

LEXINGTON ISD 2024 - 2025 EMPLOYEE BENEFITS GUIDE

PLAN YEAR: SEPTEMBER 1, 2024 - AUGUST 31, 2025



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

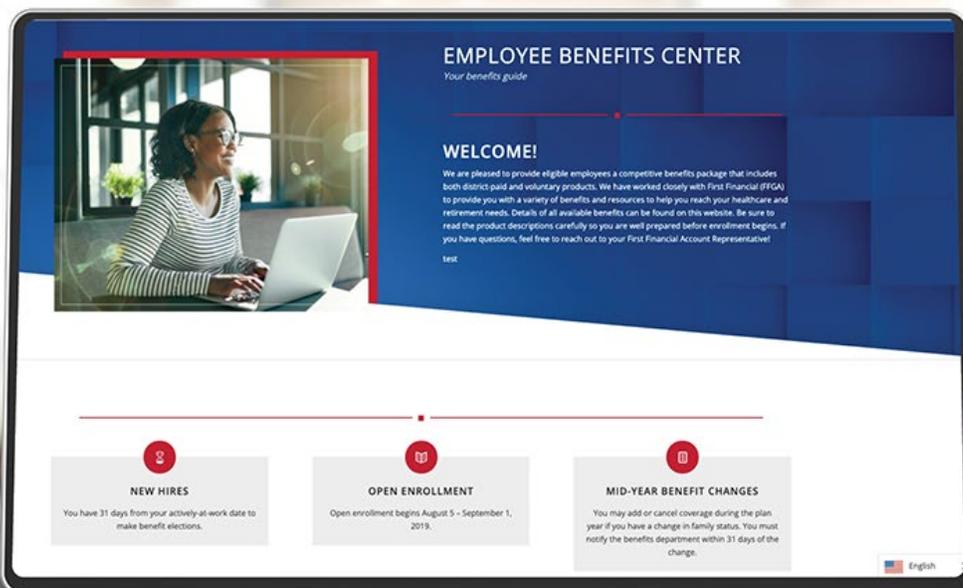
EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Lexington ISD and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer, claim forms, and much more!

There's no need to register for site access. Simply type the URL below into your browser or scan the QR code.

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



ENROLLMENT AND ELIGIBILITY

ENROLLMENT

To complete your enrollment, please visit www.lexingtonisd.timetap.com to sign up for an enrollment appointment. Your First Financial representative, Taylor Silguero will call you on the day and time you choose.!

The Aflac Accident, Hospital Indemnity, and Critical Illness plans are all changing to Manhattan Life. If you have any of these plans, you must re-enroll in the new plan(s) to keep your coverage. If you do not re-enroll, your coverage(s) will be dropped.

There is a brand new Short Term Disability plan!

ELIGIBILITY

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

NEW EMPLOYEES

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

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

MEDICAL
ENROLLMENT WILL
BE HELD IN THE
SUMMER.
INFORMATION WILL
BE SENT OUT ONCE IT
IS AVAILABLE

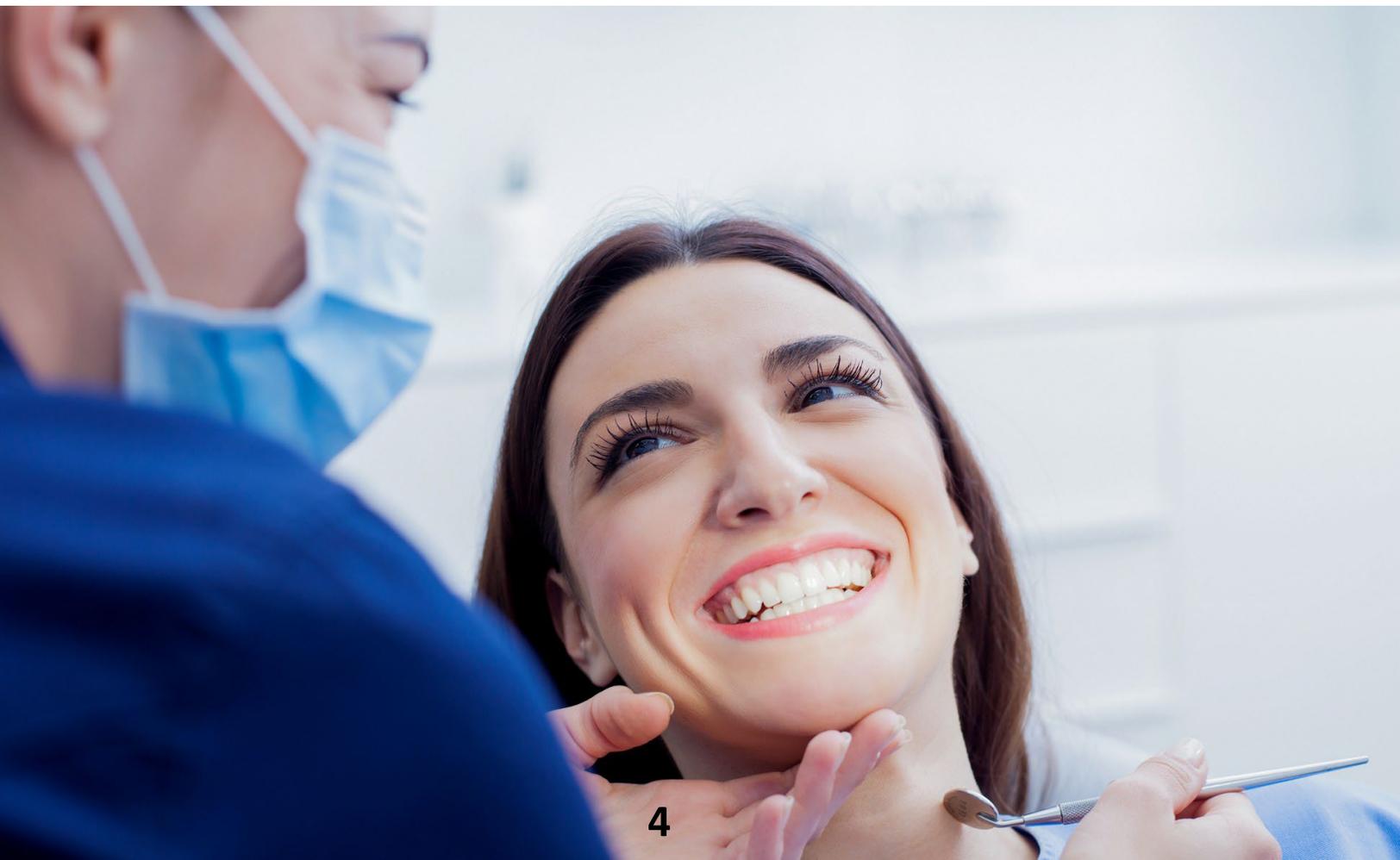
DENTAL

Humana | www.humana.com | 800-233-4013

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

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

DENTAL SEMI-MONTHLY PREMIUMS		
	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$7.08	\$15.63
EMPLOYEE + 1	\$16.85	\$34.89
EMPLOYEE & FAMILY	\$28.28	\$54.42



Humana Dental Preventive Plus Low Plan

Lexington ISD

TEXAS

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$1,000			
Preventive services	100% no deductible		100% no deductible	
<ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) 				
Basic services	80% after deductible		80% after deductible	
<ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Composite fillings (1 per tooth every 2 years, molar teeth) 				
More Value				
Basic services	These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.			
<ul style="list-style-type: none"> • Stainless steel crowns • Harmful habit appliances for children 				
Major services				
<ul style="list-style-type: none"> • Crowns • Inlays and onlays • Bridges • Dentures • Denture relines/rebases • Denture repair and adjustments • Implants • Periodontics (gums) • Endodontics (root canals) 				
Orthodontia services				
<ul style="list-style-type: none"> • Adult and child orthodontia 				

Humana Dental Traditional Plus High Plan

Lexington ISD

TEXAS

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$1,000 + extended annual maximum (see section below)			
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible		100% no deductible	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Composite fillings (1 per tooth every 2 years, molar teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) 	80% after deductible		80% after deductible	
Major services <ul style="list-style-type: none"> • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implant Related Services (crowns, bridges, and dentures each limited to 1 per tooth every five years. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered.) • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	50% after deductible		50% after deductible	

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

Your employer provides you with a vision plan to take care of you and your family's needs. Here are just a few of the areas where you will save money with your plan:

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

VISION MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$3.58
EMPLOYEE & SPOUSE	\$7.11
EMPLOYEE & CHILD(REN)	\$6.96
EMPLOYEE & FAMILY	\$10.59



See yourself healthy.

Vision Plan Benefits for Lexington ISD

Co-Pays	Semi-Monthly Premiums	Services/Frequency
Exam \$10	Emp. only \$3.58	Exam 12 months
Materials ¹ \$25	Emp. + spouse \$7.11	Frame 24 months
Contact Lens Fitting (standard & specialty) \$25	Emp. + child(ren) \$6.96	Contact Lens Fitting 12 months
	Emp. + family \$10.59	Lenses 12 months
		Contact Lenses 12 months

(Based on date of service)

Benefits

	In-Network	Out-of-Network
Exam (Ophthalmologist)	Covered in full	Up to \$42 retail
Exam (Optometrist)	Covered in full	Up to \$37 retail
Frames	\$125 retail allowance	Up to \$50 retail
Contact Lens Fitting (standard)	Covered in full	Not covered
Contact Lens Fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$26 retail
Bifocal	Covered in full	Up to \$34 retail
Trifocal	Covered in full	Up to \$50 retail
Progressive lens upgrade	See description ³	Up to \$50 retail
Contact Lenses ⁴	\$120 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² The specialty contact lens fitting is for new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses.

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on Covered Materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lens, including lens options

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

	Maximum Member Out-of-Pocket	
	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, other prescription materials:	20% off retail
Disposable contact lenses:	10% off retail

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

SuperiorVision.com
Customer Service
800.507.3800

Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.



FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539

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

HEALTHCARE FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$640 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$640 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$640 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2024 is \$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 on September 1st.
- Be conservative – any amount over \$640 left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.

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

DEPENDENT CARE FSA

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

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

HIGHLIGHTS

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

FSA RESOURCES

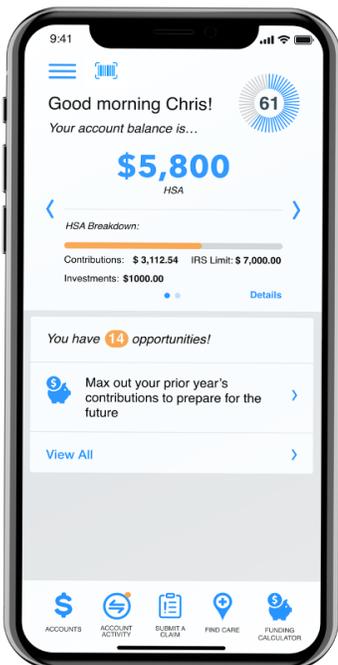
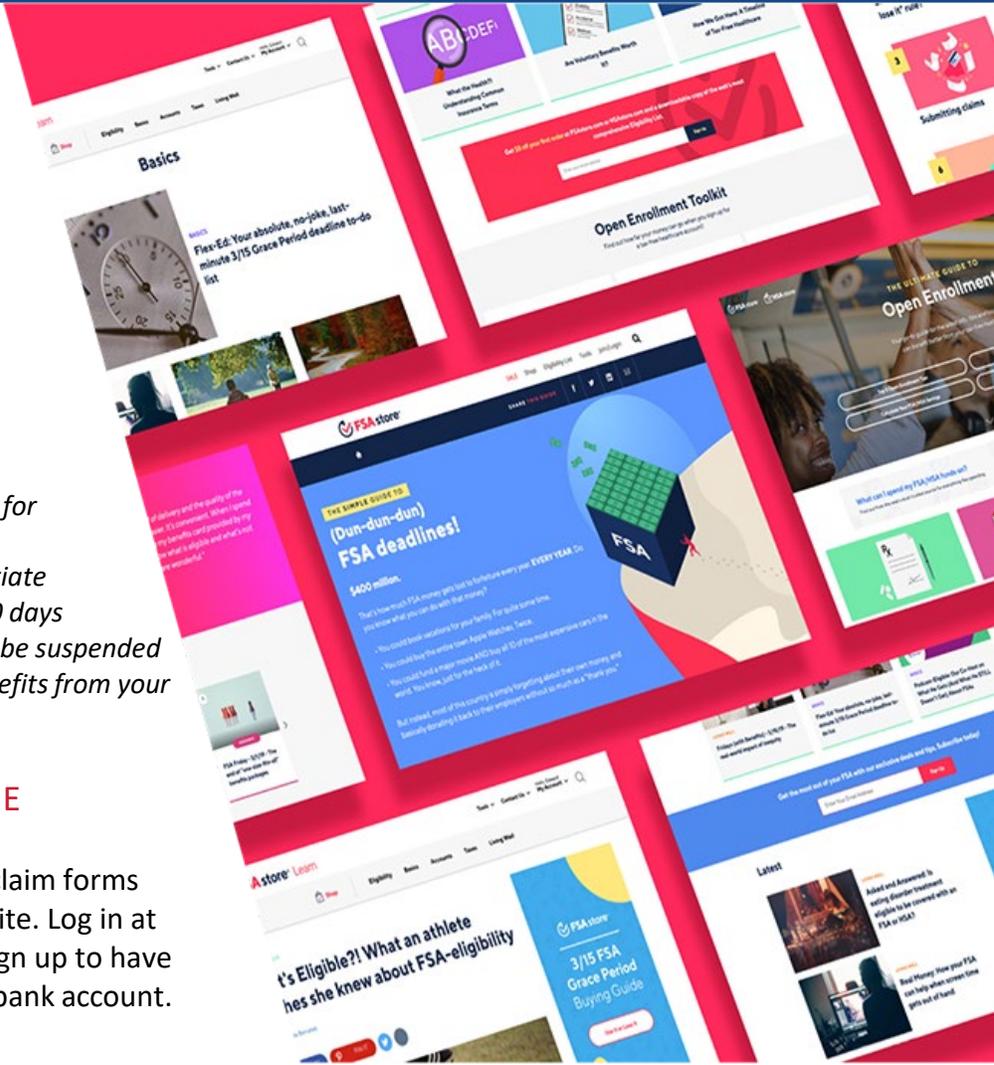
BENEFITS CARD

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

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

VIEW YOUR ACCOUNT DETAILS ONLINE

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



FF MOBILE ACCOUNT APP

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

FSA STORE

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



HEALTH SAVINGS ACCOUNTS

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

HEALTH SAVINGS ACCOUNTS

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

2024	
HSA Contribution Limit	<ul style="list-style-type: none">Employee Only: \$4,150Family: \$8,300
<i>\$1,000 annual catch-up contributions (age 55 or older)</i>	

HIGHLIGHTS

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

WHO CAN PARTICIPATE IN AN HSA?

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

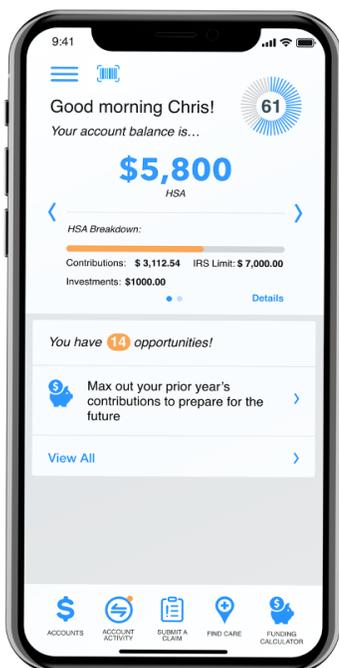
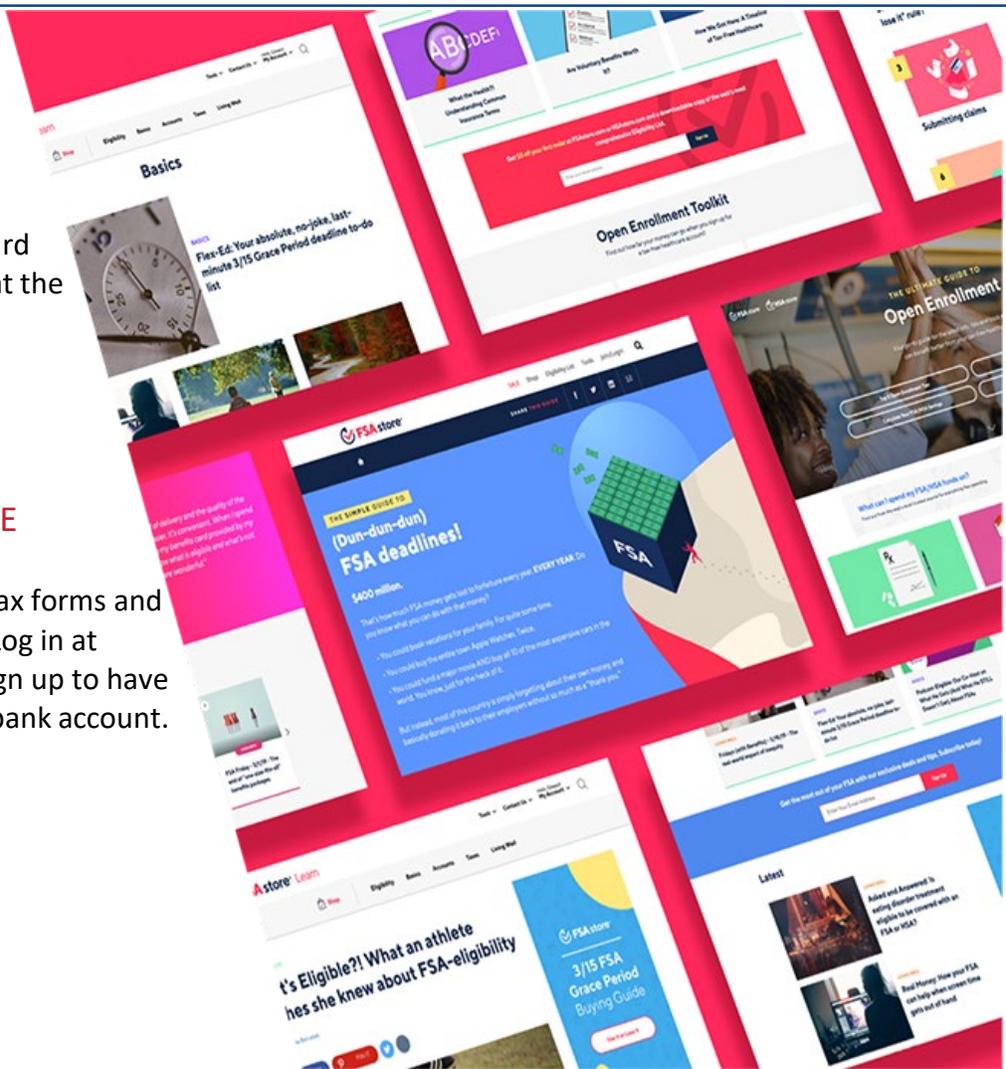
HSA RESOURCES

BENEFITS CARD

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

VIEW YOUR ACCOUNT DETAILS ONLINE

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



FF MOBILE ACCOUNT APP

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TEXAS LIFE – PERMANENT LIFE

Texas Life Insurance | www.texaslife.com | 1-800-283-9233

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

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

HIGHLIGHT

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

Only 3 questions to be approved!

During the last six months, has the proposed insured:

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



life insurance you can keep!

Life insurance can be an ideal way to provide money for your family when they need it most. PureLife-plus is permanent life insurance which features long guarantees¹ and one of the highest death benefits per payroll-deducted dollar offered at the worksite.² PureLife-plus is an ideal complement to any group term and optional life insurance your employer might provide, and it has the following features:



you own it
the cost is reasonable



you can take it with
you when you change
jobs or retire⁴



you pay for it
through convenient
payroll deductions



you can cover your
spouse, children and
grandchildren, too³



you can get a living
benefit if you become
terminally ill⁵



you can get cash to cover
living expenses if you
become chronically ill⁶



You can qualify by answering just 3 questions.⁷

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

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



1 Guarantees are subject to product terms, limitations, exclusions and the insurer's claims paying ability and financial strength. Current average premium guarantee is 45 years.
 2 Voluntary Universal and Whole Life Products, Eastbridge Consulting Group, Inc. (2022)
 3 Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
 4 As long as the necessary premiums are paid.
 5 Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07

6 Chronic Illness Rider available for an additional cost for employees and their spouses. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15
 7 Issuance of coverage will depend on answers to these questions.

23M021-C FFGA 1019 (exp0325) Not for use in CA, FL or NH.

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		6.53	11.93	17.33	22.73	33.53	44.33	55.13	65.93	75
21-22		6.67	12.20	17.74	23.28	34.35	45.43	56.50	67.58	74
23		6.80	12.48	18.15	23.83	35.18	46.53	57.88	69.23	75
24-25		6.94	12.75	18.57	24.38	36.00	47.63	59.25	70.88	74
26		7.22	13.30	19.39	25.48	37.65	49.83	62.00	74.18	75
27-28		7.35	13.58	19.80	26.03	38.48	50.93	63.38	75.83	74
29		7.49	13.85	20.22	26.58	39.30	52.03	64.75	77.48	74
30-31		7.63	14.13	20.63	27.13	40.13	53.13	66.13	79.13	73
32		8.04	14.95	21.87	28.78	42.60	56.43	70.25	84.08	74
33		8.32	15.50	22.69	29.88	44.25	58.63	73.00	87.38	74
34		8.73	16.33	23.93	31.53	46.73	61.93	77.13	92.33	75
35		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	76
36		9.55	17.98	26.40	34.83	51.68	68.53	85.38	102.23	76
37		9.97	18.80	27.64	36.48	54.15	71.83	89.50	107.18	77
38		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	77
39		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	78
40	5.38	11.75	22.38	33.00	43.63	64.88	86.13	107.38	128.63	79
41	5.76	12.72	24.30	35.89	47.48	70.65	93.83	117.00	140.18	80
42	6.20	13.82	26.50	39.19	51.88	77.25	102.63	128.00	153.38	81
43	6.59	14.78	28.43	42.08	55.73	83.03	110.33	137.63	164.93	82
44	6.97	15.74	30.35	44.97	59.58	88.80	118.03	147.25	176.48	83
45	7.36	16.70	32.28	47.85	63.43	94.58	125.73	156.88	188.03	83
46	7.80	17.80	34.48	51.15	67.83	101.18	134.53	167.88	201.23	84
47	8.18	18.77	36.40	54.04	71.68	106.95	142.23	177.50	212.78	84
48	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	85
49	9.06	20.97	40.80	60.64	80.48	120.15	159.83	199.50	239.18	85
50	9.61	22.34	43.55	64.77	85.98					86
51	10.27	23.99	46.85	69.72	92.58					87
52	10.99	25.78	50.43	75.08	99.73					88
53	11.54	27.15	53.18	79.20	105.23					88
54	12.09	28.53	55.93	83.33	110.73					88
55	12.69	30.04	58.95	87.87	116.78					89
56	13.24	31.42	61.70	91.99	122.28					89
57	13.90	33.07	65.00	96.94	128.88					89
58	14.51	34.58	68.03	101.48	134.93					89
59	15.17	36.23	71.33	106.43	141.53					89
60	15.59	37.29	73.45	109.62	145.78					90
61	16.31	39.08	77.03	114.98	152.93					90
62	17.19	41.28	81.43	121.58	161.73					90
63	18.07	43.48	85.83	128.18	170.53					90
64	19.00	45.82	90.50	135.19	179.88					90
65	20.05	48.43	95.73	143.03	190.33					90
66	21.20									90
67	22.47									91
68	23.84									91
69	25.22									91
70	26.65									91

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)
with Accidental Death Rider
Grandchild coverage available through age 18.

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	4.63	8.13	81
2-4	4.75	8.38	80
5-8	4.88	8.63	79
9-10	5.00	8.88	79
11-16	5.13	9.13	77
17-20	6.13	11.13	75
21-22	6.25	11.38	74
23	6.38	11.63	75
24-25	6.50	11.88	74
26	6.75	12.38	75

Indicates Spouse Coverage Available

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

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	71
21-22		9.69	18.25	26.82	35.38	52.50	69.63	86.75	103.88	71
23		10.10	19.08	28.05	37.03	54.98	72.93	90.88	108.83	72
24-25		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	71
26		10.65	20.18	29.70	39.23	58.28	77.33	96.38	115.43	72
27-28		10.93	20.73	30.53	40.33	59.93	79.53	99.13	118.73	71
29		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	71
30-31		12.44	23.75	35.07	46.38	69.00	91.63	114.25	136.88	72
32		12.85	24.58	36.30	48.03	71.48	94.93	118.38	141.83	72
33		12.99	24.85	36.72	48.58	72.30	96.03	119.75	143.48	72
34		13.13	25.13	37.13	49.13	73.13	97.13	121.13	145.13	71
35		14.09	27.05	40.02	52.98	78.90	104.83	130.75	156.68	72
36		14.50	27.88	41.25	54.63	81.38	108.13	134.88	161.63	72
37		15.47	29.80	44.14	58.48	87.15	115.83	144.50	173.18	73
38		15.88	30.63	45.38	60.13	89.63	119.13	148.63	178.13	73
39		16.98	32.83	48.68	64.53	96.23	127.93	159.63	191.33	74
40	8.07	18.49	35.85	53.22	70.58	105.30	140.03	174.75	209.48	76
41	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	77
42	9.17	21.24	41.35	61.47	81.58	121.80	162.03	202.25	242.48	78
43	9.94	23.17	45.20	67.24	89.28	133.35	177.43	221.50	265.58	80
44	10.33	24.13	47.13	70.13	93.13	139.13	185.13	231.13	277.13	80
45	10.88	25.50	49.88	74.25	98.63	147.38	196.13	244.88	293.63	81
46	11.32	26.60	52.08	77.55	103.03	153.98	204.93	255.88	306.83	81
47	11.87	27.98	54.83	81.68	108.53	162.23	215.93	269.63	323.33	82
48	12.36	29.22	57.30	85.39	113.48	169.65	225.83	282.00	338.18	82
49	13.08	31.00	60.88	90.75	120.63	180.38	240.13	299.88	359.63	83
50	13.68	32.52	63.90	95.29	126.68					83
51	14.29	34.03	66.93	99.83	132.73					83
52	15.17	36.23	71.33	106.43	141.53					84
53	15.94	38.15	75.18	112.20	149.23					85
54	16.65	39.94	78.75	117.57	156.38					85
55	17.42	41.87	82.60	123.34	164.08					85
56	18.30	44.07	87.00	129.94	172.88					85
57	19.18	46.27	91.40	136.54	181.68					86
58	20.12	48.60	96.08	143.55	191.03					86
59	21.05	50.94	100.75	150.57	200.38					86
60	21.64	52.42	103.70	154.99	206.28					86
61	22.91	55.58	110.03	164.48	218.93					86
62	24.12	58.60	116.08	173.55	231.03					87
63	25.33	61.63	122.13	182.63	243.13					87
64	26.54	64.65	128.18	191.70	255.23					87
65	27.86	67.95	134.78	201.60	268.43					87
66	29.29									88
67	30.83									88
68	32.42									88
69	34.13									88
70	35.94									89

CHILDREN AND GRANDCHILDREN (TOBACCO)
 with Accidental Death Rider
 Grandchild coverage available through age 18.

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

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

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

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

Indicates Spouse Coverage Available

GROUP TERM LIFE

Blue Cross Blue Shield | www.bcbstx.com/ancillary | 1-877-442-4207

Lexington ISD provides all eligible employees a \$10,000 policy. The cost of this policy is paid for 100% by Lexington ISD. This is a term life policy that is in effect only while you are employed. You have the ability to purchase supplemental coverage as well.

SUPPLEMENTAL GROUP LIFE AND AD&D LEXINGTON ISD / TEEBC TRUST F021842 - 027

Eligibility

All Active Full Time Employees who regularly work 10 hours per week and Bus Drivers are eligible for insurance on their date of hire.

Supplemental Life/AD&D Insurance

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

Spouse Benefit: **\$5,000 - \$250,000 in \$5,000 increments, but not to exceed 50% of the employee benefit.**

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

Child Coverage (Life Only)

Live birth to Age 26: **\$10,000**

Employee: Life and AD&D benefits reduce by 35% of the original amount at age 65, then 55% of the original amount at age 70, then 70% of the original amount at age 75, then 80% of the original amount at age 80. Benefits terminate at retirement.

Spouse: Benefits terminate at Employee's age 70.

Guarantee Issue:

Employee: **\$150,000 under age 65, \$30,000 age 65-69**

Spouse: **\$50,000 under age 60, \$10,000 age 60-69**

Supplemental Life/AD&D Insurance

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

EMPLOYEE & SPOUSE Supplemental Life/AD&D Monthly rates per \$1,000	
Age	Rates
Under 25	\$0.080
25-29	\$0.090
30-34	\$0.110
35-39	\$0.130
40-44	\$0.180
45-49	\$0.280
50-54	\$0.440
55-59	\$0.700
60-64	\$0.870
65+	\$1.490

Dependent Life (Children) Monthly Premium per Family	
\$10,000	\$1.00

EMPLOYEE Benefit Amount	ATTAINED AGE										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	
\$10,000	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90	
\$20,000	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80	
\$30,000	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70	
\$40,000	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60	
\$50,000	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50	
\$60,000	\$4.80	\$5.40	\$6.60	\$7.80	\$10.80	\$16.80	\$26.40	\$42.00	\$52.20	\$89.40	
\$70,000	\$5.60	\$6.30	\$7.70	\$9.10	\$12.60	\$19.60	\$30.80	\$49.00	\$60.90	\$104.30	
\$80,000	\$6.40	\$7.20	\$8.80	\$10.40	\$14.40	\$22.40	\$35.20	\$56.00	\$69.60	\$119.20	
\$90,000	\$7.20	\$8.10	\$9.90	\$11.70	\$16.20	\$25.20	\$39.60	\$63.00	\$78.30	\$134.10	
\$100,000	\$8.00	\$9.00	\$11.00	\$13.00	\$18.00	\$28.00	\$44.00	\$70.00	\$87.00	\$149.00	
\$110,000	\$8.80	\$9.90	\$12.10	\$14.30	\$19.80	\$30.80	\$48.40	\$77.00	\$95.70	\$163.90	
\$120,000	\$9.60	\$10.80	\$13.20	\$15.60	\$21.60	\$33.60	\$52.80	\$84.00	\$104.40	\$178.80	
\$130,000	\$10.40	\$11.70	\$14.30	\$16.90	\$23.40	\$36.40	\$57.20	\$91.00	\$113.10	\$193.70	
\$140,000	\$11.20	\$12.60	\$15.40	\$18.20	\$25.20	\$39.20	\$61.60	\$98.00	\$121.80	\$208.60	
\$150,000	\$12.00	\$13.50	\$16.50	\$19.50	\$27.00	\$42.00	\$66.00	\$105.00	\$130.50	\$223.50	

SPOUSE (Employee Attained Age)											
\$5,000	\$0.40	\$0.45	\$0.55	\$0.65	\$0.90	\$1.40	\$2.20	\$3.50	\$4.35	\$7.45	
\$10,000	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90	
\$15,000	\$1.20	\$1.35	\$1.65	\$1.95	\$2.70	\$4.20	\$6.60	\$10.50	\$13.05	\$22.35	
\$20,000	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80	
\$25,000	\$2.00	\$2.25	\$2.75	\$4.50	\$7.00	\$7.00	\$11.00	\$17.50	\$21.75	\$37.25	
\$30,000	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70	
\$35,000	\$2.80	\$3.15	\$3.85	\$4.55	\$6.30	\$9.80	\$15.40	\$24.50	\$30.45	\$52.15	
\$40,000	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60	
\$45,000	\$3.60	\$4.05	\$4.95	\$5.85	\$8.10	\$12.60	\$19.80	\$31.50	\$39.15	\$67.05	
\$50,000	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50	

INDIVIDUAL TERM LIFE

Individual Term Life - American Fidelity | www.americanfidelity.com | 1-800-654-8489

Individual term life insurance is a plan that you can keep for a certain period of time, whether you are still employed with Lexington ISD or not. The premiums and death benefit remain the same during the time period that is chosen. This is a good short term coverage to help cover major expenses such as a mortgage.

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse Coverage Available¹

10 YEAR RATES Non-Nicotine Users Rates

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
24	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
25	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
26	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
27	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
28	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
29	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
30	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
31	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
32	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
33	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
34	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
35	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
36	7.00	8.00	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
37	7.25	8.30	10.00	14.00	18.00	19.50	23.00	26.50	30.00	37.00	44.00
38	7.50	8.60	10.50	14.75	19.00	20.75	24.50	28.25	32.00	39.50	47.00
39	7.75	8.90	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
40	8.00	9.20	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
41	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
42	8.75	10.10	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
43	9.00	10.40	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
44	9.25	10.70	14.00	20.00	26.00	29.50	35.00	40.50	46.00	57.00	68.00
45	9.75	11.30	15.00	21.50	28.00	32.00	38.00	44.00	50.00	62.00	74.00
46	10.50	12.20	16.00	23.00	30.00	34.50	41.00	47.50	54.00	67.00	80.00
47	11.50	13.40	17.50	25.25	33.00	37.00	44.00	51.00	58.00	72.00	86.00
48	12.50	14.60	18.50	26.75	35.00	40.75	48.50	56.25	64.00	79.50	95.00
49	13.50	15.80	20.00	29.00	38.00	44.50	53.00	61.50	70.00	87.00	104.00
50	14.75	17.30	21.50	31.25	41.00	--	--	--	--	--	--
51	15.50	18.20	23.00	33.50	44.00	--	--	--	--	--	--
52	16.50	19.40	24.00	35.00	46.00	--	--	--	--	--	--
53	17.50	20.60	25.50	37.25	49.00	--	--	--	--	--	--
54	18.50	21.80	27.50	40.25	53.00	--	--	--	--	--	--
55	19.50	23.00	29.00	42.50	56.00	--	--	--	--	--	--
56	21.25	25.10	32.00	47.00	62.00	--	--	--	--	--	--
57	23.00	27.20	35.00	51.50	68.00	--	--	--	--	--	--
58	25.00	29.60	38.50	56.75	75.00	--	--	--	--	--	--
59	27.25	32.30	42.50	62.75	83.00	--	--	--	--	--	--
60	29.75	35.30	46.50	68.75	91.00	--	--	--	--	--	--
61	31.00	36.80	50.50	74.75	99.00	--	--	--	--	--	--
62	32.00	38.00	54.50	80.75	107.00	--	--	--	--	--	--
63	33.25	39.50	59.00	87.50	116.00	--	--	--	--	--	--
64	34.75	41.30	64.00	95.00	126.00	--	--	--	--	--	--
65	36.00	42.80	69.50	103.25	137.00	--	--	--	--	--	--

This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For additional details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹ Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse Coverage Available¹

20 YEAR RATES Non-Nicotine Users Rates

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
24	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
25	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
26	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
27	6.50	7.40	9.00	12.50	16.00	18.25	21.50	24.75	28.00	34.50	41.00
28	6.50	7.40	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
29	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
30	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
31	6.75	7.70	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
32	7.00	8.00	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
33	7.00	8.00	10.50	14.75	19.00	22.00	26.00	30.00	34.00	42.00	50.00
34	7.25	8.30	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
35	7.50	8.60	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
36	7.75	8.90	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
37	8.00	9.20	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
38	8.25	9.50	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
39	8.75	10.10	14.00	20.00	26.00	30.75	36.50	42.25	48.00	59.50	71.00
40	9.00	10.40	15.00	21.50	28.00	33.25	39.50	45.75	52.00	64.50	77.00
41	9.50	11.00	16.00	23.00	30.00	35.75	42.50	49.25	56.00	69.50	83.00
42	10.00	11.60	17.00	24.50	32.00	38.25	45.50	52.75	60.00	74.50	89.00
43	10.50	12.20	18.00	26.00	34.00	40.75	48.50	56.25	64.00	79.50	95.00
44	11.00	12.80	19.00	27.50	36.00	43.25	51.50	59.75	68.00	84.50	101.00
45	11.75	13.70	20.50	29.75	39.00	47.00	56.00	65.00	74.00	92.00	110.00
46	12.75	14.90	21.50	31.25	41.00	49.50	59.00	68.50	78.00	97.00	116.00
47	14.00	16.40	22.50	32.75	43.00	52.00	62.00	72.00	82.00	102.00	122.00
48	15.25	17.90	24.00	35.00	46.00	55.75	66.50	77.25	88.00	109.50	131.00
49	16.75	19.70	25.00	36.50	48.00	58.25	69.50	80.75	92.00	114.50	137.00
50	18.50	21.80	26.50	38.75	51.00	--	--	--	--	--	--
51	19.75	23.30	28.50	41.75	55.00	--	--	--	--	--	--
52	21.00	24.80	30.50	44.75	59.00	--	--	--	--	--	--
53	22.25	26.30	33.00	48.50	64.00	--	--	--	--	--	--
54	23.75	28.10	35.50	52.25	69.00	--	--	--	--	--	--
55	25.25	29.90	38.50	56.75	75.00	--	--	--	--	--	--
56	27.50	32.60	42.50	62.75	83.00	--	--	--	--	--	--
57	30.00	35.60	47.00	69.50	92.00	--	--	--	--	--	--
58	32.50	38.60	52.00	77.00	102.00	--	--	--	--	--	--
59	35.50	42.20	58.00	86.00	114.00	--	--	--	--	--	--
60	38.75	46.10	64.00	95.00	126.00	--	--	--	--	--	--

This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, and exclusions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

- SPOUSE TERM RIDER:** Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.
- CHILDREN'S TERM RIDER:** \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.
- ACCIDENTAL DEATH & DISMEMBERMENT RIDER:** For the monthly rate, multiply .08 per \$1,000 of coverage.
- WAIVER OF PREMIUM RIDER:** Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.
- ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLT):** Add the rate shown in the ABLTI column to the base rate.

30 YEAR RATES *Non-Nicotine Users Rates*

ISSUE AGE	DEATH BENEFIT															
	Monthly Premium Including Policy Fee															
	\$10,000		\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
18	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
19	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
20	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
21	4.00	0.08	7.00	0.20	10.50	0.40	19.00	0.80	24.50	1.20	32.00	1.60	39.50	2.00	47.00	2.40
22	4.00	0.08	7.00	0.21	10.50	0.42	19.00	0.83	24.50	1.25	32.00	1.66	39.50	2.08	47.00	2.49
23	4.10	0.09	7.25	0.21	11.00	0.43	20.00	0.85	26.00	1.28	34.00	1.70	42.00	2.13	50.00	2.55
24	4.10	0.09	7.25	0.22	11.00	0.44	20.00	0.88	26.00	1.32	34.00	1.76	42.00	2.20	50.00	2.64
25	4.10	0.09	7.25	0.23	11.00	0.47	20.00	0.93	26.00	1.40	34.00	1.86	42.00	2.33	50.00	2.79
26	4.10	0.10	7.25	0.25	11.00	0.50	20.00	1.00	27.50	1.50	36.00	2.00	44.50	2.50	53.00	3.00
27	4.20	0.11	7.50	0.27	11.50	0.54	21.00	1.08	27.50	1.62	36.00	2.16	44.50	2.70	53.00	3.24
28	4.20	0.12	7.50	0.29	11.50	0.58	21.00	1.15	29.00	1.73	38.00	2.30	47.00	2.88	56.00	3.45
29	4.30	0.12	7.75	0.31	12.00	0.62	22.00	1.23	29.00	1.85	38.00	2.46	47.00	3.08	56.00	3.69
30	4.30	0.13	7.75	0.33	12.00	0.65	22.00	1.30	30.50	1.95	40.00	2.60	49.50	3.25	59.00	3.90
31	4.40	0.14	8.00	0.35	12.50	0.70	23.00	1.40	32.00	2.10	42.00	2.80	52.00	3.50	62.00	4.20
32	4.50	0.15	8.25	0.38	13.00	0.75	24.00	1.50	32.00	2.25	42.00	3.00	52.00	3.75	62.00	4.50
33	4.50	0.16	8.25	0.40	13.00	0.80	24.00	1.60	33.50	2.40	44.00	3.20	54.50	4.00	65.00	4.80
34	4.60	0.17	8.50	0.43	13.50	0.85	25.00	1.70	33.50	2.55	44.00	3.40	54.50	4.25	65.00	5.10
35	4.70	0.18	8.75	0.45	14.00	0.90	26.00	1.80	35.00	2.70	46.00	3.60	57.00	4.50	68.00	5.40
36	4.90	0.19	9.25	0.48	15.00	0.97	28.00	1.93	38.00	2.90	50.00	3.86	62.00	4.83	74.00	5.79
37	5.10	0.21	9.75	0.51	16.00	1.03	30.00	2.05	41.00	3.08	54.00	4.10	67.00	5.13	80.00	6.15
38	5.30	0.22	10.25	0.55	17.00	1.09	32.00	2.18	44.00	3.27	58.00	4.36	72.00	5.45	86.00	6.54
39	5.50	0.23	10.75	0.58	18.00	1.15	34.00	2.30	47.00	3.45	62.00	4.60	77.00	5.75	92.00	6.90
40	5.80	0.24	11.50	0.60	19.50	1.20	37.00	2.39	51.50	3.59	68.00	4.78	84.50	5.98	101.00	7.17
41	6.10	0.26	12.25	0.64	21.00	1.28	40.00	2.56	56.00	3.84	74.00	5.12	92.00	6.40	110.00	7.68
42	6.50	0.27	13.25	0.68	23.00	1.36	44.00	2.71	62.00	4.07	82.00	5.42	102.00	6.78	122.00	8.13
43	6.90	0.29	14.25	0.72	24.50	1.43	47.00	2.86	66.50	4.29	88.00	5.72	109.50	7.15	131.00	8.58
44	7.30	0.30	15.25	0.75	27.00	1.51	52.00	3.01	72.50	4.52	96.00	6.02	119.50	7.53	143.00	9.03
45	7.80	0.32	16.50	0.79	29.00	1.58	56.00	3.15	80.00	4.73	106.00	6.30	132.00	7.88	158.00	9.45
46	8.30	0.35	17.75	0.86	31.50	1.73	61.00	3.45	87.50	5.18	116.00	6.90	144.50	8.63	173.00	10.35
47	8.80	0.37	19.00	0.93	34.00	1.87	66.00	3.73	95.00	5.60	126.00	7.46	157.00	9.33	188.00	11.19
48	9.30	0.40	20.25	1.00	37.00	2.00	72.00	4.00	104.00	6.00	138.00	8.00	172.00	10.00	206.00	12.00
49	9.90	0.43	21.75	1.07	40.50	2.14	79.00	4.27	114.50	6.41	152.00	8.54	189.50	10.68	227.00	12.81
50	10.60	0.45	23.50	1.13	44.00	2.25	86.00	4.50	--	--	--	--	--	--	--	--

Spouse Coverage Available¹

This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹Maximum face amount available is \$50,000.

WHOLE LIFE INSURANCE

American Fidelity | www.americanfidelity.com | 1-800-654-8489

Ensuring your family has protection in the event of a tragedy may be uncomfortable, but it's important to prepare for the unexpected. Your life insurance benefit can help replace your income to use for expenses like funeral costs, daily expenses, and college. Whole Life Insurance provides protection for your entire life. You can take it with you to a new job and into retirement up to age 121. The premium and amount of protection stay the same as long as the policy is active, provided premiums are paid as required.

HIGHLIGHT

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- Cash Surrender: You can end your policy and receive a check in the amount of your plan's current cash value. In many situations, cash surrenders may be paid tax free.
- Partial Surrender: You can withdraw a small portion of your policy's cash value in the form of cash. In exchange, the available cash value and face amount of your policy will be reduced.
- Loans: You can borrow against your cash value at a competitive 8% loan interest rate.

WHOLE LIFE INSURANCE Non-Tobacco User Rates

Underwritten by American Fidelity Assurance Company

Marketed by:



ISSUE AGE	Death Benefit																		
	Monthly Premium Including Policy Fee																		
	\$10,000			\$25,000			\$50,000			\$75,000			\$100,000			\$125,000			
	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	
Spouse Coverage Available ¹	1 mo	7.90	0.19	0.31	15.25	0.47	0.77	24.00	0.94	1.54	--	--	--	--	--	--	--	--	
	1	8.00	0.19	0.31	15.50	0.47	0.77	24.50	0.94	1.54	--	--	--	--	--	--	--	--	
	2	8.10	0.19	0.31	15.75	0.47	0.77	25.00	0.94	1.54	--	--	--	--	--	--	--	--	
	3	8.10	0.19	0.31	15.75	0.47	0.77	25.00	0.94	1.54	--	--	--	--	--	--	--	--	
Child/Grandchild Coverage Available ^{1,2}	4	8.20	0.19	0.31	16.00	0.47	0.77	25.50	0.94	1.54	--	--	--	--	--	--	--	--	
	5	8.30	0.19	0.31	16.25	0.47	0.77	26.00	0.94	1.54	--	--	--	--	--	--	--	--	
	6	8.50	0.19	0.31	16.75	0.47	0.77	26.50	0.94	1.54	--	--	--	--	--	--	--	--	
	7	8.60	0.19	0.31	17.00	0.47	0.77	27.50	0.94	1.54	--	--	--	--	--	--	--	--	
	8	8.80	0.19	0.31	17.50	0.47	0.77	28.00	0.94	1.54	--	--	--	--	--	--	--	--	--
	9	8.90	0.19	0.31	17.75	0.47	0.77	29.00	0.94	1.54	--	--	--	--	--	--	--	--	--
	10	9.10	0.19	0.31	18.25	0.47	0.77	29.50	0.94	1.54	--	--	--	--	--	--	--	--	--
	11	9.30	0.19	0.31	18.75	0.47	0.77	30.50	0.94	1.54	--	--	--	--	--	--	--	--	--
	12	9.50	0.19	0.31	19.25	0.47	0.77	31.50	0.94	1.54	--	--	--	--	--	--	--	--	--
	13	9.70	0.19	0.31	19.75	0.47	0.77	32.50	0.94	1.54	--	--	--	--	--	--	--	--	--
	14	10.00	0.19	0.31	20.50	0.47	0.77	34.00	0.94	1.54	--	--	--	--	--	--	--	--	--
	15	10.20	0.19	0.31	21.00	0.47	0.77	35.00	0.94	1.54	--	--	--	--	--	--	--	--	--
	16	10.30	0.19	0.31	21.25	0.47	0.77	35.50	0.94	1.54	--	--	--	--	--	--	--	--	--
	17	10.40	0.19	0.31	21.50	0.47	0.77	36.00	0.94	1.54	52.50	1.41	2.31	69.00	1.88	3.08	80.50	2.35	3.85
	18	10.60	0.19	0.31	22.00	0.47	0.77	36.50	0.94	1.54	53.25	1.41	2.31	70.00	1.88	3.08	80.50	2.35	3.85
	19	10.70	0.19	0.31	22.25	0.47	0.77	37.00	0.94	1.54	54.00	1.41	2.31	71.00	1.88	3.08	80.50	2.35	3.85
	20	10.80	0.19	0.31	22.50	0.47	0.77	37.50	0.94	1.54	54.75	1.41	2.31	72.00	1.88	3.08	80.50	2.35	3.85
	21	10.90	0.20	0.33	22.75	0.51	0.83	38.00	1.02	1.67	55.50	1.52	2.50	73.00	2.03	3.33	81.75	2.54	4.16
	22	10.90	0.22	0.36	22.75	0.55	0.90	38.00	1.09	1.79	55.50	1.64	2.69	73.00	2.18	3.58	83.00	2.73	4.48
	23	11.00	0.23	0.38	23.00	0.57	0.96	38.50	1.15	1.92	56.25	1.72	2.87	74.00	2.29	3.83	85.50	2.86	4.79
	24	11.00	0.24	0.41	23.00	0.60	1.02	38.50	1.21	2.04	56.25	1.81	3.06	74.00	2.41	4.08	86.75	3.01	5.10
	25	11.10	0.25	0.43	23.25	0.62	1.09	39.00	1.24	2.17	57.00	1.85	3.26	75.00	2.47	4.34	88.00	3.09	5.43
	26	11.40	0.27	0.47	24.00	0.67	1.18	40.50	1.34	2.35	59.25	2.00	3.53	78.00	2.67	4.70	91.75	3.34	5.88
	27	11.70	0.29	0.51	24.75	0.72	1.27	42.00	1.44	2.53	61.50	2.15	3.80	81.00	2.87	5.06	95.50	3.59	6.33
	28	12.00	0.31	0.54	25.50	0.77	1.36	43.50	1.53	2.71	63.75	2.30	4.07	84.00	3.06	5.42	100.50	3.83	6.78
	29	12.30	0.32	0.58	26.25	0.81	1.45	45.50	1.62	2.89	66.75	2.43	4.34	88.00	3.24	5.78	104.25	4.05	7.23
	30	12.60	0.34	0.62	27.00	0.86	1.54	47.00	1.71	3.08	69.00	2.57	4.61	91.00	3.42	6.15	109.25	4.28	7.69
	31	13.00	0.34	0.64	28.00	0.86	1.61	49.00	1.72	3.22	72.00	2.57	4.83	95.00	3.43	6.44	113.00	4.29	8.05
	32	13.30	0.35	0.67	28.75	0.86	1.68	50.50	1.73	3.37	74.25	2.59	5.05	98.00	3.45	6.73	118.00	4.31	8.41
	33	13.70	0.35	0.70	29.75	0.87	1.76	52.50	1.73	3.51	77.25	2.60	5.27	102.00	3.46	7.02	121.75	4.33	8.78
	34	14.10	0.35	0.73	30.75	0.87	1.83	54.50	1.74	3.66	80.25	2.60	5.48	106.00	3.47	7.31	126.75	4.34	9.14
	35	14.50	0.35	0.76	31.75	0.87	1.91	56.50	1.75	3.81	83.25	2.62	5.72	110.00	3.49	7.62	131.75	4.36	9.53
	36	14.90	0.39	0.83	32.75	0.98	2.07	58.50	1.96	4.14	86.25	2.94	6.21	114.00	3.92	8.28	136.75	4.90	10.35
	37	15.40	0.43	0.89	34.00	1.09	2.24	61.00	2.17	4.47	90.00	3.26	6.71	119.00	4.34	8.94	143.00	5.43	11.18
	38	15.80	0.47	0.96	35.00	1.19	2.40	63.50	2.37	4.80	93.75	3.56	7.20	124.00	4.74	9.60	148.00	5.93	12.00
	39	16.30	0.51	1.03	36.25	1.28	2.57	66.00	2.56	5.13	97.50	3.84	7.70	129.00	5.12	10.26	154.25	6.40	12.83
40	16.80	0.55	1.09	37.50	1.38	2.73	68.50	2.76	5.46	101.25	4.13	8.19	134.00	5.51	10.92	160.50	6.89	13.65	
41	17.40	0.57	1.14	39.00	1.43	2.86	71.50	2.86	5.72	105.75	4.28	8.58	140.00	5.71	11.44	166.75	7.14	14.30	
42	18.00	0.59	1.20	40.50	1.48	2.99	74.00	2.95	5.98	109.50	4.43	8.97	145.00	5.90	11.96	174.25	7.38	14.95	
43	18.60	0.61	1.25	42.00	1.52	3.12	77.00	3.04	6.24	114.00	4.56	9.36	151.00	6.08	12.48	181.75	7.60	15.60	
44	19.20	0.63	1.30	43.50	1.56	3.25	80.00	3.13	6.50	118.50	4.69	9.75	157.00	6.25	13.00	189.25	7.81	16.25	
45	19.90	0.64	1.35	45.25	1.60	3.38	83.50	3.21	6.77	123.75	4.81	10.15	164.00	6.41	13.53	198.00	8.01	16.91	
46	20.60	0.68	1.43	47.00	1.71	3.56	87.00	3.42	7.13	129.00	5.12	10.69	171.00	6.83	14.25	205.50	8.54	17.81	
47	21.40	0.72	1.50	49.00	1.81	3.74	90.50	3.62	7.49	134.25	5.42	11.23	178.00	7.23	14.97	214.25	9.04	18.71	
48	22.30	0.76	1.57	51.25	1.90	3.92	94.00	3.81	7.85	139.50	5.71	11.77	185.00	7.61	15.69	223.00	9.51	19.61	
49	23.10	0.80	1.64	53.25	1.99	4.10	97.50	3.99	8.21	144.75	5.98	12.31	192.00	7.97	16.41	231.75	9.96	20.51	
50	24.00	0.83	1.71	55.50	2.07	4.28	101.50	4.15	8.56	150.75	6.22	12.84	200.00	8.29	17.12	--	--	--	
51	24.90	0.89	1.77	57.75	2.22	4.44	105.50	4.43	8.87	156.75	6.65	13.31	208.00	8.86	17.74	--	--	--	
52	25.90	0.94	1.84	60.25	2.35	4.59	109.50	4.71	9.18	162.75	7.06	13.77	216.00	9.41	18.36	--	--	--	
53	26.90	0.99	1.90	62.75	2.48	4.75	114.00	4.96	9.49	169.50	7.43	14.24	225.00	9.91	18.98	--	--	--	
54	28.00	1.04	1.96	65.50	2.60	4.90	118.50	5.20	9.80	176.25	7.79	14.70	234.00	10.39	19.60	--	--	--	
55	29.10	1.09	2.02	68.25	2.72	5.06	123.00	5.43	10.12	183.00	8.15	15.17	243.00	10.86	20.23	--	--	--	
56	30.30	1.18	2.07	71.25	2.95	5.17	129.00	5.90	10.34	192.00	8.84	15.50	255.00	11.79	20.67	--	--	--	
57	31.60	1.27	2.11	74.50	3.17	5.28	135.00	6.34	10.56	201.00	9.50	15.83	267.00	12.67	21.11	--	--	--	
58	33.00	1.35	2.16	78.00	3.37	5.39	141.50	6.74	10.78	210.75	10.11	16.16	280.00	13.48	21.55	--	--	--	
59	34.40	1.42	2.20	81.50	3.56	5.50	148.00	7.12	11.00	220.50	10.68	16.49	293.00	14.24	21.99	--	--	--	
60	35.90	1.49	2.24	85.25	3.74	5.61	155.00	7.47	11.22	231.00	11.21	16.82	307.00	14.94	22.43	--	--	--	
61	37.20	1.62	2.25	88.50	4.04	5.62	162.50	8.08	11.24	242.25	12.11	16.86	322.00	16.15	22.48	--	--	--	
62	38.50	1.73	2.25	91.75	4.32	5.63	171.00												

ISSUE AGE	Death Benefit														
	Monthly Premium Including Policy Fee														
	\$150,000			\$175,000			\$200,000			\$250,000			\$300,000		
	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI
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17	96.00	2.82	4.62	111.50	3.29	5.39	127.00	3.76	6.16	158.00	4.70	7.70	189.00	5.64	9.24
18	96.00	2.82	4.62	111.50	3.29	5.39	127.00	3.76	6.16	158.00	4.70	7.70	189.00	5.64	9.24
19	96.00	2.82	4.62	111.50	3.29	5.39	127.00	3.76	6.16	158.00	4.70	7.70	189.00	5.64	9.24
20	96.00	2.82	4.62	111.50	3.29	5.39	127.00	3.76	6.16	158.00	4.70	7.70	189.00	5.64	9.24
21	97.50	3.05	5.00	113.25	3.55	5.83	129.00	4.06	6.66	160.50	5.08	8.33	192.00	6.09	9.99
22	99.00	3.27	5.37	115.00	3.82	6.27	131.00	4.36	7.16	163.00	5.45	8.95	195.00	6.54	10.74
23	102.00	3.44	5.75	118.50	4.01	6.70	135.00	4.58	7.66	168.00	5.73	9.58	201.00	6.87	11.49
24	103.50	3.62	6.12	120.25	4.22	7.14	137.00	4.82	8.16	170.50	6.03	10.20	204.00	7.23	12.24
25	105.00	3.71	6.51	122.00	4.32	7.60	139.00	4.94	8.68	173.00	6.18	10.85	207.00	7.41	13.02
26	109.50	4.01	7.05	127.25	4.67	8.23	145.00	5.34	9.40	180.50	6.68	11.75	216.00	8.01	14.10
27	114.00	4.31	7.59	132.50	5.02	8.86	151.00	5.74	10.12	188.00	7.18	12.65	225.00	8.61	15.18
28	120.00	4.59	8.13	139.50	5.36	9.49	159.00	6.12	10.84	198.00	7.65	13.55	237.00	9.18	16.26
29	124.50	4.86	8.67	144.75	5.67	10.12	165.00	6.48	11.56	205.50	8.10	14.45	246.00	9.72	17.34
30	130.50	5.13	9.23	151.75	5.99	10.76	173.00	6.84	12.30	215.50	8.55	15.38	258.00	10.26	18.45
31	135.00	5.15	9.66	157.00	6.00	11.27	179.00	6.86	12.88	223.00	8.58	16.10	267.00	10.29	19.32
32	141.00	5.18	10.10	164.00	6.04	11.78	187.00	6.90	13.46	233.00	8.63	16.83	279.00	10.35	20.19
33	145.50	5.19	10.53	169.25	6.06	12.29	193.00	6.92	14.04	240.50	8.65	17.55	288.00	10.38	21.06
34	151.50	5.21	10.97	176.25	6.07	12.79	201.00	6.94	14.62	250.50	8.68	18.28	300.00	10.41	21.93
35	157.50	5.24	11.43	183.25	6.11	13.34	209.00	6.98	15.24	260.50	8.73	19.05	312.00	10.47	22.86
36	163.50	5.88	12.42	190.25	6.86	14.49	217.00	7.84	16.56	270.50	9.80	20.70	324.00	11.76	24.84
37	171.00	6.51	13.41	199.00	7.60	15.65	227.00	8.68	17.88	283.00	10.85	22.35	339.00	13.02	26.82
38	177.00	7.11	14.40	206.00	8.30	16.80	235.00	9.48	19.20	293.00	11.85	24.00	351.00	14.22	28.80
39	184.50	7.68	15.39	214.75	8.96	17.96	245.00	10.24	20.52	305.50	12.80	25.65	366.00	15.36	30.78
40	192.00	8.27	16.38	223.50	9.64	19.11	255.00	11.02	21.84	318.00	13.78	27.30	381.00	16.53	32.76
41	199.50	8.57	17.16	232.25	9.99	20.02	265.00	11.42	22.88	330.50	14.28	28.60	396.00	17.13	34.32
42	208.50	8.85	17.94	242.75	10.33	20.93	277.00	11.80	23.92	345.50	14.75	29.90	414.00	17.70	35.88
43	217.50	9.12	18.72	253.25	10.64	21.84	289.00	12.16	24.96	360.50	15.20	31.20	432.00	18.24	37.44
44	226.50	9.38	19.50	263.75	10.94	22.75	301.00	12.50	26.00	375.50	15.63	32.50	450.00	18.75	39.00
45	237.00	9.62	20.30	276.00	11.22	23.68	315.00	12.82	27.06	393.00	16.03	33.83	471.00	19.23	40.59
46	246.00	10.25	21.38	286.50	11.95	24.94	327.00	13.66	28.50	408.00	17.08	35.63	489.00	20.49	42.75
47	256.50	10.85	22.46	298.75	12.65	26.20	341.00	14.46	29.94	425.50	18.08	37.43	510.00	21.69	44.91
48	267.00	11.42	23.54	311.00	13.32	27.46	355.00	15.22	31.38	443.00	19.03	39.23	531.00	22.83	47.07
49	277.50	11.96	24.62	323.25	13.95	28.72	369.00	15.94	32.82	460.50	19.93	41.03	552.00	23.91	49.23
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For Use In: AZ, LA, NM, NC, TX, SC, VA

RIDER RATES

ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI): Add the rate shown in the ABLTI column to the base rate.

ACCELERATED BENEFIT FOR CRITICAL ILLNESS RIDER (ABCI): Add the rate shown in the ABCI column to the base rate.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19 (17 in MI and PA, 14 in MA and WA). Subject to the overall child maximum of \$50,000 (\$15,000 in WA). Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

NEW! SHORT TERM DISABILITY

Manhattan Life | www.manhattanlife.com | 800-879-6542

A Disability plan will help with day-to-day expenses – housing, food, car payments, even additional medical costs – if you become disabled from an accident or illness. You will not have to worry about using your savings or incurring additional debt to cover these costs and care for your family.

Guaranteed coverage! No required medical questions or exams

Semi-Monthly Premiums for Non-Occ Coverage. 12 month benefit period.

0/7 Elimination Period

Age	Uni-Tobacco				
	Benefit	18-35	36-45	46-55	56-65
\$300	\$6.69	\$7.12	\$8.01	\$9.04	\$11.95
\$400	\$8.54	\$9.12	\$10.30	\$11.68	\$15.56
\$500	\$10.40	\$11.12	\$12.60	\$14.32	\$19.17
\$600	\$12.25	\$13.12	\$14.89	\$16.96	\$22.78
\$700	\$14.11	\$15.12	\$17.19	\$19.60	\$26.39
\$800	\$15.96	\$17.12	\$19.48	\$22.24	\$30.00
\$900	\$17.82	\$19.12	\$21.78	\$24.88	\$33.61
\$1,000	\$19.67	\$21.12	\$24.07	\$27.52	\$37.22
\$1,100	\$21.53	\$23.12	\$26.37	\$30.16	\$40.83
\$1,200	\$23.38	\$25.12	\$28.66	\$32.80	\$44.44
\$1,300	\$25.24	\$27.12	\$30.96	\$35.44	\$48.05
\$1,400	\$27.09	\$29.12	\$33.25	\$38.08	\$51.66
\$1,500	\$28.95	\$31.12	\$35.55	\$40.72	\$55.27
\$1,600	\$30.80	\$33.12	\$37.84	\$43.36	\$58.88
\$1,700	\$32.66	\$35.12	\$40.14	\$46.00	\$62.49
\$1,800	\$34.51	\$37.12	\$42.43	\$48.64	\$66.10
\$1,900	\$36.37	\$39.12	\$44.73	\$51.28	\$69.71
\$2,000	\$38.22	\$41.12	\$47.02	\$53.92	\$73.32
\$2,100	\$40.08	\$43.12	\$49.32	\$56.56	\$76.93
\$2,200	\$41.93	\$45.12	\$51.61	\$59.20	\$80.54
\$2,300	\$43.79	\$47.12	\$53.91	\$61.84	\$84.15
\$2,400	\$45.64	\$49.12	\$56.20	\$64.48	\$87.76
\$2,500	\$47.50	\$51.12	\$58.50	\$67.12	\$91.37
\$2,600	\$49.35	\$53.12	\$60.79	\$69.76	\$94.98
\$2,700	\$51.21	\$55.12	\$63.09	\$72.40	\$98.59
\$2,800	\$53.06	\$57.12	\$65.38	\$75.04	\$102.20
\$2,900	\$54.92	\$59.12	\$67.68	\$77.68	\$105.81
\$3,000	\$56.77	\$61.12	\$69.97	\$80.32	\$109.42
\$3,100	\$58.63	\$63.12	\$72.27	\$82.96	\$113.03
\$3,200	\$60.48	\$65.12	\$74.56	\$85.60	\$116.64
\$3,300	\$62.34	\$67.12	\$76.86	\$88.24	\$120.25
\$3,400	\$64.19	\$69.12	\$79.15	\$90.88	\$123.86
\$3,500	\$66.05	\$71.12	\$81.45	\$93.52	\$127.47
\$3,600	\$67.90	\$73.12	\$83.74	\$96.16	\$131.08
\$3,700	\$69.76	\$75.12	\$86.04	\$98.80	\$134.69
\$3,800	\$71.61	\$77.12	\$88.33	\$101.44	\$138.30
\$3,900	\$73.47	\$79.12	\$90.63	\$104.08	\$141.91
\$4,000	\$75.32	\$81.12	\$92.92	\$106.72	\$145.52
\$4,100	\$77.18	\$83.12	\$95.22	\$109.36	\$149.13
\$4,200	\$79.03	\$85.12	\$97.51	\$112.00	\$152.74
\$4,300	\$80.89	\$87.12	\$99.81	\$114.64	\$156.35
\$4,400	\$82.74	\$89.12	\$102.10	\$117.28	\$159.96
\$4,500	\$84.60	\$91.12	\$104.40	\$119.92	\$163.57
\$4,600	\$86.45	\$93.12	\$106.69	\$122.56	\$167.18
\$4,700	\$88.31	\$95.12	\$108.99	\$125.20	\$170.79
\$4,800	\$90.16	\$97.12	\$111.28	\$127.84	\$174.40
\$4,900	\$92.02	\$99.12	\$113.58	\$130.48	\$178.01
\$5,000	\$93.87	\$101.12	\$115.87	\$133.12	\$181.62

Semi-Monthly Premiums for Non-Occ Coverage. 12 month benefit period.
14/14 Elimination Period

Age	Uni-Tobacco				
	Benefit	18-35	36-45	46-55	56-65
\$300	\$4.83	\$5.13	\$5.88	\$6.84	\$9.03
\$400	\$6.06	\$6.46	\$7.46	\$8.74	\$11.66
\$500	\$7.30	\$7.80	\$9.05	\$10.65	\$14.30
\$600	\$8.53	\$9.13	\$10.63	\$12.55	\$16.93
\$700	\$9.77	\$10.47	\$12.22	\$14.46	\$19.57
\$800	\$11.00	\$11.80	\$13.80	\$16.36	\$22.20
\$900	\$12.24	\$13.14	\$15.39	\$18.27	\$24.84
\$1,000	\$13.47	\$14.47	\$16.97	\$20.17	\$27.47
\$1,100	\$14.71	\$15.81	\$18.56	\$22.08	\$30.11
\$1,200	\$15.94	\$17.14	\$20.14	\$23.98	\$32.74
\$1,300	\$17.18	\$18.48	\$21.73	\$25.89	\$35.38
\$1,400	\$18.41	\$19.81	\$23.31	\$27.79	\$38.01
\$1,500	\$19.65	\$21.15	\$24.90	\$29.70	\$40.65
\$1,600	\$20.88	\$22.48	\$26.48	\$31.60	\$43.28
\$1,700	\$22.12	\$23.82	\$28.07	\$33.51	\$45.92
\$1,800	\$23.35	\$25.15	\$29.65	\$35.41	\$48.55
\$1,900	\$24.59	\$26.49	\$31.24	\$37.32	\$51.19
\$2,000	\$25.82	\$27.82	\$32.82	\$39.22	\$53.82
\$2,100	\$27.06	\$29.16	\$34.41	\$41.13	\$56.46
\$2,200	\$28.29	\$30.49	\$35.99	\$43.03	\$59.09
\$2,300	\$29.53	\$31.83	\$37.58	\$44.94	\$61.73
\$2,400	\$30.76	\$33.16	\$39.16	\$46.84	\$64.36
\$2,500	\$32.00	\$34.50	\$40.75	\$48.75	\$67.00
\$2,600	\$33.23	\$35.83	\$42.33	\$50.65	\$69.63
\$2,700	\$34.47	\$37.17	\$43.92	\$52.56	\$72.27
\$2,800	\$35.70	\$38.50	\$45.50	\$54.46	\$74.90
\$2,900	\$36.94	\$39.84	\$47.09	\$56.37	\$77.54
\$3,000	\$38.17	\$41.17	\$48.67	\$58.27	\$80.17
\$3,100	\$39.41	\$42.51	\$50.26	\$60.18	\$82.81
\$3,200	\$40.64	\$43.84	\$51.84	\$62.08	\$85.44
\$3,300	\$41.88	\$45.18	\$53.43	\$63.99	\$88.08
\$3,400	\$43.11	\$46.51	\$55.01	\$65.89	\$90.71
\$3,500	\$44.35	\$47.85	\$56.60	\$67.80	\$93.35
\$3,600	\$45.58	\$49.18	\$58.18	\$69.70	\$95.98
\$3,700	\$46.82	\$50.52	\$59.77	\$71.61	\$98.62
\$3,800	\$48.05	\$51.85	\$61.35	\$73.51	\$101.25
\$3,900	\$49.29	\$53.19	\$62.94	\$75.42	\$103.89
\$4,000	\$50.52	\$54.52	\$64.52	\$77.32	\$106.52
\$4,100	\$51.76	\$55.86	\$66.11	\$79.23	\$109.16
\$4,200	\$52.99	\$57.19	\$67.69	\$81.13	\$111.79
\$4,300	\$54.23	\$58.53	\$69.28	\$83.04	\$114.43
\$4,400	\$55.46	\$59.86	\$70.86	\$84.94	\$117.06
\$4,500	\$56.70	\$61.20	\$72.45	\$86.85	\$119.70
\$4,600	\$57.93	\$62.53	\$74.03	\$88.75	\$122.33
\$4,700	\$59.17	\$63.87	\$75.62	\$90.66	\$124.97
\$4,800	\$60.40	\$65.20	\$77.20	\$92.56	\$127.60
\$4,900	\$61.64	\$66.54	\$78.79	\$94.47	\$130.23
\$5,000	\$62.87	\$67.87	\$80.37	\$96.37	\$132.87

Semi-Monthly Premiums for Non-Occ Coverage. 12 month benefit period.
30/30 Elimination Period

Age	Uni-Tobacco				
	Benefit	18-35	36-45	46-55	56-65
\$300	\$3.60	\$3.78	\$4.36	\$5.14	\$6.84
\$400	\$4.42	\$4.66	\$5.44	\$6.48	\$8.74
\$500	\$5.25	\$5.55	\$6.52	\$7.82	\$10.65
\$600	\$6.07	\$6.43	\$7.60	\$9.16	\$12.55
\$700	\$6.90	\$7.32	\$8.68	\$10.50	\$14.46
\$800	\$7.72	\$8.20	\$9.76	\$11.84	\$16.36
\$900	\$8.55	\$9.09	\$10.84	\$13.18	\$18.27
\$1,000	\$9.37	\$9.97	\$11.92	\$14.52	\$20.17
\$1,100	\$10.20	\$10.86	\$13.00	\$15.86	\$22.08
\$1,200	\$11.02	\$11.74	\$14.08	\$17.20	\$23.98
\$1,300	\$11.85	\$12.63	\$15.16	\$18.54	\$25.89
\$1,400	\$12.67	\$13.51	\$16.24	\$19.88	\$27.79
\$1,500	\$13.50	\$14.40	\$17.32	\$21.22	\$29.70
\$1,600	\$14.32	\$15.28	\$18.40	\$22.56	\$31.60
\$1,700	\$15.15	\$16.17	\$19.48	\$23.90	\$33.51
\$1,800	\$15.97	\$17.05	\$20.56	\$25.24	\$35.41
\$1,900	\$16.80	\$17.94	\$21.64	\$26.58	\$37.32
\$2,000	\$17.62	\$18.82	\$22.72	\$27.92	\$39.22
\$2,100	\$18.45	\$19.71	\$23.80	\$29.26	\$41.13
\$2,200	\$19.27	\$20.59	\$24.88	\$30.60	\$43.03
\$2,300	\$20.10	\$21.48	\$25.96	\$31.94	\$44.94
\$2,400	\$20.92	\$22.36	\$27.04	\$33.28	\$46.84
\$2,500	\$21.75	\$23.25	\$28.12	\$34.62	\$48.75
\$2,600	\$22.57	\$24.13	\$29.20	\$35.96	\$50.65
\$2,700	\$23.40	\$25.02	\$30.28	\$37.30	\$52.56
\$2,800	\$24.22	\$25.90	\$31.36	\$38.64	\$54.46
\$2,900	\$25.05	\$26.79	\$32.44	\$39.98	\$56.37
\$3,000	\$25.87	\$27.67	\$33.52	\$41.32	\$58.27
\$3,100	\$26.70	\$28.56	\$34.60	\$42.66	\$60.18
\$3,200	\$27.52	\$29.44	\$35.68	\$44.00	\$62.08
\$3,300	\$28.35	\$30.33	\$36.76	\$45.34	\$63.99
\$3,400	\$29.17	\$31.21	\$37.84	\$46.68	\$65.89
\$3,500	\$30.00	\$32.10	\$38.92	\$48.02	\$67.80
\$3,600	\$30.82	\$32.98	\$40.00	\$49.36	\$69.70
\$3,700	\$31.65	\$33.87	\$41.08	\$50.70	\$71.61
\$3,800	\$32.47	\$34.75	\$42.16	\$52.04	\$73.51
\$3,900	\$33.30	\$35.64	\$43.24	\$53.38	\$75.42
\$4,000	\$34.12	\$36.52	\$44.32	\$54.72	\$77.32
\$4,100	\$34.95	\$37.41	\$45.40	\$56.06	\$79.23
\$4,200	\$35.77	\$38.29	\$46.48	\$57.40	\$81.13
\$4,300	\$36.60	\$39.18	\$47.56	\$58.74	\$83.04
\$4,400	\$37.42	\$40.06	\$48.64	\$60.08	\$84.94
\$4,500	\$38.25	\$40.95	\$49.72	\$61.42	\$86.85
\$4,600	\$39.07	\$41.83	\$50.80	\$62.76	\$88.75
\$4,700	\$39.90	\$42.72	\$51.88	\$64.10	\$90.66
\$4,800	\$40.72	\$43.60	\$52.96	\$65.44	\$92.56
\$4,900	\$41.55	\$44.49	\$54.04	\$66.78	\$94.47
\$5,000	\$42.37	\$45.37	\$55.12	\$68.12	\$96.37

LONG TERM DISABILITY

American Fidelity | www.americanfidelity.com | 1-800-654-8489

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

Guaranteed coverage! No required medical questions or exams

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

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?



AF™ Long-Term Disability Income Insurance

Enhanced Plus Plans

Marketed by:



EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights



Benefits are Payable Directly to You

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



Customized to Meet Your Individual Needs

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



Return-to-Work Benefit

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

Choose the Right Plan for You

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

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



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



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



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



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

Benefit Policy Schedule

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

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$10.16	\$7.28	\$5.80	\$4.92	\$4.16	\$3.12
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$15.24	\$10.92	\$8.70	\$7.38	\$6.24	\$4.68
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$20.32	\$14.56	\$11.60	\$9.84	\$8.32	\$6.24
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$25.40	\$18.20	\$14.50	\$12.30	\$10.40	\$7.80
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$30.48	\$21.84	\$17.40	\$14.76	\$12.48	\$9.36
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$35.56	\$25.48	\$20.30	\$17.22	\$14.56	\$10.92
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$40.64	\$29.12	\$23.20	\$19.68	\$16.64	\$12.48
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$45.72	\$32.76	\$26.10	\$22.14	\$18.72	\$14.04
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$50.80	\$36.40	\$29.00	\$24.60	\$20.80	\$15.60
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$55.88	\$40.04	\$31.90	\$27.06	\$22.88	\$17.16
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$60.96	\$43.68	\$34.80	\$29.52	\$24.96	\$18.72
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$66.04	\$47.32	\$37.70	\$31.98	\$27.04	\$20.28
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$71.12	\$50.96	\$40.60	\$34.44	\$29.12	\$21.84
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$76.20	\$54.60	\$43.50	\$36.90	\$31.20	\$23.40
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$81.28	\$58.24	\$46.40	\$39.36	\$33.28	\$24.96
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$86.36	\$61.88	\$49.30	\$41.82	\$35.36	\$26.52
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$91.44	\$65.52	\$52.20	\$44.28	\$37.44	\$28.08
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$96.52	\$69.16	\$55.10	\$46.74	\$39.52	\$29.64
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$101.60	\$72.80	\$58.00	\$49.20	\$41.60	\$31.20
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$106.68	\$76.44	\$60.90	\$51.66	\$43.68	\$32.76
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$111.76	\$80.08	\$63.80	\$54.12	\$45.76	\$34.32
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$116.84	\$83.72	\$66.70	\$56.58	\$47.84	\$35.88
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$121.92	\$87.36	\$69.60	\$59.04	\$49.92	\$37.44
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$127.00	\$91.00	\$72.50	\$61.50	\$52.00	\$39.00
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$132.08	\$94.64	\$75.40	\$63.96	\$54.08	\$40.56
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$137.16	\$98.28	\$78.30	\$66.42	\$56.16	\$42.12
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$142.24	\$101.92	\$81.20	\$68.88	\$58.24	\$43.68
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$147.32	\$105.56	\$84.10	\$71.34	\$60.32	\$45.24
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$152.40	\$109.20	\$87.00	\$73.80	\$62.40	\$46.80
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$157.48	\$112.84	\$89.90	\$76.26	\$64.48	\$48.36
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$162.56	\$116.48	\$92.80	\$78.72	\$66.56	\$49.92
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$167.64	\$120.12	\$95.70	\$81.18	\$68.64	\$51.48
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$172.72	\$123.76	\$98.60	\$83.64	\$70.72	\$53.04
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$177.80	\$127.40	\$101.50	\$86.10	\$72.80	\$54.60
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$182.88	\$131.04	\$104.40	\$88.56	\$74.88	\$56.16
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$187.96	\$134.68	\$107.30	\$91.02	\$76.96	\$57.72
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$193.04	\$138.32	\$110.20	\$93.48	\$79.04	\$59.28

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$198.12	\$141.96	\$113.10	\$95.94	\$81.12	\$60.84
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$203.20	\$145.60	\$116.00	\$98.40	\$83.20	\$62.40
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$208.28	\$149.24	\$118.90	\$100.86	\$85.28	\$63.96
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$213.36	\$152.88	\$121.80	\$103.32	\$87.36	\$65.52
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$218.44	\$156.52	\$124.70	\$105.78	\$89.44	\$67.08
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$223.52	\$160.16	\$127.60	\$108.24	\$91.52	\$68.64
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$228.60	\$163.80	\$130.50	\$110.70	\$93.60	\$70.20
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$233.68	\$167.44	\$133.40	\$113.16	\$95.68	\$71.76
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$238.76	\$171.08	\$136.30	\$115.62	\$97.76	\$73.32
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$243.84	\$174.72	\$139.20	\$118.08	\$99.84	\$74.88
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$248.92	\$178.36	\$142.10	\$120.54	\$101.92	\$76.44
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$254.00	\$182.00	\$145.00	\$123.00	\$104.00	\$78.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$259.08	\$185.64	\$147.90	\$125.46	\$106.08	\$79.56
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$264.16	\$189.28	\$150.80	\$127.92	\$108.16	\$81.12
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$269.24	\$192.92	\$153.70	\$130.38	\$110.24	\$82.68
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$274.32	\$196.56	\$156.60	\$132.84	\$112.32	\$84.24
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$279.40	\$200.20	\$159.50	\$135.30	\$114.40	\$85.80
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$284.48	\$203.84	\$162.40	\$137.76	\$116.48	\$87.36
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$289.56	\$207.48	\$165.30	\$140.22	\$118.56	\$88.92
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$294.64	\$211.12	\$168.20	\$142.68	\$120.64	\$90.48
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$299.72	\$214.76	\$171.10	\$145.14	\$122.72	\$92.04
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$304.80	\$218.40	\$174.00	\$147.60	\$124.80	\$93.60
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$309.88	\$222.04	\$176.90	\$150.06	\$126.88	\$95.16
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$314.96	\$225.68	\$179.80	\$152.52	\$128.96	\$96.72
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$320.04	\$229.32	\$182.70	\$154.98	\$131.04	\$98.28
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$325.12	\$232.96	\$185.60	\$157.44	\$133.12	\$99.84
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$330.20	\$236.60	\$188.50	\$159.90	\$135.20	\$101.40
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$335.28	\$240.24	\$191.40	\$162.36	\$137.28	\$102.96
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$340.36	\$243.88	\$194.30	\$164.82	\$139.36	\$104.52
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$345.44	\$247.52	\$197.20	\$167.28	\$141.44	\$106.08
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$350.52	\$251.16	\$200.10	\$169.74	\$143.52	\$107.64
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$355.60	\$254.80	\$203.00	\$172.20	\$145.60	\$109.20
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$360.68	\$258.44	\$205.90	\$174.66	\$147.68	\$110.76
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$365.76	\$262.08	\$208.80	\$177.12	\$149.76	\$112.32
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$370.84	\$265.72	\$211.70	\$179.58	\$151.84	\$113.88
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$375.92	\$269.36	\$214.60	\$182.04	\$153.92	\$115.44
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$381.00	\$273.00	\$217.50	\$184.50	\$156.00	\$117.00

CANCER INSURANCE

American Fidelity | www.americanfidelity.com | 1-800-654-8489

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

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

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

CANCER SEMI-MONTHLY PREMIUMS		
	BASIC	ENHANCED PLUS
EMPLOYEE ONLY	\$7.90	\$15.82
EMPLOYEE & FAMILY	\$13.43	\$26.90



Group Cancer Insurance

Focus on the fight.

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

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

Did You Know?

New cancer cases in America are diagnosed at the rate of about 5,255 per day.

American Cancer Society: Cancer Facts and Figures 2022, P4

Plan Benefit Highlights

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

Benefits designed to help cover costs.

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

Examples:



Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for quick processing.



Travel Expenses

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

Plan Benefit Highlights

BENEFITS	BASIC	ENHANCED PLUS
Radiation Therapy/Chemotherapy/Immunotherapy Actual charges per 12 month period	\$10,000	\$15,000
Administrative/Lab Work Per calendar month	\$50	\$75
Hormone Therapy Per treatment per calendar month up to a max of 12 per calendar year	\$50	\$50
Experimental Treatment	Paid in the same manner and under the same maximums as any other treatment	
Blood, Plasma, and Platelets Basic: Per day, up to \$10,000 per calendar year	\$200	\$300
Enhanced Plus: Per day, up to \$15,000 per calendar year		
Medical Imaging Per image up to 2 per calendar year	\$200	\$300
Surgical	\$20 surgical unit/ Max per operation: \$2,000	\$40 surgical unit/ Max per operation: \$4,000
Anesthesia	25% of the amount paid for covered surgery	
Second and Third Surgical Opinion Per diagnosis	\$300	\$300
Outpatient Hospital or Ambulatory Surgical Center Per day of surgery	\$200	\$600
Bone Marrow or Stem Cell Transplant Patient Provided Per calendar year	\$500	\$1,500
Donor Provided Per calendar year	\$1,500	\$4,500
Prosthesis and Orthotic and Related Services	\$1,000	\$2,000
Surgical 1 per site, lifetime max of 2 devices per covered person	\$100	\$200
Non-surgical 1 per site, lifetime max of 3 devices per covered person	\$100	\$200
Hair Prosthesis Once per life		
Hospital Confinement Per day		
Day 1-30	\$100	\$300
Day 31+	\$200	\$600
U.S. Government/Charity Hospital Paid in lieu of most benefits per day Inpatient and outpatient	\$100	\$300
Extended Care Facility Per day, up to the same number of days of paid hospital confinement	\$100	\$300
Home Health Care Per day, up to the same number of days of paid hospital confinement	\$100	\$300
Hospice Care Basic: Per day, up to \$18,000 lifetime max	\$100	\$300
Enhanced Plus: Per day, up to \$54,000 lifetime max		
Inpatient Special Nursing Services Per day	\$100	\$300

BENEFITS	BASIC	ENHANCED PLUS
Dread Disease Per day while hospital confined		
Day 1-30	\$100	\$300
Day 31+	\$200	\$600
Donor	\$1,000/donation	
Drugs and Medicine		
Inpatient Per confinement	\$50	\$200
Outpatient \$50 per prescription up to maximum shown per calendar month	\$50	\$100
Attending Physician While hospital confined, per day	\$50	\$50
Transportation & Lodging (Patient & Family Member)		
Transportation \$1,500 max per round trip, max 12 trips per calendar year	Coach fare or \$.50/mile by car	Coach fare or \$.50/mile by car
Lodging Per day, up to 90 days per calendar year	\$50	\$75
Ambulance		
Ground Per trip, up to 2 per confinement	\$200	\$200
Air Per trip, up to 2 per confinement	\$2,000	\$2,000
Physical or Speech Therapy Per visit, up to 4 per calendar month, lifetime max of \$1,000.	\$50	\$50
Diagnostic and Prevention One per calendar year	\$25	\$75
Cancer Screening Follow-Up One per calendar year	\$25	\$75
Waiver of Premium Employee only	After 90 days of continuous disability	
Internal Cancer Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	\$2,500	\$5,000
Heart Attack or Stroke Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	N/A	\$5,000
Hospital Intensive Care Unit Per day, up to 30 days per confinement; benefits reduced 50% at age 70		\$600
Ambulance		\$100

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to the following pages for more complete descriptions and limits to this plan.

SEMI-MONTHLY PREMIUMS	BASIC	ENHANCED PLUS
Individual	\$7.90	\$15.81
Family	\$13.43	\$26.90

The premium and benefit amounts vary depending upon the plan selected.

NEW! CRITICAL ILLNESS

Manhattan Life | www.manhattanlife.com | 800-879-6542

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

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

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

Critical Illness

Helping protect you and your family with lump sum coverage



Critical Illness/Cancer voluntary coverages pay benefits to you

With our Critical Illness and Cancer plans, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, coronary artery disease, or cancer is diagnosed. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

Why do I need Critical Illness and Cancer coverages?

These plans can assist you with a variety of expenses so you can focus on getting better. You can use the benefit however you want:

- Make your mortgage payments.
- Hire extra help around the house, such as in-home caregivers.
- Help cover medical bills as well as therapy and training.
- Pay for travel to treatment facilities away from home – and for family visits.

In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other associated costs.

Here's how it works

All benefit payments are made directly to you, placing you in control at a time when you may feel that your options are limited. Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most. You will save on your premiums because coverage through your employer typically is less expensive than purchasing on your own, and you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

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Benefits and Features Conditions

Covered Conditions		Percent Payment
Cardiac Benefits	• Myocardial Infarction	100%
	• Coronary Heart Disease	25%
Cerebral Vascular Disease Benefit	• Stroke	100%
	• Sudden Cardiac Arrest	100%
	• Ruptured Brain Aneurysm	10%
	• Transient Ischemic Attack	10%
Cancer	• Invasive	100%
	• Non-Invasive	25%
	• Skin Cancer	\$250
	• 30 day waiting period	Waived
Other Specified Illness Category	• Benign Brain Tumor	100%
	• Major Organ Failure	100%
	• End Stage Renal Failure*	100%
	• Coma	100%
	• Severe Burns	100%
	• Permanent Paralysis*	100%
	• Functional Loss of Hearing*	100%
	• Functional Loss of Speech*	100%
	• Functional Loss of Sight*	100%
• Occupational HIV/Hepatitis*	100%	

*not eligible for recurrence benefit.

Additional Occurrence Benefit	Included
Pre-existing Condition Limitation	Waived
Waiver of Premium for Disability	After 180 days
Portability	Included
Benefit Reduction	None

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Employer Elected Optional Benefits

Recurrence	Included
Wellness Screening	\$100
Infectious Disease	25% Benefit per condition. Covered Conditions: <ul style="list-style-type: none"> • Cerebrospinal Meningitis • Malaria • Encephalitis • Legionnaire’s disease • Necrotizing Fasciitis • Osteomyelitis • Tuberculosis
Childhood Condition Benefit*	25% Benefit per condition. Covered Conditions: <ul style="list-style-type: none"> • Cerebral Palsy • Cleft Lip/Cleft Palate • Cystic Fibrosis • Down Syndrome • Spina Bifida • Type 1 Diabetes
Progressive Disease*	100% Benefit per condition. Covered Conditions: <ul style="list-style-type: none"> • ALS (Lou Gehrig’s Disease) • Multiple Sclerosis • Advanced Dementia (including Alzheimer’s) • Advanced Parkinson’s

*not eligible for recurrence benefit.

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Critical Illness & Cancer Texas

Displaying Monthly payroll deductions including Recurrence, Infectious Disease, Progressive Disease, Childhood Conditions, Sudden Cardiac Arrest, Skin Cancer, and \$100 Wellness Screening Benefit.

Issue Age	Employee - NTU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$5.22	\$7.52	\$9.82	\$12.11	\$14.41	\$16.71	\$19.01	\$21.31	\$23.61	\$25.90
30-39		\$6.49	\$10.06	\$13.64	\$17.21	\$20.78	\$24.35	\$27.92	\$31.50	\$35.07	\$38.64
40-49		\$9.62	\$16.31	\$23.01	\$29.71	\$36.40	\$43.10	\$49.79	\$56.49	\$63.19	\$69.88
50-59		\$15.72	\$28.51	\$41.31	\$54.10	\$66.90	\$79.69	\$92.49	\$105.29	\$118.08	\$130.88
60-69		\$27.19	\$51.46	\$75.72	\$99.99	\$124.26	\$148.53	\$172.80	\$197.06	\$221.33	\$245.60

Issue Age	Employee & Spouse - NTU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$10.16	\$14.49	\$18.81	\$23.14	\$27.47	\$31.80	\$36.13	\$40.46	\$44.78	\$49.11
30-39		\$12.70	\$19.56	\$26.43	\$33.29	\$40.16	\$47.02	\$53.89	\$60.75	\$67.62	\$74.49
40-49		\$18.95	\$32.08	\$45.20	\$58.33	\$71.45	\$84.57	\$97.70	\$110.82	\$123.95	\$137.07
50-59		\$31.15	\$56.48	\$81.80	\$107.12	\$132.44	\$157.77	\$183.09	\$208.41	\$233.73	\$259.06
60-69		\$54.08	\$102.33	\$150.57	\$198.82	\$247.07	\$295.32	\$343.56	\$391.81	\$440.06	\$488.31

*Spouse Amount is 100% of Employee Amount.

Issue Age	Employee & Children - NTU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$5.22	\$7.52	\$9.82	\$12.11	\$14.41	\$16.71	\$19.01	\$21.31	\$23.61	\$25.90
30-39		\$6.49	\$10.06	\$13.64	\$17.21	\$20.78	\$24.35	\$27.92	\$31.50	\$35.07	\$38.64
40-49		\$9.62	\$16.31	\$23.01	\$29.71	\$36.40	\$43.10	\$49.79	\$56.49	\$63.19	\$69.88
50-59		\$15.72	\$28.51	\$41.31	\$54.10	\$66.90	\$79.69	\$92.49	\$105.29	\$118.08	\$130.88
60-69		\$27.19	\$51.46	\$75.72	\$99.99	\$124.26	\$148.53	\$172.80	\$197.06	\$221.33	\$245.60

*Child Amount is 50% of Employee Amount, capped at \$25,000.

Issue Age	Family - NTU										
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29		\$10.16	\$14.49	\$18.81	\$23.14	\$27.47	\$31.80	\$36.13	\$40.46	\$44.78	\$49.11
30-39		\$12.70	\$19.56	\$26.43	\$33.29	\$40.16	\$47.02	\$53.89	\$60.75	\$67.62	\$74.49
40-49		\$18.95	\$32.08	\$45.20	\$58.33	\$71.45	\$84.57	\$97.70	\$110.82	\$123.95	\$137.07
50-59		\$31.15	\$56.48	\$81.80	\$107.12	\$132.44	\$157.77	\$183.09	\$208.41	\$233.73	\$259.06
60-69		\$54.08	\$102.33	\$150.57	\$198.82	\$247.07	\$295.32	\$343.56	\$391.81	\$440.06	\$488.31

*Spouse Amount is 100% of Employee Amount. Child Amount is 50% of Employee Amount, capped at \$25,000.

NTU: Non-tobacco user; TU: Tobacco user

The proposed rates are for an effective date no later than 5/1/2024

Note: Final implementation rate may vary slightly due to rounding

Policy: M-8021

Underwritten by ManhattanLife Insurance and Annuity Company

NEW! ACCIDENT

Manhattan Life | www.manhattanlife.com | 800-879-6542

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Fractures
- Dislocations
- Emergency room visits
- Intensive Care Unit
- X-rays and/or MRIs
- Hospital stays
- Ambulance, ground or air
- Pays an extra 20% on top of payable amount for covered accidental injuries sustained during an organized athletic event

ACCIDENT SEMI-MONTHLY PREMIUMS		
	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$4.15	\$6.46
EMPLOYEE & SPOUSE	\$6.73	\$10.76
EMPLOYEE & CHILD(REN)	\$8.56	\$14.09
EMPLOYEE & FAMILY	\$11.15	\$18.42

Accident

Protection that surrounds you and your family



Accident coverage can protect your whole family

An Accident plan offers coverage for accidents, injuries, ambulance services, and accidental death in addition to your primary medical insurance. It is also available to your spouse and children – a plan that can protect your whole family.

Why do I need Accident coverage?

Here are a few facts to consider from the National Center for Health Statistics:

- Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during sports or leisure activities, and 44 percent occurred in or around the home.
- Where the external cause of nonfatal injuries is specified, falls are the leading cause of inpatient and outpatient care in emergency rooms, outpatient clinics and doctors' offices.
- Injuries due to motor vehicle traffic accidents and striking against or being struck accidentally by objects also make up a large portion of injuries.

Here's how it works

When you or a covered family member has an Accident, you may seek treatment from a physician, urgent care or hospital. Based on the Accident plan you choose, you will receive a benefit paid directly to you to assist with medical plan deductibles and bills from your provider.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife's New Business Department.

Benefits and Features

	Standard	Enhanced
Urgent Care	\$100	\$150
Doctor's Office Visit	\$75	\$100
Emergency Room Treatment	\$75	\$100
Ground Ambulance	\$100	\$200
Air Ambulance	\$600	\$800
First Hospitalization Benefit	\$500	\$1,000
Intensive Care Unit Admission	\$1,000	\$2,000
Hospital Confinement	\$125 per day	\$250 per day
Intensive Care Unit Confinement	\$250 per day	\$500 per day
Rehabilitation – Admission:	\$500	\$1,000
Daily Benefit/Confinement:	\$100	\$150
Physical Therapy	\$15	\$30
Chiropractic Treatment	\$30 per day	\$30 per day
Accident Follow-Up Treatment	\$25 per visit/max of 2 per accident	\$25 per visit/max of 4 per accident
Blood and Plasma	\$50	\$100
Major Diagnostic – X-Ray:	\$50	\$75
Medical Imaging:	\$100	\$150
EEG:	\$100	\$150
Exploratory Surgery without repair	\$100	\$200
Concussion	\$100	\$200
Coma	\$5,000	\$10,000
Ruptured Disc	\$200	\$400
Medical Appliances	\$50	\$100
Prosthesis – Single:	\$250	\$500
Multiple:	\$500	\$1,000
Transportation - Train or Plane:	\$100	\$300
Bus:	\$50	\$150
Family Lodging	\$50 per night	\$100 per night

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Accidental Death, Dismemberment, and Loss of Sight (AD&D)	Standard	Enhanced
Loss of Life	\$50,000	\$50,000
Double Dismemberment - Any Combination of Two or More Hands, Feet, or Sight in Both Eyes	\$50,000	\$50,000
Single Dismemberment Loss of Single Hand, Foot or Sight	\$12,500	\$12,500
Loss of Four Fingers of the Same Hand	\$2,500	\$2,500
Loss of Thumb and Index Finger of Same Hand	\$500	\$500
Severance and Reattachment of Hand or Foot	\$500	\$500
Common Carrier Accidental Death	\$100,000	\$100,000

Spouse benefit 50% and dependent child(ren) 25% of the Employee amounts.

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Fractures (Closed Reduction)	Standard	Enhanced
Hip/Thigh	\$2,000	\$4,000
Vertebrae (Except Process)	\$1,800	\$3,600
Pelvis	\$1,600	\$3,200
Skull (Depressed)	\$1,500	\$3,000
Skull (Simple)	\$700	\$1,400
Leg	\$1,200	\$2,400
Foot/Ankle/Kneecap	\$1,000	\$2,000
Fore/Hand	\$1,000	\$2,000
Lower Jaw	\$800	\$1,600
Shoulder Blade/Collar Bone	\$800	\$1,600
Upper Arm/Upper Jaw	\$700	\$1,400
Facial Bones (Except Teeth)	\$600	\$1,200
Vertebral Processes	\$400	\$800
Coccyx, Rib, Finger, Toe	\$160	\$320
Chips	25%	25%
Open Reduction	200% of Closed Reduction	200% of Closed Reduction

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Dislocations (Closed Reduction)	Standard	Enhanced
Hip	\$1,350	\$2,700
Knee (Excluding Patella)	\$975	\$1,950
Shoulder	\$750	\$1,500
Foot/Ankle	\$600	\$1,200
Ankle Joint	\$300	\$600
Hand	\$525	\$1,050
Lower Jaw	\$450	\$900
Wrist	\$375	\$750
Elbow	\$300	\$600
Finger/Toe	\$120	\$240
Partial	25%	25%
Open Reduction	200% of Closed Reduction	200% of Closed Reduction
Repaired Ligament – Single:	\$200	\$400
Multiple:	\$300	\$600
Repaired Knee Cartilage – Single:	\$200	\$400
Multiple:	\$300	\$600
Repaired Tendon – Single:	\$200	\$400
Multiple:	\$300	\$600
Repaired Rotator Cuff – Single:	\$125	\$250
Multiple:	\$250	\$500

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	Standard	Enhanced
Burns - Second Degree (<10%):	\$100	\$200
Second Degree (10%-25%):	\$200	\$400
Second Degree (25%-35%):	\$500	\$1,000
Second Degree (>35%):	\$1,000	\$2,000
Third Degree (<10%):	\$500	\$1,000
Third Degree (10%-25%):	\$3,000	\$6,000
Third Degree (25%-35%):	\$5,000	\$10,000
Third Degree (>35%):	\$10,000	\$20,000
Paralysis Benefit – Quadriplegia:	\$5,000	\$10,000
Paraplegia:	\$2,500	\$5,000
Eye Injury Benefit - Surgical Repair:	\$125	\$250
Removal of Foreign Body:	\$25	\$50
Laceration Benefit - Over 6”:	\$200	\$400
2”-6”:	\$100	\$200
Under 2”:	\$25	\$50
Lacerations not Requiring Stitches:	\$25	\$50
Emergency Dental Work – Repaired with Crown:	\$100	\$200
Resulting in Extraction:	\$30	\$60
Total Disability Premium Waiver		Included
Portability		Included

Employer Elected Optional Benefits

Youth Organized Sports Benefit	Additional 25% up to \$1,500	
On the Job (24 Hour Insurance) Benefit	Included	
Wellness Screening	\$50	
Ambulatory Surgical	\$200	\$400
Epidural Pain Management	\$50	\$100
Open Abdominal/Thoracic/Cranial Surgery	\$750	\$1,000

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NEW! HOSPITAL INDEMNITY

Manhattan Life | www.manhattanlife.com | 800-879-6542

Hospital stays are costly. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden. Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits. The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!

HOSPITAL INDEMNITY SEMI-MONTHLY PREMIUMS		
	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$9.19	\$15.82
EMPLOYEE & SPOUSE	\$18.52	\$32.03
EMPLOYEE & CHILD(REN)	\$14.77	\$14.77
EMPLOYEE & FAMILY	\$24.11	\$24.11

Hospital Indemnity

Providing supplemental hospital benefits for you and your family



Cash benefits paid to you

Hospital Indemnity plans pay employees a lump-sum cash benefit when they're hospitalized. These cash benefits pay in addition to other coverage. Benefits can be used however they choose: to help pay medical bills and cover everyday expenses. It can help them get back on their feet and back to work.

Here are some more benefits to you

- Receive a cash benefit regardless of any other insurance you have.
- Don't worry about a physical exam; it's not required.
- Pay your premiums through payroll deduction.

Here's how it works

You'll be reimbursed a specified amount for covered hospital confinement. Benefits are paid directly to you, and you can use the cash however you want. It's that simple.

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Benefits and Features

	Option One
Hospital Indemnity	\$100
Pre-existing Condition Limitation	Waived
Maternity Waiting Period	None
Portability	None
Waiver of Premium	Included
First Admission	\$1,000
Intensive Care/Cardiac Care/ Burn Unit	\$300
	Option Two
Hospital Indemnity	\$200
Pre-existing Condition Limitation	Waived
Maternity Waiting Period	None
Portability	None
Waiver of Premium	Included
First Admission	\$2,000
Intensive Care/Cardiac Care/ Burn Unit	\$400

Definitions

HOSPITAL INDEMNITY BENEFIT: If a covered person is confined as an inpatient in a hospital, pays a daily benefit. Hospital confinement must be for at least 18 hours. Max 30 days.

WAIVER OF PREMIUM: Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability. This waives an Employee's premium if he or she becomes totally disabled for at least 90 days after the effective date of coverage. There is no lifetime maximum. Issue age 18-55.

PRE-EXISTING CONDITION LIMITATION: If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations. This has been waived for this offer.

FIRST HOSPITAL ADMISSION BENEFIT: If a covered person is confined as an inpatient in a hospital for the first time during a calendar year, pays a one-time lump sum per year. Hospital confinement must be for at least 18 hours as an inpatient.

INTENSIVE CARE (ICU)/CARDIAC CARE (CCU)/BURN UNIT BENEFIT: Pays a daily benefit when confined to an intensive care unit. Max 10 days Hospital confinement must be for at least 18 hours as an inpatient.

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IDENTITY THEFT PROTECTION

ID Shield | www.legalshield.com | 512-740-3322

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

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

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

ID SHIELD SEMI-MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$4.48
EMPLOYEE & FAMILY	\$9.48

LEGAL PLAN

Legal Shield | www.legalshield.com | 512-740-3322

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

LEGAL SHIELD SEMI-MONTHLY PREMIUMS		
	LEGAL SHIELD	LEGAL SHIELD & ID SHIELD COMBO
EMPLOYEE ONLY	\$9.48	\$13.95
EMPLOYEE & FAMILY	\$9.48	\$16.95

HAVE YOU EVER?

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Needed your Will prepared or updated <input type="checkbox"/> Been overcharged for a repair or paid an unfair bill <input type="checkbox"/> Had trouble with a warranty or defective product <input type="checkbox"/> Signed a contract <input type="checkbox"/> Received a moving traffic violation <input type="checkbox"/> Had concerns regarding child support | <ul style="list-style-type: none"> <input type="checkbox"/> Worried about being a victim of Identity theft <input type="checkbox"/> Been concerned about your child's identity <input type="checkbox"/> Lost your wallet <input type="checkbox"/> Worried about entering personal information on-line <input type="checkbox"/> Feared the security of your medical information <input type="checkbox"/> Been pursued by a collection agency |
|--|---|

WHAT IS LEGALSHIELD?

LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll Advisory Solutions, the world's leading company in ID Theft consulting and restoration. We have safeguarded over 1 million members, provided more than 200,000 identity consultations, and helped restore nearly 10,000 individual identities.

THE LEGALSHIELD® MEMBERSHIP INCLUDES:

-  ✓ Personal Legal advice on unlimited issues
-  ✓ Letters/ calls made on your behalf
-  ✓ Contracts & documents reviewed (up to 15 pages)
-  ✓ Residential Loan Document Assistance
-  ✓ Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
-  ✓ Moving Traffic Violations (available 15 days after enrollment)
-  ✓ IRS Audit Assistance
-  ✓ 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, Other Matters, etc.)
-  ✓ 24/7 Emergency Access for covered situations

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children. An individual rate is available for those enrollees who are not married, do not have a domestic partner and do not have minor children or dependents. No family benefits are available to individual plan members. Ask your Independent Associate for details.

THE IDSHIELD™ MEMBERSHIP INCLUDES:

-  **Privacy Monitoring**
Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.
-  **Security Monitoring**
SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18.
-  **Consultation**
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.
-  **Full Service Restoration**
Complete identity recovery services by Kroll Licensed Private Investigators and our \$5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.

IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 8 dependents up to the age of 18

Semi-Monthly Premiums	Individual	Family
LegalShield	\$9.48	\$9.48
IDShield	\$4.98	\$9.48
Combined	\$13.95	\$16.95

For more information, please call your independent associate:
Jason Lavender
 512-740-3322
 jlavender@legalshieldassociate.com

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

MEDICAL TRANSPORT

MASA | www.masamts.com | 1-800-423-3226

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

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

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

MASA SEMI-MONTHLY PREMIUMS		
	EMERGENT PLUS	PLATINUM
EMPLOYEE ONLY	\$7.00	\$19.50
EMPLOYEE & FAMILY	\$7.00	\$19.50



EMERGENCY TRANSPORTATION COSTS

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

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

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



HOW MASA IS DIFFERENT

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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



Any Ground. Any Air. Anywhere.™

OUR BENEFITS

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



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

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

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

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

Recuro | www.recurohealth.com | 855-673-2876

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

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

RECURO SEMI-MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$4.50
EMPLOYEE & FAMILY	\$4.50



Virtual Care

Getting Started

INTRODUCTION

Access board-certified physicians 24/7, 365 days a year for **you and your family for only \$4.50/ paycheck!** 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.

Consult Fee: \$0

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

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



Example Conditions Treated

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



FFINVEST 457(b)

Trusted Capital Group (TCG) | www.tcgservices.com | 800-943-9179

A 457(b) plan is a Tax Deferred Retirement Plan available to employees of state and local governmental agencies, including public school employees. They are similar to 401(k) plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement.

BENEFITS

- Contribute pre-tax (traditional) or after-tax (roth)
- No 10% federal penalty on interest or earnings for early withdrawal

CONTRIBUTION LIMITS

Participants may contribute up to \$23,000 for year 2024. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500 in 2024, for a total of \$30,500.

ENROLL ONLINE

- Go to www.tcgservices.com
- Click Enroll at top right
- Type Lexington and choose it in the drop down box
- Click the orange Enroll button and follow the prompts

403(b) RETIREMENT PLANS

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

The 403(b) is a tax deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code.

BENEFITS

- Investment options: fixed annuities, variable annuities, or mutual funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan.

CONTRIBUTION LIMITS

Participants may contribute up to \$23,000 for year 2024. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500 in 2024, for a total of \$30,500.

COBRA

First Financial Administrators, Inc. | www.ffga.com | 1-800-523-8422, option 4

Bswift | <https://trsactivecare.bswift.com/TrsMain/Home.aspx> | 833-682-8972

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

HIGHLIGHTS

- The COBRA administrator for Dental, Vision, and FSA plans is First Financial Group of America. The COBRA administrator for BCBSTX Medical is bswift.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

CLEVER RX

Clever RX | <https://partner.cleverrx.com/ffga> | 1-800-873-1195

Clever RX helps you save money by using a prescription drug savings card. They partner with the healthcare community to bring state-of-the-art, money-savings tools to participants. Plus, it's completely free!

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.

