policy Schedule. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

**Disability** means that you are unable to perform the material and substantial duties of your regular occupation.

- **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.

## 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.

## 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 12 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 12 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. If you leave employment to perform Service in the Uniformed Services and reapply for coverage after release from the uniformed services, including all of your family members and dependents previously covered, shall be reinstated with coverage under the group policy without any restriction because of a pre-existing condition.

**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 60 days advance notice. If premium rates are increased, we will provide a 45 day advance notice.



# 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	Monthly Premiums	
		Plan I (15th)	Plan II (31st)
\$286.00 - \$428.99	\$200.00	\$5.76	\$3.48
\$429.00 - \$571.99	\$300.00	\$8.64	\$5.22
\$572.00 - \$714.99	\$400.00	\$11.52	\$6.96
\$715.00 - \$857.99	\$500.00	\$14.40	\$8.70
\$858.00 - \$999.99	\$600.00	\$17.28	\$10.44
\$1,000.00 - \$1,142.99	\$700.00	\$20.16	\$12.18
\$1,143.00 - \$1,285.99	\$800.00	\$23.04	\$13.92
\$1,286.00 - \$1,428.99	\$900.00	\$25.92	\$15.66
\$1,429.00 - \$1,571.99	\$1,000.00	\$28.80	\$17.40
\$1,572.00 - \$1,714.99	\$1,100.00	\$31.68	\$19.14
\$1,715.00 - \$1,857.99	\$1,200.00	\$34.56	\$20.88
\$1,858.00 - \$1,999.99	\$1,300.00	\$37.44	\$22.62
\$2,000.00 - \$2,142.99	\$1,400.00	\$40.32	\$24.36
\$2,143.00 - \$2,285.99	\$1,500.00	\$43.20	\$26.10
\$2,286.00 - \$2,428.99	\$1,600.00	\$46.08	\$27.84
\$2,429.00 - \$2,571.99	\$1,700.00	\$48.96	\$29.58
\$2,572.00 - \$2,714.99	\$1,800.00	\$51.84	\$31.32
\$2,715.00 - \$2,857.99	\$1,900.00	\$54.72	\$33.06
\$2,858.00 - \$2,999.99	\$2,000.00	\$57.60	\$34.80
\$3,000.00 - \$3,142.99	\$2,100.00	\$60.48	\$36.54
\$3,143.00 - \$3,285.99	\$2,200.00	\$63.36	\$38.28
\$3,286.00 - \$3,428.99	\$2,300.00	\$66.24	\$40.02
\$3,429.00 - \$3,571.99	\$2,400.00	\$69.12	\$41.76
\$3,572.00 - \$3,714.99	\$2,500.00	\$72.00	\$43.50
\$3,715.00 - \$3,857.99	\$2,600.00	\$74.88	\$45.24
\$3,858.00 - \$3,999.99	\$2,700.00	\$77.76	\$46.98
\$4,000.00 - \$4,142.99	\$2,800.00	\$80.64	\$48.72
\$4,143.00 - \$4,285.99	\$2,900.00	\$83.52	\$50.46
\$4,286.00 - \$4,428.99	\$3,000.00	\$86.40	\$52.20
\$4,429.00 - \$4,571.99	\$3,100.00	\$89.28	\$53.94
\$4,572.00 - \$4,714.99	\$3,200.00	\$92.16	\$55.68
\$4,715.00 - \$4,857.99	\$3,300.00	\$95.04	\$57.42
\$4,858.00 - \$4,999.99	\$3,400.00	\$97.92	\$59.16
\$5,000.00 - \$5,142.99	\$3,500.00	\$100.80	\$60.90
\$5,143.00 - \$5,285.99	\$3,600.00	\$103.68	\$62.64
\$5,286.00 - \$5,428.99	\$3,700.00	\$106.56	\$64.38
\$5,429.00 - \$5,571.99	\$3,800.00	\$109.44	\$66.12

# Benefit Policy Schedule (continued)

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

Monthly Salary	Monthly Disability Benefit	Monthly Premiums	
		Plan I (15th)	Plan II (31st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$112.32	\$67.86
\$5,715.00 - \$5,857.99	\$4,000.00	\$115.20	\$69.60
\$5,858.00 - \$5,999.99	\$4,100.00	\$118.08	\$71.34
\$6,000.00 - \$6,142.99	\$4,200.00	\$120.96	\$73.08
\$6,143.00 - \$6,285.99	\$4,300.00	\$123.84	\$74.82
\$6,286.00 - \$6,428.99	\$4,400.00	\$126.72	\$76.56
\$6,429.00 - \$6,571.99	\$4,500.00	\$129.60	\$78.30
\$6,572.00 - \$6,714.99	\$4,600.00	\$132.48	\$80.04
\$6,715.00 - \$6,857.99	\$4,700.00	\$135.36	\$81.78
\$6,858.00 - \$6,999.99	\$4,800.00	\$138.24	\$83.52
\$7,000.00 - \$7,142.99	\$4,900.00	\$141.12	\$85.26
\$7,143.00 - \$7,285.99	\$5,000.00	\$144.00	\$87.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$146.88	\$88.74
\$7,429.00 - \$7,571.99	\$5,200.00	\$149.76	\$90.48
\$7,572.00 - \$7,714.99	\$5,300.00	\$152.64	\$92.22
\$7,715.00 - \$7,857.99	\$5,400.00	\$155.52	\$93.96
\$7,858.00 - \$7,999.99	\$5,500.00	\$158.40	\$95.70
\$8,000.00 - \$8,142.99	\$5,600.00	\$161.28	\$97.44
\$8,143.00 - \$8,285.99	\$5,700.00	\$164.16	\$99.18
\$8,286.00 - \$8,428.99	\$5,800.00	\$167.04	\$100.92
\$8,429.00 - \$8,571.99	\$5,900.00	\$169.92	\$102.66
\$8,572.00 - \$8,713.99	\$6,000.00	\$172.80	\$104.40
\$8,714.00 - \$8,856.99	\$6,100.00	\$175.68	\$106.14
\$8,857.00 - \$8,999.99	\$6,200.00	\$178.56	\$107.88
\$9,000.00 - \$9,142.99	\$6,300.00	\$181.44	\$109.62
\$9,143.00 - \$9,285.99	\$6,400.00	\$184.32	\$111.36
\$9,286.00 - \$9,428.99	\$6,500.00	\$187.20	\$113.10
\$9,429.00 - \$9,570.99	\$6,600.00	\$190.08	\$114.84
\$9,571.00 - \$9,713.99	\$6,700.00	\$192.96	\$116.58
\$9,714.00 - \$9,856.99	\$6,800.00	\$195.84	\$118.32
\$9,857.00 - \$9,999.99	\$6,900.00	\$198.72	\$120.06
\$10,000.00 - \$10,142.99	\$7,000.00	\$201.60	\$121.80
\$10,143.00 - \$10,285.99	\$7,100.00	\$204.48	\$123.54
\$10,286.00 - \$10,428.99	\$7,200.00	\$207.36	\$125.28
\$10,429.00 - \$10,570.99	\$7,300.00	\$210.24	\$127.02
\$10,571.00 - \$10,713.99	\$7,400.00	\$213.12	\$128.76
\$10,714.00 - and over	\$7,500.00	\$216.00	\$130.50



# 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

## 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 Riders 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 advice 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.

## 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.

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.



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# File a Claim

## Three Easy Ways!

1

### On your mobile device using AFmobile®

Create an AFmobile® account by downloading the app from the Apple App Store or the Google Play Store.

*Please note, if you already have an OSC account, your username and password will be the same.*

2

### Online using our Online Service Center

Create an OSC account by visiting [americanfidelity.com](http://americanfidelity.com) and clicking on the "Register" button.

3

### By mail\* or fax\* to:

#### Insurance Claim

American Fidelity Assurance Company, Attn: Benefits Department  
P.O. Box 268898, Oklahoma City, OK 73125  
Fax: 800-818-3453

#### Flexible Spending Account and Health Reimbursement Account Claim

American Fidelity Assurance Company, Attn: Flex Account Administration  
P.O. Box 25510, Oklahoma City, OK 73125  
Fax: 800-543-3539

*\*Obtain a claim form for your insurance claim at [www.americanfidelity.com/fileaclaim](http://www.americanfidelity.com/fileaclaim) and click on the "Print a claim form" link.*

### Need assistance filing a claim?

Visit [www.americanfidelity.com/fileaclaim](http://www.americanfidelity.com/fileaclaim) for a complete tutorial of the claim filing process.

**AMERICAN FIDELITY**   
a different opinion TM

# LONG TERM DISABILITY INSURANCE

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 1.800.662.1113

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

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

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





# Long-Term Disability Income Insurance

ACADIA PARISH



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

**AMERICAN FIDELITY**  
a different opinion



# 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. 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

Benefits begin on the 181st 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.

**Service in the Uniformed Services** means: (a) the performance of duty on a voluntary or involuntary basis in a uniformed service under competent authority and includes active duty for training, initial active duty for training, inactive duty training, full-time national guard duty, and a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform any such duty; (b) service in the armed forces of the United States pursuant to authorization by the United States Congress or presidential proclamation pursuant to the War Powers Resolution (50 U.S.C. 1541 et seq.); or (c) state active duty by members of the national guard who are activated pursuant to a call of the governor of this state or of any other state as provided for by law.

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. This benefit will be limited to 8 payments per calendar year.

## 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 180 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 24 months of disability, means that you are unable to perform the material and substantial duties of your regular occupation. After that, disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

## Return To Work Incentives: Disabled and Working

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

- **Family Care Benefit**

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

- **Worksite Accommodation**

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

# Policy Benefit Limitations and Exclusions



## Mental Illness Limited Benefit

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

## Alcoholism and Drug Addiction Limited Benefit

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

## Special Conditions Limited Benefit

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

## Pre-Existing Condition Limitation

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 12 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 12 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.

If you leave employment to perform Service in the Uniformed Services and reapply for coverage after release from uniformed services, including all of your family members and dependents previously covered, shall be reinstated with coverage under the group policy without any restriction because of a preexisting condition.

**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 60 days advance notice. If premium rates are increased, we will provide a 45 day advance notice.



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

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

# Benefit Policy Schedule

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

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums
			Plan I (181st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$3.00
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$4.50
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$6.00
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$7.50
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$9.00
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$10.50
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$12.00
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$13.50
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$15.00
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$16.50
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$18.00
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$19.50
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$21.00
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$22.50
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$24.00
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$25.50
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$27.00
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$28.50
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$30.00
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$31.50
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$33.00
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$34.50
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$36.00
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$37.50
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$39.00
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$40.50
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$42.00
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$43.50
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$45.00
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$46.50
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$48.00
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$49.50
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$51.00
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$52.50
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$54.00
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$55.50
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$57.00

## Benefit Policy Schedule (continued)

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

			Monthly Premiums
Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Plan I (181st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$58.50
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$60.00
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$61.50
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$63.00
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$64.50
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$66.00
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$67.50
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$69.00
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$70.50
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$72.00
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$73.50
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$75.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$76.50
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$78.00
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$79.50
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$81.00
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$82.50
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$84.00
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$85.50
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$87.00
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$88.50
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$90.00
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$91.50
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$93.00
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$94.50
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$96.00
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$97.50
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$99.00
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$100.50
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$102.00
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$103.50
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$105.00
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$106.50
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$108.00
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$109.50
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$111.00
\$10,714.00 - and over	\$7,500.00	\$20,000.00	\$112.50

# Benefit Riders and Limitations

## 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

### Critical Illness Benefit Rider

The Critical Illness Rider will not be payable paid 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](http://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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of America**  
*First in Service and Expertise*



# GROUP CANCER INSURANCE

Guardian | [www.guardianlife.com](http://www.guardianlife.com) | 1.888.600.1600

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.



## Welcome to

# Workplace benefits

## Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

## Your coverage options



**Cancer  
insurance**

Financial support after a  
cancer diagnosis

## Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

**1** Read through this information.

**2** Find out more about your benefits.

**3** Talk to your employer if you need help or have any questions.

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This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.



**Watch our video**  
How cancer insurance can ease the financial burden of a cancer diagnosis.

# Cancer insurance

If you're diagnosed with cancer, the last thing you need to think about is the cost. Cancer insurance helps ease the financial burden.

Every year, more and more people are diagnosed with cancer. Unfortunately, in addition to bearing the physical and emotional toll of this disease, patients are often saddled with added financial expenses.

## Who is it for?

Cancer insurance is for people who want added financial protection, in addition to their regular health insurance. It comes into play if you are diagnosed with cancer—providing additional financial support to help keep the focus on your cancer treatment and recovery.

## What does it cover?

Cancer insurance benefits can help you handle medical plan deductibles, co-pays and other out-of-pocket costs by providing benefits when you receive radiation or chemotherapy treatment, or are hospitalized for surgery to treat cancer. These benefits can be used for non-medical expenses such as transportation to treatment facilities, and even everyday living expenses like groceries, rent, and mortgage payments.

## Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. The unexpected out-of-pocket expenses of cancer recovery, including transportation, co-pays, and deductibles, can add up fast. What's more, some of the costs you may incur during recovery are non-medical, such as covering a mortgage, childcare, and household expenses. Cancer insurance can help you pay for all of them.

Plus, cancer insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



## Extra support

Sarah's diagnosed with kidney cancer after a screening test and decides to undergo kidney removal surgery.

---

Average surgical expense: **\$25,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Sarah's still responsible for 20%: **\$4,700**

Total out-of-pocket amount for Sarah (deductible + coinsurance): **\$6,200**

Sarah has Guardian's Cancer Advantage policy, which pays her **\$2,500** as an initial diagnosis benefit and **\$2,100** for a 7-day hospital stay.

This gives her a total of **\$4,600** to help cover a portion of her out-of-pocket amount.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your cancer coverage

CANCER		
COVERAGE - DETAILS	Option 1	Option 2
<b>Your Monthly premium</b>	\$24.40	\$33.22
You and Spouse	\$46.33	\$63.76
You and Child(ren)	\$29.03	\$40.31
You, Spouse and Child(ren)	\$50.96	\$70.85
<b>INITIAL DIAGNOSIS BENEFIT</b> - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.		
<b>Benefit Amount(s)</b>	Employee \$2,500 Spouse \$2,500 Child \$2,500	Employee \$5,000 Spouse \$5,000 Child \$5,000
<b>Benefit Waiting Period</b> - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days	30 Days
<b>CANCER SCREENING</b>		
<b>Benefit Amount</b>	\$75; \$75 for Follow-Up screening	\$150; \$150 for Follow-Up screening
<b>RADIATION THERAPY OR CHEMOTHERAPY</b>		
<b>Benefit</b>	Schedule amounts up to a \$15,000 benefit year maximum.	Schedule amounts up to a \$20,000 benefit year maximum.
<b>Pre-Existing Conditions Limitation:</b> A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 month look back period, 12 month exclusion period.	12 month look back period, 12 month exclusion period.
<b>Portability:</b> Allows you to take your Cancer coverage with you if you terminate employment.	Included	Included
<b>Child(ren) Age Limits</b>	Children age birth to 26 years	Children age birth to 26 years
<b>FEATURES</b>		
Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement	\$1,500/trip, limit 2 trips per hospital confinement
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit
Anti-Nausea	\$50/day up to \$150 per month	\$50/day up to \$150 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year	\$100/day up to \$5,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month	\$100/day up to \$1,000/month



## Your cancer coverage

FEATURES (Cont.)	Option 1	Option 2
Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year	\$100/day up to 90 days per year
Government or Charity Hospital	\$300 per day in lieu of all other benefits	\$300 per day in lieu of all other benefits
Home Health Care	\$50/visit up to 30 visits per year	\$50/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year	\$25/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime	\$50/day up to 100 days/lifetime
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Rider	Pays a daily amount of \$600/day up to 45 days per year if the insured is confined to the ICU for any reason OTHER than Cancer treatment. ICU confinements due to Cancer treatment are covered under our standard Cancer plan.	
Immunotherapy	\$500 per month, \$2500 lifetime max	\$500 per month, \$2500 lifetime max
Inpatient Special Nursing	\$100/day up to 30 days per year	\$100/day up to 30 days per year
Medical Imaging	\$100/image up to 2 per year	\$100/image up to 2 per year
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	\$75/day, up to 90 days per year	\$75/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure	\$250/day, 3 days per procedure
Physical or Speech Therapy	\$25/visit up to 4 visits per month, \$400 lifetime max	\$25/visit up to 4 visits per month, \$400 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max
Reconstructive Surgery	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500
Second Surgical Opinion	\$200/surgery procedure	\$200/surgery procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Surgical Benefit	Schedule amount up to \$4,125	Schedule amount up to \$4,125
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion



# Your cancer coverage

## UNDERSTANDING YOUR BENEFITS :

- **Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.
- **Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue underwriting is required on those enrolling outside of the initial enrollment period or annual open enrollment period.

This plan will not pay benefits for: Services or treatment not included in the Features. Services or treatment provided by a family member. Services or treatment rendered for hospital confinement outside the United States. Any cancer diagnosed solely outside of the United States. Services or treatment provided primarily for cosmetic purposes. Services or treatment for premalignant conditions. Services or treatment for conditions with malignant potential. Services or treatment for non-cancer sicknesses.

Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country.

*If Cancer insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.*

Contract # GP-I-CAN-IC-12

- **Specified Disease Rider** – This rider pays for any of the schedule benefits within our standard Cancer plan for a specific list of diseases. The rider only pays for one specified disease on the list during an insured's lifetime. The covered specified diseases are Addison's Disease, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Brucellosis, Cerebrospinal Meningitis (bacterial), Cystic Fibrosis, Diphtheria, Encephalitis, Hansen's Disease, Hepatitis (Chronic B or Chronic C with liver failure or hepatoma), Legionnaire's Disease (confirmation by culture or sputum), Lyme Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Rabies, Reye's Syndrome, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Systemic Lupus Erythematosus, Tetanus, Thalassemia, Tuberculosis, Tularemia, or Typhoid Fever

- **ICU Rider** – Pays a daily amount of \$600/day up to 45 days per year if the insured is confined to the ICU for any reason OTHER than Cancer treatment. ICU confinements due to Cancer treatment are covered under our standard Cancer plan.

Guardian's Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form # GP-1-CAN-IC-12, et al, GP-1-LAH-12R



# Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

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## Important information



### **Notice Informing Individuals about Nondiscrimination and Accessibility Requirements**

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

### **No Cost Language Services**

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

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# CRITICAL ILLNESS INSURANCE

Allstate | [www.allstatebenefits.com](http://www.allstatebenefits.com) | 1.800.521.3535

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

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

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



## American Heritage Life Insurance Company

Protection when faced with a critical illness diagnosis and you need treatment

## Critical Illness Insurance from Allstate Benefits\*

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

### Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

### Meeting Your Needs

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation\*\*
- Coverage available for dependents
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- 25% of your Basic-Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.®**

\*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. \*\*Please refer to the Exclusions and Limitations section of this brochure.

†[https://www.cdc.gov/heartdisease/heart\\_attack.htm](https://www.cdc.gov/heartdisease/heart_attack.htm) ††<https://www.cdc.gov/stroke/facts.htm>

## DID YOU KNOW ?



Every **40** seconds,  
an American will suffer  
a heart attack†



Every **40** seconds,  
someone in the U.S.  
has a stroke††

# Meet Ashley

Ashley is like any single parent who has been diagnosed with a critical illness. She's worried about her future, her children and how they will cope with her treatments. Most importantly, she worries about how she will pay for it all.

Here is what weighs heavily on her mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to my treatments, I must cover my bills, rent/mortgage, groceries and my children's education
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Ashley's story of diagnosis and treatment turned into a happy ending, because she had supplemental Critical Illness Insurance to help with expenses.



## CHOOSE

Ashley chooses Critical Illness benefits to help protect herself and her children, if they are diagnosed with a critical illness.



## USE

During Ashley's annual wellness exam, her doctor noticed an irregular heartbeat. She underwent an electrocardiogram (EKG) test and stress test, which confirmed she had a blockage in one of her coronary arteries.

**Here's Ashley's treatment path:**

- Ashley has her annual wellness exam
- Her doctor notices an abnormality in her heartbeat; tests are performed and she is diagnosed with coronary artery disease
- After visits with doctors, surgeons and an anesthesiologist, Ashley undergoes surgery
- Surgery is performed to remove the blockage with a bypass graft. She is visited by her doctor during a 4-day hospital stay and released
- Ashley follows her doctor required treatment during a 2-month recovery period, and has regular doctor office visits

Ashley is doing well and is on the road to recovery.



## CLAIM

Ashley's Critical Illness claim paid her cash benefits for the following:

Wellness

Coronary Artery Bypass Surgery

The cash benefits were direct deposited into her bank account.

For a listing of benefits and benefit amounts, see pages 3 and 4.

## Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



### Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



### Travel

Can help pay for expenses while receiving treatment in another city.



### Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



### Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



## MyBenefits: 24/7 Access [allstatebenefits.com/mybenefits](http://allstatebenefits.com/mybenefits)

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

**Wellness** - Biopsy for skin cancer; Bone Marrow Testing; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; Ultrasound screening for abdominal aortic aneurysms.

## Benefits (subject to maximums as listed on page 4)

### Benefit paid upon diagnosis of one of the following conditions

#### INITIAL CRITICAL ILLNESS BENEFITS\*

**Heart Attack** - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are not covered

**Stroke** - the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not covered

**Major Organ Transplant** - transplant of heart, lung, liver, pancreas or kidneys. Transplanted organ must come from a human donor

**End Stage Renal Failure** - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Renal failure caused by traumatic events, including surgical trauma, are not covered

**Coronary Artery Bypass Surgery** - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered

**Waiver of Premium (employee only)** - premiums waived if disabled for 90 consecutive days due to a critical illness

#### OPTIONAL/ADDITIONAL CANCER CRITICAL ILLNESS BENEFITS\*

**Invasive Cancer** - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, non-invasive or metastasized skin cancer and early prostate cancer are not covered

**Carcinoma In Situ** - non-invasive cancer, including early prostate cancer (stages A, I, II) and melanoma that has not invaded the dermis. Other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors and polyps are not covered

#### SECOND EVENT BENEFIT\*

**Second Event Initial Critical Illness** - second diagnosis more than 12 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

#### SUPPLEMENTAL CRITICAL ILLNESS II BENEFITS\*

**Advanced Alzheimer's Disease** - must exhibit impaired memory and judgment and be certified unable to perform at least three daily activities<sup>1</sup> without adult assistance

**Advanced Parkinson's Disease** - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least three daily activities<sup>1</sup> without adult assistance

**Benign Brain Tumor** - a non-cancerous tumor confirmed by biopsy or surgical excision, or specific neuroradiological examination, and persistent neurological deficits including but not limited to: loss of vision; loss of hearing; or balance disruption. Tumors of the skull, pituitary adenomas, and germinomas are not covered

**Coma** - unconsciousness due to sickness or traumatic brain injury, with severe neurologic dysfunction and unresponsiveness for 14 consecutive days. Requires significant medical intervention and life support. Medically induced Coma is not covered

**Complete Blindness** - irreversible reduction of sight in both eyes

**Complete Loss of Hearing** - total and irreversible loss of hearing in both ears

**Paralysis** - total and permanent loss of voluntary movement or motor function of 2 or more limbs

#### OPTIONAL/ADDITIONAL BENEFIT

**Wellness Benefit** - 23 exams. Once per person, per calendar year; see left for list of wellness services and tests

\*Benefits paid once per covered person. When all benefits have been used, the coverage terminates. <sup>1</sup>Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.

## BENEFIT AMOUNTS

<sup>†</sup>Covered dependents receive 50% of your benefit amount

INITIAL CRITICAL ILLNESS BENEFITS <sup>†</sup>	PLAN 1	PLAN 1+	PLAN 2	PLAN 2+	PLAN 3	PLAN 3+
Heart Attack (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Stroke (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$2,500	\$3,750	\$3,750	\$5,000	\$5,000
Waiver of Premium (employee only)	Yes	Yes	Yes	Yes	Yes	Yes
OPTIONAL/ADDITIONAL CANCER CRITICAL ILLNESS BENEFITS <sup>†</sup>	PLAN 1	PLAN 1+	PLAN 2	PLAN 2+	PLAN 3	PLAN 3+
Invasive Cancer (100%)	n/a	\$10,000	n/a	\$15,000	n/a	\$20,000
Carcinoma in Situ (25%)	n/a	\$2,500	n/a	\$3,750	n/a	\$5,000
SECOND EVENT BENEFIT <sup>†</sup>	PLAN 1	PLAN 1+	PLAN 2	PLAN 2+	PLAN 3	PLAN 3+
Second Event Initial Critical Illness Benefit (same amount as Initial Critical Illness)	Yes	Yes	Yes	Yes	Yes	Yes
SUPPLEMENTAL CRITICAL ILLNESS II BENEFITS <sup>†</sup>	PLAN 1	PLAN 1+	PLAN 2	PLAN 2+	PLAN 3	PLAN 3+
Advanced Alzheimer's Disease (25%)	\$2,500	\$2,500	\$3,750	\$3,750	\$5,000	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$2,500	\$3,750	\$3,750	\$5,000	\$5,000
Benign Brain Tumor (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Coma (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Complete Blindness (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Paralysis (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
OPTIONAL/ADDITIONAL BENEFIT	PLAN 1	PLAN 1+	PLAN 2	PLAN 2+	PLAN 3	PLAN 3+
Wellness Benefit (per year)	n/a	\$100	n/a	\$100	n/a	\$100



**PLAN 1 MONTHLY PREMIUMS**

\$10,000 Basic Benefit Amount

	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
AGE	Non-Tobacco		Tobacco	
18-35	\$3.60	\$4.90	\$5.50	\$7.75
36-50	\$9.90	\$14.35	\$16.00	\$23.50
51-60	\$21.40	\$31.60	\$34.90	\$51.85
61-63	\$35.80	\$53.20	\$54.20	\$80.80
64+	\$57.20	\$85.30	\$87.00	\$130.00

**PLAN 1+ MONTHLY PREMIUMS**

\$10,000 Basic Benefit Amount

	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
AGE	Non-Tobacco		Tobacco	
18-35	\$12.52	\$21.04	\$17.12	\$27.94
36-50	\$23.62	\$37.69	\$36.32	\$56.74
51-60	\$44.52	\$69.04	\$71.22	\$109.09
61-63	\$67.52	\$103.54	\$101.62	\$154.69
64+	\$98.52	\$150.04	\$149.82	\$226.99

**PLAN 2 MONTHLY PREMIUMS**

\$15,000 Basic Benefit Amount

	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
AGE	Non-Tobacco		Tobacco	
18-35	\$4.90	\$6.85	\$7.74	\$11.10
36-50	\$14.36	\$21.04	\$23.51	\$34.76
51-60	\$31.60	\$46.90	\$51.85	\$77.27
61-63	\$53.20	\$79.30	\$80.80	\$120.70
64+	\$85.30	\$127.45	\$130.00	\$194.50

**PLAN 2+ MONTHLY PREMIUMS**

\$15,000 Basic Benefit Amount

	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
AGE	Non-Tobacco		Tobacco	
18-35	\$15.52	\$25.54	\$22.41	\$35.87
36-50	\$32.18	\$50.53	\$51.22	\$79.09
51-60	\$63.53	\$97.55	\$103.57	\$157.61
61-63	\$98.02	\$149.29	\$149.18	\$226.03
64+	\$144.52	\$219.04	\$221.47	\$334.47

**PLAN 3 MONTHLY PREMIUMS**

\$20,000 Basic Benefit Amount

	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
AGE	Non-Tobacco		Tobacco	
18-35	\$6.20	\$8.80	\$9.98	\$14.48
36-50	\$18.80	\$27.70	\$31.00	\$46.00
51-60	\$41.81	\$62.21	\$68.81	\$102.71
61-63	\$70.61	\$105.41	\$107.42	\$160.62
64+	\$113.39	\$169.59	\$172.99	\$258.99

**PLAN 3+ MONTHLY PREMIUMS**

\$20,000 Basic Benefit Amount

	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
AGE	Non-Tobacco		Tobacco	
18-35	\$18.52	\$30.04	\$27.70	\$43.82
36-50	\$40.72	\$63.34	\$66.11	\$101.43
51-60	\$82.54	\$126.06	\$135.93	\$206.15
61-63	\$128.53	\$195.05	\$196.75	\$297.37
64+	\$190.51	\$288.03	\$293.12	\$441.94

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family



## CERTIFICATE SPECIFICATIONS

### Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

### Dependent Eligibility/Termination

Family members eligible for coverage are your spouse or domestic partner and children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

### When Coverage Ends

Coverage under the policy ends on the earliest of: the date the policy is canceled; you stop paying your premium; the last day of active employment; you are no longer eligible; a false claim is filed; when all benefits have been paid under the policy.

### Continuing Your Coverage

You may be able to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

## EXCLUSIONS AND LIMITATIONS

### Conditions and Limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness after your effective date will be payable. Benefits are subject to the Pre-Existing Condition Limitation as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the certificate and be diagnosed by a physician while coverage is in effect. The date of diagnosis for each illness must be separated by 90 days. Emergency situations outside the U.S. will be considered when you return to the U.S.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date, subject to the terms and conditions in the certificate.

### Pre-Existing Condition Limitation

Benefits are not paid for: a critical illness that is, caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

### Exclusions

Benefits are not paid for: war or participation in a riot, insurrection or rebellion; intentionally self-inflicted injury or action; illegal activities or occupations; suicide while sane, or self-destruction while insane, or any attempt at either; substance abuse, including alcohol, alcoholism, drug addiction, or dependence upon any controlled substance.



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[www.allstate.com](http://www.allstate.com) or  
[allstatebenefits.com](http://allstatebenefits.com)

This brochure is for use in enrollments situated in LA.

Rev. 7/20. This material is valid as long as information remains current, but in no event later than July 1, 2023.

Group Critical Illness benefits are provided under policy form GVCIP2, or state variations thereof.

**The coverage provided is limited benefit supplemental critical illness insurance.** The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

**The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.**

# INDIVIDUAL CANCER INSURANCE

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 1.800.662.1113

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.

# C11 CANCER *Insurance Plan*

*Underwritten by American Fidelity Assurance Company*



**Limited Benefit Cancer Expense Insurance Policy**



*Marketed by:*

**First Financial Capital Corporation**

P.O. Box 670329 • Houston, TX 77267-0329  
Local (281) 847-8422 | Toll Free (800) 523-8422

[www.ffga.com](http://www.ffga.com)

# Cancer C11 Insurance

## Focus on the fight

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

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

## Cancer Insurance Benefits

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

Example Cancer insurance benefits include:



### Experimental Treatment

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



### Transportation and Lodging

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

## Plan Highlights

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

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

American Fidelity's Limited Benefit Cancer Insurance features:

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

### SCREENING BENEFIT<sup>+</sup>

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

### DIAGNOSTIC AND PREVENTION BENEFIT (per calendar year)

Basic  
\$60

Enhanced  
\$75

## Plan Options

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

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

<sup>+</sup>The premium and amount of benefits vary based upon the plan selected.

# Schedule of Benefits by Plan<sup>+</sup>

Marketed by: First Financial Group of America

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

# Schedule of Benefits by Plan<sup>+</sup> (continued)

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

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

## Enhance your plan<sup>++</sup>

### Critical Illness Rider

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

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

#### Summary of Critical Illness Rider Benefits:

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

<sup>+</sup>The premium and amount of benefits provided vary based upon the plan selected.

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

### Hospital Intensive Care Unit Rider

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

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

#### Summary of Hospital ICU Rider Benefits:

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



# Plan Benefits Highlights

## Plan Benefit Highlights

**Only loss for Cancer** The policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically provided in the dread disease benefit.

**Cancer** means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gammopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps. All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. **Benefits under this policy pays the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

**Diagnostic, Prevention and Cancer Screening Benefit** Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy, and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. This benefit is available without a diagnosis of Cancer.

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

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

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

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

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

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

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

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

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

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

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

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

**Transportation and Lodging Benefits** Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging to receive radiation therapy, chemotherapy, or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. Travel must be within the United States or its Territories.

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

# Plan Benefit Highlights (continued)

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

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

**Second and Third Surgical Opinion Benefit** Payable once per diagnosis of Cancer for a second surgical opinion, and a third if the second disagrees with the first. Surgical opinions for reconstructive, skin Cancer, or prosthesis surgeries are not covered.

**Prosthesis Benefit** Payable for a prosthetic device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. **Hair Prosthesis Benefit** is payable once per covered person per lifetime when a hair prosthesis is needed.

**Extended Care Facility Benefit** Pays for physician authorized confinement that begins within 14 days after a Hospital confinement.

**Physical or Speech Therapy Benefit** Therapy must be provided by a caregiver licensed in physical or speech therapy.

**Hospice Care Benefit** Payable when a physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

**Home Health Care Benefit** Pays for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy. The service must be provided by a nurse or home health nurse's aid and can not be a family member.

**Waiver of Premium Benefit** If the primary insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums for policy and rider(s) due after the 90th day so long as the primary insured remains disabled. "Disabled" means the primary insured's inability because of Cancer: to work at any job for which (s)he is qualified by education, training or experience; not working at any job for pay or benefits; and under the care of a physician for the treatment of Cancer. The policy must be in force at the time disability begins and the primary insured must be under age 65.

**Experimental Treatment Benefit** Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

**Donor Benefit** Pays if a donor incurs expenses on behalf of a covered person for a covered surgery due to organ transplant or a bone marrow/ stem cell transplant. Blood donor expenses are not covered under this benefit.

**Dread Disease Benefit** Covered dread diseases are: addison's disease; amyotrophic lateral sclerosis; cystic fibrosis; diphtheria; encephalitis; grand mal epilepsy; legionnaire's disease; meningitis; multiple sclerosis; muscular dystrophy; myasthenia gravis; niemann-pick disease; osteomyelitis; poliomyelitis; reye's syndrome; rheumatic fever;

rocky mountain spotted fever; sickle cell anemia; systemic lupus erythematosus; tay-sach's disease; tetanus; toxic epidermal; toxic shock syndrome; tuberculosis; tularemia; typhoid fever; whipple's disease.

**Inpatient Special Nursing Services Benefit** Pays when Hospital confined and receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period.

*See your policy for more information regarding the benefits listed above.*

**Eligibility** The policy/rider(s) will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. You, your lawful spouse and each natural, adopted or step child who is under 26 years of age are eligible to apply for coverage.

**Limitations and Exclusions** The policy does not cover any other disease, sickness or incapacity even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically stated in the dread disease benefit.

**Pre-Existing Condition** A Pre-Existing Condition is a Cancer or dread disease for which, within 12 months prior to the effective date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession; or which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice, or treatment. Pre-Existing Conditions specifically named or described as excluded in any part of the policy are never covered. No benefits are payable for any covered person for any loss incurred during the first year of the policy as a result of a Pre-Existing Condition.

**Waiting Period** The policy contains a 30-day waiting period during which no benefits will be paid under the policy. If any Cancer or dread disease is diagnosed before the end of the 30-day period immediately following the effective date, coverage will apply only to loss that is incurred after one year from the effective date. If any covered person is diagnosed as having a Cancer or dread disease during the 30-day period immediately following the effective date, you may elect to void the policy from the beginning and receive a full refund of premium. All benefits are payable only up to the maximum amount listed in the schedule of benefits in the policy.

**Termination of Insurance** Policy/rider(s) will terminate and coverage will end on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the policy/rider(s) month in which we receive a written request from you to terminate the policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than individual the remaining covered persons may have the right to continue or convert their coverage. Coverage will terminate when they no longer meet the eligibility requirements.

For the spouse, policy/rider(s) will terminate and coverage will end on the earliest of: The end of the policy/rider(s) month in which we receive a written request from you to delete the spouse from the policy/rider(s); the end of the premium term in which a divorce, annulment, legal separation is obtained; or upon their death.

For the child(ren), policy/rider(s) will terminate and coverage will end the earliest of: The end of the policy/rider(s) month in which we receive a written request from you to delete the child(ren) from the policy/rider(s); or upon their death.

**Guaranteed Renewable** You are guaranteed the right to renew your policy/rider(s) during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.

# Limitations and Exclusions

## Critical Illness Rider

Limitations and Exclusions Benefits will only be paid for a Covered Critical Illness as shown on the Policy Schedule page in the policy. No benefits will be provided for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; or intentional self-injury; or alcoholism or drug addiction; or any act of war, declared or undeclared or any act related to war; or military service for any country at war; or a Pre-Existing Condition during the 12 month period following the Covered Person's Effective Date under the rider; or a Covered Critical Illness when the Date of Diagnosis occurs during the Waiting Period, if applicable; or participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.) All Critical Illness amounts reduce by 50% at age 70.

**Pre-Existing Condition** as defined in the rider means any sickness or condition for which, within 12 months prior to the Effective Date of coverage under the rider, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment.) Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: Acquired immune deficiency syndrome (AIDS); or Actinic keratosis; or Myelodysplastic and non-malignant myeloproliferative disorders; or Aplastic anemia; or Atypia; or Non-malignant monoclonal gammopathy; or Pre-malignant lesions, benign tumors or polyps; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or Cancer in situ or any skin Cancer other than invasive malignant melanoma into the dermis or deeper. Heart Attack does not include congestive heart failure, atherosclerotic heart disease, angina, including unstable angina, coronary disease or any other dysfunction of the cardiovascular system. Stroke does not mean a head injury, transient ischemic attack, multi-infarct dementia, or chronic cerebrovascular insufficiency.

**Waiting Period** pays when diagnosed by a Physician after a 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke, depending upon the Critical Illness coverage elected at time of application.

**Termination** each Covered Person's coverage will terminate when the maximum benefit amount for the Covered Critical Illness(es) has been paid for him/her.

## Hospital Intensive Care Unit Rider

Limitations and Exclusions No benefits will be provided during the first two years of the rider for Hospital Intensive Care Unit confinement caused by any heart condition when any heart condition was diagnosed or treated prior to the 30th day following the Covered Person's Effective Date of the rider (The heart condition causing the confinement need not be the same condition diagnosed or treated prior to the Effective Date.). No benefits will be provided if the loss results from: attempted suicide whether sane or insane; intentional self-injury; alcoholism or drug addiction; or any act of war, declared or undeclared, or any act related to war; or military service for any country at war. No benefits will be paid for confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical care; or facilities which do not meet the standards for Intensive Care Unit as defined in the Rider. For a newborn child born within the ten-month period following the effective date of the rider, no benefits will be provided for Hospital Intensive Care Unit Confinement that begins within the first 30 days following the birth of such child. All ICU and Ambulance amounts reduce by 50% at age 70.

**Termination of Insurance** this policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan; or the date insurance has ceased on all persons covered under this policy/rider(s).

# Cancer Insurance Premiums

## Base Plan Monthly Premiums\*

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

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

## Optional Benefit Rider Monthly Premiums\*

### Hospital Intensive Care Unit Rider Monthly Premiums

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

## Optional Benefit Rider Monthly Premiums\*

### Critical Illness Rider Monthly Premiums

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

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

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

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



View and print your policies or file a claim at [americanfidelity.com](http://americanfidelity.com)

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

## Guaranteed Renewable

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

Underwritten and administered by:



9000 Cameron Parkway • Oklahoma City, Oklahoma 73114 • 800-654-8489 • [www.americanfidelity.com](http://www.americanfidelity.com)

# ACCIDENT INSURANCE

Manhattan Life | [www.manhattanlife.com](http://www.manhattanlife.com) | 1.877.378.1505

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





**ManhattanLife™**

*Standing By You. Since 1850.*



**ACADIA PARISH SCHOOLS**

*Reaching Every Child Every Day*

## Accident Insurance

### Protect Yourself Against Rising Health Costs

As health care costs continue to rise, the value of increasing your supplemental insurance coverage becomes more important. An Accident plan helps address your concerns by offering supplemental coverage for accidents, injuries, ambulance services and accidental death. The coverage is also available for your family.

#### Your Offer Includes:

##### Accident Coverage

Guarantee Issue  
Employee and Spouse: 18-70  
Children: Under age 26

##### Benefit

Accident Medical Expense Benefit Maximum per Accident

Level 1 Maximum	Level 2 Maximum
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\$500	\$1,000
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Ground Ambulance Benefit Maximum per Accident

\$75	\$150
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Air Ambulance Benefit Maximum per Accident

\$150	\$300
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Hospital Indemnity Benefit Per day, 30 day max, per Confinement

\$75	\$150
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AD&D and Loss of Life Benefit Dismemberment and loss of sight pays a percentage.

\$25,000	\$50,000
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First hospitalization - Benefit is payable once per year per covered person for an accident; must be admitted for at least 24 hours.

\$250	\$500
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Common carrier accidental death, dismemberment, and loss of sight (death benefit displayed)

\$50,000	\$100,000
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Fracture and dislocation benefit

\$750	\$1,500
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## Fractures and Dislocation Benefits

\*\*Pays percentage of the benefit listed depending on location of Fracture or Dislocation.

<u>Fractures</u>		<u>Dislocations</u>	
Hip Bone (Pelvis) or femur:	100%	Hip:	100%
Vertebra:	75%	Knee (except patella):	50%
Skull (depressed or ping-pong fracture):	65%	Foot (except toes):	35%
Leg (tibia or fibula):	50%	Hand (except fingers):	20%
Bones of foot, ankle, kneecap, hand, wrist or forearm (radius or ulna):	40%	Finger, toe:	6%
Lower jaw, shoulder blade, collar bone:	35%		
Upper arm, upper jaw, skull (simple, non-depressed fracture):	25%		
Facial bones (or nose):	20%		
Finger, toe, rib, coccyx:	6%		
<b>Total Disability Premium Waiver</b>		Included	
<b>Portability</b>		Included	

## ManhattanLife Accident Rates 2020

### Monthly (12) premium

Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Level 1	\$13.86	\$20.38	\$29.51	\$36.46

Note: Final implementation rate may vary slightly due to rounding

### Monthly (12) premium

Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Level 2	\$23.47	\$35.14	\$40.88	\$53.80

Note: Final implementation rate may vary slightly due to rounding



**ManhattanLife**<sup>TM</sup>

*Standing By You. Since 1850.*

# VOLUNTARY RETIREMENT PLANS

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) |  
1.800.523.8422, option 2 | [retirement@ffga.com](mailto:retirement@ffga.com)

## 403(b) RETIREMENT PLAN

Research shows that Americans are living well past retirement years. Are you saving enough to be able to enjoy those years? A 403(b) plan can help you get there.

It's an IRS-approved retirement plan that allows you to set aside money on an after-tax basis for your retirement. Contributions are conveniently made through payroll deduction, so money is moved from your paycheck into the account automatically. Plus, your employer may even match your contributions based on how much you put into the plan. Now is the time to take full advantage of this opportunity to maximize your retirement savings!

## 457(b) RETIREMENT PLAN

The 457(b) plan is an employer-sponsored voluntary retirement savings plan that allows you to save money for retirement on a tax-deferred basis. The plan contains most of the same features of the 403(b) plan but is different in one unique way. Distributions from a 457(b) Deferred Compensation Plan are not subject to the 10 percent excise tax for early withdrawal.

## CONTRIBUTION LIMITS

In 2023, you can contribute 100 percent of your includible compensation up to \$22,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$30,000.

# 403(b) RETIREMENT PLANS

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) |  
1.800.523.8422, option 2 | [retirement@ffga.com](mailto:retirement@ffga.com)

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

## HOW A 403(B) WORKS

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

## BENEFITS

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

## CONTRIBUTION LIMITS

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

# 457(b) RETIREMENT PLANS

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) |  
1.800.523.8422, option 2 | [retirement@ffga.com](mailto:retirement@ffga.com)

A 457(b) plan is a Tax Deferred Retirement Plan available to employees of state and local governmental agencies, including public school employees. They are similar to 401(k) plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on what you contribute or your earnings made until you withdraw the money.

## BENEFITS

- Investment options: fixed annuities, variable annuities, or mutual funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan
- Receive periodic account statements
- No 10% federal penalty on interest or earnings for early withdrawal
- No current federal income taxes on the money you put into the plan until it is time to take withdrawals

## CONTRIBUTION LIMITS

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

# LIFE/LONG TERM CARE INSURANCE

Combined | [www.combinedinsurance.com](http://www.combinedinsurance.com) | 1.800.225.4500

To fully equip yourself for the future, consider adding a life/long term care plan to your insurance portfolio. Most health insurance plans will not cover long term care services such as skilled in-home care, nursing home facilities, assisted living centers or adult day care. If you had a life/long term care insurance plan in place, you would have peace of mind knowing that these costs are covered.

A life/long term care insurance plan is there for you whenever you need it as long as the premiums are paid and the policy is still in force. And while we usually think of senior citizens being the ones who need a life/long term care plan, the truth is that any person at any age can claim benefits when it's necessary.

A life/long term care plan allows your loved ones to be there for you as a family member, not a caretaker. Plus, it helps preserve your assets so you can continue building your nest egg. Benefits are paid through payroll deduction, and the plan may be converted to an individual policy if you leave your employer.

Sit down with your First Financial Account Manager to discuss your group long-term care plan and choose the coverage the works best for you and your family.

## LifeTime Benefit Term



### Life Insurance— Valuable protection for your loved ones



You work hard to provide a good life for your family. However, what if something happened to you? Would your family be able to continue covering expenses you may have today like mortgage payments, childcare, credit card payments, college tuition and other household expenses? What about burial expenses or expenses for long term care like nursing home or assisted living care?

Many families would struggle, especially if the primary wage earner died. And few families are able to afford nursing home care without some type of financial assistance.

LifeTime Benefit Term can help.

52% of people  
turning age 65 will  
need some type of  
Long Term Care.<sup>1</sup>

\$85,775  
median annual  
nursing home cost,  
semi-private room  
in 2017.<sup>1</sup>

35% of households  
would feel the  
financial impact...  
if the primary wage  
earner died.<sup>2</sup>



## LifeTime Benefit Term Provides You with the Protection Your Family Needs

LifeTime Benefit Term helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses.

Cash benefits can also be paid directly to you while you are living for long term care expenses.

## You Decide How You Want to Use LifeTime Benefit Term Benefits

When you make the promise to protect your family with LifeTime Benefit Term, there are several ways it can work.

### As Life Insurance

LifeTime Benefit Term protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses.

### For Long Term Care\* (LTC)

If you become chronically ill, LifeTime Benefit Term will pay you 4% of your death benefit each month you receive Long Term Care. You can use this money any way you choose, and your life insurance premiums will be waived.

- Your death benefit will reduce proportionately each month as you receive benefit payments for Long Term Care. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero.
- With Extension of Benefits\*, if you continue to need LTC after you have exhausted your Death Benefits, you can receive up to 50 more months of benefits, for a total of 75 months of LTC benefits.

### Restoration of Your Death Benefit

Ordinarily, accelerating your life coverage for Long Term Care benefits can reduce your death benefit to \$0. While in force, this rider restores your life coverage to not less than 50% of the death benefit on which your LTC benefits were based, not to exceed \$50,000. This rider assures there will be a death benefit available for your beneficiary until you reach age 121.



How LifeTime Benefit Term Can Be Used					
Three Options	Life Situation	Death Benefit	Long Term Care	Long Term Care Extension	Total Benefits
1. Life Insurance	You lead a full life and do not need Long Term Care (LTC)	\$100,000	---	---	\$100,000
2. Long Term Care (LTC) insurance	You lead a full life and need assisted living or nursing home care	---	\$100,000	---	
3. Split your Death Benefit for LTC & life insurance	You lead a full life but also need some LTC funds (Example: 4% of \$100,000 for 12 months)	\$52,000	\$48,000	---	
Additional Coverage for Long Term Care and Death Benefits					
Extra Long Term Care for up to 50 additional months	You lead a full life and need extended benefits for assisted living or nursing home care	---	---	\$200,000	\$200,000
Restore your Death Benefit	If you deplete your entire Death Benefit due to LTC, we restore your Death Benefit to 50% of your original death benefit	\$50,000	---	---	\$50,000
Option 1, 2 or 3 + Extra LTC Coverage + Restoration of Death Benefit = <b>TOTAL COVERAGE</b>					<b>\$350,000</b>

## Term Life Insurance Built for Today

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### Guaranteed Premiums\*

Life insurance premiums will never increase and are guaranteed to age 100. Thereafter no additional premium is due while the coverage can continue to age 121.

### Guaranteed Benefits During Working Years

Death Benefit is guaranteed 100% when it is needed most—during your working years when your family is relying on your income. While the policy is in force, the death benefit is 100% guaranteed for the longer of 25 years or age 70.

### Guaranteed Benefits After Age 70

After age 70, when income is less relied upon, the benefit is guaranteed to never be less than 50% of the original death benefit. And based on current interest rates and mortality assumptions, the full death benefit is designed to last a lifetime.

### Paid-up Benefits

After 10 years, paid up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.

### Long Term Care (LTC)\*

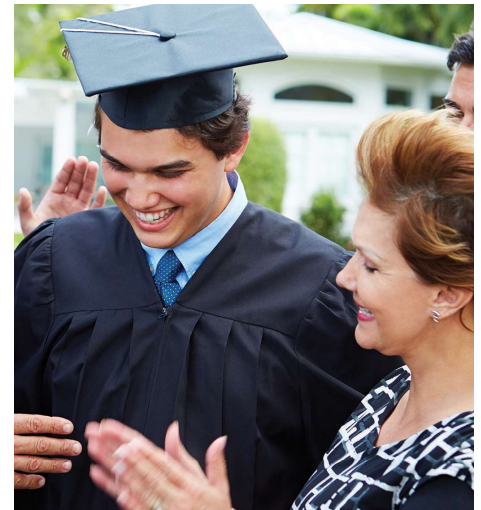
If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid.

### Extension of Benefits\*

Extends the monthly Long Term Care benefit for up to an additional 50 months, after 100% of the base death benefit has been used for LTC.

### Terminal Illness

After your coverage has been in force for 30 days, you can receive 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.



Good things happen every day, and unfortunately hardship happens too. Let us help you protect everything you value.

## Additional Benefit Options *(additional premiums required)*

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### Child Term

Death Benefits available up to \$25,000. Guaranteed conversion to individual coverage at age 26—up to 5 times the benefit amount.

### Waiver of Premium

Waives premium if you become totally disabled.

### Payor Waiver of Premium

Waives premium of your spouse, if you become totally disabled.

\* LTC and Extension of Benefits premiums may be adjusted based upon the experience of the group or other group characteristics that may affect results. Premiums will not be increased solely because of an independent claim. New premiums will be based on the insured's age and premium class on the rider's coverage date.

## LifeTime Benefit Term Features

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### Affordable Financial Security

Lifelong protection with premiums beginning as low as \$3 per week.

### Dependable Guarantees

Guaranteed life insurance premium and death benefits last a lifetime.

### Highly Competitive Rates

For the same premium, LifeTime Benefit Term provides higher benefits than permanent life insurance and lasts to age 121.

### Fully Portable and Guaranteed Renewable for Life

Your coverage cannot be cancelled as long as premiums are paid as due.

### Family Coverage

Coverage is available for your spouse, children and dependent grandchildren.

## LifeTime Benefit Term Exclusions

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If the insured commits suicide, while sane or insane, within two years (one year in some states) from the Date of Issue, and while this Coverage is in force, We will pay in one sum to the Beneficiary, the amount of premiums paid for this Coverage.

### Long Term Care Exclusions

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We will not pay Long Term Care benefits for care that is received or loss incurred as a result of: 1) an intentionally self-inflicted injury, or attempted suicide; or 2) war or any act of war, declared or undeclared, or service in the armed forces of any country; or 3) the Insured's participation in a felony, riot or insurrection.

We will not pay Long Term Care benefits if the Confinement, Home Health Care services, or Adult Day Care service: 1) is for alcoholism or drug addiction; or 2) is received outside the United States and its territories; or 3) is provided by ineligible providers; or 4) is rendered by members of the Certificateholder's or the Insured's Immediate Family.

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If you have questions about this product contact (855) 241-9891.

This document is a brief description of Form Nos. C34544LA and P34544LA and riders: Dependent Child=34546, Waiver of Premium=34551, Payor Waiver of Premium=34549, Restoration of Death Benefits=34559, Accelerated Death Benefit for Terminal Illness=34550, Long Term Care=34553 and Extension of Benefits=34554). Refer to your policy for specific details about benefits, exclusions and limitations.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

1. Long-Term Support and Services Fact Sheet. AARP Public Policy Institute, March 2017, [www.aarp.org](http://www.aarp.org)
2. The 2018 Insurance Barometer Study. Life Happens, LIMRA

Chubb. Insured.<sup>SM</sup>

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. This insurance product is underwritten by Combined Insurance Company of America, Chicago, IL, a Chubb company.

## CHUBB Workplace Benefits

## Defined Benefit (OPTIONAL AMOUNTS)

## Lifetime Benefit Term Quotes, Page 1 of 1

Monthly (12 times)

Generated from Quote System (...035\_170518.xls)

RIDERS INCLUDED(\*): TI, LTC75 RR50%,

Prepared For: Sample rates

Class: M30\_NS\_LA

Riders	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	
Iss Age	\$ 10,000	\$ 25,000	\$ 50,000	\$ 75,000	\$ 100,000	\$ 125,000	\$ 150,000	
19	N/A	N/A	22.75	34.12	45.50	56.87	68.25	
20	N/A	N/A	22.75	34.12	45.50	56.87	68.25	
21	N/A	N/A	23.17	34.75	46.33	57.91	69.50	
22	N/A	N/A	23.58	35.37	47.16	58.96	70.75	
23	N/A	N/A	24.04	36.06	48.08	60.10	72.12	
24	N/A	N/A	24.54	36.81	49.08	61.35	73.62	
25	N/A	N/A	25.04	37.56	50.08	62.60	75.12	
26	N/A	N/A	25.92	38.87	51.83	64.79	77.75	
27	N/A	13.44	26.87	40.31	53.75	67.18	80.62	
28	N/A	13.94	27.87	41.81	55.75	69.68	83.62	
29	N/A	14.44	28.87	43.31	57.75	72.18	86.62	
30	N/A	14.94	29.87	44.81	59.75	74.68	89.62	
31	N/A	15.57	31.15	46.72	62.30	77.87	93.45	
32	N/A	16.27	32.55	48.82	65.10	81.37	97.65	
33	N/A	16.95	33.91	50.86	67.81	84.77	101.72	
34	N/A	17.67	35.35	53.02	70.70	88.37	106.05	
35	N/A	18.50	37.00	55.50	74.00	92.50	111.00	
36	N/A	19.49	38.98	58.47	77.96	97.45	116.95	
37	N/A	20.52	41.05	61.57	82.10	102.62	123.15	
38	N/A	21.60	43.20	64.80	86.40	108.00	129.59	
39	N/A	22.78	45.56	68.33	91.11	113.89	136.67	
40	N/A	23.96	47.91	71.87	95.83	119.79	143.74	
41	N/A	25.25	50.51	75.76	101.01	126.27	151.52	
42	N/A	26.61	53.22	79.83	106.45	133.06	159.67	
43	N/A	28.01	56.02	84.03	112.05	140.06	168.07	
44	N/A	29.49	58.99	88.48	117.98	147.47	176.97	
45	N/A	31.06	62.12	93.18	124.25	155.31	186.37	
46	13.25	33.13	66.26	99.38	132.51	165.64	198.77	
47	14.14	35.34	70.68	106.02	141.36	176.70	212.04	
48	15.08	37.70	75.40	113.10	150.79	188.49	226.19	
49	16.06	40.14	80.28	120.42	160.56	200.70	240.84	
50	17.14	42.85	85.70	128.56	171.41	214.26	257.11	
51	18.17	45.43	90.85	136.28	181.71	227.14	272.56	
52	19.26	48.15	96.30	144.44	192.59	240.74	288.89	
53	20.39	50.97	101.95	152.92	203.89	254.86	305.84	
54	21.59	53.99	107.97	161.96	215.94	269.93	323.91	
55	22.85	57.12	114.25	171.37	228.49	285.61	342.74	
56	24.71	61.78	123.56	185.34	247.12	308.90	370.69	
57	26.70	66.75	133.50	200.25	267.01	333.76	400.51	
58	28.80	71.99	143.99	215.98	287.97	359.96	431.96	
59	30.99	77.46	154.93	232.39	309.85	387.32	464.78	
60	33.30	83.25	166.49	249.74	332.99	416.23	499.48	
61	36.25	90.63	181.26	271.89	362.52	453.15	543.78	
62	39.31	98.26	196.53	294.79	393.05	491.31	589.58	
63	42.56	106.40	212.79	319.19	425.58	531.98	638.37	
64	45.94	114.84	229.68	344.52	459.36	574.21	689.05	
65	49.50	123.75	247.49	371.24	494.98	618.73	742.47	
66	55.14	137.84	275.69	413.53	551.38	689.22	827.07	
67	61.04	152.61	305.22	457.83	610.44	763.05	915.66	
68	67.26	168.15	336.29	504.44	672.59	840.74	1,008.88	
69	73.81	184.52	369.04	553.55	738.07	922.59	1,107.11	
70	80.76	201.91	403.82	605.73	807.63	1,009.54	1,211.45	

Actual premiums may vary slightly due to administrative system rounding.

(\*) Rider Keys: TI=Terminal Illness Accelerated Benefit: All ages, LTC75 RR50%=LTC Accelerated Benefit (excluding term riders) up to 25 months PLUS Extension of Benefits to 75 months, Restoration rider restores up to 50% of death benefits: Ages 18-70 (No EOB ages 71-80),

Initial death benefit is guaranteed to later of 25 years or age 70. After this period, death benefit is projected level to age 121. Guarantees are based upon 2.00% interest and guaranteed insurance charges. Non-guaranteed benefits include credits based upon 3.5% interest and current insurance charges. The Age Paid Up is the attained age where the initial base death benefit (excluding death benefit provided by term rider) is projected to be fully paid-up under current assumptions. The plan has no cash surrender or loan values. Underwritten by Combined Insurance Company of America.

This quote sheet intended for enrollment use by agent only. A detailed illustration explaining all guaranteed and non-guaranteed benefits and premiums will be provided to

Prepared: 9/22/2017

Certificateholder upon delivery of the coverage certificate or earlier upon request.

These are quotations and not a contract

## CHUBB Workplace Benefits

## Defined Benefit (OPTIONAL AMOUNTS)

## Lifetime Benefit Term Quotes, Page 1 of 1

Monthly (12 times)

Generated from Quote System (...035\_170518.xls)

RIDERS INCLUDED(\*): TI, LTC75 RR50%,

Prepared For: Sample rates

Class: M30\_SM\_LA

Riders	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	
Iss Age	\$ 10,000	\$ 25,000	\$ 50,000	\$ 75,000	\$ 100,000	\$ 125,000	\$ 150,000	
19	N/A	14.50	29.00	43.50	58.00	72.50	87.00	
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21	N/A	14.85	29.71	44.56	59.41	74.27	89.12	
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23	N/A	15.60	31.21	46.81	62.41	78.02	93.62	
24	N/A	16.04	32.08	48.12	64.16	80.21	96.25	
25	N/A	16.46	32.92	49.37	65.83	82.29	98.75	
26	N/A	17.08	34.17	51.25	68.33	85.41	102.50	
27	N/A	17.75	35.50	53.25	71.00	88.75	106.50	
28	N/A	18.40	36.79	55.19	73.58	91.98	110.37	
29	N/A	19.04	38.08	57.12	76.16	95.20	114.25	
30	N/A	19.71	39.42	59.12	78.83	98.54	118.25	
31	N/A	20.60	41.20	61.80	82.40	103.00	123.60	
32	N/A	21.57	43.15	64.72	86.30	107.87	129.44	
33	N/A	22.49	44.97	67.46	89.95	112.43	134.92	
34	N/A	23.48	46.96	70.45	93.93	117.41	140.89	
35	N/A	24.48	48.96	73.43	97.91	122.39	146.87	
36	N/A	25.67	51.35	77.02	102.70	128.37	154.04	
37	N/A	26.99	53.99	80.98	107.98	134.97	161.97	
38	N/A	28.32	56.63	84.95	113.26	141.58	169.89	
39	N/A	29.87	59.73	89.60	119.46	149.33	179.19	
40	N/A	31.33	62.66	94.00	125.33	156.66	187.99	
41	13.31	33.27	66.55	99.82	133.09	166.37	199.64	
42	14.13	35.32	70.64	105.96	141.28	176.60	211.92	
43	14.97	37.43	74.86	112.28	149.71	187.14	224.57	
44	15.86	39.64	79.28	118.92	158.56	198.20	237.84	
45	16.83	42.08	84.16	126.24	168.33	210.41	252.49	
46	17.97	44.92	89.84	134.76	179.68	224.60	269.51	
47	19.19	47.99	95.97	143.96	191.94	239.93	287.91	
48	20.49	51.22	102.44	153.66	204.88	256.09	307.31	
49	21.84	54.60	109.20	163.79	218.39	272.99	327.59	
50	23.29	58.23	116.45	174.68	232.91	291.13	349.36	
51	24.80	62.00	124.00	186.01	248.01	310.01	372.01	
52	26.42	66.05	132.09	198.14	264.19	330.24	396.28	
53	28.09	70.22	140.44	210.65	280.87	351.09	421.31	
54	29.83	74.58	149.15	223.73	298.30	372.88	447.46	
55	31.66	79.14	158.29	237.43	316.57	395.71	474.86	
56	34.14	85.35	170.71	256.06	341.42	426.77	512.13	
57	36.80	92.00	184.01	276.01	368.02	460.02	552.03	
58	39.55	98.86	197.73	296.59	395.45	494.31	593.18	
59	42.45	106.14	212.27	318.41	424.55	530.69	636.82	
60	45.49	113.72	227.45	341.17	454.90	568.62	682.35	
61	49.45	123.63	247.27	370.90	494.53	618.16	741.80	
62	53.54	133.85	267.71	401.56	535.41	669.26	803.12	
63	57.91	144.78	289.56	434.35	579.13	723.91	868.69	
64	62.39	155.98	311.96	467.94	623.93	779.91	935.89	
65	67.14	167.85	335.69	503.54	671.39	839.24	1,007.08	
66	74.72	186.79	373.59	560.38	747.17	933.96	1,120.76	
67	82.66	206.65	413.31	619.96	826.62	1,033.27	1,239.93	
68	91.02	227.56	455.12	682.67	910.23	1,137.79	1,365.35	
69	99.84	249.61	499.21	748.82	998.43	1,248.03	1,497.64	
70	109.18	272.95	545.89	818.84	1,091.79	1,364.74	1,637.68	

Actual premiums may vary slightly due to administrative system rounding.

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This quote sheet intended for enrollment use by agent only. A detailed illustration explaining all guaranteed and non-guaranteed benefits and premiums will be provided to

Certificateholder upon delivery of the coverage certificate or earlier upon request.

Prepared: 9/22/2017

These are quotations and not a contract

# COBRA

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.800.523.8422, option 4

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

## HIGHLIGHTS

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



# CLEVER RX

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

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

## HIGHLIGHTS

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

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

