

THORNDALE ISD 2024-2025 BENEFITS GUIDE



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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!

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

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



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

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



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

There will be onsite appointments at the Administration Building on Monday July 15h. To sign up for an appointment, go to <https://thorndaleisd.timetap.com>. 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 cannot make changes to your coverage during the plan year unless you have a Qualifying Life Event (QLE). 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, you must still enroll. All benefit eligible employees who decline health coverage receive \$50 a month to put towards supplemental insurance plans.

Medical Coverage

TRS-ActiveCare

Blue Cross Blue Shield of Texas | <https://www.bcbstx.com/trsactivecare/> | 1.866.355.5999

TRS-ActiveCare Primary

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

TRS-ActiveCare HD

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

TRS-ActiveCare Primary +

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

TRS-ActiveCare 2 - Closed to New Enrollees

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

TRS-ActiveCare Plan Prescription Benefits

Express Scripts | <https://express-scripts.com/trsactivecare/> | 1.844.367.6108

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

TRS Scott and White HMO

The TRS Baylor Scott and White HMO plan will no longer be offered as of September 1, 2024. If you are currently enrolled in this plan, you will need to choose one of the three plans above. To access the network of doctors for the above plans, please go to <https://www.bcbstx.com/trsactivecare/doctors-and-hospitals> and choose the plan you are searching for. You will then be able to search by doctor, location, etc. To check prescription coverage, please go to <https://www.express-scripts.com/trsactivecare> and click Explore Your Plan.

TRS ActiveCare Medical Premiums

| Medical Monthly Premiums | | | | |
|--------------------------|-----------|-----------|-----------|-----------|
| | Primary | Primary+ | HD | AC2* |
| Employee Only | \$145.00 | \$222.00 | \$160.00 | \$713.00 |
| Employee + Spouse | \$902.00 | \$1058.00 | \$942.00 | \$2102.00 |
| Employee + Children | \$457.00 | \$588.00 | \$482.00 | \$1207.00 |
| Employee + Family | \$1213.00 | \$1423.00 | \$1264.00 | \$2541.00 |

Monthly Premiums shown above include the Employer contribution of \$300.00

*Closed to new enrollees

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



2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 – Aug. 31, 2025



All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

How to Calculate Your Monthly Premium

Total Monthly Premium

➖ Your Employer Contribution

➖ Your Premium

Ask your Benefits Administrator for your district's specific premiums.

| | TRS-ActiveCare Primary | TRS-ActiveCare Primary+ | TRS-ActiveCare HD |
|--------------|---|--|---|
| Plan Summary | <ul style="list-style-type: none"> Lowest premium of all three plans Copays for doctor visits before you meet your deductible Statewide network Primary Care Provider referrals required to see specialists No out-of-network coverage | <ul style="list-style-type: none"> Lower deductible than the HD and Primary plans Copays for many services and drugs Higher premium Statewide network Primary Care Provider referrals required to see specialists Not compatible with a Health Savings Account No out-of-network coverage | <ul style="list-style-type: none"> Compatible with a Health Savings Account Nationwide network with out-of-network coverage No requirement for Primary Care Providers or referrals Must meet your deductible before plan pays for non-preventive care |

| TRS-ActiveCare 2 | |
|--|--|
| <ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many services and drugs Nationwide network with out-of-network coverage No requirement for Primary Care Providers or referrals | |

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans. See the benefits guide for more details.

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

| Monthly Premiums | Total Premium | Employer Contribution | Your Premium | Total Premium | Employer Contribution | Your Premium |
|-----------------------|---------------|-----------------------|--------------|---------------|-----------------------|--------------|
| Employee Only | \$445 | \$300 | \$145 | \$522 | \$300 | \$222 |
| Employee and Spouse | \$1,202 | \$300 | \$902 | \$1,358 | \$300 | \$1,058 |
| Employee and Children | \$757 | \$300 | \$457 | \$888 | \$300 | \$588 |
| Employee and Family | \$1,513 | \$300 | \$1,213 | \$1,723 | \$300 | \$1,423 |

| Total Premium | Employer Contribution | Your Premium |
|---------------|-----------------------|--------------|
| \$1,013 | \$300 | \$713 |
| \$2,402 | \$300 | \$2,102 |
| \$1,507 | \$300 | \$1,207 |
| \$2,841 | \$300 | \$2,541 |

| Plan Features | In-Network Coverage Only | In-Network Coverage Only | Out-of-Network |
|---|------------------------------|------------------------------|------------------------------|
| Type of Coverage | In-Network Coverage Only | In-Network Coverage Only | Out-of-Network |
| Individual/Family Deductible | \$2,500/\$5,000 | \$1,200/\$2,400 | \$3,200/\$6,400 |
| Coinsurance | You pay 30% after deductible | You pay 20% after deductible | You pay 30% after deductible |
| Individual/Family Maximum Out of Pocket | \$8,050/\$16,100 | \$6,900/\$13,800 | \$8,050/\$16,100 |
| Network | Statewide Network | Statewide Network | Nationwide Network |
| PCP Required | Yes | Yes | No |

| In-Network | Out-of-Network |
|------------------------------|------------------------------|
| \$1,000/\$3,000 | \$2,000/\$6,000 |
| You pay 20% after deductible | You pay 40% after deductible |
| \$7,900/\$15,800 | \$23,700/\$47,400 |
| Nationwide Network | Nationwide Network |
| No | No |

| Doctor Visits | Primary Care | Specialist |
|---------------|--------------|-----------------------------|
| Primary Care | \$30 copay | \$30 copay after deductible |
| Specialist | \$70 copay | \$70 copay after deductible |

| | |
|------------|------------------------------|
| \$30 copay | You pay 40% after deductible |
| \$70 copay | You pay 40% after deductible |

| Immediate Care | Urgent Care | Emergency Care | TRS Virtual Health-RediMD™ | TRS Virtual Health-TeleDoc® |
|-----------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Urgent Care | \$50 copay | You pay 30% after deductible | \$0 per medical consultation | \$12 per medical consultation |
| Emergency Care | You pay 30% after deductible | \$0 per medical consultation | \$12 per medical consultation | |
| TRS Virtual Health-RediMD™ | \$0 per medical consultation | \$12 per medical consultation | | |
| TRS Virtual Health-TeleDoc® | \$12 per medical consultation | | | |

| | |
|---|------------------------------|
| \$50 copay | You pay 40% after deductible |
| You pay a \$250 copay plus 20% after deductible | |
| \$0 per medical consultation | |
| \$12 per medical consultation | |

| Prescription Drugs | Drug Deductible | Generics (31-Day Supply/90-Day Supply) | Preferred (Max does not apply if brand is selected and generic is available) | Non-preferred | Specialty (31-Day Max) | Insulin Out-of-Pocket Costs |
|--|---|---|---|---|---|---|
| Drug Deductible | Integrated with medical | Integrated with medical | Integrated with medical | Integrated with medical | Integrated with medical | Integrated with medical |
| Generics (31-Day Supply/90-Day Supply) | \$15/\$45 copay; \$0 copay for certain generics | \$15/\$45 copay; \$0 copay for certain generics | \$15/\$45 copay | \$15/\$45 copay | \$15/\$45 copay | \$15/\$45 copay |
| Preferred (Max does not apply if brand is selected and generic is available) | You pay 30% after deductible | You pay 30% after deductible | You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max) | You pay 25% after deductible | You pay 25% after deductible | You pay 25% after deductible |
| Non-preferred | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible |
| Specialty (31-Day Max) | \$0 if SaveOnSP eligible; You pay 30% after deductible | \$0 if SaveOnSP eligible; You pay 30% after deductible | \$0 if SaveOnSP eligible; You pay 30% after deductible | \$0 if SaveOnSP eligible; You pay 30% after deductible | \$0 if SaveOnSP eligible; You pay 30% after deductible | \$0 if SaveOnSP eligible; You pay 30% after deductible |
| Insulin Out-of-Pocket Costs | \$25 copay for 31-day supply; \$75 for 61-90 day supply | \$25 copay for 31-day supply; \$75 for 61-90 day supply | \$25 copay for 31-day supply; \$75 for 61-90 day supply | \$25 copay for 31-day supply; \$75 for 61-90 day supply | \$25 copay for 31-day supply; \$75 for 61-90 day supply | \$25 copay for 31-day supply; \$75 for 61-90 day supply |

| | |
|---|--|
| \$200 brand deductible | |
| \$20/\$45 copay | |
| You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max) | |
| You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max) | |
| \$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications | |
| \$25 copay for 31-day supply; \$75 for 61-90 day supply | |

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

| Benefit | TRS-ActiveCare Primary | TRS-ActiveCare Primary+ | TRS-ActiveCare HD | | TRS-ActiveCare 2 | |
|--|---|---|--|---|---|--|
| | In-Network Only | In-Network Only | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Diagnostic Labs** | Office/Independent Lab: You pay \$0 | Office/Independent Lab: You pay \$0 | You pay 30% after deductible | You pay 50% after deductible | Office/Independent Lab: You pay \$0 | You pay 40% after deductible |
| | Outpatient: You pay 30% after deductible | Outpatient: You pay 20% after deductible | | | Outpatient: You pay 20% after deductible | |
| High-Tech Radiology | You pay 30% after deductible | You pay 20% after deductible | You pay 30% after deductible | You pay 50% after deductible | You pay 20% after deductible + \$100 copay per procedure | You pay 40% after deductible + \$100 copay per procedure |
| Outpatient Costs | You pay 30% after deductible | You pay 20% after deductible | You pay 30% after deductible | You pay 50% after deductible | You pay 20% after deductible (\$150 facility copay per incident) | You pay 40% after deductible (\$150 facility copay per incident) |
| Inpatient Hospital Costs | You pay 30% after deductible | You pay 20% after deductible | You pay 30% after deductible | You pay 50% after deductible (\$500 facility per day maximum) | You pay 20% after deductible (\$150 facility copay per day) | You pay 40% after deductible (\$500 facility copay per incident) |
| Freestanding Emergency Room | You pay \$500 copay + 30% after deductible | You pay \$500 copay + 20% after deductible | You pay \$500 copay + 30% after deductible | You pay \$500 copay + 50% after deductible | You pay \$500 copay + 20% after deductible | You pay \$500 copay + 40% after deductible |
| Bariatric Surgery | Facility: You pay 30% after deductible | Facility: You pay 20% after deductible | Not Covered | Not Covered | Facility: You pay 20% after deductible (\$150 facility copay per day) | Not Covered |
| | Professional Services: You pay \$5,000 copay + 30% after deductible | Professional Services: You pay \$5,000 copay + 20% after deductible | | | Professional Services: You pay \$5,000 copay + 20% after deductible | |
| | Only covered if rendered at a BDC+ facility | Only covered if rendered at a BDC+ facility | | | Only covered if rendered at a BDC+ facility | |
| Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist) | You pay \$70 copay | You pay \$70 copay | You pay 30% after deductible | You pay 50% after deductible | You pay \$70 copay | You pay 40% after deductible |
| Annual Hearing Exam (one per plan year) | \$30 PCP copay \$70 specialist copay | \$15 PCP copay \$70 specialist copay | You pay 30% after deductible | You pay 50% after deductible | \$30 PCP copay \$70 specialist copay | You pay 40% after deductible |

Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999 with questions.

Dental Insurance

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

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

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

| Dental Monthly Premiums | |
|-------------------------|----------|
| Employee Only | \$32.68 |
| Employee + Spouse | \$68.24 |
| Employee + Children | \$74.80 |
| Employee + Family | \$110.74 |

Vision Insurance

Eyetopia | www.eyetopia.org | 800-662-8264

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

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

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

| Vision Monthly Premium | | |
|------------------------|--------------------|---------------------|
| | Low Plan (130/150) | High Plan (180/300) |
| Employee Only | \$10.00 | \$20.0 |
| Employee + One | \$19.00 | \$39.00 |
| Employee + Family | \$27.00 | \$54.00 |

Flexible Spending Accounts

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

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. **Your plan includes a 2.5 month grace period option.** This allows you additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

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

Medical FSA Highlights

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

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

Dependent Care FSA

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

You may allocate up to \$5,000 per tax year for reimbursement of dependent care services.

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

Dependent Care FSA Highlights

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

Health Savings Account

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

| | 2024 | 2025 |
|--|--|--|
| HSA Contribution Limits | <ul style="list-style-type: none">• Self Only: \$4,150• Family: \$8,300 | <ul style="list-style-type: none">• Self Only: \$4,300• Family: \$8,550 |
| \$1,000 catch-up contributions (age 55 or older) | | |

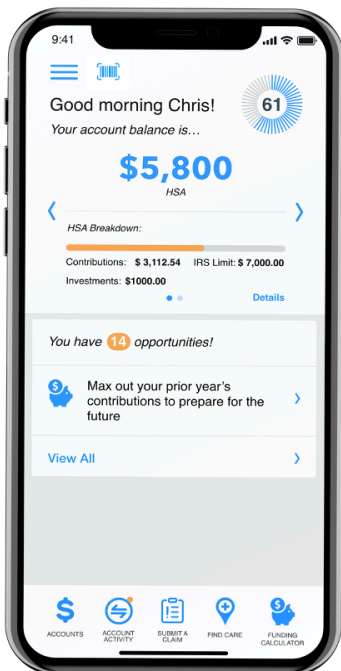
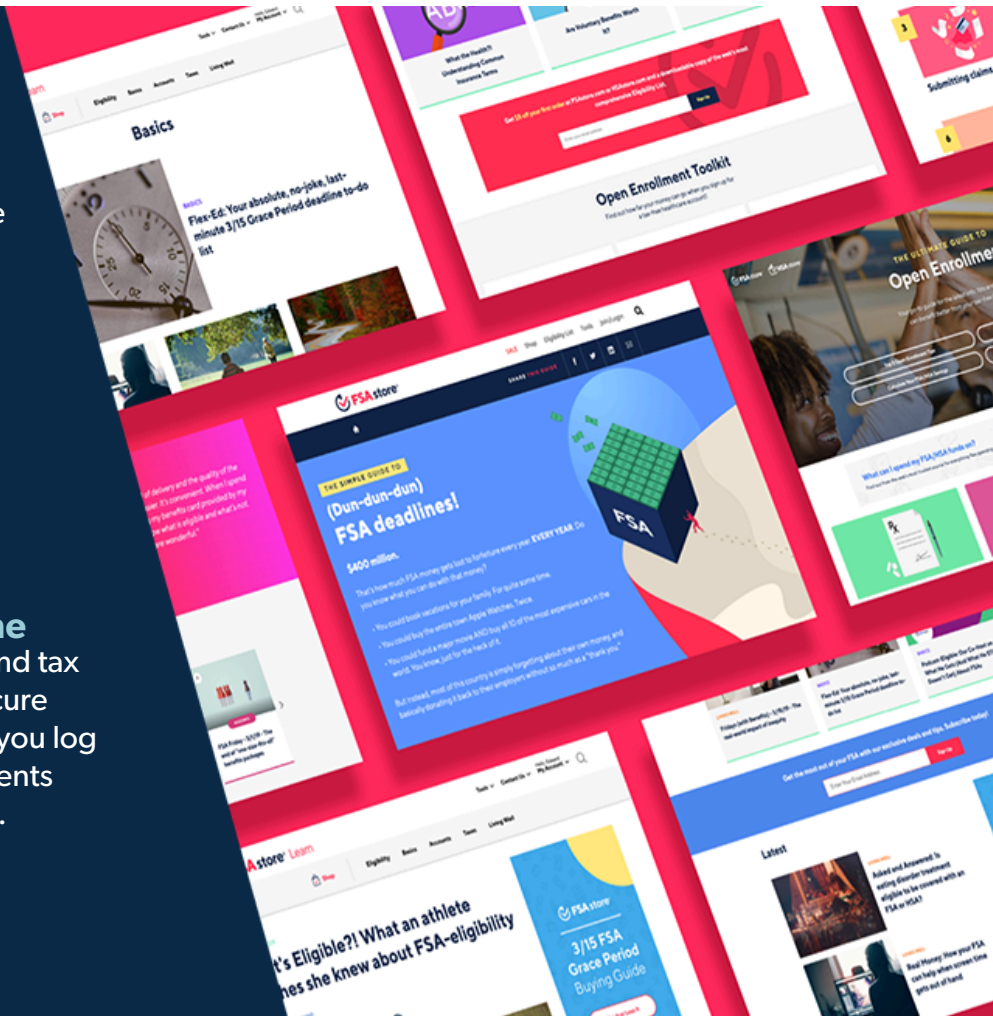
FSA & HSA Resources

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. 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.



Group Term Life & AD&D

Employer-Paid & Voluntary

Blue Cross Blue Shield | www.bcbstx.com/ancillary | 972-766-6900

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Thorndale ISD provides all eligible employees a \$30,000. The cost of this policy is paid for 100% by TISD. This is a term life policy that is in effect while you are employed.

Voluntary Term Life Insurance

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

Texas Life

Permanent Life Insurance

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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

Disability Insurance

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

Why Do I Need Disability Insurance?

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

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

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



Cancer Insurance

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

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

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

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

Cancer Insurance - Basic Plan

| | Employee Only | Employee + Children | Family |
|-------|---------------|---------------------|---------|
| 18-40 | \$16.30 | \$24.40 | \$31.80 |
| 41-50 | \$23.60 | \$35.20 | \$45.70 |
| 51-60 | \$32.60 | \$48.70 | \$63.30 |
| 60+ | \$44.20 | \$65.90 | \$85.80 |

Cancer Insurance - Enhanced Plan

| | Employee Only | Employee + Children | Family |
|-------|---------------|---------------------|----------|
| 18-40 | \$21.00 | \$31.40 | \$40.80 |
| 41-50 | \$30.80 | \$45.80 | \$59.50 |
| 51-60 | \$42.40 | \$63.30 | \$82.30 |
| 60+ | \$57.30 | \$85.60 | \$111.30 |

Accident Insurance

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

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

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

| Accident Monthly Premium | | |
|--------------------------|---------|----------|
| | Basic | Enhanced |
| Employee Only | \$19.90 | \$26.10 |
| Employee + Spouse | \$28.30 | \$34.90 |
| Employee + Children | \$31.50 | \$41.00 |
| Employee + Family | \$39.90 | \$49.80 |

GAP Insurance

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

You may think major medical insurance is enough to cover your needs, but the reality is that many plans may only cover a portion of your overall expenses. It's important to protect yourself in the event of a sudden hospitalization.

A Hospital GAP Insurance plan pays benefits directly to you and is designed to help cover the gap between what your traditional medical plan will cover and the out-of-pocket expenses you will pay. The plan may include benefits you can use to help pay for inpatient hospital stays and surgeries, doctor's office treatments and diagnostic testing costs.

With Hospital GAP Insurance, you can have peace of mind knowing that unexpected medical expenses will less of a financial burden for you and your family members.

Identity Theft Protection

iLock360 | www.iLock330.com | 844-916-2187

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

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

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

Legal Plan

Legal Shield | www.legalshield.com | 844-916-2187

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

| Legal and iLock360 Monthly Premiums | | |
|-------------------------------------|---------------|---------|
| | Employee Only | Family |
| Legal Shield | \$18.95 | \$18.95 |
| iLock360 | \$8.95 | \$18.95 |
| Legal Shield + iLock 360 | \$27.90 | \$33.90 |

Medical Transport

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

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

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

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

| MASA Monthly Premiums | | |
|-----------------------|---------------|----------|
| | Emergent Plus | Platinum |
| Employee Only | \$14.00 | \$39.00 |
| Employee + Family | \$14.00 | \$39.00 |

457(b) Retirement Plans



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

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

Benefits

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

Contribution Limits

2024

\$23,000

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

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

403(b) Retirement Plans

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

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

How a 403(b) Works

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

Benefits

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

Contribution Limits

2024

\$23,000

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

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

TeleHealth



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

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

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

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

COBRA

First Financial Administrators, Inc. | www.ffga.com | 800-523-8422, option 4
Bswift | <https://apps.bswift.com/TrsMain/HomePage.aspx> | 833-682-8972

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

COBRA Highlights

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

First Financial Administrators, Inc. provides COBRA administration services for Dental, Vision, and FSA.
Bswift provides COBRA administration services for Medical.

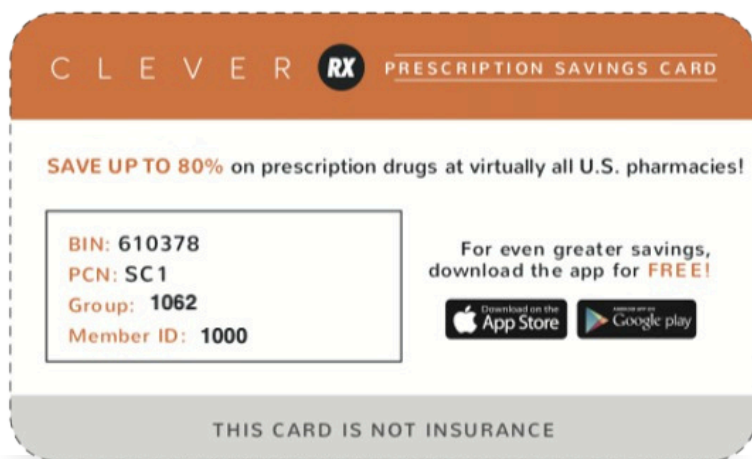


Clever RX

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

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

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



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

Clever RX Highlights

- 100% FREE to use.
- Unlock discounts on thousands of medications.
- Save up to 80% on prescription medication – Often beats your copay!
- Download the Clever RX app by using the information on your card to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

Dental Plan Summary

Policy# 400383 Effective Date: 9/1/2024

| | |
|-----------------------------|--|
| Plan Benefit | |
| Type 1 | 100% |
| Type 2 | 80% |
| Type 3 | 50% |
| Deductible | \$5/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum |
| Maximum (per person) | \$1,000 per calendar year |
| Allowance | U&C |
| Dental Rewards® | Included |
| Waiting Period | None |

Orthodontia Summary - Child Only Coverage

| | |
|--------------------------------------|----------|
| Allowance | U&C |
| Plan Benefit | 50% |
| Lifetime Maximum (per person) | \$1,000 |
| Waiting Period | 6 months |

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

| Type 1 | Type 2 | Type 3 |
|--|--|---|
| <ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Cleaning (2 per benefit period) • Fluoride for Children 13 and under (2 per benefit period) • Sealants (age 13 and under) | <ul style="list-style-type: none"> • Space Maintainers • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Simple Extractions | <ul style="list-style-type: none"> • Onlays • Crowns (1 in 8 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years) • Complex Extractions • Anesthesia |

Monthly Rates

| | |
|-----------------------------------|----------|
| Employee Only (EE) | \$32.68 |
| EE + Spouse | \$68.24 |
| EE + Children | \$74.80 |
| EE + Spouse & Children | \$110.24 |

Ameritas Information

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

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. Visit ameritas.com and sign-in to your secure member account.

| Eyetopia Benefits | | |
|--|-----------------------|----------------------------|
| Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage. | | |
| BENEFIT ONE ² (choose either one of the following 2 options every 12 months): | Allowance | Co-pay ¹ |
| 1. Refractive Exam. One routine Vision Exam. | N/A | \$10.00 |
| 2. Coverage towards a medical eye exam copy or other services or materials. ² | \$45.00 | None |
| BENEFIT TWO (choose only one of the following Vision Correction Options): Eyetopia provides you with 3 options for correcting your vision every 12 months. ³ | | |
| 1. Prescription Lenses ⁴ CR-39 plastic single vision, bifocal, trifocal lenses. | Allowance | Co-pay ¹ |
| • CR-39 plastic Progressive (no-line multi-focal) lenses that retail for up to \$199. | N/A | \$20.00 |
| • CR-39 plastic Progressive (no-line multi-focal) lenses that retail for more than \$199. | \$200.00 | \$20.00 |
| • Polycarbonate material upgrade | N/A | \$25.00 |
| • Polycarbonate material upgrade for child dependents (under age 26) | Covered | None |
| • Basic Coating (Ultraviolet Protection & Scratch Resistant Coating) | Covered | None |
| • Mid-Level Anti-Reflective Coatings that retail up to \$99. | Covered | None |
| • Premium Anti-Reflective Coatings that retail for \$100 or more copay not to exceed: | N/A | \$130.00 |
| • Premium blue light blocking lenses or premium blue light blocking anti-reflective coating. | N/A | \$105.00 |
| • Tint (Solid or Gradient) | N/A | \$12.00 |
| • Photochromatic or Polarized Lenses | N/A | \$90.00 |
| ♦ Medically necessary spectacles for Aniseikonia or Amblyopia. ⁵ | \$400.00 | None |
| ♦ Anti-Fatigue lenses. | Covered | \$20.00 |
| ♦ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance. | \$130 | None |
| 2. Contact Lens Option: In lieu of spectacles. Allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶ | \$150.00 | None |
| ♦ Medically necessary contact lenses - \$145.00 evaluation allowance and \$400.00 contact lens allowance. ⁷ | \$550.00 | None |
| 3. Refractive Surgery Option. ⁸ In lieu of spectacles or contact lenses. A \$350.00 per eye allowance with contracted surgeons or a \$75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance. | \$350/eye \$75/eye | None |

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

⁴ Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ The Shaw Lens coverage includes a premium anti-reflective coating and an upgraded lens material. .

⁶ If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

⁷ Total maximum benefit allowance is \$550.00 the Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia.

In-Network coverage is available through Participating Providers. Out of network services are not covered.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.



Find us on Facebook.com/eyetopivision

| |
|------------|
| Emp - \$10 |
| E+1 - \$19 |
| Fam - \$27 |

**For more information please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org**

| Eyetopia Benefits | | |
|--|-----------------------------|-----------------------------------|
| Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage. | | |
| BENEFIT ONE ² (choose either one of the following 2 options every 12 months): | Allowance | Co-pay¹ |
| 1. Refractive Exam. One routine vision exam. | N/A | \$5.00 |
| 2. Coverage toward medical eye exam co-pay or other services or materials. ² | \$65.00 | None |
| BENEFIT TWO (choose only 1 of the following Vision Correction Options) Eyetopia provides you with 3 options for correcting your vision every 12 months. ³ | | |
| 1. Prescription Lenses ^{3,4} Single Vision, Bi-focal or Tri-focal lenses | Allowance Covered | Co-pay¹ None |
| • Progressive (no line multifocal) lenses that retail for up to \$219. | Covered | None |
| • Progressive (no line multifocal) lenses that retail for more than \$219. | \$219.00 | None |
| • Lens Materials: polycarbonate, Trivex®, 1.60 or 1.67 index plastic. | Covered | None |
| • Basic Coating (ultraviolet protection and scratch resistant coating) | Covered | None |
| • Mid-Level Anti-Reflective Coatings that retail up to \$99. | Covered | None |
| • Premium Anti-Reflective Coatings that retail for \$100 or more. | \$60.00 | None |
| • Premium blue light blocking lenses or premium blue light blocking anti-reflective coating. | N/A | \$50.00 |
| • Tint (Solid and Gradient) | N/A | \$12.00 |
| • Photochromic or polarized lens upgrade | N/A | \$90.00 |
| ◆ Medically necessary spectacles for Aniseikonia or Amblyopia. ⁵ | \$400.00 | None |
| ◆ Anti-Fatigue lenses. | Covered | None |
| ◆ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance. | \$180.00 | None |
| 2. Contact Lens Option in lieu of spectacles. Allowance to be applied toward prescription contact lenses. ◆ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶ | \$300.00 | None |
| ◆ Medically necessary contact lenses - \$300.00 evaluation allowance and \$400.00 contact lens allowance. ⁷ | \$700.00 | None |
| 3. Refractive Surgery Option ⁸ in lieu of spectacles or contact lenses. A \$500.00 per eye allowance with contracted surgeons or a \$150.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance. | \$500/eye \$150/eye | None |
| 4. Hearing Aid Option. ⁹ If you do not use any other benefit options you can elect to apply your benefit toward hearing aids. Please see the attached Eartopia benefit forms. The benefit increases each year for 3 years if not used. | N/A | See Eartopia Forms |

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

⁴ Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ The Shaw Lens coverage includes a premium anti-reflective coating and an upgraded lens material.

⁶ If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

⁷ Total maximum benefit allowance is \$700.00. The Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.

⁹ To access your hearing aid benefit, you must call AudioNet America at (568) 250-2731 or go to www.AudioNetAmerica.com to arrange for a hearing evaluation. Your copay will vary based on your choice of hearing aid and which year of three possible years you qualify for the benefit.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia plan. In-Network coverage is available through Participating Providers. Out of network services are not covered.

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

Emp - \$20
E+1 - \$39
Fam - \$54

For more information, please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org



THORNDALE ISD / TEEBC TRUST F021842 - 257

Eligibility

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

Supplemental Life and AD&D

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

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

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

Child Coverage (Life Only)

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

Guarantee Issue*

Employee **\$150,000 Under age 65, \$30,000 age 65-69**
Spouse **\$50,000 Under age 60, \$10,000 age 60-69**

*NEW HIRES ONLY

Employee: Life & AD&D benefits reduce by 50% of the original amount at age 70.
All benefits terminate at retirement.

Spouse: Benefits terminate at Employee's age 70.

**Employee/Spouse
Supplemental Life and AD&D**

Monthly rates per \$1,000

| Age | Rates |
|----------|---------|
| Under 20 | \$0.080 |
| 20-24 | \$0.080 |
| 25-29 | \$0.090 |
| 30-34 | \$0.110 |
| 35-39 | \$0.130 |
| 40-44 | \$0.180 |
| 45-49 | \$0.280 |
| 50-54 | \$0.440 |
| 55-59 | \$0.700 |
| 60-64 | \$0.870 |
| 65+ | \$1.490 |

Dependent Life (Children)

Monthly Premium per Family

| Life | Premium |
|----------|---------|
| \$10,000 | \$1.00 |

Supplemental Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

| Employee Benefit Amount | ATTAINED AGE | | | | | | | | | | | |
|-------------------------------|--------------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|--|
| | <20 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65+ | |
| \$10,000 | \$0.80 | \$0.80 | \$0.90 | \$1.10 | \$1.30 | \$1.80 | \$2.80 | \$4.40 | \$7.00 | \$8.70 | \$14.90 | |
| \$20,000 | \$1.60 | \$1.60 | \$1.80 | \$2.20 | \$2.60 | \$3.60 | \$5.60 | \$8.80 | \$14.00 | \$17.40 | \$29.80 | |
| \$30,000 | \$2.40 | \$2.40 | \$2.70 | \$3.30 | \$3.90 | \$5.40 | \$8.40 | \$13.20 | \$21.00 | \$26.10 | \$44.70 | |
| \$40,000 | \$3.20 | \$3.20 | \$3.60 | \$4.40 | \$5.20 | \$7.20 | \$11.20 | \$17.60 | \$28.00 | \$34.80 | \$59.60 | |
| \$50,000 | \$4.00 | \$4.00 | \$4.50 | \$5.50 | \$6.50 | \$9.00 | \$14.00 | \$22.00 | \$35.00 | \$43.50 | \$74.50 | |
| \$60,000 | \$4.80 | \$4.80 | \$5.40 | \$6.60 | \$7.80 | \$10.80 | \$16.80 | \$26.40 | \$42.00 | \$52.20 | \$89.40 | |
| \$70,000 | \$5.60 | \$5.60 | \$6.30 | \$7.70 | \$9.10 | \$12.60 | \$19.60 | \$30.80 | \$49.00 | \$60.90 | \$104.30 | |
| \$80,000 | \$6.40 | \$6.40 | \$7.20 | \$8.80 | \$10.40 | \$14.40 | \$22.40 | \$35.20 | \$56.00 | \$69.60 | \$119.20 | |
| \$90,000 | \$7.20 | \$7.20 | \$8.10 | \$9.90 | \$11.70 | \$16.20 | \$25.20 | \$39.60 | \$63.00 | \$78.30 | \$134.10 | |
| \$100,000 | \$8.00 | \$8.00 | \$9.00 | \$11.00 | \$13.00 | \$18.00 | \$28.00 | \$44.00 | \$70.00 | \$87.00 | \$149.00 | |
| \$110,000 | \$8.80 | \$8.80 | \$9.90 | \$12.10 | \$14.30 | \$19.80 | \$30.80 | \$48.40 | \$77.00 | \$95.70 | \$163.90 | |
| \$120,000 | \$9.60 | \$9.60 | \$10.80 | \$13.20 | \$15.60 | \$21.60 | \$33.60 | \$52.80 | \$84.00 | \$104.40 | \$178.80 | |
| \$130,000 | \$10.40 | \$10.40 | \$11.70 | \$14.30 | \$16.90 | \$23.40 | \$36.40 | \$57.20 | \$91.00 | \$113.10 | \$193.70 | |
| \$140,000 | \$11.20 | \$11.20 | \$12.60 | \$15.40 | \$18.20 | \$25.20 | \$39.20 | \$61.60 | \$98.00 | \$121.80 | \$208.60 | |
| \$150,000 | \$12.00 | \$12.00 | \$13.50 | \$16.50 | \$19.50 | \$27.00 | \$42.00 | \$66.00 | \$105.00 | \$130.50 | \$223.50 | |

Spouse (Employee Attained Age)

| Benefit Amount | ATTAINED AGE | | | | | | | | | | | |
|-------------------|--------------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|--|
| | <20 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65+ | |
| \$5,000 | \$0.40 | \$0.40 | \$0.45 | \$0.55 | \$0.65 | \$0.90 | \$1.40 | \$2.20 | \$3.50 | \$4.35 | \$7.45 | |
| \$10,000 | \$0.80 | \$0.80 | \$0.90 | \$1.10 | \$1.30 | \$1.80 | \$2.80 | \$4.40 | \$7.00 | \$8.70 | \$14.90 | |
| \$15,000 | \$1.20 | \$1.20 | \$1.35 | \$1.65 | \$1.95 | \$2.70 | \$4.20 | \$6.60 | \$10.50 | \$13.05 | \$22.35 | |
| \$20,000 | \$1.60 | \$1.60 | \$1.80 | \$2.20 | \$2.60 | \$3.60 | \$5.60 | \$8.80 | \$14.00 | \$17.40 | \$29.80 | |
| \$25,000 | \$2.00 | \$2.00 | \$2.25 | \$2.75 | \$3.25 | \$4.50 | \$7.00 | \$11.00 | \$17.50 | \$21.75 | \$37.25 | |
| \$30,000 | \$2.40 | \$2.40 | \$2.70 | \$3.30 | \$3.90 | \$5.40 | \$8.40 | \$13.20 | \$21.00 | \$26.10 | \$44.70 | |
| \$35,000 | \$2.80 | \$2.80 | \$3.15 | \$3.85 | \$4.55 | \$6.30 | \$9.80 | \$15.40 | \$24.50 | \$30.45 | \$52.15 | |
| \$40,000 | \$3.20 | \$3.20 | \$3.60 | \$4.40 | \$5.20 | \$7.20 | \$11.20 | \$17.60 | \$28.00 | \$34.80 | \$59.60 | |
| \$45,000 | \$3.60 | \$3.60 | \$4.05 | \$4.95 | \$5.85 | \$8.10 | \$12.60 | \$19.80 | \$31.50 | \$39.15 | \$67.05 | |
| \$50,000 | \$4.00 | \$4.00 | \$4.50 | \$5.50 | \$6.50 | \$9.00 | \$14.00 | \$22.00 | \$35.00 | \$43.50 | \$74.50 | |

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.



LIFE INSURANCE HIGHLIGHTS

For the employee



PURELIFE-PLUS

Voluntary permanent life insurance can be an ideal complement to the group term and optional term life insurance your employer might provide. This voluntary permanent universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term life insurance may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

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

- **High Death Benefit.** Written on a minimal cash-value Universal Life frame, PURELIFE-PLUS features one of the highest death benefits per payroll-deducted dollar offered at the worksite.¹
- **Refund of Premium.** Unique in the workplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)*
- **Accelerated Death Benefit for Chronic Illness Rider.** Included on employees and spouse contracts at an additional cost, this rider will be triggered by the loss of two out of six Activities of Daily Living² or severe cognitive impairment for a period of 90 days. It pays the insured up to 92% of the death benefit minus a small administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility. *(Conditions apply; see the following pages for additional details. Form Series CA-ULABR-CI-18)*



TEXASLIFE INSURANCE COMPANY

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

Additional Features

- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-PLUS helps provide peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).³

You may apply for this permanent coverage, not only for yourself, but also for your spouse, children and grandchildren.⁴



3 QUICK QUESTIONS

You can qualify by answering just 3 questions⁵ – no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

Important Note: Texas Life does not offer legal or financial advice. Contact an attorney and a financial advisor in your state for legal and financial information on wills, estates and trusts.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the Purelife-plus brochure for costs and complete details. Contract Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18.

¹ Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, March 2022

² Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in; (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

³ As long as you pay the necessary premium. Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength. 45 years average for all ages based on our actuarial review.

⁴ Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

⁵ Issuance of coverage will depend on the answer to these questions.

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

23M014-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



Long-Term Disability Income Insurance Enhanced Plans

 **First
Financial
Group
of America**
First in Service and Expertise

AMERICAN FIDELITY 
a different opinion [®]

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

Long-Term Disability Income Insurance

Disability income insurance is here for you.

- **Salary Protection for You and Your Loved Ones**
Provides a steady benefit to cover expenses while you are unable to work. The plan makes it easy to help protect your future income in case of a sudden injury or sickness.
- **Several Elimination Periods Available**
Based on your individual need, there are various elimination periods for you to choose from. The plan pays a percentage of your gross monthly income once you have satisfied the elimination period.
- **Benefit Payments Made Directly to You**
Your monthly benefit payments may be deposited directly into your bank account. This gives you the freedom to pay your living expenses and make other purchases as you see fit.
- **Social Security Filing Assistance**
If we determine you are a likely candidate for social security disability benefits, we can assist you with the application and appeal process.

Choose the Right Plan for You

Benefits Begin

- Plan I** - On the 15th day of Disability due to a covered Injury or Sickness.
- Plan II** - On the 31st day of Disability due to a covered Injury or Sickness.
- Plan III** - On the 61st day of Disability due to a covered Injury or Sickness.
- Plan IV** - On the 91st day of Disability due to a covered Injury or Sickness.
- Plan V** - On the 151st day of Disability due to a covered Injury or Sickness.

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

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

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.



In 2015, 77% of injuries requiring medical attention suffered by workers occurred off the job.



National Safety Council, Injury Facts, 2017 Edition, p. 63.

Benefits Are Payable

Benefits are payable to the period of time shown in the chart below, based on your age as of the date Disability due to 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.

If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

Policy Provisions and Plan Features

Eligibility

All permanent employees in subscribing group working 20 hours or more per week. Regarding your eligibility, we may require proof of good health and will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

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 your satisfaction of the 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, and III), 90 (Plan IV), and 150 (Plan V) 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.

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.

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.

Policy Benefit Limitations and Exclusions



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 satisfied 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.

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 continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, 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.



There is a **3 in 10** chance of a person suffering a disabling illness or injury that would keep them out of work for three months or more.

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

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

Benefit Policy Schedule (continued)

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

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.

Summary of Hospital Indemnity Limited Benefit Rider Benefits:

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.

| Hospital Indemnity Limited Benefit Rider | |
|--|-----------------|
| Daily Benefit Amount | 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.

Summary of Accident Only Spousal Benefit Rider Benefits:

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.

| Spousal Accident Only Disability Benefit Rider | | |
|--|---------------------------|-----------------|
| 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.

Summary of COBRA Funding Rider 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.

| COBRA Funding Rider | |
|------------------------|-----------------|
| Monthly Benefit Amount | Monthly Premium |
| \$300.00 | \$4.50 |
| \$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.

Summary of Survivor Benefit Rider 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.

| Survivor Benefit Rider | |
|------------------------|-----------------|
| 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.

Summary of Critical Illness Benefit Rider Benefits:

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.

| Critical Illness Benefit Rider | |
|--------------------------------|-----------------|
| Benefit Amount | Monthly Premium |
| \$10,000.00 | \$9.80 |
| \$15,000.00 | \$13.18 |
| \$20,000.00 | \$16.56 |
| \$25,000.00 | \$19.94 |



AMERICAN FIDELITY
ASSURANCE COMPANY'S

Cancer Insurance

Basic and Enhanced *C-11 Plans*



A Limited Benefit Cancer
Expense Insurance Policy

Summary of Benefits

| SCREENING & FOLLOW-UP | BASIC PLAN | ENHANCED PLAN |
|--|--|--|
| Diagnostic and Prevention Pays the indemnity amount for receipt of one generally medically recognized internal Cancer screening test per Covered Person per Calendar Year including, but not limited to: mammogram; breast ultrasound; breast thermography; breast Cancer blood test (CA 15-3); colon Cancer blood test (CEA); prostate-specific antigen blood test (PSA); flexible sigmoidoscopy; colonoscopy; virtual colonoscopy; ovarian Cancer blood test (CA-125); pap smear (lab test required); chest x-ray; hemocult stool specimen; serum protein electrophoresis (blood test for myeloma); or ThinPrep Pap test. 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. | \$60 per test; 1 per Calendar Year | \$75 per test; 1 per Calendar Year |
| Cancer Screening Follow-Up Pays the indemnity amount when a Covered Person receives one invasive follow-up test needed due to an abnormal covered Cancer screening result. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the Surgical Benefit. | \$60 per Calendar Year; 1 per Calendar Year | \$75 per Calendar Year; 1 per Calendar Year |
| TREATMENT & PROCEDURES | BASIC PLAN | ENHANCED PLAN |
| Radiation Therapy/Chemotherapy/Immunotherapy Pays the Actual Charges up to the maximum amount shown when a Covered Person receives Radiation Therapy, Chemotherapy, or Immunotherapy as defined in the policy, per 12-month period. The 12-month period begins on the first day the Covered Person receives covered Radiation Therapy, Chemotherapy, or Immunotherapy. This benefit does not cover other procedures related to Radiation/Chemotherapy/Immunotherapy. Anti-nausea drugs are not covered under this benefit. 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. | Actual charges up to \$15,000 per 12-mo Period | Actual charges up to \$20,000 per 12-mo Period |
| Administrative/Lab Work Pays the indemnity amount once per calendar month, when the Covered Person is receiving Radiation Therapy/Chemotherapy/Immunotherapy Benefit that month, for related procedures such as treatment planning, treatment management, etc. | \$75 per Calendar Month | \$100 per Calendar Month |
| Hormone Therapy Pays the indemnity amount for hormone therapy treatment as defined in the policy, prescribed by a Physician following a diagnosis of Cancer. This benefit covers drugs and medicines only and not associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation/Chemotherapy/Immunotherapy Benefit or the Drugs and Medicine Benefit. | \$50 per Treatment; Maximum of 12 per Calendar Year | \$50 per Treatment; Maximum of 12 per Calendar Year |
| Surgical Benefit Unit Dollar Amount Maximum Per Operation Pays an indemnity benefit up to the Maximum Per Operation amount shown in the Schedule of Benefits in the policy when a surgical operation is performed on a Covered Person for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits will be calculated 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 Schedule of Benefits. 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. Any diagnostic surgery covered under the Diagnostic and Prevention Benefit will not be covered under this benefit. Bone marrow surgeries are paid under the Bone Marrow Transplant Benefit. Surgeries required to implant a permanent prosthetic device are covered under the Prosthesis Benefit. This benefit is payable for reconstructive breast surgery performed on a non-diseased 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 non-diseased breast must occur within 24 months of the reconstructive surgery of the diseased breast. | \$30 per Surgical Unit \$3,000 | \$40 per Surgical Unit \$4,000 |
| Medical Imaging Pays the indemnity amount for a Covered Person who has been diagnosed with Cancer who receives either an MRI; CT scan; CAT scan; or PET scan when done at the request of a Physician due to Cancer or the treatment of Cancer. | \$200 per Image; Maximum of 2 per Calendar Year | \$300 per Image; Maximum of 2 per Calendar Year |
| Anesthesia Pays 25% of the amount paid for a covered surgery for the services of an anesthesiologist. Services of an anesthesiologist for bone marrow transplants, Skin Cancer, or surgical prosthesis implantation are not covered under this benefit. | 25% of Amount Paid for Covered Surgery | 25% of Amount Paid for Covered Surgery |
| Blood, Plasma and Platelets Pays the indemnity amount for blood, plasma and platelets. This does not include any laboratory processes. Colony stimulating factors are not covered under this benefit. Benefits for Blood, Plasma and Platelets are ONLY provided under this benefit. | \$150 per day; Maximum \$7,500 per Calendar Year | \$200 per day; Maximum \$10,000 per Calendar Year |

| TREATMENT & PROCEDURES (CON'T) | BASIC PLAN | ENHANCED PLAN |
|--------------------------------|------------|---------------|
|--------------------------------|------------|---------------|

Drugs and Medicine

***Hospital Confinement
Outpatient**

**\$200 per Confinement
\$50 per prescription; up to
\$100 per calendar month**

**\$300 per Confinement
\$50 per prescription; up to
\$150 per calendar month**

Pays the indemnity amount for anti-nausea and pain medication prescribed by a Physician for a Covered Person for treatment of Cancer, who is also receiving Radiation Therapy/Chemotherapy/Immunotherapy, a covered surgery, or a Bone Marrow/Stem Cell Transplant. This benefit does not cover associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation/Chemotherapy/Immunotherapy Benefit or the Hormone Therapy Benefit.

Bone Marrow/Stem Cell Transplant

**Autologous
Non-autologous**

**\$1,000 per Calendar Year
\$3,000 per Calendar Year**

**\$1,500 per Calendar Year
\$4,500 per Calendar Year**

Pays the indemnity amount when a bone marrow transplant or peripheral blood stem cell transplant is performed on a Covered Person as treatment for a diagnosed Cancer. This benefit will not be paid for the harvest of bone marrow or stem cells from a donor.

Experimental Treatment

Paid as any non-experimental benefit Paid as any non-experimental benefit

Pays benefits for Experimental Treatment prescribed by a Physician, as defined in the policy, the same as any other benefit covered under this policy. This benefit does not provide coverage for treatments received outside of the United States or its territories.

Donor Expenses

\$1,000 per donation

\$1,000 per donation

Pays the indemnity amount shown for a donor's expenses incurred 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.

Physical or Speech Therapy

**\$25 per visit; up to 4 visits
per Calendar Month**

**\$25 per visit; up to 4 visits
per Calendar Month**

Pays the indemnity amount if a Physician advises a Covered Person to seek physical therapy or speech therapy. Physical or speech therapy must be performed by a caregiver licensed in physical or speech therapy and be needed as a result of Cancer or the treatment of Cancer. We will pay for one treatment per day up to four treatments per calendar month per Covered Person for any combination of physical or speech therapy treatments up to a lifetime maximum of \$1,000.

| FACILITIES & EQUIPMENT | BASIC PLAN | ENHANCED PLAN |
|------------------------|------------|---------------|
|------------------------|------------|---------------|

Hospital Confinement

**\$200 per day first 30 days
\$400 per day thereafter**

**\$300 per day first 30 days
\$600 per day thereafter**

Pays the indemnity amount for a Covered Person while confined to a Hospital for at least 18 continuous hours for the treatment of Cancer. *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, 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 will not be paid for outpatient treatment or a stay of less than 18 hours in an observation unit or emergency room.

Outpatient Hospital or Ambulatory Surgical Center

\$400 per day of Surgery

\$600 per day of Surgery

Pays the indemnity amount shown towards the facility fee charges of an Ambulatory Surgical Center or Hospital for an outpatient surgical procedure of a diagnosed Cancer. Surgical procedures for Skin Cancer are not covered under this benefit.

U.S. Government/Charity Hospital or HMO

\$200 per day in lieu of most benefits

\$300 per day in lieu of most benefits

If an itemized list of services is not available because a Covered Person is: confined in a charity Hospital or U.S. Government owned Hospital; or covered under a Health Maintenance Organization (H.M.O.) or Diagnostic Related Group (D.R.G.) where no charges are made to the Covered Person for treatment of Cancer or Dread Disease, the Primary Insured may convert benefits under the policy to pay the indemnity amount shown. This benefit will be paid in lieu of most benefits under the policy.

Extended Care Facility

\$75 per day

\$100 per day

Pays the indemnity amount for each day room and board charges are incurred while a Covered Person is confined in an Extended Care Facility due to Cancer at the direction of a Physician that begins within 14 days after a covered Hospital Confinement. Paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement.

Hospice

**\$75 per day;
\$13,500 Lifetime Maximum**

**\$100 per day;
\$18,000 Lifetime Maximum**

Pays the indemnity amount for Hospice Care directed by a licensed Hospice organization, as defined in the policy, of a Covered Person expected to live six months or less due to Cancer. This benefit does not include: well baby care; volunteer services; meals; housekeeping services; or family support after the death of the Covered Person.

Prosthesis

**Surgically Implanted
Non-surgically Implanted**

**\$1,500 per Device; 1 per Site
\$150 per Device; 1 per Site**

**\$2,000 per Device; 1 per Site
\$200 per Device; 1 per Site**

Pays the indemnity amount for a prosthetic device received due to Cancer that manifested after the 30th day following the Effective Date, and its surgical implantation if required as a direct result of surgery for Cancer. This benefit does not cover prosthetic related supplies. Temporary prosthetic devices used as tissue expanders are covered under the Surgical Benefit. Lifetime maximum of two surgically implanted prosthetics per Covered Person. Lifetime maximum of three non-surgically implanted prosthetics per Covered Person.

Hair Prosthesis

\$150 Lifetime Maximum

\$200 Lifetime Maximum

Pays the indemnity amount for a Covered Person's hair prosthesis needed as a direct result of Cancer or the treatment of Cancer. This benefit is payable once per Covered Person per lifetime and is only payable under this benefit.

| CARE & CONSULTATION | BASIC PLAN | ENHANCED PLAN |
|---|---|--|
| Attending Physician | \$40 per day while Hospital Confined | \$50 per day while Hospital Confined |
| Pays the indemnity amount for one Physician's visit per day when a Covered Person requires the services of a Physician, other than a surgeon while Hospital Confined for the treatment of Cancer. | | |
| Inpatient Special Nursing | \$150 per day while Hospital Confined | \$150 per day while Hospital Confined |
| Pays the indemnity amount shown for Full-time special nursing care (other than that regularly furnished by a Hospital) while a Covered Person is Hospital Confined for treatment of Cancer. "Full-time" means at least eight consecutive hours during a 24 hour period. Care must be provided by a Nurse, as defined by the Policy, be prescribed by a Physician and be Medically Necessary for the treatment of Cancer. | | |
| Home Health Care | \$75 per day; up to same number of days of paid Hospital Confinement | \$100 per day; up to same number of days of paid Hospital Confinement |
| Pays the indemnity amount for a Covered Person's Home Health Care, as described in the policy, required due to Cancer when prescribed by a Physician in lieu of Hospital Confinement beginning within 14 days after a Hospital Confinement. This benefit does not include physical or speech therapy. This benefit will be paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement. If the Covered Person qualifies for coverage under the Hospice Care Benefit, the Hospice Care Benefit will be paid in lieu of this benefit. 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. The caregiver may not be a family member. | | |
| 2nd and 3rd Surgical Opinion | \$300 per diagnosis; Additional \$300 for 3rd | \$300 per diagnosis; Additional \$300 for 3rd |
| Pays the indemnity amount once per diagnosis for a Covered Person's second surgical opinion and if the second disagrees with the first, a third opinion, when the attending Physician recommends surgery for the treatment of Cancer. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered under this benefit. | | |

| TRANSPORTATION & LODGING | BASIC PLAN | ENHANCED PLAN |
|--|--|--|
| Ambulance | | |
| Ground | \$200 per trip | \$200 per trip |
| Air | \$2,000 per trip | \$2,000 per trip |
| Pays the indemnity amount shown for either licensed air or ground ambulance transportation of a Covered Person to a Hospital or from one medical facility to another where the Covered Person is admitted as an Inpatient and Hospital Confined for at least 18 consecutive hours for treatment of Cancer. Paid for up to two trips per Hospital Confinement for any combination of air or ground ambulance transportation. | | |
| Patient & Family Member Transportation | Round Trip Coach Fare or \$0.50 per mile up to a Maximum \$1,500 per round trip | Round Trip Coach Fare or \$0.50 per mile up to a Maximum \$1,500 per round trip |
| Outpatient & Family Member Lodging | \$60 per day up to 90 days per Calendar Year | \$80 per day up to 90 days per Calendar Year |
| These benefits pay for the transportation of a Covered Person and/or one adult family member when the Covered Person has been diagnosed with Cancer and receives covered Radiation Therapy, Chemotherapy, Immunotherapy, Bone Marrow/Stem Cell Transplant, or surgery due to Cancer in a non-local Physician prescribed Hospital providing such treatment that is at least 50 miles away from the Covered Person's residence, using the most direct route. Travel must be by scheduled bus, plane or train, or by car and be within the United States or its Territories. Benefits will be provided for only one mode of transportation per round trip and will be paid for up to 12 round trips per Calendar Year. Benefits for travel for the Covered Person and/or family member will be paid: once while the Covered Person is Hospital Confined; or only for days of outpatient specialized treatment. Benefits for lodging for the Covered Person and/or family member will be paid: once for the family member while the Covered Person is Hospital Confined; or only for days of outpatient specialized treatment for the family member or Covered Person. If the family member and the Covered Person travel in the same car or lodge in the same room, benefits for travel and lodging will only be paid under the Transportation and Lodging Benefit for the patient. | | |

| ADDITIONAL BENEFITS | BASIC PLAN | ENHANCED PLAN |
|---|---|---|
| Dread Disease | \$200 per day first 30 days per Hospital Confinement; \$400 per day thereafter | \$300 per day first 30 days per Hospital Confinement; \$600 per day thereafter |
| Pays an indemnity amount for each period of Hospital Confinement for treatment of a Dread Disease as defined in the policy, including: Addison's Disease, Amyotrophic Lateral Sclerosis, Cystic Fibrosis, Diphtheria, Encephalitis, Grand Mal Epilepsy, Legionnaire's Disease, Meningitis, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Niemann-Pick Disease, Osteomyelitis, Poliomyelitis, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Sickle Cell Anemia, Systemic Lupus Erythematosus, Tay-Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, Toxic Shock Syndrome, Tuberculosis, Tularemia, Typhoid Fever, and Whipple's Disease. Benefits for Dread Disease are ONLY provided under this benefit. | | |
| Waiver of Premium | 90 day elimination period | 90 day elimination period |
| If the Primary Insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums due after the 90th day so long as the Primary Insured remains disabled. "Disabled" means the Primary Insured's inability because of Cancer: to work at any job for which (s)he is 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. This policy must be in force at the time disability begins and the Primary Insured must be under age 65. | | |

FAMILY COVERAGE

You can take advantage of several options to extend coverage to your family:

- *Individual* – You.
- *Single Parent Family* – You and each Eligible Child, as defined in the policy.
- *Family Plan* – You and your spouse and Eligible Children, as defined in the policy.

GUARANTEED RENEWABLE

You are guaranteed the right to renew your base policy 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.

C-11 MONTHLY PREMIUMS[†]

| | BASIC PLAN | | | ENHANCED PLAN | | |
|-------|-------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| | <i>Individual</i> | <i>One Parent Family</i> | <i>Two Parent Family</i> | <i>Individual</i> | <i>One Parent Family</i> | <i>Two Parent Family</i> |
| 18-40 | 16.30 | 24.40 | 31.80 | 21.00 | 31.40 | 40.80 |
| 41-50 | 23.60 | 35.20 | 45.70 | 30.80 | 45.80 | 59.50 |
| 51-60 | 32.60 | 48.70 | 63.30 | 42.40 | 63.30 | 82.30 |
| 61+ | 44.20 | 65.90 | 85.80 | 57.30 | 85.60 | 111.30 |

[†]The premium and amount of benefits provided vary dependent upon the plan selected.

Hospital Intensive Care Unit Rider

Intensive Care Unit

\$600 per day; up to 30 days per confinement

Ambulance Benefit

\$100 per Admission

Pays each day a Covered Person is confined in an ICU, as defined in the rider, due to accident or sickness. A day is defined as a 24-hour period. If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid. Benefits will not be paid for an ICU confinement that begins prior to the Effective Date of the rider. Pays the amount shown for ambulance charges for transportation to a Hospital where the Covered Person is admitted to an Intensive Care Unit within 24 hours of arrival. Benefits reduce by 50% at age 70.

HOSPITAL INTENSIVE CARE UNIT RIDER MONTHLY PREMIUMS[†]

| | ICU RIDER | | |
|-------|-------------------|--------------------------|--------------------------|
| | <i>Individual</i> | <i>One Parent Family</i> | <i>Two Parent Family</i> |
| 18-40 | 3.40 | 5.10 | 6.60 |
| 41-50 | 4.20 | 6.30 | 8.20 |
| 51-60 | 5.50 | 8.20 | 10.70 |
| 61+ | 7.10 | 10.60 | 13.80 |

[†]The premium and amount of benefits provided vary dependent upon the plan selected.

Critical Illness Rider

Pays the specified Maximum Benefit Amount, depending upon the amount chosen at time of application, upon first diagnosis of a Covered Critical Illness, as defined in the rider and as shown on the Policy Schedule, and the Date of Diagnosis occurs after the 30th day following the Covered Person's Effective Date of coverage under the rider. Once each Benefit is paid for a Covered Person, the Benefit is no longer available for such Covered Person. All benefit amounts reduce by 50% at age 70.

CRITICAL ILLNESS RIDER MONTHLY PREMIUMS[†]

\$2,500 Unit / Maximum \$10,000 Per Rider

| CANCER ONLY | | | | | | | | | | | | |
|--------------------|------------------------|------------------------|----------------|------------------------|------------------------|----------------|------------------------|------------------------|-----------------|------------------------|------------------------|-------|
| \$2,500 | | | \$5,000 | | | \$7,500 | | | \$10,000 | | | |
| <i>Ind</i> | <i>1 Parent Family</i> | <i>2 Parent Family</i> | <i>Ind</i> | <i>1 Parent Family</i> | <i>2 Parent Family</i> | <i>Ind</i> | <i>1 Parent Family</i> | <i>2 Parent Family</i> | <i>Ind</i> | <i>1 Parent Family</i> | <i>2 Parent Family</i> | |
| 18-40 | 1.50 | 2.20 | 2.90 | 3.00 | 4.40 | 5.80 | 4.50 | 6.60 | 8.70 | 6.00 | 8.80 | 11.60 |
| 41-50 | 3.00 | 4.50 | 5.80 | 6.00 | 9.00 | 11.60 | 9.00 | 13.50 | 17.40 | 12.00 | 18.00 | 23.20 |
| 51-60 | 4.90 | 7.30 | 9.40 | 9.80 | 14.60 | 18.80 | 14.70 | 21.90 | 28.20 | 19.60 | 29.20 | 37.60 |
| 61+ | 7.10 | 10.60 | 13.80 | 14.20 | 21.20 | 27.60 | 21.30 | 31.80 | 41.40 | 28.40 | 42.40 | 55.20 |

| HEART ATTACK/STROKE ONLY | | | | | | | | | | | | |
|---------------------------------|------------------------|------------------------|----------------|------------------------|------------------------|----------------|------------------------|------------------------|-----------------|------------------------|------------------------|-------|
| \$2,500 | | | \$5,000 | | | \$7,500 | | | \$10,000 | | | |
| <i>Ind</i> | <i>1 Parent Family</i> | <i>2 Parent Family</i> | <i>Ind</i> | <i>1 Parent Family</i> | <i>2 Parent Family</i> | <i>Ind</i> | <i>1 Parent Family</i> | <i>2 Parent Family</i> | <i>Ind</i> | <i>1 Parent Family</i> | <i>2 Parent Family</i> | |
| 18-40 | 0.80 | 1.20 | 1.50 | 1.60 | 2.40 | 3.00 | 2.40 | 3.60 | 4.50 | 3.20 | 4.80 | 6.00 |
| 41-50 | 2.10 | 3.10 | 4.10 | 4.20 | 6.20 | 8.20 | 6.30 | 9.30 | 12.30 | 8.40 | 12.40 | 16.40 |
| 51-60 | 3.10 | 4.60 | 6.00 | 6.20 | 9.20 | 12.00 | 9.30 | 13.80 | 18.00 | 12.40 | 18.40 | 24.00 |
| 61+ | 4.60 | 6.90 | 8.90 | 9.20 | 13.80 | 17.80 | 13.80 | 20.70 | 26.70 | 18.40 | 27.60 | 35.60 |

[†]The premium and amount of benefits provided vary dependent upon the plan selected.



AF™ Accident Only Insurance

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.



Prepare for the unexpected.

You cannot plan for when an accident will happen, but you can plan for unexpected medical expenses. AF™ **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident expenses. Start providing financial protection today if an accident suddenly occurs.

An **Accident** is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause.

EMERGENCY ACCIDENT

Hypothetical Example ¹

Twisted knee in the parking lot resulting in a torn meniscus and treatment is received within 72 hours.

| | BASIC | ENHANCED |
|---|----------------|--------------|
| Accident Emergency Treatment | \$150 | \$200 |
| Accident Follow-Up Treatment (4 visits) | \$200 | \$200 |
| Physical Therapy (8 treatments) | \$200 | \$200 |
| Medical Imaging | \$200 | \$200 |
| X-Ray | \$50 | \$100 |
| Appliances | \$100 | \$100 |
| Surgical Facility | \$150 | \$250 |
| Torn Knee Cartilage Repair | \$500 | \$500 |
| Anesthesia | \$150 | \$200 |
| TOTAL | \$1,700 | 1,950 |

Annual Wellness Benefit

BASIC

\$50

ENHANCED

\$75

Paid directly to you!

Benefits for Policy and Enhancement Rider

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

| BASIC | PRIMARY | SPOUSE | CHILD |
|----------------|---------------------|---------------------|-------------------|
| Common Carrier | \$50,000 | \$50,000 | \$25,000 |
| Other Accident | \$15,000 | \$15,000 | \$7,500 |
| Dismemberment | \$1,000 to \$15,000 | \$1,000 to \$15,000 | \$500 to \$7,500 |
| ENHANCED | PRIMARY | SPOUSE | CHILD |
| Common Carrier | \$100,000 | \$100,000 | \$50,000 |
| Other Accident | \$30,000 | \$30,000 | \$15,000 |
| Dismemberment | \$1,500 to \$30,000 | \$1,500 to \$30,000 | \$750 to \$15,000 |

¹Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258 Series.

Schedule of Benefits for Policy and Enhancement Rider

| ACCIDENT BENEFITS | BASIC | ENHANCED |
|-------------------|-------|----------|
|-------------------|-------|----------|

EMERGENCY ACCIDENT TREATMENT

| | | |
|--|-------|-------|
| Accident Emergency Treatment | \$150 | \$200 |
| Emergency Accident Follow-up Treatment (up to four treatments) | \$50 | \$50 |

NON-EMERGENCY ACCIDENT TREATMENT

| | | |
|---|------|-------|
| Non-Emergency Accident Initial Treatment | \$75 | \$100 |
| Non-Emergency Accident Follow-up Treatment (up to two treatments) | \$50 | \$50 |

MEDICAL IMAGING

| | | |
|-----------------------|-------|-------|
| MRI, CT, CAT, PET, US | \$200 | \$200 |
| X-Rays | \$50 | \$100 |

HOSPITAL CONFINEMENT

| | | |
|---------------------------------------|-------|---------|
| Hospital Admission | \$500 | \$1,000 |
| Intensive Care Unit (up to 15 days) | \$300 | \$600 |
| Hospital Confinement (up to 365 days) | \$100 | \$200 |

AMBULANCE

| | | |
|--------|---------|---------|
| Ground | \$300 | \$300 |
| Air | \$1,500 | \$1,500 |

TREATMENT

| | | |
|---|-------|-------|
| Outpatient Hospital or Ambulatory Surgical Center | \$150 | \$250 |
| Anesthesia | \$150 | \$200 |

TRANSPORTATION BENEFITS

| | | |
|--|-------|-------|
| Transportation Patient only, per round trip for up to 3 round trips per calendar year | \$300 | \$300 |
| Family Member Lodging and Meals Per day per accident; up to 30 days per confinement | \$100 | \$100 |

MONTHLY PREMIUMS

For Policy And Benefit Enhancement Rider**

| | BASIC | ENHANCED |
|-------------------------|---------|----------|
| Individual | \$19.90 | \$26.10 |
| Individual & Spouse | \$28.30 | \$34.90 |
| Individual & Child(ren) | \$31.50 | \$41.00 |
| Family | \$39.90 | \$49.80 |

| ACCIDENT INJURY BENEFITS | ALL COVERAGE LEVELS | |
|--------------------------|---------------------|--|
|--------------------------|---------------------|--|

INJURY TREATMENT

| | | |
|--|--------------------|--|
| Fractures Benefit Depending on open or closed reduction, bone involved, or chip fracture | \$25 to \$3,000 | |
| Lacerations Benefit Not requiring sutures | \$25 | |
| Sutured lacerations up to two inches | \$100 | |
| Sutured lacerations totaling two to six inches | \$200 | |
| Sutured lacerations totaling over six inches | \$400 | |
| Appliances Benefit Crutches, leg braces, etc. | \$100 | |
| Torn Knee Cartilage or Ruptured Disc Benefit | \$500 | |
| Eye Injury Benefit Injury with surgical repair, for one or both eyes | \$250 | |
| Removal of foreign body by a physician, for one or both eyes | \$50 | |
| Dislocations Benefit Depending on open or closed reduction, with or without anesthesia and joint involved. | \$25 to \$3,000 | |
| Concussion Benefit | \$200 | |
| 2nd & 3rd Degree Burns Skin grafts are 25% of benefit | \$100 to \$10,000 | |
| Internal Injuries Benefit Resulting in open abdominal or thoracic surgery | \$1,000 | |
| Paralysis Benefit: Paraplegia / Quadriplegia | \$5,000 / \$10,000 | |
| Tendons, Ligaments, and Rotator Cuff Benefit One tendon, ligament, or rotator cuff | \$500 | |
| More than one tendon, ligament, or rotator cuff | \$750 | |
| Blood, Plasma, and Platelets Benefit | \$250 | |
| Exploratory Surgery without Surgical Repair Benefit | \$250 | |
| Physical Therapy Benefit Per treatment up to eight treatments | \$25 | |
| Prosthesis Benefit | \$500 | |
| Emergency Dental Work Benefit Broken teeth repaired with crown | \$150 | |
| Extraction of broken teeth (regardless of number) | \$50 | |

| WELLNESS BENEFIT | BASIC | ENHANCED |
|------------------|-------|----------|
|------------------|-------|----------|

WELLNESS

| | | |
|---|------|------|
| Annual Routine Physical Exam Requires a 12-month waiting period before use. One exam per policy per calendar year | \$50 | \$75 |
|---|------|------|

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



Limited Benefit Hospital GAP PLAN Choice® Insurance

Be Prepared for Unexpected Expenses

Rising medical costs can be troubling, and there may be times when your Other Medical Plan coverage won't cover all of your medical expenses. If you have an unexpected hospital stay, how would you manage to pay your share, including the deductible and copays? **Limited Benefit Hospital GAP PLAN Choice® Insurance** may help you and your family cover some of those costs.

Gap insurance is a supplemental, medical expense policy that is designed to help with certain out-of-pocket costs when you or a covered family member visit or stay in the hospital.

Plan Highlights



Benefits Are Paid Directly to You

Use the funds where they're most needed, like copayments, deductibles, emergency room visits, outpatient surgery, diagnostic testing and more.



Inpatient and Outpatient Benefits

Options to help you pay for inpatient hospital stays, outpatient surgery, emergency room treatment and more.



Physician's Office Benefits

Provides a reimbursement amount for up to five physician visits per year.



Several Benefit Amounts Available

Based on your individual need, there are multiple benefit amounts for you to choose from.

Other (or Another) Medical Plan means any group basic major medical or group comprehensive medical policy, through the insured's employer, through which a covered person has coverage. The term Other Medical Plan does not include TRICARE, Medicaid, Health Savings Accounts or Health Reimbursement Accounts.



How the Plan Works

As an example, let's assume your Other Medical Plan deductible is \$1,500 and your co-insurance is 80/20 with a total out-of-pocket maximum of \$2,500. The hypothetical example is based on a \$2,000 Inpatient Benefit and \$800 for the Outpatient Benefit.

Inpatient and Outpatient Benefits

Example: Hospital Stay and Surgery, totaling \$10,000

| Inpatient Benefit Payment Example* | Without Hospital GAP PLAN [Choice]® Insurance Coverage | WITH Hospital GAP PLAN [Choice]® Insurance Coverage |
|--|---|--|
| Deductible: | \$1,500 | \$1,500 |
| Co-insurance | \$1,000 | \$1,000 |
| Out-of-Pocket Costs: | \$2,500 | \$2,500 |
| Hospital GAP PLAN [Choice]® Insurance Benefit: | \$0 | \$2,000 |
| Your Out-of-Pocket Costs: | \$2,500 | \$500 |

Example: Hospital Stay and Surgery, totaling \$10,000

| Outpatient Benefit Payment Example* | Without Hospital GAP PLAN [Choice]® Insurance Coverage | WITH Hospital GAP PLAN [Choice]® Insurance Coverage |
|---|---|--|
| Deductible: | \$1,500 | \$1,500 |
| Co-insurance | \$1,000 | \$1,000 |
| Out-of-Pocket Costs: | \$2,500 | \$2,500 |
| Hospital GAP PLAN® [Choice]® Insurance Benefit: | \$0 | \$800 |
| Your Out-of-Pocket Costs: | \$2,500 | \$1,700 |

**These are hypothetical examples and are for illustrative purposes only.*

Policy Benefits and Features

Inpatient Hospital Benefit

What it Covers:

- Inpatient Hospital stays
- Inpatient surgery
- Physician expenses from inpatient stay
- Lab expenses from inpatient stay

How it Pays:

The Inpatient Hospital Benefit pays the difference between the actual expenses you incur and the amount your Other Medical Plan pays, up to the maximum amount provided under the policy.

Maximum Reimbursement:

Benefit amounts available range from \$1,000 to \$7,500 per confinement for qualified out-of-pocket expenses for injury or sickness. Your reimbursement can not exceed the benefit amount you initially select under this plan.

Length of Hospital Stay:

A Hospital stay of 18 consecutive hours or over is considered an Inpatient Benefit. Anything under 18 hours is considered an Outpatient Benefit.

Outpatient Benefit

What it Covers:

- Treatment in a Hospital emergency room
- Outpatient surgery
- Treatment in a Hospital
- Freestanding outpatient surgery center
- Outpatient diagnostic testing

Repeat visits for the same or related conditions will be subject to a single maximum Outpatient Benefit. After 90 consecutive days without a related condition, a new maximum Outpatient Benefit will apply.

How it Pays:

The Outpatient Benefit pays the difference between the actual expenses you incur and the amount your Other Medical Plan pays, up to the maximum amount provided under the policy.

Maximum Reimbursement:

The plan covers qualified out-of-pocket expenses for injury or sickness (depending upon the plan selected) up to a maximum Outpatient Benefit of:

- \$400, \$800, or \$1,200 for outpatient surgery or treatment performed in a Hospital or a freestanding outpatient surgery center;
- \$100, \$200, or \$300 for outpatient diagnostic testing procedure performed in a hospital or a freestanding Magnetic Resonance Imaging (MRI) facility; or
- \$50, \$100, or \$150 for outpatient treatment in a Hospital emergency room, without the covered person subsequently being considered an inpatient.

Physician Office Visit Benefit

What it Covers:

Qualified visits are for outpatient treatment due to sickness, or outpatient emergency care for an injury. The covered person must be covered by Another Medical Plan, when such charges are incurred at a Hospital outpatient clinic, free-standing emergency care clinic or physician's office.

How it Pays:

The Physician Office Visit Benefit provides reimbursements for physician visits at \$25 per visit, for up to five visits (\$125) per family per calendar year for out-of-pocket covered charges. See your certificate for benefit amounts.

Additional Plan Information

Effective Date of Coverage:

This plan will take effect on the application's requested effective date, or on an adjusted effective date as assigned by American Fidelity upon application approval, whichever is later, if:

- **Underwriting rules are met;**
- **You are actively employed;**
- **You are covered under Another Medical Plan; and**
- **Premium has been paid.**

Important Plan Details:

- **Benefits are paid directly to you and you are responsible for paying the providers.**
- **The policy does not cover 100% of out-of-pocket costs.**
- **This is not major medical coverage.**
- **Actual Expense means after any discounts or reductions take place as negotiated between the Other Medical Plan carrier and the service provider.**

Coverage Available For:

- **Employee,**
- **Spouse, and/or**
- **Children**

Hospital:

The term "Hospital" shall **not** include an institution, or part thereof, used by a covered person as:

- **A place for rehabilitation;**
- **A place for rest or for the aged;**
- **A nursing or convalescent home;**
- **A longterm nursing unit or geriatrics ward; or**
- **An extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.**

Excluded Benefits:

Only charges approved by the Other Medical Plan carrier may be considered under this plan. If this plan is employer-paid, the Pre-Existing Condition exclusion will not apply. For a list of all exclusions, please refer to your certificate.

Policy Exclusions

- Suicide or any attempt, while sane or insane;
- Any intentionally self-inflicted injury or sickness;
- Rest care or rehabilitative care and treatment;
- Routine newborn care during the initial hospital confinement period, including routine nursery charges;
- Voluntary abortion except, with respect to you or your covered dependent spouse, where such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion;
- Pregnancy of a dependent child;
- Participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
- Commission of a felony;
- Participation in a contest of speed in power-driven vehicles, parachuting or hang gliding;

Hospital GAP PLAN Choice® Insurance

Monthly Rates with Physician Office Visit Benefit

VOLUNTARY Plan Maximum

| Inpatient | Basic Benefits | |
|--------------------------|----------------|----------|
| | \$1,000 | \$2,000 |
| Rates | | |
| Under 55: | | |
| Employee Only | \$26.00 | \$38.40 |
| Employee and Spouse | \$44.00 | \$66.40 |
| Employee and Child(ren) | \$39.70 | \$59.50 |
| Employee and Family | \$57.70 | \$87.50 |
| Ages 55-59: | | |
| Employee Only | \$36.90 | \$55.50 |
| Employee and Spouse | \$63.70 | \$97.10 |
| Employee and Child(ren) | \$50.60 | \$76.60 |
| Employee and Family | \$77.40 | \$118.20 |
| Ages 60 and Over: | | |
| Employee Only | \$58.70 | \$89.70 |
| Employee and Spouse | \$102.90 | \$158.70 |
| Employee and Children | \$72.40 | \$110.80 |
| Employee and Family | \$116.60 | \$179.80 |

| Outpatient | Basic Benefits |
|------------------------|----------------|
| Emergency Room | \$50.00 |
| Diagnostic X-Ray & Lab | \$100.00 |
| Outpatient Surgery | \$400.00 |

This is a supplemental limited benefit medical expense insurance policy. This product may contain limitations, exclusions, and waiting periods. This product is not intended for people who are eligible for Medicaid coverage. Pre-existing conditions will not be covered for the first 12 months from your effective date. This insert must be used in conjunction with AF-1074 and any state-specific deviations thereof. Please refer to your certificate for complete details. Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile. Rates are guaranteed not to increase during the initial term period. However, they may increase upon renewal. For benefits, limitations, exclusions, and other provisions, please refer to the policy.

This policy is considered an employee welfare benefit plan established and/or maintained by an association or employer intended to be covered by ERISA, and will be administered and enforced under ERISA. Group policies issued to governmental entities and municipalities may be exempt from ERISA.

Marketed by:



Underwritten and administered by:



HAVE YOU EVER?












- Needed your Will prepared or updated
- Been overcharged for a repair or paid an unfair bill
- Had trouble with a warranty or defective product
- Signed a contract
- Received a moving traffic violation
- Had concerns regarding child support
- Worried about being a victim of identity theft
- Been concerned about your child's identity
- Lost your wallet
- Worried about entering personal information online
- Feared the security of your medical information
- Been pursued by a collection agency

WHAT ARE LEGALSHIELD & iLOCK360?


LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs.

In 2012, TCG Services developed iLOCK360 in order to protect its clients and their employees from the growing threat of identity theft. Today, iLOCK360 helps educators, businesses, employees, and individuals Live Safely™, knowing their identities are monitored around the clock.

THE LEGALSHIELD MEMBERSHIP INCLUDES

-  24/7 Personal Legal Advice on unlimited issues
-  24/7 Letters/calls made on your behalf
-  24/7 Contracts & documents reviewed (up to 15 pages)
-  24/7 Residential Loan Document Assistance
-  24/7 Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
-  24/7 Moving Traffic Violations (available 15 days after enrollment)
-  24/7 IRS Audit Assistance
-  24/7 Trial Defense (if named defendant/respondent in a covered civil action suit)
-  24/7 Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
-  24/7 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
-  24/7 24/7 Emergency Access for covered situations

THE iLOCK360 MEMBERSHIP INCLUDES

-  **CyberAlert Internet Surveillance**
Our exclusive technology scours the web 24/7/365 to identify trading or selling of your personal information online.
-  **Social Security Number Tracing**
Know if your SSN becomes associated with another individual's name or address.
-  **Credit Monitoring**
Find out your credit score, analyze your credit report, and monitor your identity for credit-related activity.
-  **Full Service Restoration**
An iLOCK360 Certified Identity Theft Restoration Specialist will work diligently on your behalf to restore all aspects of your identity.
-  **\$1 Million in Identity Theft Insurance**
You are insured with a one million dollar insurance policy to cover identity theft restoration expenses.

| Semi-Monthly Payroll Deduction | Individual | Family |
|--------------------------------|----------------|----------------|
| iLOCK360 | \$4.48 | \$9.48 |
| LegalShield | \$9.48 | \$9.48 |
| Combined | \$13.95 | \$16.95 |

| Plan | Cyber Alert SM | Credit Bureau Monitoring | SSN Trace | Court Records | Address Change | 24/7 Support | \$1M Insurance |
|--------------|---------------------------|--------------------------|-----------|---------------|----------------|--------------|----------------|
| Plus | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Basic | ✓ | | | | | | |

All district employees receive free Basic coverage that includes only CyberAlertSM



EMERGENCY TRANSPORTATION COSTS

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

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

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



HOW MASA IS DIFFERENT

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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



Any Ground. Any Air. Anywhere.™

OUR BENEFITS

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

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

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



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

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

AIR MEDICAL COST CASE STUDY

PROVIDER CHARGES

“Base” Charge of \$29,016.02 is the charge for simply completing the transport.

| Description | Qty. | Price | Contractual Allowance | Amount |
|-----------------------------|------|----------|-----------------------|----------|
| A0431 Helicopter Rotor Base | 1 | 29016.02 | 0.00 | 29016.02 |

PATIENT RESPONSIBILITY

Provider was **out-of-network** which is common with most providers, in most states, with most insurance carriers.

In this instance, the patient owed approximately 92% of the entire charges — \$34,832 of \$37,952!

Patient responsibility calculates to \$1,741/mile!

| | Provider Charges | Paid to Provider | Amount you pay provider |
|-------------------------|------------------|------------------|-------------------------|
| Total Charge | \$37,952.22 | | |
| Plan Discounts | | | |
| Plan/Benefit exclusions | | | \$33,871.33 |
| Your Share | | | |
| Copay | | | \$0.00 |
| Deductible | | | \$991.48 |
| Coinsurance | | | \$0.00 |

IF THIS PATIENT WAS A MASA MEMBER...

This air medical provider is one of MASA’s participating providers.

When a provider is enrolled in MASA’s participating provider program, MASA guarantees **ZERO out-of-pocket costs for its members for any emergent transport conducted by the participating provider**, as MASA and the provider have a pre-negotiated fee schedule. Simply put, this patient/member would have owed **ZERO out-of-pocket fees versus the \$34,862 the patient faced owing in the example above.**

Additionally, transports by participating providers are generally settled quickly, as no negotiating needs to take place. If provider was not a participating provider, MASA works as an advocate for the members when an emergency transport is conducted by an out-of-network provider, with the goal of getting the claim settled with where there is zero balance to patient. In 2018, MASA was able to get all closed claims settled, where patients/members owed **ZERO costs out-of-pocket!**



Any Ground. Any Air. Anywhere.™



Virtual Urgent Care

Getting Started

INTRODUCTION

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

Consult Fee: \$0

HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:
"member.recurohealth.com"

02

Enter your employer member ID

03

Create your username and password

04

Complete your medical history

05

Schedule your consult

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



Example Conditions Treated

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



customerservice@recurohealth.com | 855.6RECURO | Scan QR Code to Download





Virtual Therapy

Getting Started

INTRODUCTION

Receive comprehensive therapy and counseling from Recuro's Clinical Social Workers and Marriage & Family Therapists. Your therapist will work with you to reach your emotional wellness goals, developing a personalized plan and tracking progress over time.

HOW TO ACCESS

01

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

02

Enter your employer member ID

03

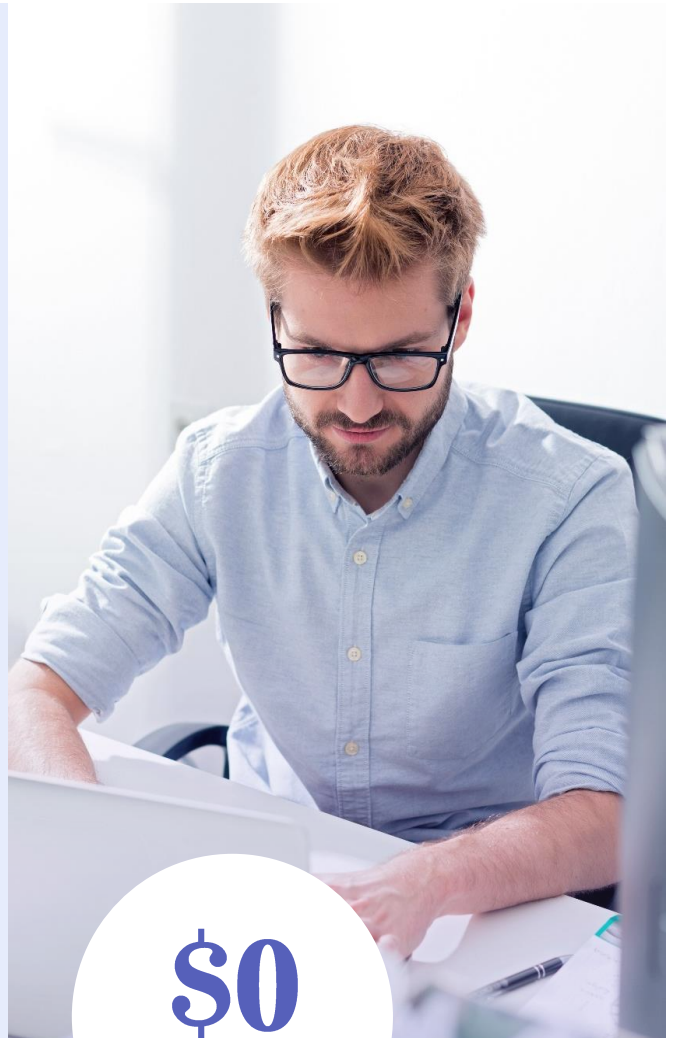
Create your username and password

04

Complete intake and wellness assessment

05

Schedule your consult



\$0

Consults

Example Conditions Treated

- Anger Mgmt
- Anxiety
- Bipolar
- Depression
- Eating Disorder
- Sleep Disorder
- Addiction
- Substances
- Grief / Loss
- PTSD
- OCD
- And More...



customerservice@recurohealth.com | 855.6RECURO | Scan QR Code to Download

