

*Bossier Parish Schools
2026 Plan Year*

BENEFITS GUIDE



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Employee Benefits Center

A guide to your benefits!

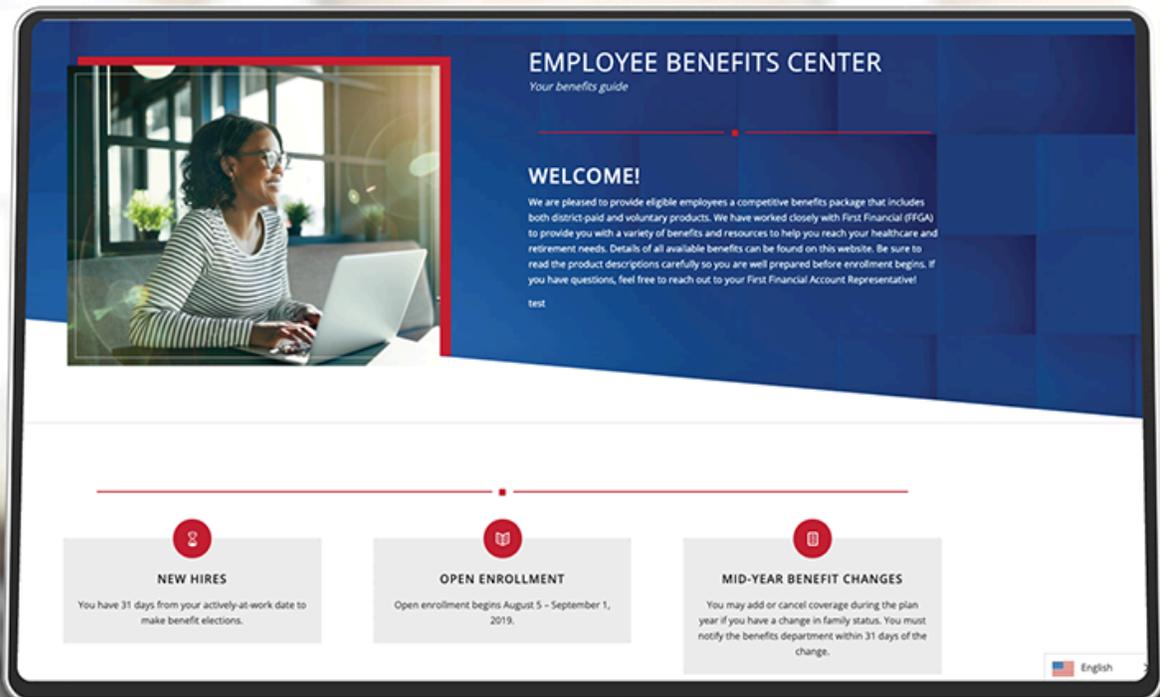
Bossier Parish Schools and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



Scan the QR code to learn more about the plans that are available this year!

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



How to Enroll/View Benefits

Benefits Enrollment

On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Visit your EBC for more information.

View Benefits

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

Login & PIN

- Employee ID
 - The Employee ID is either your social security number or your Employee ID.
- PIN
 - Instructions to access your initial Personal Identification Number (PIN) can be provided to you upon request.
 - Upon initial login, the PIN will be required to be changed.
 - Remember your PIN as you will use this to sign your enrollment confirmation form and to login in the future.

View Current Benefits

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

View Dependents

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

Technical Issues:

Contact the FFGA Help Desk
Monday-Friday from 7 a.m. to 5 p.m. Central
Phone: 855-523-8422
Email: ffroll@ffga.com

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

You have 30 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first day of the month that follows a waiting period of 30 calendar days.

Existing Employees

When it's time to enroll in your benefits, your FFGA Account Representative will be available to assist you with making your elections. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

Mid-year Benefit Changes

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 30 days of the change.

Qualifying Life Events Include:

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

Declining Coverage

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

Medical Coverage

BCBS of Louisiana



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

Blue Cross Blue Shield of Louisiana | www.bcbsla.com | 1.800.363.9150

Bossier Parish

- Statewide Network
- For network providers \$1,125 individual or \$2,250 family; for out-of-network providers \$2,250 individual or \$4,500 family
- Preventive Care and Wellness are covered before you meet your deductible.
- \$100 individual or \$200 family for prescription drug coverage. There are no other specific deductibles.
- For network providers \$4,250 individual or \$8,500 family; for out-of-network providers \$8,500 individual or \$17,000 family
- You can see a specialist without a referral.

Please see following pages for more details.

BCBS Medical Premiums

Medical Monthly Premiums	
Employee Only	\$126.75
Employee + Spouse	\$422.50
Employee + Child	\$359.25
Employee + Children	\$359.25
Employee + Family	\$528.25

For more information, please refer to the Bossier Parish Schools website.





The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.lablue.com or call 1-800-495-2583. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-363-9150 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u>?	For <u>network providers</u> \$1,125 individual or \$2,250 family; for <u>out-of-network providers</u> \$2,250 individual or \$4,500 family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes. <u>Preventive Care</u> and <u>Wellness</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	Yes. \$100 individual or \$200 family for <u>prescription drug coverage</u> . There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	For <u>network providers</u> \$4,250 individual or \$8,500 family; for <u>out-of-network providers</u> \$8,500 individual or \$17,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	<u>Premiums</u> , <u>Balance Billing</u> Charges, and Health Care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Yes. See www.lablue.com or call 1-800-495-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

see a **specialist**?

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$40 <u>Copayment</u> per visit	40% <u>Coinsurance</u> after <u>deductible</u>	None
	<u>Specialist</u> visit	\$55 <u>Copayment</u> per visit	40% <u>Coinsurance</u> after <u>deductible</u>	None
	<u>Other practitioner office visit</u>	\$55 <u>Copayment</u> per visit	40% <u>Coinsurance</u> after <u>deductible</u>	None
	<u>Preventive care/screening/Immunization</u>	No Cost	40% <u>Coinsurance</u> ; <u>deductible</u> waived	None
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>Coinsurance</u> after <u>deductible</u>	40% <u>Coinsurance</u> after <u>deductible</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>Coinsurance</u> after <u>deductible</u>	40% <u>Coinsurance</u> after <u>deductible</u>	Must obtain authorization.

Questions: Call 1-800-363-9150

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.lablue.com or www.healthcare.gov or call 1-800-363-9150 to request a copy.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.lablue.com	Generic Drugs (after prescription drug deductible)	\$10 <u>Copayment</u> retail; \$30 <u>Copayment</u> mail order	\$10 <u>Copayment</u> retail; \$30 <u>Copayment</u> mail order	Retail: 30-day supply Mail Order: 90-day supply
	Preferred Brand Drugs (after prescription drug deductible)	\$30 <u>Copayment</u> retail; \$90 <u>Copayment</u> mail order	\$30 <u>Copayment</u> retail; \$90 <u>Copayment</u> mail order	Retail: 30-day supply Mail Order: 90-day supply
	Non-Preferred Brand Drugs (after prescription drug deductible)	\$70 <u>Copayment</u> retail; \$210 <u>Copayment</u> mail order	\$70 <u>Copayment</u> retail; \$210 <u>Copayment</u> mail order	Retail: 30-day supply Mail Order: 90-day supply
	Specialty Drugs (after prescription drug deductible)	10% <u>Coinsurance</u> up to \$100 maximum	10% <u>Coinsurance</u> up to \$100 maximum	Certain drugs may be subject to Quantity Level Limits, Step Therapy, Prior Authorization and/or Specialty Pharmacy Program To receive benefits for specialty drugs, members must use the specialty drugs pharmacy designated for this medical plan. Certain specialty pharmacy drugs are considered non-essential health benefits and fall outside the out-of-pocket limits. The cost of these drugs (even if reimbursed by the manufacturer at no cost to you) will not be applied towards satisfying your out-of-pocket maximums.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>Coinsurance</u> after deductible	40% <u>Coinsurance</u> after deductible	None
	Physician/surgeon fees	20% <u>Coinsurance</u> after deductible	40% <u>Coinsurance</u> after deductible	None
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>Coinsurance</u> after deductible	20% <u>Coinsurance</u> after deductible	None
	<u>Emergency medical transportation</u>	Ground: 20% <u>Coinsurance</u> after deductible	Ground: 20% <u>Coinsurance</u> after deductible	None

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		<u>deductible</u> Air: 20% <u>Coinsurance</u> after <u>deductible</u>	Air: 20% <u>Coinsurance</u> after <u>deductible</u>	
	<u>Urgent care</u>	\$55 <u>Copayment</u> per visit	40% <u>Coinsurance</u> after <u>deductible</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>Coinsurance</u> after <u>deductible</u>	40% <u>Coinsurance</u> after <u>deductible</u>	Must obtain authorization
	Physician/surgeon fees	20% <u>Coinsurance</u> after <u>deductible</u>	40% <u>Coinsurance</u> after <u>deductible</u>	None
If you need mental health, behavioral health, or substance abuse services	Mental/Behavioral outpatient services	\$40 <u>Copayment</u> per visit	40% <u>Coinsurance</u> after <u>deductible</u>	None
	Mental/Behavioral inpatient services	20% <u>Coinsurance</u> after <u>deductible</u>	40% <u>Coinsurance</u> after <u>deductible</u>	Must obtain authorization.
	Substance use disorder outpatient services	\$40 <u>Copayment</u> per visit	40% <u>Coinsurance</u> after <u>deductible</u>	None
	Substance use disorder inpatient services	20% <u>Coinsurance</u> after <u>deductible</u>	40% <u>Coinsurance</u> after <u>deductible</u>	Must obtain authorization.
If you are pregnant	Office visits	\$40 <u>Copayment</u> per pregnancy	40% <u>Coinsurance</u> after <u>deductible</u>	Dependent child pregnancy is not covered.
	Childbirth/delivery professional services	20% <u>Coinsurance</u> after <u>deductible</u>	40% <u>Coinsurance</u> after <u>deductible</u>	Authorization required if the mother's length of stay exceeds 48 hours following a vaginal delivery or 96 hours following a caesarean section. This requirement will cease on 1/1/2026.
	Childbirth/delivery facility services	20% <u>Coinsurance</u> after <u>deductible</u>	40% <u>Coinsurance</u> after <u>deductible</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>Coinsurance</u> after <u>deductible</u>	40% <u>Coinsurance</u> after <u>deductible</u>	Must obtain authorization.
	<u>Rehabilitation services</u>	20% <u>Coinsurance</u> after <u>deductible</u> Chiropractic office visits subject to \$40 <u>Copayment</u> .	40% <u>Coinsurance</u> after <u>deductible</u>	None

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Habilitation services</u>	20% <u>Coinsurance</u> after deductible Chiropractic office visits subject to \$40 Copayment.	40% <u>Coinsurance</u> after deductible	None
	<u>Skilled nursing care</u>	20% <u>Coinsurance</u> after deductible	40% <u>Coinsurance</u> after deductible	None
	<u>Durable medical equipment</u>	20% <u>Coinsurance</u> after deductible	40% <u>Coinsurance</u> after deductible	None
	<u>Hospice services</u>	20% <u>Coinsurance</u> after deductible	40% <u>Coinsurance</u> after deductible	Must obtain authorization.
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u>.)		
<ul style="list-style-type: none"> • Acupuncture • Bariatric Surgery • Cosmetic Surgery 	<ul style="list-style-type: none"> • Dental Care • Hearing Aids • Infertility Treatment • Long-Term Care 	<ul style="list-style-type: none"> • Routine Eye Care • Routine Foot Care • Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> • Chiropractic Care 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the United States 	<ul style="list-style-type: none"> • Private-Duty Nursing (Outpatient)

Questions: Call 1-800-363-9150

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Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or Louisiana Department of Insurance, Office of Consumer Services, P.O. Box 94214, Baton Rouge La 70804-9214 or call 1-800-259-5300. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.Healthcare.gov or call 1-800- 318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Bossier Parish School Board, 410 Sibley / P. O. Box 2000, Benton, La 71006.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-495-2583

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-495-2583

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-495-2583

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne'1-800-495-2583

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

Questions: Call 1-800-363-9150

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About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall <u>deductible</u>	\$1,125 0
■ <u>Specialist copayment</u>	\$55
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,140
Copayments	\$0
Coinsurance	\$1,990
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,190

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall <u>deductible</u>	\$1,125 0
■ <u>Specialist copayment</u>	\$55
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$110
Copayments	\$1,270
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$1,440

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall <u>deductible</u>	\$1,125
■ <u>Specialist copayment</u>	\$55
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,130
Copayments	\$110
Coinsurance	\$160
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,400



Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

Nondiscrimination Notice

Discrimination Is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Louisiana Blue does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Louisiana Blue and its subsidiaries:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, you can call the Customer Service number on the back of your ID card or email MeaningfulAccessLanguageTranslation@lablue.com. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Louisiana Blue, or one of its subsidiaries has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps:

1. **If you are fully insured through Louisiana Blue, or one of its subsidiaries file a grievance in person or by mail, fax or email.**

Section 1557 Coordinator
In Person: 5525 Reitz Ave. Baton Rouge, LA 70809
Mail: P. O. Box 98012, Baton Rouge, LA 70898-9012
Phone: (225) 298-7238 or 1-800-711-5519 (TTY 711)
Fax: (225) 298-7240
Email: Section1557Coordinator@lablue.com

2. **If your employer sponsors a self-funded health plan and Louisiana Blue only serves as the Claims Administrator, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Louisiana Blue or self-funded and sponsored by your employer, go to www.lablue.com/checkmyplan.**

Whether you are fully insured or covered by a self-funded health plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

Mail: 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201
Phone: 1-800-368-1019, 1-800-537-7697 (TDD)

This notice is available at www.lablue.com.

NOTICE

Free language assistance services and auxiliary aids are available. If needed, please call the Customer Service number at 1-800-495-2583. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios de asistencia lingüística y ayudas auxiliares gratuitas. Si necesita ayuda, llame al Servicio de Atención al Cliente al 1-800-495-2583. Los clientes con discapacidad auditiva pueden llamar al 1-800-711-5519 (TTY 711).

Des services d'assistance linguistique gratuits et des aides auxiliares sont disponibles. Si nécessaire, veuillez appeler le numéro du service client au 1-800-495-2583. Les clients malentendants peuvent appeler le 1-800-711-5519 (ATS 711).

Có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện hỗ trợ. Nếu cần, vui lòng gọi Dịch vụ khách hàng theo số 1-800-495-2583. Khách hàng khiếm thính vui lòng gọi 1-800-711-5519 (TTY 711).

免费提供语言协助服务和辅助工具。如有需要，请拨打客户服务电话 1-800-495-2583。听障客户请拨打 1-800-711-5519 (TTY 711)。

تتوفر خدمات مساعدة لغوية ووسائل مساعدة إضافية مجانية. وفي حال الحاجة إلى هذه الخدمات، يُرجى الاتصال بخدمة العملاء على الرقم 1-800-495-2583. يُرجى من العملاء ذوي الإعاقة السمعية الاتصال على الرقم 1-800-711-5519 (خدمة الهاتف النصي 711).

Mayroong mga libreng serbisyo sa tulong sa wika at karagdagang tulong. Kung kailangan ito, mangyaring tawagan ang numero ng Serbisyo sa Customer sa 1-800-495-2583. Para sa mga customer na may kapansanan sa pandinig, tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 지원 서비스와 보조 도구를 이용하실 수 있습니다. 필요한 경우 고객 서비스 번호 1-800-495-2583으로 전화해 주시기 바랍니다. 청각 장애가 있는 고객은 1-800-711-5519(TTY 711)로 전화하십시오.

Serviços de assistência de idioma e demais auxílios disponíveis gratuitamente. Se necessário, ligue para o Atendimento ao Cliente no telefone 1-800-495-2583. Clientes com deficiência auditiva devem ligar para 1-800-711-5519 (TTY 711).

ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ເຄື່ອງຊ່ວຍເສີມພຣີ. ຖ້າຕ້ອງການ, ກະລຸນາໂທຫາບໍລິການລູກຄ້າ ທີ່ເບີ 1-800-495-2583. ລູກຄ້າທີ່ມີການຫຼຸ ໃຫ້ໂທຫາ 1-800-711-5519 (TTY 711).

無料の言語アシスタンスサービスと介助用補助具をご利用いただけます。必要な場合は、カスタマーサービス番号1-800-495-2583までお電話ください。聴覚に障害のあるお客様は、1-800-711-5519 (TTY 711)までお電話ください。

زبان کے سلسلے میں مفت معاونت کی سہولیات اور اضافی معاونتیں دستیاب ہیں۔ ضرورت پڑنے پر کسٹمر سروس سے ان نمبر پر رابطہ کریں: 1-800-495-2583. سماعت کی کمی کے شکار افراد اس نمبر پر کال کریں: 1-800-711-5519 (TTY 711)

Bei Bedarf stehen Ihnen kostenlose Sprachhilfen und andere unterstützende Dienste zur Verfügung. Bitte wenden Sie sich dazu telefonisch an den Kundenservice unter 1-800-495-2583. Sollten Sie schwerhörig sein, wählen Sie bitte die 1-800-711-5519 (TTY 711).

خدمات کمک زبانی رایگان و ابزارهای کمکی جانبی در دسترس هستند. در صورت نیاز، لطفاً با «خدمات مشتریان» به شماره 1-800-495-2583 تماس بگیرید. مشتریان کمشنوا با 1-800-711-5519 (TTY 711) بگیرند.

Мы предоставляем бесплатные услуги языковой поддержки и вспомогательное оборудование. При необходимости позвоните в службу поддержки клиентов по номеру 1-800-495-2583. Телефон для клиентов с нарушениями слуха — 1-800-711-5519 (TTY 711).

มีบริการช่วยเหลือด้านภาษาและเครื่องสนับสนุนฟรี หากจำเป็น โปรดโทรติดต่อฝ่ายบริการลูกค้าได้ที่หมายเลข 1-800-495-2583 ลูกค้าที่มีความบกพร่องทางการได้ยิน โปรดโทรไปที่หมายเลข 1-800-711-5519 (TTY 711)

Dental Insurance

Plan Choices



BCBS LA | www.bcbsla.com | 800.363.9150

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
- Crown
- Root Canals

Dental Monthly Premiums

Employee Only	\$12.45
Employee + Spouse	\$24.88
Employee + Child	\$24.88
Employee + Children	\$33.59
Employee + Family	\$33.59

Bossier Parish School Board Blue Dental Plan 2025

Benefits			
Calendar Year Deductible Per Member/Per Family ¹	\$50/\$100 Not Applied to Diagnostic & Preventive Services		
Annual Benefit Maximum Per Member (In-Network & Out-of-Network)	\$1,000		
Out-of-Pocket Yearly Max Per Member/Per Family	Unlimited		
Lifetime Maximum Orthodontia Per Member (Up to Any Age)	\$1,000		
Covered Services	Contract Pays		
Diagnostic and Preventive Services	Benefit Coinsurance	Frequency Limitation	
Routine Oral Exams			
• Comprehensive Oral Evaluation	100%		
• Periodic Oral Evaluation	100%	2 per calendar year 1 every 6 months	
• Limited Oral Evaluation	100%		
• Detailed Oral Evaluation	100%		
Cleanings	100%	2 per calendar year 1 every 6 months	
Oral X-Rays			
• Full Mouth X-Rays	100%	1 per 2 years	
• Bitewing X-Rays	100%	1 per 6 months	
• Intraoral Periapical X-Rays	100%		
• Intraoral Occlusal X-Rays	100%		
Fluoride Treatments (under age 19)	100%	1 per calendar year	
Sealants (under age 19)	100%	Permanent teeth only	
Palliative Treatment (Emergency)	100%		
Basic Services	Benefit Coinsurance	Frequency Limitation	
Space Maintainers	80%	1 per 3 years	
Basic Restorative (Amalgam, Resin Fillings)	80%		
Extractions – Simple/Surgical	80%		
Oral Surgery (Includes TMJ)	80%		
General Anesthesia/Sedation	80%	See contract for details	
Endodontics			
• Root Canal	80%		
• Pulpal Therapy	50%		

¹Does not apply to Diagnostic and Preventive Services. | This is not a certificate of insurance. It is a brief description of benefits only. The group policy alone determines all rights and benefits. Administered by Concordia Companies, Inc., Advantage Plus Network is used for Certified Group products; Advantage Plus 2.0 Network for Traditional Group products. United Concordia is an independent company that administers dental benefits on behalf of Blue Cross and Blue Shield of Louisiana members.

Please turn over.

Basic Services (Continued)	Benefit Coinsurance	Frequency Limitation
Periodontics		
• Full Mouth Debridement	80%	
• Periodontal Maintenance	80%	
• Scaling and Root Planing	80%	
• Surgical Procedures	80%	
• Guided Tissue Regeneration	80%	
Major Services	Benefit Coinsurance	Frequency Limitation
Prosthetics (Bridges, Dentures)		
• Denture Relining	50%	1 per 3 years
• Denture Adjustments	50%	1 per 6 months
• Recementation of Bridge	50%	
• Replacement of Dentures	50%	1 per 3 years
Inlays, Onlays and Crowns		
• Crowns	50%	
• Recementation of Crowns	50%	
Orthodontia (Traditional – Up to Any Age)	50%	\$1,000 lifetime maximum

Network: Advantage Plus 2.0

Benefits

- Authorization for orthodontic services is required.
- Blue Dental benefits are the same for in- and out-of-network.
- Assignment of benefits can be made to pay out-of-network providers directly, preventing advance payment by member.

Network

- Visit www.lablue.com/FindCare and select Blue Dental to find an Advantage Plus 2.0 Network provider.
- Online scheduling allows members to schedule appointments directly from the “Find a Doctor” webpage in real time. Just look for the blue “Schedule Online” button.
- Some providers accept allowances for certain non-covered services even when the member’s annual maximum has been met. Look for the green \$ave! button in our online directory.

ID Cards

- A combined ID card is issued for members with both medical and dental. An ID card is also issued if members have dental only.
- Members should show ID card with Advantage Plus 2.0 Network to dentist at time of service.
- The Customer Service phone number can be found on the back of the ID card.

Life & AD&D Insurance



MetLife | www.bossierschools.org/page/life-insurance.com | 318-549-5011

Life is precious. We take steps to insure our cars and homes but tend to fall short when it comes to insuring ourselves. A life insurance policy, combined with accidental death and dismemberment coverage, or AD&D, gives you comprehensive coverage so that you have peace of mind knowing your loved ones will be taken care of in the event of your death.

Life & AD&D Highlights

- Offers protection in the event you should die due to either natural causes or an accident.
- Benefits will be paid to the beneficiaries declared on your application.
- Covers a specific term for a predetermined benefit amount.
- Coverage would cease should employment end. However, you may be able to convert your plan to an individual policy within a certain number of days within you leaving employment.

Life Insurance

Life insurance is a cost-effective way to protect your family and your finances. It helps ensure your short- and long-term financial obligations could be met if something unforeseen happens to you.

Bossier Parish School Board

All Full-Time Employees Excluding Bus Drivers and Bus Aides

Explore the coverage that makes it easy to give yourself and your loved ones more security today...and in the future.

Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Your employer provides you with Basic Term Life and AD&D insurance coverage in the amount of \$10,000.

Supplemental Term Life Insurance Coverage Options

For You	For Your Spouse	For Your Dependent Children*
<p>An amount, elected by You, which is a multiple of \$1,000 up to a maximum of The lesser of 5 times Your Basic Annual Earnings or \$500,000</p>	<p>For Employees who elect Dependent Life Insurance – Contributory Insurance Plan 1:</p> <p>Option 1 - \$10,000 Option 2 - \$25,000 Option 3 - \$50,000 Option 4 - \$75,000 Option 5 - \$100,000</p> <p>Maximum Spouse Dependent Life Benefit - The lesser of 100% of Your Supplemental Life Benefits or \$100,000</p> <p style="text-align: center;">Or</p> <p>For Employees insured for Dependent Life Insurance – Contributory Insurance Plan 2:</p> <p>For Your Spouse - \$5,000 Maximum Spouse Dependent Life Benefit - \$5,000</p> <p>Note: Employee can elect one or both Dependent Life Insurance Plans.</p>	<p style="text-align: center;">Plan 1</p> <p>Under 6 months old - \$1,000 6 months and older Option 1 - \$5,000 Option 2 - \$10,000</p> <p>Maximum Child Dependent Life Benefit - \$10,000</p> <p style="text-align: center;">Plan 2</p> <p>Under 6 months old - \$1,000 6 months and older - \$5,000 Maximum Child Dependent Life Benefit - \$5,000</p> <p>Note: Employee can elect one or both Dependent Life Insurance Plans.</p>

*Child(ren)'s Eligibility: Dependent children ages from birth to under 26 years old, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

What's Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year for group policies issued in Colorado, Minnesota, Missouri or North Dakota) of the effective date of the certificate or an increase in coverage. This exclusionary period is one year for residents of Minnesota, Missouri and North Dakota. The suicide exclusion does not apply to residents of Washington, or to individuals covered under a group policy issued in Washington.

Please note that a reduction schedule may apply. Please see your plan administrator/employer or certificate for specific details.

Accidental Death & Dismemberment (AD&D) coverage is a coverage separate and apart from your Basic and Supplemental Life insurance coverage and helps protect you 24 hours a day, 365 days a year.

Accidental Death & Dismemberment Coverage Options

This coverage provides benefits beyond your disability or life insurance for losses due to covered accidents — including while commuting, traveling by public or private transportation and during business trips. MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.



Life Insurance

Life insurance is a cost-effective way to protect your family and your finances. It helps ensure your short- and long-term financial obligations could be met if something unforeseen happens to you.

Bossier Parish School Board

All Full-Time Bus Drivers and Bus Aides

Explore the coverage that makes it easy to give yourself and your loved ones more security today...and in the future.

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Your employer provides you with Basic Term Life and AD&D insurance coverage in the amount of \$10,000.

Supplemental Term Life Insurance Coverage Options

For You	For Your Spouse	For Your Dependent Children*
<p>An amount, elected by You, which is a multiple of \$1,000 up to a maximum of The lesser of 5 times Your Basic Annual Earnings or \$500,000</p>	<p>For Employees who elect Dependent Life Insurance – Contributory Insurance Plan 1:</p> <p>Option 1 - \$10,000 Option 2 - \$25,000 Option 3 - \$50,000 Option 4 - \$75,000 Option 5 - \$100,000</p> <p>Maximum Spouse Dependent Life Benefit - The lesser of 100% of Your Supplemental Life Benefits or \$100,000</p>	<p>Plan 1</p> <p>Under 6 months old - \$1,000 6 months and older Option 1 - \$5,000 Option 2 - \$10,000</p> <p>Maximum Child Dependent Life Benefit - \$10,000</p>
	<p>For Employees insured for Dependent Life Insurance – Contributory Insurance Plan 2:</p> <p>For Your Spouse - \$5,000 Maximum Spouse Dependent Life Benefit - \$5,000</p> <p>Note: Employee can elect one or both Dependent Life Insurance Plans.</p>	<p>Plan 2</p> <p>Under 6 months old - \$1,000 6 months and older - \$5,000 Maximum Child Dependent Life Benefit - \$5,000</p> <p>Note: Employee can elect one or both Dependent Life Insurance Plans.</p>

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Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year for group policies issued in Colorado, Minnesota, Missouri or North Dakota) of the effective date of the certificate or an increase in coverage. This exclusionary period is one year for residents of Minnesota, Missouri and North Dakota. The suicide exclusion does not apply to residents of Washington, or to individuals covered under a group policy issued in Washington.

Please note that a reduction schedule may apply. Please see your plan administrator/employer or certificate for specific details. **Accidental Death & Dismemberment (AD&D) coverage is a coverage separate and apart from your Basic and Supplemental Life insurance coverage and helps protect you 24 hours a day, 365 days a year.**

Accidental Death & Dismemberment Coverage Options

This coverage provides benefits beyond your disability or life insurance for losses due to covered accidents — including while commuting, traveling by public or private transportation and during business trips. MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.



Life Insurance

Supplemental AD&D Coverage Amounts for You

- Your Supplemental AD&D amount is equal to your Supplemental Term Life amount.

*Child(ren)'s Eligibility: Dependent children ages from birth to under 26 years old, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

Covered Losses

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. The full amount of AD&D coverage you select is called the "Full Amount" and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount, and will be listed in your coverage in a table of Covered Losses. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, brain damage and coma. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount. **Standard Additional**

Benefits Include

Some of the standard additional benefits included in your coverage that may increase the amounts payable to you and/or defray additional expenses that result from accidental injury or loss of life are:

- Air Bag
- Seat Belt
- Common Carrier

What Is Not Covered by AD&D?

AD&D insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained or from food poisoning; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or active participation in a riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self-preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs. Specific information pertaining to your insurance can be obtained by contacting your benefits administrator or MetLife.

Additional Coverage Information

How to Apply*

- Complete your enrollment form and return it to your Human Resources Manager today! Be sure to indicate your Beneficiary. **Act Now During the Enrollment Period.**

Note: If you do not wish to make a change to your coverage, you do not need to do anything.

* All applications for coverage are subject to review and approval by MetLife. If you choose to apply for increased coverage, the increase may be subject to underwriting. MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.

For Employee Coverage

Enrollment in this Supplemental Term Life insurance plan is available without providing medical information as long as:

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had in the last year, or

Life Insurance

- You are requesting to increase existing coverage by one increment, and the total amount of coverage does not exceed \$300,000 for the first time.

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- The enrollment takes place prior to the next annual enrollment period the date you became eligible for benefits (note: this period will not be greater than 12 months, or less than 31 days), and
- You are enrolling for coverage equal to \$300,000.

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form. A Statement of Health is included in this booklet.¹³

For Dependent Coverage[†]

You must be covered in order to obtain coverage for your spouse/domestic partner and child(ren).

[†]A domestic partner declaration may be required for those partners not registered with a government agency where such registration is available.

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had for your spouse and child(ren) in the last year
- You are requesting to increase existing coverage for your spouse by one increment, and the total amount of coverage does not exceed \$50,000 for the first time.

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- The enrollment takes place prior to the next annual enrollment period following the date you became eligible for benefits (note: this period will not be greater than 12 months, or less than 31 days), and
- You are enrolling for spouse coverage equal to \$50,000.

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form. A Statement of Health is included in this booklet.

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect in order for your spouse and eligible children's coverage to take effect. In addition, your spouse and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective on the first of the month following the receipt of your completed application for all requests that do not require additional medical information. A request for your amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of the date that notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase. The coverage for your spouse and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized.

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer for your Basic and Supplemental coverages, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary. You are the beneficiary for your Dependent coverage.



Life Insurance

Once Enrolled, You have Access to MetLife AdvantagesSM — Services to Help Navigate What Life May Bring.

Grief Counseling (all states except NY)¹ To help you, your dependents, and your beneficiaries cope with loss

You, your dependents, and your beneficiaries have access to grief counseling¹ sessions and funeral related concierge services to help cope with a loss — at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.¹ In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling 1-888-319-7819 or log on to one.telushealth.com (Username: metlifeassist; Password: support).

Download this helpful Funeral Planning Guide at <https://www.metlife.com/funeralplanning/funeral-guide/>.

Funeral Discounts and Planning Services²

Ensuring your final wishes are honored

As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life — at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services — either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper — to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you.

Beneficiary Claim Assistance³ For support when beneficiaries need it most

This program is designed to help beneficiaries sort through the details and serious questions about claims and financial needs during a difficult time. MetLife has arranged for specially trained third party financial professionals to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and help with financial questions.

Total Control Account⁵

For immediate access to death proceeds

The Total Control Account[®] (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accidental death and dismemberment claim payments of \$5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call 1-800-638-7283 for more information about options available to you.

Travel Assistance⁶

A travel assistance benefit is available when you enroll in MetLife's AD&D coverage

Travel assistance services, offered on your AD&D coverage, offers you and your family access to emergency services while you travel, plus the advantage of concierge assistance for personal and work-related travel and entertainment requests. This service provides you and your dependents with medical, legal, transportation and financial assistance 24 hours a day, 365 days a year when you are more than 100 miles away from home. Our travel assistance program offers worldwide telemedicine consultations¹² when non-urgent medical care is needed. It also offers a dedicated travel portal — making it easy to connect when it matters most. You also have access to political and natural disaster evacuation services. Please visit the AXA website for more information.



Life Insurance

www.metlife.com/travelassist

Estate Planning Services^{8,11}

To help ensure your decisions are carried out

When you enroll for supplemental term life coverage, you will automatically receive access to Estate Planning Services at no extra cost to you. Estate Planning Services offers unlimited access to Digital Estate Planning services to complete wills and other important estate planning documents quickly and easily online with access to online notary services, and Will Preparation Services to work one-on-one with a MetLife Legal Plans' attorney, in-person or on the phone, to prepare or update a will, living will, or power of attorney. When you use a participating plan attorney, there will be no charge for the services.*

- A will lets you define your most important decisions, such as who will care for your children or inherit your property.
- A living will ensures your wishes are carried out and protects your loved ones from having to make very difficult and personal medical decisions by themselves. Also called an "advanced directive," it is a document authorized by statutes in all states that allows you to provide written instructions regarding use of extraordinary life-support measures and to appoint someone as your proxy or representative to make decisions on maintaining extraordinary life-support if you should become incapacitated and unable to communicate your wishes.
- Powers of attorney allow you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated

Visit legalplans.com/estateplanning to get started.

* You also have the flexibility of using an attorney who is not participating in the MetLife Legal Plans, Inc. network and being reimbursed for covered services according to a set fee schedule. In that case you will be responsible for any attorney's fees that exceed the reimbursed amount.

Estate Resolution Services^{SM7} (ERS)

Personal service and compassion assistance to help probate your and your spouse's estates.

MetLife Estate Resolution ServicesSM provides probate services in person or over the phone to the representative (executor or administrator) of the deceased employee's estate and the estate of the employee's spouse. Estate Resolution Services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs and completion of correspondence necessary to transfer non-probate assets. ERS covers participating plan attorneys' fees for telephone and face-to-face consultations or for the administrator or executor to discuss general questions about the probate process.

Portability

So you can keep your coverage even if you leave your current employer

Should you leave Bossier Parish School Board for any reason, and your Basic and Supplemental and Dependent Term Life and Supplemental and Basic Accidental Death and Dismemberment insurance under this plan terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least \$10,000 up to a maximum of \$2,000,000.

Portability is also available on coverage you've selected for your spouse and dependent child(ren). The maximum amount of coverage for spouse is \$250,000; the maximum amount of dependent child coverage is \$25,000. Increases, decreases and maximums are subject to state availability.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your plan administrator/employer or certificate for specific details.

Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-888-252-3607 or contact your plan administrator/employer for more information.

Additional Features

This insurance offering from your employer and MetLife comes with additional features that can provide assistance to you and your family



Life Insurance

Accelerate Benefits Option¹⁰

For access to funds during a difficult time

If you become terminally ill and are diagnosed with 12 months or less to live, you have the option to receive up to 80% of your life insurance proceeds. This can go a long way towards helping your family meet medical and other expenses at a difficult time. Amounts not accelerated will continue under your employer's plan for as long as you remain eligible per the certificate requirements and the group policy remains in effect.

The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec 101(g)).¹⁰

Accelerated Benefits Option is not the same as long term care insurance (LTC). LTC provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that require constant supervision.

The Accelerated Benefits Option is also available to spouses insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

Conversion

For protection after your coverage terminates

You can generally convert your group term life insurance benefits to an individual whole life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or change in employee class. Conversion is available on all group life insurance coverages. Please note that conversion is **not** available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please call 1-877-275-6387 to begin the conversion process. Please contact your plan administrator/employer for more information.

Waiver of Premiums for Total Disability (Continued Protection)

Offering continued coverage when you need it most

If you become Totally Disabled, you may qualify to continue certain insurance. You may also be eligible for waiver of your basic and supplemental term life and supplemental and basic AD&D insurance premium until you reach age 70, die, or recover from your disability, whichever is sooner.

Total Disability or Totally Disabled means you are unable to do your job and any other job for which you are fit by education, training or experience due to injury or sickness. The Total Disability must begin before age 60, and your waiver will begin after you have satisfied a 9-month waiting period of continuous disability. The waiver of premium will end when you turn age 70, die, or recover. Please note that this benefit is only available after you have participated in the supplemental/optional term life plan for 12 months and it is not available on dependent coverage. This 12 month requirement applies to new participants in the plan.

Premium Pay

Continued premium payments during a total disability

If you become totally disabled, your employer will continue to make premium payments on your behalf for 12 months in order to keep your Basic Life coverage active. If you become totally disabled, you may continue to make premium payments to your employer/directly to MetLife for 12 months in order to keep your Supplemental Term Life coverage active. Your disability status will be determined by your plan administrator/employer. This provision allows coverage for you as a disabled employee to be continued as if you were still active.

Continuation for Surviving Dependents

Continued coverage for your dependents

This feature allows coverage for your surviving dependents, who were insured at the time of your death, to continue with premium payment. Surviving children must continue to meet the plan's child definition in order to be eligible and coverage will end upon your spouse's remarriage. Premium payments may be made to your employer/directly to MetLife for up to 12 months.

Life Insurance

1- (Not available in NY) Grief Counseling services are provided through an agreement with TELUS Health. TELUS Health is not an affiliate of MetLife, and the services TELUS Health provides are separate and apart from the insurance provided by MetLife. TELUS Health has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.

2-Funeral Discounts Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers have been pre-negotiated. Not available where prohibited by law. The discount is available for services offered in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. For coverage issued under a multiple-employer trust, services are not available for WA residents.

3-Beneficiary Claim Assistance MetLife administers the PlanSmart program, and has arranged to have specially trained third party financial professionals to offer financial education. The financial professionals providing financial education are not affiliated with MetLife but are providing the program under a service provider contract.

Any information provided as part of the PlanSmart program is for educational purposes only. It is not intended to provide legal, tax, investment, or financial advice or make any recommendation as to whether any investment or savings option is appropriate for you. Each individual's legal, tax, and financial situation is unique; therefore, you should consult with your own attorney, accountant, financial professional or investment advisor regarding your specific circumstances. MetLife does not provide legal, tax, or investment recommendations or advice.

Third-party financial professionals provide securities and investment advisory services offered through qualified registered representatives of MML Investors Services, LLC. Member SIPC. www.SIPC.org. 6 Corporate Drive, Shelton, CT 06484, Tel: 203-513-6000. MMLIS is not affiliated with MetLife Consumer Services or any of its affiliates.

5- Subject to state law, and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of \$5,000 or more. The assets backing the Total Control Account (TCA) are maintained in the general account of MetLife or the Issuing Insurance Company. These general accounts are subject to the creditors of MetLife or the respective Issuing Insurance Company. MetLife or the Issuing Insurance Company bears the investment experience of such assets and expects to earn income sufficient to pay interest to TCA Accountholders and to make a profit on the operation of the TCAs. Regardless of the investment experience of such assets, the effective annual rate on the Account will not be less than the rate guaranteed on the welcome guide. The TCA and other available settlement options are not bank products and are not insured by the FDIC or any other governmental agency. In addition, while the funds in your account are not insured by the FDIC, they are guaranteed by each state's insurance guarantee association. The coverage limits vary by state. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 703-481-5206) to learn more. FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.

6-Travel Assistance services are offered and administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

The AXA Travel Assistance Program is available for participants in traveling status. When a trip exceeds 180 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under



Life Insurance

treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US \$1,000,000. The maximum benefit for political and natural disaster evacuation is \$100,000 per person. The maximum benefit for dispatch of physician and pet repatriation is \$2,500. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

7- MetLife Estate Resolution Services are offered by MetLife Legal Plans, Inc. Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

8. Will Preparation Services are offered by MetLife Legal Plans, Inc. Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. For New York sitused cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service.

10- The Accelerated Death Benefit due to Terminal Illness Rider pays between 50%-100% (depending on plan design) of an insured's Life Insurance proceeds (with the balance payable upon final claim) in most states if the insured becomes terminally ill. Conditions and restrictions may apply. Any outstanding loans will reduce the cash value and death benefit.

The ABO benefits are intended to qualify for favorable federal tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec 101(g), in which case the benefits will not be subject to federal taxation. This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances. Receipt of ABO benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of ABO benefits will have on public assistance eligibility for you, your spouse or your family. This is a life insurance benefit that also gives you the option to accelerate some or all of the death benefit in the event you meet the criteria for a qualifying event described in the policy. This policy or certificate does not provide long-term care insurance subject to California long-term care insurance (LTC) law. This policy or certificate is not a California Partnership for Long-Term Care program policy. LTC insurance provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that need constant supervision. This policy or certificate is not a Medicare supplement (policy or certificate).

11-Digital Estate Planning is not available for customers sitused in FL or located in GU, PR and VI. It is not included with dependent life coverages or certain GUL/GVUL policies. Domestic Partnerships are not currently supported however members in a domestic partnership may use a MetLife Legal Plans attorney for their planning needs. Online Notary is not available in all states. If you are unable to access the Legal Plans website, you can find a network attorney by calling MetLife Legal Plans at 1-800-821-6400, Monday through Friday, 8am-8pm EST. You will need to provide your company name, customer number and the last 4 digits of the policyholder's social security number. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI.

12. Available globally to members in a traveling status. Teleconsultation is not an emergency medical response program. In the event of a medical emergency, you should contact your local emergency medical service. You can receive Teleconsultation services for limited, non-urgent, non-life threatening medical conditions; this service is not appropriate for all conditions. Services, including assistance with prescriptions, will be provided if permitted under applicable law. Teleconsultation services are arranged through AXA Assistance USA and Teladoc International.

13. All applications for coverage are subject to review and approval by MetLife. If you choose to apply for increased coverage, the increase may be subject to underwriting. MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage. Coverage will be effective in accordance with the applicable policy and certificate after approval by MetLife. Only applicants who reside in a US state, the District of Columbia, or Guam, Northern Mariana Islands, Puerto Rico or US Virgin Islands are allowed to complete their SOH form online (where available). Otherwise, applicants will be provided with a paper SOH form. Individuals residing outside of the US or in certain US territories must be on US payroll and be approved by MetLife before being provided with an SOH form.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Bossier Parish School Board and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Nothing in these materials is intended to be advice for a particular situation or individual. Please consult with your own advisors for such advice. Like most group insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact your benefits administrator or MetLife for costs and complete details.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99/G2130-S/ GPNP15-2T) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates, when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent or when a dependent spouse reaches age 70. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

Vision Insurance

Ameritas | www.ameritas.com | 800-877-7195

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

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

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

Vision Monthly Premium

Employee Only	\$6.76
Employee + Spouse	\$13.52
Employee + Child(ren)	\$11.36
Employee + Family	\$18.36



BOSSIER PARISH SCHOOL BOARD

Eye Care Highlight Sheet



Focus® Plan Summary

Effective Date: 1/1/2026

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$10 Exam	\$10 Exam
Annual Eye Exam	\$10 Eye Glass Lenses or Frames*	\$10 Eye Glass Lenses or Frames
Lenses (per pair)	Covered in full	Up to \$45
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$150**	Up to \$75
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco and Walmart allowance will be the wholesale equivalent.

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses		
Standard	\$55	Up to Lined Bifocal allowance.
Premium	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
	\$33 adults	
Solid Plastic Dye	\$15	No benefit
	(except Pink I & II)	
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

Monthly Rates

Employee Only (EE)	\$6.76
EE + Spouse	\$13.52
EE + Children	\$11.36
EE + Spouse & Children	\$18.36

Additional Focus® Choice Network Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Rx Savings

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

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

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritas.com

View plan benefit information at: vsp.com

Section 125

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

Language Services

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

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

Flexible Spending Accounts

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

Medical FSA

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

Your maximum contribution amount for 2026 is \$3,400.

Medical FSA Highlights

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

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

Dependent Care FSA

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

You may allocate up to \$7,500 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is \$3,750.

Dependent Care FSA 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

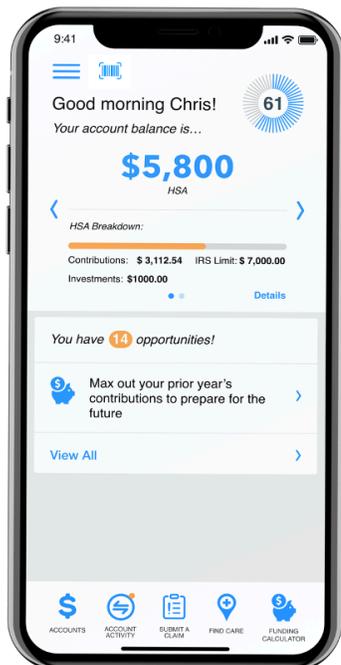
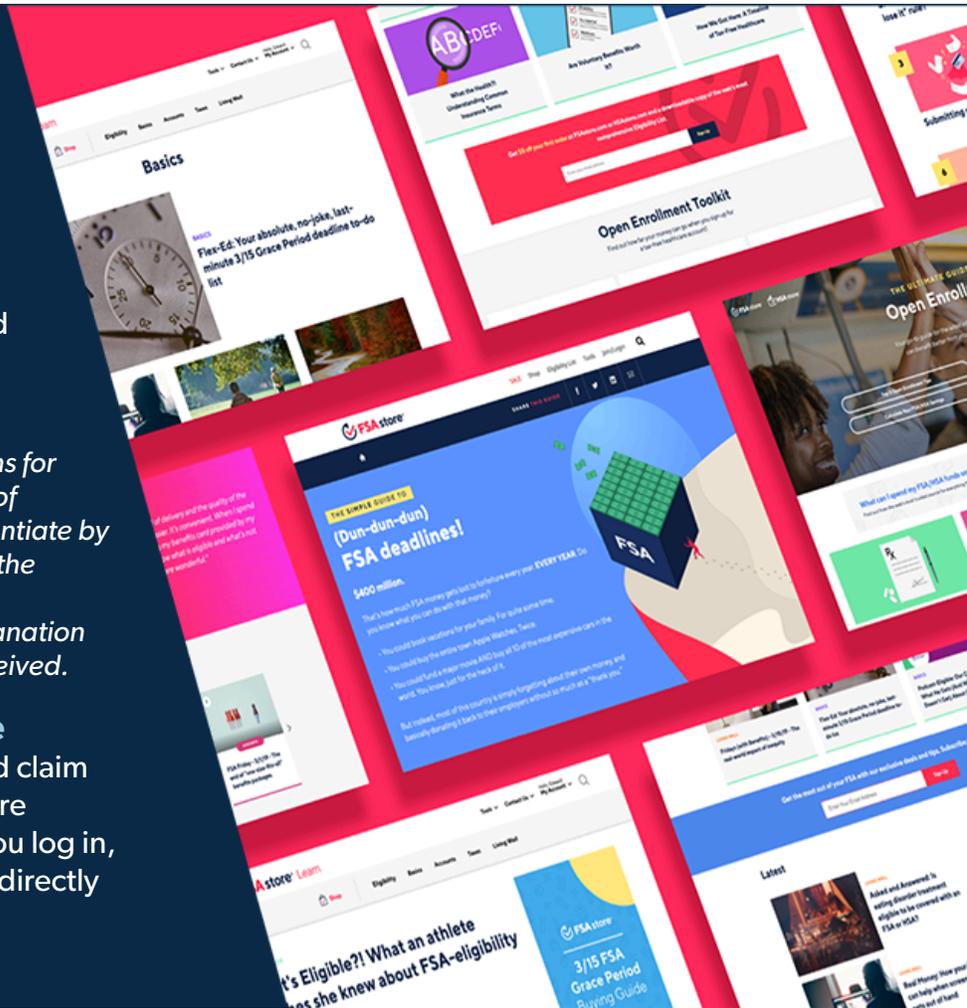
Benefits Card

The FFGA 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 FFGA 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.



FF Mobile Account App

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App Store or Google Play Store.

FSA Store

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



Texas Life

Permanent Life



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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

Underwritten By

TEXASLIFE INSURANCE
COMPANY

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

PURELIFE-PLUS

*Flexible Premium Life Insurance
to Age 121*

Portable, Permanent Individual Life Insurance for the Employee and Family

Policy Form: ICC18-PRFNG-NI-18

Product Highlights

Permanent Life Insurance
to Age 121

Minimal Cash Value
Premiums Dedicated Primarily
to Purchase Life Insurance

Level Premium Guarantees
Coverage for a Significant
Period of Time

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

No Surrender Charges Apply

Accelerated Death Benefit Due
to Terminal Illness Included

Convenient Premium Payments
Through Payroll Deduction

Portable When You Leave
Employment

Accidental Death Benefit
Included for Selected Ages

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

For the eligible employees of

BOSSIER PARISH SCHOOL BOARD

Marketed by



Application for Life Insurance

Express Issue | Monthly Pay

FOR USE ONLY IN
Louisiana

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A Summary of the Accelerated Death Benefit Rider

Terminal Illness - included at no additional cost

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

Chronic Illness - included with an additional premium

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

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

Important Notices

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

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

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

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

Representation of benefit payable - Terminal or Chronic Illness

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

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

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

OPTIONAL BENEFITS MONTHLY COST:

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

EXPRESS ISSUE AMOUNTS OF COVERAGE AVAILABLE ON SPOUSE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1				9.25					16.25	81
2-4				9.50					16.75	80
5-8				9.75					17.25	79
9-10				10.00					17.75	79
11-16				10.25					18.25	77
17-20				12.25					22.25	75
21-22				12.50					22.75	74
23				12.75					23.25	75
24-25				13.00					23.75	74
26				13.50					24.75	75
27-28										74
29										74
30-31										73
32										74
33										74
34										75
35										76
36										76
37										77
38										77
39										78
40										79
41										80
42										81
43										82
44										83
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63										90
64										90
65										90
66										90
67										91
68										91
69										91
70										91

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				17.25					32.25	71
21-22				18.00					33.75	71
23				18.75					35.25	72
24-25				19.25					36.25	71
26				19.75					37.25	72
27-28										71
29										71
30-31										72
32										72
33										72
34										71
35										72
36										72
37										73
38										73
39										74
40										76
41										77
42										78
43										80
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64										87
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69										88
70										89

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

Short Term Disability Insurance

American Fidelity | www.americanfidelity.com | 800-662-1113

Why Do I Need Disability Insurance?

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

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

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





AF™ Short-Term Disability Income Insurance

Bossier Parish Schools

Marketed by:



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™ Short-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.

Choose the Right Plan for You

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

Plan I	On the 15th day
Plan II	On the 31st 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 means that you are unable to perform the material and substantial duties of your regular occupation.



Benefit Policy Schedule

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

Monthly Salary	Monthly Disability Benefit	Monthly Premiums	
		Plan I (15th)	Plan II (31st)
\$286.00 - \$428.99	\$200.00	\$5.28	\$3.32
\$429.00 - \$571.99	\$300.00	\$7.92	\$4.98
\$572.00 - \$714.99	\$400.00	\$10.56	\$6.64
\$715.00 - \$857.99	\$500.00	\$13.20	\$8.30
\$858.00 - \$999.99	\$600.00	\$15.84	\$9.96
\$1,000.00 - \$1,142.99	\$700.00	\$18.48	\$11.62
\$1,143.00 - \$1,285.99	\$800.00	\$21.12	\$13.28
\$1,286.00 - \$1,428.99	\$900.00	\$23.76	\$14.94
\$1,429.00 - \$1,571.99	\$1,000.00	\$26.40	\$16.60
\$1,572.00 - \$1,714.99	\$1,100.00	\$29.04	\$18.26
\$1,715.00 - \$1,857.99	\$1,200.00	\$31.68	\$19.92
\$1,858.00 - \$1,999.99	\$1,300.00	\$34.32	\$21.58
\$2,000.00 - \$2,142.99	\$1,400.00	\$36.96	\$23.24
\$2,143.00 - \$2,285.99	\$1,500.00	\$39.60	\$24.90
\$2,286.00 - \$2,428.99	\$1,600.00	\$42.24	\$26.56
\$2,429.00 - \$2,571.99	\$1,700.00	\$44.88	\$28.22
\$2,572.00 - \$2,714.99	\$1,800.00	\$47.52	\$29.88
\$2,715.00 - \$2,857.99	\$1,900.00	\$50.16	\$31.54
\$2,858.00 - \$2,999.99	\$2,000.00	\$52.80	\$33.20
\$3,000.00 - \$3,142.99	\$2,100.00	\$55.44	\$34.86
\$3,143.00 - \$3,285.99	\$2,200.00	\$58.08	\$36.52
\$3,286.00 - \$3,428.99	\$2,300.00	\$60.72	\$38.18
\$3,429.00 - \$3,571.99	\$2,400.00	\$63.36	\$39.84
\$3,572.00 - \$3,714.99	\$2,500.00	\$66.00	\$41.50
\$3,715.00 - \$3,857.99	\$2,600.00	\$68.64	\$43.16
\$3,858.00 - \$3,999.99	\$2,700.00	\$71.28	\$44.82
\$4,000.00 - \$4,142.99	\$2,800.00	\$73.92	\$46.48
\$4,143.00 - \$4,285.99	\$2,900.00	\$76.56	\$48.14
\$4,286.00 - \$4,428.99	\$3,000.00	\$79.20	\$49.80
\$4,429.00 - \$4,571.99	\$3,100.00	\$81.84	\$51.46
\$4,572.00 - \$4,714.99	\$3,200.00	\$84.48	\$53.12
\$4,715.00 - \$4,857.99	\$3,300.00	\$87.12	\$54.78
\$4,858.00 - \$4,999.99	\$3,400.00	\$89.76	\$56.44
\$5,000.00 - \$5,142.99	\$3,500.00	\$92.40	\$58.10
\$5,143.00 - \$5,285.99	\$3,600.00	\$95.04	\$59.76
\$5,286.00 - \$5,428.99	\$3,700.00	\$97.68	\$61.42
\$5,429.00 - \$5,571.99	\$3,800.00	\$100.32	\$63.08

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Monthly Premiums	
		Plan I (15th)	Plan II (31st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$102.96	\$64.74
\$5,715.00 - \$5,857.99	\$4,000.00	\$105.60	\$66.40
\$5,858.00 - \$5,999.99	\$4,100.00	\$108.24	\$68.06
\$6,000.00 - \$6,142.99	\$4,200.00	\$110.88	\$69.72
\$6,143.00 - \$6,285.99	\$4,300.00	\$113.52	\$71.38
\$6,286.00 - \$6,428.99	\$4,400.00	\$116.16	\$73.04
\$6,429.00 - \$6,571.99	\$4,500.00	\$118.80	\$74.70
\$6,572.00 - \$6,714.99	\$4,600.00	\$121.44	\$76.36
\$6,715.00 - \$6,857.99	\$4,700.00	\$124.08	\$78.02
\$6,858.00 - \$6,999.99	\$4,800.00	\$126.72	\$79.68
\$7,000.00 - \$7,142.99	\$4,900.00	\$129.36	\$81.34
\$7,143.00 - \$7,285.99	\$5,000.00	\$132.00	\$83.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$134.64	\$84.66
\$7,429.00 - \$7,571.99	\$5,200.00	\$137.28	\$86.32
\$7,572.00 - \$7,714.99	\$5,300.00	\$139.92	\$87.98
\$7,715.00 - \$7,857.99	\$5,400.00	\$142.56	\$89.64
\$7,858.00 - \$7,999.99	\$5,500.00	\$145.20	\$91.30
\$8,000.00 - \$8,142.99	\$5,600.00	\$147.84	\$92.96
\$8,143.00 - \$8,285.99	\$5,700.00	\$150.48	\$94.62
\$8,286.00 - \$8,428.99	\$5,800.00	\$153.12	\$96.28
\$8,429.00 - \$8,571.99	\$5,900.00	\$155.76	\$97.94
\$8,572.00 - \$8,713.99	\$6,000.00	\$158.40	\$99.60
\$8,714.00 - \$8,856.99	\$6,100.00	\$161.04	\$101.26
\$8,857.00 - \$8,999.99	\$6,200.00	\$163.68	\$102.92
\$9,000.00 - \$9,142.99	\$6,300.00	\$166.32	\$104.58
\$9,143.00 - \$9,285.99	\$6,400.00	\$168.96	\$106.24
\$9,286.00 - \$9,428.99	\$6,500.00	\$171.60	\$107.90
\$9,429.00 - \$9,570.99	\$6,600.00	\$174.24	\$109.56
\$9,571.00 - \$9,713.99	\$6,700.00	\$176.88	\$111.22
\$9,714.00 - \$9,856.99	\$6,800.00	\$179.52	\$112.88
\$9,857.00 - \$9,999.99	\$6,900.00	\$182.16	\$114.54
\$10,000.00 - \$10,142.99	\$7,000.00	\$184.80	\$116.20
\$10,143.00 - \$10,285.99	\$7,100.00	\$187.44	\$117.86
\$10,286.00 - \$10,428.99	\$7,200.00	\$190.08	\$119.52
\$10,429.00 - \$10,570.99	\$7,300.00	\$192.72	\$121.18
\$10,571.00 - \$10,713.99	\$7,400.00	\$195.36	\$122.84
\$10,714.00- And Over	\$7,500.00*	\$198.00	\$124.50

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

Maximum Benefit Period

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

When Coverage Begins

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

Donor Benefit

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

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

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

- **Worksite Accommodation**

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

Policy Exclusions

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

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

Your coverage may be extended for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 60 days advance notice. If premium rates are increased we will provide a 45 day advance notice.



Your benefits, all in one place.

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

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



Underwritten and Administered by:
American Fidelity Assurance Company
800-662-1113 • americanfidelity.com

Long Term Disability Insurance

American Fidelity | www.americanfidelity.com | 800-662-1113

Why Do I Need Disability Insurance?

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

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

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





AF™ Long-Term Disability Income Insurance

Bossier Parish Schools

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 91st day
Plan II	On the 181st 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 24 months of Disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, Disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience and which provides you with substantially the same earning capacity as your former earning capacity prior to the start of the Disability.

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 (91st)	Plan II (181st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$3.92	\$2.92
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$5.88	\$4.38
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$7.84	\$5.84
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$9.80	\$7.30
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$11.76	\$8.76
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$13.72	\$10.22
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$15.68	\$11.68
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$17.64	\$13.14
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$19.60	\$14.60
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$21.56	\$16.06
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$23.52	\$17.52
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$25.48	\$18.98
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$27.44	\$20.44
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$29.40	\$21.90
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$31.36	\$23.36
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$33.32	\$24.82
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$35.28	\$26.28
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$37.24	\$27.74
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$39.20	\$29.20
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$41.16	\$30.66
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$43.12	\$32.12
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$45.08	\$33.58
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$47.04	\$35.04
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$49.00	\$36.50
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$50.96	\$37.96
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$52.92	\$39.42
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$54.88	\$40.88
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$56.84	\$42.34
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$58.80	\$43.80
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$60.76	\$45.26
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$62.72	\$46.72
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$64.68	\$48.18
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$66.64	\$49.64
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$68.60	\$51.10
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$70.56	\$52.56
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$72.52	\$54.02
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$74.48	\$55.48

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums	
			Plan I (91st)	Plan II (181st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$76.44	\$56.94
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$78.40	\$58.40
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$80.36	\$59.86
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$82.32	\$61.32
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$84.28	\$62.78
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$86.24	\$64.24
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$88.20	\$65.70
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$90.16	\$67.16
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$92.12	\$68.62
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$94.08	\$70.08
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$96.04	\$71.54
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$98.00	\$73.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$99.96	\$74.46
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$101.92	\$75.92
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$103.88	\$77.38
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$105.84	\$78.84
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$107.80	\$80.30
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$109.76	\$81.76
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$111.72	\$83.22
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$113.68	\$84.68
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$115.64	\$86.14
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$117.60	\$87.60
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$119.56	\$89.06
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$121.52	\$90.52
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$123.48	\$91.98
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$125.44	\$93.44
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$127.40	\$94.90
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$129.36	\$96.36
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$131.32	\$97.82
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$133.28	\$99.28
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$135.24	\$100.74
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$137.20	\$102.20
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$139.16	\$103.66
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$141.12	\$105.12
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$143.08	\$106.58
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$145.04	\$108.04
\$10,714.00 - And Over	\$7,500.00*	\$20,000.00	\$147.00	\$109.50

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

Plan Benefit Highlights

Maximum Benefit Period

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

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

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

Social Security Filing Assistance

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

When Coverage Begins

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

Physician Expense Benefit

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

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

Accidental Death Benefit

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

Hospital Confinement Benefit

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

Survivor Benefit

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

Waiver of Premium

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

Donor Benefit

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



Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Workers' compensation law, occupational disease law or any similar act or law.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 90 (Plan I) and 180 (Plan II) calendar days from the date of Disability.

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

Minimum Disability Benefit

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

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

Your Disability payment will be the Disability Benefit described in the benefit schedule less any Deductible Sources of Income you receive or are entitled to receive. No Disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Return To Work Incentives: Disabled and Working

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

• Family Care Benefit

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

• Worksite Accommodation

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Pre-Existing Condition Limitation

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

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

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us. If you leave employment to perform Service in the Uniformed Services and reapply for coverage after release from the uniformed services, including all of your family members and dependents previously covered, shall be reinstated with coverage under the group policy without any restriction because of a pre-existing condition.

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

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

Policy Exclusions

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

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

Your coverage may be extended for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 60 days advance notice. If premium rates are increased we will provide a 45 day advance notice.



Your benefits, all in one place.

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

Pre-Existing Conditions may apply.

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



Underwritten and Administered by:
American Fidelity Assurance Company
800-662-1113 • americanfidelity.com

Cancer Insurance



Guardian Life | www.guardianlife.com | 888-600-1600

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

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

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

Cancer Insurance		
Monthly Premium	Plan 1	Plan 2
Employee	\$21.92	\$30.29
Employee + Spouse	\$41.17	\$57.44
Employee + Child(ren)	\$25.03	\$35.73
Employee + Family	\$44.22	\$62.88



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

Cancer insurance

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

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

Who is it for?

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

What does it cover?

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

Why should I consider it?

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

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

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



Extra support

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

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

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

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

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

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

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

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



Your cancer coverage

CANCER

COVERAGE - DETAILS	Option 1	Option 2
Your Monthly premium	\$21.98	\$30.29
You and Spouse	\$41.17	\$57.44
You and Child(ren)	\$25.03	\$35.73
You, Spouse and Child(ren)	\$44.22	\$62.88

INITIAL DIAGNOSIS BENEFIT - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.

Benefit Amount(s)	Employee \$2,500 Spouse \$2,500 Child \$2,500	Employee \$5,000 Spouse \$5,000 Child \$5,000
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days	30 Days

CANCER SCREENING

Benefit Amount	\$75; \$75 for Follow-Up screening	\$150; \$150 for Follow-Up screening
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RADIATION THERAPY OR CHEMOTHERAPY

Benefit	Schedule amounts up to a \$15,000 benefit year maximum.	Schedule amounts up to a \$20,000 benefit year maximum.
Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 month look back period, 12 month exclusion period.	12 month look back period, 12 month exclusion period.
Portability: Allows you to take your Cancer coverage with you if you terminate employment prior to age 80.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years

FEATURES

Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement	\$1,500/trip, limit 2 trips per hospital confinement
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit
Anti-Nausea	\$50/day up to \$150 per month	\$50/day up to \$150 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year	\$100/day up to \$5,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month	\$100/day up to \$1,000/month



Your cancer coverage

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



Your cancer coverage

UNDERSTANDING YOUR BENEFITS :

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

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

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

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

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

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

Contract # GP-I-CAN-IC-12

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



Our commitment to you

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

Important information



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

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

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

No Cost Language Services

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

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

Critical Illness Insurance

Guardian Life | www.guardianlife.com | 888-600-1600

Prepare For the Unexpected

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 insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments for the first and second time you're diagnosed with a covered illness.

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

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



Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **\$53,000**

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

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **\$10,300**.

Total out-of-pocket amount for John (deductible + coinsurance): **\$11,800**.

John has a **\$10,000** Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

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



Your critical illness coverage

CRITICAL ILLNESS

Benefit Amount(s)

Employee may choose a lump sum benefit of \$10,000 to \$30,000 in \$10,000 increments.

CONDITIONS

Lung and Vascular Disorder

	1st OCCURRENCE	2nd OCCURRENCE
Aneurysm	10%	0%
Pulmonary Embolism	30%	0%
Stroke – Severe	100%	100%
Transient Ischemic Attack (TIA)	10%	0%

Heart Conditions

Coronary Artery Disease	10%	0%
Coronary Artery Disease – bypass needed	50%	0%
Heart Attack	100%	100%
Heart Failure	100%	100%
Pacemaker	10%	0%

Additional Conditions

Kidney Failure	100%	100%
Major Organ Failure	100%	100%

1st OCCURRENCE ONLY

Addison's Disease	30%
Coma	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Permanent Paralysis	100% for 1 or more limbs
Severe Burns	100%

Chronic Disorders

Crohn's Disease	30%
Epilepsy	10%
Lupus	30%
Ulcerative Colitis	30%

Neurological Disorders

Alzheimer's Disease – Advanced	100%
ALS (Lou Gehrig's Disease)	100%
Dementia – other causes	100%
Huntington's Disease	30%
Multiple Sclerosis – Advanced	100%
Myasthenia Gravis	30%
Parkinson's Disease – Advanced	100%

Childhood Illnesses and Disorders

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Bossier Parish School Board
ALL ELIGIBLE EMPLOYEES

Kit created 10/15/2025
Group number: 00086909



Your critical illness coverage

CRITICAL ILLNESS

Autism Spectrum Disorder	100%
Cerebral Palsy	100%
Cleft Lip/Cleft Palate	100%
Club Foot	100%
Congenital Heart Defect	100%
Cystic Fibrosis	100%
Diabetes – Type I	100%
Down Syndrome	100%
Hemophilia	100%
Multisystem Inflammatory Disease (MLS)	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Spouse Benefit	May choose a lump sum benefit of \$10,000 to \$30,000 in \$10,000 increments up to 100% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	50% of employee's lump sum benefit
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We Guarantee Issue up to: \$30,000 For a spouse: \$30,000 For a child: All Amounts Health questions are required if the elected amount exceeds the Guarantee Issue.
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable
Waiver of Premium: If you become disabled due to a covered critical illness that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included
Health Screening Benefit	\$100 Employee, \$100 Spouse, \$100 Child per year limit.

Condition Definitions

- Stroke - Severe: a permanent neurological deficit which persists at least 30 days after the event.
- Coronary Artery Disease: requires a diagnosis and severity level that requires one or more of the following procedures: atherectomy (rotation or laser), balloon angioplasty, laser angioplasty, stent implantation, thrombectomy (angiojet).
- Coronary Artery Disease - requiring a bypass: requires a diagnosis to be of such a severity that it requires one or more coronary artery bypass grafts.



Your critical illness coverage

- Heart Failure: requires a heart valve replacement or acceptance into the heart transplant waiting list.
- Kidney Failure: occurs on the earlier date of when renal or peritoneal dialysis begins, or the date you're accepted onto the kidney transplant waiting list of a recognized kidney transplant program in the United States.
- Major Organ Failure: occurs on the date you're accepted onto the liver, pancreas or lung transplant waiting list of a recognized transplant program in the United States.
- Crohn's Disease: benefit is available for the initial diagnosis of the disease, not the periodic flare-ups that may occur after the initial diagnosis.
- Epilepsy: requires initial diagnosis after at least two seizures, which are 24 hours apart and have no known trigger.
- Lupus: requires at least four symptoms be present at time of diagnosis. The benefit is available for initial diagnosis of the disease, not for periodic flare-ups that may occur after the initial diagnosis.
- Ulcerative Colitis: benefit is available for the initial diagnosis based on the results of a colonoscopy, not for periodic flare-ups that may occur after the initial diagnosis.
- Advanced Alzheimer's Disease: occurs on the date a physician diagnoses the cognitive decline to have progressed to the point that there's permanent inability to perform 2 or more Activities of Daily Living.
- Advanced Stage Multiple Sclerosis (MS): requires neurological deficits for at least six months and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- Advanced Parkinson's Disease: occurs on the date diagnosed by a physician and requires at least 3 or more symptom(s) affecting movement and the central nervous system.

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Your premium will not increase as you age.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

Issue Age	Monthly Premiums Displayed Election Cost Per Age Bracket					
	< 30	30-39	40-49	50-59	60-69	70+
Employee						
\$10,000	\$2.80	\$3.70	\$6.20	\$10.50	\$16.50	\$31.60
\$20,000	\$5.60	\$7.40	\$12.40	\$21.00	\$33.00	\$63.20
\$30,000	\$8.40	\$11.10	\$18.60	\$31.50	\$49.50	\$94.80
Benefit Amount Up To 100% of Employee Amount to a Maximum of \$30,000						
Spouse						
\$10,000	\$2.80	\$3.70	\$6.20	\$10.50	\$16.50	\$31.60
\$20,000	\$5.60	\$7.40	\$12.40	\$21.00	\$33.00	\$63.20
\$30,000	\$8.40	\$11.10	\$18.60	\$31.50	\$49.50	\$94.80

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 6 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a doctor. If one illness causes or contributes to another illness, we'll pay benefits for only one of these illnesses. We'll pay for the illness that has the larger benefit. If the benefit amounts for the illness are the same, we'll let you choose which one we pay.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations.

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

Contract # CI - 23 - P

Guardian's Critical Illness Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.
Policy Form # GP-1-LAH-12R; CI - 23 - P

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Bossier Parish School Board
ALL ELIGIBLE EMPLOYEES

Kit created 10/15/2025
Group number: 00086909

Accident Insurance

Hartford | www.hartford.com | 866-547-4205

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

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

VOLUNTARY ACCIDENT INSURANCE		
Monthly Premium Amount (Cost per Pay Period – 12/Year)		
COVERAGE TIER	PLAN 1	PLAN 2
Employee Only	\$5.86 (\$0.19 per day)	\$8.98 (\$0.30 per day)
Employee & Spouse	\$9.25 (\$0.30 per day)	\$14.18 (\$0.47 per day)
Employee & Child(ren)	\$9.90 (\$0.33 per day)	\$15.20 (\$0.50 per day)
Employee & Family	\$15.54 (\$0.51 per day)	\$23.85 (\$0.78 per day)





Help keep your bank account healthy while you heal.

Accident Insurance

Bossier Parish Schools

Accident Insurance, which we call Accidental Injury Benefits put money in your pocket in the event of a covered accident, helping alleviate financial stress so you can focus on getting better. Covered incidents include things like broken bones, lacerations, emergency transportation needs and more.

What are Accidental Injury Benefits?

To support your financial well-being, your company is offering Accidental Injury Benefits for all eligible employees. This coverage is paid by you and is available for yourself and your eligible dependents. It offers cash payments for a range of accidental injuries and the services incurred as a result. Cash benefits put you in control. You must be actively at work with your employer on the day your coverage takes effect. Use it for things like:

- Childcare
- Groceries
- Utilities
- Medical Expenses

Our Accidental Injury Benefits cover over 200 types of injuries. Here are some commonly covered benefits.

Benefit	Amount	
	Plan 1	Plan 2
X-ray	\$100	\$150
Follow-up Care	\$100	\$150
Diagnostic Exam	\$300	\$400
Initial Physician Visit	\$150	\$200
Therapy	\$75	\$100
Urgent Care	\$150	\$200
Medical Appliance	\$150	\$300
Ground Ambulance	\$750	\$1,000

Stay proactive about your health and get rewarded.

Health Screening Benefit: When you or a covered family member complete an eligible preventive screening like an annual physical, mammogram, colonoscopy or biometric blood test, you'll receive \$50 per person, per calendar year directly to you. It's a simple way to offset the cost of routine check-ups while maximizing your benefits.

Accident Prevention Benefit: An accident prevention benefit provides cash to cover exams, tests, screenings, and preventative care programs. These services, ranging from eye exams to driver's safety and training programs, help maintain your health and prevent serious illnesses or injuries. Each covered individual under your plan can claim their own benefits.

How Accidental Injury Benefits work:

Jayden's Story

Jayden played basketball all through high school and still played as often as he could. One Saturday during a pickup game he tripped and went down hard. When his wrist swelled up and he couldn't stand without feeling dizzy, his friends called an ambulance to transport him to the ER.

He went home with an arm in a cast and instructions on healing from a concussion. It took him some time to recover, but Jayden was able to rest easy. He'd checked the box for Accident Insurance, which we call Accidental Injury Benefits, during open enrollment at work. It paid him a cash benefit he used to help cover medical expenses, food and rent while he was recovering.

The plan pays a benefit amount for each covered service as a result of Jayden's accident.

Service	Accident Plan Pays
Ground Ambulance	\$1,000
ER	\$200
X-ray	\$150
CT Scan (Diagnostic exam)	\$400
Wrist Fracture	\$3,000
Accident Follow-up Care	\$450 (\$150/visit x3)
Chiropractor	\$750 (\$75/visit x10)
Physical Therapy	\$1,000 (\$100/visit x10)
Total	\$6,950



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THE ACCIDENT POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

Accident Form Series includes GBD-3300, GBD 3500, GBD-2000, GBD-2300, or state equivalent. Not available in all states.

In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. **IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

¹This case illustration is fictitious and for illustrative purposes only.

Hospital Indemnity Insurance

Hartford | www.hartford.com | 866-547-4205

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

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

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

VOLUNTARY HOSPITAL INDEMNITY INSURANCE		
Monthly Premium Amount (Cost per Pay Period – 12/Year)		
COVERAGE TIER	PLAN 1	PLAN 2
Employee Only	\$12.53 (\$0.41 per day)	\$24.31 (\$0.80 per day)
Employee & Spouse	\$23.17 (\$0.76 per day)	\$44.89 (\$1.48 per day)
Employee & Child(ren)	\$20.97 (\$0.69 per day)	\$40.72 (\$1.34 per day)
Employee & Family	\$33.17 (\$1.09 per day)	\$64.37 (\$2.12 per day)





A little help when you're not 100%.

Hospital Indemnity Insurance

Bossier Parish Schools

Hospital Indemnity Insurance which we call Hospital Cash Benefits provides financial support for each day you or your dependent stays in the hospital. This coverage can help alleviate the financial burden during a hospital stay, allowing you to focus on your recovery rather than worrying about unexpected expenses.

What are Hospital Cash Benefits?

To support your financial well-being, your company is offering Hospital Cash Benefits for all eligible employees. This coverage is paid by you and is available for yourself and your eligible dependents. This benefit offers cash payments if you're admitted to the hospital due to illness or injury. The payments can help offset the costs associated with a hospital stay and give you flexibility to use the money where you need it most. You must be actively at work with your employer on the day your coverage takes effect. Use it for things like:

- Hospital Admission Fees
- Transportation
- Lodging for Family
- Recovery Support Services

Our Hospital Benefits provide financial support for hospital stays. Here are some commonly covered benefits.

Benefit	Amount	
	Plan 1	Plan 2
First Day Hospital Confinement	\$1,000	\$2,000
Daily Hospital Confinement	\$100	\$200
First Day ICU Confinement	\$2,000	\$4,000
Daily ICU Confinement	\$200	\$400
Newborn Routine Hospital Care	\$100	\$200

Stay proactive about your health and get rewarded.

Health Screening Benefit: When you or a covered family member complete an eligible preventive screening like an annual physical, mammogram, colonoscopy or biometric blood test, you'll receive \$50 per person, per calendar year directly to you. It's a simple way to offset the cost of routine check-ups while maximizing your benefits.

How Hospital Cash Benefits work:

Samantha's Story¹

Samantha was excited about the arrival of her first child, but her delivery didn't go as planned. Complications led to an unexpected C-section and a longer-than-expected hospital stay. While her health insurance covered a portion of the medical costs, the extra days in the hospital added up quickly.

Luckily, Samantha had enrolled in Hospital Indemnity Insurance during open enrollment. The plan paid a set cash benefit for each day she was in the hospital, which she used to help with medical bills, childcare, and even groceries while she recovered at home.

Thanks to her hospital indemnity coverage, Samantha had one less thing to worry about during a stressful time.

Here's how you and your family can benefit from this coverage if something happens to you:

Service	Hospital Cash Benefits Plan Pays
First Day Hospital Confinement	\$2,000
Daily Hospital Confinement	\$200
Total	\$2,200



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THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Hospital Indemnity Form Series includes GBD-2800, GBD-2900 or state equivalent

¹This case illustration is fictitious and for illustrative purposes only.

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Legal Plan



ARAG | www.araglegal.com | 800-247-4184

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



Be protected when *legal happens*.

How Legal Happens in Your Life

Did you know that **3 out of 4** individuals have faced legal troubles in the past three years?¹ Most people believe legal troubles are rare, once-in-a-lifetime events, but they're **far more common** than you think. A legal insurance plan from ARAG® covers a **wide range of legal needs** like the examples below to help you address life's legal situations.



Protecting Your Growing Family

- Create a pre-marital agreement before your wedding.
- Your child gets expelled from school.



Protection As a Consumer

- The mechanic botches your car repair.
- Your dream vacation gets canceled with no refund.



Managing Your Home, Protecting Your Assets

- Your neighbor's ugly fence is on the property line.
- Your landlord won't fix the heater.



Financial Challenges

- Your ID was stolen on vacation.
- You can't get out of debt.



A Place to Turn During Life's Challenges

- You get caught speeding.
- Your dog bites a neighbor.

Plus 100+ more ways to use your plan!

How Does ARAG Legal Insurance Protect?

When the unexpected happens, having legal insurance can provide you with **protection** and **peace of mind**.



Work with a network attorney and attorney fees are **paid in full** for most covered matters.



We help connect you with attorneys – many who average 20+ years of experience.



Save thousands of dollars, on average, for legal matters by avoiding costly legal fees.



Address your covered legal situations with a network attorney who is **only a phone call away**.



Use DIY Docs® to create, edit and store **state-specific legal documents**, like wills or powers of attorney.



Your network attorney can help **throughout your legal matter**, including preparing and reviewing legal documents, offering legal advice and representing you in court.

Using Your Legal Plan Is Easy

When you face a legal issue, getting help from ARAG is as simple as using your medical plan.



To get started, you can go online, use the ARAG Legal app or call Customer Care.



Answer a few questions to confirm your coverage and receive information on network attorneys who can help with your legal matter.



Then, meet with a network attorney virtually, over the phone or in person.

What Does It Cost?

ARAG legal insurance provides **affordable** coverage with **more than 100+** ways to use your plan for both simple and complex legal issues, benefiting you and your family.

UltimateAdvisor®

\$15.68 monthly

UltimateAdvisor Plus™, which offers you even more legal protection and additional services.

\$19.35 monthly

To compare plans and **find the best option** for you, scan the QR code.



Want More Information?

Scan the QR Code and learn more about your legal insurance plan, like a list of all coverages, plan cost savings calculator or network attorneys in your area.

Or, visit **ARAGlegal.com/myinfo** and enter Access Code: **19477bp**

Or, call ARAG at **800-247-4184**

Which Plan Is Right for You?

With ARAG legal insurance, you have two options to choose from:

UltimateAdvisor®, which provides comprehensive legal coverage and **UltimateAdvisor Plus™**, which offers even more legal protection and additional services, including:

- Divorce
- Child support and custody
- Financial planning education
- Tax services
- And more

Select the plan that works best for you and your family's legal needs throughout life.

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, contact us.

403(b) Retirement Plans

First Financial Administrators, Inc. | www.ffga.com |
800-523-8422, option 2 | retirement@ffga.com

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

How a 403(b) Works

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

Benefits

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

Contribution Limits	
2024	2025
\$23,000	\$23,500

Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500.

All investing involves risk. Past performance is not a guarantee of future returns.

COBRA

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

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

COBRA Highlights

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

First Financial Administrators, Inc. provides COBRA administration services for the following plans:
Medical, Dental, Vision, FSA

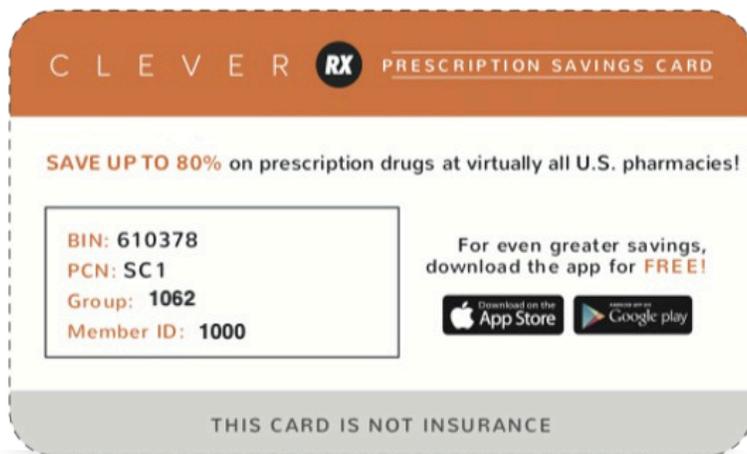


Clever RX

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

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

Use Clever RX every time you pay for a medication for instant savings!



Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.

Clever RX 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 to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!



Manage your benefits anytime, anywhere.

All your benefits info in one place! My FFGA Benefits is your new benefits companion, right at your fingertips.

FIND OUR APP HERE



www.ffga.com/my-ffga-benefits

**BOSSIER PARISH
GROUP ID: 95182**



View Available Benefits & Enroll

Navigate to your Employee Benefits Center to enroll and access product brochures, videos, claim forms and carrier contact info.



FSA/HSA Login

Download the FF Mobile Account App and access your FSA/HSA administered through First Financial.



My Wallet

Save provider information, family and health details and carrier cards so that you can quickly access when needed.



Contact Us

Find contact information for your First Financial account manager and local branch office for additional support.

Section 125 Plans

Section 125 Plan Information & Rules

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

Here's How It Works

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

Is It Right For Me?

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

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 30 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

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

Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Retirement (8%)	-\$160	-\$160
Tax Gross Income	\$1,840	\$1,590
Less Taxes (Fed/State/Medicare at 20%)	-\$368	-\$318
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,222	\$1,272

You could save \$50 per month in taxes by paying for your benefits on a pre-tax basis!

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

Contact Information

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318-549-5011
www.bossierschools.org

Stephen Martin, Senior Account Executive

Rebecca Hanagriff, Client Services Specialist

Louisiana Branch Office:

Toll Free: 866.541.5096 Fax: 985.893.7663

Local: 985.893.5519 Email: covington@ffga.com

Bossier Parish On Site Benefits

Product	Carrier	Website	Phone
Medical	BCBS LA	www.bcbsla.com	800.363.9150
Dental	BCBS LA	www.bcbsla.com	800.363.9150
Group Life	MetLife	www.metlife.com	318-549-5011
Vision	Ameritas - VSP	www.ameritas.com	800-877-7195
Flexible Spending Accounts	First Financial Administrators	www.ffga.com	866.853.3539
Permanent Life Insurance	Texas Life	www.texaslife.com	800.283.9233
Disability Insurance	American Fidelity	www.americanfidelity.com	800-662-1113
Cancer Insurance	Guardian	www.guardianlife.com	888.600.1600
Critical Illness Insurance	Guardian	www.guardianlife.com	888.600.1600
Accident Insurance	The Hartford	www.hartford.com	866-547-4205
Hospital Indemnity Insurance	The Hartford	www.hartford.com	866-547-4205

Contact Information

Product	Carrier	Website	Phone
Legal Plan	ARAG	www.araglegal.com	800-247-4184
Retirement Plans	First Financial Administrators	www.ffga.com	800.523.8422 x2
COBRA	First Financial Administrators	www.cobrapoint.benaissance.com	800.523.8422 x4
Cancer/Critical Illness	Guardian Portability Retirement / Resignation	National_Conversions@glic.com	800-433-5982 Option 1 Extension 5696 Option 2 Fax: 920-749-6219