

SOMERSET ISD 2026-2027 BENEFITS GUIDE



Thomas Marroquin
Account Manager
210-849-2088
thomas.marroquin@ffga.com

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

Benefits Office
7791 E 6th Street
Somerset, TX 78069
210-750-8956
www.sisd12.net/

Contents

- EMPLOYEE BENEFITS CENTER
- HOW TO ENROLL
- BENEFIT ELIGIBILITY & COVERAGE
- SECTION 125 PLANS
- DENTAL
- VISION
- FSA
- HSA
- FSA & HSA RESOURCES
- VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS
 - TERM LIFE & AD&D
 - TEXAS LIFE
 - DISABILITY INSURANCE
 - CANCER INSURANCE
 - CRITICAL ILLNESS INSURANCE
 - ACCIDENT ONLY INSURANCE
 - 403(b) RETIREMENT PLANS
 - TELEHEALTH
 - HOSPITAL INDEMNITY INSURANCE
 - COBRA
 - CLEVER RX
- BENEFIT CONTACT INFORMATION

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!

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

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



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

ffbenefits.ffga.com/somersetisd



How to Enroll

Benefits Enrollment

On-Site Enrollment

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

Online Enrollment

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

Enroll Now

Login

Employee ID: The Employee ID is either your social security number or your Employee ID.

PIN: Instructions to access your initial Personal Identification Number (PIN) will be provided to you prior to open enrollment.

Upon initial login, the PIN will be required to be changed.

Remember your PIN as you will use this to sign your enrollment confirmation form and to login in the future.

View Current Benefits

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

View/Add Dependents

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

Begin Elections

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

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

You have 31 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first day of the month that follows a waiting period of 30 calendar days.

Existing Employees

When it's time to enroll in your benefits, your FFGA Account Representative will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

Mid-year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

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

Here's How It Works

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

Is It Right For Me?

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

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

IRS specified changes in family status include:

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

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

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

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

Dental Insurance

Plan Choices



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	\$0.00
Employee + Spouse	\$34.96
Employee + Children	\$45.20
Employee + Family	\$73.80

Dental Plan Summary

Effective Date: 9/1/2026

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,500 per calendar year
Allowance	Discounted Fee
Waiting Period	None

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays • Cleaning • Fluoride for Children 14 and under • Sealants (age 14 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Periapical X-rays • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions 	<ul style="list-style-type: none"> • Onlays • Crowns • Crown Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) • Complex Extractions • Anesthesia

Monthly Rates

Employee Only (EE)	-0-
EE + Spouse	\$34.96
EE + Children	\$45.20
EE + Spouse & Children	\$73.80

Ameritas Information

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

Dental Network Information

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

Vision Insurance

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

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

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

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

Vision Monthly Premium

Employee Only	\$0.00
Employee + Spouse	\$10.88
Employee + Children	\$15.34
Employee + Family	\$21.82



Vision Plan Summary

Effective Date: 9/1/2026

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$10 Exam	\$10 Exam
Annual Eye Exam Lenses (per pair)	\$10 Eye Glass Lenses or Frames* Covered in full	\$10 Eye Glass Lenses or Frames Up to \$45
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frames	\$150**	Up to \$70
Frequencies (months)	12/12/12	12/12/12
Exam/Lens/Frame	Based on date of service	Based on date of service

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

**The Costco allowance will be the wholesale equivalent.

Lens Options (member cost) *

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

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

LASIK Advantage®

Lifetime Benefit Earned per Eye	Year One	Year Two	Year Three
	\$175	\$175	\$350

Monthly Rates

Employee Only (EE)	-0-
EE + Spouse	\$10.88
EE + Children	\$15.34
EE + Spouse & Children	\$21.82

Eye Care Plan Member Service

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

VSP Call Center: 1-800-877-7195

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

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 reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$680 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$680 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$680 will be forfeited under the use-it-or-lose-it rule.

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

Medical FSA Highlights

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

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

Dependent Care FSA

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

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

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

Dependent Care FSA Highlights

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

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

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

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

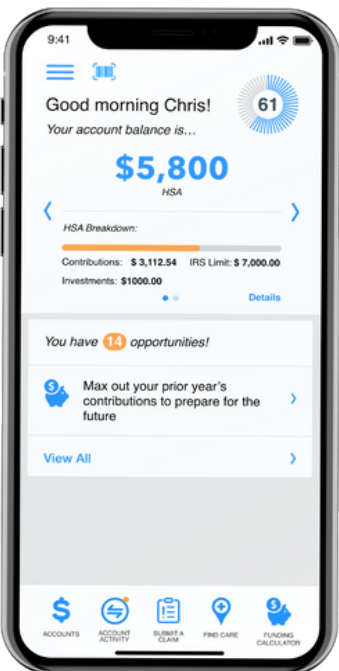
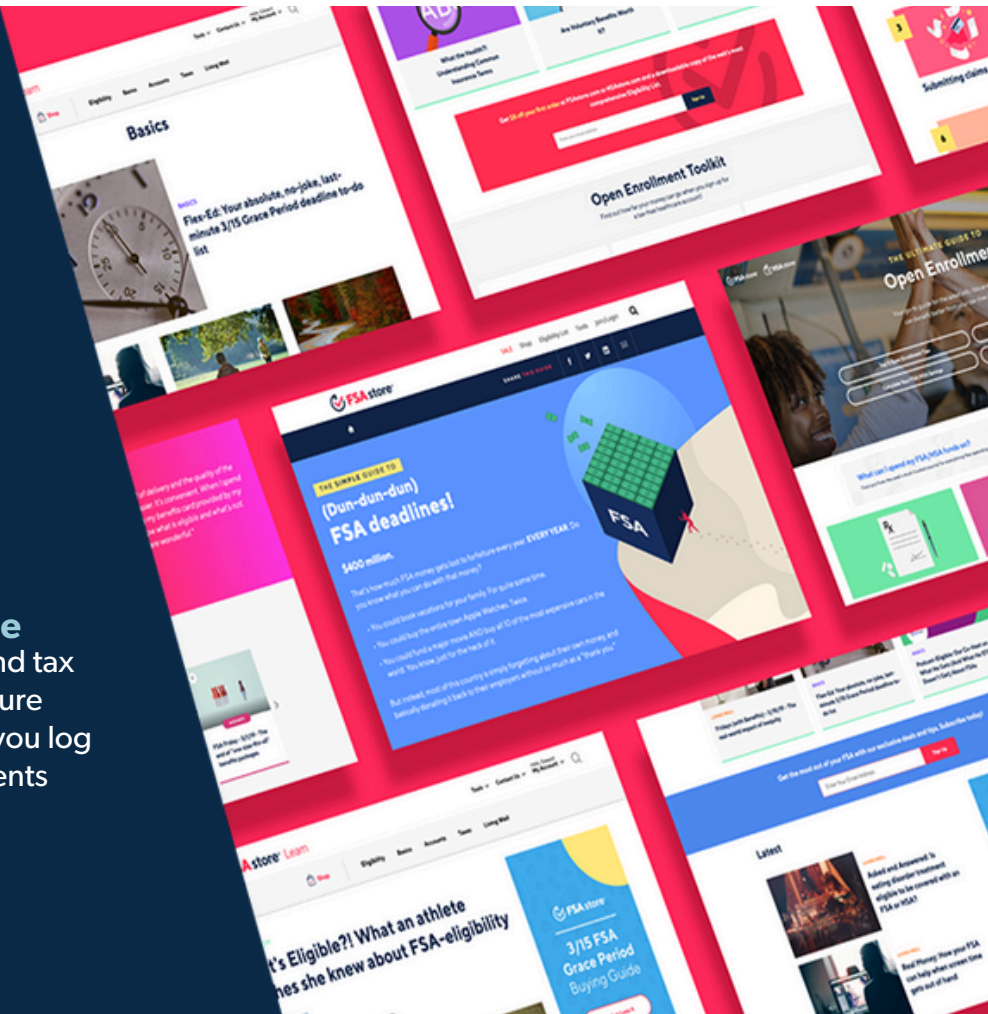
FSA & HSA Resources

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.



Term Life & AD&D

Employer-Paid & Voluntary

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

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. Your employer provides all eligible employees a \$15,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.





SOMERSET ISD / TEEBC TRUST F021842 - 339

Eligibility

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

Supplemental Life Insurance

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

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

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

Child Coverage

15 Days to 6 months: **\$1,000**
6 months to Age 26: **\$10,000**

Employee/Spouse : Life benefits reduce by 50% of the original amount at age 70. All benefits terminate at retirement.

Guarantee Issue:

Employee: **\$180,000**
Spouse: **\$30,000**

**Supplemental Life Insurance
Monthly Premium Cost (Based on 12 payroll deductions per year)**

EMPLOYEE & SPOUSE Supplemental Life	
Monthly rates per \$1,000	
Age	Rates
Under 25	\$0.050
25-29	\$0.060
30-34	\$0.080
35-39	\$0.100
40-44	\$0.150
45-49	\$0.250
50-54	\$0.410
55-59	\$0.670
60-64	\$0.840
65+	\$1.460

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

EMPLOYEE Benefit Amount	ATTAINED AGE										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	
\$10,000	\$0.50	\$0.60	\$0.80	\$1.00	\$1.50	\$2.50	\$4.10	\$6.70	\$8.40	\$14.60	
\$20,000	\$1.00	\$1.20	\$1.60	\$2.00	\$3.00	\$5.00	\$8.20	\$13.40	\$16.80	\$29.20	
\$30,000	\$1.50	\$1.80	\$2.40	\$3.00	\$4.50	\$7.50	\$12.30	\$20.10	\$25.20	\$43.80	
\$40,000	\$2.00	\$2.40	\$3.20	\$4.00	\$6.00	\$10.00	\$16.40	\$26.80	\$33.60	\$58.40	
\$50,000	\$2.50	\$3.00	\$4.00	\$5.00	\$7.50	\$12.50	\$20.50	\$33.50	\$42.00	\$73.00	
\$60,000	\$3.00	\$3.60	\$4.80	\$6.00	\$9.00	\$15.00	\$24.60	\$40.20	\$50.40	\$87.60	
\$70,000	\$3.50	\$4.20	\$5.60	\$7.00	\$10.50	\$17.50	\$28.70	\$46.90	\$58.80	\$102.20	
\$80,000	\$4.00	\$4.80	\$6.40	\$8.00	\$12.00	\$20.00	\$32.80	\$53.60	\$67.20	\$116.80	
\$90,000	\$4.50	\$5.40	\$7.20	\$9.00	\$13.50	\$22.50	\$36.90	\$60.30	\$75.60	\$131.40	
\$100,000	\$5.00	\$6.00	\$8.00	\$10.00	\$15.00	\$25.00	\$41.00	\$67.00	\$84.00	\$146.00	
\$110,000	\$5.50	\$6.60	\$8.80	\$11.00	\$16.50	\$27.50	\$45.10	\$73.70	\$92.40	\$160.60	
\$120,000	\$6.00	\$7.20	\$9.60	\$12.00	\$18.00	\$30.00	\$49.20	\$80.40	\$100.80	\$175.20	
\$130,000	\$6.50	\$7.80	\$10.40	\$13.00	\$19.50	\$32.50	\$53.30	\$87.10	\$109.20	\$189.80	
\$140,000	\$7.00	\$8.40	\$11.20	\$14.00	\$21.00	\$35.00	\$57.40	\$93.80	\$117.60	\$204.40	
\$150,000	\$7.50	\$9.00	\$12.00	\$15.00	\$22.50	\$37.50	\$61.50	\$100.50	\$126.00	\$219.00	
\$160,000	\$8.00	\$9.60	\$12.80	\$16.00	\$24.00	\$40.00	\$65.60	\$107.20	\$134.40	\$233.60	
\$170,000	\$8.50	\$10.20	\$13.60	\$17.00	\$25.50	\$42.50	\$69.70	\$113.90	\$142.80	\$248.20	
\$180,000	\$9.00	\$10.80	\$14.40	\$18.00	\$27.00	\$45.00	\$73.80	\$120.60	\$151.20	\$262.80	

SPOUSE (Employee Attained Age)											
\$5,000	\$0.25	\$0.30	\$0.40	\$0.50	\$0.75	\$1.25	\$2.05	\$3.35	\$4.20	\$7.30	
\$10,000	\$0.50	\$0.60	\$0.80	\$1.00	\$1.50	\$2.50	\$4.10	\$6.70	\$8.40	\$14.60	
\$15,000	\$0.75	\$0.90	\$1.20	\$1.50	\$2.25	\$3.75	\$6.15	\$10.05	\$12.60	\$21.90	
\$20,000	\$1.00	\$1.20	\$1.60	\$2.00	\$3.00	\$5.00	\$8.20	\$13.40	\$16.80	\$29.20	
\$25,000	\$1.25	\$1.50	\$2.00	\$3.75	\$6.25	\$10.25	\$16.75	\$21.00	\$36.50		
\$30,000	\$1.50	\$1.80	\$2.40	\$3.00	\$4.50	\$7.50	\$12.30	\$20.10	\$25.20	\$43.80	

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.

Texas Life

Permanent Life



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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

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

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

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

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

Indicates Spouse Coverage Available

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

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

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

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

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

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

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

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

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO
 Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

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

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

Indicates Spouse Coverage Available

Disability Insurance

The Standard | www.thestandard.com | 800-378-2395

Why Do I Need Disability Insurance?

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

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?





Voluntary Long Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional insurance coverage you may select through the Somerset Independent School District. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please check with your human resources representative.

Employer Plan Effective Date

The group policy effective date is September 1, 2016.

Eligibility

To become insured, you must be:

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

Employee Coverage Effective Date

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

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

Benefit Amount

You may select a monthly benefit amount in \$100 increments from \$200 to \$8,000; based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly earnings.

Benefits are payable for non-occupational disabilities only. Occupational disabilities are not covered.

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

Plan Minimum Monthly Benefit: The lesser of 10 percent or \$100

Benefit Waiting Period and Maximum Benefit Period

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

<u>Option</u>	<u>Accidental Injury</u>	<u>Other Disability</u>	<u>Maximum Benefit Period</u>
1	0 days	7 days	To SSNRA for both Accident and Sickness
2	14 days	14 days	To SSNRA for both Accident and Sickness
3	30 days	30 days	To SSNRA for both Accident and Sickness
4	60 days	60 days	To SSNRA for both Accident and Sickness
5	90 days	90 days	To SSNRA for both Accident and Sickness
6	180 days	180 days	To SSNRA for both Accident and Sickness
7	0 days	7 days	To SSNRA for Accident and 5 Years for Sickness
8	14 days	14 days	To SSNRA for Accident and 5 Years for Sickness
9	30 days	30 days	To SSNRA for Accident and 5 Years for Sickness
10	60 days	60 days	To SSNRA for Accident and 5 Years for Sickness
11	90 days	90 days	To SSNRA for Accident and 5 Years for Sickness
12	180 days	180 days	To SSNRA for Accident and 5 Years for Sickness

Options 7-12: Maximum Benefit Period of 5 years for Sickness

If you become disabled before age 62, LTD benefits may continue during disability for 5 years. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

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

Options 1-6: Maximum Benefit Period to SSNRA for both Accident and Sickness

Options 7-12: Maximum Benefit Period to SSNRA for Accident

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

First Day Hospital Benefit

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

Preexisting Condition Exclusion

A detailed description of the preexisting condition exclusion is included in the Group Policy. If you have questions, please check with your human resources representative.

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

Exclusion Period: 12 months

Own Occupation Period

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

Any Occupation Period

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

Other LTD Features

- **Employee Assistance Program (EAP)** – This program offers support, guidance and resources that can help an employee resolve personal issues and meet life's challenges.
- **Family Care Expense Adjustment** – Disabled employees faced with the added expense of family care when returning to work may receive combined income from LTD benefits and work earnings in excess of 100 percent of indexed predisability earnings during the first 12 months immediately after a disabled employee's return to work.
- **Special Dismemberment Provision** – If an employee suffers a lost as a result of an accident, the employee will be considered disabled for the applicable Minimum Benefit Period and can extend beyond the end of the Maximum Benefit Period
- **Reasonable Accommodation Expense Benefit** – Subject to The Standard's prior approval, this benefit allows us to pay up to \$25,000 of an employer's expenses toward work-site modifications that result in a disabled employee's return to work.
- **Survivor Benefit** – A Survivor Benefit may also be payable. This benefit can help to address a family's financial need in the event of the employee's death.
- **Return to Work (RTW) Incentive** – The Standard's RTW Incentive is one of the most comprehensive in the employee benefits history. For the first 12 months after returning to work, the employee's LTD benefit will not be reduced by work earnings until work earnings plus the LTD benefit exceed 100 percent of predisability earnings. After that period, only 50 percent of work earnings are deducted.
- **Rehabilitation Plan Provision** – Subject to The Standard's prior approval, rehabilitation incentives may include training and education expense, family (child and elder) care expenses, and job-related and job search expenses.

When Benefits End

LTD benefits end automatically on the earliest of:

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

Rates

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

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

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

Group Insurance Certificate

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

Options 1-6

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
3,600	300	200	7.48	5.86	4.20	2.68	2.20	1.66
5,400	450	300	11.22	8.79	6.30	4.02	3.30	2.49
7,200	600	400	14.96	11.72	8.40	5.36	4.40	3.32
9,000	750	500	18.70	14.65	10.50	6.70	5.50	4.15
10,800	900	600	22.44	17.58	12.60	8.04	6.60	4.98
12,600	1,050	700	26.18	20.51	14.70	9.38	7.70	5.81
14,400	1,200	800	29.92	23.44	16.80	10.72	8.80	6.64
16,200	1,350	900	33.66	26.37	18.90	12.06	9.90	7.47
18,000	1,500	1,000	37.40	29.30	21.00	13.40	11.00	8.30
19,800	1,650	1,100	41.14	32.23	23.10	14.74	12.10	9.13
21,600	1,800	1,200	44.88	35.16	25.20	16.08	13.20	9.96
23,400	1,950	1,300	48.62	38.09	27.30	17.42	14.30	10.79
25,200	2,100	1,400	52.36	41.02	29.40	18.76	15.40	11.62
27,000	2,250	1,500	56.10	43.95	31.50	20.10	16.50	12.45
28,800	2,400	1,600	59.84	46.88	33.60	21.44	17.60	13.28
30,600	2,550	1,700	63.58	49.81	35.70	22.78	18.70	14.11
32,400	2,700	1,800	67.32	52.74	37.80	24.12	19.80	14.94
34,200	2,850	1,900	71.06	55.67	39.90	25.46	20.90	15.77
36,000	3,000	2,000	74.80	58.60	42.00	26.80	22.00	16.60
37,800	3,150	2,100	78.54	61.53	44.10	28.14	23.10	17.43
39,600	3,300	2,200	82.28	64.46	46.20	29.48	24.20	18.26
41,400	3,450	2,300	86.02	67.39	48.30	30.82	25.30	19.09
43,200	3,600	2,400	89.76	70.32	50.40	32.16	26.40	19.92
45,000	3,750	2,500	93.50	73.25	52.50	33.50	27.50	20.75
46,800	3,900	2,600	97.24	76.18	54.60	34.84	28.60	21.58
48,600	4,050	2,700	100.98	79.11	56.70	36.18	29.70	22.41
50,400	4,200	2,800	104.72	82.04	58.80	37.52	30.80	23.24
52,200	4,350	2,900	108.46	84.97	60.90	38.86	31.90	24.07
54,000	4,500	3,000	112.20	87.90	63.00	40.20	33.00	24.90
55,800	4,650	3,100	115.94	90.83	65.10	41.54	34.10	25.73
57,600	4,800	3,200	119.68	93.76	67.20	42.88	35.20	26.56
59,400	4,950	3,300	123.42	96.69	69.30	44.22	36.30	27.39
61,200	5,100	3,400	127.16	99.62	71.40	45.56	37.40	28.22
63,000	5,250	3,500	130.90	102.55	73.50	46.90	38.50	29.05
64,800	5,400	3,600	134.64	105.48	75.60	48.24	39.60	29.88
66,600	5,550	3,700	138.38	108.41	77.70	49.58	40.70	30.71
68,400	5,700	3,800	142.12	111.34	79.80	50.92	41.80	31.54
70,200	5,850	3,900	145.86	114.27	81.90	52.26	42.90	32.37
72,000	6,000	4,000	149.60	117.20	84.00	53.60	44.00	33.20

Options 1-6 (Continued)

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
73,800	6,150	4,100	153.34	120.13	86.10	54.94	45.10	34.03
75,600	6,300	4,200	157.08	123.06	88.20	56.28	46.20	34.86
77,400	6,450	4,300	160.82	125.99	90.30	57.62	47.30	35.69
79,200	6,600	4,400	164.56	128.92	92.40	58.96	48.40	36.52
81,000	6,750	4,500	168.30	131.85	94.50	60.30	49.50	37.35
82,800	6,900	4,600	172.04	134.78	96.60	61.64	50.60	38.18
84,600	7,050	4,700	175.78	137.71	98.70	62.98	51.70	39.01
86,400	7,200	4,800	179.52	140.64	100.80	64.32	52.80	39.84
88,200	7,350	4,900	183.26	143.57	102.90	65.66	53.90	40.67
90,000	7,500	5,000	187.00	146.50	105.00	67.00	55.00	41.50
91,800	7,650	5,100	190.74	149.43	107.10	68.34	56.10	42.33
93,600	7,800	5,200	194.48	152.36	109.20	69.68	57.20	43.16
95,400	7,950	5,300	198.22	155.29	111.30	71.02	58.30	43.99
97,200	8,100	5,400	201.96	158.22	113.40	72.36	59.40	44.82
99,000	8,250	5,500	205.70	161.15	115.50	73.70	60.50	45.65
100,800	8,400	5,600	209.44	164.08	117.60	75.04	61.60	46.48
102,600	8,550	5,700	213.18	167.01	119.70	76.38	62.70	47.31
104,400	8,700	5,800	216.92	169.94	121.80	77.72	63.80	48.14
106,200	8,850	5,900	220.66	172.87	123.90	79.06	64.90	48.97
108,000	9,000	6,000	224.40	175.80	126.00	80.40	66.00	49.80
109,800	9,150	6,100	228.14	178.73	128.10	81.74	67.10	50.63
111,600	9,300	6,200	231.88	181.66	130.20	83.08	68.20	51.46
113,400	9,450	6,300	235.62	184.59	132.30	84.42	69.30	52.29
115,200	9,600	6,400	239.36	187.52	134.40	85.76	70.40	53.12
117,000	9,750	6,500	243.10	190.45	136.50	87.10	71.50	53.95
118,800	9,900	6,600	246.84	193.38	138.60	88.44	72.60	54.78
120,600	10,050	6,700	250.58	196.31	140.70	89.78	73.70	55.61
122,400	10,200	6,800	254.32	199.24	142.80	91.12	74.80	56.44
124,200	10,350	6,900	258.06	202.17	144.90	92.46	75.90	57.27
126,000	10,500	7,000	261.80	205.10	147.00	93.80	77.00	58.10
127,800	10,650	7,100	265.54	208.03	149.10	95.14	78.10	58.93
129,600	10,800	7,200	269.28	210.96	151.20	96.48	79.20	59.76
131,400	10,950	7,300	273.02	213.89	153.30	97.82	80.30	60.59
133,200	11,100	7,400	276.76	216.82	155.40	99.16	81.40	61.42
135,000	11,250	7,500	280.50	219.75	157.50	100.50	82.50	62.25
136,800	11,400	7,600	284.24	222.68	159.60	101.84	83.60	63.08
138,600	11,550	7,700	287.98	225.61	161.70	103.18	84.70	63.91
140,400	11,700	7,800	291.72	228.54	163.80	104.52	85.80	64.74
142,200	11,850	7,900	295.46	231.47	165.90	105.86	86.90	65.57
144,000	12,000	8,000	299.20	234.40	168.00	107.20	88.00	66.40

Options 7-12

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
3,600	300	200	6.02	4.68	3.32	2.00	1.60	1.16
5,400	450	300	9.03	7.02	4.98	3.00	2.40	1.74
7,200	600	400	12.04	9.36	6.64	4.00	3.20	2.32
9,000	750	500	15.05	11.70	8.30	5.00	4.00	2.90
10,800	900	600	18.06	14.04	9.96	6.00	4.80	3.48
12,600	1,050	700	21.07	16.38	11.62	7.00	5.60	4.06
14,400	1,200	800	24.08	18.72	13.28	8.00	6.40	4.64
16,200	1,350	900	27.09	21.06	14.94	9.00	7.20	5.22
18,000	1,500	1,000	30.10	23.40	16.60	10.00	8.00	5.80
19,800	1,650	1,100	33.11	25.74	18.26	11.00	8.80	6.38
21,600	1,800	1,200	36.12	28.08	19.92	12.00	9.60	6.96
23,400	1,950	1,300	39.13	30.42	21.58	13.00	10.40	7.54
25,200	2,100	1,400	42.14	32.76	23.24	14.00	11.20	8.12
27,000	2,250	1,500	45.15	35.10	24.90	15.00	12.00	8.70
28,800	2,400	1,600	48.16	37.44	26.56	16.00	12.80	9.28
30,600	2,550	1,700	51.17	39.78	28.22	17.00	13.60	9.86
32,400	2,700	1,800	54.18	42.12	29.88	18.00	14.40	10.44
34,200	2,850	1,900	57.19	44.46	31.54	19.00	15.20	11.02
36,000	3,000	2,000	60.20	46.80	33.20	20.00	16.00	11.60
37,800	3,150	2,100	63.21	49.14	34.86	21.00	16.80	12.18
39,600	3,300	2,200	66.22	51.48	36.52	22.00	17.60	12.76
41,400	3,450	2,300	69.23	53.82	38.18	23.00	18.40	13.34
43,200	3,600	2,400	72.24	56.16	39.84	24.00	19.20	13.92
45,000	3,750	2,500	75.25	58.50	41.50	25.00	20.00	14.50
46,800	3,900	2,600	78.26	60.84	43.16	26.00	20.80	15.08
48,600	4,050	2,700	81.27	63.18	44.82	27.00	21.60	15.66
50,400	4,200	2,800	84.28	65.52	46.48	28.00	22.40	16.24
52,200	4,350	2,900	87.29	67.86	48.14	29.00	23.20	16.82
54,000	4,500	3,000	90.30	70.20	49.80	30.00	24.00	17.40
55,800	4,650	3,100	93.31	72.54	51.46	31.00	24.80	17.98
57,600	4,800	3,200	96.32	74.88	53.12	32.00	25.60	18.56
59,400	4,950	3,300	99.33	77.22	54.78	33.00	26.40	19.14
61,200	5,100	3,400	102.34	79.56	56.44	34.00	27.20	19.72
63,000	5,250	3,500	105.35	81.90	58.10	35.00	28.00	20.30
64,800	5,400	3,600	108.36	84.24	59.76	36.00	28.80	20.88
66,600	5,550	3,700	111.37	86.58	61.42	37.00	29.60	21.46
68,400	5,700	3,800	114.38	88.92	63.08	38.00	30.40	22.04
70,200	5,850	3,900	117.39	91.26	64.74	39.00	31.20	22.62
72,000	6,000	4,000	120.40	93.60	66.40	40.00	32.00	23.20

Options 7-12 (Continued)

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
73,800	6,150	4,100	123.41	95.94	68.06	41.00	32.80	23.78
75,600	6,300	4,200	126.42	98.28	69.72	42.00	33.60	24.36
77,400	6,450	4,300	129.43	100.62	71.38	43.00	34.40	24.94
79,200	6,600	4,400	132.44	102.96	73.04	44.00	35.20	25.52
81,000	6,750	4,500	135.45	105.30	74.70	45.00	36.00	26.10
82,800	6,900	4,600	138.46	107.64	76.36	46.00	36.80	26.68
84,600	7,050	4,700	141.47	109.98	78.02	47.00	37.60	27.26
86,400	7,200	4,800	144.48	112.32	79.68	48.00	38.40	27.84
88,200	7,350	4,900	147.49	114.66	81.34	49.00	39.20	28.42
90,000	7,500	5,000	150.50	117.00	83.00	50.00	40.00	29.00
91,800	7,650	5,100	153.51	119.34	84.66	51.00	40.80	29.58
93,600	7,800	5,200	156.52	121.68	86.32	52.00	41.60	30.16
95,400	7,950	5,300	159.53	124.02	87.98	53.00	42.40	30.74
97,200	8,100	5,400	162.54	126.36	89.64	54.00	43.20	31.32
99,000	8,250	5,500	165.55	128.70	91.30	55.00	44.00	31.90
100,800	8,400	5,600	168.56	131.04	92.96	56.00	44.80	32.48
102,600	8,550	5,700	171.57	133.38	94.62	57.00	45.60	33.06
104,400	8,700	5,800	174.58	135.72	96.28	58.00	46.40	33.64
106,200	8,850	5,900	177.59	138.06	97.94	59.00	47.20	34.22
108,000	9,000	6,000	180.60	140.40	99.60	60.00	48.00	34.80
109,800	9,150	6,100	183.61	142.74	101.26	61.00	48.80	35.38
111,600	9,300	6,200	186.62	145.08	102.92	62.00	49.60	35.96
113,400	9,450	6,300	189.63	147.42	104.58	63.00	50.40	36.54
115,200	9,600	6,400	192.64	149.76	106.24	64.00	51.20	37.12
117,000	9,750	6,500	195.65	152.10	107.90	65.00	52.00	37.70
118,800	9,900	6,600	198.66	154.44	109.56	66.00	52.80	38.28
120,600	10,050	6,700	201.67	156.78	111.22	67.00	53.60	38.86
122,400	10,200	6,800	204.68	159.12	112.88	68.00	54.40	39.44
124,200	10,350	6,900	207.69	161.46	114.54	69.00	55.20	40.02
126,000	10,500	7,000	210.70	163.80	116.20	70.00	56.00	40.60
127,800	10,650	7,100	213.71	166.14	117.86	71.00	56.80	41.18
129,600	10,800	7,200	216.72	168.48	119.52	72.00	57.60	41.76
131,400	10,950	7,300	219.73	170.82	121.18	73.00	58.40	42.34
133,200	11,100	7,400	222.74	173.16	122.84	74.00	59.20	42.92
135,000	11,250	7,500	225.75	175.50	124.50	75.00	60.00	43.50
136,800	11,400	7,600	228.76	177.84	126.16	76.00	60.80	44.08
138,600	11,550	7,700	231.77	180.18	127.82	77.00	61.60	44.66
140,400	11,700	7,800	234.78	182.52	129.48	78.00	62.40	45.24
142,200	11,850	7,900	237.79	184.86	131.14	79.00	63.20	45.82
144,000	12,000	8,000	240.80	187.20	132.80	80.00	64.00	46.40

Cancer Insurance

Plan Options



Guardian | www.guardiananytime.com | 800-627-4200

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

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

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

Cancer Insurance		
Monthly Premium	Plan 1	Plan 2
Employee	\$25.16	\$28.40
Employee + Spouse	\$40.32	\$46.24
Employee + Children	\$27.20	\$31.12
Family	\$42.36	\$48.96

Group Number: 00561368

Somerset Independent School District

All Eligible Employees

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

PLAN HIGHLIGHTS

- Cancer

Questions? Concerns?

Helpline (888) 600-1600

Call weekdays, 7:00 AM to 8:30 PM, EST.

And refer to your plan number: 00561368

Welcome

Dear Somerset Independent School District Employee,

We are happy to have been chosen by Somerset Independent School District to be the provider of your employee benefits this year. For over 150 years, we have helped millions of people plan, secure and look after their families. We believe that life's unexpected surprises should be met with the support, guidance and understanding of someone who truly cares. And, we understand the power of help. It's why we go above and beyond to do what's right for you.

With Guardian® coverage you get:

- Affordable group rates
- Convenient payroll deduction
- Benefits for your unique needs

Take advantage of the benefits offered to you at work. Feel secure knowing that you have the coverage you need from a trusted provider and that it's there when you need it most.

Guardian

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America®. Insurance products are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

2018-71635 (12/20)

Cancer Benefit Summary

Group Number: 00561368

A Cancer insurance plan through Guardian provides:

- Lump-sum cash payments for certain procedures, screenings and treatments related to a covered cancer diagnosis, in addition to whatever your medical plan covers
- Payments are made directly to you and can be used for any purpose
- Ability to take the coverage with you if you change jobs or retire
- Affordable group rates

About Your Benefits:

CANCER		
COVERAGE - DETAILS	Option 1	Option 2
Your Bi-weekly premium	\$9.13	\$12.03
You and Spouse	\$16.54	\$22.66
You and Child(ren)	\$11.10	\$15.10
You, Spouse and Child(ren)	\$18.52	\$25.73
INITIAL DIAGNOSIS BENEFIT - Benefit is paid when you are diagnosed with Internal cancer for the first time while insured under this Plan.		
Benefit Amount(s)	Employee \$2,500 Spouse \$2,500 Child \$2,500	Employee \$5,000 Spouse \$5,000 Child \$5,000
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days	30 Days
CANCER SCREENING		
Benefit Amount	\$50; \$50 for Follow-Up screening	\$100; \$100 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY		
Benefit	Schedule amounts up to a \$10,000 benefit year maximum.	Schedule amounts up to a \$12,500 benefit year maximum.
Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 month look back period, 12 month exclusion period.	3 month look back period, 12 month exclusion period.
Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
FEATURES		
Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement	\$1,500/trip, limit 2 trips per hospital confinement
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit
Anti-Nausea	\$50/day up to \$150 per month	\$50/day up to \$150 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year	\$100/day up to \$5,000 per year

FEATURES (Cont.)	Option 1	Option 2
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month	\$100/day up to \$1,000/month
Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year	\$100/day up to 90 days per year
Government or Charity Hospital	\$300 per day in lieu of all other benefits	\$300 per day in lieu of all other benefits
Home Health Care	\$50/visit up to 30 visits per year	\$50/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year	\$25/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime	\$50/day up to 100 days/lifetime
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement
Immunotherapy	\$500 per month, \$2500 lifetime max	\$500 per month, \$2500 lifetime max
Inpatient Special Nursing	\$100/day up to 30 days per year	\$100/day up to 30 days per year
Medical Imaging	\$100/image up to 2 per year	\$100/image up to 2 per year
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	\$75/day, up to 90 days per year	\$75/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure	\$250/day, 3 days per procedure
Physical or Speech Therapy	\$25/visit up to 4 visits per month, \$400 lifetime max	\$25/visit up to 4 visits per month, \$400 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max
Reconstructive Surgery	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500
Second Surgical Opinion	\$200/surgery procedure	\$200/surgery procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Surgical Benefit	Schedule amount up to \$4,125	Schedule amount up to \$4,125
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included	Included

UNDERSTANDING YOUR BENEFITS :

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

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00561368

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

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

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

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

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

Contract # GP-I-CAN-IC-12

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Critical Illness Insurance

Aflac | www.aflac.com | 800-433-3036

Prepare For the Unexpected

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

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

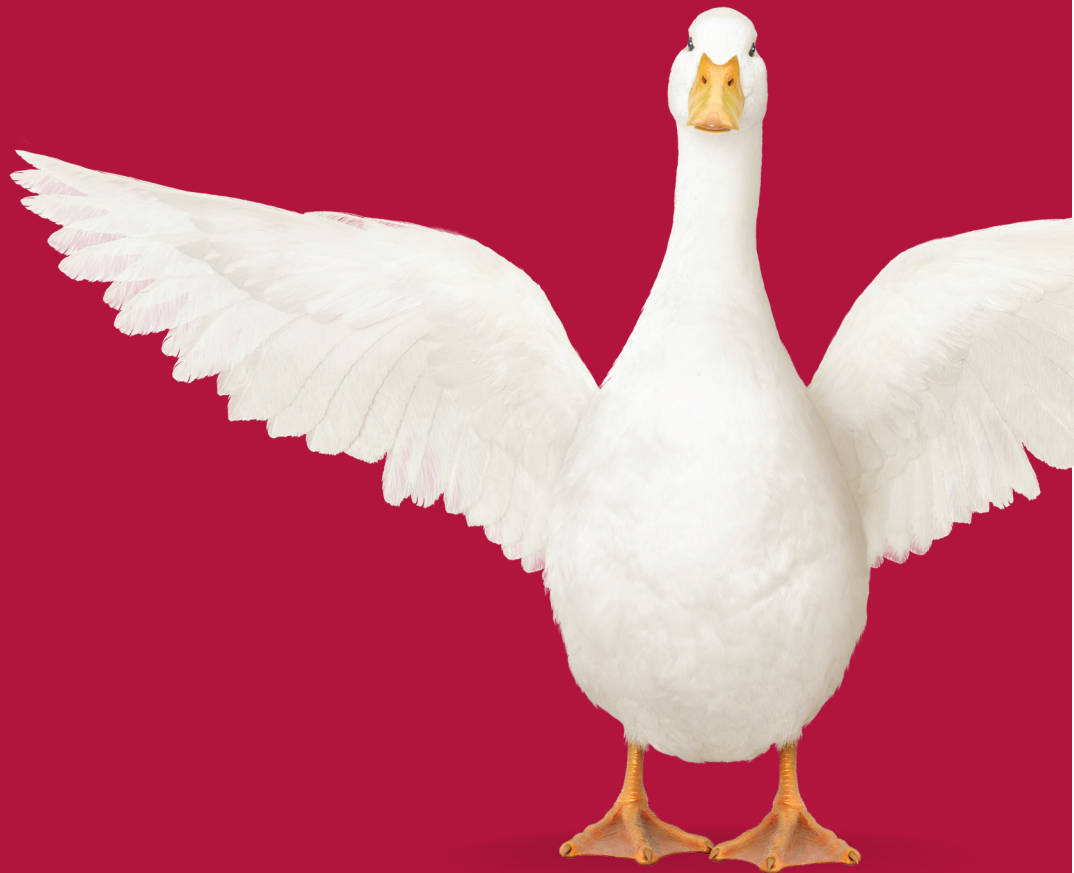
Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.



Aflac Group Critical Illness Advantage

**INSURANCE – PLAN INCLUDES BENEFITS
FOR CANCER AND HEALTH SCREENING**

We help take care of your
expenses while you take
care of yourself.



The plan does not contain comprehensive adult wellness benefits as defined by law.



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

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

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

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

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

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

What you need, when you need it.

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



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

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

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

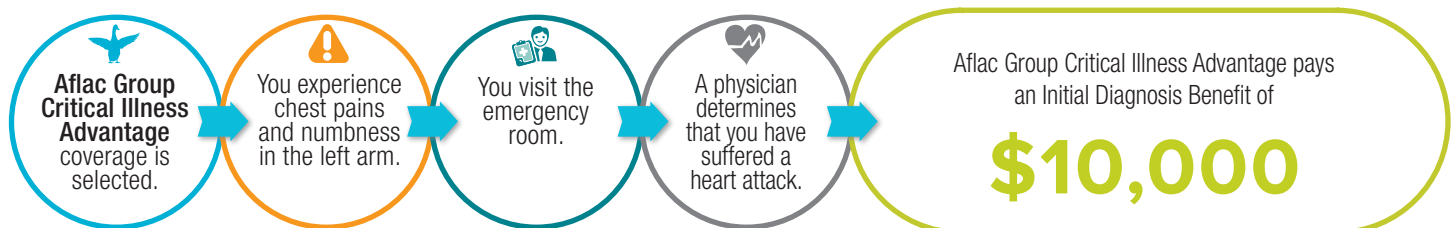
The Aflac Group Critical Illness plan benefits include:

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

Features:

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

How it works



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

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Benefits Overview

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
SEVERE BURN*	100%
PARALYSIS**	100%
COMA**	100%
LOSS OF SPEECH / SIGHT / HEARING**	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

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

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

SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

WAIVER OF PREMIUM

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

SUCCESSOR INSURED BENEFIT

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

HEALTH SCREENING BENEFIT (Employee and Spouse only)

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

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

This benefit is not paid for dependent children.

COVERED HEALTH SCREENING TESTS INCLUDE:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- DNA stool analysis
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Spiral CT screening for lung cancer
- Stress test on a bicycle or treadmill
- Thermography

OPTIONAL BENEFITS RIDER

BENIGN BRAIN TUMOR	100%
ADVANCED ALZHEIMER'S DISEASE	25%
ADVANCED PARKINSON'S DISEASE	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

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

PROGRESSIVE DISEASE RIDER:

AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

SPECIFIED DISEASES RIDER (These benefits will be paid based at 25% of the face amount in effect on the critical illness date of diagnosis.)

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

CHILDHOOD CONDITIONS RIDER

CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
TYPE 1 DIABETES	50%

One Time Benefit Amount

AUTISM SPECTRUM DISORDER (ASD)	\$3,000
---------------------------------------	---------

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

LIMITATIONS AND EXCLUSIONS

All limitations and exclusions that apply to the plan also apply to the riders unless amended by the riders.

Cancer Diagnosis Limitation Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
 - In Alaska: injuring or attempting to injure oneself intentionally
- **Suicide** – committing or attempting to commit suicide, while sane or insane;
 - In Missouri: committing or attempting to commit suicide, while sane
 - In Illinois and Minnesota: this exclusion does not apply
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job:
 - In Arizona: participating in or attempting to commit a felony, or being engaged in

an illegal occupation;

- In Florida: participating or attempting to participate in an illegal activity, or working at an illegal occupation;
 - In Illinois and Pennsylvania: Illegal Occupation - committing or attempting to commit a felony or being engaged in an illegal occupation;
 - In Michigan: Illegal Occupation – the commission of or attempt to commit a felony, or being engaged in an illegal occupation;
 - In Nebraska: being engaged in an illegal occupation, or commission of or attempting to commit a felony;
 - In Ohio: committing or attempting to commit a felony, or working at an illegal job
- **Participation in Aggressive Conflict:**
 - War (declared or undeclared) or military conflicts;
 - In Florida: War does not include acts of terrorism
 - In Oklahoma: War, or act of war, declared or undeclared when serving in the military service or an auxiliary unit thereto
 - Insurrection or riot
 - Civil commotion or civil state of belligerence
 - **Illegal Substance Abuse:**
 - Abuse of legally-obtained prescription medication
 - Illegal use of non-prescription drugs

RATES TABLE FOR: SOMERSET ISD - GP-10584 / GROUP CRITICAL ILLNESS - PLAN-56669**DEDUCTION FREQUENCY: Monthly (12pp / yr)****Employee - Non-Tobacco**

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-25	\$4.48	\$5.93	\$7.39	\$8.85	\$10.30	\$11.76	\$13.21	\$14.67	\$16.13	\$17.58
26-30	\$4.92	\$6.83	\$8.73	\$10.63	\$12.54	\$14.44	\$16.34	\$18.25	\$20.15	\$22.05
31-35	\$5.11	\$7.20	\$9.29	\$11.38	\$13.47	\$15.56	\$17.65	\$19.75	\$21.84	\$23.93
36-40	\$6.01	\$9.00	\$11.99	\$14.98	\$17.97	\$20.96	\$23.95	\$26.95	\$29.94	\$32.93
41-45	\$7.03	\$11.04	\$15.05	\$19.06	\$23.07	\$27.08	\$31.09	\$35.10	\$39.10	\$43.11
46-50	\$12.22	\$21.42	\$30.61	\$39.81	\$49.01	\$58.21	\$67.41	\$76.60	\$85.80	\$95.00
51-55	\$15.44	\$27.85	\$40.27	\$52.69	\$65.10	\$77.52	\$89.94	\$102.35	\$114.77	\$127.19
56-60	\$19.26	\$35.51	\$51.75	\$68.00	\$84.24	\$100.49	\$116.73	\$132.98	\$149.22	\$165.47
61-65	\$23.69	\$44.36	\$65.04	\$85.71	\$106.38	\$127.05	\$147.72	\$168.40	\$189.07	\$209.74
66+	\$29.29	\$55.56	\$81.83	\$108.10	\$134.37	\$160.65	\$186.92	\$213.19	\$239.46	\$265.73

Employee - Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-25	\$5.03	\$7.04	\$9.05	\$11.06	\$13.07	\$15.08	\$17.09	\$19.10	\$21.10	\$23.11
26-30	\$5.55	\$8.08	\$10.61	\$13.15	\$15.68	\$18.21	\$20.74	\$23.27	\$25.80	\$28.33
31-35	\$6.08	\$9.15	\$12.21	\$15.27	\$18.33	\$21.40	\$24.46	\$27.52	\$30.58	\$33.65
36-40	\$7.66	\$12.30	\$16.94	\$21.58	\$26.22	\$30.86	\$35.50	\$40.15	\$44.79	\$49.43
41-45	\$9.22	\$15.41	\$21.61	\$27.81	\$34.00	\$40.20	\$46.40	\$52.60	\$58.79	\$64.99
46-50	\$17.28	\$31.54	\$45.80	\$60.06	\$74.32	\$88.58	\$102.84	\$117.10	\$131.36	\$145.62
51-55	\$22.28	\$41.53	\$60.79	\$80.04	\$99.30	\$118.55	\$137.81	\$157.06	\$176.32	\$195.57
56-60	\$29.65	\$56.27	\$82.90	\$109.52	\$136.15	\$162.77	\$189.40	\$216.02	\$242.65	\$269.27
61-65	\$35.95	\$68.87	\$101.80	\$134.73	\$167.66	\$200.58	\$233.51	\$266.44	\$299.36	\$332.29
66+	\$43.04	\$83.05	\$123.07	\$163.08	\$203.10	\$243.11	\$283.13	\$323.15	\$363.16	\$403.18

Spouse - Non-Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-25	\$4.28	\$5.54	\$6.80	\$8.06	\$9.32	\$10.58	\$11.84	\$13.10	\$14.35	\$15.61
26-30	\$4.73	\$6.43	\$8.14	\$9.85	\$11.55	\$13.26	\$14.96	\$16.67	\$18.38	\$20.08
31-35	\$4.91	\$6.81	\$8.70	\$10.60	\$12.49	\$14.38	\$16.28	\$18.17	\$20.06	\$21.96
36-40	\$5.81	\$8.60	\$11.39	\$14.18	\$16.97	\$19.76	\$22.55	\$25.35	\$28.14	\$30.93
41-45	\$6.83	\$10.65	\$14.46	\$18.27	\$22.08	\$25.90	\$29.71	\$33.52	\$37.33	\$41.15
46-50	\$11.89	\$20.76	\$29.63	\$38.50	\$47.37	\$56.24	\$65.11	\$73.98	\$82.85	\$91.72
51-55	\$15.12	\$27.23	\$39.33	\$51.44	\$63.54	\$75.64	\$87.75	\$99.85	\$111.96	\$124.06
56-60	\$18.95	\$34.88	\$50.82	\$66.75	\$82.68	\$98.61	\$114.55	\$130.48	\$146.41	\$162.34
61-65	\$23.42	\$43.82	\$64.22	\$84.62	\$105.03	\$125.43	\$145.83	\$166.23	\$186.63	\$207.03

66+	\$29.02	\$55.02	\$81.02	\$107.02	\$133.02	\$159.02	\$185.02	\$211.02	\$237.02	\$263.02
-----	---------	---------	---------	----------	----------	----------	----------	----------	----------	----------

Spouse - Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-25	\$4.83	\$6.65	\$8.46	\$10.27	\$12.08	\$13.90	\$15.71	\$17.52	\$19.33	\$21.15
26-30	\$5.35	\$7.69	\$10.02	\$12.36	\$14.69	\$17.03	\$19.36	\$21.70	\$24.03	\$26.36
31-35	\$5.89	\$8.75	\$11.62	\$14.48	\$17.35	\$20.21	\$23.08	\$25.95	\$28.81	\$31.68
36-40	\$7.46	\$11.91	\$16.35	\$20.80	\$25.24	\$29.68	\$34.13	\$38.57	\$43.01	\$47.46
41-45	\$9.02	\$15.02	\$21.02	\$27.02	\$33.02	\$39.02	\$45.02	\$51.02	\$57.02	\$63.02
46-50	\$16.95	\$30.88	\$44.82	\$58.75	\$72.68	\$86.61	\$100.55	\$114.48	\$128.41	\$142.34
51-55	\$21.96	\$40.91	\$59.85	\$78.79	\$97.73	\$116.68	\$135.62	\$154.56	\$173.50	\$192.45
56-60	\$29.33	\$55.65	\$81.96	\$108.27	\$134.58	\$160.90	\$187.21	\$213.52	\$239.83	\$266.15
61-65	\$35.68	\$68.34	\$101.00	\$133.67	\$166.33	\$198.99	\$231.65	\$264.31	\$296.97	\$329.63
66+	\$42.77	\$82.52	\$122.27	\$162.02	\$201.77	\$241.52	\$281.27	\$321.02	\$360.77	\$400.52



Accident Insurance

Aflac | www.aflac.com | 800-433-3036

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

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



Aflac Group Accident Insurance

Accident protection made for you.



Underwritten by:
Continental American Insurance Company (CAIC)

In California, coverage is underwritten by
Continental American Life Insurance Company.



This plan does not contain comprehensive adult wellness benefits as defined by law.

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

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

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

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

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

Plan Features

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

What you need, when you need it.

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



GROUP ACCIDENT INSURANCE

	BENEFIT AMOUNT
<p>INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:</p>	
Hospital emergency room with X-Ray / without X-Ray	\$200/\$150
Urgent care facility with X-Ray / without X-Ray	\$200/\$150
Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray	\$100/\$75
<p>AMBULANCE (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.</p>	\$400 Ground \$1,000 Air
<p>MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.</p>	\$200
<p>BLOOD/PLASMA/PLATELETS (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.</p>	\$200
<p>CONCUSSION (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.</p>	\$350
<p>TRAUMATIC BRAIN INJURY (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist.</p>	\$2,500
<p>COMA (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.</p>	\$5,000
<p>BURNS (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.</p>	
Second Degree	
Less than 10%	\$75
At least 10% but less than 25%	\$150
At least 25% but less than 35%	\$375
35% or more	\$750
Third Degree	
Less than 10%	\$750
At least 10% but less than 25%	\$3,750
At least 25% but less than 35%	\$7,500
35% or more	\$15,000

<p>EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.</p>	<p>\$30 Extraction \$120 Repair with a crown</p>
<p>EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.</p>	<p>\$175</p>
<p>FRACTURES (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one bone fractured in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.</p>	<p>Up to \$3,000 based on a schedule</p>
<p>DISLOCATIONS (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.</p>	<p>Up to \$2,250 based on a schedule</p>
<p>LACERATIONS (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):</p> <ul style="list-style-type: none"> Over 15 centimeters 5-15 centimeters Under 5 centimeters <p>Lacerations not requiring stitches</p>	<p>\$100 \$75 \$50 \$25</p>
<p>OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	<p>\$300</p>
<p>FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).</p>	<p>\$75</p>
<p>OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident)</p> <p>Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.</p>	<p>\$35</p>
<p>INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	<p>\$750</p>
<p>TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.</p>	<p>\$350 Plane \$150 Any ground transportation</p>

SUCCESSOR INSURED BENEFIT

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

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

HOSPITALIZATION BENEFITS

BENEFIT AMOUNT

HOSPITAL ADMISSION (once per accident, within 6 months after the accident)

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.

This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.

\$1,000
per
confinement

HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident)

Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury.

If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.

This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.

\$200
per day

HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident)

Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury.

We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury.

If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

\$400
per day

FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)

Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:

- The insured must be confined to a hospital for treatment of a covered accidental injury;
- The hospital and motel/hotel must be more than 100 miles from the insured's residence; and
- The treatment must be prescribed by the insured's treating doctor.

\$100
per day

WELLNESS RIDER

WELLNESS BENEFIT (once per calendar year)

Payable for the following wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

- Annual physical exams
- Flexible Sigmoidoscopy
- Mammograms
- PSA Tests
- Pap Smears
- Ultrasounds
- Eye Examinations
- Blood Screening
- Immunizations

THE AMOUNT PAID WILL BE BASED ON WHEN THE WELLNESS TEST WAS PERFORMED:

First year of certificate and thereafter	\$50
--	------

ACCIDENTAL DEATH RIDER

BENEFIT AMOUNT

ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*)

Payable if a covered accidental injury causes the insured to die.

\$25,000

ACCIDENTAL COMMON-CARRIER DEATH BENEFIT

Payable if the insured:

- Is a fare-paying passenger on a common carrier;
- Is injured in a covered accident; and
- Dies within 90 days* after the covered accident.

\$50,000

*In Oregon and Utah, within 180 days after the accident; in Pennsylvania, there is no limitation on the number of days.

The spouse benefit is 50% of the employee benefit shown. The child benefit is 20% of the employee benefit shown. (Applicable to both the Accidental Death Benefit and Accidental Common-Carrier Death Benefit.)

RATES TABLE FOR: SOMERSET ISD - GP-10584 / GROUP ACCIDENT - PLAN-70091

DEDUCTION FREQUENCY : Monthly (12pp / yr)

Deduction Frequency

Monthly (12pp / yr)

Employee Periodic Cost

\$9.60

Employee And Spouse Periodic Cost

\$16.96

Employee And Child Periodic Cost

\$23.20

Family Periodic Cost

\$30.56



TeleWealth™ Virtual Assistance

Financial guidance is just a click away

Ready to retire soon? Dreaming about retiring someday? Need help brainstorming how to manage your debt, build your credit, or explore student loan forgiveness? At TCG, we want to help you approach your finances with confidence.



Retirement Plan Specialist Dominick Zucconi can help you create a plan of action to meet your goals.

We'll meet you where you are

As disruptions arise, we know your questions do too. Through TeleWealth™ Virtual Consultations, we can help you create a plan to manage your financial situation so you can focus on taking care of your family.

We're here to provide unbiased assistance through phone or live video chat right from your desktop or mobile device.

We can address topics like:

- Retirement and investment planning
- Debt counseling
- Preparing an emergency budget
- Exploring investment and cash flow strategies
- How to consolidate old employer plans

Consultations are provided at no cost to you.



Schedule a TeleWealth Meeting
www.tcgservices.com/Dzucconi

For extended hours or weekends, please email dzucconi@tcgservices.com



Scan for Appt.

TeleHealth



Telemedicine | www.1800MD.com | 800-530-8666

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!

GAP Insurance



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

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.



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 long-term 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;


Policy Exclusions (cont.)

- Air travel, except:
 - As a fare-paying passenger on a commercial airline on a regularly scheduled route; or
 - As a passenger for transportation only and not as a pilot or crew member;
- Intoxication (whether or not a person is intoxicated is determined and defined by the laws and jurisdiction of the geographical area in which the loss occurred.);
- Alcoholism or drug use, unless such drugs were taken on the advice of a physician and taken as prescribed;
- Sex changes;
- Elective surgery, including complications of elective surgery;
- Experimental treatment, drugs, or surgery;
- **Pre-Existing Conditions**, unless the covered person has satisfied the 12-month pre-existing condition exclusion period; “Pre-Existing Condition” means a disease, injury, sickness or physical condition for which the covered person: had treatment; incurred expense; took medication; or received a diagnosis or advice from a physician, during the 12-month period of time immediately before the covered person’s effective date of coverage. The term “Pre-Existing Condition” will also include conditions which are related to such disease, injury, sickness or physical condition. Please see rate inserts for how it applies.
- Performance of military, naval, or air force service of any country;
- Injury or sickness arising out of and in the course of any occupation for compensation, wage or profit (this does not apply to those sole proprietors or partners not covered by Workers’ Compensation.);
- Dental or routine vision services, unless:
 - Resulting from an injury occurring while the covered person’s coverage is in force and if performed within 12 months of the date of such injury; or
 - Due to congenital disease or anomaly of a covered newborn child;
- Routine examinations, such as health exams, periodic checkups, or routine physicals;
- Air or ground ambulance; or
- Any expense for which benefits are not payable under the covered person’s Other Medical Plan.

This policy may exclude expenses that are covered under the Other Medical Plan. In those instances, there may be out-of-pocket expenses that are not covered. Coverage will continue as long as the policy remains active, the premiums are paid, and the insured remains eligible for coverage. Coverage will end when you no longer qualify as an insured, you retire, you are not on active service or your coverage under another medical plan ends. Your coverage can end on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice of the amount of the increase and the date on which the increase is to take effect.

This product may contain limitations, exclusions, and waiting periods. This product is not intended for people who are eligible for Medicaid coverage. This brochure highlights important features of the policy. Please refer to your certificate for complete details.

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



Your benefits, all in one place.
 Manage your American Fidelity benefits and reimbursement accounts through your online account or the AFmobile® app.

Marketed by:



Underwritten and administered by:



American Fidelity Assurance Company
 800-662-1113 • americanfidelity.com

Aflac Group Hospital Indemnity

INSURANCE

Even a small trip to the hospital can have a major impact on your finances.

Here's a way to help make your visit a little more affordable.



Aflac[®]

AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help.

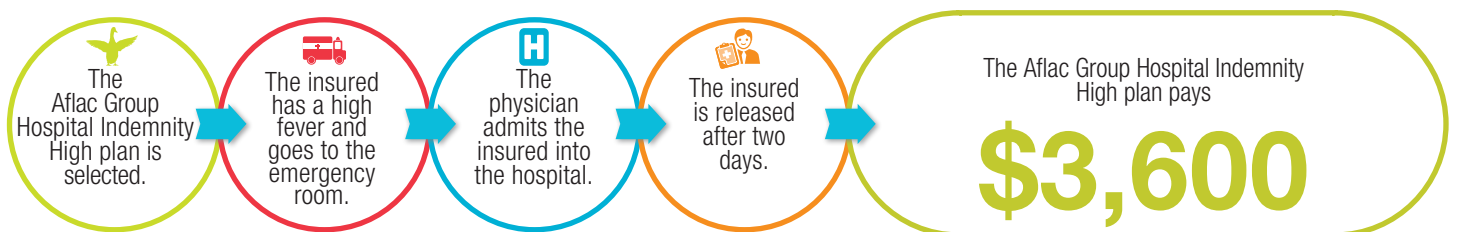
It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Successor Insured Benefit



How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$3,000) and Hospital Confinement (\$300 per day).

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

Benefits Overview

	HIGH	LOW
<p>HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured)</p> <p>Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p> <p>We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	\$3,000	\$1,500
<p>HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	\$300	\$150
<p>HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$600	\$300
<p>SUCCESSOR INSURED BENEFIT</p> <p>If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p>		

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).

LIMITATIONS AND EXCLUSIONS

EXCLUSIONS

State references refer to the state of your group and not your resident state.

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation (In North Carolina, active participation) in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
 - In Connecticut: a riot is not excluded.
 - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
 - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
 - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
 - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
 - In Vermont: injuring or attempting to injure oneself intentionally, while sane.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
 - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
 - In Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
 - In South Dakota: voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
 - In Arizona: this exclusion does not apply.
 - In South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
 - In Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life

of the person upon whom the abortion is performed.

- In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
 - Congenital defects in newborns.

TERMS YOU NEED TO KNOW

A Covered Accident is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

Dependent means your spouse or dependent children, as defined in the applicable rider, who have been accepted for coverage. Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Dependent Children are your or your spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children (in Texas, adopted children), or children placed for adoption. (In Florida, coverage may be provided for the children of custodial and non-custodial parents.) Newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children (and foster children in North Carolina) are automatically covered for 60 days also. See certificate for details. Dependent children must be younger than age 26 (In Arizona, on the effective date of coverage and in Louisiana and Illinois, unmarried). See certificate for details.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and: is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made.

In Montana: For purposes of treatment, the insured has full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, licensed social worker, psychologist, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, or advanced practice registered nurse.

A Doctor does not include you or any of your Family Members. For the purposes of this definition, Family Member includes your spouse as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother. In Arizona, however, a doctor who is your family member may treat you. In South Dakota, however, a doctor who is your family member may treat you if that doctor is the only doctor in the area and acts within the scope of his or her practice.

A Hospital is not a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation facility; a facility for the treatment of alcoholism or drug addiction (except in Vermont); an assisted living facility; or any facility not meeting the definition of a Hospital as defined in the certificate.

A Hospital Intensive Care Unit is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a Hospital Intensive Care Unit as defined in the certificate

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury (In Maine, illness or disease of an insured). A Covered Sickness is one that is not excluded by name, specific description, or any other provision in this plan. For a benefit to be payable, loss arising from the covered sickness must occur

while the applicable insured's coverage is in force (except in Montana).

Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services (except in Kansas).

You May Continue Your Coverage

Your coverage may be continued with certain stipulations. See certificate for details.

Termination of Coverage

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Group Hospital Indemnity Insurance - High Plan

Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$47.48
Employee and Spouse	\$96.14
Employee and Child(ren)	\$75.42
Family	\$124.08

The rates and product availability indicated in this proposal are subject to change as a result of final underwriting.

Group Hospital Indemnity Insurance - Low Plan

Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$23.74
Employee and Spouse	\$48.06
Employee and Child(ren)	\$37.70
Family	\$62.02

The rates and product availability indicated in this proposal are subject to change as a result of final underwriting.

COBRA

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

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

COBRA Highlights

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

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

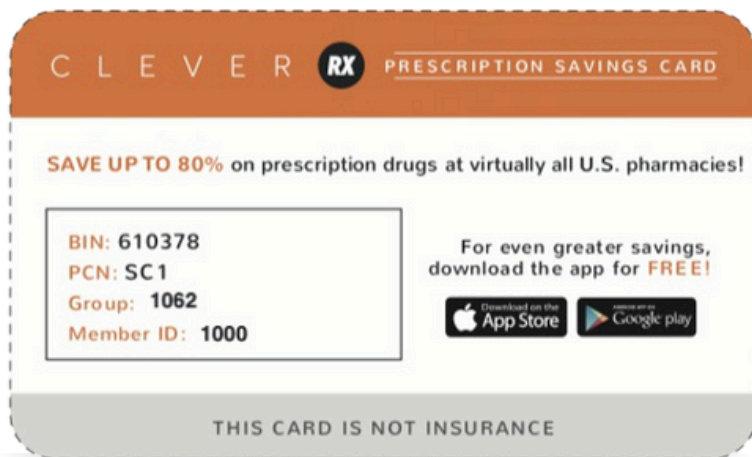


Clever RX

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

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

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



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

Clever RX Highlights

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

Contact Information

Product	Carrier	Website	Phone
Medical	CIGNA	www.cigna.com	800-977-1654
Dental	Ameritas	www.ameritas.com	800-487-5553
Vision	Ameritas	www.ameritas.com	800-487-5553
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Disability	The Standard	www.thestandard.vom	800-378-2395
Cancer	Guardian	www.guardiananytime.com	888-600-1600
Critical Illness	Aflac	www.aflac.com	800-433-3036
Accident	Aflac	www.aflac.com	800-433-3036
Telehealth	Telemedicine	www.1800MD.com	800-530-8666
Hospital GAP	American Fidelity	www.americanfidelity.com	800-662-1113