

WAXAHACHIE ISD 2024-2025 BENEFITS GUIDE



SCAN ME



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

Employee Benefits Center

A guide to your benefits!

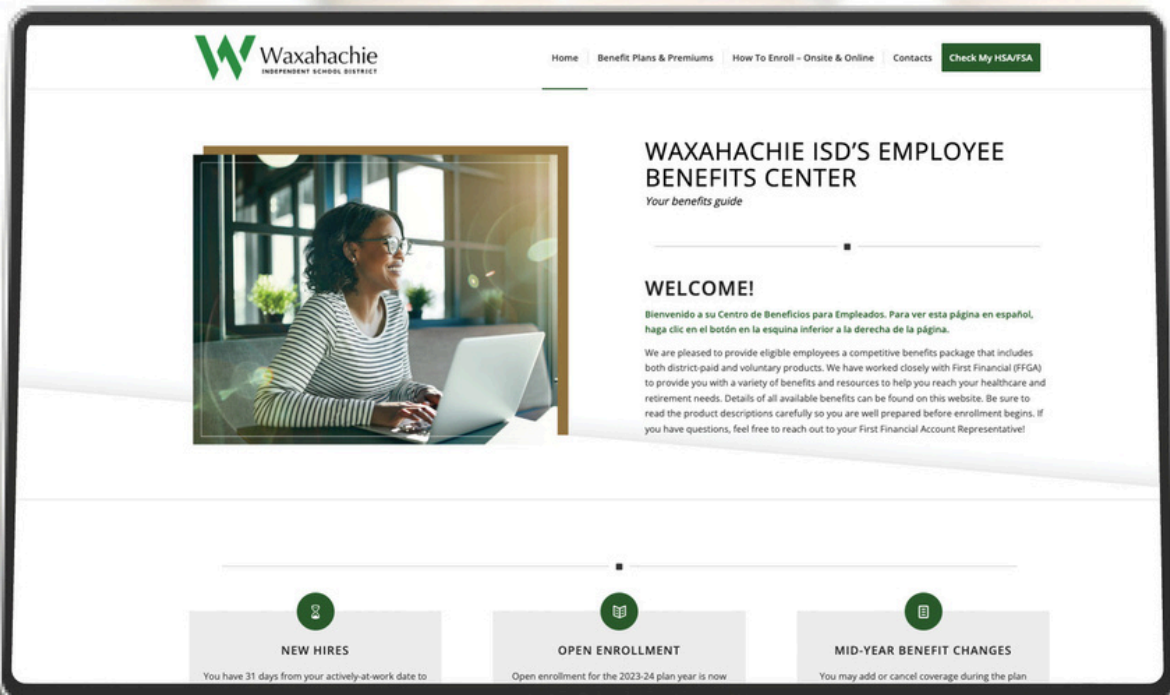
Waxahachie ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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 plan year!

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



How to Enroll

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. What to have ready for your enrollment:

- Social Security numbers for all dependents
- Any status/life event or address changes
- Questions about available benefits

Online Enrollment

To begin online enrollment, visit <https://ffga.benselect.com/Enroll/login.aspx>.

Enroll Now

Login

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

View Current Benefits

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

View/Add Dependents

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

Begin Elections

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

Useful Information to Know

- No changes will be allowed until annual enrollment (unless you have an IRS S125 approved event).
- You must add dependents to the system. Please bring dependent Social Security numbers and date of birth.

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 31 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. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

Mid-year Benefit Changes

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

Qualifying Life Events Include:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual 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 must still complete the beneficiary information.**

Section 125 Plans

Section 125 Plan Information & Rules

As a Waxahachie ISD employee, you are eligible to participate in a Section 125 Cafeteria Plan. A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

Here's How It Works

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

Is It Right For Me?

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

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

IRS specified changes in family status include:

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

| Section 125 Plan Sample Paycheck | | |
|----------------------------------|--------------|-----------|
| | Without S125 | With S125 |
| Monthly Salary | \$2,000 | \$2,000 |
| Less Medical Deductions | -N/A | -\$250 |
| Tax Gross Income | \$2,000 | \$1,750 |
| Less Taxes (Fed/State at 20%) | -\$400 | -\$350 |
| Less Estimated FICA (7.65%) | -\$153 | -\$133 |
| Less Medical Deductions | -\$250 | -N/A |
| Take Home Pay | \$1,197 | \$1,267 |

You could save \$70 per month in taxes by paying for your benefits on a pre-tax basis!

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

Flexible Spending Accounts

First Financial Administrators, Inc. | [Online Wealthcare Portal](#)
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. Your plan includes a grace period option, which means you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2024 is \$3,200.

FSA Plan Year: Sept. 1, 2024 to Aug. 31, 2025

YOU MUST REVIEW YOUR FLEX AND DEPENDENT CARE IF YOU WANT TO KEEP THEM IN 2024.

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 \$5,000 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is \$2,500.

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.

Health Savings Account

First Financial Administrators, Inc. | [Online Wealthcare Portal](#)
1.866.853.3539 | P.O. Box 161968 | Altamonte Springs, FL 32716

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

Health Savings Account Highlights

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

Who Can Participate in an HSA?

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

| | 2024 | 2025 |
|------------------------------------|--|--|
| HSA Contribution Limits | <ul style="list-style-type: none">• Self: \$4,150• Family: \$8,300 | <ul style="list-style-type: none">• Self Only: \$4,300• Family: \$8,550 |
| Health Insurance Deductible Limits | <ul style="list-style-type: none">• Self Only: \$1,600• Family: \$3,200 | <ul style="list-style-type: none">• Self Only: \$1,650• Family: \$3,300 |

\$1,000 catch-up contributions (age 55 or older)

Flex and HSA Important Links



**WATCH
VIDEO**

Health FSA Plan Forms

- [FSA Reimbursement Claim Form](#)
- [FSA Reimbursement Claim Form - Spanish](#)
- [Letter of Medical Necessity Claim Form](#)

Dependent Care Forms

- [Dependent Claim Form](#)
- [Dependent Claim Form - Spanish](#)

HSA Plan Information

- [HSA Flyer](#)
- [HSA FAQ](#)
- [HSAs vs FSAs](#)
- [How to Opt-in to Electronic Statements](#)
- [HSA CIP Tips](#)

HSA Account Materials - UMB Healthcare Services

- [HSA Welcome Kit](#)
- [HSA Trustee Transfer Form](#)
- [HSA Enrollment Form](#)

- [HEALTH FSA VIDEO](#)
- [DEPENDENT CARE VIDEO](#)
- [HSA VIDEO](#)

[Visit the Online Wealthcare Portal to sign in or register for an account!](#)

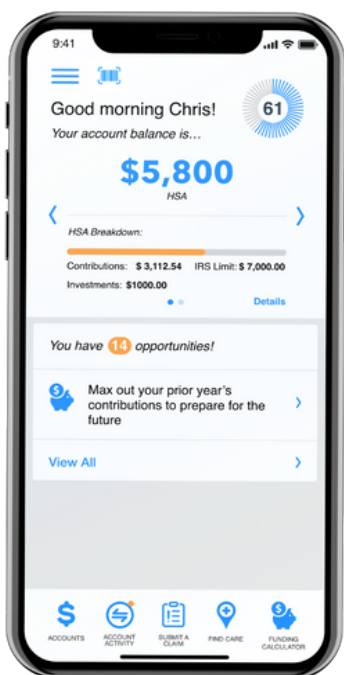
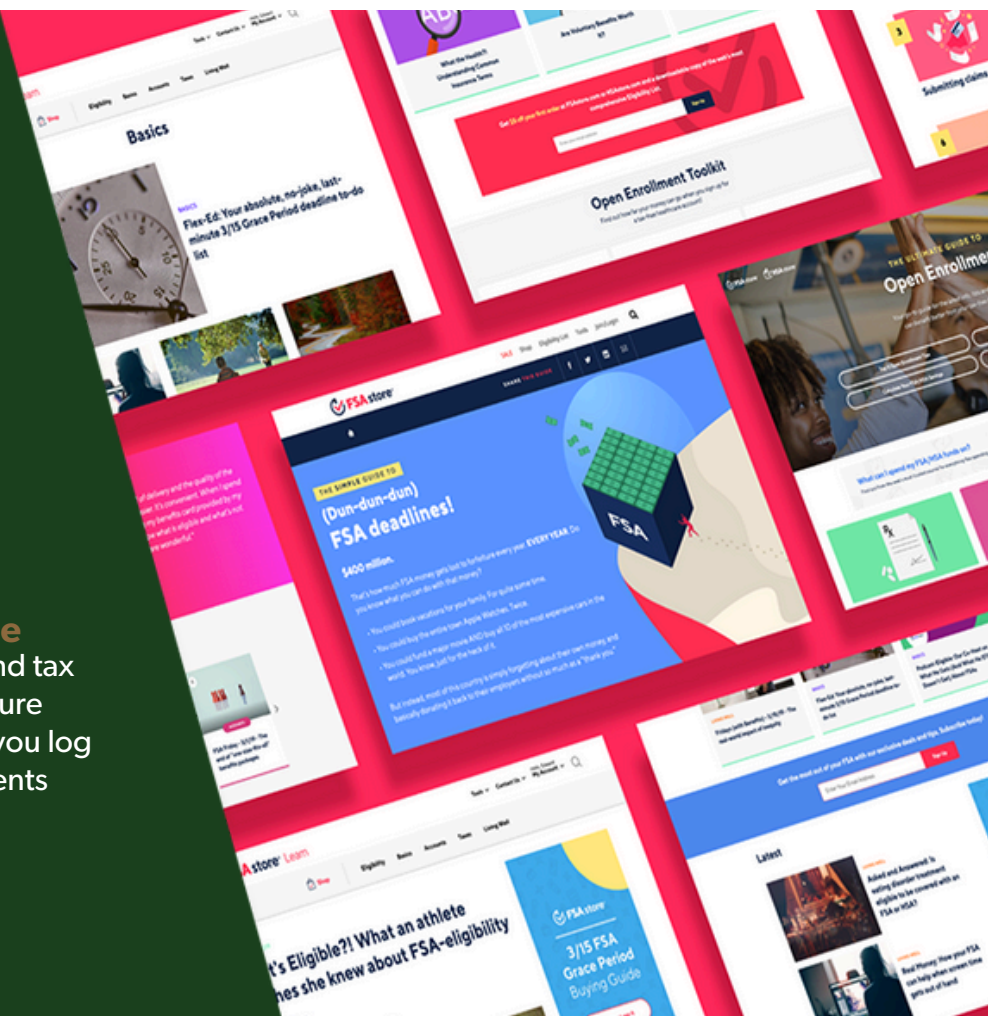
FSA & HSA Resources

Benefits Card

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

View Your Account Details Online

Sign up to view your account balance, find tax forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account.



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/HSA Store

FFGA has partnered with the FSA Store and HSA Store to bring you easy-to-use online stores 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 stores at <http://www.ffga.com/individuals/#stores> for more details and special deals.



Medical Coverage

TRS-ActiveCare



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

Blue Cross Blue Shield of Texas | <https://www.bcbstx.com/trsactivecare/> | 1-866-355-5999

TRS-ActiveCare Primary

- Copays for doctor visits and generic prescriptions before you meet deductible
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

TRS-ActiveCare HD

- Must meet deductible before plan pays for non-preventive care
- In-network and out-of-network benefits – separate out-of-network deductible/out-of-pocket maximum
- Nationwide network
- Deductible applies to medical and pharmacy
- No requirement for PCP or referrals
- Compatible with health savings account (HSA)
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

TRS-ActiveCare Primary +

- Copays for many services and drugs
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive 2 ID cards (BCBS & Express Scripts)

TRS-ActiveCare 2 - Closed to New Enrollees

- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

TRS-ActiveCare Plan Prescription Benefits

Express Scripts | <https://info.express-scripts.com/trsactivecare/> | 1-844-367-6108

When you enroll in a BCBSTX Plan, you automatically receive prescription drug coverage through Express Scripts which gives you access to a large, national network of retail pharmacies.

TRS ActiveCare Important Links



BCBS Plan Information

- BCBS Phone: 866-355-5999
- [BCBS Website](#)
- [Provider directory link \(for Primary, Primary+, HD, AC2 only\)](#)
- [TRS Virtual Health Information](#)
- What's New and What's Changing
- Plan Highlights

Pharmacy - Express Scripts

- Phone: 844-367-6108
- <https://express-scripts.com/trsactivecare>

For more information, please refer to the TRS-ActiveCare website.

Medical Rates

2024-2025 Plan Year

Waxahachie ISD

TRS Medical Rates

2024-2025 Plan Year

12 Pay

| ACTIVECARE PRIMARY | Employer Contribution | Employee Contribution |
|-----------------------|-----------------------|-----------------------|
| Employee Only | \$245.00 | \$256.00 |
| Employee & Child(ren) | \$245.00 | \$607.00 |
| Employee & Spouse | \$245.00 | \$1,108.00 |
| Family | \$245.00 | \$1,459.00 |

| ACTIVECARE 1HD | Employer Contribution | Employee Contribution |
|-----------------------|-----------------------|-----------------------|
| Employee Only | \$245.00 | \$268.00 |
| Employee & Child(ren) | \$245.00 | \$628.00 |
| Employee & Spouse | \$245.00 | \$1,141.00 |
| Family | \$245.00 | \$1,500.00 |

| ACTIVECARE PRIMARY PLUS | Employer Contribution | Employee Contribution |
|-------------------------|-----------------------|-----------------------|
| Employee Only | \$245.00 | \$343.00 |
| Employee & Child(ren) | \$245.00 | \$755.00 |
| Employee & Spouse | \$245.00 | \$1,284.00 |
| Family | \$245.00 | \$1,696.00 |

| ACTIVECARE 2 (ONLY IF PREVIOUSLY ENROLLED) | Employer Contribution | Employee Contribution |
|--|-----------------------|-----------------------|
| Employee Only | \$245.00 | \$768.00 |
| Employee & Child(ren) | \$245.00 | \$1,262.00 |
| Employee & Spouse | \$245.00 | \$2,157.00 |
| Family | \$245.00 | \$2,596.00 |

Dental Insurance

Plan Choices



Ameritas Dental | www.ameritas.com | 800-487-5553

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

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

Dental High Plan Summary

WAXAHACHIE ISD

Dental Highlight Sheet



High Dental Plan Summary

POLICY# 51343

| | |
|-------------------------------|---|
| Plan Benefit | |
| Type 1 | 100% |
| Type 2 | 80% |
| Type 3 | 50% |
| Deductible | \$10/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum |
| Maximum (per person) | \$1,500 per calendar year |
| Allowance | 90th U&C |
| Waiting Period | None |
| Annual Open Enrollment | Included |

Orthodontia Summary - Adult and Child Coverage

| | |
|--------------------------------------|---------|
| Allowance | U&C |
| Plan Benefit | 50% |
| Lifetime Maximum (per person) | \$1,500 |
| Waiting Period | None |

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

| Type 1 | Type 2 | Type 3 |
|---|---|--|
| <ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Full Mouth/P anoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers | <ul style="list-style-type: none"> Fillings for Cavities Restorative Composites (anterior and posterior teeth) Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia | <ul style="list-style-type: none"> Onlays Crowns (1 in 8 years per tooth) Crown Repair Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years) |

Monthly Rates

| | |
|----------------------------------|----------|
| Employee Only (EE) | \$51.40 |
| EE + 1 Dependent | \$98.12 |
| EE + 2 or more Dependents | \$158.72 |

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **WAXAHACHIE ISD**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Dental High Plan Summary

WAXAHACHIE ISD

Dental Highlight Sheet



Rx Savings

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

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

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance; it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium.

Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit greatearingbenefits.com/ameritas to learn more.

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Your provider network is Ameritas Classic Network.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on September 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

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.

Worldwide Support

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network. AXA contact information is available in the secure member account.

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.

Dental Low Plan Summary

WAXAHACHIE ISD
Dental Highlight Sheet



Low Dental Plan Summary

POLICY #51343

| | |
|-------------------------------|---|
| Plan Benefit | |
| Type 1 | 100% |
| Type 2 | 80% |
| Type 3 | 50% |
| Deductible | \$10/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum |
| Maximum (per person) | \$1,250 per calendar year |
| Allowance | 90th U&C |
| Waiting Period | None |
| Annual Open Enrollment | Included |

Orthodontia Summary - Child Only Coverage

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

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

| Type 1 | Type 2 | Type 3 |
|--|---|--|
| <ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 15 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers | <ul style="list-style-type: none"> Fillings for Cavities Restorative Composites (anterior and posterior teeth) Endodontics (nonsurgical) Periodontics (nonsurgical) Denture Repair Simple Extractions | <ul style="list-style-type: none"> Onlays Crowns (1 in 8 years per tooth) Crown Repair Endodontics (surgical) Periodontics (surgical) Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years) Complex Extractions Anesthesia |

Monthly Rates

| | |
|----------------------------------|----------|
| Employee Only (EE) | \$38.84 |
| EE + 1 Dependent | \$74.32 |
| EE + 2 or more Dependents | \$120.48 |

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How would you rate your dental health?

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Dental Low Plan Summary

WAXAHACHIE ISD

Dental Highlight Sheet



Rx Savings

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

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance; it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium.

Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit greatearingbenefits.com/ameritas to learn more.

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Your provider network is Ameritas Classic Network.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on September 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

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.

Worldwide Support

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network. AXA contact information is available in the secure member account.

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.

Vision Insurance

Ameritas | www.ameritas.com | 800-487-5553

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 Plan Summary

WAXAHACHIE ISD

Eye Care Highlight Sheet



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.

Retail Chain Affiliate Providers Available With Focus Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

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

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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.

Vision Plan Summary

WAXAHACHIE ISD

Eye Care Highlight Sheet



Focus® Plan Summary

Policy# 51343

| | VSP Choice Network + Affiliates | Out of Network |
|-----------------------------|----------------------------------|---------------------------------|
| Deductibles | | |
| | \$15 Exam | \$15 Exam |
| | \$15 Eye Glass Lenses or Frames* | \$15 Eye Glass Lenses or Frames |
| | Covered in full | Up to \$45 |
| Annual Eye Exam | | |
| Lenses (per pair) | | |
| 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 \$120 | Up to \$105 |
| Medically Necessary | Covered in full | Up to \$210 |
| Frame Allowance | \$120** | Up to \$70 |
| Frequencies (months) | | |
| Exam/Lens/Frame | 12/12/12 | 12/12/12 |
| | 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 | 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 | \$31-\$82 | No benefit |
| (Glass & Plastic) | | |
| 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) | \$9.56 |
| EE + Spouse | \$20.52 |
| EE + Children | \$15.48 |
| EE + Spouse & Children | \$28.16 |

Disability Insurance

The Standard | www.standard.com | 888-378-2395

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. Consider these questions when making your decision:

- How much district leave do you have?
- Do you have savings?
- What are your other sources of income?

Important Links

- [Standard Certificate](#)
- [The Standard Claim Packet: English](#)
- [The Standard Claim Packet: Spanish](#)





Voluntary Long Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional insurance coverage you may select through Waxahachie ISD. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Educator Options Group Voluntary Long Term Disability Insurance brochure included in your packet or check with your human resources representative.

Employer Plan Effective Date

A minimum number of eligible employees must apply and qualify for the proposed plan before Voluntary LTD coverage can become effective. This level of participation has been agreed upon by Waxahachie ISD and The Standard.

Eligibility

To become insured, you must be:

- A regular, full-time employee of Waxahachie ISD excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- Actively at work at least 20 hours each week
- A citizen or resident of the United States or Canada

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An eligibility waiting period (check with your human resources representative)
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Benefit Amount

You may select a monthly benefit amount in \$100 increments (minimum of \$200), based on the table and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly earnings.

Plan Maximum Monthly Benefit: 66 2/3 percent of predisability earnings

Plan Minimum Monthly Benefit: 25 percent of your LTD benefit before reduction by deductible income

During the annual open enrollment period, you may increase your Monthly Benefit by \$100, \$200, or \$300 without being subject to the preexisting condition exclusion. If you choose to increase your coverage by more than \$300, you will be subject to the preexisting condition exclusion.

Benefit Waiting Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The benefit waiting period options associated with your plan include:

| <u>Accidental Injury</u> | <u>Other Disabilities</u> |
|--------------------------|---------------------------|
| 0 days | 7 days |
| 14 days | 14 days |
| 30 days | 30 days |
| 60 days | 60 days |
| 90 days | 90 days |
| 180 days | 180 days |

During the annual open enrollment period, you may decrease your benefit waiting period by one level without being subject to the preexisting condition exclusion. If you choose to decrease by more than one level you will be subject to the preexisting condition exclusion.

First Day Hospital Benefit

With this benefit, if an insured employee is admitted as a hospital inpatient for at least four hours (and charged room and board) during the Benefit Waiting, the Benefit Waiting Period will be satisfied. Benefits become payable on the date of hospitalization; the maximum benefit period also begins on that date. This feature is included only on LTD plans with Benefit Waiting Periods of 30 days or less.

Preexisting Condition Exclusion

A general description of the preexisting condition exclusion is included in the Group Voluntary Long Term Disability Insurance for Educators and Administrators brochure. If you have questions, please check with your human resources representative.

Preexisting Condition Period: The 90-day period just before your insurance becomes effective

Exclusion Period: 12 months

Preexisting Condition Waiver

For the first 90 days just before of disability, The Standard will pay full benefits even if you have a *preexisting condition*. After 90 days, The Standard will continue benefits only if the *preexisting condition* exclusion does not apply.

Own Occupation Period

For the plan's definition of disability, as described in your brochure, the own occupation period is the first 24 months for which LTD benefits are paid.

Any Occupation Period

The any occupation period begins at the end of the own occupation period and continues until the end of the maximum benefit period.

If you become disabled before age 62, LTD benefits may continue during disability to age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

| <u>Age</u> | <u>Maximum Benefit Period</u> |
|------------|-------------------------------|
| 62 | 3 years 6 months |
| 63 | 3 years |
| 64 | 2 years 6 months |
| 65 | 2 years |
| 66 | 1 year 9 months |
| 67 | 1 year 6 months |
| 68 | 1 year 3 months |
| 69+ | 1 year |

When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

Rates

Employees can select a monthly LTD benefit ranging from a minimum of \$200 to a maximum amount based on how much they earn. Referencing the attached chart, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

1. Find the maximum LTD benefit by locating the amount of your earnings in either the Annual Earnings or Monthly Earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
2. Select the desired monthly LTD benefit between the minimum of \$200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
3. In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly LTD benefit, the benefit waiting period, or the premium payment of your desired benefit, please contact your human resources representative.

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.

| Annual Earnings | Monthly Earnings | Monthly Disability Benefit | Accident/Sickness Benefit Waiting Period Cost Per Month | | | | | |
|-----------------|------------------|----------------------------|--|--------|--------|-------|-------|---------|
| | | | 0-7 | 14-14 | 30-30 | 60-60 | 90-90 | 180-180 |
| 3,600 | 300 | 200 | 8.16 | 7.20 | 6.10 | 3.96 | 3.42 | 2.50 |
| 5,400 | 450 | 300 | 12.24 | 10.80 | 9.15 | 5.94 | 5.13 | 3.75 |
| 7,200 | 600 | 400 | 16.32 | 14.40 | 12.20 | 7.92 | 6.84 | 5.00 |
| 9,000 | 750 | 500 | 20.40 | 18.00 | 15.25 | 9.90 | 8.55 | 6.25 |
| 10,800 | 900 | 600 | 24.48 | 21.60 | 18.30 | 11.88 | 10.26 | 7.50 |
| 12,600 | 1,050 | 700 | 28.56 | 25.20 | 21.35 | 13.86 | 11.97 | 8.75 |
| 14,400 | 1,200 | 800 | 32.64 | 28.80 | 24.40 | 15.84 | 13.68 | 10.00 |
| 16,200 | 1,350 | 900 | 36.72 | 32.40 | 27.45 | 17.82 | 15.39 | 11.25 |
| 18,000 | 1,500 | 1,000 | 40.80 | 36.00 | 30.50 | 19.80 | 17.10 | 12.50 |
| 19,800 | 1,650 | 1,100 | 44.88 | 39.60 | 33.55 | 21.78 | 18.81 | 13.75 |
| 21,600 | 1,800 | 1,200 | 48.96 | 43.20 | 36.60 | 23.76 | 20.52 | 15.00 |
| 23,400 | 1,950 | 1,300 | 53.04 | 46.80 | 39.65 | 25.74 | 22.23 | 16.25 |
| 25,200 | 2,100 | 1,400 | 57.12 | 50.40 | 42.70 | 27.72 | 23.94 | 17.50 |
| 27,000 | 2,250 | 1,500 | 61.20 | 54.00 | 45.75 | 29.70 | 25.65 | 18.75 |
| 28,800 | 2,400 | 1,600 | 65.28 | 57.60 | 48.80 | 31.68 | 27.36 | 20.00 |
| 30,600 | 2,550 | 1,700 | 69.36 | 61.20 | 51.85 | 33.66 | 29.07 | 21.25 |
| 32,400 | 2,700 | 1,800 | 73.44 | 64.80 | 54.90 | 35.64 | 30.78 | 22.50 |
| 34,200 | 2,850 | 1,900 | 77.52 | 68.40 | 57.95 | 37.62 | 32.49 | 23.75 |
| 36,000 | 3,000 | 2,000 | 81.60 | 72.00 | 61.00 | 39.60 | 34.20 | 25.00 |
| 37,800 | 3,150 | 2,100 | 85.68 | 75.60 | 64.05 | 41.58 | 35.91 | 26.25 |
| 39,600 | 3,300 | 2,200 | 89.76 | 79.20 | 67.10 | 43.56 | 37.62 | 27.50 |
| 41,400 | 3,450 | 2,300 | 93.84 | 82.80 | 70.15 | 45.54 | 39.33 | 28.75 |
| 43,200 | 3,600 | 2,400 | 97.92 | 86.40 | 73.20 | 47.52 | 41.04 | 30.00 |
| 45,000 | 3,750 | 2,500 | 102.00 | 90.00 | 76.25 | 49.50 | 42.75 | 31.25 |
| 46,800 | 3,900 | 2,600 | 106.08 | 93.60 | 79.30 | 51.48 | 44.46 | 32.50 |
| 48,600 | 4,050 | 2,700 | 110.16 | 97.20 | 82.35 | 53.46 | 46.17 | 33.75 |
| 50,400 | 4,200 | 2,800 | 114.24 | 100.80 | 85.40 | 55.44 | 47.88 | 35.00 |
| 52,200 | 4,350 | 2,900 | 118.32 | 104.40 | 88.45 | 57.42 | 49.59 | 36.25 |
| 54,000 | 4,500 | 3,000 | 122.40 | 108.00 | 91.50 | 59.40 | 51.30 | 37.50 |
| 55,800 | 4,650 | 3,100 | 126.48 | 111.60 | 94.55 | 61.38 | 53.01 | 38.75 |
| 57,600 | 4,800 | 3,200 | 130.56 | 115.20 | 97.60 | 63.36 | 54.72 | 40.00 |
| 59,400 | 4,950 | 3,300 | 134.64 | 118.80 | 100.65 | 65.34 | 56.43 | 41.25 |
| 61,200 | 5,100 | 3,400 | 138.72 | 122.40 | 103.70 | 67.32 | 58.14 | 42.50 |
| 63,000 | 5,250 | 3,500 | 142.80 | 126.00 | 106.75 | 69.30 | 59.85 | 43.75 |
| 64,800 | 5,400 | 3,600 | 146.88 | 129.60 | 109.80 | 71.28 | 61.56 | 45.00 |
| 66,600 | 5,550 | 3,700 | 150.96 | 133.20 | 112.85 | 73.26 | 63.27 | 46.25 |
| 68,400 | 5,700 | 3,800 | 155.04 | 136.80 | 115.90 | 75.24 | 64.98 | 47.50 |
| 70,200 | 5,850 | 3,900 | 159.12 | 140.40 | 118.95 | 77.22 | 66.69 | 48.75 |
| 72,000 | 6,000 | 4,000 | 163.20 | 144.00 | 122.00 | 79.20 | 68.40 | 50.00 |

| Annual Earnings | Monthly Earnings | Monthly Disability Benefit | Accident/Sickness Benefit Waiting Period Cost Per Month | | | | | |
|-----------------|------------------|----------------------------|--|--------|--------|--------|--------|---------|
| | | | 0-7 | 14-14 | 30-30 | 60-60 | 90-90 | 180-180 |
| 73,800 | 6,150 | 4,100 | 167.28 | 147.60 | 125.05 | 81.18 | 70.11 | 51.25 |
| 75,600 | 6,300 | 4,200 | 171.36 | 151.20 | 128.10 | 83.16 | 71.82 | 52.50 |
| 77,400 | 6,450 | 4,300 | 175.44 | 154.80 | 131.15 | 85.14 | 73.53 | 53.75 |
| 79,200 | 6,600 | 4,400 | 179.52 | 158.40 | 134.20 | 87.12 | 75.24 | 55.00 |
| 81,000 | 6,750 | 4,500 | 183.60 | 162.00 | 137.25 | 89.10 | 76.95 | 56.25 |
| 82,800 | 6,900 | 4,600 | 187.68 | 165.60 | 140.30 | 91.08 | 78.66 | 57.50 |
| 84,600 | 7,050 | 4,700 | 191.76 | 169.20 | 143.35 | 93.06 | 80.37 | 58.75 |
| 86,400 | 7,200 | 4,800 | 195.84 | 172.80 | 146.40 | 95.04 | 82.08 | 60.00 |
| 88,200 | 7,350 | 4,900 | 199.92 | 176.40 | 149.45 | 97.02 | 83.79 | 61.25 |
| 90,000 | 7,500 | 5,000 | 204.00 | 180.00 | 152.50 | 99.00 | 85.50 | 62.50 |
| 91,800 | 7,650 | 5,100 | 208.08 | 183.60 | 155.55 | 100.98 | 87.21 | 63.75 |
| 93,600 | 7,800 | 5,200 | 212.16 | 187.20 | 158.60 | 102.96 | 88.92 | 65.00 |
| 95,400 | 7,950 | 5,300 | 216.24 | 190.80 | 161.65 | 104.94 | 90.63 | 66.25 |
| 97,200 | 8,100 | 5,400 | 220.32 | 194.40 | 164.70 | 106.92 | 92.34 | 67.50 |
| 99,000 | 8,250 | 5,500 | 224.40 | 198.00 | 167.75 | 108.90 | 94.05 | 68.75 |
| 100,800 | 8,400 | 5,600 | 228.48 | 201.60 | 170.80 | 110.88 | 95.76 | 70.00 |
| 102,600 | 8,550 | 5,700 | 232.56 | 205.20 | 173.85 | 112.86 | 97.47 | 71.25 |
| 104,400 | 8,700 | 5,800 | 236.64 | 208.80 | 176.90 | 114.84 | 99.18 | 72.50 |
| 106,200 | 8,850 | 5,900 | 240.72 | 212.40 | 179.95 | 116.82 | 100.89 | 73.75 |
| 108,000 | 9,000 | 6,000 | 244.80 | 216.00 | 183.00 | 118.80 | 102.60 | 75.00 |
| 109,800 | 9,150 | 6,100 | 248.88 | 219.60 | 186.05 | 120.78 | 104.31 | 76.25 |
| 111,600 | 9,300 | 6,200 | 252.96 | 223.20 | 189.10 | 122.76 | 106.02 | 77.50 |
| 113,400 | 9,450 | 6,300 | 257.04 | 226.80 | 192.15 | 124.74 | 107.73 | 78.75 |
| 115,200 | 9,600 | 6,400 | 261.12 | 230.40 | 195.20 | 126.72 | 109.44 | 80.00 |
| 117,000 | 9,750 | 6,500 | 265.20 | 234.00 | 198.25 | 128.70 | 111.15 | 81.25 |
| 118,800 | 9,900 | 6,600 | 269.28 | 237.60 | 201.30 | 130.68 | 112.86 | 82.50 |
| 120,600 | 10,050 | 6,700 | 273.36 | 241.20 | 204.35 | 132.66 | 114.57 | 83.75 |
| 122,400 | 10,200 | 6,800 | 277.44 | 244.80 | 207.40 | 134.64 | 116.28 | 85.00 |
| 124,200 | 10,350 | 6,900 | 281.52 | 248.40 | 210.45 | 136.62 | 117.99 | 86.25 |
| 126,000 | 10,500 | 7,000 | 285.60 | 252.00 | 213.50 | 138.60 | 119.70 | 87.50 |
| 127,800 | 10,650 | 7,100 | 289.68 | 255.60 | 216.55 | 140.58 | 121.41 | 88.75 |
| 129,600 | 10,800 | 7,200 | 293.76 | 259.20 | 219.60 | 142.56 | 123.12 | 90.00 |
| 131,400 | 10,950 | 7,300 | 297.84 | 262.80 | 222.65 | 144.54 | 124.83 | 91.25 |
| 133,200 | 11,100 | 7,400 | 301.92 | 266.40 | 225.70 | 146.52 | 126.54 | 92.50 |
| 135,000 | 11,250 | 7,500 | 306.00 | 270.00 | 228.75 | 148.50 | 128.25 | 93.75 |
| 136,800 | 11,400 | 7,600 | 310.08 | 273.60 | 231.80 | 150.48 | 129.96 | 95.00 |
| 138,600 | 11,550 | 7,700 | 314.16 | 277.20 | 234.85 | 152.46 | 131.67 | 96.25 |
| 140,400 | 11,700 | 7,800 | 318.24 | 280.80 | 237.90 | 154.44 | 133.38 | 97.50 |
| 142,200 | 11,850 | 7,900 | 322.32 | 284.40 | 240.95 | 156.42 | 135.09 | 98.75 |
| 144,000 | 12,000 | 8,000 | 326.40 | 288.00 | 244.00 | 158.40 | 136.80 | 100.00 |

Accident Insurance

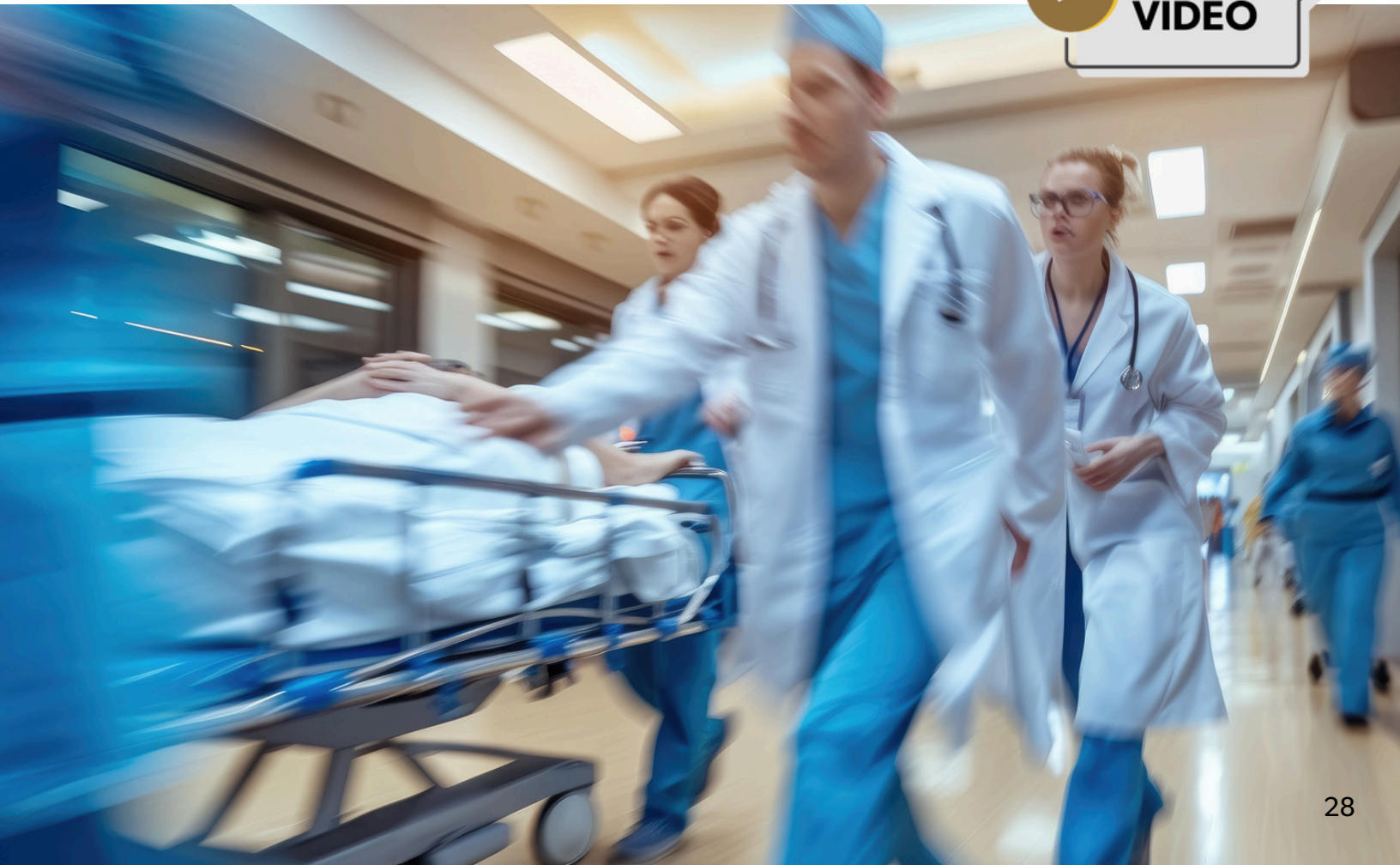
AFLAC | www.aflacgroupinsurance.com | 800-433-3036

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

Important Links

- [AFLAC Accident-Wellness Claim Form](#)
- [AFLAC Accident Claim Form](#)
- [Employee Claims Flyer](#)



Accident Plan Highlights

View brochure for complete plan details, limitations and exclusions.

AFLAC GROUP ACCIDENT INSURANCE Policy Series C70000

Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

What you need, when you need it.

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



Accident Plan Highlights

GROUP ACCIDENT INSURANCE

| | HIGH | LOW |
|---|--|---|
| INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following: | | |
| Hospital emergency room with X-Ray / without X-Ray | \$200/\$150 | \$100/\$50 |
| Urgent care facility with X-Ray / without X-Ray | \$200/\$150 | \$100/\$50 |
| Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray | \$100/\$75 | \$50/\$25 |
| AMBULANCE (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury. | \$300 Ground \$900 Air | \$200 Ground \$600 Air |
| MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center. | \$200 | \$100 |
| EMERGENCY ROOM OBSERVATION (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury. | \$100 Each 24 hour period \$50 Less than 24 hours, but at least 4 hours | \$50 Each 24 hour period \$25 Less than 24 hours, but at least 4 hours |
| PRESCRIPTIONS (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured (in Alaska, Massachusetts and Montana prescriptions do not have to be medically necessary). This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available). | \$5 | \$5 |
| BLOOD/PLASMA/PLATELETS (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury. | \$400 | \$300 |
| PAIN MANAGEMENT (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure. | \$100 | \$50 |
| CONCUSSION (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident. | \$400 | \$200 |
| TRAUMATIC BRAIN INJURY (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist. | \$2,500 | \$1,250 |

Accident Plan Highlights

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|--|--|--|
| COMA (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident. | \$10,000 | \$5,000 |
| EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident. | \$50 Extraction \$200 Repair with a crown | \$25 Extraction \$100 Repair with a crown |
| BURNS (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered. | | |
| Second Degree | | |
| Less than 10% | \$50 | \$25 |
| At least 10% but less than 25% | \$100 | \$50 |
| At least 25% but less than 35% | \$250 | \$125 |
| 35% or more | \$500 | \$250 |
| Third Degree | | |
| Less than 10% | \$500 | \$250 |
| At least 10% but less than 25% | \$2,500 | \$1,250 |
| At least 25% but less than 35% | \$5,000 | \$2,500 |
| 35% or more | \$10,000 | \$5,000 |
| EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia. | \$300 | \$200 |
| FRACTURES (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one bone fractured in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures. | Up to \$3,000 based on a schedule | Up to \$1,500 based on a schedule |
| DISLOCATIONS (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint. | Up to \$3,000 based on a schedule | Up to \$1,500 based on a schedule |
| LACERATIONS (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive): | | |
| Over 15 centimeters | \$400 | \$200 |
| 5-15 centimeters | \$200 | \$100 |
| Under 5 centimeters | \$50 | \$25 |
| Lacerations not requiring stitches | \$25 | \$12.50 |

Accident Plan Highlights

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|--|--|--|
| OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount. | \$400 | \$200 |
| FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center). | \$100 | \$25 |
| OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount. | \$50 | \$25 |
| INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount. | \$750 | \$375 |
| TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city. | \$400 Plane \$200 Any ground transportation | \$200 Plane \$100 Any ground transportation |

SUCCESSOR INSURED BENEFIT

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

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

AFTER CARE BENEFITS

| | HIGH | LOW |
|---|---------------|--------------|
| APPLIANCES (within 6 months after the accident) Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion. Cane, Ankle Brace Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar, Wheelchair, Knee Scooter, Body Jacket, Back Brace | \$40 \$100 | \$20 \$50 |
| ACCIDENT FOLLOW-UP TREATMENT (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident) Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment. | \$50 | \$25 |
| POST-TRAUMATIC STRESS DISORDER (PTSD) (once per accident, within 6 months after the accident) Payable if the insured is diagnosed with PTSD, a mental health condition triggered by a covered accident. An insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist. | \$200 | \$100 |

Accident Plan Highlights

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|---|-------------------------|-----------------------|
| <p>REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)</p> <p>Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement.</p> <p>We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.</p> | \$100 per day | \$50 per day |
| <p>THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)</p> <p>Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.</p> | \$25 | \$15 |
| <p>CHIROPRACTIC OR ALTERNATIVE THERAPY (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)</p> <p>Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.</p> | \$25 | \$15 |
| HOSPITALIZATION BENEFITS | HIGH | LOW |
| <p>HOSPITAL ADMISSION (once per accident, within 6 months after the accident)</p> <p>Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.</p> <p>This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.</p> | \$1,000 per confinement | \$500 per confinement |
| <p>HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident)</p> <p>Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury.</p> <p>If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.</p> | \$200 per day | \$100 per day |
| <p>HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident)</p> <p>Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury.</p> <p>We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury.</p> <p>If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p> | \$200 per day | \$100 per day |
| <p>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT (maximum of 30 days per accident, within 6 months after the accident)</p> <p>Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury.</p> <p>We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury.</p> <p>If we pay benefits for confinement in an intermediate intensive care step-down unit and an insured becomes confined to an intermediate intensive care step-down unit again within 6 months because of the same condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p> | \$100 per day | \$50 per day |

Accident Plan Highlights

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|--|--|--|---------------|---------------|
| FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident) Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable: <ul style="list-style-type: none"> • The insured must be confined to a hospital for treatment of a covered accidental injury; • The hospital and motel/hotel must be more than 100 miles from the insured's residence; and • The treatment must be prescribed by the insured's treating doctor. | | | \$200 per day | \$100 per day |
| LIFE CHANGING EVENTS BENEFITS | | | | |
| DISMEMBERMENT (once per accident, within 6 months after the accident) Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident. Dismemberment means: <ul style="list-style-type: none"> • Loss of a hand -The hand is removed at or above the wrist joint; • Loss of a foot -The foot is removed at or above the ankle; • Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or • Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable). If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit. | | | | |
| SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye) | | | HIGH | LOW |
| Employee | | | \$12,500 | \$5,000 |
| Spouse | | | \$5,000 | \$2,500 |
| Child(ren) | | | \$2,500 | \$1,250 |
| DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two) | | | | |
| Employee | | | \$25,000 | \$10,000 |
| Spouse | | | \$10,000 | \$5,000 |
| Child(ren) | | | \$5,000 | \$2,500 |
| LOSS OF ONE OR MORE FINGERS OR TOES | | | | |
| Employee | | | \$1,250 | \$500 |
| Spouse | | | \$500 | \$250 |
| Child(ren) | | | \$250 | \$125 |
| PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE) | | | | |
| Employee | | | \$125 | \$62.50 |
| Spouse | | | \$125 | \$62.50 |
| Child(ren) | | | \$125 | \$62.50 |
| PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident) Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury. | | | | |
| Paraplegia | | | \$5,000 | \$2,500 |
| Quadriplegia | | | \$10,000 | \$5,000 |

Accident Plan Highlights

| | | |
|--|-----------------------|----------------------|
| <p>PROSTHESIS (once per accident, one replacement per device per insured)* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements. * We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.</p> | \$1,500 | \$500 |
| <p>RESIDENCE/VEHICLE MODIFICATION (once per accident, within one year after the accident) Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:</p> <ul style="list-style-type: none"> • The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg. | \$1,000 | \$500 |
| ACCIDENTAL DEATH RIDER | HIGH | LOW |
| | \$50,000 Employee | \$25,000 Employee |
| <p>ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*) Payable if a covered accidental injury causes the insured to die.</p> | \$25,000 Spouse | \$12,500 Spouse |
| | \$10,000 Child | \$5,000 Child |
| <p>ACCIDENTAL COMMON-CARRIER DEATH We will pay this benefit if the insured:</p> <ul style="list-style-type: none"> • Is a fare-paying passenger on a common carrier; • Is injured in a covered accident; and • Dies within 90 days* after the covered accident. <p>*In Oregon and Utah, within 180 days after the accident; in Pennsylvania, there is no limitation on the number of days.</p> | \$100,000 Employee | \$50,000 Employee |
| | \$50,000 Spouse | \$25,000 Spouse |
| | \$20,000 Child | \$10,000 Child |
| ORGANIZED ATHLETIC ACTIVITY RIDER | BOTH PLANS | |
| <p>ORGANIZED ATHLETIC ACTIVITY BENEFIT We will pay an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event.</p> | 20% | |

Please view plan brochure for full plan details, limitations and exclusions.

Cancer Insurance



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

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

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

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

Important Links

- [Change of Beneficiary Forms](#)
- [Delete Dependents Form](#)



AF™ Group Cancer Insurance

**AMERICAN
FIDELITY** 
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on the fight.

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

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

Did You Know?

New cancer cases in America are diagnosed at the rate of about 4,626 per day.

American Cancer Society: Cancer Facts and Figures 2017, pg. 4.

Plan Highlights

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

Cancer Insurance Benefits

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

Example cancer insurance benefits include:



Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for our AFQuickClaims®.



Travel Expenses

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

Choose Your Coverage

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

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

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Monthly Premium

| | BASIC | ENHANCED PLUS |
|------------|---------|---------------|
| Individual | \$15.80 | \$31.62 |
| Family | \$26.86 | \$53.80 |

The premium and amount of benefits provided vary depending upon the plan selected.

Choose Your Coverage

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

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

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Monthly Premium

| | BASIC | ENHANCED PLUS |
|------------|---------|---------------|
| Individual | \$15.80 | \$31.62 |
| Family | \$26.86 | \$53.80 |

The premium and amount of benefits provided vary depending upon the plan selected.

Plan Benefit Highlights

Only loss for cancer Unless otherwise indicated, benefits are payable only for loss pays only for loss resulting from definitive Cancer diagnosis or treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. The Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically covered under the Dread Disease Benefit or Hospital Intensive Care Unit Benefit; or Heart Attack or Stroke Diagnosis Benefit, if included.

Cancer Means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; aplastic anemia; atypia; non-malignant monoclonal gammopathy; or pre-malignant lesions, benign tumors or polyps.

Such Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. Diagnosis must be made based on a microscopic examination of fixed tissue, or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue and/or specimen.

Radiation Therapy, Chemotherapy or Immunotherapy Benefit We will pay the actual charges up to the benefit listed in the schedule per 12 month period. If Proof of Loss regarding actual charges for treatment is not submitted, we will pay the daily amount shown in your certificate for each day treatment is received, up to the actual charges maximum per 12-month period. Upon receipt of actual charges Proof of Loss, we will pay the difference, up to the maximum per 12-month period. Actual charges are the amount actually paid by or on behalf of the Covered Person and accepted by the provider for services provided.

This benefit does not cover other related procedures such as treatment planning, treatment management or consultation, design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.).

Administrative and Lab Work Benefit Paid only if the Covered Person is also receiving the Radiation Therapy, Chemotherapy or Immunotherapy Benefit during the same calendar month.

Hormone Therapy Benefit Drugs and medicines covered under the Drugs and Medicine Benefit or the Radiation Therapy, Chemotherapy or Immunotherapy Benefit are not included. This benefit does not cover associated administrative processes.

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

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

Medical Imaging Benefit Payable for a Covered Person who has been diagnosed with Cancer who receives either an MRI, CT scan, CAT scan, PET scan, or RAIU (thyroid) test when performed at the request of a physician.

Surgical Benefit Payable when a surgical operation is performed for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the unit dollar amount shown in your certificate schedule. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, surgeries required for administration of Radiation Therapy, Chemotherapy or Immunotherapy are not covered under this benefit.

Anesthesia Benefit Services of an anesthesiologist for Skin Cancer or surgical prosthesis implantation are not covered.

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

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

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

Prosthesis and Orthotic Benefit and Related Services Payable for a Prosthetic or Orthotic Device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. Benefits for a hair prosthesis will only be covered under the Hair Prosthesis Benefit.

Covered benefits under this provision are limited to the most appropriate model of Prosthetic Device or Orthotic Device that adequately meets the medical needs of the Covered Person as determined by the Covered Person's treating Physician or podiatrist and prosthetist or orthotist, as applicable. The Prosthesis Benefit will include repair and replacement of a Prosthetic Device or Orthotic Device, unless the repair or replacement is necessitated by misuse by the Covered Person.

Hospital Confinement Benefit Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. Hospital shall not include an institution, or part thereof, used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as a hospice or swing bed; 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.

U.S. Government or Charity Hospital Benefit Payable when an itemized list of services is not available and the Covered Person is confined in a charity Hospital or a Hospital owned or operated by the U.S. government as a result of Cancer or Dread Disease or covered under a Diagnostic Related Group where no charges are made to the Covered Person for treatment of Cancer or Dread Disease. This benefit will be paid in lieu of most benefits listed on the schedule.

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

Home Health Care Benefit Pays a daily benefit for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy.

Plan Benefit Highlights (cont.)

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

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

Dread Disease Benefit Covered Dread Diseases are: Addison's Disease; Amyotrophic Lateral Sclerosis; Cystic Fibrosis; Diphtheria; Encephalitis; Grand Mal Epilepsy; Legionnaire's Disease; Meningitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Niemann-Pick Disease; Osteomyelitis; Poliomyelitis; Reye's Syndrome; Rheumatic Fever; Rocky Mountain Spotted Fever; Sickle Cell Anemia; Systemic Lupus Erythematosus; Tay-Sach's Disease; Tetanus; Toxic Epidermal; Toxic Shock Syndrome; Tuberculosis; Tularemia; Typhoid Fever; Whipple's Disease.

Donor Benefit Blood donor expenses are not covered.

Drugs and Medicine Benefit Pays a benefit for anti-nausea and pain medication for treatment of Cancer. It does not include associated administrative processes or drugs or medicines covered under the Radiation Therapy, Chemotherapy or Immunotherapy Benefit or the Hormone Therapy Benefit.

Transportation and Lodging Benefits Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging for Radiation Therapy, Chemotherapy, or Immunotherapy treatment, Bone Marrow or Stem Cell Transplant, or surgery in a Hospital not available locally and at least 50 miles from the Covered Person's residence. Payable for the Covered Person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the Covered Person.

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

Waiver of Premium Premium waived if you are disabled due to Cancer for longer than 90 continuous days. This benefit does not apply if your spouse or children become disabled.

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

Diagnostic and Prevention Benefit Pays for a generally medically recognized screening test to detect Internal Cancer. This benefit is not payable for any test covered under the Medical Imaging Benefit.

Cancer Screening Follow Up Benefit Payable for one follow-up invasive screening test when a Covered Person receives abnormal results from a covered screening test. For tests involving an incision or surgery, payable only for tests that result in a negative diagnosis of Cancer.

Internal Cancer Diagnosis Benefit Payable if a physician diagnoses the Covered Person with Internal Cancer after coverage is in force for that person.

Heart Attack or Stroke Diagnosis Benefit Payable if a physician diagnoses the Covered Person as having a Heart Attack or Stroke after coverage is in force for that person. This benefit is payable only for the first to occur of either the Heart Attack or Stroke.

Pre-existing condition Means a Specified Disease for which the Covered Person: (a) had treatment; or (b) received advice from a Physician, during the 12-month period immediately before the Covered Person's Effective Date of coverage.

Pre-existing condition limitation No benefit will be payable for any loss which is caused by or resulting from a Pre-Existing Condition which occurs before a Covered Person has been continuously covered under the Policy for 12 consecutive months. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. Increases or changes in coverage will be subject to an additional Pre-Existing Condition Limitation.

Hospital intensive care unit benefit limitations No benefits will be payable during the first 2 years of coverage for confinement caused by any heart condition that was diagnosed or treated prior to 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated prior to the Effective Date).

Exclusions We will not pay benefits resulting from or caused by: (a) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; (b) alcoholism or drug addiction; (c) war or acts of war, declared or undeclared, while serving in the military or an auxiliary unit thereto; (d) military service for any country at war; (e) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or (f) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place).

Benefits are also not payable for services performed by a Physician who is related to the Covered Person.

Termination of Insurance Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, your employment terminates, or you die. Your dependent's coverage will end if your coverage ends, premiums are not paid, they no longer meet the definition of a dependent or the policy is modified to exclude dependents. Your coverage can be terminated or premiums may be increased on any premium due date with 60 days advance written notice.



American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • americanfidelity.com

This product may contain limitations, exclusions, and waiting periods. This brochure highlights important features of the policy. Please refer to your certificate for complete details. If you reside in a state other than your employers state domicile, where required by law, policy provisions and benefits may vary. This product is inappropriate for people who are eligible for Medicaid coverage.






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a different opinion

*The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.

Critical Illness Insurance

AFLAC | www.aflacgroupinsurance.com | 800-433-3036

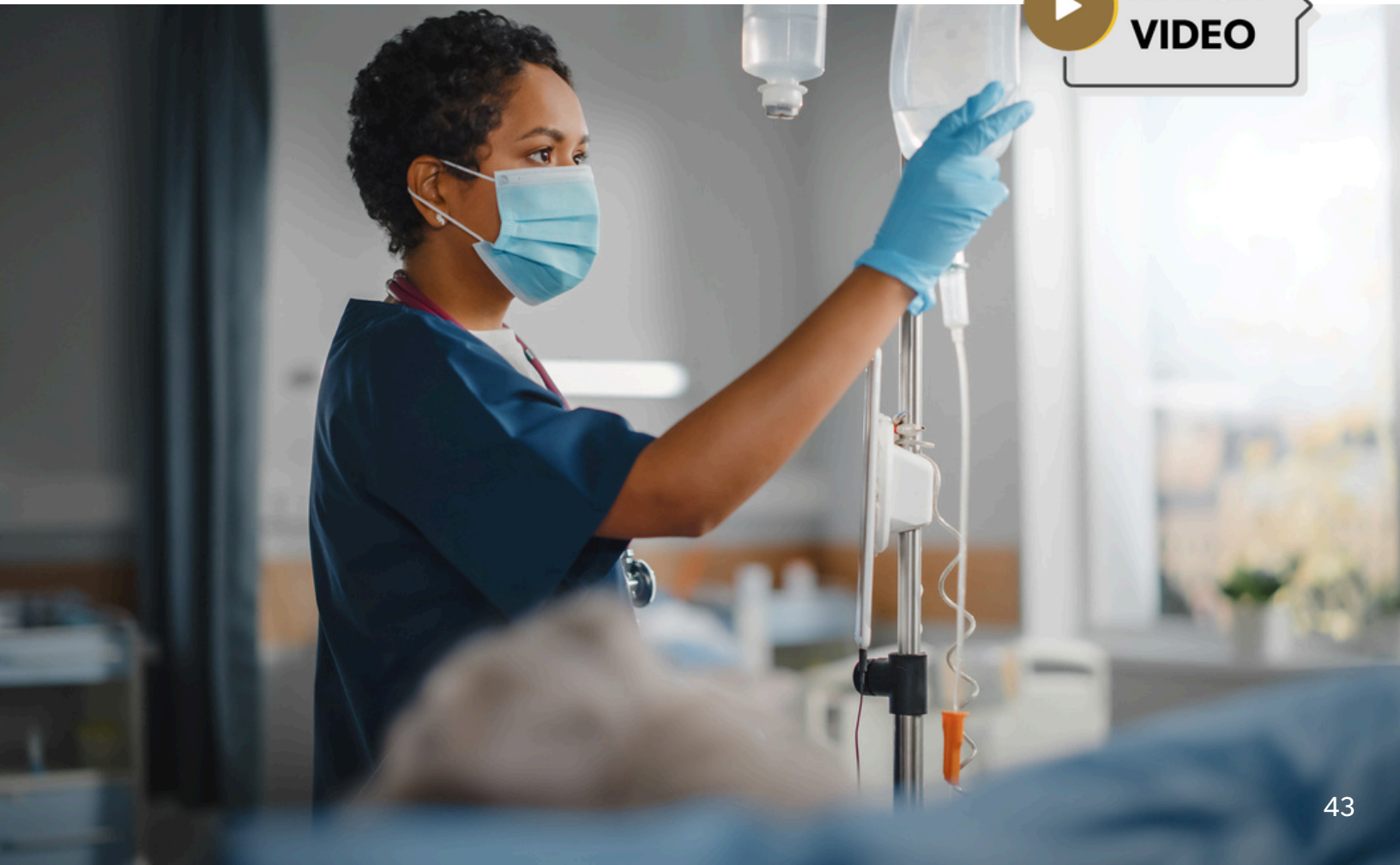
Prepare For the Unexpected

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.

Important Links

- [Critical Illness - Wellness Claim Form](#)
- [Critical Illness Claim Form](#)
- [Employee Claims Flyer](#)



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

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

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

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

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

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

What you need, when you need it.

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



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

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

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

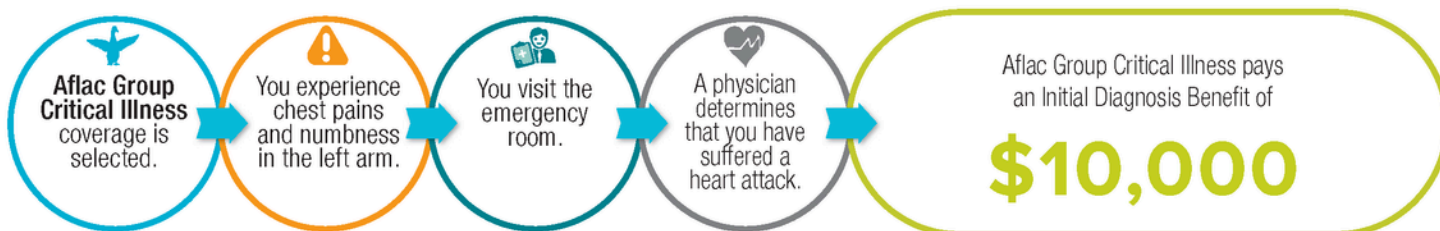
The Aflac Group Critical Illness plan benefits include:

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

Features:

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

How it works



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

Critical Illness Plan Features

View brochure for complete plan details, limitations and exclusions.

Benefits Overview

COVERED CRITICAL ILLNESSES:

| | |
|---|------|
| CANCER (Internal or Invasive) | 100% |
| HEART ATTACK (Myocardial Infarction) | 100% |
| STROKE (Ischemic or Hemorrhagic) | 100% |
| MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant) | 100% |
| KIDNEY FAILURE (End-Stage Renal Failure) | 100% |
| BONE MARROW TRANSPLANT (Stem Cell Transplant) | 100% |
| SUDDEN CARDIAC ARREST | 100% |
| SEVERE BURN* | 100% |
| PARALYSIS** | 100% |
| COMA** | 100% |
| LOSS OF SPEECH / SIGHT / HEARING** | 100% |
| NON-INVASIVE CANCER | 25% |
| CORONARY ARTERY BYPASS SURGERY | 25% |
| INITIAL DIAGNOSIS We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis. | |
| ADDITIONAL DIAGNOSIS We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation. | |
| REOCCURRENCE We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation. | |
| CHILD COVERAGE AT NO ADDITIONAL COST Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available. | |
| SKIN CANCER BENEFIT We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year. | |

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

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

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

WAIVER OF PREMIUM

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

SUCCESSOR INSURED BENEFIT

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

HEALTH SCREENING BENEFIT (Employee and Spouse only)

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

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

This benefit is not paid for dependent children.

OPTIONAL BENEFITS RIDER

| Benefit | Percentage of Face Amount |
|-------------------------------------|---------------------------|
| BENIGN BRAIN TUMOR | 100% |
| ADVANCED ALZHEIMER'S DISEASE | 25% |
| ADVANCED PARKINSON'S DISEASE | 25% |

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis.

PROGRESSIVE DISEASE RIDER

| Benefit | Percentage of Face Amount |
|--|---------------------------|
| AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE) | 100% |
| SUSTAINED MULTIPLE SCLEROSIS | 100% |

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis.

SPECIFIED DISEASES RIDER

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

We will pay the benefit shown if an insured is diagnosed with one of the diseases listed and the date of diagnosis is while the rider is in force.

CHILDHOOD CONDITIONS RIDER

| Benefit | Percentage of Face Amount |
|---|---------------------------|
| CYSTIC FIBROSIS | 50% |
| CEREBRAL PALSY | 50% |
| CLEFT LIP OR CLEFT PALATE | 50% |
| DOWN SYNDROME | 50% |
| PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU) | 50% |
| SPINA BIFIDA | 50% |
| TYPE 1 DIABETES | 50% |

One Time Benefit Amount

| Benefit | One Time Benefit Amount |
|---------------------------------------|-------------------------|
| AUTISM SPECTRUM DISORDER (ASD) | \$3,000 |

Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

Hospital Indemnity Insurance

Aetna | www.aetna.com | 888-792-9682

Policy Number: 802620

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!

Important Links

- [Aetna Hospital Indemnity Brochure](#)
- [Aetna Semi Monthly Rate Sheet](#)
- [Aetna Monthly Rate Sheet](#)
- [Spanish - Aetna Hospital Indemnity Brochure](#)
- [Spanish - Aetna Hospital Indemnity Guide](#)
- [Spanish - Aetna Monthly Rate Sheet](#)
- [Spanish - Aetna Semi Monthly Rate Sheet](#)





Less stress

Aetna Hospital Indemnity Plan

Be prepared for what lies ahead

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

What is the Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or unplanned hospital stay for an illness, injury, surgery or having a baby. The plan pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with a stay in the hospital.

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

How can you use the cash benefits?

It's completely up to you. You can use the money any way you want, like:

- deductibles or copays
- mortgage or rent
- groceries or utility bills

...or for anything else you choose.

Rest assured

Enrollment is guaranteed. We don't ask you any questions about your health. And, you get benefits paid directly to you by check or direct deposit.



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.



LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

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



YOU OWN IT
THE COST IS REASONABLE



**YOU CAN TAKE IT WITH
YOU WHEN YOU CHANGE
JOBS OR RETIRE⁴**



**YOU PAY FOR IT
THROUGH CONVENIENT
PAYROLL DEDUCTIONS**



**YOU CAN COVER YOUR
SPOUSE, CHILDREN AND
GRANDCHILDREN, TOO³**



**YOU CAN GET A LIVING
BENEFIT IF YOU BECOME
TERMINALLY ILL⁵**



**YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU
BECOME CHRONICALLY ILL⁶**

3 QUICK QUESTIONS

You can qualify by answering
just 3 questions.⁷

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

**TEXASLIFE INSURANCE
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**First
Financial
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- 1 Guarantees are subject to product terms, limitations, exclusions and the insurer's claims paying ability and financial strength. Current average premium guarantee is 45 years.
- 2 Voluntary Universal and Whole Life Products, Eastbridge Consulting Group, Inc. (2022)
- 3 Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
- 4 As long as the necessary premiums are paid.
- 5 Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07
- 6 Chronic Illness Rider available for an additional cost for employees and their spouses. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15
- 7 Issuance of coverage will depend on answers to these questions.

23Mo21-C FFGA 1019 (exp0325) Not for use in CA, FL or NH.

The agent/agency offering this proposal is not affiliated with Texas Life other than to market its products. Claims payments are the responsibility of Texas Life Insurance Company.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the PureLife-plus brochure for costs and complete details. Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO. Texas Life is licensed to do business in the District of Columbia and every state but New York. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died.

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) 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 | |
| 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 |

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

| Issue Age | Premium | | Guaranteed Period |
|-----------|----------|----------|-------------------|
| | \$25,000 | \$50,000 | |
| 15D-1 | 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 |

Indicates Spouse Coverage Available

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

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

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

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

23Mo14-C-M FFGA-NT 1012 (exp0325)

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 | |
| 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 |

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

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

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

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

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

| Issue Age | Premium | | Guaranteed Period |
|-----------|----------|----------|-------------------|
| | \$25,000 | \$50,000 | |
| 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 |

Indicates
 Spouse
 Coverage
 Available

Term Life & AD&D

Employer-Paid & Voluntary

Sunlife | www.sunlife.com | 800-247-6875

Why life insurance?

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care.

District-Paid Basic Life

Your employer provides all eligible employees a \$10,000 policy. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

Voluntary Term Life Insurance

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

Important Links

- [Sunlife Basic Life Brochure](#)
- [Sunlife Voluntary Life Brochure with Rates](#)



TeleHealth



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

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

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

It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!

NextGen Care

Virtual Behavioral Health

Collaborative Mental Wellness

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



RECURO
HEALTH



Licensed Counseling
\$85



Psychiatry Initial Visit
\$225



Psychiatry Follow-Up Visit
\$99

Product Highlights



Holistic

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



Targeted

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



Accessible

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



Virtual Urgent Care

Getting Started

INTRODUCTION

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

HOW TO ACCESS

01

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

02

Enter your employer member ID

03

Create your username and password

04

Complete your medical history

05

Schedule your consult

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



Example Conditions Treated

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



Employee Assistance Program

SupportLinc | www.supportlinc.com | 8475-3327

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in a day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you successfully face emotional issues.

An employee assistance program, or EAP, is a free, voluntary program offered by your employer. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem.

Employee assistance programs address a wide range of issues including mental and emotional well-being, substance abuse and grief. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.

Important Links

- [SupportLinc AFA EAP Flyer](#)
- [SupportLinc AFA EAP Flyer - Spanish](#)



Identity Theft Protection

iLOCK360 | www.ilock360.com | 855-287-8888

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

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

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

Important Links

- [iLOCK360 Activation Guide](#)
- [iLOCK Frequently Asked Questions](#)
- [iLOCK Quick Reference](#)
- [iLOCK360 Product Summary](#)
- [LegalShield-iLOCK360](#)
- [Use Your iLOCK360](#)



Legal Plan



**WATCH
VIDEO**

Hyatt Legal Plans | info.legalplans.com | 800-821-6400

Password: Getlaw

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.

Important Links

- [Law Firms](#)
- [MetLaw Brochure - English](#)
- [MetLaw Brochure - Spanish](#)
- [Portability Procedures](#)

Medical Transport

MASA MTS | www.masamts.com | 954-334-8261

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

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

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

Important Links

- [Medical Transport Brochure](#)



COBRA

First Financial Administrators, Inc. | www.cobrapoint.benaissance.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.

Important Links

- [COBRA Login](#)
- [COBRA General Notice](#)



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.

403(b) Retirement Plans

TCG Administrators, Inc. | www.tcgservices.com | 800-943-9179

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.

- Tax deferred growth: no annual taxation on earnings
- Investment options: fixed annuities, variable annuities, or mutual funds
- Competitive interest rates

Important Links

- [403\(b\) Plan Summary](#)
- [403\(b\) Venders TX List](#)



| Contribution Limits | |
|--|----------|
| 2023 | 2024 |
| \$22,500 | \$23,000 |
| Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500. | |

457(b) Retirement Plans



TCG Administrators | www.tcgservices.com | 800-943-9179

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

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

Important Links

- [457\(b\) Plan Summary](#)
- [457\(b\) Portfolio Summary](#)

| Contribution Limits | |
|--|----------|
| 2023 | 2024 |
| \$22,500 | \$23,000 |
| Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500. | |

Common Benefit Terms

Actively Employed (or Actively at Work)

You are currently performing work duties for your employer on a regular, full-time basis at the employer's usual place of business or another location defined by them as a place of business. If you will not be actively employed starting Sept. 1, 2024, please notify your FFGA representative.

Open Enrollment

The period of time when eligible employees have the opportunity to enroll in or change their current benefit elections.

Annual Deductible

The amount you must pay out-of-pocket every plan year before insurance will start paying for covered expenses.

Co-insurance

The percentage or costs of a covered health care service you pay after you've paid your deductible; the insurance company pays the rest.

Guaranteed Issue

This is when carriers allow eligible employees to apply for coverage without answering medical questions or taking a health exam. It is usually only available during the initial eligibility period and/or for new hires, plus pre-existing condition and active employment provisions will apply as outlined in the plan.

In-network

A list of doctors, hospitals, dentists, and other providers who are contracted as a network provider within your plan.

Out-of-pocket Maximum

The limit the insured can pay in co-insurance for covered expenses.

Plan Year

A designated period of time for benefits coverage under a group health plan. Your plan year is Sept. 1 to Aug. 31, during which your benefits are in force.

Pre-existing Conditions

This includes any medical issue, such as an illness, injury or disease, for which you take prescription drugs and/or receive medical care (including diagnostic and consultation services).

Applies to any illness, injury or condition for which the participant has been under the care of a health care provider, taken prescription drugs or is under a health care provider's orders to take drugs, or receive medical care or services (including diagnostic and/or consultation services).

Clever RX

C L E V E R 

SAVE CLEVER | WWW.CLEVERRX.COM

NEVER OVERPAY FOR PRESCRIPTIONS AGAIN NOW THAT'S CLEVER.



Download your Clever RX card or Clever RX App to unlock exclusive savings.



Present your Clever RX App or Clever RX card to your pharmacist.



FREE to use. Save up to 80% off prescription drugs and beat copay prices.

START SAVING TODAY WITH CLEVER RX

-  100% FREE to use
-  Unlock discounts on thousands of medications
-  Save up to 80% off prescription drugs – often beats the average copay
-  Accepted at most pharmacies nationwide



STEP 1:

Download the **FREE** Clever RX App. From your App Store search for "Clever RX" and hit download. Make sure you enter in Group ID 1062 and in Member ID 1000 during the on-boarding process. This will unlock exclusive savings for you and your family!



STEP 2:

Find where you can save on your medication. Using your zip code, when you search for your medication Clever RX checks which pharmacies near you offer the lowest price. Savings can be up to 80% compared to what you're currently paying.



STEP 3:

Click the voucher with the **lowest price, closest location, and/or at your preferred pharmacy**. Click "share" to text yourself the voucher for easy access when you are ready to use it. Show the voucher on your screen to the pharmacist when you pick up your medication.



STEP 4:

Share the Clever RX App. Click "Share" on the bottom of the Clever RX App to send your friends, family, and anyone else you want to help receive instant discounts on their prescription medication. Over 70% of people can benefit from a prescription savings card.

NOW THAT IS NOT ONLY CLEVER, IT IS CLEVER RX.

DID YOU KNOW?

70%

Over 70% of people can benefit from a prescription savings card due to high deductible health plans, high copays, and being underinsured or uninsured.

30%

Over 30% of prescriptions never get filled due to high costs.

40%

40% of the top ten most prescribed drugs have increased in cost by over 100%

70%

Clever RX prices are lower than competitor prices 70% of the time.

C L E V E R  PRESCRIPTION SAVINGS CARD

SAVE UP TO 80% on prescription drugs at virtually all U.S. pharmacies!

BIN: 610378
PCN: SC1
Group: 1062
Member ID: 1000

For even greater savings, download the app for **FREE!**



C L E V E R 

CLEVERRX.COM

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

THIS CARD IS NOT INSURANCE

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

Download the Clever RX App

Contact Information

Waxahachie ISD

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| Product | Carrier | Website | Phone |
|------------------------------|--------------------------|--|------------------------|
| Medical | BCBSTX | bcbstx.com/trsactivecare | 800-222-9205, option 1 |
| Prescriptions | Express Scripts | expressscripts.com/trsactivecare | 844-367-6108 |
| Dental | Ameritas | ameritas.com | 800-487-5553 |
| Vision | Ameritas VSP | ameritas.com | 800-487-5553 |
| Disability | The Standard | standard.com | 888-378-2395 |
| Accident | AFLAC | aflacgroupinsurance.com | 800-433-3036 |
| Cancer Insurance | American Fidelity | americanfidelity.com | 800-654-8489 |
| Critical Illness | AFLAC | aflacgroupinsurance.com | 800-433-3036 |
| Hospital Indemnity | Aetna/Policy #: 802620 | aetna.com | 888-792-9682 |
| Permanent, Portable Life | Texas Life | texaslife.com | 800-283-9233 |
| District Paid/Vol. Term Life | Sunlife | sunlife.com | 800-247-6875 |
| Telehealth | Recuro | recurohealth.com | 800-673-2876 |
| EAP | Supportlinc | supportlinc.com | 800-475-3327 |
| Identity Theft | iLock360/Cypher Security | ilock360.com | 855-287-8888 |
| Legal | Hyatt Legal Plans | info.legalplans.com | 800-821-6400 |

Contact Information

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|------------------------|--------------------|--|------------------------|
| Medical Transport | MASA MTS | masamts.com | 954-334-8261 |
| 403(b) Retirement Plan | TCG Administrators | tcgservices.com | 800-943-9179 |
| 457(b) Retirement Plan | TCG Administrators | tcgservices.com | 800-943-9179 |
| Health FSA | FFGA | ffa.wealthcareportal.com | 866-853-3539 |
| Dependent Care FSA | FFGA | ffa.wealthcareportal.com | 866-853-3539 |
| Health Savings Account | FFGA | ffa.wealthcareportal.com | 866-853-3539 |
| COBRA | FFGA | cobrapoint.benaissance.com | 800-523-8422, option 4 |
| Enrollment Support | FFGA | ffenroll@ffga.com | 855-523-8422 |