



# SOUTHWEST ISD

## EMPLOYEE BENEFITS GUIDE

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2024 - 2025 Plan Year



# TABLE OF CONTENTS

Southwest ISD offers eligible employees a competitive benefits package that includes both district-paid and voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on the Employee Benefits Center website, <https://benefits.ffga.com/southwestisd/>.

Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to your First Financial Account Manager or your Benefits department.

## TABLE OF CONTENTS

- ELIGIBILITY & ENROLLMENT INFORMATION
- DENTAL
- VISION
- FLEXIBLE SPENDING ACCOUNTS & FSA RESOURCES
- HEALTH SAVINGS ACCOUNTS & HSA RESOURCES
- VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS
  - GROUP VOLUNTARY TERM LIFE
  - PERMANENT LIFE INSURANCE
  - LONG TERM DISABILITY
  - CANCER INSURANCE
  - CRITICAL ILLNESS INSURANCE
  - ACCIDENT ONLY INSURANCE
  - IDENTITY THEFT PROTECTION
  - LEGAL PLAN
  - FFINVEST
  - TELEHEALTH
  - HOSPITAL INDEMNITY INSURANCE
  - EMPLOYEE ASSISTANCE PROGRAM (EAP)

Southwest ISD Benefits Office

11914 Dragon Lane, San Antonio, TX 78252 | 210.622.4300

## ELIGIBILITY

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

## BENEFITS ENROLLMENT

### EMPLOYEE BENEFITS CENTER

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

### NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections.

### EXISTING EMPLOYEES

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

## ONLINE ENROLLMENT

### ENROLL ONLINE

To begin online enrollment, visit <https://ffbenefits.ffga.com/southwestisd/>

### LOGIN

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

### VIEW CURRENT BENEFITS

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

### VIEW/ADD DEPENDENTS

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

### BEGIN ELECTIONS

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

## MID-YEAR BENEFIT CHANGES

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

### QUALIFYING LIFE EVENTS INCLUDE:

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

## DECLINING COVERAGE

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

## 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 have to do is enroll.

### Is It Right for Me?

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

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

IRS specified changes in family status include:

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

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267
<b>YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!</b>		

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

# 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

## HEALTHCARE FSA

A Health Flexible Spending Account (Health 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 2024 \$3,200.**

### 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 so you don't have to spend 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: 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 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 child care, babysitters and adult day care.

**Pre-tax contributions increase to \$10,500 (up from \$5,000) for single taxpayers and married couples filing jointly. Pre-tax contributions increase to \$5,250 (up from \$2,500) for married individuals filing separately**

### 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.
- Contributions are not loaded upfront. Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

## FSA RESOURCES

### BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in 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 eligible dependents that 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 90 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.
- **Dependent Care FSA Contributions are not loaded upfront.** Funds become available as contributions are made to your account.

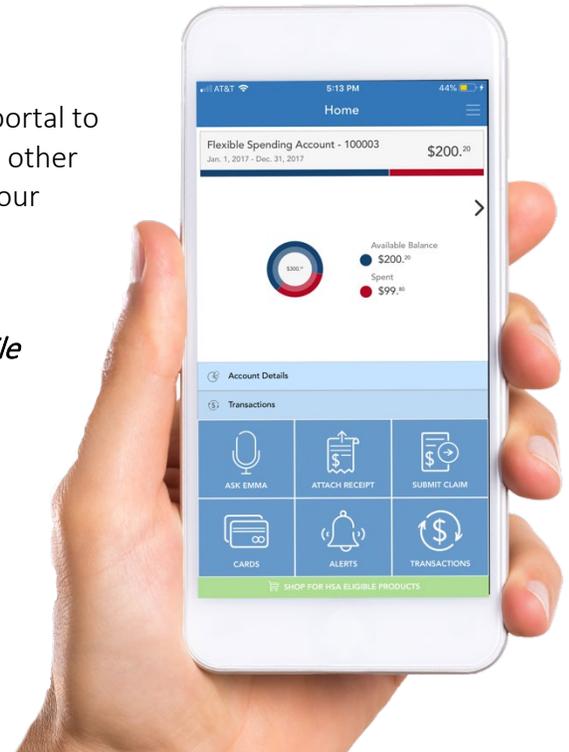
### ONLINE FSA PORTAL

Flexible Spending Account participants can log in to their online FSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

### FF MOBILE APP

Managing your benefit accounts on the go is made easy with *FF Mobile App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Access account Information
- View card details and profile information
- Submit FSA claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Update direct deposit information



### FSA STORE

First Financial has partnered with the FSA Store to bring you an easy to use online store to better understand and manage your FSA. An online marketplace that connects consumers to FSA-eligible products, seasonal deals, and account support resources such as open enrollment guides and educational videos.

Visit <http://www.ffga.com/fsaextras> for more details & special deals!

- Shop for eligible items from bandages to wheelchairs and thousands of products in between
- Browse or search for eligible products and services using the Eligibility List
- Visit the Learning Center to help find answers to questions you may have about your account.

# Health Savings Accounts



First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.866.853.3539  
P.O. Box 161968 | Altamonte Springs, FL 32716

## HEALTH SAVINGS ACCOUNTS

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

### HIGHLIGHTS

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.

## HSA RESOURCES

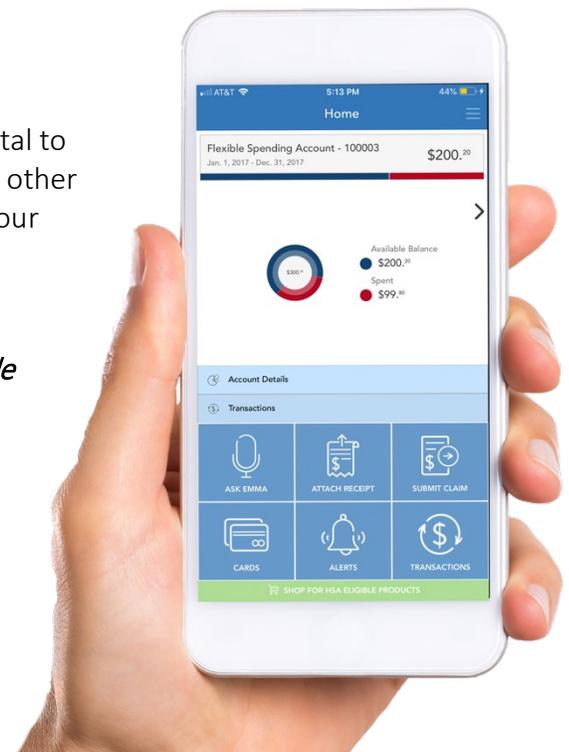
### ONLINE HSA PORTAL

Health Savings Account participants can log in to their online HSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

### FF MOBILE APP

Managing your benefit accounts on the go is made easy with *FFMobile App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Request distributions
- Invest in HSA funds
- Make additional contributions
- Pay a provider or pay yourself
- Download tax forms



### HSA STORE

First Financial has partnered with the HSA Store to bring you an easy to use online store to better understand and manage your HSA. An online marketplace that connects consumers to HSA-eligible products, seasonal deals, and account support resources such as a national database of providers as well as an HSA Learning Center.

Visit <http://www.ffga.com/fsaextras> for more details & special deals!

- Shop for eligible items from bandages to wheel chairs and thousands of products in between
- Browse or search for eligible products and services using the Eligibility List
- Visit the Learning Center to help find answers to questions you may have about your account.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Southwest Independent School District

### Network: PDP Plus

	In-Network <sup>1</sup> % of Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> % of R&C Fee <sup>**</sup>
<b>Coverage Type</b>		
<b>Type A: Preventive</b> (cleanings, exams, X-rays)	100%	100%
<b>Type B: Basic Restorative</b> (fillings)	80%	80%
<b>Type C: Major Restorative</b> (bridges, dentures)	50%	50%
<b>Type D: Orthodontia</b>	50%	50%
<b>Deductible<sup>†</sup></b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Annual Maximum Benefit</b>		
Per Person	\$1,500	\$1,500
<b>Orthodontia Lifetime Maximum</b>		
Per Person	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

<sup>1</sup> "In-Network Benefits" refers to benefits provided to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

<sup>2</sup> Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>\*\*</sup> R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

<sup>†</sup> Applies only to Type B & C Services.

### List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	How Many/How Often
<b>Type A — Preventive</b>	
Prophylaxis (cleanings)	Two per calendar year
Oral Examinations	Two exams per calendar year
Topical Fluoride Applications	Two fluoride treatments per calendar year for dependent children up to his/her 19th birthday
X-rays	<ul style="list-style-type: none"> <li>• Full mouth X-rays; one per 60 months</li> <li>• Bitewings X-rays; one set per calendar year for 18 years and over; two sets per calendar year for under 18 years</li> </ul>

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Type B — Basic Restorative	
Fillings	One per 24 months
Simple Extractions	
Crown, Denture and Bridge Repair	<ul style="list-style-type: none"> <li>• Repair of crowns and bridges; two times in 60 months</li> <li>• Repair of removeable dentures; once every 6 months</li> </ul>
Oral Surgery	
Endodontics	Root canal treatment limited to once per tooth per lifetime
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	<ul style="list-style-type: none"> <li>• Periodontal scaling and root planing once per quadrant, every 24 months</li> <li>• Periodontal surgery once per quadrant, every 36 months</li> <li>• Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year</li> </ul>
Sealants	One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday
Type C — Major Restorative	
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday. Once per tooth per lifetime.
Recementations	One in 12 months
Implants	Replacement once every 60 months
Bridges and Dentures	<ul style="list-style-type: none"> <li>• Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>• Dentures and bridgework replacement; one every 60 months</li> <li>• Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>
Crowns, Inlays and Onlays	Replacement once every 60 months
Type D — Orthodontia	
	<ul style="list-style-type: none"> <li>• You, your spouse and your children, up to age 19, are covered while Dental insurance is in effect</li> <li>• All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia</li> <li>• Payments are on a repetitive basis</li> <li>• 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary</li> <li>• Orthodontic benefits end at cancellation of coverage</li> </ul>

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Southwest Independent School District

### Exclusions

**This plan does not cover the following services, treatments and supplies:**

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Fixed and removable appliances for correction of harmful habits;

## Dental Insurance

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- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

### Limitations

**Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, payment is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's payment for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

**Cancellation/Termination of Benefits:** Coverage is provided under a group insurance policy (Policy form GPNP99) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your participation ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

### Questions & Answers

#### Q. Who is a participating dentist?

A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.<sup>†</sup>

#### Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-800-942-0854 to have a list faxed or mailed to you.

#### Q. What services are covered under this plan?

A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern.

#### Q. May I choose a non-participating dentist?

A. Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.

#### Q. Can my dentist apply for participation in the network?

A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1-866-PDP-NTWK for an application.<sup>††</sup> The website and phone number are for use by dental professionals only.



## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

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### Q. How are claims processed?

A. Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or request one by calling 1-800-942-0854.

### Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

### Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

A. Yes. Through international dental travel assistance services\* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.\*\* Please remember to hold on to all receipts to submit a dental claim.

### Q. How does MetLife coordinate benefits with other insurance plans?

A. Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

### Q. Do I need an ID card?

A. No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

## Monthly Cost

Your premium will be paid through convenient payroll deduction. The monthly costs shown below for “Employee + Child(ren)” and “Employee + Family” include the cost for all eligible children.

Employee Only	\$26.84	Employee + Child(ren)	\$57.94
Employee + Spouse	\$64.41	Employee + Family	\$89.18

†Based on internal analysis by MetLife. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

††Due to contractual requirements, MetLife is prevented from soliciting certain providers.

\*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US\$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

\*\*Refer to your dental benefits plan summary for your out-of-network dental coverage.

Group dental plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY.



## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Southwest Independent School District

### Network: PDP Plus

	In-Network <sup>1</sup> % of Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> % of R&C Fee <sup>**</sup>
<b>Coverage Type</b>		
<b>Type A: Preventive</b> (cleanings, exams, X-rays)	100%	100%
<b>Type B: Basic Restorative</b> (fillings)	50%	50%
<b>Type C: Major Restorative</b> (bridges, dentures)	40%	40%
<b>Deductible<sup>†</sup></b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Annual Maximum Benefit</b>		
Per Person	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

<sup>1</sup> "In-Network Benefits" refers to benefits provided to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

<sup>2</sup> Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>\*\*</sup> R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

<sup>†</sup> Applies only to Type B & C Services.

### List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	How Many/How Often
<b>Type A — Preventive</b>	
Prophylaxis (cleanings)	Two per calendar year
Oral Examinations	Two exams per calendar year
Topical Fluoride Applications	Two fluoride treatments per calendar year for dependent children up to his/her 19th birthday
X-rays	<ul style="list-style-type: none"> <li>• Full mouth X-rays; one per 60 months</li> <li>• Bitewings X-rays; one set per calendar year for 18 years and over; two sets per calendar year for under 18 years</li> </ul>

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Southwest Independent School District

Type B — Basic Restorative	
Fillings	One per 24 months
Crown, Denture and Bridge Repair	<ul style="list-style-type: none"> <li>• Repair of crowns and bridges; two times in 60 months</li> <li>• Repair of removeable dentures; once every 6 months</li> </ul>
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Sealants	One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday
Type C — Major Restorative	
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday. Once per tooth per lifetime.
Simple Extractions	
Recementations	One in 12 months
Oral Surgery	
Implants	Replacement once every 60 months
Bridges and Dentures	<ul style="list-style-type: none"> <li>• Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>• Dentures and bridgework replacement; one every 60 months</li> <li>• Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>
Crowns, Inlays and Onlays	Replacement once every 60 months
Endodontics	Root canal treatment limited to once per tooth per lifetime
Periodontics	<ul style="list-style-type: none"> <li>• Periodontal scaling and root planing once per quadrant, every 24 months</li> <li>• Periodontal surgery once per quadrant, every 36 months</li> <li>• Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year</li> </ul>

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Southwest Independent School District

### Exclusions

**This plan does not cover the following services, treatments and supplies:**

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Fixed and removable appliances for correction of harmful habits;

## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Southwest Independent School District

- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders;
- Orthodontia services or appliances;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

### Limitations

**Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, payment is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's payment for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

**Cancellation/Termination of Benefits:** Coverage is provided under a group insurance policy (Policy form GPNP99) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your participation ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

### Questions & Answers

#### Q. Who is a participating dentist?

A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.†

#### Q. How do I find a participating dentist?

A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-800-942-0854 to have a list faxed or mailed to you.

#### Q. What services are covered under this plan?

A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern.

#### Q. May I choose a non-participating dentist?

A. Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.

#### Q. Can my dentist apply for participation in the network?

A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1-866-PDP-NTWK for an application.†† The website and phone number are for use by dental professionals only.



## Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Southwest Independent School District

### Q. How are claims processed?

A. Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or request one by calling 1-800-942-0854.

### Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

### Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

A. Yes. Through international dental travel assistance services\* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.\*\* Please remember to hold on to all receipts to submit a dental claim.

### Q. How does MetLife coordinate benefits with other insurance plans?

A. Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

### Q. Do I need an ID card?

A. No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

## Monthly Cost

Your premium will be paid through convenient payroll deduction. The monthly costs shown below for “Employee + Child(ren)” and “Employee + Family” include the cost for all eligible children.

Employee Only	\$19.67	Employee + Child(ren)	\$41.86
Employee + Spouse	\$50.14	Employee + Family	\$64.99

†Based on internal analysis by MetLife. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

††Due to contractual requirements, MetLife is prevented from soliciting certain providers.

\*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US\$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

\*\*Refer to your dental benefits plan summary for your out-of-network dental coverage.

Group dental plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY.



## Southwest Independent School District Superior Vision Plan Summary – High Plan

### With your Superior Vision Preferred Provider Organization (PPO) Plan you can:

- Go to any licensed Superior vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco<sup>®</sup> Optical, Walmart<sup>®</sup>, Sam's Club<sup>®</sup> and Visionworks<sup>®</sup>.

### In-network value added features: **Monthly Premiums**

**Additional savings on lens enhancements:**<sup>5</sup> Save an average 20-25% savings over retail on all lens enhancements not otherwise covered under the Superior Vision Insurance program.

**Additional savings on glasses and sunglasses:**<sup>5</sup> 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

**Additional savings on frames:**<sup>5</sup> 20% off any amount over your frames allowance.

**Additional savings on contacts:**<sup>5</sup> Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses. Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses.

**Laser vision correction:**<sup>5</sup> Savings of 20% - 35% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

• <i>Employee Only:</i>	<b>\$7.17</b>
• <i>Employee + Spouse:</i>	<b>\$13.67</b>
• <i>Employee + Child(ren):</i>	<b>\$14.28</b>
• <i>Employee + Family:</i>	<b>\$22.01</b>

### In-network benefits

There are no claims for you to file when you go to an in-network Superior vision provider. Simply pay any copays or member out of pocket amount (MOOP) and, if applicable, any amount over your frame/contact allowance at the time of service.

	Frequency
<b>Eye exam</b>	Once every <b>12</b> months
• Eye health exam, dilation, prescription, and refraction for glasses: Covered in full after a <b>\$10</b> copay.	
• Retinal imaging: Up to a <b>\$39</b> copay on routine retinal screening when performed by a private practice.	
<b>Frame</b>	Once every <b>12</b> months
• Allowance: <b>\$130</b> after a <b>\$25</b> eyewear copay. <sup>1</sup>	
<b>Standard corrective lenses</b>	Once every <b>12</b> months
• Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after a <b>\$25</b> eyewear copay. <sup>1</sup>	
<b>Standard lens enhancements</b> <sup>2</sup>	Once every <b>12</b> months
• Standard Polycarbonate (child up to age 18) <sup>3</sup> , Covered in full.	
• Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at <a href="https://www.metlife.com/mybenefits">metlife.com/mybenefits</a> .	

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>2</sup> The above list highlights some of the most popular lens enhancements and is not a complete listing.

<sup>3</sup> Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

## Other in-network features - continued:

**Hearing discounts:** <sup>5</sup> A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

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### **Contact lenses (instead of eyeglasses)<sup>4</sup>**

Once every **12 months**

Contact fitting and evaluation:

- Standard fitting; Covered in full after **\$25** copay
- Specialty fitting: **\$50** allowance after **\$25** copay
- Elective lenses: **\$130** allowance
- Necessary lenses: **Covered in full** with prior authorization
- Discounts:<sup>4</sup>
  - Conventional contacts: **20%** off the amount that you pay over your allowance and on purchases of additional contact lenses
  - Disposable contacts: **10%** off the amount that you pay over your allowance and on purchases of additional contact lenses

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### **We're here to help**

Find a Superior Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision) and select 'Superior Vision by MetLife'.

For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

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- <sup>4</sup> Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.
  - <sup>5</sup> These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart and Sam's Club. Please check with your in-network vision provider.

### **Out-of-network reimbursement**

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for detailed out-of-network benefits information.

- Eye exam: up to **\$45** after a **\$0** copay
- Frames: up to **\$70**
- Single vision lenses: up to **\$30**
- Lined bifocal lenses: up to **\$50**
- Lined trifocal lenses: up to **\$65**
- Lenticular lenses: up to **\$100**
- Progressive lenses: up to **\$50**
- Contact lenses:
- Elective lenses up to **\$105**
- Necessary lenses up to **\$210**

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### **Second Pair Plan Enhancement**

**Once every 12 months**

This benefit gives you additional eyewear coverage.

- Two pairs of prescription eyeglasses; or
- One pair of prescription eyeglasses and an allowance toward contact lenses; or
- Double your contact lens allowance.

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### **Out-of-network reimbursement:**

Out of network allowances are the same as enumerated in the main benefit plan above.

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Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision, Inc. ("Superior Vision"), a New York corporation. Superior Vision is part of the MetLife family of companies.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

# Southwest Independent School District

## Superior Vision Plan Summary – Low Plan

### With your Superior Vision Preferred Provider Organization (PPO) Plan you can:

- Go to any licensed Superior vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco<sup>®</sup> Optical, Walmart<sup>®</sup>, Sam's Club<sup>®</sup> and Visionworks<sup>®</sup>.

### In-network value added features: **Monthly Premiums**

**Additional savings on lens enhancements:**<sup>5</sup> Save an average 20-25% savings over retail on all lens enhancements not otherwise covered under the Superior Vision Insurance program.

**Additional savings on glasses and sunglasses:**<sup>5</sup> 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

**Additional savings on frames:**<sup>5</sup> 20% off any amount over your frames allowance.

**Additional savings on contacts:**<sup>5</sup> Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses. Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses.

**Laser vision correction:**<sup>5</sup> Savings of 20% - 35% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

• <i>Employee Only:</i>	<b>\$6.15</b>
• <i>Employee + Spouse:</i>	<b>\$11.71</b>
• <i>Employee + Child(ren):</i>	<b>\$12.24</b>
• <i>Employee + Family:</i>	<b>\$18.87</b>

### In-network benefits

There are no claims for you to file when you go to an in-network Superior vision provider. Simply pay any copays or member out of pocket amount (MOOP) and, if applicable, any amount over your frame/contact allowance at the time of service.

	Frequency
<b>Eye exam</b>	Once every <b>12</b> months
• Eye health exam, dilation, prescription, and refraction for glasses: Covered in full after a <b>\$10</b> copay.	
• Retinal imaging: Up to a <b>\$39</b> copay on routine retinal screening when performed by a private practice.	

<b>Frame</b>	Once every <b>24</b> months
• Allowance: <b>\$130</b> after a <b>\$25</b> eyewear copay. <sup>1</sup>	

<b>Standard corrective lenses</b>	Once every <b>12</b> months
• Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after a <b>\$25</b> eyewear copay. <sup>1</sup>	

<b>Standard lens enhancements</b> <sup>2</sup>	Once every <b>12</b> months
• Standard Polycarbonate (child up to age 18) <sup>3</sup> , Covered in full.	

- Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at [metlife.com/mybenefits](http://metlife.com/mybenefits).

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>2</sup> The above list highlights some of the most popular lens enhancements and is not a complete listing.

<sup>3</sup> Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

## Other in-network features - continued:

**Hearing discounts:** <sup>5</sup> A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

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### **Contact lenses (instead of eyeglasses)<sup>4</sup>**

Once every **12 months**

Contact fitting and evaluation:

- Standard fitting; Covered in full after **\$25** copay
- Specialty fitting: **\$50** allowance after **\$25** copay
- Elective lenses: **\$130** allowance
- Necessary lenses: **Covered in full** with prior authorization
- Discounts:<sup>4</sup>
  - Conventional contacts: **20%** off the amount that you pay over your allowance and on purchases of additional contact lenses
  - Disposable contacts: **10%** off the amount that you pay over your allowance and on purchases of additional contact lenses

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## **We're here to help**

Find a Superior Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision) and select 'Superior Vision by MetLife'.

For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

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- <sup>4</sup> Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.
  - <sup>5</sup> These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart and Sam's Club. Please check with your in-network vision provider.

## **Out-of-network reimbursement**

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for detailed out-of-network benefits information.

- Eye exam: up to **\$45** after a **\$0** copay
- Frames: up to **\$70**
- Single vision lenses: up to **\$30**
- Lined bifocal lenses: up to **\$50**
- Lined trifocal lenses: up to **\$65**
- Lenticular lenses: up to **\$100**
- Progressive lenses: up to **\$50**
- Contact lenses:
- Elective lenses up to **\$105**
- Necessary lenses up to **\$210**

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**Important:** If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision, Inc. ("Superior Vision"), a New York corporation. Superior Vision is part of the MetLife family of companies.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.



**GROUP BENEFIT PROGRAM SUMMARY  
For SOUTHWEST ISD / TEEBC TRUST F021842 - 373**

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the security they can depend on.

**EMPLOYER PAID BASIC GROUP TERM LIFE**

<b>Eligibility</b>	All Active Full Time Employees who regularly work 15 hours per week are eligible for insurance on the first of the month following or coinciding with their date of hire.
<b>Group Term Life Benefit:</b>	\$10,000
<b>Guarantee Issue Amount – Employee</b>	\$10,000
<b>Age Reduction Schedule</b>	Employee Basic Group Term Life benefits reduce by 35% of the original amount at age 70; then reduce by 55% of the original amount at age 75; then 70% of the original amount at age 80. Benefits terminate at retirement.
<b>Waiver of Premium</b>	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
<b>Definition of Disability</b>	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
<b>Accelerated Death Benefit (ADB)</b>	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
<b>Conversion Privilege</b>	Included.
<b>Beneficiary Resource Services</b>	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
<b>Travel Resource Services</b>	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

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

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



**BENEFIT PROGRAM SUMMARY**  
**For SOUTHWEST ISD / TEEBC TRUST F021842 - 373**

**VOLUNTARY GROUP TERM LIFE**

<b>Eligibility</b>	All Active Full Time Employees who regularly work 15 hours per week are eligible for insurance on the first of the month following or coinciding with their date of hire.
<b>Group Term Life Benefit: Employee</b>	\$20,000 - \$500,000, in increments of \$10,000, not to exceed 5 times your annual earnings.
<b>Guarantee Issue Amount – Employee</b>	\$100,000
<b>Group Term Life Benefit: Spouse</b> (Includes Domestic Partners)	\$10,000, not to exceed 50% of employee benefit.
<b>Guarantee Issue Amount – Spouse</b>	\$10,000
<b>Group Term Life Benefit: Child(ren)</b>	Live Birth to 6 months - \$1,000; 6 months to Age 26 - \$5,000
<b>Age Reduction Schedule</b>	Employee Basic and Employee/Spouse Voluntary Group Term Life benefits reduce by 35% of the original amount at age 70, then reduce by 55% of the original amount at age 75 then 70% of the original amount at age 80. Benefits terminate at retirement.
<b>Employee Contribution</b>	100%
<b>Waiver of Premium</b>	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
<b>Accelerated Death Benefit (ADB)</b>	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
<b>Portability Feature (Life coverage)</b>	Included. (Employee)
<b>Conversion Privilege (Life coverage)</b>	Included.
<b>Exclusions</b>	One-year suicide exclusion applies to Voluntary Group Term Life coverage.

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

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**Voluntary Life**  
PREMIUM RATE GRID



**BlueCross BlueShield  
of Texas**

**SOUTHWEST ISD /TEEBC TRUST F021842 - 373**

**Eligibility**

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

**Voluntary Life**

Employee Benefit: **\$20,000 to \$500,000 in \$10,000 increments.**  
**Not to exceed 5 times annual earnings.**

Spouse Benefit: **\$10,000, not to exceed 50% of employee benefit.**

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

<b>Voluntary Employee Life Rate</b>	
Per \$1,000 of Benefit	
0.19	
<b>Spouse &amp; Child Life Rate</b>	
Per \$1,000 of Benefit	
0.42	

**Guarantee Issue\***

Employee	<b>\$100,000</b>
Spouse	<b>\$10,000</b>

**\*NEW HIRES ONLY**

**Child Coverage**

Live Birth to 6 months:	<b>\$1,000</b>
6 months to Age 26:	<b>\$5,000</b>

Employee/Spouse: Life benefits reduce by 35% of the original amount at age 70, then 55% of the original amount at age 75, then 70% of the original amount at age 80. Benefits terminate at retirement.

**Voluntary Life**

**Premium Cost (Based on 12 payroll deductions per year)**

Employee Coverage and Cost			Spouse Coverage and Cost			Child Coverage and Cost		
Benefit Amount		Monthly Cost	Benefit Amount		Monthly Cost	Benefit Amount		Monthly Cost
\$20,000		\$3.80	\$10,000		\$4.20	\$5,000		\$2.10
\$30,000		\$5.70						
\$40,000		\$7.60						
\$50,000		\$9.50						
\$60,000		\$11.40						
\$70,000		\$13.30						
\$80,000		\$15.20						
\$90,000		\$17.10						
\$100,000		\$19.00						

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# AF™ Long-Term Disability Income Insurance

Southwest ISD

Marketed by:



EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

## Focus on Recovery, Not Expenses

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

### Plan Highlights



#### Benefits are Payable Directly to You

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



#### Customized to Meet Your Individual Needs

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



#### Return-to-Work Benefit

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

### Choose the Right Plan for You

#### BENEFITS BEGIN

Plan I	On the 1st day of Disability due to a Disability requiring hospitalization and on the 8th day of Disability due to a covered Injury or Sickness.
Plan II	On the 1st day of Disability due to a Disability requiring hospitalization and on the 15th day of Disability due to a covered Injury or Sickness.
Plan III	On the 1st day of Disability due to a Disability requiring hospitalization and on the 31st day of Disability due to a covered Injury or Sickness.
Plan IV	On the 61st day of Disability due to a covered Injury or Sickness.
Plan V	On the 91st day of Disability due to a covered Injury or Sickness.
Plan VI	On the 151st day of Disability due to a covered Injury or Sickness.



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



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



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



**Disability** or disabled for the first 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.

# 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 (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$7.36	\$6.28	\$5.20	\$3.24	\$2.40	\$1.56
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$11.04	\$9.42	\$7.80	\$4.86	\$3.60	\$2.34
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$14.72	\$12.56	\$10.40	\$6.48	\$4.80	\$3.12
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$18.40	\$15.70	\$13.00	\$8.10	\$6.00	\$3.90
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$22.08	\$18.84	\$15.60	\$9.72	\$7.20	\$4.68
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$25.76	\$21.98	\$18.20	\$11.34	\$8.40	\$5.46
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$29.44	\$25.12	\$20.80	\$12.96	\$9.60	\$6.24
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$33.12	\$28.26	\$23.40	\$14.58	\$10.80	\$7.02
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$36.80	\$31.40	\$26.00	\$16.20	\$12.00	\$7.80
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$40.48	\$34.54	\$28.60	\$17.82	\$13.20	\$8.58
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$44.16	\$37.68	\$31.20	\$19.44	\$14.40	\$9.36
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$47.84	\$40.82	\$33.80	\$21.06	\$15.60	\$10.14
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$51.52	\$43.96	\$36.40	\$22.68	\$16.80	\$10.92
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$55.20	\$47.10	\$39.00	\$24.30	\$18.00	\$11.70
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$58.88	\$50.24	\$41.60	\$25.92	\$19.20	\$12.48
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$62.56	\$53.38	\$44.20	\$27.54	\$20.40	\$13.26
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$66.24	\$56.52	\$46.80	\$29.16	\$21.60	\$14.04
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$69.92	\$59.66	\$49.40	\$30.78	\$22.80	\$14.82
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$73.60	\$62.80	\$52.00	\$32.40	\$24.00	\$15.60
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$77.28	\$65.94	\$54.60	\$34.02	\$25.20	\$16.38
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$80.96	\$69.08	\$57.20	\$35.64	\$26.40	\$17.16
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$84.64	\$72.22	\$59.80	\$37.26	\$27.60	\$17.94
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$88.32	\$75.36	\$62.40	\$38.88	\$28.80	\$18.72
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$92.00	\$78.50	\$65.00	\$40.50	\$30.00	\$19.50
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$95.68	\$81.64	\$67.60	\$42.12	\$31.20	\$20.28
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$99.36	\$84.78	\$70.20	\$43.74	\$32.40	\$21.06
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$103.04	\$87.92	\$72.80	\$45.36	\$33.60	\$21.84
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$106.72	\$91.06	\$75.40	\$46.98	\$34.80	\$22.62
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$110.40	\$94.20	\$78.00	\$48.60	\$36.00	\$23.40
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$114.08	\$97.34	\$80.60	\$50.22	\$37.20	\$24.18
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$117.76	\$100.48	\$83.20	\$51.84	\$38.40	\$24.96
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$121.44	\$103.62	\$85.80	\$53.46	\$39.60	\$25.74
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$125.12	\$106.76	\$88.40	\$55.08	\$40.80	\$26.52
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$128.80	\$109.90	\$91.00	\$56.70	\$42.00	\$27.30
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$132.48	\$113.04	\$93.60	\$58.32	\$43.20	\$28.08
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$136.16	\$116.18	\$96.20	\$59.94	\$44.40	\$28.86
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$139.84	\$119.32	\$98.80	\$61.56	\$45.60	\$29.64

# Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$143.52	\$122.46	\$101.40	\$63.18	\$46.80	\$30.42
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$147.20	\$125.60	\$104.00	\$64.80	\$48.00	\$31.20
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$150.88	\$128.74	\$106.60	\$66.42	\$49.20	\$31.98
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$154.56	\$131.88	\$109.20	\$68.04	\$50.40	\$32.76
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$158.24	\$135.02	\$111.80	\$69.66	\$51.60	\$33.54
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$161.92	\$138.16	\$114.40	\$71.28	\$52.80	\$34.32
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$165.60	\$141.30	\$117.00	\$72.90	\$54.00	\$35.10
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$169.28	\$144.44	\$119.60	\$74.52	\$55.20	\$35.88
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$172.96	\$147.58	\$122.20	\$76.14	\$56.40	\$36.66
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$176.64	\$150.72	\$124.80	\$77.76	\$57.60	\$37.44
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$180.32	\$153.86	\$127.40	\$79.38	\$58.80	\$38.22
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$184.00	\$157.00	\$130.00	\$81.00	\$60.00	\$39.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$187.68	\$160.14	\$132.60	\$82.62	\$61.20	\$39.78
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$191.36	\$163.28	\$135.20	\$84.24	\$62.40	\$40.56
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$195.04	\$166.42	\$137.80	\$85.86	\$63.60	\$41.34
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$198.72	\$169.56	\$140.40	\$87.48	\$64.80	\$42.12
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$202.40	\$172.70	\$143.00	\$89.10	\$66.00	\$42.90
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$206.08	\$175.84	\$145.60	\$90.72	\$67.20	\$43.68
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$209.76	\$178.98	\$148.20	\$92.34	\$68.40	\$44.46
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$213.44	\$182.12	\$150.80	\$93.96	\$69.60	\$45.24
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$217.12	\$185.26	\$153.40	\$95.58	\$70.80	\$46.02
\$8,572.00 - \$8,714.99	\$6,000.00	\$20,000.00	\$220.80	\$188.40	\$156.00	\$97.20	\$72.00	\$46.80
\$8,715.00 - \$8,857.99	\$6,100.00	\$20,000.00	\$224.48	\$191.54	\$158.60	\$98.82	\$73.20	\$47.58
\$8,858.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$228.16	\$194.68	\$161.20	\$100.44	\$74.40	\$48.36
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$231.84	\$197.82	\$163.80	\$102.06	\$75.60	\$49.14
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$235.52	\$200.96	\$166.40	\$103.68	\$76.80	\$49.92
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$239.20	\$204.10	\$169.00	\$105.30	\$78.00	\$50.70
\$9,429.00 - \$9,571.99	\$6,600.00	\$20,000.00	\$242.88	\$207.24	\$171.60	\$106.92	\$79.20	\$51.48
\$9,572.00 - \$9,714.99	\$6,700.00	\$20,000.00	\$246.56	\$210.38	\$174.20	\$108.54	\$80.40	\$52.26
\$9,715.00 - \$9,857.99	\$6,800.00	\$20,000.00	\$250.24	\$213.52	\$176.80	\$110.16	\$81.60	\$53.04
\$9,858.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$253.92	\$216.66	\$179.40	\$111.78	\$82.80	\$53.82
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$257.60	\$219.80	\$182.00	\$113.40	\$84.00	\$54.60
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$261.28	\$222.94	\$184.60	\$115.02	\$85.20	\$55.38
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$264.96	\$226.08	\$187.20	\$116.64	\$86.40	\$56.16
\$10,429.00 - \$10,571.99	\$7,300.00	\$20,000.00	\$268.64	\$229.22	\$189.80	\$118.26	\$87.60	\$56.94
\$10,572.00 - \$10,714.99	\$7,400.00	\$20,000.00	\$272.32	\$232.36	\$192.40	\$119.88	\$88.80	\$57.72
\$10,715.00 - \$10,857.99	\$7,500.00*	\$20,000.00	\$276.00	\$235.50	\$195.00	\$121.50	\$90.00	\$58.50

\*Higher benefit amounts available up to a maximum Monthly Disability Benefit of \$10,000.

# Plan Benefit Highlights

## Maximum Benefit Period

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

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

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

## Social Security Filing Assistance

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

## When Coverage Begins

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

## 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.

**Plans IV-VI:** This benefit will begin after you've met your elimination period.

**Plans I-III:** This benefit will begin on your first day of Hospital confinement. The remainder of your elimination period will be waived. If you are Hospital confined due to a covered Injury or Sickness, your Hospital Confinement Benefit will be paid for any days of that confinement occurring before the day your Monthly Disability Benefit would otherwise begin.

## Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of your death your Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

## Waiver of Premium

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

## Donor Benefit

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

## Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 365 calendar days from the date of Disability.

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



## Minimum Disability Benefit

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

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

For the first 12 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the benefit schedule. After 12 months, 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.

## 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.

- **Worksite Accommodation**

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

## Mental Illness Limited Benefit

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

## Alcoholism and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 2 years for each Disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

## Special Conditions Limited Benefit

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

## Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit will be payable for Disability due to a Pre-Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician, for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us.

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

# Benefit Riders and Limitations

## Hospital Indemnity Limited Benefit Rider

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

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

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



## Spousal Accident Only Disability Benefit Rider

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

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

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

## COBRA Funding Rider

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

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

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

## Critical Illness Benefit Rider

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

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

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

# Benefit Rider Limitations and Exclusions

## Hospital Indemnity Limited Benefit Rider

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

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

## Critical Illness Benefit Rider

The Critical Illness Benefit rider will not be payable for any loss caused by or resulting from: a Critical Illness when the date of diagnosis occurs during the waiting period; a Critical Illness diagnosed outside of the United States; or 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: 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 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: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; 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; 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; participation in any sport for wage or profit; 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. Your spouse must be engaged in Full Time Employment for benefits to be payable. Full Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your spouse is working while self-employed. 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.

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



### Your benefits, all in one place.

Manage your American Fidelity benefits and reimbursement accounts through your online account or the AFmobile® app.

*Pre-Existing Conditions may apply.*

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



Underwritten and Administered by:  
American Fidelity Assurance Company  
800-662-1113 • [americanfidelity.com](http://americanfidelity.com)



# AF™ Long-Term Disability Income Insurance

Southwest ISD

Marketed by:



EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

## Focus on Recovery, Not Expenses

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

### Plan Highlights



#### Benefits are Payable Directly to You

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



#### Customized to Meet Your Individual Needs

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



#### Return-to-Work Benefit

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

### Choose the Right Plan for You

#### BENEFITS BEGIN

Plan I	On the 1st day of Disability due to a Disability requiring hospitalization and on the 8th day of Disability due to a covered Injury or Sickness.
Plan II	On the 1st day of Disability due to a Disability requiring hospitalization and on the 15th day of Disability due to a covered Injury or Sickness.
Plan III	On the 1st day of Disability due to a Disability requiring hospitalization and on the 31st day of Disability due to a covered Injury or Sickness.
Plan IV	On the 61st day of Disability due to a covered Injury or Sickness.
Plan V	On the 91st day of Disability due to a covered Injury or Sickness.
Plan VI	On the 151st day of Disability due to a covered Injury or Sickness.



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



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



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



**Disability** or disabled for the first 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.

# 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 (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$6.32	\$5.32	\$4.44	\$2.48	\$1.84	\$1.24
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$9.48	\$7.98	\$6.66	\$3.72	\$2.76	\$1.86
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$12.64	\$10.64	\$8.88	\$4.96	\$3.68	\$2.48
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$15.80	\$13.30	\$11.10	\$6.20	\$4.60	\$3.10
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$18.96	\$15.96	\$13.32	\$7.44	\$5.52	\$3.72
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$22.12	\$18.62	\$15.54	\$8.68	\$6.44	\$4.34
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$25.28	\$21.28	\$17.76	\$9.92	\$7.36	\$4.96
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$28.44	\$23.94	\$19.98	\$11.16	\$8.28	\$5.58
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$31.60	\$26.60	\$22.20	\$12.40	\$9.20	\$6.20
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$34.76	\$29.26	\$24.42	\$13.64	\$10.12	\$6.82
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$37.92	\$31.92	\$26.64	\$14.88	\$11.04	\$7.44
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$41.08	\$34.58	\$28.86	\$16.12	\$11.96	\$8.06
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$44.24	\$37.24	\$31.08	\$17.36	\$12.88	\$8.68
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$47.40	\$39.90	\$33.30	\$18.60	\$13.80	\$9.30
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$50.56	\$42.56	\$35.52	\$19.84	\$14.72	\$9.92
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$53.72	\$45.22	\$37.74	\$21.08	\$15.64	\$10.54
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$56.88	\$47.88	\$39.96	\$22.32	\$16.56	\$11.16
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$60.04	\$50.54	\$42.18	\$23.56	\$17.48	\$11.78
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$63.20	\$53.20	\$44.40	\$24.80	\$18.40	\$12.40
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$66.36	\$55.86	\$46.62	\$26.04	\$19.32	\$13.02
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$69.52	\$58.52	\$48.84	\$27.28	\$20.24	\$13.64
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$72.68	\$61.18	\$51.06	\$28.52	\$21.16	\$14.26
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$75.84	\$63.84	\$53.28	\$29.76	\$22.08	\$14.88
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$79.00	\$66.50	\$55.50	\$31.00	\$23.00	\$15.50
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$82.16	\$69.16	\$57.72	\$32.24	\$23.92	\$16.12
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$85.32	\$71.82	\$59.94	\$33.48	\$24.84	\$16.74
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$88.48	\$74.48	\$62.16	\$34.72	\$25.76	\$17.36
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$91.64	\$77.14	\$64.38	\$35.96	\$26.68	\$17.98
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$94.80	\$79.80	\$66.60	\$37.20	\$27.60	\$18.60
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$97.96	\$82.46	\$68.82	\$38.44	\$28.52	\$19.22
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$101.12	\$85.12	\$71.04	\$39.68	\$29.44	\$19.84
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$104.28	\$87.78	\$73.26	\$40.92	\$30.36	\$20.46
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$107.44	\$90.44	\$75.48	\$42.16	\$31.28	\$21.08
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$110.60	\$93.10	\$77.70	\$43.40	\$32.20	\$21.70
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$113.76	\$95.76	\$79.92	\$44.64	\$33.12	\$22.32
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$116.92	\$98.42	\$82.14	\$45.88	\$34.04	\$22.94
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$120.08	\$101.08	\$84.36	\$47.12	\$34.96	\$23.56

# Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$123.24	\$103.74	\$86.58	\$48.36	\$35.88	\$24.18
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$126.40	\$106.40	\$88.80	\$49.60	\$36.80	\$24.80
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$129.56	\$109.06	\$91.02	\$50.84	\$37.72	\$25.42
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$132.72	\$111.72	\$93.24	\$52.08	\$38.64	\$26.04
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$135.88	\$114.38	\$95.46	\$53.32	\$39.56	\$26.66
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$139.04	\$117.04	\$97.68	\$54.56	\$40.48	\$27.28
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$142.20	\$119.70	\$99.90	\$55.80	\$41.40	\$27.90
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$145.36	\$122.36	\$102.12	\$57.04	\$42.32	\$28.52
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$148.52	\$125.02	\$104.34	\$58.28	\$43.24	\$29.14
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$151.68	\$127.68	\$106.56	\$59.52	\$44.16	\$29.76
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$154.84	\$130.34	\$108.78	\$60.76	\$45.08	\$30.38
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$158.00	\$133.00	\$111.00	\$62.00	\$46.00	\$31.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$161.16	\$135.66	\$113.22	\$63.24	\$46.92	\$31.62
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$164.32	\$138.32	\$115.44	\$64.48	\$47.84	\$32.24
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$167.48	\$140.98	\$117.66	\$65.72	\$48.76	\$32.86
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$170.64	\$143.64	\$119.88	\$66.96	\$49.68	\$33.48
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$173.80	\$146.30	\$122.10	\$68.20	\$50.60	\$34.10
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$176.96	\$148.96	\$124.32	\$69.44	\$51.52	\$34.72
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$180.12	\$151.62	\$126.54	\$70.68	\$52.44	\$35.34
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$183.28	\$154.28	\$128.76	\$71.92	\$53.36	\$35.96
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$186.44	\$156.94	\$130.98	\$73.16	\$54.28	\$36.58
\$8,572.00 - \$8,714.99	\$6,000.00	\$20,000.00	\$189.60	\$159.60	\$133.20	\$74.40	\$55.20	\$37.20
\$8,715.00 - \$8,857.99	\$6,100.00	\$20,000.00	\$192.76	\$162.26	\$135.42	\$75.64	\$56.12	\$37.82
\$8,858.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$195.92	\$164.92	\$137.64	\$76.88	\$57.04	\$38.44
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$199.08	\$167.58	\$139.86	\$78.12	\$57.96	\$39.06
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$202.24	\$170.24	\$142.08	\$79.36	\$58.88	\$39.68
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$205.40	\$172.90	\$144.30	\$80.60	\$59.80	\$40.30
\$9,429.00 - \$9,571.99	\$6,600.00	\$20,000.00	\$208.56	\$175.56	\$146.52	\$81.84	\$60.72	\$40.92
\$9,572.00 - \$9,714.99	\$6,700.00	\$20,000.00	\$211.72	\$178.22	\$148.74	\$83.08	\$61.64	\$41.54
\$9,715.00 - \$9,857.99	\$6,800.00	\$20,000.00	\$214.88	\$180.88	\$150.96	\$84.32	\$62.56	\$42.16
\$9,858.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$218.04	\$183.54	\$153.18	\$85.56	\$63.48	\$42.78
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$221.20	\$186.20	\$155.40	\$86.80	\$64.40	\$43.40
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$224.36	\$188.86	\$157.62	\$88.04	\$65.32	\$44.02
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$227.52	\$191.52	\$159.84	\$89.28	\$66.24	\$44.64
\$10,429.00 - \$10,571.99	\$7,300.00	\$20,000.00	\$230.68	\$194.18	\$162.06	\$90.52	\$67.16	\$45.26
\$10,572.00 - \$10,714.99	\$7,400.00	\$20,000.00	\$233.84	\$196.84	\$164.28	\$91.76	\$68.08	\$45.88
\$10,715.00 - \$10,857.99	\$7,500.00*	\$20,000.00	\$237.00	\$199.50	\$166.50	\$93.00	\$69.00	\$46.50

\*Higher benefit amounts available up to a maximum Monthly Disability Benefit of \$10,000.

# Plan Benefit Highlights

## Maximum Benefit Period

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

### Injury:

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.

### Sickness:

Age	Maximum Benefit Period
Under 65	5 years
65 through 68	To age 70
69 or older	1 year

## Social Security Filing Assistance

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

## When Coverage Begins

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

## 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.

*Plans IV-VI:* This benefit will begin after you've met your elimination period.

*Plans I-III:* This benefit will begin on your first day of Hospital confinement. The remainder of your elimination period will be waived. If you are Hospital confined due to a covered Injury or Sickness, your Hospital Confinement Benefit will be paid for any days of that confinement occurring before the day your Monthly Disability Benefit would otherwise begin.

## Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of your death your Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

## Waiver of Premium

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

## Donor Benefit

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

## Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 365 calendar days from the date of Disability.

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



## Minimum Disability Benefit

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

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

For the first 12 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the benefit schedule. After 12 months, 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.

## 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.

- **Worksite Accommodation**

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

## Mental Illness Limited Benefit

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

## Alcoholism and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 2 years for each Disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

## Special Conditions Limited Benefit

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

## Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit will be payable for Disability due to a Pre-Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a physician, for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us.

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

# Benefit Riders and Limitations

## Hospital Indemnity Limited Benefit Rider

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

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

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



## Spousal Accident Only Disability Benefit Rider

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

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

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

## COBRA Funding Rider

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

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

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

## Critical Illness Benefit Rider

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

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

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

# Benefit Rider Limitations and Exclusions

## Hospital Indemnity Limited Benefit Rider

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

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

## Critical Illness Benefit Rider

The Critical Illness Benefit rider will not be payable for any loss caused by or resulting from: a Critical Illness when the date of diagnosis occurs during the waiting period; a Critical Illness diagnosed outside of the United States; or 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: 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 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: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; 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; 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; participation in any sport for wage or profit; 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. Your spouse must be engaged in Full Time Employment for benefits to be payable. Full Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your spouse is working while self-employed. 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.

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



### Your benefits, all in one place.

Manage your American Fidelity benefits and reimbursement accounts through your online account or the AFmobile® app.

*Pre-Existing Conditions may apply.*

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



Underwritten and Administered by:  
American Fidelity Assurance Company  
800-662-1113 • [americanfidelity.com](http://americanfidelity.com)

Group Number: 00561693

**Cancer Benefit Summary**

**A Cancer insurance plan through Guardian provides:**

- Lump-sum cash payments for certain procedures, screenings and treatments related to a covered cancer diagnosis, in addition to whatever your medical plan covers
- Payments are made directly to you and can be used for any purpose
- Ability to take the coverage with you if you change jobs or retire
- Affordable group rates

**About Your Benefits:**

<b>CANCER</b>		
<b>COVERAGE - DETAILS</b>	<b>Option 1</b>	<b>Option 2</b>
<b>Your Monthly premium</b>	\$16.30	\$25.02
You and Spouse	\$28.00	\$38.90
You and Child(ren)	\$17.30	\$28.58
You, Spouse and Child(ren)	\$29.00	\$42.46
<b>INITIAL DIAGNOSIS BENEFIT</b> - Benefit is paid when you are diagnosed with Internal 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 \$2,500 Spouse \$2,500 Child \$2,500
<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>	\$100; \$100 for Follow-Up screening	\$100; \$100 for Follow-Up screening
<b>RADIATION THERAPY OR CHEMOTHERAPY</b>		
<b>Benefit</b>	Actual costs up to \$5,000 per calendar year.	Actual costs up to \$10,000 per calendar year.
<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.	3 month look back period, 12 month exclusion period.	3 month look back period, 12 month exclusion period.
<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	Actual cost up to \$5,000 per calendar year.	Actual cost up to \$10,000 per calendar 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

Benefit information illustrated within this material reflects the plan covered by Guardian as of 06/19/2019

ALL ELIGIBLE EMPLOYEES Benefit Summary

The Guardian Life Insurance Company of America, New York, NY

FEATURES (Cont.)	Option 1	Option 2
Experimental Treatment	\$100/day up to \$1,000/month	\$100/day up to \$1,000/month
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
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
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included	Included

## 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.

## UNDERSTANDING YOUR BENEFITS (Cont.):

- **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.

### Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue underwriting is required on those enrolling outside of the initial 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.

***This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.***

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

# Aflac Group Critical Illness Advantage

**INSURANCE – PLAN INCLUDES BENEFITS  
FOR CANCER AND HEALTH SCREENING**

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



The plan does not contain comprehensive adult wellness benefits as defined by law.



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

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

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

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

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

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

## What you need, when you need it.

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



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

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

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

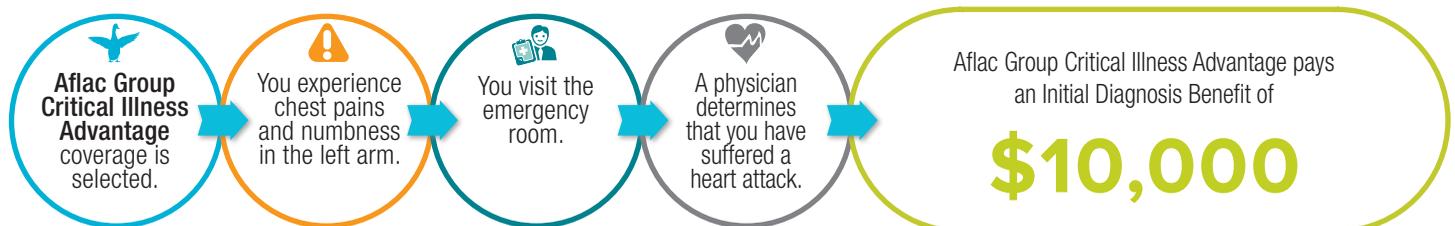
### The Aflac Group Critical Illness plan benefits include:

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

### Features:

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

### How it works



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

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).

## Benefits Overview

### COVERED CRITICAL ILLNESSES:

<b>CANCER</b> (Internal or Invasive)	100%
<b>HEART ATTACK</b> (Myocardial Infarction)	100%
<b>STROKE</b> (Ischemic or Hemorrhagic)	100%
<b>MAJOR ORGAN TRANSPLANT</b>	100%
<b>KIDNEY FAILURE</b> (End-Stage Renal Failure)	100%
<b>BONE MARROW TRANSPLANT</b> (Stem Cell Transplant)	100%
<b>SUDDEN CARDIAC ARREST</b>	100%
<b>SEVERE BURN*</b>	100%
<b>PARALYSIS**</b>	100%
<b>COMA**</b>	100%
<b>LOSS OF SPEECH / SIGHT / HEARING**</b>	100%
<b>NON-INVASIVE CANCER</b>	25%
<b>CORONARY ARTERY BYPASS SURGERY</b>	25%

#### INITIAL DIAGNOSIS

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

#### ADDITIONAL DIAGNOSIS

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

#### REOCCURRENCE

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

#### CHILD COVERAGE AT NO ADDITIONAL COST

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

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

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

### SKIN CANCER BENEFIT

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

### WAIVER OF PREMIUM

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

### SUCCESSOR INSURED BENEFIT

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

### HEALTH SCREENING BENEFIT (Employee and Spouse only)

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

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

**This benefit is not paid for dependent children.**

### COVERED HEALTH SCREENING TESTS INCLUDE:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- DNA stool analysis
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Spiral CT screening for lung cancer
- Stress test on a bicycle or treadmill
- Thermography

### OPTIONAL BENEFITS RIDER

<b>BENIGN BRAIN TUMOR</b>	100%
<b>ADVANCED ALZHEIMER'S DISEASE</b>	25%
<b>ADVANCED PARKINSON'S DISEASE</b>	25%

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

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

## PROGRESSIVE DISEASE RIDER:

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

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

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

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

## CHILDHOOD CONDITIONS RIDER

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

### One Time Benefit Amount

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

## LIMITATIONS AND EXCLUSIONS

**All limitations and exclusions that apply to the plan also apply to the riders unless amended by the riders.**

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

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

### EXCLUSIONS

We will not pay for loss due to:

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

an illegal occupation;

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

- In Arizona: Being intoxicated or under the influence of any narcotic unless administered on the advice of a physician
- In Michigan, Nevada, and South Dakota: this exclusion does not apply

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

## TERMS YOU NEED TO KNOW

Bone Marrow Transplant (Stem Cell Transplant) means a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. For a benefit to be payable, a Bone Marrow Transplant (Stem Cell Transplant) must be caused by at least one of the following diseases:

- Aplastic anemia
- Congenital neutropenia
- Severe immunodeficiency syndromes
- Sickle cell anemia
- Thalassemia
- Fanconi anemia
- Leukemia
- Lymphoma
- Multiple myeloma

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid under this plan.

Cancer (internal or invasive) is a disease that meets either of the following definitions: A malignant tumor characterized by:

- The uncontrolled growth and spread of malignant cells, and
- The invasion of distant tissue.

A disease meeting the diagnostic criteria of malignancy, as established by the American Board of Pathology. A pathologist must have examined and provided a report on the histocytologic architecture or pattern of the tumor, tissue, or specimen.

Cancer (internal or invasive) also includes:

- Melanoma that is Clark's Level III or higher or Breslow depth equal to or greater than 0.77mm, (refractory anemia with excess blasts),
- Myelodysplastic syndrome – RAEB-T (refractory anemia with excess blasts in transformation), or
- Myelodysplastic syndrome – RCMD (refractory cytopenia with multilineage dysplasia),
- Myelodysplastic syndrome – CMML (chronic myelomonocytic leukemia).
- Myelodysplastic syndrome – RAEB

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as – Clark's Level I or II, – Breslow depth less than 0.77mm, or – Stage 1A melanomas under TNM Staging

Non-Invasive Cancer is a cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

For the purposes of the plan, a Non-Invasive Cancer is:

- Internal Carcinoma in Situ
- Myelodysplastic Syndrome – RA (refractory anemia)
- Myelodysplastic Syndrome – RARS (refractory anemia with ring sideroblasts)

Skin Cancer, as defined in this plan, is not payable under the Non-Invasive Cancer Benefit.

Skin Cancer is a cancer that forms in the tissues of the skin. The following are considered skin cancers:

- Basal cell carcinoma – Clark's Level I or II,
- Squamous cell carcinoma of the skin – Breslow depth less than 0.77mm, or
- Melanoma in Situ – Stage 1A melanomas under TNM Staging
- Melanoma that is diagnosed as

These conditions are not payable under the Cancer (internal or invasive) Benefit.

Cancer, non-invasive cancer, or skin cancer must be diagnosed in one of two ways:

1. Pathological Diagnosis is a diagnosis based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This diagnosis must be made by a certified pathologist and conform to the American Board of Pathology standards.
2. Clinical Diagnosis is based only on the study of symptoms. A clinical diagnosis will be accepted only if:
  - A doctor cannot make a pathological diagnosis because it is medically inappropriate or life-threatening,
  - Medical evidence exists to support the diagnosis, and

- A doctor is treating you for cancer or carcinoma in situ

Complete Remission is defined as having no symptoms and no signs that can be identified to indicate the presence of cancer.

Civil Union: In Washington DC, Civil Union is defined as a relationship similar to marriage that is recognized by law. In Illinois, a Civil Union is defined as a legal relationship between two persons, of either the same or opposite sex, established pursuant to the Illinois Religious Freedom Protection and Civil Union Act.

Severe Burn or Severely Burned means a burn resulting from fire, heat, caustics, electricity, or radiation. The burn must:

- Be a full-thickness or third-degree burn, as determined by a doctor. A Full-Thickness Burn or Third-Degree Burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues). This results in loss of fluid and sometimes shock.
- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.
- Be caused solely by or be solely attributed to a covered accident.

Coma means a state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Coma does not include a medically-induced coma.

To be payable as an Accident benefit, the coma must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm
- Diabetes
- Encephalitis
- Epilepsy
- Hyperglycemia
- Hypoglycemia
- Meningitis

Civil Union is defined as a relationship similar to marriage that is recognized by law. In Illinois, a Civil Union is defined as a legal relationship between two persons, of either the same or opposite sex, established pursuant to the Illinois Religious Freedom Protection and Civil Union Act.

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be payable as an Accident benefit, the paralysis must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, paralysis must be caused solely by or be solely attributed to one or more of the following diseases:

- Amyotrophic lateral sclerosis
- Cerebral palsy
- Parkinson's disease,
- Poliomyelitis

The diagnosis of paralysis must be supported by neurological evidence.

Loss of Sight means the total and irreversible loss of all sight in both eyes. To be payable as an Accident benefit, loss of sight must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of sight must be caused solely by or be solely attributed to one of the following diseases:

- Retinal disease
- Optic nerve disease
- Hypoxia

Loss of Speech means the total and permanent loss of the ability to speak. To be payable as an Accident benefit, loss of speech must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of speech must be caused solely by or be solely attributable to one of the following diseases:

- Alzheimer's disease
- Arteriovenous malformation

Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of hearing does not include hearing loss that can be corrected by the use of a hearing aid or device. To be payable as an Accident benefit, loss of hearing must be caused solely by or

be solely attributed to a covered accident.

To be considered a critical illness, loss of hearing must be caused solely by or be solely attributed to one of the following diseases:

- Alport syndrome
- Autoimmune inner ear disease
- Chicken pox
- Diabetes
- Goldenhar syndrome
- Meniere's disease
- Meningitis
- Mumps

Coronary Artery Bypass Surgery means open heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts and where such narrowing or blockage is attributed to coronary artery disease or acute coronary syndrome. This excludes any non-surgical procedure, such as, but not limited to, balloon angioplasty, laser relief, or stents.

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force. In Illinois, critical illness is a sickness or disease that began while the insured's coverage is in force. In South Dakota, critical illness is a disease or a sickness that manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Coma: The first day of the period for which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Loss of Sight, Speech, or Hearing: The date the loss due to one of the underlying diseases is objectively determined by a doctor to be total and irreversible. Major Organ Transplant: The date the surgery occurs.
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Paralysis: The date a doctor diagnoses an insured with paralysis due to one of the underlying diseases as specified in this plan, where such diagnosis is based on clinical and/or laboratory findings as supported by the insured's medical records.
- Severe Burn: The date the burn takes place.
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition)..

Dependent means your spouse or your dependent child. Spouse is your legal wife or husband, (In Delaware, Illinois, Nevada, Oregon, or Washington DC - or a person who is in a legally recognized domestic partnership, civil union, or similar relationship with you), who is listed on your application. Dependent children are your or your spouse's natural children, step-children, legally adopted children, or children placed for adoption, who are younger than age 26 (in Indiana, this includes children subject to legal guardianship). Newborn children are automatically covered from the moment of birth.

There is an exception to the age-26 limit listed above. This limit will not apply to any dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent (in Arkansas, chiefly dependent) on a parent for support. The employee or the employee's spouse must furnish proof of this incapacity and dependency to the company within 31 days (in Indiana, 120 days) following the dependent child's 26th birthday.

- In South Dakota, this limit will not apply to any child who is incapable of self-sustaining employment and is chiefly dependent upon the insured for support and maintenance.
- In Texas, this limit will not apply to any dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support and maintenance. Dependent Children may also include grandchildren, who are unmarried, under age 26, and if they are your dependents for federal income tax purposes, or if you must provide medical support under an order issued under Chapter 154, Family Code, or enforceable by a court in this state.
- In New Mexico, coverage may be provided for the children of custodial and non-custodial parents.
- In Illinois, coverage of an unmarried dependent child who is under age 30 and who served in the military will not terminate if he/she is an Illinois resident, served as a member of the active or reserve components of any United States Armed

Forces branch, and has received a release or discharge (other than a dishonorable discharge). To be eligible for coverage, the eligible dependent must submit to us a form approved by the Illinois Department of Veterans' Affairs stating the date on which the dependent was released from service.

- In Louisiana, dependent children must be unmarried and may also include grandchildren who are in the legal custody of and residing with a grandparent. Regarding the Age 26 limit exception - we will not require proof of incapacity and dependency more frequently than annually after the two-year period following the child's attainment of the limiting age.

Diagnosis (Diagnosed) refers to the definitive and certain identification of an illness or disease that:

- Is made by a doctor and
- Is based on clinical or laboratory investigations, as supported by your medical records.

Doctor is a person who is:

- Legally qualified to practice medicine,
- Licensed as a doctor by the state where treatment is received, and
- Licensed to treat the type of condition for which a claim is made.
- In Montana, for purposes of treatment, you have full freedom of choice in the selection of any licensed physician,
- Physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, licensed social worker, psychologist, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, or advanced practice registered nurse.
- In New Mexico, a doctor is also a practitioner of the healing arts.

A doctor does not include you or any of your family members.

- In South Dakota, a doctor who is your family member may treat you if that doctor is the only doctor in the area and acts within the scope of his or her practice.

For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-family members and family-members-in-law.

Domestic Partner:

- In Washington DC, Domestic Partner is an unmarried same or opposite sex adult who resides with you and has registered in a state or local domestic partner registry with you.
- In Nevada, Domestic Partner is defined as a person who is party to a valid domestic partnership, has not terminated that domestic partnership, and meets the requisites for a valid domestic partnership. In order to enter into a valid domestic partnership, it is necessary that the two persons register with the state of Nevada when it is established, by having previously furnished proof to the state of Nevada, that both persons have a common residence, neither person is married or a member of another domestic partnership, the two persons are not related by blood in a way that would prevent them from being married to each other in the state of Nevada, both persons are at least 18 years of age, and both persons are competent to consent to the domestic partnership.

Employee is a person who meets eligibility requirements and who is covered under the plan. The employee is the primary insured under the plan.

Heart Attack (Myocardial Infarction) is the death of a portion of the heart muscle (myocardium) caused by a blockage of one or more coronary arteries due to coronary artery disease or acute coronary syndrome.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac arrest not caused by a heart attack (myocardial infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.)

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) means end-stage renal failure caused by end-stage renal disease, which results in the chronic, irreversible failure of both kidneys to function.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to
- Treat the kidney failure (end-stage renal failure); or
- The kidney failure (end-stage renal

failure) results in kidney transplantation.

Maintenance Drug Therapy is a course of systemic medication given to a patient after a cancer goes into complete remission because of primary treatment. Maintenance Drug Therapy includes ongoing hormonal therapy, immunotherapy, or chemo-prevention therapy. Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

Major Organ Transplant means undergoing surgery as a recipient of a covered transplant of a human heart, lung, liver, kidney, or pancreas. A transplant must be caused by one or more of the following diseases:

- Bronchiectasis
- Cardiomyopathy
- Cirrhosis
- Chronic obstructive pulmonary disease
- Congenital Heart Disease
- Coronary Artery Disease
- Cystic fibrosis
- Hepatitis
- Interstitial lung disease
- Lymphangioleiomyomatosis.
- Polycystic liver disease
- Pulmonary fibrosis
- Pulmonary hypertension
- Sarcoidosis
- Valvular heart disease

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Party to a Civil Union: In Illinois, a person who has established a civil union pursuant to the Illinois Religious Freedom Protection and Civil Union Act.

Pathologist is a doctor who is licensed:

- To practice medicine, and
- By the American Board of Pathology to practice pathologic anatomy.

A Pathologist also includes an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

Signs and/or symptoms are the evidence of disease or physical disturbance observed by a doctor or other medical professional. The doctor (or other medical professional) must observe these signs while acting within the scope of his license.

Stroke means apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. Stroke must be either:

- Ischemic: Due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain, or vascular embolism, or
- Hemorrhagic: Due to uncontrolled hypertension, malignant hypertension, brain aneurysm, or arteriovenous malformation.

The stroke must be positively diagnosed by a doctor based upon documented neurological deficits and confirmatory neuroimaging studies.

Stroke does not include:

- Transient Ischemic Attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Stroke will be covered only if the Insured submits evidence of the neurological damage by providing:

- Computed Axial Tomography (CAT scan) images, or
- Magnetic Resonance Imaging (MRI).

Sudden Cardiac Arrest is the sudden, unexpected loss of heart function in which the heart, abruptly and without warning, stops working as a result of an internal electrical system heart malfunction due to coronary artery disease, cardiomyopathy, or hypertension.

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction).

Total Disability or Totally Disabled means you are:

- Not working at any job for pay or benefits,
- Under the care of a doctor for the treatment of a covered critical illness, and
- Unable to Work, which means either:
  - During the first 365 days of total disability, you are unable to work at the occupation you were performing when your total disability began; or
  - After the first 365 days of total disability, you are unable to work at any gainful occupation for which you are suited by education, training, or experience.
  - In Ohio, Unable to Work is defined as the inability to perform duties of any gainful occupation for which you are reasonably fitted by training, experience, and accomplishment.

Treatment or Medical Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

Treatment-Free From Cancer refers to the period of time without the consultation, care, or services provided by a doctor. This includes receiving diagnostic measures and taking prescribed drugs and medicines. Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

In Montana, Consultation is not considered treatment or medical treatment.

## OPTIONAL BENEFITS RIDER

Date of Diagnosis is defined as follows:

- Advanced Alzheimer's Disease: The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- Advanced Parkinson's Disease: The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- Benign Brain Tumor: The date a doctor determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

Optional Benefit is one of the illnesses defined below and shown in the rider schedule: Advanced Alzheimer's Disease means Alzheimer's Disease that causes the insured to be incapacitated. Alzheimer's Disease is a progressive degenerative disease of the brain that is diagnosed by a psychiatrist or neurologist as Alzheimer's Disease. To be incapacitated due to Alzheimer's Disease, the insured must:

- Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning, and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Advanced Parkinson's Disease means Parkinson's Disease that causes the insured to be incapacitated. Parkinson's Disease is a brain disorder that is diagnosed by a psychiatrist or neurologist as Parkinson's Disease. To be incapacitated due to Parkinson's Disease, the insured must:

- Exhibit at least two of the following clinical manifestations: - Muscle rigidity - Tremor - Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses), and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Benign Brain Tumor is a mass or growth of abnormal, noncancerous cells in the brain. The tumor is composed of similar cells that do not follow normal cell division and growth patterns and develop into a mass of cells that microscopically do not have the characteristic appearance of a Cancer. Benign Brain Tumor must be caused by Multiple Endocrine Neoplasia, Neurofibromatosis, or Von Hippel-Lindau Syndrome.

- Multiple Endocrine Neoplasia is a genetic disease in which one or more of the endocrine glands are overactive or form a tumor.
- Neurofibromatosis is a genetic disease in which the nerve tissue grows tumors that may be benign and may cause serious damage by compressing nerves and other tissue.

- Von Hippel-Lindau Syndrome is a genetic disease that predisposes a person to have benign or malignant tumors.

Activities of Daily Living (ADLs) are activities used in measuring levels of personal functioning capacity. These activities are normally performed without assistance, allowing personal independence in everyday living. For the purposes of this plan, ADLs include the following:

- Bathing – the ability to wash oneself in a tub, shower, or by sponge bath. This includes the ability to get into and out of the tub or shower with or without the assistance of equipment;
- Dressing – the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;
- Toileting – the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;
- Transferring – the ability to move in and out of a bed, chair, or wheelchair with or without the assistance of equipment;
- Mobility – the ability to walk or wheel on a level surface from one room to another with or without the assistance of equipment;
- Eating – the ability to get nourishment into the body by any means once it has been prepared and made available with or without the assistance of equipment; and
- Continence – the ability to voluntarily maintain control of bowel and/or bladder function. In the event of incontinence, the ability to maintain a reasonable level of personal hygiene.

## PROGRESSIVE DISEASE RIDER

Date of Diagnosis is defined for each specified critical illness as follows:

- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease): The date a Doctor Diagnoses an Insured as having ALS and where such Diagnosis is supported by medical records.
- Sustained Multiple Sclerosis: The date a Doctor Diagnoses an Insured as having Multiple Sclerosis and where such Diagnosis is supported by medical records.
- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease) means a chronic, progressive motor neuron disease occurring when nerve cells in the brain and spinal cord that control voluntary movement degenerate, causing muscle weakness and atrophy, eventually leading to paralysis.
- Sustained Multiple Sclerosis means a chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in the brain or spinal cord or both, interfering with the nerve pathways. Sustained Multiple Sclerosis results in one of the following symptoms for at least 90 consecutive days:
  - Muscular weakness,
  - Speech disturbances, or
  - Loss of coordination,
  - Visual disturbances.

## CHILDHOOD CONDITIONS RIDER

Date of Diagnosis is defined as follows:

- Autism Spectrum Disorder: The date a Doctor Diagnoses a Dependent Child as having Autism Spectrum Disorder and where such Diagnosis is supported by medical records.
- Cystic Fibrosis: The date a Doctor Diagnoses a Dependent Child as having Cystic Fibrosis and where such Diagnosis is supported by medical records.
- Cerebral Palsy: The date a Doctor Diagnoses a Dependent Child as having Cerebral Palsy and where such Diagnosis is supported by medical records.
- Cleft Lip or Cleft Palate: The date a Doctor Diagnoses a Dependent Child as having Cleft Lip or Cleft Palate and where such Diagnosis is supported by medical records.
- Down Syndrome: The date a Doctor Diagnoses a Dependent Child as having Down Syndrome and where such Diagnosis is supported by medical records.
- Phenylalanine Hydroxylase Deficiency Disease (PKU): The date a Doctor Diagnoses a Dependent Child as having PKU and where such Diagnosis is supported by medical records.
- Spina Bifida: The date a Doctor Diagnoses a Dependent Child as having Spina Bifida and where such Diagnosis is supported by medical records.
- Type I Diabetes: The date a Doctor Diagnoses a Dependent Child as having Type I Diabetes and where such Diagnosis is supported by medical records.

Autism Spectrum Disorder is a biological based neurodevelopment disorder characterized by impairment in two major domains:

- Deficits in social communication and interaction; and
- Restricted repetitive patterns of behavior, interests, and activities.

A Doctor must Diagnose Autism Spectrum Disorder based on DSM-V diagnostic criteria. The Diagnosis must include the DSM-V severity level specifier for both major domains listed above.

Cystic Fibrosis is a hereditary chronic disease of the exocrine glands. This disease is characterized by the production of viscous mucus that obstructs the pancreatic ducts and bronchi, leading to infection and fibrosis.

Cerebral Palsy is a disorder of movement, muscle tone, or posture that is caused by injury or abnormal development in the immature brain. Cerebral Palsy can be characterized by stiffness and movement difficulties, involuntary and uncontrolled movements, or disturbed sensation.

- Spastic Cerebral Palsy is characterized by stiffness and movement difficulties.
- Athetoid Cerebral Palsy is characterized by involuntary and uncontrolled movements.
- Ataxic Cerebral Palsy is characterized by a disturbed sense of balance and depth perception.

Cleft Lip occurs when there is an opening (one or two vertical fissures) in the lip. A Cleft Palate occurs when the two sides of a palate do not join, resulting in an opening in the roof of the mouth or soft tissue in the back of the mouth. Sometimes, an opening in the bones of the upper jaw or upper gum accompanies a Cleft Palate.

A Cleft Lip or Palate can occur on one or both sides of the face. If a Dependent Child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.

Down Syndrome is a chromosomal condition characterized by the presence of an extra

copy of genetic material on the 21st chromosome, either in whole or part.

Phenylalanine Hydroxylase Deficiency Disease (PKU) is an autosomal recessive metabolic genetic disorder characterized by homozygous or compound heterozygous mutations in the gene for the hepatic enzyme phenylalanine hydroxylase (PAH), rendering it nonfunctional. A Doctor must Diagnose this disease based on a PKU test.

Spina Bifida refers to any birth defect involving incomplete closure of the spinal canal or spine. This includes:

- Spina Bifida Cystica, which is a condition where a cyst protrudes through the defect in the vertebral arch.
- Spina Bifida Occulta, which is a condition where the bones of the spine do not close, but the spinal cord and meninges remain in place. Skin usually covers the defect.
- Meningocele, which is a condition where the tissue covering the spinal cord sticks out of the spinal defect, but the spinal cord remains in place.
- Myelomeningocele, which is a condition where the un-fused portion of the spinal column allows the spinal cord to protrude through an opening. The meningeal membranes that cover the spinal cord form a sac enclosing the spinal elements.

Type I Diabetes means a form of diabetes mellitus causing total insulin deficiency of a Dependent Child along with continuous dependence on exogenous insulin in order to maintain life. A Doctor must Diagnose Type I Diabetes based on one of the following diagnostic tests:

- Glycated hemoglobin (A1C) test
- Random blood sugar test
- Fasting blood sugar test

## SPECIFIED DISEASE RIDER

Date of Diagnosis is defined for each Specified Disease as follows:

- Adrenal Hypofunction (Addison's Disease): The date a Doctor Diagnoses an Insured as having Adrenal Hypofunction and where such Diagnosis is supported by medical records.
- Cerebrospinal Meningitis: The date a Doctor Diagnoses an Insured as having Cerebrospinal Meningitis and where such Diagnosis is supported by medical records.
- Diphtheria: The date a Doctor Diagnoses an Insured as having Diphtheria based on clinical and/or laboratory findings as supported by medical records.
- Huntington's Chorea: The date a Doctor Diagnoses an Insured as having Huntington's Chorea based on clinical findings as supported by medical records.
- Legionnaire's Disease: The date a Doctor Diagnoses an Insured as having Legionnaire's Disease by finding Legionella bacteria in a clinical specimen taken from the Insured.
- Malaria: The date a Doctor Diagnoses an Insured as having Malaria and where such Diagnosis is supported by medical records.
- Muscular Dystrophy: The date a Doctor Diagnoses an Insured as having Muscular Dystrophy and where such Diagnosis is supported by medical records.
- Myasthenia Gravis: The date a Doctor Diagnoses an Insured as having Myasthenia Gravis and where such Diagnosis is supported by medical records.
- Necrotizing Fasciitis: The date a Doctor Diagnoses an Insured as having Necrotizing Fasciitis and where such Diagnosis is supported by medical records.
- Osteomyelitis: The date a Doctor Diagnoses an Insured as having Osteomyelitis and where such Diagnosis is supported by medical records.
- Poliomyelitis: The date a Doctor Diagnoses an Insured as having Poliomyelitis and where such Diagnosis is supported by medical records.
- Rabies: The date a Doctor Diagnoses an Insured as having Rabies and where such Diagnosis is supported by medical records.
- Sickle Cell Anemia: The date a Doctor Diagnoses an Insured as having Sickle Cell Anemia and where such Diagnosis is supported by medical records.
- Systemic Lupus: The date a Doctor Diagnoses an Insured as having Systemic Lupus and where such Diagnosis is supported by medical records.
- Systemic Sclerosis (Scleroderma): The date a Doctor Diagnoses an Insured as having Systemic Sclerosis and where such Diagnosis is supported by medical records.
- Tetanus: The date a Doctor Diagnoses an Insured as having Tetanus by finding Clostridium tetani bacteria in a clinical specimen taken from the Insured.
- Tuberculosis: The date a Doctor Diagnoses an Insured as having Tuberculosis by finding Mycobacterium tuberculosis bacteria in a clinical specimen taken from the Insured.

Adrenal Hypofunction (Addison's Disease) means a disease occurring when the body's adrenal glands do not produce sufficient steroid hormones.

Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

Cerebrospinal Meningitis means a disease resulting in the inflammation of the meninges of both the brain and spinal cord caused by infection from viruses, bacteria, or other microorganisms or from Cancer.

Diphtheria means an infectious disease caused by the bacterium *Corynebacterium diphtheriae* and characterized by the production of a systemic toxin and the formation of a false membrane lining of the mucous membrane of the throat and other respiratory passages, causing difficulty in breathing, high fever, and/or weakness.

Diphtheria can be Diagnosed either through laboratory tests that confirm Diphtheria through a culture obtained from the infected area or through clinical observation of visible symptoms.

Huntington's Chorea means a hereditary disease characterized by gradual loss of brain function and voluntary movement due to degenerative changes in the cerebral cortex and basal ganglia.

Legionnaire's Disease means an infectious lung disease caused by species of the aerobic bacteria belonging to the genus *Legionella*.

Malaria means an infectious disease characterized by cycles of chills, fever, and sweating, caused by the bite of an anopheles mosquito infected with a protozoan of the genus *Plasmodium*.

Muscular Dystrophy means a genetic disease that causes progressive weakness and degeneration in the musculoskeletal system and where such muscles are replaced by scar tissue and fat. Muscular Dystrophy is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissues.

Myasthenia Gravis means a disease characterized by progressive weakness and exhaustibility of voluntary muscles without atrophy or sensory disturbance and caused by an autoimmune attack on acetylcholine receptors at the neuromuscular junction.

Necrotizing Fasciitis means a severe soft tissue infection by bacteria that is marked by edema and necrosis of subcutaneous tissues with involvement of adjacent fascia and by

painful red swollen skin over the affected areas.

Osteomyelitis means an infectious inflammatory disease of the bone that typically results from a bacterial infection and may result in the death of bone tissue.

Poliomyelitis (Polio) means an acute infectious disease caused by the poliovirus and characterized by fever, motor paralysis, and atrophy of skeletal muscles. It often results in permanent disability and deformity, and marked by inflammation of nerve cells in the anterior gray matter in each lateral half of the spinal cord.

Rabies means an acute viral disease of the nervous system caused by a rhabdovirus, which is usually transmitted through the bite of a rabid animal. It is typically characterized by increased salivation, abnormal behavior, and eventual paralysis.

Sickle Cell Anemia means a hereditary disease caused by a genetic blood disorder. It is characterized by red blood cells that assume an abnormal, rigid, sickle shape due to a mutation on the hemoglobin gene.

Systemic Lupus means an autoimmune disease where the body's immune system attacks healthy tissue, leading to long-term inflammation. This disease is primarily characterized by joint pain and swelling.

Systemic Sclerosis (Scleroderma) means a progressive autoimmune disease characterized by the hardening and tightening of the skin and connective tissues.

Tetanus means a disease marked by rigidity and spasms of the voluntary muscles, caused by the bacterium *Clostridium tetani*.

Tuberculosis means an infectious disease caused by *Mycobacterium tuberculosis* bacteria. It is characterized by the growth of nodules in the bodily tissues, as well as by fever, cough, difficulty breathing, caseation, pleural effusions, and fibrosis.

#### **YOU MAY CONTINUE YOUR COVERAGE**

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

#### **TERMINATION OF COVERAGE**

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

### **NOTICES**

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

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

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

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

This brochure is subject to the terms, conditions, and limitations of Policy Series C21000. In Texas, C21100TX.

**SOUTHWEST ISD****Monthly (12pp / yr)****Employee - Non-Tobacco**

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.24	\$7.55	\$9.86	\$12.17	\$14.48	\$16.80	\$19.11	\$21.42	\$23.73	\$26.04
30-39	\$6.52	\$10.11	\$13.70	\$17.28	\$20.87	\$24.46	\$28.05	\$31.64	\$35.23	\$38.82
40-49	\$9.73	\$16.53	\$23.32	\$30.12	\$36.92	\$43.72	\$50.52	\$57.31	\$64.11	\$70.91
50-59	\$15.79	\$28.65	\$41.51	\$54.37	\$67.23	\$80.09	\$92.95	\$105.82	\$118.68	\$131.54
60+	\$27.31	\$51.70	\$76.08	\$100.47	\$124.85	\$149.23	\$173.62	\$198.00	\$222.39	\$246.77

**Employee - Tobacco**

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.07	\$9.20	\$12.34	\$15.47	\$18.61	\$21.74	\$24.88	\$28.01	\$31.15	\$34.28
30-39	\$8.37	\$13.81	\$19.25	\$24.69	\$30.14	\$35.58	\$41.02	\$46.46	\$51.90	\$57.34
40-49	\$13.35	\$23.78	\$34.20	\$44.63	\$55.05	\$65.47	\$75.90	\$86.32	\$96.75	\$107.17
50-59	\$23.52	\$44.11	\$64.70	\$85.29	\$105.87	\$126.46	\$147.05	\$167.64	\$188.23	\$208.82
60+	\$40.82	\$78.72	\$116.61	\$154.50	\$192.40	\$230.29	\$268.18	\$306.08	\$343.97	\$381.86

**Spouse - Non-Tobacco**

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.96	\$7.00	\$9.03	\$11.06	\$13.10	\$15.13	\$17.16	\$19.19	\$21.23	\$23.26
30-39	\$6.24	\$9.55	\$12.86	\$16.17	\$19.48	\$22.79	\$26.11	\$29.42	\$32.73	\$36.04
40-49	\$9.38	\$15.84	\$22.29	\$28.74	\$35.19	\$41.65	\$48.10	\$54.55	\$61.01	\$67.46
50-59	\$15.51	\$28.10	\$40.68	\$53.26	\$65.84	\$78.43	\$91.01	\$103.59	\$116.17	\$128.76
60+	\$27.04	\$51.14	\$75.25	\$99.36	\$123.46	\$147.57	\$171.67	\$195.78	\$219.89	\$243.99

**Spouse - Tobacco**

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.79	\$8.64	\$11.50	\$14.36	\$17.22	\$20.07	\$22.93	\$25.79	\$28.64	\$31.50
30-39	\$8.09	\$13.26	\$18.42	\$23.58	\$28.75	\$33.91	\$39.07	\$44.24	\$49.40	\$54.56
40-49	\$13.08	\$23.22	\$33.37	\$43.51	\$53.66	\$63.81	\$73.95	\$84.10	\$94.24	\$104.39
50-59	\$23.24	\$43.55	\$63.86	\$84.17	\$104.49	\$124.80	\$145.11	\$165.42	\$185.73	\$206.04
60+	\$40.55	\$78.16	\$115.78	\$153.39	\$191.01	\$228.62	\$266.24	\$303.85	\$341.47	\$379.08



# Cover your bases

## Aetna® Accident Plan

### Prepare for the unexpected

Would you be financially ready if you had an accidental injury? The Aetna Accident Plan can help supplement your medical coverage.

### What is the Aetna Accident Plan?

The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and more serious injuries. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

### How is this different from a major medical plan?

Medical plans pay **doctors and hospitals** directly for treatment related to your care. But these plans usually don't cover 100 percent of the costs until you meet deductibles and co-insurance, and you have to come up with the rest. Medical plans also don't cover other expenses health events might impact, like day care, rent and more, if you're out of work.

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

### How can you use the cash benefits?

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

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

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

### Easy to use

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

**Accident insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96842, AL HPOL-VOL Acc01.**



## “What ifs” are everywhere

The average cost of all non-fatal injuries per person initially treated in an emergency department was approximately **\$6,620**<sup>1</sup>. Home accidents injure **one person every four seconds** in the U.S.<sup>2</sup>



### Because you never know

Miguel\* didn't expect to get hit from behind in the middle of rush hour. But it happened. Now his back and his car need some work.

Luckily, he had the Aetna® Accident Plan. He filed his claim online and, since he had signed up for direct deposit, his benefits were deposited directly into his bank account. He used some of the money to pay out-of-pocket medical costs. The rest went toward getting his car back into shape.

### An Aetna Simplified Claims Experience™

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

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



<sup>1</sup>Average medical cost of fatal and non-fatal injuries by type in the USA. National Library of Medicine. February 27, 2021. Available at: <https://pubmed.ncbi.nlm.nih.gov/31888976/>. Accessed June 17, 2022.

<sup>2</sup>About Home Safety. U.S. Department of Housing and Urban Development. 2022. Available at: [https://www.hud.gov/program\\_offices/healthy\\_homes/healthyhomes/homesafety](https://www.hud.gov/program_offices/healthy_homes/healthyhomes/homesafety). Accessed June 17, 2022.

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



# Benefit Summary

## Aetna® On/Off-Job Accident Plan



Southwest ISD  
6500663

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### The accident plan helps financially



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

Be ready for when real life happens.

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

**This is a summary of your benefits. Limits apply to the number of times a benefit is paid, as specified in your Certificate of Coverage. If a service or injury falls in more than one category, the plan will pay only one benefit, and the highest benefit that applies. See the plan documents for a complete description of the benefits, maximums, exclusions, limitations, and conditions of coverage. This policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.**

**Note: The Aetna Accident Plan pays benefits for specific care, treatment and services related to a covered accident. The plan doesn't pay benefits for care, treatment or services related to an accident that occurs before the plan's coverage effective date.**

# Accident plan



## Initial care

Covered Benefit	Low	High
Ground ambulance	\$500	\$500
Air ambulance	\$1,600	\$1,600
<i>Max trips per accident, air and ground combined</i>	1	1
Emergency room/Hospital	\$200	\$250
Physician's office/Urgent care facility	\$200	\$250
Walk-in clinic/Telemedicine	\$50	\$50
<i>Max visits for all places of service per accident</i>	1	1
<i>Max visits for all places of service per plan year</i>	3	3
X-ray	\$75	\$125
Lab	\$75	\$125
Medical Imaging	\$225	\$225

## Follow-up care

Covered benefit	Low	High
Emergency room/Hospital	\$75	\$75
Physician's office/Urgent care facility	\$75	\$75
Walk-in clinic/Telemedicine	\$25	\$25
<i>Max visits for all places of service per accident</i>	3	4
<i>Max visits for all places of service per plan year</i>	9	12
Major appliances	\$200	\$300
Minor appliances	\$125	\$150
<i>Maximum appliances per accident, major &amp; minor combined</i>	1	1
Chiropractic treatment/Alternative therapy	\$25	\$35
<i>Max combined visits per accident</i>	10	10
<i>Max combined visits per plan year</i>	30	30
Pain management ( <i>epidural anesthesia</i> )	\$100	\$150
Prescription drugs	\$10	\$10
One prosthetic device/Artificial limb	\$750	\$1,500
Multiple prosthetic devices/Artificial limbs	\$1,500	\$3,000
<i>Max prosthetic benefits per accident</i>	1	1
Repair or replace ( <i>percentage of Prosthetic device/Artificial limb benefit amount</i> )	25%	25%
<i>Max repair or replace per plan year</i>	1	1
Therapy services	\$25	\$35
<i>Max therapy services per accident</i>	10	10
<i>Max therapy visit per plan year</i>	30	30

**Note:** Major appliances include: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair.

**Note:** Minor appliances include: Brace, cane, crutches, walker, walking boot, other medical devices to aid in physical movement.

# Accident plan



## Hospital care

Hospital and all other stays related to a covered accident.

Covered benefit	Low	High
Non-ICU hospital admission ( <i>initial day</i> )	\$1,000	\$1,500
ICU hospital admission ( <i>initial day</i> )	\$2,000	\$3,000
Non-ICU hospital stay — daily	\$200	\$300
Step down intensive care unit hospital stay— daily	\$300	\$450
ICU hospital stay — daily	\$400	\$600
<i>Max days per accident (combined for all stays due to the same accident)</i>	365	365
Rehabilitation unit stay — daily	\$100	\$150
<i>Max days for rehabilitation stay per accident</i>	30	30
Observation unit ( <i>one day per plan year</i> )	\$100	\$100

**Note:** Hospital daily stay begins on day 1, and all daily stays (except rehabilitation) add up to a maximum combined 365 days per person, per accident.

## Surgical care

Covered benefit	Low	High
Blood/Plasma/Platelets	\$400	\$500
Eye injury — surgical repair	\$300	\$400
Eye injury — removal of foreign object	\$150	\$200
Surgery ( <i>without repair</i> ) — arthroscopic or exploratory	\$175	\$275
Cranial, open abdominal & <i>thoracic (surgery with repair)</i>	\$1,500	\$2,000
Hernia ( <i>surgery with repair</i> )	\$250	\$300
Ruptured disc ( <i>surgery with repair</i> )	\$750	\$1,000
Tendon/Ligament/Rotator cuff — single repair ( <i>surgery with repair</i> )	\$750	\$1,000
Tendon/Ligament/Rotator cuff — multiple repairs ( <i>surgery with repair</i> )	\$1,500	\$2,000
Torn knee cartilage ( <i>surgery with repair</i> )	\$750	\$1,000
Inpatient surgery ( <i>non-specified with repair</i> )	\$250	\$300
Outpatient surgery ( <i>non-specified with repair</i> )	\$250	\$300
<i>Max benefits per accident, combined for all surgery (with and without repair)</i>	2	2

**Note:** Surgical benefits must be related to a covered accident.

## Lodging/Transportation

Covered benefit	Low	High
Lodging	\$200	\$200
<i>Max lodging days per accident</i>	30	30
Transportation	\$400	\$400
<i>Max trips per accident</i>	3	3

**Note:** Lodging and transportation must be related to a covered accident, and member, or companion must travel over 50 miles from home for care.

# Accident plan



## Dislocations- closed reduction (*non-surgical*)

Covered benefit	Low	High
Hip	\$3,000	\$6,000
Knee	\$1,500	\$3,000
Ankle — bone or bones of the foot other than toes	\$750	\$1,500
Collarbone — sternoclavicular	\$600	\$1,200
Lower jaw	\$600	\$1,200
Shoulder — glenohumeral	\$600	\$1,200
Elbow	\$600	\$1,200
Wrist	\$600	\$1,200
Bone or bones of the hand other than fingers	\$600	\$1,200
Collarbone — acromioclavicular and separation	\$150	\$300
Rib	\$150	\$300
One toe or one finger	\$150	\$300
Partial dislocation ( <i>percentage of named dislocation</i> )	25%	25%
<i>Max dislocations per accident</i>	3	3

**Note:** Closed reduction means the injury doesn't need surgical repair. Open reduction (when injury needs surgical repair) **pays 2 times** the closed reduction benefit amount.

# Accident plan



## Fractures- closed reduction (*non-surgical*)

Covered benefit	Low	High
Skull except bones of the face or nose, depressed	\$4,125	\$8,250
Skull except bones of the face or nose, non-depressed	\$4,125	\$8,250
Hip or thigh ( <i>femur</i> )	\$1,725	\$3,450
Vertebrae — excluding vertebral processes	\$1,125	\$2,250
Pelvis — including ilium, ischium, pubis, acetabulum except coccyx	\$1,125	\$2,250
Leg — tibia and/or fibula malleolus	\$1,125	\$2,250
Bones of the face or nose except mandible or maxilla	\$600	\$1,200
Upper Jaw, maxilla ( <i>except alveolar process</i> )	\$600	\$1,200
Upper arm between elbow and shoulder ( <i>humerus</i> )	\$600	\$1,200
Lower jaw, mandible ( <i>except alveolar process</i> )	\$600	\$1,200
Collarbone ( <i>clavicle, sternum</i> )	\$600	\$1,200
Shoulder blade ( <i>scapula</i> )	\$600	\$1,200
Vertebral process	\$600	\$1,200
Forearm ( <i>radius and/or ulna</i> )	\$450	\$900
Kneecap ( <i>patella</i> )	\$450	\$900
Hand/foot ( <i>except fingers, toes</i> )	\$450	\$900
Ankle/wrist	\$450	\$900
Rib	\$225	\$450
Coccyx	\$225	\$450
Finger, toe	\$225	\$450
Chip fracture ( <i>percentage of named fracture</i> )	25%	25%
<i>Max fractures per accident</i>	3	3

**Note:** Closed reduction means the injury doesn't need surgical repair. Open reduction (when injury needs surgical repair) **pays 2 times** the closed reduction benefit amount.

# Accident plan



## Accidental death

Covered benefit	Low	High
Employee	\$50,000	\$100,000
Covered dependent spouse	\$25,000	\$50,000
Covered dependent children	\$25,000	\$50,000

## Accidental death common carrier

Covered benefit	Low	High
Employee	\$100,000	\$200,000
Covered dependent spouse	\$50,000	\$100,000
Covered dependent children	\$50,000	\$100,000

**Note:** Accidental death common carrier benefit pays when you or a covered dependent have an accidental injury as a fare paying passenger on a public airline, railroad, bus line, taxicab, etc. that results in death.

## Accidental dismemberment

Covered benefit	Low	High
Loss of arm	\$5,000	\$10,000
Loss of hand	\$5,000	\$10,000
Loss of leg	\$5,000	\$10,000
Loss of foot	\$5,000	\$10,000
Loss of sight	\$5,000	\$10,000
Loss of ability to speak	\$10,000	\$20,000
Loss of hearing	\$5,000	\$10,000
<i>Max dismemberments per accident (non-finger, toe)</i>	<i>2</i>	<i>2</i>
Loss of finger	\$500	\$1,000
Loss of toe	\$500	\$1,000
<i>Max dismemberments per accident (finger, toe)</i>	<i>4</i>	<i>4</i>

## Paralysis (complete, total & permanent loss)

Covered benefit	Low	High
Quadriplegia	\$10,000	\$20,000
Triplegia	\$7,500	\$15,000
Paraplegia	\$5,000	\$10,000
Hemiplegia	\$5,000	\$10,000
Diplegia	\$5,000	\$10,000
Monoplegia	\$2,500	\$5,000

# Accident plan



## Other benefits

Covered benefit	Low	High
Home and vehicle alteration	\$1,000	\$1,500
Animal bite treatment — tetanus shot	\$100	\$100
Animal bite treatment — anti-venom shot	\$200	\$200
Animal bite treatment — rabies shot	\$300	\$300
Brain injury — concussion/mild traumatic brain injury	\$225	\$250
Brain injury — moderate/severe traumatic brain injury	\$450	\$600
Burn — second degree burn ( <i>greater than 5% of total body surface</i> )	\$1,000	\$1,500
Burn — third degree burn ( <i>less than 5% of total body surface</i> )	\$1,500	\$2,250
Burn — third degree burn ( <i>between 5% and 10% of total body surface</i> )	\$6,000	\$9,000
Burn — third degree burn ( <i>greater than 10% of total body surface</i> )	\$18,000	\$27,000
Burn skin graft ( <i>percentage of the named burn benefit</i> )	50 % of Burn	50 % of Burn
Coma ( <i>non-induced</i> )	\$10,000	\$20,000
Persistent vegetative state ( <i>PVS</i> )	\$10,000	\$20,000
Coma ( <i>induced/per day</i> )	\$250	\$250
Dental extractions	\$75	\$100
Dental crown	\$225	\$300
Gunshot wound	\$1,500	\$2,000
Laceration without stitches	\$25	\$25
Laceration with stitches ( <i>less than 7.5cm</i> )	\$100	\$100
Laceration with stitches ( <i>between 7.6cm and 20cm</i> )	\$300	\$300
Laceration with stitches ( <i>greater than 20cm</i> )	\$600	\$600
Posttraumatic stress disorder ( <i>PTSD</i> )	\$500	\$500
Service dog	\$1,500	\$1,500
Waiver of premium	Included	Included

**Note:** Max 10 days per accident for coma/PVS benefits.

**Note:** Posttraumatic stress disorder benefit is limited to 1 per person, per lifetime.

**Note:** Service dog benefit is limited to 1 dog, per lifetime.

## Other benefits

### Organized sports benefit

The **organized sports benefit** pays an additional **25** percent of benefits if a covered member is injured while participating as a registered member of an organized sporting activity.

**Note:** Organized sport benefit excludes the following benefits:

- Accidental death
- Accidental death common carrier
- Gunshot wound
- Service dog
- Burn skin graft
- Animal bite
- Burn

# Accident plan



## Health screening benefit

Covered benefit	Benefit amount
<b>Health screening benefit</b> ( <i>pays once per member per plan year for covered preventive tests</i> )	\$75

### Covered health screenings

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

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

# Aetna® Accident Plan rates



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

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	\$8.48	\$16.97	\$17.81	\$26.30
Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	\$11.36	\$22.73	\$23.87	\$35.24

## Aetna® Accident plan exclusions and limitations

This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits under the policy will not be payable for any care, service or supply for an accidental injury related to the following:

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving;
2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment;
3. Act of war, riot, war;
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
5. Assault, felony, illegal occupation, or other criminal act;
6. Bacterial infections that are not caused by a cut or wound from an accidental injury;
7. Care provided by immediate family members or any household member;
8. Elective or cosmetic surgery;
9. Nutritional supplements;
10. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant, including those prescribed by a physician that are misused;

We will not pay any benefits for a service or supply rendered or received that are not specifically covered or not related to an accidental injury.

The stay, visit or service must be on or after the effective date of coverage, while coverage is in force and take place in the United States or its territories.

## Portability

Your plan includes a portability option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option if your employment ceases for any reason. Refer to your certificate for additional portability provisions. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.



Less stress

## Aetna<sup>®</sup> Hospital Indemnity Plan

### Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, it's good to plan ahead. And to give yourself an extra financial cushion.

### What is the Aetna Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or an unplanned hospital stay. It can be for an illness, injury, surgery or to deliver a baby. The Aetna Hospital Indemnity Plan pays a lump-sum benefit for admission and daily benefits for a covered hospital stay. You can use these benefits to help pay your part of medical costs or for ongoing bills.

### How is this different from a major medical plan?

Medical plans help pay **doctors and hospitals** for services and treatment. But they don't cover everything, including unexpected costs that might result from a hospital stay.

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

### How can you use the cash benefits?

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

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

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

### Easy to use

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

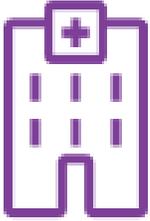
Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01



## Because it happens

**\$1.24 trillion** was spent on hospital services in 2020. **60%-65%** of all bankruptcies are related to medical expenses<sup>1</sup>.

### Ready ... or not



Carter\* is a hard worker, so he doesn't always slow down to listen to his body. Before he knew it, a little cough turned into pneumonia — and a hospital stay.

Good thing he had the Aetna® Hospital Indemnity Plan. He filed his claim online and, since he had signed up for direct deposit, his benefits went directly into his bank account.

He used the cash to help make up for the earnings he lost from the time he missed work while recovering and to help pay some of his deductible. Now, he can focus more on his health.

## An Aetna Simplified Claims Experience™

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

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



<sup>1</sup>Debt.org. Hospital and Surgery Costs. October 2021. Available at: <https://www.debt.org/medical/hospital-surgery-costs/>. Accessed June 3, 2022.

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



# Benefit Summary

## Aetna® Hospital Indemnity Plan



Southwest ISD

6500663

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### The hospital indemnity plan helps financially



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

### Make your hospital stay a bit easier.

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

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

**Note: The Aetna Hospital Indemnity Plan pays benefits when you have a covered hospital stay and other covered services. This plan doesn't pay for any stays or other services that happen before your effective date of coverage.**

**This plan is compatible with a Health Savings Account (HSA).**

# Hospital indemnity plan



A **stay** is a period during which you are inpatient and confined in a hospital, or other covered facility, and are charged for room, board, and general nursing services

A stay does not include time in the hospital due to custodial or personal needs that do not require medical skills or training. A stay does not include time in the hospital in the emergency room unless this leads to a stay. A stay only covers the specific benefits listed below.

## Inpatient benefits

Covered benefit	Low	High
Hospital admission (initial day)	\$1,000	\$2,000
Hospital daily stay — non-ICU	\$150	\$200
Hospital daily stay — ICU	\$300	\$400
Substance abuse daily stay	\$100	\$100
Mental disorder daily stay	\$100	\$100
Rehabilitation unit daily stay	\$100	\$100
Newborn routine care	\$100	\$200
Observation unit	\$100	\$200
Waiver of premium	Included	Included

**Note for hospital admission benefits:** No max admissions per plan year. Admissions must be separated by at least 30 days in a row.

**Note for inpatient daily stay benefits:** All inpatient stay benefits begin on day one and count toward the plan year 60-day combined max days.

**Note for newborn routine care benefits:** Max lump sum benefit once per birth per year for delivery in a hospital. This will not pay for an outpatient birth.

**Note for observation benefits:** Max 1 day lump sum daily benefit per member per year for hospital observation visit. *(Non-admission into hospital.) Observation unit stays 24 hours or longer will be treated as an admission.*

# Aetna® Hospital Indemnity Plan rates



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

Coverage	You only	You + spouse	You + child(ren)	You + family
<b>Low plan</b>	\$17.14	\$34.28	\$30.85	\$47.99
Coverage	You only	You + spouse	You + child(ren)	You + family
<b>High plan</b>	\$29.49	\$58.99	\$50.98	\$81.97

## Aetna® Hospital Indemnity Plan exclusions and limitations

This plan has exclusions and limitations. Refer to the actual policy and booklet certificate to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. **However, the plan may contain exceptions to this list based on state mandates or the plan design purchased. Benefits will not be paid for any service for an illness or accidental injury related to the following:**

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving
2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment
3. Act of war, riot, war
4. Operating, learning to operate, or serving as a pilot or crew member of any aircraft, whether motorized or not
5. Assault, felony, illegal occupation or other criminal act
6. Care provided by a spouse, parent, child, sibling, or any other household member
7. Cosmetic services and plastic surgery, with certain exceptions
8. Custodial care
9. Hospice services, except as specifically provided in the benefits under your plan section of the certificate
10. Self-harm, suicide, except when resulting from a diagnosed disorder
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle
12. Care or services received outside the United States or its territories
13. Experimental or investigational drugs, devices, treatments, or procedures
14. Education, training or retraining services or testing
15. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant
16. Exams except as specifically provided in the Benefits under your plan section of the certificate
17. Dental and orthodontic care and treatment
18. Family planning services
19. Any care, prescription drugs and medicines related to infertility
20. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins
21. Outpatient cognitive rehabilitation, physical therapy, occupational therapy or speech therapy for any reason
22. Vision-related care

### Portability

Your plan includes a portability option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option if your employment ceases for any reason. Refer to your certificate for additional portability provisions. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.

# LIFE INSURANCE HIGHLIGHTS

## For the employee

*Flexible Premium Life Insurance to Age 121  
Policy Form PRFNG-NI-10*

Voluntary permanent life insurance can be an ideal complement to the group term and optional term your employer might provide. Designed to be in force when you die, this voluntary universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term, on the other hand, typically are not portable if you change jobs and, even if you can keep them after you retire, usually cost more and decline in death benefit.

The policy, PURELIFE-plus, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** With one of the highest death benefits available at the worksite,<sup>1</sup> PURELIFE-plus gives your loved ones peace of mind.
- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-plus provides peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.**<sup>2</sup> Enjoy the assurance of a policy that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time.<sup>3</sup>
- **Refund of Premium.** Unique in the marketplace, PURELIFE-plus offers you a refund of 10 years' premium, should you surrender the policy if the premium you pay when you buy the policy ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months (24 months in Illinois), you will have the option to receive 92% (84% in Illinois) of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)*

You may apply for this permanent, portable coverage, not only for yourself, but also for your spouse, children and grandchildren by answering just 3 questions:<sup>4</sup>

During the last six months, has the proposed insured:

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

Like most life insurance policies, Texas Life policies contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative for costs and complete details.

<sup>1</sup> Voluntary and Universal Whole Life Products, Eastbridge Consulting Group, October 2012

<sup>2</sup> Guarantees are subject to product terms, exclusions and limitations and the insurer's claims-paying ability and financial strength.

<sup>3</sup> After the guaranteed period, premiums may go down, stay the same, or go up.

<sup>4</sup> Coverage and spouse/domestic partner eligibility may vary by state. Texas Life complies with all state laws regarding marriages, domestic and civil union partnerships, and legally recognized familial relationships. Coverage not available on children and grandchildren in Washington.

See the PURELIFE-plus brochure for details.

## TEXASLIFE INSURANCE COMPANY

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



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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Age to Which Coverage is Guaranteed at Table Premium
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		10.25	18.25	26.25	34.25	50.25	66.25	82.25	98.25	75
21-22		10.50	18.75	27.00	35.25	51.75	68.25	84.75	101.25	74
23		10.75	19.25	27.75	36.25	53.25	70.25	87.25	104.25	75
24-25		11.00	19.75	28.50	37.25	54.75	72.25	89.75	107.25	74
26		11.50	20.75	30.00	39.25	57.75	76.25	94.75	113.25	75
27-28		11.75	21.25	30.75	40.25	59.25	78.25	97.25	116.25	74
29		12.00	21.75	31.50	41.25	60.75	80.25	99.75	119.25	74
30-31		12.25	22.25	32.25	42.25	62.25	82.25	102.25	122.25	73
32		13.00	23.75	34.50	45.25	66.75	88.25	109.75	131.25	74
33		13.50	24.75	36.00	47.25	69.75	92.25	114.75	137.25	74
34		14.25	26.25	38.25	50.25	74.25	98.25	122.25	146.25	75
35		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	76
36		15.75	29.25	42.75	56.25	83.25	110.25	137.25	164.25	76
37		16.50	30.75	45.00	59.25	87.75	116.25	144.75	173.25	77
38		17.25	32.25	47.25	62.25	92.25	122.25	152.25	182.25	77
39		18.50	34.75	51.00	67.25	99.75	132.25	164.75	197.25	78
40	9.25	19.75	37.25	54.75	72.25	107.25	142.25	177.25	212.25	79
41	9.95	21.50	40.75	60.00	79.25	117.75	156.25	194.75	233.25	80
42	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	81
43	11.45	25.25	48.25	71.25	94.25	140.25	186.25	232.25	278.25	82
44	12.15	27.00	51.75	76.50	101.25	150.75	200.25	249.75	299.25	83
45	12.85	28.75	55.25	81.75	108.25	161.25	214.25	267.25	320.25	83
46	13.65	30.75	59.25	87.75	116.25	173.25	230.25	287.25	344.25	84
47	14.35	32.50	62.75	93.00	123.25	183.75	244.25	304.75	365.25	84
48	15.05	34.25	66.25	98.25	130.25	194.25	258.25	322.25	386.25	85
49	15.95	36.50	70.75	105.00	139.25	207.75	276.25	344.75	413.25	85
50	16.95	39.00	75.75	112.50	149.25					86
51	18.15	42.00	81.75	121.50	161.25					87
52	19.45	45.25	88.25	131.25	174.25					88
53	20.45	47.75	93.25	138.75	184.25					88
54	21.45	50.25	98.25	146.25	194.25					88
55	22.55	53.00	103.75	154.50	205.25					89
56	23.55	55.50	108.75	162.00	215.25					89
57	24.75	58.50	114.75	171.00	227.25					89
58	25.85	61.25	120.25	179.25	238.25					89
59	27.05	64.25	126.25	188.25	250.25					89
60	28.55	68.00	133.75	199.50	265.25					90
61	29.85	71.25	140.25	209.25	278.25					90
62	31.45	75.25	148.25	221.25	294.25					90
63	33.05	79.25	156.25	233.25	310.25					90
64	34.75	83.50	164.75	246.00	327.25					90
65	36.65	88.25	174.25	260.25	346.25					90
66	38.75									90
67	41.05									91
68	43.55									91
69	46.05									91
70	48.65									91

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Age to Which Coverage is Guaranteed at Table Premium
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	71
21-22		16.00	29.75	43.50	57.25	84.75	112.25	139.75	167.25	71
23		16.75	31.25	45.75	60.25	89.25	118.25	147.25	176.25	72
24-25		17.25	32.25	47.25	62.25	92.25	122.25	152.25	182.25	71
26		17.75	33.25	48.75	64.25	95.25	126.25	157.25	188.25	72
27-28		18.25	34.25	50.25	66.25	98.25	130.25	162.25	194.25	71
29		18.50	34.75	51.00	67.25	99.75	132.25	164.75	197.25	71
30-31		21.00	39.75	58.50	77.25	114.75	152.25	189.75	227.25	72
32		21.75	41.25	60.75	80.25	119.25	158.25	197.25	236.25	72
33		22.00	41.75	61.50	81.25	120.75	160.25	199.75	239.25	72
34		22.25	42.25	62.25	82.25	122.25	162.25	202.25	242.25	71
35		24.00	45.75	67.50	89.25	132.75	176.25	219.75	263.25	72
36		24.75	47.25	69.75	92.25	137.25	182.25	227.25	272.25	72
37		26.50	50.75	75.00	99.25	147.75	196.25	244.75	293.25	73
38		27.25	52.25	77.25	102.25	152.25	202.25	252.25	302.25	73
39		29.25	56.25	83.25	110.25	164.25	218.25	272.25	326.25	74
40	14.15	32.00	61.75	91.50	121.25	180.75	240.25	299.75	359.25	76
41	15.05	34.25	66.25	98.25	130.25	194.25	258.25	322.25	386.25	77
42	16.15	37.00	71.75	106.50	141.25	210.75	280.25	349.75	419.25	78
43	17.55	40.50	78.75	117.00	155.25	231.75	308.25	384.75	461.25	80
44	18.25	42.25	82.25	122.25	162.25	242.25	322.25	402.25	482.25	80
45	19.25	44.75	87.25	129.75	172.25	257.25	342.25	427.25	512.25	81
46	20.05	46.75	91.25	135.75	180.25	269.25	358.25	447.25	536.25	81
47	21.05	49.25	96.25	143.25	190.25	284.25	378.25	472.25	566.25	82
48	21.95	51.50	100.75	150.00	199.25	297.75	396.25	494.75	593.25	82
49	23.25	54.75	107.25	159.75	212.25	317.25	422.25	527.25	632.25	83
50	24.35	57.50	112.75	168.00	223.25					83
51	25.45	60.25	118.25	176.25	234.25					83
52	27.05	64.25	126.25	188.25	250.25					84
53	28.45	67.75	133.25	198.75	264.25					85
54	29.75	71.00	139.75	208.50	277.25					85
55	31.15	74.50	146.75	219.00	291.25					85
56	32.75	78.50	154.75	231.00	307.25					85
57	34.35	82.50	162.75	243.00	323.25					86
58	36.05	86.75	171.25	255.75	340.25					86
59	37.75	91.00	179.75	268.50	357.25					86
60	39.55	95.50	188.75	282.00	375.25					86
61	41.85	101.25	200.25	299.25	398.25					86
62	44.05	106.75	211.25	315.75	420.25					87
63	46.25	112.25	222.25	332.25	442.25					87
64	48.45	117.75	233.25	348.75	464.25					87
65	50.85	123.75	245.25	366.75	488.25					87
66	53.45									88
67	56.25									88
68	59.15									88
69	62.25									88
70	65.55									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".

# American Fidelity Employee Assistance Program (EAP)

## Support for Everyday Issues, Every Day

American Fidelity EAP provides emotional wellness and work/life balance resources for you and your immediate family members.

Everyone faces problems or situations that are difficult to resolve. When these instances arise, American Fidelity EAP will be there to help. American Fidelity EAP provides confidential resources to help you navigate life's ups and downs. This includes professional referrals for a wide variety of concerns, such as:

Anxiety

Depression

Marriage and Relationship Problems

Grief and Loss

Substance Abuse

Anger Management

Work Related Pressures

Stress

### Expert Referrals and Consultation

Whether you are a new parent, a caregiver, selling your home, or looking for legal advice, you're likely to need guidance and referrals to expert resources.

- **Legal Assist** Free telephonic or face-to-face legal consultation
- **Financial Assist** Expert financial planning and consultation
- **Family Assist** Consultation and referrals for everyday issues, such as: dependent care, auto repair, pet care, and home improvement

**Confidentiality:** American Fidelity EAP upholds strict confidentiality standards. Nobody, including your employer, will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information. Some products and services may be provided by third party contractors and affiliated companies.

800-295-8323

[americanfidelity.mysupportportal.com](http://americanfidelity.mysupportportal.com)

American Fidelity Assurance Company  
SB-32903-0120



### Easy Digital Access

#### Mobile

- eConnect® mobile app for on-the-go access to the EAP
- Schedule video or in-person counseling
- Review a summary of the program

#### Web

- Secure video counseling through the eConnect® Portal
- Discounted fitness center memberships
- Library of online seminars and eLearning modules
- Bilingual content (English and Spanish)
- Thousands of helpful articles and tip sheets for personal and work related topics
- Search engines and directories for child care, elder care, education, legal, financial, and convenience services

### Access eConnect® Mobile App

Username: americanfidelity

**AMERICAN FIDELITY**   
a different opinion

NextGen Care

# Virtual Behavioral Health

## Collaborative Mental Wellness

Comprehensive behavioral health care from therapy and counseling to psychiatry and medication management.



**RECURO**  
HEALTH

✓ Licensed Counseling  
\$85

✓ Psychiatry Initial Visit  
\$225

✓ Psychiatry Follow-Up Visit  
\$99

## Product Highlights



### Holistic

Primary care and behavioral health doctors collaborate closely to ensure coordinated treatment plans that care for the whole patient.



### Targeted

Pharmacogenetic (PGx) testing ensures the right behavioral health medication is prescribed, the first time.



### Accessible

While today behavioral healthcare is difficult to access for so many, at Recuro it is available and affordable.



# Virtual Urgent Care

## Getting Started

### INTRODUCTION

Access board-certified physicians 24/7, 365 days a year for urgent medical needs. Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

### HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:  
["member.recurohealth.com"](https://member.recurohealth.com)

02

Enter your employer member ID

03

Create your username and password

04

Complete your medical history

05

Schedule your consult



## Example Conditions Treated

- Acne / Rash
- Allergies
- Cold / Flu
- GI Issues
- Ear Problems
- Fever
- Insect Bites
- Nausea
- Pink Eye
- Respiratory
- UTI's
- And More...

\*Registering your account is not required to use the service, you can call 855.6RECURO anytime for 24/7 access to doctors.



# Your identity is your most valuable asset. Is yours protected?

# iLOCK360



**39 seconds** is how often cyber-attacks to occur

**25% of kids** are projected to be affected by identity theft before turning 18

**17% increase** in data breaches 2018 to 2019

Identity theft is the fastest growing crime. With iLock360, you can rest easier knowing you have experienced professionals in your corner restoring your identity.

## How iLOCK360 helps



### Defend

Your personal information is monitored 24/7/365



### Protect

Alerts inform you of potential threats for immediate action



### Restore

iLOCK360 does the work to restore your identity

## Take advantage of special **EDUCATOR PRICING** during open enrollment!

### Monthly payroll deduction

Coverage Options	
Employee	\$8.95
Employee + Family	\$18.95

*\*Plans with children include coverage for up to 10 Children under the age of 18.*

## Protect your identity **TODAY!**

**Please note:** • A valid email address is **required** for enrollment in iLOCK360. All iLOCK360 alerts and/or notifications are sent via email. Consider utilizing an email address that you check regularly. • Account activation & setup of monitored elements is required upon the start of your new benefit plan year.

# Learn more about the protections that iLOCK360 offers:

Plan features	Service description	
<b>Identity theft resolution services</b>		
<p><b>Full-Service Identity Theft Restoration &amp; Lost Wallet Protection</b></p>  <p><b>MOST VALUABLE SERVICE.</b> Dependable help that's just a phone call away!</p>	<p>If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will <b>work on your behalf to restore your good name, so that you can get on with your life.</b> All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with.</p> <p>Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.</p>	<p>✓ ✓</p>
<p><b>\$1M Identity Theft Insurance</b></p>	<p>If you incur expenses associated with your identity theft recovery, you will be covered with <b>\$1M reimbursement</b> (\$0 deductible). Covered costs include:</p> <ul style="list-style-type: none"> <li>• Lost wages or income</li> <li>• Attorney and legal fees</li> <li>• Expenses incurred for refiling of loans, grants and other lines of credit</li> <li>• Costs of childcare and/or elderly care incurred as a result of identity restoration</li> </ul>	<p>✓</p>
<b>Comprehensive identity monitoring</b>		
<p><b>CyberAlert™ monitors:</b></p> <ul style="list-style-type: none"> <li>• one Social Security Number</li> <li>• two Phone Numbers</li> <li>• two Email Addresses</li> <li>• five Credit/Debit Cards</li> <li>• two Medical ID Numbers</li> <li>• five Bank Accounts</li> <li>• one Drivers License Number</li> <li>• one Passport</li> </ul>	<p>We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.</p>	<p>✓ ✓</p>
<p><b>Change of Address Monitoring</b></p>	<p>A thief may try to establish “your” new identity by changing your address. <b>Receive an alert if your mail is redirected</b> in the USPS National Change of Address (NCOA) Registry.</p>	<p>✓</p>
<p><b>Court/Criminal Records Monitoring</b></p>	<p>Tracks municipal court systems and <b>notifies you if a crime has been committed</b> under your name and date of birth.</p>	<p>✓</p>
<p><b>Payday Loan Monitoring</b></p>	<p>High-interest, easy-to-obtain payday loans can negatively impact your credit score. <b>Alerts you if a non-credit loan been opened using your identity</b> at a payday or quick cash loan provider.</p>	<p>✓</p>
<p><b>Social Security Number Trace</b></p>	<p>Provides you with a <b>report of all names and/or aliases as well as current and reported addresses associated with your Social Security number.</b> If there are findings that you don't recognize, this could be a sign of possible identity theft.</p>	<p>✓ ✓</p>
<b>Credit monitoring services</b>		
<p><b>Bank Account Takeover &amp; Credit Card Application Monitoring</b></p>	<p>Notifies you when your <b>Social Security number and personal information have been used to apply for or open a new bank or credit card account;</b> or if changes have been made to your existing bank account - such as an attempt to add a new account holder.</p>	<p>✓</p>
<p><b>Daily Monitoring of Experian Credit Bureau</b></p>	<p>Provides credit protection with monitoring from Experian. Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.</p>	<p>✓</p>
<p><b>ScoreTracker</b></p>	<p>Receive a monthly report that helps you <b>understand how your credit score has trended over time</b> and what is impacting it with credit score insight.</p>	<p>✓</p>
<b>Advanced tools</b>		
<p><b>Sex Offender Alerts</b></p>	<p>Keep your family safe with awareness of <b>where registered sex offenders live</b> in your immediate area. You'll also be notified when a new one moves to your area.</p>	<p>✓</p>
<p><b>Social Media Monitoring</b></p>	<p>Receive notifications if the content you share on social media could pose a privacy or reputational risk. With Family coverage, you can monitor your child's social media presence.</p>	<p>✓</p>
<p>✓ adults    ✓ children to age 18</p>		

**PLEASE NOTE:**

- A valid email address is **required** for enrollment in iLOCK360. All iLOCK360 alerts and notifications are sent via email. Consider utilizing an email address that you check regularly.
- Account activation & setup of monitored elements is required upon the start of your district's new benefit plan year.



# Have You Ever...

- Signed a contract?
- Received a moving traffic violation?
- Needed your Will prepared or updated?
- Had concerns regarding child support?
- Had trouble with a warranty or defective product?
- Been overcharged for a repair or paid an unfair bill?

## The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** - Will/Living Will/Health Care Power of Attorney
- **Traffic Ticket Consultation** (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

**Put your law firm in the palm of your hand with the LegalShield mobile app**

Plan	Family Price
LegalShield	

Prepared for:

<p>For more information, contact your Independent Associate:</p>	<p>Associate Name</p> <p>Website</p> <p>Email</p> <p>Phone</p>
--	--

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. LegalShield provides access to identity theft protection and restoration services.

# 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>.

C L E V E R **RX** PRESCRIPTION SAVINGS CARD C L E V E R **RX** CLEVERRX.COM

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

THIS CARD IS NOT INSURANCE

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

# CONTACT INFORMATION

Southwest ISD Benefits Office

11914 Dragon Lane, San Antonio TX 78252

210.622.4772

[www.swisd.net](http://www.swisd.net)

## FIRST FINANCIAL GROUP OF AMERICA

Holly Perez, Account Manager  
[holly.perez@ffga.com](mailto:holly.perez@ffga.com)

CONTACTS			
BENEFIT	CARRIER	WEBSITE	PHONE
Dental	Metlife	<a href="http://www.metlife.com">www.metlife.com</a>	800.638.5433
Vision	Metlife	<a href="http://www.metlife.com">www.metlife.com</a>	800.638.5433
Disability Insurance	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800.654.8489
Cancer Insurance	Guardian	<a href="http://www.guardianlife.com">www.guardianlife.com</a>	800.627.4200
Accident Insurance	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	800.872.3862
Critical Illness Insurance	AFLAC	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	800.433.3036
Hospital Indemnity Insurance	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	800.872.3862
Permanent Life Insurance	Texas Life Insurance Co	<a href="http://www.texaslife.com">www.texaslife.com</a>	800.283.9233
Group Life Insurance	BlueCross BlueShield	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	800.531.4456
Telemedicine	RECURO	<a href="http://www.reкуроhealth.com">www.reкуроhealth.com</a>	855.6RECURO
Pre-paid Legal	LegalShield	<a href="http://www.legalshield.com">www.legalshield.com</a>	800.654.7757
Identity Theft	iLOCK360	<a href="http://www.ilock360.com">www.ilock360.com</a>	855.287.8888
Flexible Spending Accounts	First Financial Administrators, Inc.	<a href="http://www.ffga.com">www.ffga.com</a>	866.853.3539

### EMPLOYEE BENEFITS CENTER – <https://benefits.ffga.com/southwestisd>

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