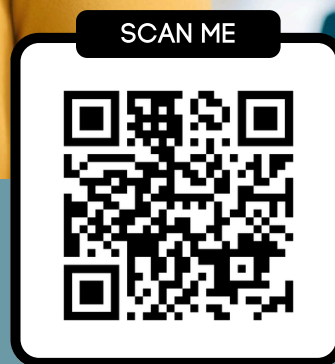


# Dilley ISD 2026-2027 BENEFITS GUIDE



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[ffbenefits.ffga.com/dilleyisd](https://ffbenefits.ffga.com/dilleyisd)

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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!

Dilley 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 year!*

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



# 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. Visit your EBC for more information.

### 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.

### Enrollment Assistance Center Instructions

Call 855-765-4473 and follow the prompts to be connected to your local FFGA branch office. Hours of operation are 8 a.m. to 5 p.m. (local time) Monday through Friday. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours.

# 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

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.*

**Dental Plan Summary**

**Effective Date: 9/1/2025-27**

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
<b>Maximum (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	80th U&C
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

**Orthodontia Summary - Adult and Child Coverage**

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<b>Waiting Period</b>	None
<b>Takeover Benefit</b>	Initial Insureds Only

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>• Routine Exam (2 in 12 months)</li> <li>• Bitewing X-rays (1 in 12 months)</li> <li>• Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (2 in 12 months)</li> <li>• Fluoride for Children 13 and under (1 in 12 months)</li> <li>• Sealants (age 13 and under)</li> <li>• Space Maintainers</li> <li>• Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li> </ul>	<ul style="list-style-type: none"> <li>• Fillings for Cavities</li> <li>• Restorative Composites (anterior and posterior teeth)</li> <li>• Denture Repair</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Crown Repair</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Implants</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

**Monthly Rates**

<b>Employee Only (EE)</b>	\$30.68
<b>EE + 1 Dependent</b>	\$61.44
<b>EE + 2 or more Dependents</b>	\$100.04

**Ameritas Information**

**We're Here to Help:** This plan was designed specifically for the associates of DILLEY INDEPENDENT SCHOOL DISTRICT DBA DILLEY ISD. At Ameritas, 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](http://ameritas.com).

**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](http://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.

One Exam per year, One Materials option per year or as noted

130/150 Plan  
(Standard)

180/300H Plan  
(Gold)

Exam Co-pay	\$10	\$5
Material Option (in lieu of Exam)	\$45 Allowance	\$65 Allowance
Materials Co-pay (glasses only)	\$20	No Co-pay
Single Vision Lens	Covered	Covered
Bi-focal Lens	Covered	Covered
Tri-focal Lens	Covered	Covered
Lenticular Lens (Replaced with IOL Benefit)	\$350/Eye Allowance	\$500/Eye Allowance
Standard Progressive Lens	Retail up to \$199 is covered	Retail up to \$219 is covered
Premium Progressive Lens	\$200 Allowance	\$219 Allowance
Polycarbonate Lenses for Child Dependents < age 26	Covered	Covered
Polycarbonate Lenses	\$25 Co-pay	Covered
Trivex Lenses	U&C Upgrade	Covered
1.60 Index Lenses	U&C Upgrade	Covered
1.67 Index Lenses	U&C Upgrade	Covered
Frame Allowance	\$130 Retail	\$180 Retail
Scratch Resistance Coating	Covered	Covered
Ultra-Violet (UV) Protection Coating	Covered	Covered
Blue Light Blocking Lens or Coating Upgrade	\$105 Co-pay	\$50 Co-Pay
Basic Anti-Reflective (AR) Coating	Covered	Covered
Mid-Level Anti-Reflective (AR) Coating	Covered	Covered
Premium Anti-Reflective (AR) Coating	\$130 Co-pay	\$60 Allowance
Lens Tint	\$12 Co-pay	\$12 Co-pay
Photochromatic or Polarized upgrade	\$90 Co-pay	\$90 Co-pay
<b>*Medically Necessary Spectacle Lenses</b>	\$400 Allowance	\$400 Allowance
Contact Lens Co-pay	\$0	\$0
Contact Lens Allowance (including fitting fee)	\$150 Retail	\$300 Retail
Medically Necessary Contacts (including fitting fee)	\$550 Allowance	\$700 Allowance
Refractive Surgery (All FDA Approved Procedures)	\$350/Eye Allowance	\$500/Eye Allowance
Exam/Lens/Frame/Contacts Frequency (Months)	12/12/12/12	12/12/12/12
Hearing Aid every 12 months or	N/A	\$750 Allowance
Hearing Aid every 24 months or	N/A	\$1,600/Eye Allowance
Hearing Aid every 36 months	N/A	\$2,500 Allowance

\* Offered by special arrangement between many Participating Providers for Amblyopia or Aniseikonia treatment

## Dilley ISD

**Fees Collected (per Annual Membership):**

Monthly

Monthly

Employee Only	\$8.00	\$20.00
Employee + One	\$15.00	\$39.00
Employee + Family	\$24.00	\$54.00

# Flexible Spending Accounts

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

## Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option of 2 ½ months, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

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

### Medical FSA Highlights

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

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

## Dependent Care FSA

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

**You may allocate up to \$7,000 per tax year for reimbursement of dependent care services.**

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

### Dependent Care FSA Highlights

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

# Health Savings Account

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

	2025	2026
HSA Contribution Limits	<ul style="list-style-type: none"><li>• Self: \$4,300</li><li>• Family: \$8,550</li></ul>	<ul style="list-style-type: none"><li>• Self Only: \$4,400</li><li>• Family: \$8,750</li></ul>
Health Insurance Deductible Limits	<ul style="list-style-type: none"><li>• Self Only: \$1,650</li><li>• Family: \$3,300</li></ul>	<ul style="list-style-type: none"><li>• Self Only: \$1,700</li><li>• Family: \$3,400</li></ul>

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

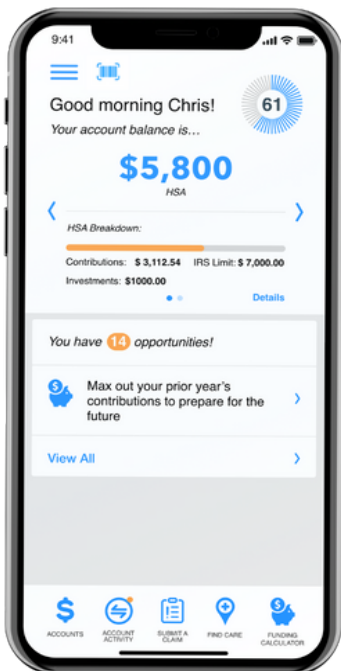
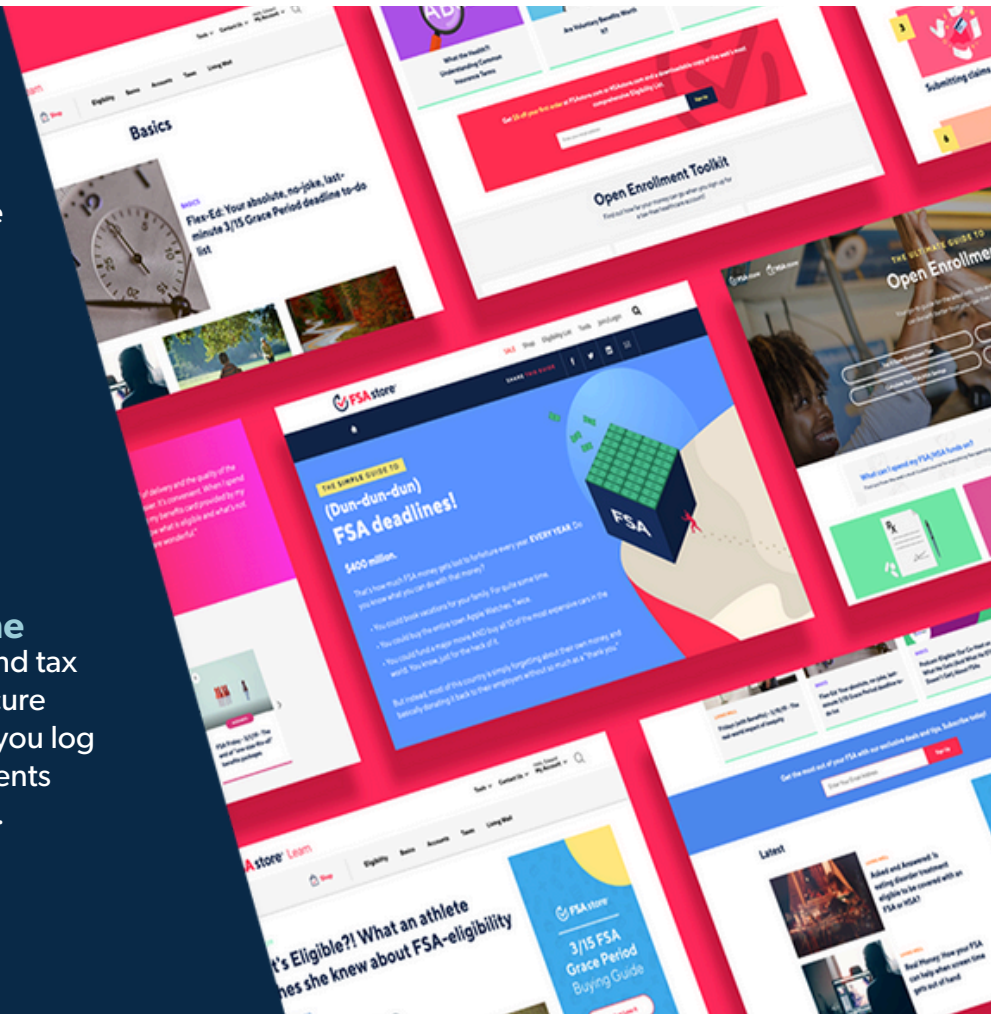
# FSA & HSA Resources

## 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](http://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.



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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$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

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

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**



## Cancer Insurance

## Focus on the fight.

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

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

### 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.

## Benefits

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

### Benefits include:



#### Experimental Treatment

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



#### Transportation and Lodging

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

Marketed By:



First Financial Capital Corporation

P.O. Box 670329 • Houston, TX 77267-0329

Local (281) 847-8422

Toll Free (800) 523-8422

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

### SCREENING BENEFIT

Receive a benefit for your annual internal Cancer screening test, including but not limited to mammogram, pap, prostate-specific antigen blood test (PSA), chest x-ray, flexible sigmoidoscopy, thinprep pap test and colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT (per calendar year)	
BASIC	ENHANCED
\$60	\$75

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

*Diagnostic and Prevention Benefit not available in all states.*

# Benefits

BENEFITS	BASIC	ENHANCED
<b>SCREENING</b>		
<b>Diagnostic and Prevention Benefit</b> (one per calendar year)	\$60	\$75
<b>Cancer Screening Follow-Up Benefit</b> (one per calendar year)	\$60	\$75
<b>TREATMENT</b>		
<b>Radiation Therapy/Chemotherapy/ Immunotherapy Benefit</b> (per 12-month period) (actual charges)	up to \$15,000	up to \$20,000
<b>Medical Imaging Benefit</b> (per image - max two per calendar year)	\$200	\$300
<b>Hormone Therapy Benefit</b> (per treatment - max 12 treatments per calendar year)	\$50	\$50
<b>Administrative/Lab Work Benefit</b> (per calendar month)	\$75	\$100
<b>Blood, Plasma and Platelets Benefit</b> (per day) (per calendar year max)	\$150 \$7,500	\$200 \$10,000
<b>Experimental Treatment Benefit</b>	Paid as any non- experimental benefit	
<b>Bone Marrow/Stem Cell Transplant Benefit</b>		
<b>Autologous</b> (patient-provided) (per calendar year)	\$1,000	\$1,500
<b>Non-autologous</b> (donor-provided) (per calendar year)	\$3,000	\$4,500
<b>Donor Benefit</b>	\$1,000 per donation	
<b>Inpatient Special Nursing Services Benefit</b> (per day)	\$150	\$150
<b>Dread Disease Benefit</b> (per day for the first 30 days, per Hospital confinement) (per day thereafter)	\$200 \$400	\$300 \$600
<b>HOSPITALIZATION</b>		
<b>Hospital Confinement Benefit</b> (per day for the first 30 days) (per day thereafter)	\$200 \$400	\$300 \$600
<b>Drugs and Medicine Benefit Hospital Confinement</b> (per confinement)	\$200	\$300
<b>Outpatient</b> (per prescription - \$100 monthly max for basic; \$150 for enhanced)	\$50	\$50
<b>Attending Physician Benefit</b> (per day)	\$40	\$50
<b>U.S. Government/Charity Hospital or HMO Benefit</b> (per day in lieu of most benefits)		
<b>Hospital Confinement</b>	\$200	\$300
<b>Outpatient Services</b>	\$200	\$300

BENEFITS	BASIC	ENHANCED
<b>AMBULANCE, TRANSPORTATION AND LODGING</b>		
<b>Ambulance Benefit</b> (per trip - max two trips any combination, per confinement)		
<b>Ground</b>	\$200	\$200
<b>Air</b>	\$2,000	\$2,000
<b>Transportation and Lodging Benefit (Patient and/or Family)</b>	Coach fare or 50 cents per mile by car	
<b>Transportation</b> (\$1,500 max per round trip - max 12 trips per calendar year)		
<b>Outpatient/Family Lodging</b> (per day up to 90 days, per calendar year)	\$60	\$80
<b>SURGICAL TREATMENT</b>		
<b>Surgical Benefit</b> (unit dollar amount, per surgical unit) (max per operation)	\$30 \$3,000	\$40 \$4,000
<b>Anesthesia Benefit</b>	25% of the amount paid for covered surgery	
<b>Outpatient Hospital or Ambulatory Surgical Center Benefit</b> (per day)	\$400	\$600
<b>Second and Third Surgical Opinion Benefit</b> (per diagnosis)	\$300	\$300
<b>CONTINUING CARE</b>		
<b>Prosthesis Benefit</b>		
<b>Non-Surgical</b> (per device - one per site, lifetime max of three)	\$150	\$200
<b>Surgical Implantation</b> (per device, includes surgical fee - one per site, lifetime max of two)	\$1,500	\$2,000
<b>Hair Prosthesis</b> (once per life)	\$150	\$200
<b>Extended Care Facility Benefit</b> (per day for up to the same number of days of paid Hospital confinement)	\$75	\$100
<b>Physical or Speech Therapy Benefit</b> (per visit any combination, up to four per calendar month - lifetime max of \$1,000)	\$25	\$25
<b>Hospice Care Benefit</b> (per day - \$13,500 lifetime max for basic; \$18,000 lifetime max for enhanced)	\$75	\$100
<b>Home Health Care Benefit</b> (per day for up to the same number of days of paid Hospital confinement)	\$75	\$100
<b>Waiver of Premium</b> (as long as the primary insured remains disabled)	After 90 continuous days of disability	

Refer to Plan Benefit Highlights for complete benefit descriptions and limits on the plan.

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

# Plan Benefit Highlights

## MONTHLY PREMIUMS

BASIC	Age 18-40	Age 41-50	Age 51-60	Age 61-70
Individual	\$16.30	\$23.60	\$32.60	\$44.20
Single Parent Family	\$24.40	\$35.20	\$48.70	\$65.90
Family	\$31.80	\$45.70	\$63.30	\$85.80

ENHANCED	Age 18-40	Age 41-50	Age 51-60	Age 61-70
Individual	\$21.00	\$30.80	\$42.40	\$57.30
Single Parent Family	\$31.40	\$45.80	\$63.30	\$85.60
Family	\$40.80	\$59.50	\$82.30	\$111.30

## Plan Benefit Highlights

**Only Loss for Cancer:** The policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

**Cancer:** 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; polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gammopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

All diagnoses of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. **Benefits under this policy pay the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

**Diagnostic, Prevention and Cancer Screening Benefit:** Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. Benefits will only be paid for tests performed after the 30-day period following the covered person's effective date of coverage. This benefit is available without a diagnosis of Cancer.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Plan Benefit Highlights (cont.)

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

**Prosthesis Benefit:** Payable for a prosthetic device received due to Cancer that manifested after the 30th day following the Effective Date and, if surgery is required, its surgical implantation. Prosthetic-related supplies, such as special bras or ostomy pouches and supplies, or hair prosthesis are not covered.

**Hair Prosthesis Benefit:** Payable once per covered person, per lifetime when a hair prosthesis is needed.

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

**Physical or Speech Therapy Benefit:** Therapy must be provided by a caregiver licensed in physical or speech therapy. Benefits payable for any combination of physical or speech therapy treatments up to the max shown.

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

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

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

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

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

**Dread Disease Benefit:** Covered dread diseases: Addison's disease, amyotrophic lateral sclerosis, cystic fibrosis, diphtheria, encephalitis, grand mal epilepsy, Legionnaires' 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-Sachs disease, tetanus, toxic epidermal necrolysis, toxic shock syndrome, tuberculosis, tularemia, typhoid fever and Whipple's disease.

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

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

**Eligibility:** The policy/rider(s) will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. You, your lawful spouse and each natural, adopted or step child who is under 26 years of age are eligible to apply for coverage. Eligible child also includes: any child for whom you must provide medical support under an order issued under 14.061, Family Code, or enforceable by a court in Texas; grandchildren if those children are your dependents for federal income tax purposes; and any minor if you are a party in a suit in which the adoption of the child is sought.

**Limitations and Exclusions:** This policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. This policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

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

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

**Termination of Insurance:** Policy/rider(s) will terminate and coverage will end on the earliest of 1) the end of the grace period if the premium remains unpaid; 2) the end of the policy/rider(s) month in which we receive a written request from you to terminate the policy/rider(s); or 3) the date of your death, if this is an Individual Plan. If the plan is other than individual, the remaining covered persons may have the right to continue or convert their coverage. Coverage will terminate when they no longer meet the eligibility requirements.

For the spouse, policy/rider(s) will terminate and coverage will end on the earliest of 1) the end of the policy/rider(s) month in which we receive a written request from you to delete the spouse from the policy/rider(s); 2) the end of the premium term in which a divorce or annulment is obtained; or 3) upon their death.

For the child(ren), policy/rider(s) will terminate and coverage will end the earliest of 1) the end of the policy/rider(s) month in which we receive a written request from you to delete the child(ren) from the policy/rider(s); 2) the end of the premium term in which the child ceases to meet the definition of eligible child; or 3) upon their death.

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

Underwritten and administered by:



American Fidelity Assurance Company  
americanfidelity.com

This product may contain limitations, exclusions and waiting periods. This product is inappropriate for people who are eligible for Medicaid coverage.

# Critical Illness



## Receive a Benefit if You are Diagnosed With a Serious Illness

### A Critical Illness and Cancer Plan:

- Pays a lump sum benefit directly to you, unless otherwise designated
- Provides a benefit that can be used as you wish
- Pays in addition to any other coverage you may have
- Can cover you, your spouse and your children

### According to the American Heart Association

approximately every 40 seconds an American will have a heart attack. The estimated annual incidence of heart attacks in the United States is 720,000 new attacks and 335,000 recurrent attacks.

– Source: <https://www.healthline.com/health/heart-disease/statistics#10>

### BENEFITS & FEATURES

<p><b>Benefit Amount</b></p>	<p>Employee: • \$5,000 to \$50,000</p>	<p>Dependents: • Spouse: \$5,000 - \$50,000. Equal to 100% of the employee's coverage amount • Child: \$2,500 to \$25,000. Equal to 50% of the employee's coverage amount</p> <p>Guarantee Issue for employee and spouse is \$50,000. The child is 50% of the employee's benefit.</p>
<p><b>Cardiac Conditions</b></p>	<p>100% of benefit amount paid upon treatment period or proof of loss for Myocardial Infarction 25% of benefit amount paid at diagnosis for Coronary Heart Disease 100% of benefit amount paid upon treatment period or proof of loss for Sudden Cardiac Arrest</p>	
<p><b>Cerebral Vascular Disease</b></p>	<p>100% of the benefit amount paid upon treatment or proof of loss for a Stroke 10% of the benefit amount paid upon treatment or proof of loss for a Ruptured Brain Aneurysm 10% of the benefit amount paid upon treatment or proof of loss for a Transient Ischemic Attack</p>	
<p><b>Cancer</b></p>	<p>100% of the benefit amount paid upon treatment or proof of loss for Invasive Cancer 25% of the benefit paid upon treatment or proof of loss for a Non-Invasive Cancer \$1,000 will pay upon diagnosis of Skin Cancer 30 day waiting period for Cancer - Waived</p>	

Policy: M-8021 | Well-Being Benefit: M-1775

Underwritten by ManhattanLife Insurance and Annuity Company

DISD-CI\_0326

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

## BENEFITS & FEATURES

<b>Other Specified Illnesses</b>	100% of the benefit amount paid for one of the following illnesses or conditions, for any unused benefit available: Benign Brain Tumor, Major Organ Failure, End-Stage Renal Failure*, Coma, Severe Burns, Permanent Paralysis*, Occupational HIV/Hepatitis*, Functional Loss of Sight, Speech or Hearing* and Bone Marrow/Stem Cell (not HSA compliant) as defined in the policy (certificate).
<b>Additional Occurrence</b>	Once benefits have been paid for a critical illness, a benefit is paid for an additional different critical illness when; 1) the date of diagnosis for the new critical illness is separated from the prior critical illness by at least 90 consecutive days, 2) the new critical illness is not caused by a critical illness for which benefits have been paid and 3) a benefit is not paid for more than one critical illness in a 90 day period.
<b>Recurrence Benefit</b>	This provides a one-time additional benefit for the same condition if a covered participant is treatment-free for at least six months.
<b>Wellness Screening</b>	Pays a \$100 cash benefit when a employee has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.
<b>Infectious Disease</b>	25% of the benefit amount paid when a covered person has been diagnosed by a physician with an infectious disease. An infectious disease means the following covered conditions: Cerebrospinal Meningitis, Malaria, Encephalitis, Legionnaire's disease, Necrotizing Fasciitis, Osteomyelitis, Tuberculosis.
<b>Childhood Condition Benefit*</b>	100% of the benefit amount paid upon a covered dependent child's initial date of diagnosis on or after the policy effective date for one of the childhood conditions listed: Cerebral Palsy, Cleft Lip/Cleft Palate, Cystic Fibrosis, Down Syndrome, Spina Bifida, Type 1 Diabetes.
<b>Progressive Disease*</b>	100% of benefit amount paid per condition: ALS (Lou Gehrig's Disease), Multiple Sclerosis, Advanced Dementia (including Alzheimer's) and Advanced Parkinson's.
<b>Hospital Confinement Benefit</b>	Pays a \$100 benefit per day if a covered person is admitted and initially confined to a hospital due to a critical illness occurring after the effective date. For purposes of this benefit, the following hospital services are not eligible; treatment in the emergency room department, treatment on an outpatient basis and any confinement to a hospital for less than 24 hours. This benefit is payable up to a maximum of 30 days per covered person per calendar year.
<b>Pre-Existing Condition Limitation</b>	If an employee has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations. This has been waived for this offer.
<b>Waiver of Premium</b>	Premiums will be waived for the insured if he or she is totally disabled as a result of a confirmed critical illness for at least 180 consecutive days. Total Disability must start while policy is inforce, for employees ages 18-55.

\*Not eligible for recurrence benefit

## BENEFITS & FEATURES

### Portability

Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70, not Totally Disabled, and no longer Actively at work for the Employer. Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Employer's Master Policy. Insured's policy terminates at age 70, dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25. If the policy terminates the ported Certificate terminates.

### Benefit Reduction

Waived.

Benefits and riders may vary by state and may not be available in all states.

**IMPORTANT NOTICE:** The Insurance coverage provided under the policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and it does not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Act. This is not a complete disclosure of plan qualifications and limitations. For a complete list of limitations and exclusions, please refer to [www.ManhattanLife.com/Disclosure](http://www.ManhattanLife.com/Disclosure). Please review this information before applying for coverage. The benefits provided depend on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS

Policy: M-8021 | Well-Being Benefit: M-1775

Underwritten by ManhattanLife Insurance and Annuity Company

DISD-CI\_0326

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

# Critical Illness and Cancer Rates

## Dilley Independent School District

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



### Attained Age

### Employee / Employee & Children - UniTobacco

Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-24	\$3.39	\$5.21	\$7.03	\$8.85	\$10.67	\$12.49	\$14.31	\$16.13	\$17.95	\$19.77
25-29	\$4.45	\$6.84	\$9.23	\$11.62	\$14.01	\$16.41	\$18.80	\$21.19	\$23.58	\$25.97
30-34	\$5.80	\$9.10	\$12.40	\$15.70	\$19.00	\$22.30	\$25.60	\$28.90	\$32.20	\$35.50
35-39	\$7.93	\$12.68	\$17.43	\$22.19	\$26.94	\$31.69	\$36.44	\$41.20	\$45.95	\$50.70
40-44	\$10.08	\$16.49	\$22.90	\$29.32	\$35.73	\$42.14	\$48.56	\$54.97	\$61.39	\$67.80
45-49	\$11.49	\$19.27	\$27.05	\$34.82	\$42.60	\$50.38	\$58.16	\$65.93	\$73.71	\$81.49
50-54	\$13.08	\$22.32	\$31.56	\$40.80	\$50.04	\$59.28	\$68.52	\$77.76	\$87.01	\$96.25
55-59	\$14.39	\$24.97	\$35.54	\$46.12	\$56.69	\$67.27	\$77.84	\$88.42	\$98.99	\$109.57
60-64	\$15.76	\$28.02	\$40.28	\$52.54	\$64.80	\$77.06	\$89.32	\$101.58	\$113.84	\$126.10
65-69	\$16.91	\$31.03	\$45.14	\$59.25	\$73.37	\$87.48	\$101.59	\$115.70	\$129.82	\$143.93
70+	\$20.52	\$38.79	\$57.07	\$75.35	\$93.63	\$111.90	\$130.18	\$148.46	\$166.74	\$185.01

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

### Attained Age

### Employee & Spouse / Family - UniTobacco

Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-24	\$7.38	\$11.27	\$15.16	\$19.05	\$22.94	\$26.83	\$30.72	\$34.62	\$38.51	\$42.40
25-29	\$9.65	\$14.83	\$20.01	\$25.19	\$30.37	\$35.55	\$40.73	\$45.91	\$51.09	\$56.27
30-34	\$12.53	\$19.66	\$26.78	\$33.91	\$41.03	\$48.15	\$55.28	\$62.40	\$69.53	\$76.65
35-39	\$16.92	\$27.18	\$37.43	\$47.68	\$57.94	\$68.19	\$78.44	\$88.70	\$98.95	\$109.20
40-44	\$21.45	\$35.50	\$49.55	\$63.61	\$77.66	\$91.71	\$105.76	\$119.81	\$133.87	\$147.92
45-49	\$25.15	\$42.84	\$60.52	\$78.21	\$95.89	\$113.58	\$131.26	\$148.95	\$166.63	\$184.32
50-54	\$29.51	\$51.35	\$73.18	\$95.02	\$116.85	\$138.69	\$160.52	\$182.36	\$204.20	\$226.03
55-59	\$33.13	\$58.72	\$84.31	\$109.90	\$135.48	\$161.07	\$186.66	\$212.25	\$237.84	\$263.42
60-64	\$36.24	\$65.64	\$95.04	\$124.43	\$153.83	\$183.23	\$212.63	\$242.02	\$271.42	\$300.82
65-69	\$37.80	\$70.26	\$102.72	\$135.17	\$167.63	\$200.09	\$232.55	\$265.01	\$297.47	\$329.93
70+	\$45.48	\$86.69	\$127.90	\$169.11	\$210.32	\$251.53	\$292.74	\$333.95	\$375.17	\$416.38

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

**Note:** Final implementation rate may vary slightly due to rounding

Policy: M-8021 | Well-Being Benefit: M-1775

Underwritten by ManhattanLife Insurance and Annuity Company

DISD-CI\_0326

# Accident Indemnity Plus



## Receive a Benefit if You Have an Accident

### An Accident Indemnity Plan:

- Covers on and off-the-job accidents
- Can cover you, your spouse and your children
- Pays benefits directly to you, in addition to any other coverage you may have, unless otherwise designated
- No limit to the number of accidents covered in a specified time frame

### Why Do I Need Accident Coverage?

“Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during leisure activities, and 44 percent occurred in or around the home.”

– Source: <https://www.cdc.gov/nchs/fastats/accidental-injury.htm>

INITIAL CARE BENEFITS		
Benefit Name and Description	Custom Enhanced	Custom Premier
<b>Urgent Care</b> Payable for initial treatment within 60 days of a covered accident.	\$150	\$200
<b>Doctor's Office Care</b> Payable for initial treatment within 60 days of a covered accident.	\$150	\$200
<b>Emergency Room Care*</b> Payable for initial treatment within 30 days of a covered accident.	\$150	\$200
<b>Ground Ambulance</b> Pays a benefit when a covered person requires transportation in an ambulance from a covered accident. The total amount payable for all ground ambulance services in connection with anyone covered accident will not exceed the benefit chosen. One trip per accident.	\$300	\$300
<b>Air Ambulance</b> Payable when covered person receives transportation in an ambulance by air for an injury received as a result of a covered accident. Must be to a hospital. One trip per accident.	\$1,500	\$1,500
DIAGNOSTIC BENEFITS		
<b>Diagnostic Benefits</b> Payable for x-ray, medical imaging (MRI, CT Scan) or EEG performed in a doctor's office or hospital. Benefit is payable once per covered accident.	<b>X-rays</b> \$50  <b>MRI/CT Scan/EEG</b> \$150	<b>X-rays</b> \$75  <b>MRI/CT Scan/EEG</b> \$200

\*Coverage for ER visits is limited to five per covered person per calendar year. Benefits and riders may vary by state and may not be available in all states.

## IN-PATIENT CARE BENEFITS

Benefit Name and Description	Custom Enhanced	Custom Premier
<p><b>Hospital Admission (Non-ICU)</b> Pays benefit amount for covered person's first hospital confinement for an injury received as a result of a covered accident; must be admitted for at least 24 hours and be at the direction of and under the supervision of a doctor. Benefit is limited to one per calendar year for each covered person. If the confinement is a Non-ICU admission, the covered person must be admitted to the hospital within 90 days after the accident for this benefit to be payable. If the Non-ICU admission benefit is paid then the ICU admission benefit will not be payable.</p>	\$1,000	\$1,500
<p><b>Hospital Admission (ICU)</b> Pays benefit amount for covered person's first hospital confinement for an injury received as a result of a covered accident; must be admitted for at least 24 hours and be at the direction of and under the supervision of a doctor. Benefit is limited to one per calendar year for each covered person. If the confinement is an ICU admission, the covered person must be admitted to the hospital within 10 days after the accident for this benefit to be payable. If the ICU admission benefit is paid then the Non-ICU admission benefit will not be payable.</p>	\$2,000	\$3,000
<p><b>Hospital Daily Confinement (Non-ICU)</b> Pays benefit per day if a covered person is confined as an inpatient in a hospital for an injury received because of a covered accident, for each day of hospital confinement starting with the first full day of confinement. A day is a 24-hour period. The benefit is limited to 365 days per accident.</p>	\$200	\$300
<p><b>Hospital Daily Confinement (ICU)</b> Pays benefit per day if a covered person is confined as an inpatient in a hospital for an injury received because of a covered accident, for each day of hospital confinement starting with the first full day of confinement. A day is a 24-hour period. The benefit is limited to 365 days per accident.</p>	\$400	\$600
<p><b>Rehabilitation Admission</b> Payable when a covered person is transferred to a Rehabilitation Unit of a hospital for treatment and incurs a charge.</p>	\$250	\$250
<p><b>Rehabilitation Confinement</b> Payable for each day a covered person is confined to a Hospital Rehabilitation Unit for up to 30 days. Calendar year maximum 60 days.</p>	\$100	\$150
FOLLOW-UP CARE/TREATMENT BENEFITS		
<p><b>Physical/Occupational/Speech Therapy</b> Payable if: started within 90 days; completed within one year; prescribed by a doctor; rendered by a physical therapist; and performed in an office or on an outpatient basis. Pays up to 10 visits per accident.</p>	\$25	\$35
<p><b>Follow-up Treatment</b> Payable if: initial treatment was received within 30 days; it is doctor prescribed; and it occurs within 90 days of hospital discharge (if applicable). Maximum of four follow-up treatments per accident.</p>	\$50	\$50
<p><b>Chiropractic Treatment</b> Available if started within 60 days and completed within 180 days. Pays up to 10 visits per accident.</p>	\$30	\$35

## MEDICALLY NECESSARY BENEFITS

Benefit Name and Description	Custom Enhanced	Custom Premier
<b>Blood and Plasma</b> Payable if received within 90 days.	\$400	\$500
<b>Prosthesis - One</b> Payable for a covered device the covered person uses when needed, due to a covered accident. This includes one payment per accident based on the one or multiple prosthesis benefit.	\$750	\$1,250
<b>Prosthesis - Multiple</b> Payable for covered devices the covered person uses when needed, due to a covered accident. This includes one payment per accident based on the one or multiple prosthesis benefit.	\$1,500	\$1,500
<b>Medical Appliances</b> Payable for appliances used for aid in personal locomotion (crutches, wheelchairs, leg braces, back braces and walkers). Limited to one payment.	\$200	\$300

## TRANSPORTATION/LODGING BENEFITS

<b>Transportation</b> Payable if the covered person needs care not available locally. The benefit is payable if a covered person is injured and requires a doctor-recommended hospital treatment or diagnostic study that is not available in the covered person's resident city. Use of such transportation must begin within 90 days after the covered accident date. Hospital treatment or diagnostic study must be greater than 50 miles from the covered person's residence. Maximum three trips.	<b>Train or Plane</b> \$300  <b>Bus</b> \$300	<b>Train or Plane</b> \$450  <b>Bus</b> \$450
<b>Family Member Lodging</b> Payable per night for an adult family member if the covered person is hospitalized more than 100 miles from home for a maximum of 30 nights.	\$200	\$200

## MAJOR ACCIDENT BENEFITS

<b>Accidental Death</b> Payable to the named beneficiary. The employee is the beneficiary for all covered dependents. Spouse receives 50% of amount shown and child receives 50% of amount shown.	\$50,000	\$100,000
<b>Dismemberment</b> Payable according to a schedule based on the specific loss incurred. Spouse receives 50% of amount shown and child receives 50% of amount shown.	\$500 - \$50,000	\$750 - \$50,000
<b>Common Carrier</b> Provides an additional benefit if accident occurs while a fare paying passenger is on a commercial airline, passenger train or intercity bus line.	\$100,000	\$200,000

## BURN BENEFITS

<b>Burns</b> Payable for second and third degree burns according to a schedule if treatment is received within 30 days.	<b>2nd Degree</b> \$500 - \$1,000  <b>3rd Degree</b> \$2,500 - \$18,000	<b>2nd Degree</b> \$500 - \$1,500  <b>3rd Degree</b> \$2,500 - \$27,000
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## EMERGENCY DENTAL/VISION BENEFITS

Benefit Name and Description	Custom Enhanced	Custom Premier
<b>Eye Injuries</b> Payable if surgical repair is performed within 90 days or a foreign body is removed from the eye, by a doctor, with or without anesthesia.	<b>Surgical Repair</b> \$300  <b>Removal of Foreign Body</b> \$150	<b>Surgical Repair</b> \$400  <b>Removal of Foreign Body</b> \$150
<b>Emergency Dental Work</b> Payable for injury to sound natural teeth.	<b>Repaired with Crown</b> \$225  <b>Resulting in Extraction</b> \$75	<b>Repaired with Crown</b> \$300  <b>Resulting in Extraction</b> \$100

## LACERATION BENEFITS

<b>Laceration Benefit</b> Payable according to schedule of length provided that treatment is received within 30 days.	<b>Over 6 Inches</b> \$600  <b>2 - 6 Inches</b> \$200  <b>Under 2 Inches</b> \$100  <b>Not Requiring Stitches</b> \$25	<b>Over 6 Inches</b> \$600  <b>2 - 6 Inches</b> \$400  <b>Under 2 Inches</b> \$200  <b>Not Requiring Stitches</b> \$25
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## ORTHOPEDIC BENEFITS

<b>Fracture</b> Payable according to a schedule if diagnosed and treated by a doctor within 90 days.	<b>Minimum</b> \$300  <b>Maximum</b> \$6,000	<b>Minimum</b> \$450  <b>Maximum</b> \$9,000
A chipped bone is 25% of scheduled benefit. Open reduction is 200% of closed reduction.		
<b>Dislocation</b> Payable according to a schedule if diagnosed and treated by a doctor within 90 days.	<b>Minimum</b> \$225  <b>Maximum</b> \$4,500	<b>Minimum</b> \$300  <b>Maximum</b> \$7,500
A partial dislocation is 25% of scheduled benefit. Open reduction is 200% of closed reduction.		
<b>Repaired Ligaments</b> Payable if treatment is received within 60 days and surgical repair is performed within 90 days.	<b>Single</b> \$750 <b>Multiple</b> \$1,500	<b>Single</b> \$1,000 <b>Multiple</b> \$1,500
<b>Repaired Knee Cartilage</b> Payable if treatment is received within 60 days and surgical repair is performed within one year.	<b>Single</b> \$750 <b>Multiple</b> \$750	<b>Single</b> \$1,000 <b>Multiple</b> \$1,000
<b>Repaired Tendon</b> Payable if treatment is received within 60 days and surgical repair is performed within 90 days.	<b>Single</b> \$750 <b>Multiple</b> \$1,500	<b>Single</b> \$1,000 <b>Multiple</b> \$1,500
<b>Repaired Rotator Cuff</b> Payable if surgical repair is performed within one year.	<b>Single</b> \$625 <b>Multiple</b> \$1,250	<b>Single</b> \$625 <b>Multiple</b> \$1,250
<b>Ruptured Disc</b> Payable if treatment is received within 60 days and surgical repair is performed within one year.	\$750	\$1,000

Policy: M-8036

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## ORTHOPEDIC BENEFITS

Benefit Name and Description	Custom Enhanced	Custom Premier
<b>Exploratory Surgery Without Repair</b> Payable if an injury received because of a covered accident requires exploratory surgery that doesn't require surgical repair.	\$150	\$200

## HEAD AND SPINE BENEFITS

<b>Concussion</b> Payable if diagnosed within 30 days using medical imaging (such as x-ray, CT Scan or MRI).	\$200	\$200
<b>Coma</b> Payable if the comatose state lasts more than 30 days and diagnosis indicates that permanent neurological deficit is present.	\$10,000	\$20,000
<b>Paralysis (Monoplegia/Paraplegic/Quadriplegic)</b> Payable if paralysis lasts more than 90 days and is diagnosed by a doctor within those 90 days.	<b>Monoplegia</b> \$5,000 <b>Paraplegia</b> \$5,000 <b>Quadriplegia</b> \$10,000	<b>Monoplegia</b> \$5,000 <b>Paraplegia</b> \$10,000 <b>Quadriplegia</b> \$20,000

## ADDITIONAL BENEFITS

<b>Total Disability Premium Waiver</b> Waives premiums after being disabled for three consecutive months and disability starts before the Certificate anniversary prior to the 65th birthday. Limit of 12 months per disability.	Included	Included
<b>Portability</b> Portable if you leave the company prior to age 70 as long as the Master Policy remains in force and not totally disabled.	Included	Included
<b>Organizational Sports Benefit</b> Pays an additional 25% of the total benefit paid when covered person/eligible dependent child suffers an injury received as a result of a covered accident, while the covered person/eligible dependent child is participating in an organized sports event or scheduled practice. The dependent child is age 18 or younger. The certificate holder provides proof of the covered person/eligible dependent child's registration in the organized sports event. The benefit is paid once per covered accident per covered person/eligible dependent child.	Up to \$1,000	Up to \$1,000
<b>On-the-Job (24 Hour Insurance) Benefit</b> Pays a benefit for injuries, due to an accident, that are covered by Worker's Compensation or occupational disease law.	Included	Included
<b>Ambulatory Surgical</b> Pays a benefit for the day surgery is performed in an ambulatory surgical center facility or outpatient hospital facility on an insured person because of a covered accident. This benefit is payable only once per covered accident. Two or more surgeries performed during the same ambulatory surgery session are considered one surgery.	\$300	\$400
<b>Epidural Pain Management</b> Pays a benefit if any insured person is prescribed, receives and incurs a charge for an epidural administered for pain management in a hospital or doctor's office for injuries sustained in an accident. This benefit is not payable for an epidural administered during a surgical procedure. The benefit is paid once per accident per insured person.	\$100	\$200

## ADDITIONAL BENEFITS

Benefit Name and Description	Custom Enhanced	Custom Premier
<p><b>Gunshot Wound</b> Pays a benefit if the primary insured is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. The wound(s) must require treatment by a doctor, including confinement within 24 hours and surgery within 72 hours after the injury. This benefit will only be paid once per accident.</p>	\$1,500	\$2,000
<p><b>Open Abdominal/Thoracic/Cranial Surgery</b> Pays a benefit if any insured person has an open abdominal, thoracic or cranial surgery provided by a doctor to repair an internal injury within 72 hours of the accident. This benefit is payable once per accident. Two or more surgeries performed during the same ambulatory surgery session will be considered one surgery. Hernia repair will not be covered.</p>	\$1,500	\$2,000
<p><b>Walk-in Clinic/Telemedicine</b> Provides a benefit if a covered person receives initial treatment and/or advice by a doctor in a walk-in clinic or by way of a telemedicine consultation for an injury received as a result of a covered accident. The treatment must be within 60 days of the covered accident, and the services provided must be the result of a covered accident and not for routine examinations or preventative testing. This benefit is not payable if the Emergency Room Treatment benefit is paid for the same covered accident. Pays benefit one time per covered accident.</p>	\$150	\$150
<p><b>Animal Bite Treatment</b> Provides a benefit if the covered person sustains an animal bite and needs an anti-venom, tetanus, or rabies shot. Treatment must take place within 30 days after the accidental injury. If more than one type of shot is received, only the benefit of the highest amount is payable. Maximum of one benefit per accident.</p>	<p><b>Anti-Venom Shots</b> \$200</p> <p><b>Tetanus Shot</b> \$100</p> <p><b>Rabies Shot</b> \$300</p>	<p><b>Anti-Venom Shots</b> \$200</p> <p><b>Tetanus Shot</b> \$100</p> <p><b>Rabies Shot</b> \$300</p>
<p><b>Home and Vehicle Alteration</b> Provides a benefit if the covered person sustains an injury that results in dismemberment or paralysis and the following conditions are met: 1) a doctor must prescribe that the covered person have their primary home or vehicle altered to maintain an independent lifestyle, 2) the installation is done by a licensed contractor who is not the covered person or their family member, and 3) a written receipt for the alteration is received within 365 days after the covered accident. Maximum of one alteration per covered accident.</p>	\$1,500	\$1,500
<p><b>Service Dog Benefit</b> Provides a benefit if a doctor recommends that the covered person would benefit from a service dog due to an accidental injury and a service dog is placed with them. The covered person must be a covered person when the service dog is placed with them, the service dog must be purchased from an organization accredited by Assistance Dogs International (ADI) or the International Guide Dog Federation (IGDF) and must provide proof of purchase. Max of one service dog per lifetime.</p>	\$1,500	\$1,500

## ADDITIONAL BENEFITS

Benefit Name and Description	Custom Enhanced	Custom Premier
<b>Post-Traumatic Stress Disorder (PTSD)</b> Pays a benefit if the covered person receives a diagnosis of PTSD from a doctor due to accidental injury. The diagnosis of PTSD must be received within 365 days after the accidental injury. This benefit is payable for the diagnosis only, and not payable for treatment of PTSD. Maximum of one diagnosis per lifetime.	\$500	\$500

Benefits and riders may vary by state and may not be available in all states.

**IMPORTANT NOTICE:** The Insurance coverage provided under the policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and it does not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Act. This is not a complete disclosure of plan qualifications and limitations. For a complete list of limitations and exclusions, please refer to [www.ManhattanLife.com/Disclosure](http://www.ManhattanLife.com/Disclosure). Please review this information before applying for coverage. The benefits provided depend on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS.

## Accident Rates

### Dilley Independent School District

Displaying Monthly (12) deductions including 24-Hour Coverage.

#### Monthly (12) Premium

Benefit	Employee Only	Employee & Spouse	Employee & Children	Family
Custom Enhanced	\$6.53	\$11.68	\$13.22	\$19.53

#### Monthly (12) Premium

Benefit	Employee Only	Employee & Spouse	Employee & Children	Family
Custom Premier	\$10.61	\$21.22	\$22.28	\$32.90

**Note:** Final implementation rate may vary slightly due to rounding

Policy: M-8036

Underwritten by ManhattanLife Insurance and Annuity Company

DISD-AIP\_0326



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

# Hospital Indemnity



## Provides Cash Benefits When You or Your Family Are Hospitalized

### A Hospital Indemnity Plan:

- Can help reduce the financial strain of the high out-of-pocket expenses associated with hospital stays
- Benefits are paid directly to you, in addition to any other insurance coverage you may have
- Can cover you, your spouse and your children

### Did You Know?

The national average length of a hospital stay is 4.5 days.

– Source: “Decreasing the Patient Length of Stay (LOS) to Lower HAIs Centrak.” Centrak, Web

### Your Offer:

Benefit Name and Description	Option 1	Option 2
<b>Hospital Indemnity</b> Pays a benefit per day for each day that a covered person is confined to a hospital up to 30 days per confinement. Hospital confinement must be for at least 18 hours.	\$150	\$200
<b>First Admission Non-ICU</b> Pays a benefit upon a covered person’s first inpatient Non-ICU hospital stay during a calendar year. Hospital confinement must be for at least 18 hours as an inpatient; and be for a covered illness or injury. Benefit is not paid if ICU Admission Benefit is paid.	\$1,000	\$2,000
<b>First Admission ICU</b> Pays a benefit upon a covered person’s first inpatient ICU hospital stay during a calendar year. Hospital confinement must be for at least 18 hours as an inpatient; and be for a covered illness or injury. Benefit is not paid if Non-ICU Admission Benefit is paid.	\$1,000	\$2,000
<b>Newborn Routine Care</b> Pays a benefit if after delivery, the newborn is confined in the hospital for routine post-natal care, the Newborn Routine Care Benefit will be paid as shown on the Schedule of Benefits. The benefit is payable once for the duration of the newborn’s stay. The Hospital Daily Room and Board Benefit and First Hospital Admission Benefit are not payable for the newborn. If after delivery, the newborn receives care in the ICU, then the applicable Intensive Care Daily Room and Board Benefit and First Hospital Admission Benefit are payable and the Newborn Routine Care Benefit is not payable.	\$100	

## Your Offer:

Benefit Name and Description	Option 1	Option 2
<p><b>Observation Benefit</b> Pays daily benefit up to one day per year for services rendered to a covered person in an observation unit or treatment room as the result of an illness or injury. If the period of observation leads to hospital confinement the Observation Unit/Treatment Room Benefit will not be paid. The applicable Hospital Daily Room and Board Benefit and the First Hospital Admission Benefit will be payable. If the covered person's period of observation lasts more than 20 hours in a row, then the applicable Hospital Daily Room and Board Benefit and the First Hospital Admission Benefit will be payable and the observation unit/treatment room benefit will not be paid.</p>	\$100	
<p><b>Substance Abuse Benefits</b> If a covered person receives care in a substance abuse treatment facility for the treatment of substance abuse, the benefit shown on the schedule will be paid. Maximum 30 days per year.</p>	\$100	
<p><b>Mental Disorder Benefits</b> Pays a benefit if a covered person receives care in a mental disorder treatment facility for the treatment of mental disorder, the benefit shown on the schedule will be paid. Maximum 30 days per year.</p>	\$100	
<p><b>ICU Confinement</b> Pays a benefit if a covered person is confined as an inpatient to an Intensive Care Unit, this benefit pays a daily benefit on day one (1) for the intensive care room and board. Confinement must be an inpatient basis; begin while the Certificate is in force; be for at least 18 hours; and be for a covered illness or injury. Maximum 30 days.</p>	\$300	\$400
<p><b>Rehabilitation</b> If a Covered Person is transferred to a Rehabilitation Facility within 72 hours after a period of Hospital confinement, the benefit shown on the Schedule of Benefits will be paid. Confinement must: begin while the Certificate is in force; be for at least 18 hours; and be for a covered Illness or Injury. Maximum 30 days per year</p>	\$100	
<p><b>Pre-Existing Condition Limitation</b> If an employee has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations. This has been waived for this offer.</p>	Waived	
<p><b>Maternity Waiting Period</b></p>	Waived	
<p><b>Portability</b></p>	Limited	
<p><b>Waiver of Premium</b> Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability. This waives an Employee's premium if he or she becomes totally disabled for at least 90 days after the effective date of coverage. There is no lifetime maximum. Issue age 18-64, terminates at age 65.</p>	Included	

Benefits and riders may vary by state and may not be available in all states. **IMPORTANT NOTICE:** The Insurance coverage provided under the policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and it does not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Act. This is not a complete disclosure of plan qualifications and limitations. For a complete list of limitations and exclusions, please refer to [www.ManhattanLife.com/Disclosure](http://www.ManhattanLife.com/Disclosure). Please review this information before applying for coverage. The benefits provided depend on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS

Policy: M-8029

Underwritten by ManhattanLife Insurance and Annuity Company

DISD-HI\_0326

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

# Hospital Indemnity Rates

## Dilley Independent School District

Displaying Monthly (12) payroll deductions



### Monthly (12) Premium

Benefit	Employee	Employee & Spouse	Employee & Children	Family
Option 1	\$19.37	\$35.34	\$28.81	\$44.77

### Monthly (12) Premium

Benefit	Employee	Employee & Spouse	Employee & Children	Family
Option 2	\$31.27	\$61.03	\$48.12	\$77.87

**Note:** Final implementation rate may vary slightly due to rounding

Policy: M-8029

Underwritten by ManhattanLife Insurance and Annuity Company

DISD-HI\_0326



# AF™ Long-Term Disability Income Insurance

Enhanced Plus Plans

Marketed by:



EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

## Focus on Recovery, Not Expenses

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

### Plan Highlights



#### Benefits are Payable Directly to You

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



#### Customized to Meet Your Individual Needs

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



#### Return-to-Work Benefit

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

### Choose the Right Plan for You

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

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



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



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



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



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

# Benefit Policy Schedule

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

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

# Benefit Policy Schedule (continued)

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

# Plan Benefit Highlights

## Maximum Benefit Period

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

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

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

## Social Security Filing Assistance

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

## When Coverage Begins

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

## Physician Expense Benefit

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

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

## Accidental Death Benefit

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

## Hospital Confinement Benefit

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

## Waiver of Premium

No premium payments are required while you are receiving payments under the plan after Disability payments have been received for 180 consecutive days. We will require proof annually that you remain Disabled during that time.

## Donor Benefit

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



## Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 60 (Plans I, II, III, & IV), 90 (Plan V) and 150 (Plan VI) calendar days from the date of Disability.

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

## Minimum Disability Benefit

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

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

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

## Return To Work Incentives: Disabled and Working

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

### • Family Care Benefit

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

### • Worksite Accommodation

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

## Mental Illness Limited Benefit

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

## Alcoholism and Drug Addiction Limited Benefit

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

## Special Conditions Limited Benefit

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

## Pre-Existing Condition Limitation

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

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 24 months.

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

**Pre-Existing Condition** means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

# Benefit Riders and Limitations

## Hospital Indemnity Limited Benefit Rider

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

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

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



## Spousal Accident Only Disability Benefit Rider

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

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

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

## COBRA Funding Rider

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

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

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

## Survivor Benefit Rider

This rider is designed to provide a benefit to your beneficiary or estate, if you die while receiving Disability Benefits.

Benefits are payable if you have been Disabled and not working for at least 90 days, and die while receiving Disability Benefits. Pays a monthly benefit up to one year or until the maximum Disability period is exhausted, whichever occurs first.

Monthly Benefit Amount	Monthly Premium
\$2,000.00	\$6.80

## Critical Illness Benefit Rider

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

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

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

# Benefit Rider Limitations and Exclusions

## Hospital Indemnity Limited Benefit Rider

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

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

## Critical Illness Benefit Rider

The Critical Illness Benefit rider will not be payable for any loss caused by or resulting from: a Critical Illness when the date of diagnosis occurs during the waiting period; a Critical Illness diagnosed outside of the United States; or a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness date of diagnosis occurs before you have been continuously covered under this rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12-month period immediately before the effective date of this rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the date of diagnosis occurs during the Critical Illness waiting period. The waiting period is 30 days from the effective date of this rider.

## COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this rider. Your employment must have terminated for the benefit to be payable.

## Spousal Accident Only Disability Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American

Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this policy for any period during which your Spouse is entitled to Workers' Compensation benefits; participation in any sport for wage or profit; participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. Your spouse must be engaged in Full Time Employment for benefits to be payable. Full Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your spouse is working while self-employed. No benefits are payable for your Spouse under this rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from Spousal abuse.

## Survivor Benefit Rider

The policy does not cover any loss, fatal or non-fatal, which results from: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or Sickness contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation. No Disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These riders will terminate on the same date as the policy or certificate to which it is attached.

## Policy Exclusions

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

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

The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this policy for any period during which you are entitled to Workers' Compensation benefits.

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



### Your benefits, all in one place.

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

*Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile.*

*Pre-Existing Conditions may apply.*

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



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# Secure Your Tomorrow Today

## *Dilley ISD 403(b) Match Plan*

With rising inflation rates and higher costs of living, many employees are finding that TRS Pension alone is not sufficient to sustain their current lifestyle into their retirement years.

### **Dilley ISD has a solution!**

If you contribute to the FFIinvest 457(b) plan, Dilley ISD will contribute for you into a 403(b) match plan!

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- +
- ✓ Dilley ISD contributes **3%**
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Enter **Dilley ISD**

Click **Enroll** in **457 Savings Plan**



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FFInvest@ffga.com



# Contact Information

Product	Carrier	Website	Phone
Dental	Ameritas	<a href="http://www.ameritas.com">www.ameritas.com</a>	800-487-5553
Vision	Eyetopia	<a href="http://www.eyetopia.org">www.eyetopia.org</a>	800-662-8264
Disability	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-662-1113
Cancer	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-662-1113
Critical Illness	Manhattan Life	<a href="http://www.manhattanlife.com">www.manhattanlife.com</a>	800-669-9030
Hospital	Manhattan Life	<a href="http://www.manhattanlife.com">www.manhattanlife.com</a>	800-669-9030
Permanent Life	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	800-283-9233
Accident	Manhattan Life	<a href="http://www.manhattanlife.com">www.manhattanlife.com</a>	800-669-9030
Whole Life	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-662-1113
Group Life	Blue Cross Blue Shiel	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	877-422-4207