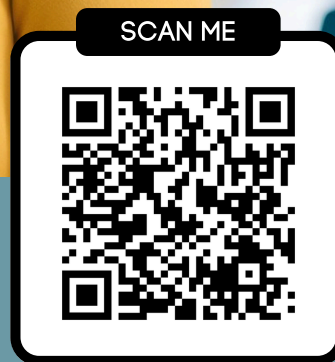
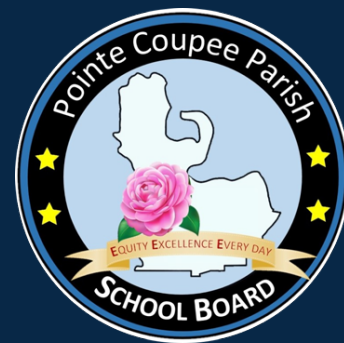


*Pointe Coupee Parish School Board*  
*2024-2025 Plan Year*

# BENEFITS GUIDE



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Human Resources Clerk  
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[ffbenefits.ffga.com/pointecoupeeparishschoolboard](http://ffbenefits.ffga.com/pointecoupeeparishschoolboard)

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

# Employee Benefits Center

## A guide to your benefits!

Pointe Coupee Parish School Board 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/pointecoupeeparishschoolboard](http://ffbenefits.ffga.com/pointecoupeeparishschoolboard)



# How to Enroll / View Benefits

## Benefits Enrollment

### On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Please reach out to your Principal / Administrator to see when a First Financial Representative will be at your location. Visit your EBC for more information.

### Login

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

### View Current Benefits

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



# Benefit Eligibility & Coverage

## Employee Coverage

### Eligibility

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

### New Employees

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

### Existing Employees

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

### Mid-year Benefit Changes

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

### Qualifying Life Events Include:

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

### Declining Coverage

If you are eligible for benefits, but wish to DECLINE coverage, you still need to sit with a First Financial Representative to "waive" benefits. You still need to 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 30 days of the status change. If the benefits office is not notified within 30 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](http://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	\$29.96
Employee + Spouse	\$59.32
Employee + Children	\$65.62
Employee + Family	\$98.24

# POINTE COUPEE PARISH SCHOOL BOARD

Dental Highlight Sheet



## Dental Plan Summary

Effective Date: 11/1/2024

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$50/Calendar Year Type 2 & 3 Waived Type 1
<b>Maximum (per person)</b>	No Family Maximum \$2,000 per calendar year
<b>Allowance</b>	U&C
<b>Dental Rewards®</b>	Included
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

## Orthodontia Summary - Child Only Coverage

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

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>• Routine Exam (2 per benefit period)</li> <li>• Bitewing X-rays (2 per benefit period)</li> <li>• Cleaning (2 per benefit period)</li> <li>• Fluoride for Children 18 and under (1 per benefit period)</li> </ul>	<ul style="list-style-type: none"> <li>• Full Mouth/Panoramic X-rays (1 in 2 years)</li> <li>• Periapical X-rays</li> <li>• Sealants (age 15 and under)</li> <li>• Fillings for Cavities</li> <li>• Restorative Composites (anterior and posterior teeth)</li> <li>• Simple Extractions</li> </ul>	<ul style="list-style-type: none"> <li>• Space Maintainers</li> <li>• Onlays</li> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Crown Repair</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Denture Repair</li> <li>• Implants</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>

## Monthly Rates

<b>Employee Only (EE)</b>	\$29.96
<b>EE + Spouse</b>	\$59.32
<b>EE + Children</b>	\$65.52
<b>EE + Spouse &amp; Children</b>	\$98.24

## Ameritas Information

**We're Here to Help:** This plan was designed specifically for the associates of POINTE COUPEE PARISH SCHOOL BOARD. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553.

## 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. To receive this Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account.

## Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today.



# POINTE COUPEE PARISH SCHOOL BOARD

## Dental Highlight Sheet



### Section 125

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

### Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. To receive the eyewear savings identification card, Ameritas plan members can visit [ameritas.com](http://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 Rewards®

Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards will be lost; but they can begin earning rewards again the very next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$400	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$200	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,200	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

### Dental Network Information

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

### Pretreatment

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

### Open Enrollment

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

### Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

### Dental Cost Estimator

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at [ameritas.com/applications/group/estimator](http://ameritas.com/applications/group/estimator). After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises.

### Worldwide Support

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

### Language Services

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

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

# Flexible Spending Accounts

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

## Medical FSA

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

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

### Medical FSA Highlights

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

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

## Dependent Care FSA

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

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

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

### Dependent Care FSA Highlights

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

# FSA Resources

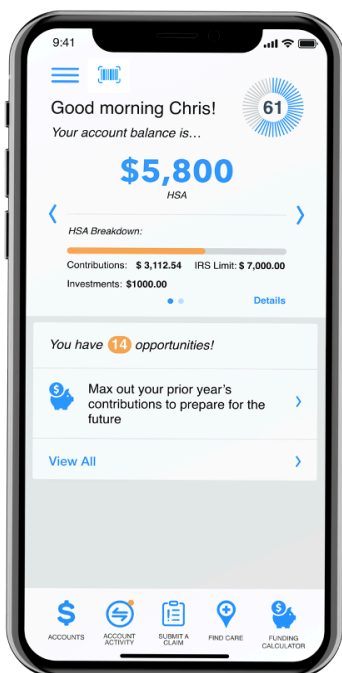
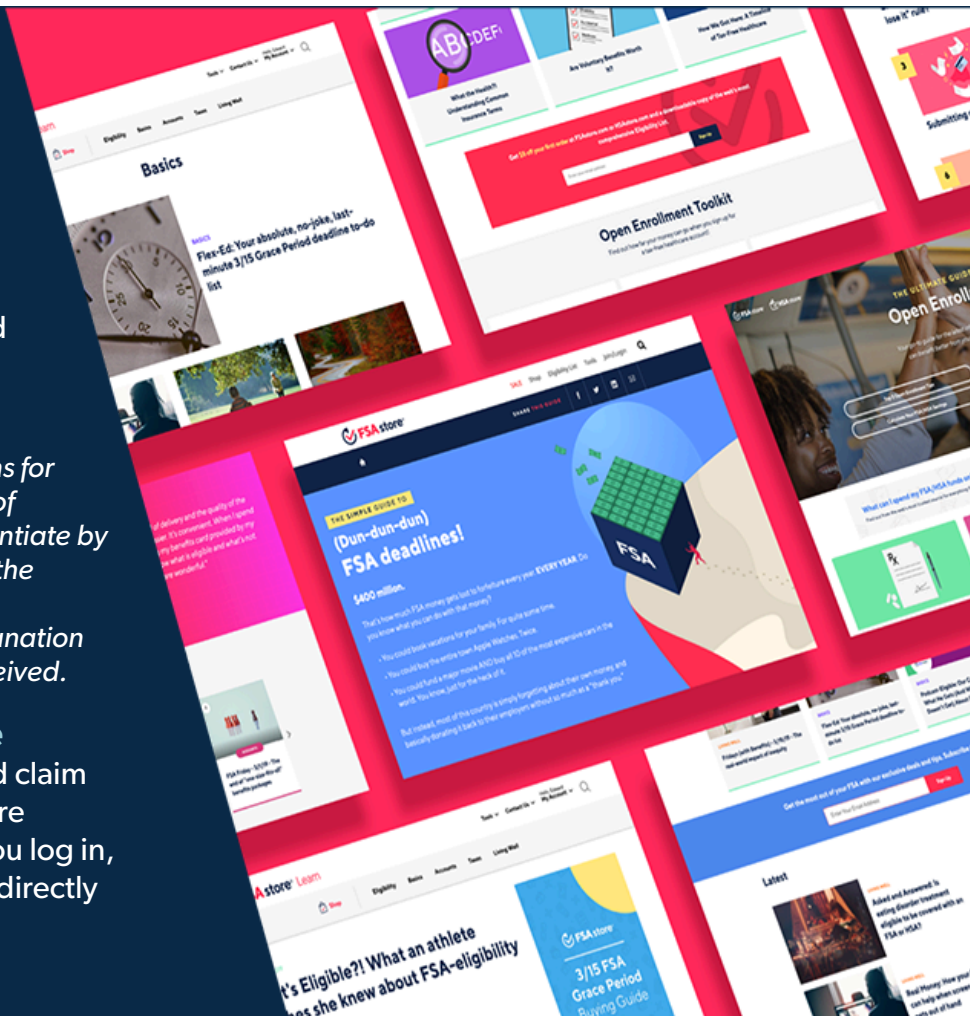
## Benefits Card

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

*The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to FFGA within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.*

## View Your Account Details Online

Sign up to view your account balance, find claim forms and check claims status on our secure website. Log in at [www.ffga.com](http://www.ffga.com). After you log in, you may sign up to have reimbursements directly deposited to your bank account.



## FF Mobile Account App

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

## Pointe Coupee Flex Employer ID: FFA387

## FSA Store

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





# Texas Life

## Permanent Life



Texas Life | [www.texaslife.com](http://www.texaslife.com) | 800-283-9233

### **Texas Life Insurance - Permanent, Portable Life Insurance**

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

#### **Texas Life - Permanent Life Highlights**

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



Underwritten By

# TEXASLIFE INSURANCE COMPANY

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

## PURELIFE-PLUS

*Flexible Premium Life Insurance  
to Age 121*

*Portable, Permanent Individual Life Insurance for the Employee and Family*

*Policy Form: ICC18-PRFNG-NI-18*

### *Product Highlights*

Permanent Life Insurance  
to Age 121

Minimal Cash Value  
Premiums Dedicated Primarily  
to Purchase Life Insurance

Level Premium Guarantees  
Coverage for a Significant  
Period of Time

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

No Surrender Charges Apply

Accelerated Death Benefit Due  
to Terminal Illness Included

Convenient Premium Payments  
Through Payroll Deduction

Portable When You Leave  
Employment

Accidental Death Benefit  
Included for Selected Ages

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

*For the eligible employees of*

***Pointe Coupee Parish School Board***

*Marketed by*



***Application for Life Insurance***

**Express Issue | Monthly Pay**

**FOR USE ONLY IN  
*Louisiana***

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## A Summary of the Accelerated Death Benefit Rider

### **Terminal Illness - included at no additional cost**

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

### **Chronic Illness - included with an additional premium**

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

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

### **Important Notices**

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

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

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

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

**Representation of benefit payable - Terminal or Chronic Illness**

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

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

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



**OPTIONAL BENEFITS MONTHLY COST:**

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

**EXPRESS ISSUE AMOUNTS OF COVERAGE AVAILABLE ON SPOUSE**

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

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

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

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

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

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

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

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

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

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

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

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

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

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

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

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



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

Issue Age (ALB)	<b>Monthly Premiums for Life Insurance Face Amounts Shown</b> Includes Added Cost for Accidental Death Benefit (Ages 17-59)									<b>GUARANTEED PERIOD</b> Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1				9.25					16.25	81
2-4				9.50					16.75	80
5-8				9.75					17.25	79
9-10				10.00					17.75	79
11-16				10.25					18.25	77
17-20				12.25					22.25	75
21-22				12.50					22.75	74
23				12.75					23.25	75
24-25				13.00					23.75	74
26				13.50					24.75	75
27-28										74
29										74
30-31										73
32										74
33										74
34										75
35										76
36										76
37										77
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### PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

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

# Disability Insurance

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 800-662-1113

## Why Do I Need Disability Insurance?

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

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

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





## AF™ Short-Term Disability Income Insurance

Pointe Coupee Parish School Board

Marketed by:



**AMERICAN FIDELITY**   
a different opinion

EMPLOYER BENEFIT SOLUTIONS  
FOR YOUR INDUSTRY

## Focus on Recovery, Not Expenses

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

### Plan Highlights



#### Benefits are Payable Directly to You

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



#### Customized to Meet Your Individual Needs

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

### Choose the Right Plan for You

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

Plan I	On the 15th day
Plan II	On the 31st day



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



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



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



**Disability** or disabled means that you are unable to perform the material and substantial duties of your regular occupation.

# Benefit Policy Schedule

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

Monthly Salary	Monthly Disability Benefit	Monthly Premiums	
		Plan I (15th)	Plan II (31st)
\$286.00 - \$428.99	\$200.00	\$5.76	\$3.48
\$429.00 - \$571.99	\$300.00	\$8.64	\$5.22
\$572.00 - \$714.99	\$400.00	\$11.52	\$6.96
\$715.00 - \$857.99	\$500.00	\$14.40	\$8.70
\$858.00 - \$999.99	\$600.00	\$17.28	\$10.44
\$1,000.00 - \$1,142.99	\$700.00	\$20.16	\$12.18
\$1,143.00 - \$1,285.99	\$800.00	\$23.04	\$13.92
\$1,286.00 - \$1,428.99	\$900.00	\$25.92	\$15.66
\$1,429.00 - \$1,571.99	\$1,000.00	\$28.80	\$17.40
\$1,572.00 - \$1,714.99	\$1,100.00	\$31.68	\$19.14
\$1,715.00 - \$1,857.99	\$1,200.00	\$34.56	\$20.88
\$1,858.00 - \$1,999.99	\$1,300.00	\$37.44	\$22.62
\$2,000.00 - \$2,142.99	\$1,400.00	\$40.32	\$24.36
\$2,143.00 - \$2,285.99	\$1,500.00	\$43.20	\$26.10
\$2,286.00 - \$2,428.99	\$1,600.00	\$46.08	\$27.84
\$2,429.00 - \$2,571.99	\$1,700.00	\$48.96	\$29.58
\$2,572.00 - \$2,714.99	\$1,800.00	\$51.84	\$31.32
\$2,715.00 - \$2,857.99	\$1,900.00	\$54.72	\$33.06
\$2,858.00 - \$2,999.99	\$2,000.00	\$57.60	\$34.80
\$3,000.00 - \$3,142.99	\$2,100.00	\$60.48	\$36.54
\$3,143.00 - \$3,285.99	\$2,200.00	\$63.36	\$38.28
\$3,286.00 - \$3,428.99	\$2,300.00	\$66.24	\$40.02
\$3,429.00 - \$3,571.99	\$2,400.00	\$69.12	\$41.76
\$3,572.00 - \$3,714.99	\$2,500.00	\$72.00	\$43.50
\$3,715.00 - \$3,857.99	\$2,600.00	\$74.88	\$45.24
\$3,858.00 - \$3,999.99	\$2,700.00	\$77.76	\$46.98
\$4,000.00 - \$4,142.99	\$2,800.00	\$80.64	\$48.72
\$4,143.00 - \$4,285.99	\$2,900.00	\$83.52	\$50.46
\$4,286.00 - \$4,428.99	\$3,000.00	\$86.40	\$52.20
\$4,429.00 - \$4,571.99	\$3,100.00	\$89.28	\$53.94
\$4,572.00 - \$4,714.99	\$3,200.00	\$92.16	\$55.68
\$4,715.00 - \$4,857.99	\$3,300.00	\$95.04	\$57.42
\$4,858.00 - \$4,999.99	\$3,400.00	\$97.92	\$59.16
\$5,000.00 - \$5,142.99	\$3,500.00	\$100.80	\$60.90
\$5,143.00 - \$5,285.99	\$3,600.00	\$103.68	\$62.64
\$5,286.00 - \$5,428.99	\$3,700.00	\$106.56	\$64.38
\$5,429.00 - \$5,571.99	\$3,800.00	\$109.44	\$66.12

# Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Monthly Premiums	
		Plan I (15th)	Plan II (31st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$112.32	\$67.86
\$5,715.00 - \$5,857.99	\$4,000.00	\$115.20	\$69.60
\$5,858.00 - \$5,999.99	\$4,100.00	\$118.08	\$71.34
\$6,000.00 - \$6,142.99	\$4,200.00	\$120.96	\$73.08
\$6,143.00 - \$6,285.99	\$4,300.00	\$123.84	\$74.82
\$6,286.00 - \$6,428.99	\$4,400.00	\$126.72	\$76.56
\$6,429.00 - \$6,571.99	\$4,500.00	\$129.60	\$78.30
\$6,572.00 - \$6,714.99	\$4,600.00	\$132.48	\$80.04
\$6,715.00 - \$6,857.99	\$4,700.00	\$135.36	\$81.78
\$6,858.00 - \$6,999.99	\$4,800.00	\$138.24	\$83.52
\$7,000.00 - \$7,142.99	\$4,900.00	\$141.12	\$85.26
\$7,143.00 - \$7,285.99	\$5,000.00	\$144.00	\$87.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$146.88	\$88.74
\$7,429.00 - \$7,571.99	\$5,200.00	\$149.76	\$90.48
\$7,572.00 - \$7,714.99	\$5,300.00	\$152.64	\$92.22
\$7,715.00 - \$7,857.99	\$5,400.00	\$155.52	\$93.96
\$7,858.00 - \$7,999.99	\$5,500.00	\$158.40	\$95.70
\$8,000.00 - \$8,142.99	\$5,600.00	\$161.28	\$97.44
\$8,143.00 - \$8,285.99	\$5,700.00	\$164.16	\$99.18
\$8,286.00 - \$8,428.99	\$5,800.00	\$167.04	\$100.92
\$8,429.00 - \$8,571.99	\$5,900.00	\$169.92	\$102.66
\$8,572.00 - \$8,713.99	\$6,000.00	\$172.80	\$104.40
\$8,714.00 - \$8,856.99	\$6,100.00	\$175.68	\$106.14
\$8,857.00 - \$8,999.99	\$6,200.00	\$178.56	\$107.88
\$9,000.00 - \$9,142.99	\$6,300.00	\$181.44	\$109.62
\$9,143.00 - \$9,285.99	\$6,400.00	\$184.32	\$111.36
\$9,286.00 - \$9,428.99	\$6,500.00	\$187.20	\$113.10
\$9,429.00 - \$9,570.99	\$6,600.00	\$190.08	\$114.84
\$9,571.00 - \$9,713.99	\$6,700.00	\$192.96	\$116.58
\$9,714.00 - \$9,856.99	\$6,800.00	\$195.84	\$118.32
\$9,857.00 - \$9,999.99	\$6,900.00	\$198.72	\$120.06
\$10,000.00 - \$10,142.99	\$7,000.00	\$201.60	\$121.80
\$10,143.00 - \$10,285.99	\$7,100.00	\$204.48	\$123.54
\$10,286.00 - \$10,428.99	\$7,200.00	\$207.36	\$125.28
\$10,429.00 - \$10,570.99	\$7,300.00	\$210.24	\$127.02
\$10,571.00 - \$10,713.99	\$7,400.00	\$213.12	\$128.76
\$10,714.00- And Over	\$7,500.00	\$216.00	\$130.50



# Plan Benefit Highlights

## Maximum Benefit Period

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

## When Coverage Begins

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

## Donor Benefit

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

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

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

- **Worksite Accommodation**

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

## Alcoholism and Drug Addiction Limited Benefit

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

## Pre-Existing Condition Limitation

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

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

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

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

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



# Benefit Riders and Limitations

## Hospital Indemnity Limited Benefit Rider

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

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

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

## Spousal Accident Only Disability Benefit Rider

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

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

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

## Critical Illness Benefit Rider

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

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

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

# Benefit Rider Limitations and Exclusions

## Hospital Indemnity Limited Benefit Rider

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

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



## Critical Illness Benefit Rider

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

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

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

## Spousal Accident Only Disability Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this policy for any period during which your Spouse is entitled to Workers' Compensation benefits; participation in any sport for wage or profit; participation in any contest of speed in a power driven vehicle for wage or profit.

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

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

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

## Policy Exclusions

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

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

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

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



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## AF™ Long-Term Disability Income Insurance

Pointe Coupee Parish School Board

Marketed by:



**AMERICAN FIDELITY**   
a different opinion

EMPLOYER BENEFIT SOLUTIONS  
FOR YOUR INDUSTRY

## Focus on Recovery, Not Expenses

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

### Plan Highlights



#### Benefits are Payable Directly to You

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



#### Customized to Meet Your Individual Needs

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



#### Return-to-Work Benefit

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

### Choose the Right Plan for You

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

Plan I	On the 91st day
Plan II	On the 181st day



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



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



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



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



# Benefit Policy Schedule

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

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums	
			Plan I (91st)	Plan II (181st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$3.88	\$2.72
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$5.82	\$4.08
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$7.76	\$5.44
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$9.70	\$6.80
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$11.64	\$8.16
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$13.58	\$9.52
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$15.52	\$10.88
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$17.46	\$12.24
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$19.40	\$13.60
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$21.34	\$14.96
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$23.28	\$16.32
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$25.22	\$17.68
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$27.16	\$19.04
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$29.10	\$20.40
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$31.04	\$21.76
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$32.98	\$23.12
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$34.92	\$24.48
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$36.86	\$25.84
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$38.80	\$27.20
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$40.74	\$28.56
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$42.68	\$29.92
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$44.62	\$31.28
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$46.56	\$32.64
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$48.50	\$34.00
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$50.44	\$35.36
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$52.38	\$36.72
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$54.32	\$38.08
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$56.26	\$39.44
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$58.20	\$40.80
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$60.14	\$42.16
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$62.08	\$43.52
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$64.02	\$44.88
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$65.96	\$46.24
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$67.90	\$47.60
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$69.84	\$48.96
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$71.78	\$50.32
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$73.72	\$51.68

# Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums	
			Plan I (91st)	Plan II (181st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$75.66	\$53.04
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$77.60	\$54.40
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$79.54	\$55.76
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$81.48	\$57.12
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$83.42	\$58.48
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$85.36	\$59.84
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$87.30	\$61.20
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$89.24	\$62.56
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$91.18	\$63.92
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$93.12	\$65.28
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$95.06	\$66.64
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$97.00	\$68.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$98.94	\$69.36
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$100.88	\$70.72
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$102.82	\$72.08
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$104.76	\$73.44
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$106.70	\$74.80
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$108.64	\$76.16
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$110.58	\$77.52
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$112.52	\$78.88
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$114.46	\$80.24
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$116.40	\$81.60
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$118.34	\$82.96
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$120.28	\$84.32
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$122.22	\$85.68
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$124.16	\$87.04
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$126.10	\$88.40
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$128.04	\$89.76
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$129.98	\$91.12
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$131.92	\$92.48
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$133.86	\$93.84
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$135.80	\$95.20
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$137.74	\$96.56
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$139.68	\$97.92
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$141.62	\$99.28
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$143.56	\$100.64
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$145.50	\$102.00

# Plan Benefit Highlights

## Maximum Benefit Period

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

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

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

## Social Security Filing Assistance

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

## When Coverage Begins

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

## Physician Expense Benefit

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

If you need personal treatment by a physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to Sickness, you must have returned to work for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Injury Benefit. This benefit will be limited to 8 payments per calendar year.

## Accidental Death Benefit

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

## Hospital Confinement Benefit

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

## Waiver of Premium

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

## Donor Benefit

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



## Offsets With Other Sources of Income

Deductible Sources of Income include:

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

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

## Minimum Disability Benefit

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

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

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

## Return To Work Incentives: Disabled and Working

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

### • Family Care Benefit

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

### • Worksite Accommodation

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

## Mental Illness Limited Benefit

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

## Alcoholism and Drug Addiction Limited Benefit

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

## Pre-Existing Condition Limitation

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

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

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

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

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

# Benefit Riders and Limitations

## Hospital Indemnity Limited Benefit Rider

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

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

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



## Spousal Accident Only Disability Benefit Rider

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

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

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

## COBRA Funding Rider

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

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

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

## Survivor Benefit Rider

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

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

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

# Benefit Rider Limitations and Exclusions

## Hospital Indemnity Limited Benefit Rider

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

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

## COBRA Funding Benefit Rider

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

## Spousal Accident Only Disability Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this policy for any period during which your Spouse is entitled to Workers' Compensation benefits; participation in any sport for wage or profit; participation in any contest of speed in a power driven vehicle for wage or profit.

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

## Survivor Benefit Rider

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

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

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



## Policy Exclusions

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

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

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

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



### Your benefits, all in one place.

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

*Pre-Existing Conditions may apply.*

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



Underwritten and Administered by:  
American Fidelity Assurance Company  
800-662-1113 • [americanfidelity.com](http://americanfidelity.com)

# Cancer Insurance

## Plan Options



Guardian | [www.guardianlife.com](http://www.guardianlife.com) | 888-600-1600

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

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

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

Cancer Insurance		
Monthly Premium	Option 1	Option 2
Employee	\$23.00	\$38.00
Employee & Spouse	\$46.00	\$57.00
Employee & Child(ren)	\$31.00	\$46.00
Employee & Family	\$54.00	\$65.00



## Welcome to

# Workplace benefits

## Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

## Your coverage options



**Cancer  
insurance**

Financial support after a  
cancer diagnosis

## Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

**1** Read through this information.

**2** Find out more about your benefits.

**3** Talk to your employer if you need help or have any questions.



# Cancer insurance

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

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

## Who is it for?

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

## What does it cover?

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

## Why should I consider it?

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

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

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



## Extra support

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

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

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

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

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

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

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

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



# Your cancer coverage

## CANCER

COVERAGE - DETAILS	Option 1	Option 2
<b>Your Monthly premium</b>	\$23.00	\$38.00
You and Spouse	\$46.00	\$57.00
You and Child(ren)	\$31.00	\$46.00
You, Spouse and Child(ren)	\$54.00	\$65.00
<b>INITIAL DIAGNOSIS BENEFIT</b> - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.		
<b>Benefit Amount(s)</b>	Employee \$2,500 Spouse \$2,500 Child \$2,500	Employee \$5,000 Spouse \$5,000 Child \$5,000
<b>Benefit Waiting Period</b> - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days	30 Days
<b>CANCER SCREENING</b>		
<b>Benefit Amount</b>	\$75; \$75 for Follow-Up screening	\$150; \$150 for Follow-Up screening
<b>RADIATION THERAPY OR CHEMOTHERAPY</b>		
<b>Benefit</b>	Schedule amounts up to a \$15,000 benefit year maximum.	Schedule amounts up to a \$20,000 benefit year maximum.
<b>Pre-Existing Conditions Limitation:</b> A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 month look back period, 12 month exclusion period.	12 month look back period, 12 month exclusion period.
<b>Portability:</b> Allows you to take your Cancer coverage with you if you terminate employment.	Included	Included
<b>Child(ren) Age Limits</b>	Children age birth to 26 years	Children age birth to 26 years
<b>FEATURES</b>		
Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement	\$1,500/trip, limit 2 trips per hospital confinement
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit
Anti-Nausea	\$50/day up to \$150 per month	\$50/day up to \$150 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year	\$100/day up to \$5,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month	\$100/day up to \$1,000/month





## Your cancer coverage

FEATURES (Cont.)	Option 1	Option 2
Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year	\$100/day up to 90 days per year
Government or Charity Hospital	\$300 per day in lieu of all other benefits	\$300 per day in lieu of all other benefits
Home Health Care	\$50/visit up to 30 visits per year	\$50/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year	\$25/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime	\$50/day up to 100 days/lifetime
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Rider	Pays a daily amount of \$600/day up to 45 days per year if the insured is confined to the ICU for any reason OTHER than Cancer treatment. ICU confinements due to Cancer treatment are covered under our standard Cancer plan.	
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
Specified Disease Rider	This rider pays for any of the schedule benefits within our standard Cancer plan for a specific list of diseases. The rider only pays for one specified disease on the list during an insured's lifetime. The covered specified diseases are Addison's Disease, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Brucellosis, Cerebrospinal Meningitis (bacterial), Cystic Fibrosis, Diphtheria, Encephalitis, Hansen's Disease, Hepatitis (Chronic B or Chronic C with liver failure or hepatoma), Legionnaire's Disease (confirmation by culture or sputum), Lyme Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Rabies, Reye's Syndrome, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Systemic Lupus Erythematosus, Tetanus, Thalassemia, Tuberculosis, Tularemia, or Typhoid Fever.	



## Your cancer coverage

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.

### LIMITATIONS AND EXCLUSIONS:

#### A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

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

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

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

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

Contract # GP-I-CAN-IC-12

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



## Our commitment to you

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

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### Important information



#### **Notice Informing Individuals about Nondiscrimination and Accessibility Requirements**

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

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

#### **No Cost Language Services**

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

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

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# Critical Illness Insurance

Allstate | [www.allstatebenefits.com](http://www.allstatebenefits.com) | 800-521-3535

## 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.





## American Heritage Life Insurance Company

Protection when faced with a critical illness diagnosis and you need treatment

## Critical Illness Insurance from Allstate Benefits\*

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

### Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

### Meeting Your Needs

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation\*\*
- Coverage available for dependents
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- 25% of your Basic-Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.®**

## DID YOU KNOW ?



Every **40** seconds,  
an American will suffer  
a heart attack†



Every **40** seconds,  
someone in the U.S.  
has a stroke††

\*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. \*\*Please refer to the Exclusions and Limitations section of this brochure.

†[https://www.cdc.gov/heartdisease/heart\\_attack.htm](https://www.cdc.gov/heartdisease/heart_attack.htm) ††<https://www.cdc.gov/stroke/facts.htm>



# Meet Ashley

Ashley is like any single parent who has been diagnosed with a critical illness. She's worried about her future, her children and how they will cope with her treatments. Most importantly, she worries about how she will pay for it all.

Here is what weighs heavily on her mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to my treatments, I must cover my bills, rent/mortgage, groceries and my children's education
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Ashley's story of diagnosis and treatment turned into a happy ending, because she had supplemental Critical Illness Insurance to help with expenses.



## CHOOSE

Ashley chooses Critical Illness benefits to help protect herself and her children, if they are diagnosed with a critical illness.



## USE

During Ashley's annual wellness exam, her doctor noticed an irregular heartbeat. She underwent an electrocardiogram (EKG) test and stress test, which confirmed she had a blockage in one of her coronary arteries.

Here's Ashley's treatment path:

- Ashley has her annual wellness exam
- Her doctor notices an abnormality in her heartbeat; tests are performed and she is diagnosed with coronary artery disease
- After visits with doctors, surgeons and an anesthesiologist, Ashley undergoes surgery
- Surgery is performed to remove the blockage with a bypass graft. She is visited by her doctor during a 4-day hospital stay and released
- Ashley follows her doctor required treatment during a 2-month recovery period, and has regular doctor office visits

Ashley is doing well and is on the road to recovery.



## CLAIM

Ashley's Critical Illness claim paid her cash benefits for the following:

Wellness

Coronary Artery Bypass Surgery

The cash benefits were direct deposited into her bank account.

For a listing of benefits and benefit amounts, see pages 3 and 4.



## Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



### Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



### Travel

Can help pay for expenses while receiving treatment in another city.



### Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



### Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



## MyBenefits: 24/7 Access [allstatebenefits.com/mybenefits](http://allstatebenefits.com/mybenefits)

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

**Wellness** - Biopsy for skin cancer; Bone Marrow Testing; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; Ultrasound screening for abdominal aortic aneurysms.

## Benefits (subject to maximums as listed on page 4)

### Benefit paid upon diagnosis of one of the following conditions

#### INITIAL CRITICAL ILLNESS BENEFITS\*

**Heart Attack** - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are not covered

**Stroke** - the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not covered

**Major Organ Transplant** - transplant of heart, lung, liver, pancreas or kidneys. Transplanted organ must come from a human donor

**End Stage Renal Failure** - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Renal failure caused by traumatic events, including surgical trauma, are not covered

**Coronary Artery Bypass Surgery** - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered

**Waiver of Premium (employee only)** - premiums waived if disabled for 90 consecutive days due to a critical illness

#### OPTIONAL CANCER CRITICAL ILLNESS BENEFITS\*

**Invasive Cancer** - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, non-invasive or metastasized skin cancer and early prostate cancer are not covered

**Carcinoma In Situ** - non-invasive cancer, including early prostate cancer (stages A, I, II) and melanoma that has not invaded the dermis. Other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors and polyps are not covered

#### SECOND EVENT BENEFIT\*

**Second Event Initial Critical Illness** - second diagnosis more than 12 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

#### SUPPLEMENTAL CRITICAL ILLNESS II BENEFITS\*

**Advanced Alzheimer's Disease** - must exhibit impaired memory and judgment and be certified unable to perform at least three daily activities<sup>1</sup> without adult assistance

**Advanced Parkinson's Disease** - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least three daily activities<sup>1</sup> without adult assistance

**Benign Brain Tumor** - a non-cancerous tumor confirmed by biopsy or surgical excision, or specific neuroradiological examination, and persistent neurological deficits including but not limited to: loss of vision; loss of hearing; or balance disruption. Tumors of the skull, pituitary adenomas, and germinomas are not covered

**Coma** - unconsciousness due to sickness or traumatic brain injury, with severe neurologic dysfunction and unresponsiveness for 14 consecutive days. Requires significant medical intervention and life support. Medically induced Coma is not covered

**Complete Blindness** - irreversible reduction of sight in both eyes

**Complete Loss of Hearing** - total and irreversible loss of hearing in both ears

**Paralysis** - total and permanent loss of voluntary movement or motor function of 2 or more limbs

#### OPTIONAL BENEFIT

**Wellness Benefit** - 23 exams. Once per person, per calendar year; see left for list of wellness services and tests

\*Benefits paid once per covered person. When all benefits have been used, the coverage terminates. <sup>1</sup>Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.

## BENEFIT AMOUNTS

†Covered dependents receive 50% of your benefit amount

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 1+	PLAN 2	PLAN 2+	PLAN 3	PLAN 3+
Heart Attack (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Stroke (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$2,500	\$3,750	\$3,750	\$5,000	\$5,000
Waiver of Premium (employee only)	Yes	Yes	Yes	Yes	Yes	Yes
OPTIONAL CANCER CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 1+	PLAN 2	PLAN 2+	PLAN 3	PLAN 3+
Invasive Cancer (100%)	n/a	\$10,000	n/a	\$15,000	n/a	\$20,000
Carcinoma in Situ (25%)	n/a	\$2,500	n/a	\$3,750	n/a	\$5,000
SECOND EVENT BENEFIT†	PLAN 1	PLAN 1+	PLAN 2	PLAN 2+	PLAN 3	PLAN 3+
Second Event Initial Critical Illness Benefit (same amount as Initial Critical Illness)	Yes	Yes	Yes	Yes	Yes	Yes
SUPPLEMENTAL CRITICAL ILLNESS II BENEFITS†	PLAN 1	PLAN 1+	PLAN 2	PLAN 2+	PLAN 3	PLAN 3+
Advanced Alzheimer's Disease (25%)	\$2,500	\$2,500	\$3,750	\$3,750	\$5,000	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$2,500	\$3,750	\$3,750	\$5,000	\$5,000
Benign Brain Tumor (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Coma (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Complete Blindness (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
Paralysis (100%)	\$10,000	\$10,000	\$15,000	\$15,000	\$20,000	\$20,000
OPTIONAL BENEFIT	PLAN 1	PLAN 1+	PLAN 2	PLAN 2+	PLAN 3	PLAN 3+
Wellness Benefit (per year)	n/a	\$100	n/a	\$100	n/a	\$100

### PLAN 1 MONTHLY PREMIUMS

\$10,000 Basic Benefit Amount

AGE	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
	Non-Tobacco		Tobacco	
18-35	\$3.60	\$4.90	\$5.50	\$7.75
36-50	\$9.90	\$14.35	\$16.00	\$23.50
51-60	\$21.40	\$31.60	\$34.90	\$51.85
61-63	\$35.80	\$53.20	\$54.20	\$80.80
64+	\$57.20	\$85.30	\$87.00	\$130.00

### PLAN 1+ MONTHLY PREMIUMS

\$10,000 Basic Benefit Amount

AGE	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
	Non-Tobacco		Tobacco	
18-35	\$12.52	\$21.04	\$17.12	\$27.94
36-50	\$23.62	\$37.69	\$36.32	\$56.74
51-60	\$44.52	\$69.04	\$71.22	\$109.09
61-63	\$67.52	\$103.54	\$101.62	\$154.69
64+	\$98.52	\$150.04	\$149.82	\$226.99

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family

See page 5 for additional premiums.

**PLAN 2 MONTHLY PREMIUMS**

\$15,000 Basic Benefit Amount

	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
AGE	Non-Tobacco		Tobacco	
18-35	\$4.90	\$6.85	\$7.74	\$11.10
36-50	\$14.36	\$21.04	\$23.51	\$34.76
51-60	\$31.60	\$46.90	\$51.85	\$77.27
61-63	\$53.20	\$79.30	\$80.80	\$120.70
64+	\$85.30	\$127.45	\$130.00	\$194.50

**PLAN 2+ MONTHLY PREMIUMS**

\$15,000 Basic Benefit Amount

	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
AGE	Non-Tobacco		Tobacco	
18-35	\$15.52	\$25.54	\$22.41	\$35.87
36-50	\$32.18	\$50.53	\$51.22	\$79.09
51-60	\$63.53	\$97.55	\$103.57	\$157.61
61-63	\$98.02	\$149.29	\$149.18	\$226.03
64+	\$144.52	\$219.04	\$221.47	\$334.47

**PLAN 3 MONTHLY PREMIUMS**

\$20,000 Basic Benefit Amount

	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
AGE	Non-Tobacco		Tobacco	
18-35	\$6.20	\$8.80	\$9.98	\$14.48
36-50	\$18.80	\$27.70	\$31.00	\$46.00
51-60	\$41.81	\$62.21	\$68.81	\$102.71
61-63	\$70.61	\$105.41	\$107.42	\$160.62
64+	\$113.39	\$169.59	\$172.99	\$258.99

**PLAN 3+ MONTHLY PREMIUMS**

\$20,000 Basic Benefit Amount

	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
AGE	Non-Tobacco		Tobacco	
18-35	\$18.52	\$30.04	\$27.70	\$43.82
36-50	\$40.72	\$63.34	\$66.11	\$101.43
51-60	\$82.54	\$126.06	\$135.93	\$206.15
61-63	\$128.53	\$195.05	\$196.75	\$297.37
64+	\$190.51	\$288.03	\$293.12	\$441.94

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family

## CERTIFICATE SPECIFICATIONS

### Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

### Dependent Eligibility/Termination

Family members eligible for coverage are your spouse or domestic partner and children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

### When Coverage Ends

Coverage under the policy ends on the earliest of: the date the policy is canceled; you stop paying your premium; the last day of active employment; you are no longer eligible; a false claim is filed; when all benefits have been paid under the policy.

### Continuing Your Coverage

You may be able to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

## EXCLUSIONS AND LIMITATIONS

### Conditions and Limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness after your effective date will be payable. Benefits are subject to the Pre-Existing Condition Limitation as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the certificate and be diagnosed by a physician while coverage is in effect. The date of diagnosis for each illness must be separated by 90 days. Emergency situations outside the U.S. will be considered when you return to the U.S.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date, subject to the terms and conditions in the certificate.

### Pre-Existing Condition Limitation

Benefits are not paid for: a critical illness that is, caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

### Exclusions

Benefits are not paid for: war or participation in a riot, insurrection or rebellion; intentionally self-inflicted injury or action; illegal activities or occupations; suicide while sane, or self-destruction while insane, or any attempt at either; substance abuse, including alcohol, alcoholism, drug addiction, or dependence upon any controlled substance.



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[www.allstate.com](http://www.allstate.com) or  
[allstatebenefits.com](http://allstatebenefits.com)

This brochure is for use in enrollments situated in LA and MS.

Rev. 8/22. This material is valid as long as information remains current, but in no event later than August 1, 2025. Group Critical Illness benefits are provided under policy form GVCIP2, or state variations thereof.

**The coverage provided is limited benefit supplemental critical illness insurance.** The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

**The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.**



# Accident Insurance

Allstate | [www.allstatebenefits.com](http://www.allstatebenefits.com) | 800-521-3535

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





## Allstate BENEFITS

Protection for accidental  
injuries on- and off-the-job,  
24 hours a day

## Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

### Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

### Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.

**Are you in Good Hands? You can be.**

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

\*National Safety Council, Injury Facts®, 2017 Edition

## DID YOU KNOW ?

The number of injuries suffered  
by workers in one year, both  
on- and off-the-job, includes:\*

**ON-THE-JOB** (in millions)



Work  
**4.4**

**OFF-THE-JOB** (in millions)



Home  
**9.2**



Non-Auto  
**4.0**



Auto  
**2.2**



# Meet Daniel & Sandy

Daniel and Sandy are like most active couples: they enjoy the outdoors and a great adventure. They have seen their share of bumps, bruises and breaks. Sandy knows an accidental injury could happen to either of them. Most importantly, she worries about how they will pay for it.

Here is what weighs heavily on her mind:

- Major medical will only pay a portion of the expenses associated with injury treatments
- They have copays they are responsible for until they meet their deductible
- If they miss work because of an injury, they must cover the bills, rent/mortgage, groceries and their child's education
- If they need to seek treatment not available locally, they will have to pay for it

Daniel's story of injury and treatment turned into a happy ending, because he had supplemental Accident Insurance to help with expenses.



## CHOOSE

Daniel and Sandy choose benefits to help protect their family if they suffer an accidental injury.



## USE

Daniel was playing a pick-up game of basketball with his friends when he went up for a jump-shot and, on his way back down, twisted his foot and ruptured his Achilles tendon.

Here's Daniel's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to reattach the tendon
- Was visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his ankle for 6 weeks
- Was seen by the doctor during a follow-up visit and sent to physical therapy to strengthen his leg and improve his mobility

Daniel would go online after each of his treatments to file claims. The cash benefits were direct deposited into his bank account.

Daniel is back playing basketball and enjoying life.



## CLAIM

Daniel's Accident claim paid cash benefits for the following:

Ambulance Services

Medicine

Medical Expenses

(Emergency Room and X-rays)

Initial Hospital Confinement

Hospital Confinement

Tendon Surgery

General Anesthesia

Accident Follow-Up Treatment

Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see your company's rate insert.

## Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



### Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



### Travel

Can help pay for expenses while receiving treatment in another city.



### Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



### Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



## MyBenefits: 24/7 Access [allstatebenefits.com/mybenefits](http://allstatebenefits.com/mybenefits)

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

## Dependent Eligibility

Coverage may include you, your spouse and your children.

<sup>1</sup>Multiple dismemberments, dislocations or fractures are limited to the amount shown in the rate insert.

<sup>2</sup>Up to three times per covered person, per accident.

<sup>3</sup>Two or more surgeries done at the same time are considered one operation.

<sup>4</sup>Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year.

<sup>5</sup>Two treatments per covered person, per accident.

<sup>6</sup>Must begin or be received within 180 days of the accident.

<sup>7</sup>Within 3 days after the accident.

## Benefits (subject to maximums as listed on the attached rate insert)

### BASE POLICY BENEFITS

#### Accidental Death\*

**Common Carrier Accidental Death** - riding as a fare-paying passenger on a scheduled common-carrier

**Dismemberment<sup>1,\*</sup>** - amount paid depends on type of dismemberment. See Injury Benefit Schedule in rate insert

**Dislocation or Fracture<sup>1</sup>** - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule in rate insert

**Initial Hospitalization Confinement** - initial hospitalization after the effective date

**Hospital Confinement** - up to 90 days for any one injury. Treatment must be received in the United States or its territories, unless the treatment is the result of an emergency

**Intensive Care** - up to 90 days for each period of continuous confinement

**Ambulance Services** - transfer to or from hospital by ambulance service

**Medical Expenses** - expenses incurred for medical or surgical treatment. Expenses are limited to physician fees, X-rays and emergency room services. Includes treatment for dental repair to sound natural teeth if repair is diagnosed by a dentist as necessary and as a result of injury. Treatment must be received in the United States or its territories, unless the treatment is the result of an emergency

**Outpatient Physician's Treatment** - treatment outside the hospital for any cause. Payable up to 2 visits per covered person, per calendar year and a maximum of 4 visits per calendar year if dependents are covered

### BENEFIT ENHANCEMENT RIDER

**Hospital Admission\*\*** - first hospital confinement occurring during a calendar year, and 12 months after rider effective date. Payable when a benefit has been paid under the Hospital Confinement Benefit in the base policy

**Lacerations\*\*** - treatment for one or more lacerations (cuts)

**Burns\*\*** - treatment for one or more burns, other than sunburns

**Skin Graft** - receiving a skin graft for which a benefit is paid under the Burns benefit

**Brain Injury Diagnosis\*\*** - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage within three days of an accident. Must be diagnosed within 30 days after the accident by CT Scan, MRI, EEG, PET scan or X-ray

**Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)\*** - must first be treated by a physician within 30 days after the accident

**Paralysis\*\*** - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for at least 90 days

**Coma with Respiratory Assistance** - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

#### Open Abdominal or Thoracic Surgery<sup>3, \*\*</sup>

**Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery<sup>3, \*</sup>** - surgery received for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery

**Ruptured Disc Surgery<sup>3, \*</sup>** - diagnosis and surgical repair to a ruptured disc of the spine by a physician

**Eye Surgery** - surgery or removal of a foreign object by a physician

**General Anesthesia\*** - payable only if the policy Surgery benefit is paid

**Blood and Plasma\*\*** - transfusion after an accident

**Appliance** - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

**Medical Supplies** - purchased over-the-counter medical supplies. Payable only if the policy Medical Expenses benefit is paid

**Medicine** - purchased prescription or over-the-counter medicines. Payable only if the policy Medical Expenses benefit is paid

**Prosthesis\*** - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident. Payable only if a benefit is paid for loss of arm, leg, hand, foot or eye under the Dismemberment benefit

**Physical Therapy** - one treatment per day; maximum of 6 treatments per accident. Chiropractic services are excluded. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid. Must take place no longer than 6 months after accident

**Rehabilitation Unit<sup>4</sup>** - must be hospital-confined due to an injury immediately prior to being transferred to rehab. Not payable for the days on which the Hospital Confinement benefit is paid

**Non-Local Transportation<sup>2</sup>** - treatment obtained at a non-local hospital or freestanding treatment center more than 100 miles from your home. Does not cover ambulance or physician's office or clinic visits for services other than treatment

**Family Member Lodging** - one adult family member to be with you while you are confined in a non-local hospital or freestanding treatment center. Not payable if family member lives within 100 miles one-way of the treatment facility. Up to 30 days per accident. Only payable if the Non-Local Transportation benefit is paid

**Post-Accident Transportation** - after a three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. Payable only if a benefit is paid for Hospital Confinement

**Accident Follow-Up Treatment<sup>5</sup>** - must take place no longer than 6 months after the accident. Payable only if the policy Medical Expenses benefit is paid. Not payable for the same visit for which the Physical Therapy benefit is paid

# Group Voluntary Accident (GVAP1)

On- and Off-the-Job Accident Insurance from Allstate Benefits

## BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFITS		PLAN 1
Accidental Death	Employee	\$40,000
	Spouse	\$20,000
	Children	\$10,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$200,000
	Spouse	\$100,000
	Children	\$50,000
Dismemberment <sup>1</sup>	Employee	\$40,000
	Spouse	\$20,000
	Children	\$10,000
Dislocation or Fracture <sup>1</sup>	Employee	\$4,000
	Spouse	\$2,000
	Children	\$1,000
Initial Hospitalization Confinement (pays once)		\$1,000
Hospital Confinement (pays daily)		\$200
Intensive Care (pays daily)		\$400
Ambulance Services	Ground	\$200
	Air	\$600
Medical Expenses (pays up to amount shown)		\$500
Outpatient Physician's Treatment (pays per visit)		\$50.00
BENEFIT ENHANCEMENT RIDER		PLAN 1
Hospital Admission (pays once/year)		\$500
Lacerations (pays once/year)		\$50
Burns	< 15% body surface	\$100
	15% or more	\$500
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis (pays once)		\$150
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/accident/year)		\$50
Paralysis (pays once)	Paraplegia	\$7,500
	Quadriplegia	\$15,000
Coma with Respiratory Assistance (pays once)		\$10,000
Open Abdominal or Thoracic Surgery		\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500
	Exploratory	\$150
Ruptured Disc Surgery		\$500
Eye Surgery		\$100
General Anesthesia		\$100
Blood and Plasma		\$300
Appliance		\$125
Medical Supplies		\$5
Medicine		\$5
Prosthesis	1 device	\$500
	2 or more devices	\$1,000
Physical Therapy (pays daily)		\$30
Rehabilitation Unit (pays daily)		\$100
Non-Local Transportation		\$400
Family Member Lodging (pays daily)		\$100
Post-Accident Transportation (pays once/year)		\$200
Accident Follow-Up Treatment (pays daily)		\$50

<sup>1</sup>Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

Offered to the employees of:

**Pointe Coupee Parish School Bd.**

## PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$4.16	\$7.82	\$8.51	\$10.36
Monthly	\$17.99	\$33.86	\$36.84	\$44.89

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

Injury Benefit Schedule is on reverse

FOR HOME OFFICE USE ONLY - GVAP1

Opt 1 - 2.0U Base; 1.0U BER

ABQ V08.15.2019 Rate Insert Creation Date: 9/24/2019

## INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

Covered spouse gets 50% of the amount shown and children 25%.

COMPLETE DISLOCATION	PLAN 1
Hip joint	\$4,000
Knee or ankle joint <sup>3</sup> , bone or bones of the foot <sup>3</sup>	\$1,600
Wrist joint	\$1,400
Elbow joint	\$1,200
Shoulder joint	\$800
Bone or bones of the hand <sup>3</sup> , collarbone	\$600
Two or more fingers or toes	\$280
One finger or toe	\$120
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1
Hip, thigh (femur), pelvis <sup>4</sup>	\$4,000
Skull <sup>4</sup>	\$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600
Foot <sup>4</sup> , hand or wrist <sup>4</sup>	\$1,400
Lower jaw <sup>4</sup>	\$800
Two or more ribs, fingers or toes, bones of face or nose	\$600
One rib, finger or toe, coccyx	\$280
LOSS	PLAN 1
Life or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000
One eye, hand, arm, foot, or leg	\$20,000
One or more entire toes or fingers	\$4,000

<sup>3</sup>Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). <sup>4</sup>Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).



For use in enrollments situated in: LA. This rate insert is part of the approved brochure for Pointe Coupee Parish School Bd. or form ABJ29977-5; it is not to be used on its own.

This material is valid as long as information remains current, but in no event later than September 24, 2022. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2019 Allstate Insurance Company. [www.allstate.com](http://www.allstate.com) or [allstatebenefits.com](http://allstatebenefits.com).

## CERTIFICATE SPECIFICATIONS

### Conditions and Limits

When an injury results in a covered loss within 90 days (180 days for dismemberment or death), unless otherwise stated on the Benefits page, from the date of an accident and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories, unless the treatment is the result of an emergency.

### Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week).

### Dependent Eligibility/Termination

Coverage may include you, your spouse and your children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death.

### When Coverage Ends

Coverage under the policy and riders (if included) ends on the earliest of: the date the policy or certificate is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment, except as provided under the Temporarily Not Working provision; the date you are no longer in an eligible class; or the date your class is no longer eligible.

### Continuing Your Coverage

You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

## EXCLUSIONS AND LIMITATIONS

**Exclusions and Limitations for the Base Policy and Benefit Enhancement Rider:** Benefits are not paid for: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic, unless administered upon the advice of a physician; any bacterial infection (except food poisoning and pyogenic infections occurring through an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; committing or attempting to commit a felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

**This brochure is for use in enrollments situated in TX and is incomplete without the accompanying rate insert.**

**This material is valid as long as information remains current, but in no event later than September 27, 2022.**

Group Accident benefits are provided under policy form GVAP1, or state variations thereof. Benefit Enhancement Rider benefits are provided under rider form GVAPBER, or state variations thereof.

**The coverage provided is limited benefit supplemental accident insurance.** The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

**The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.**



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2019 Allstate Insurance Company.  
[www.allstate.com](http://www.allstate.com) or  
[allstatebenefits.com](http://allstatebenefits.com)



# Voluntary Retirement Plans



First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) |  
800-523-8422, option 2 | [retirement@ffga.com](mailto:retirement@ffga.com)

## 403(b) Retirement Plan

Research shows that Americans are living well past retirement years. Are you saving enough to be able to enjoy those years? A 403(b) plan can help you get there.

It’s an IRS-approved retirement plan that allows you to set aside money on a pre-tax basis for your retirement. Contributions are conveniently made through payroll deduction, so money is moved from your paycheck into the account automatically. Plus, you employer may even match your contributions based on how much you put into the plan. Now is the time to take full advantage of this opportunity to maximize your retirement savings!

## 457(b) Retirement Plan

The 457(b) plan is an employer-sponsored voluntary retirement savings plan that allows you to save money for retirement on a tax-deferred or ROTH basis. One significant way the 457(b) differs from the 403(b) is that distributions are never subject to the 10 percent tax for early withdrawal.

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

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



# 403(b) Retirement Plans

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) |  
800-523-8422, option 2 | [retirement@ffga.com](mailto:retirement@ffga.com)

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

## How a 403(b) Works

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

## Benefits

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

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

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# 457(b) Retirement Plans



First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) |  
800-523-8422, option 2 | [retirement@ffga.com](mailto:retirement@ffga.com)

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

## Benefits

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

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

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

# COBRA

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



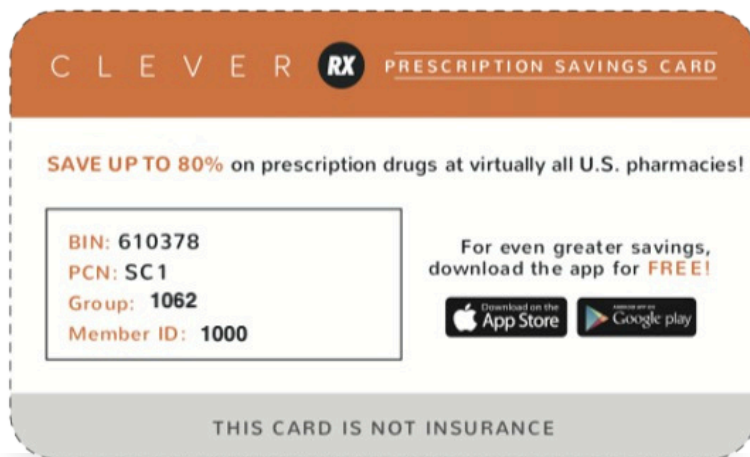


# Clever RX

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!



**FIND OUR  
APP HERE**



[www.ffga.com/my-ffga-benefits](http://www.ffga.com/my-ffga-benefits)

Pointe Coupee Parish  
**GROUP ID: 62813**

## Manage your benefits anytime, anywhere.

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



### View Available Benefits & Enroll

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



### FSA/HSA Login

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



### My Wallet

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



### Contact Us

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

# Contact Information

POINTE COUPEE PARISH SCHOOL BOARD  
BENEFITS OFFICE  
337 Napoleon Street | New Roads, LA 70760  
225.618.4814  
www.pcpsb.net

Matthew Carlini, Account Manager

985.893.5519 | 866.541.5096

Rebecca Hanagriff, Client Services Specialist

985.893.5519 | 866.541.5096

## Louisiana Branch Office:

Toll Free: 866.541.5096

Local: 985.893.5519

Fax: 985.893.7663

Email: covington@ffga.com

Product	Carrier	Website	Phone
Flexible Spending Account	First Financial Administrators	www.ffga.com	555-555-5555
COBRA	First Financial Administrators	www.cobrapoint.benaissance.com	800.523.8422 x4
Retirement Plans	First Financial Administrators	www.ffga.com	800.523.8422 x2
Dental	Ameritas Dental	www.ameritas.com	800.487.5553
Disability Insurance	American Fidelity	www.americanfidelity.com	800.663.1113
Permanent Life Insurance	Texas Life Insurance	www.texaslife.com	800.283.9233
Cancer Insurance	Guardian Life	www.guardianlife.com	888.600.1600
Critical Illness Insurance	Allstate	www.allstatebenefits.com	800.521.3535