RUNGE ISD 2025-2026 BENEFITS GUIDE





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Employee Benefits Center

A guide to your benefits!

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

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



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

https://ffbenefits.ffga.com/rungeisd



How to Enroll

Benefits Enrollment

Benefits By Phone

Visit: <u>rungeisd.timetap.com</u> to schedule a time for your FFGA representative to call you.

Online Enrollment

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

Enroll Now

Login & PIN

- Employee ID
 - The Employee ID is either your social security number or your Employee ID.
- PIN
 - Instructions to access your initial Personal Identification Number (PIN) will be provided to you prior to open enrollment.
 - Upon initial login, the PIN will be required to be changed.
 - Remember your PIN as you will use this to sign your enrollment confirmation form and to login in the future.

View Current Benefits

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

View/Add Dependents

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

Begin Elections

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

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

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

Existing Employees

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

Mid-year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

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

Here's How It Works

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

Is It Right For Me?

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

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

IRS specified changes in family status include:

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

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

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

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

Medical Coverage

TRS-ActiveCare



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

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

TRS-ActiveCare Primary

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

TRS-ActiveCare HD

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

TRS-ActiveCare Primary +

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

TRS-ActiveCare 2 - Closed to New Enrollees

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

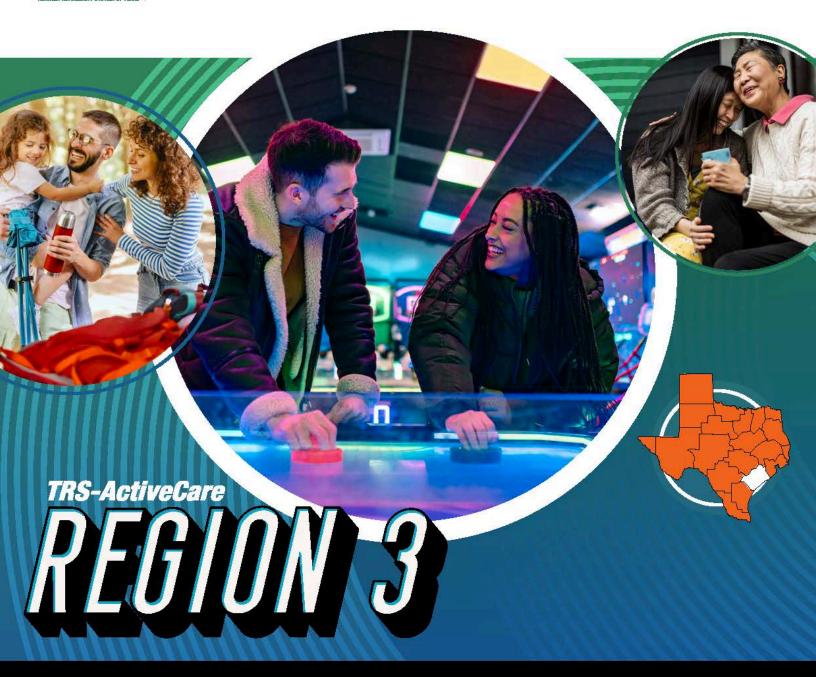
TRS-ActiveCare Plan Prescription Benefits

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

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



TRS-ActiveCare PLAN HIGHLIGHTS 2025-26



LEARN THE TERMS _____

- PREMIUM: The monthly amount you pay for health care coverage.
- DEDUCTIBLE: The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- COPAY: The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- COINSURANCE: The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- OUT-OF-POCKET MAXIMUM: The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

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2025-26 TRS-ActiveCare Plan Highlights Sept. 1, 2025 - Aug. 31, 2026

How to Calculate Your Monthly Premium

- Your Employer Contribution **Total Monthly Premium**
- Your Premium
- Ask your Benefits Administrator for your district's specific premiums.

No Extra Cost* Wellness Benefits at

Being healthy is easy with:

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

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

Primary Plans &

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

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

onthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$516	\$300	\$216	\$606	\$300	\$306	\$529	\$300	\$229
Employee and Spouse	\$1,394	\$300	\$1,094	\$1,576	\$300	\$1,276	\$1,429	\$300	\$1,129
Employee and Children	\$878	\$300	\$578	\$1,031	\$300	\$731	\$900	\$300	\$600
Employee and Family	\$1 ,755	\$300	\$1,455	\$2,000	\$300	\$1,700	\$1,799	\$300	\$1,499

)	No	Yes	Yes	PCP Required
Network	Nationwide Network	Statewide Network	Statewide Network	Network
\$20,500/\$41,000	\$8,300/\$16,600	\$6,900/\$13,800	\$8,050/\$16,100	Individual/Family Maximum Out of Pocket
You pay 50% after deductible	You pay 30% after deductible You pay 50% after deductible	You pay 20% after deductible	You pay 30% after deductible	Coinsurance
\$6,600/\$13,200	\$3,300/\$6,600	\$1,200/\$2,400	\$2,500/\$5,000	Individual/Family Deductible
Out-of-Network	In-Network	In-Network Coverage Only	In-Network Coverage Only	Type of Coverage
				Fiall Features

 You pay 50% after deductible	You pay 30% after deductible	\$70 copay	\$70 copay	Specialist
 You pay 50% after deductible	You pay 30% after deductible	\$15 copay	\$30 copay	Primary Care
				Doctor Visits

TRS Virtual Health-Teladoc®	TRS Virtual Health-RediMD	Emergency Ca	Urgent Care	Immediate Care
c® \$12 per medical consultation	\$0 per medical consultation	re You pay 30% after deductible	ire \$50 copay	
\$12 per medical consultation	\$0 per medical consultation	You pay 20% after deductible	\$50 copay	
\$42 per medical consultation	\$30 per medical consultation	You pay 30% after deductible	You pay 30% after deductible You pay 50% after deductible	

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	Insulin Out-of-Pocket Costs \$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

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

TRS ACTIVECARE

TRS-ActiveCare 2

- Clased to new enrolless
 Current enrolless can choose to stay in plan
 Lower deductifile
 Copeys for many services and drugs
 Nationwide network with out-of-network coverage
 No requirement for Primary Care Providers or referrals

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

\$30 copav		No	Nationwid	\$7,900/\$15,800	You pay 20% after deductible	\$1,000/\$3,000	In-Network
equipment was not not a second		lo	Nationwide Network	\$23,700/\$47,400	You pay 40% after deductible	\$2,000/\$6,000	Out-of-Network

You pay a \$250 copay p	\$50 copay		\$70 copay
You pay a \$250 copay plus 20% after deductible	You pay 40% after deductible		You pay 40% after deductible

\$200 trand deductible \$200\\$H5 toppy You pay 25% after deductible (\$40 min\\$50 may\) You pay 25% after deductible (\$400 min\\$50 may\) You pay 25% after deductible (\$100 min\\$200 may\) You pay 59% after deductible (\$100 min\\$200 may\) You pay 59% after deductible (\$215 min\\$430 may\)	\$200 trand deductible \$200845 oppy \$200845 oppy You pay 25% after deductible (\$40 mins\$50 max/ You pay 25% after deductible (\$105 mins\$210 max/ You pay 59% after deductible (\$210 mins\$230 max/ You pay 59% after deductible (\$215 mins\$430 max/ You pay 59% after deductible (\$215 mins\$430 max/
\$200 trand deductible \$200 trand deductible \$200\$15 oppay You pay 25% after deductible \$80 min \$80 max/ You pay 25% after deductible \$9 105 min \$20 max/	\$200 Irand deductible \$200\$H oopen \$200\$H oopen You pay 25% after deductible §30 min \$20 may/ You pay 25% after deductible §10 min \$20 may/
\$200 brand deductible \$20/\$45 copay	\$200 trand deductible \$20(\$45 copay
\$200 brand deductible	\$200 brand deductible

Compare Prices for Common Medical Services

REMEMBER:

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

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

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

Dental Insurance

Plan Choices



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

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

	Basic	Enhanced
Employee Only	\$20.55	\$32.53
Employee + Spouse	\$39.66	\$62.63
Employee + Children	\$48.35	\$73.69
Employee + Family	\$68.39	\$102.74

Dental Insurance



COMMONLY COVERED

- Exams and cleanings
- X-rays
- Fillings
- Tooth extractions

PROTECTS YOUR SMILE.

You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

Your employer is offering you a choice of two dental plans. Please review the information for both the basic and enhanced plans. Then, choose the one plan that best fits your needs.

DENTAL FAST FACTS

Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.1

50% of adults over the age of 30 are suffering from periodontal disease.²

RUNGE INDEPENDENT SCHOOL DISTRICT

All Eligible Employees

POLICY # 966156

Sun Life Assurance Company of Canada

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CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II (Preventive and Basic Services)	\$750 per person	\$750 per person

CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II Basic Services	\$50 individual/\$150 family	\$50 individual/\$150 family

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	0%	0%

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations 2 in any benefit year
- Routine dental cleanings 2 in any benefit year
- Fluoride treatment 1 in any 6 month period. Only for children under age 14
- Sealants no more than 1 per tooth in any 36 month period, only for permanent molar teeth. Only for children under age 14
- Space maintainers only for children under age 19
- Bitewing x-rays 1 in any calendar year
- Intraoral complete series x-rays 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings
- Simple extractions, incision and drainage
- General anesthesia/IV sedation medically required
- Localized delivery of antimicrobial agents
- Dentures and bridges subject to 10 year replacement limit

Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

No waiting period for preventive or basic services

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$1,000 per person (includes RollMax)	\$1,000 per person (includes RollMax)
Type IV Ortho Service	\$1,000 lifetime child and adult	\$1,000 lifetime child and adult

CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family
Type IV Ortho Services	N/A	N/A

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%
Type IV Ortho Services	50%	50%

SERVICES

Type I Preventive Dental Services, including:

- Oral evaluations 2 in any benefit year
- Routine dental cleanings 2 in any benefit year
- Fluoride treatment 1 in any 6 month period. Only for children under age 14
- Sealants no more than 1 per tooth in any 36 month period, only for permanent molar teeth. Only for children under age 14
- Space maintainers only for children under age 19
- Bitewing x-rays 1 in any calendar year
- Intraoral complete series x-rays 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings, including posterior composites
- Simple extractions, incision and drainage
- General anesthesia/IV sedation medically required
- Localized delivery of antimicrobial agents

Type III Major Dental Services, including:

- Dentures and bridges subject to 7 year replacement limit
- Stainless steel crowns— only for children under age 19
- Inlay, onlay, and crown restorations 1 per tooth in any 7 year period
- Dental implants subject to 7 year replacement limit
- Surgical extractions of erupted teeth, impacted teeth,

- or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) 1 per tooth in any 24 month period
- Complex oral surgery
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing 1 in any 24 month period per area
- Periodontal maintenance 2 in any benefit year
- Major gum disease (surgical periodontics)

Type IV Ortho Services, including:

No orthodontic treatment age limitation

Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic or major services
- No waiting period for orthodontic services

Rates

Coverage and monthly cost for Dental.

Rates are effective as of September 1, 2025.

Dental coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Basic plan

Coverage	Cost per pay period*
Employee	\$20.55
Employee + Spouse	\$39.66
Employee + Child(ren)	\$48.35
Employee + Family	\$68.39

Enhanced plan

Coverage	Cost per pay period*
Employee	\$32.53
Employee + Spouse	\$62.63
Employee + Child(ren)	\$73.69
Employee + Family	\$102.74

^{*}Contact your employer to confirm your part of the cost.

Vision Insurance

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

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

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

• Eye Exams

• Contact lenses

• Vision correction

• Eyeglasses

• Eye surgeries

Vision Monthly Premium		
Employee Only	\$6.59	
Employee + Spouse	\$13.19	
Employee + Child(ren)	\$14.51	
Employee + Family	\$21.11	



Vision Insurance



COMMONLY COVERED

- Annual exams
- Lenses
- Frames
- Contact lenses
- Laser vision correction discount

PROTECTS YOUR EYES.

You can help protect your eyesight by visiting an eye doctor regularly. Vision insurance includes an annual comprehensive eye exam with an eye care doctor. Taking care of your eyes today can lead to a better quality of life later.

PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help detect signs of chronic health conditions such as high blood pressure and diabetes. Early detection can be key before costly symptoms arise.¹

LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network eye care provider can reduce your expenses with savings on frames, lenses, contacts, eye exams and more.

VISION INSURANCE FAST FACTS

Roughly, 90% of diabetesrelated blindness can be avoided by getting an annual eye exam.² 59% of adults report
experiencing symptoms of
digital eye strain, such as
blurred vision or
headaches.3

RUNGE INDEPENDENT SCHOOL DISTRICT

All Eligible Employees

POLICY # 966156

Sun Life Assurance Company of Canada

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What's covered

BENEFIT	FREQUENCY	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
Exam services WellVision exam®	1 per 12 months	\$10 for exam	Up to \$45
Routine retinal screening	i per 12 monens	No more than a \$39 copay	N/A
Laser vision correction discount	Once per eye per lifetime.	Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.	N/A
Lenses			
Single lined			Up to \$30
Bifocal lined			Up to \$50
Trifocal	1 per 12 months	\$25 (lenses and frame)	Up to \$60
Lenticular			Up to \$100
Necessary contacts			Up to \$210
Lens enhancements			
Standard		No cost	N/A
Premium progressive		\$95-\$105 copay	N/A
Custom progressive		\$150-\$175 copay	N/A
Other		Average savings of 20-25%	N/A
Frames Includes a wide selection of frames at Walmart®.	1 per 24 months \$150 for the frame of your choice and 20% off the amount over your allowance \$80 allowance at Costco®*		Up to \$70
Elective contact lenses Contact lenses are in place of lenses and frame.	1 per 12 months \$60 for your contact lens exam (fitting and evaluation) \$150 for contact lenses		Up to \$105
Additional glasses and sunglasses discount	20% off complete pairs of prescription and non- prescription glasses, including sunglasses. Discounts are unlimited for 12 months following exam.		N/A
Coverage with retail providers	*Coverage with retail providers may be different. Check with Costco for VSP member pricing. The Costco allowance is equivalent to the allowance at preferred providers and other retail providers.		

This chart outlines services for Plan 3.

Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP)®.

Rates

Coverage and monthly cost for Vision.

Rates are effective as of September 1, 2025.

Vision coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Coverage	Cost per pay period*	
Employee	\$6.59	
Employee + Spouse	\$13.19	
Employee + Child(ren)	\$14.51	
Employee + Family	\$21.11	

^{*}Contact your employer to confirm your part of the cost.

Flexible Spending Accounts

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

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. 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 2025 is \$3,300.

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

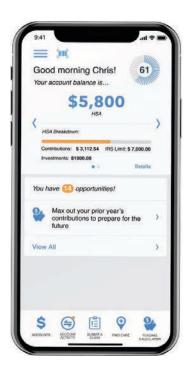
The FFGA Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at 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. After you log in, you may sign up to have reimbursements directly deposited to your bank account.





FF Mobile Account App

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

FSA 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.



Term Life & AD&D

Employer-Paid & Voluntary

Blue Cross Blue Shield | www.bcbstx.com/trsactivecare | 866-355-5999

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$50,000 policy. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

Voluntary Term Life Insurance

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



Texas Life

Permanent Life



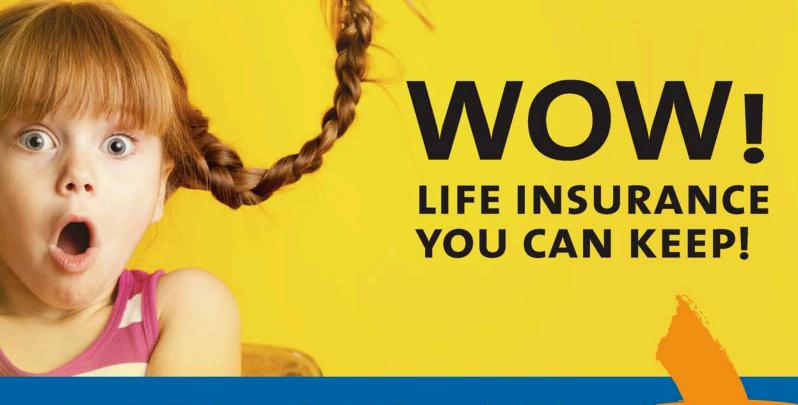
Texas Life | www.texaslife.com | 800-2839233

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life -Permanent Life Highlights

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



LIFE INSURANCE HIGHLIGHTSFor the employee

PURELIFE-PLUS



It's Affordable You own it



YOU CAN TAKE IT
WITH YOU WHEN YOU
CHANGE JOBS OR RETIRE



YOU CAN COVER YOUR SPOUSE, CHILDREN AND GRANDCHILDREN, TOO1



YOU CAN GET A LIVING BENEFIT IF YOU BECOME TERMINALLY ILL²



YOU PAY FOR IT THROUGH CONVENIENT PAYROLL DEDUCTIONS: NO CHECKS TO WRITE OR LINKS TO CLICK



YOU CAN GET CASH TO COVER LIVING EXPENSES IF YOU BECOME CHRONICALLY ILL³



YOU CAN QUALIFY BY ANSWERING JUST 3 QUESTIONS - NO EXAM OR NEEDLES

During the last six months, has the proposed insured:

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





TEXASLIFE INSURANCE

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

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		N/L 41.1.	ъ.	е т	e T	173	A	CI		GUARANTEED
	Monthly Premiums for Life Insurance Face Amounts Shown									PERIOD
	Includes Added Cost for Accidental Death Benefit (Ages 17-59)									Age to Which
Issue			A	ccidental D	eath Benefi	t (Ages 17-	59)			Coverage is
Age										Guaranteed at
(ALB)	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	Table Premium
15D-1				9.25					16.25	81
2-4				9.50					16.75	80
5-8				9.75)	17.25	79
9-10 11-16				10.00 10.25				·	17.75 18.25	79 77
17-20				12.25	14.25	16.25	18.25	20.25	22.25	75
21-22				12.50	14.55	16.60	18.65	20.70	22.75	74
23				12.75	14.85	16.95	19.05	21.15	23.25	75
24-25				13.00	15.15	17.30	19.45	21.60	23.75	74
26				13.50	15.75	18.00	20.25	22.50	24.75	75
27-28				13.75	16.05	18.35	20.65	22.95	25.25	74
29				14.00	16.35	18.70	21.05	23.40	25.75	74
30-31				14.25	16.65	19.05	21.45	23.85	26.25	73
32				15.00	17.55	20.10	22.65	25.20	27.75	74
33				15.50	18.15	20.80	23.45	26.10	28.75	74
34 35		11.25	14.25	16.25 17.25	19.05 20.25	21.85 23.25	24.65 26.25	27.45 29.25	30.25 32.25	75 76
36		11.25	14.25	17.75	20.85	23.25	27.05	30.15	32.25 33.25	76
37		12.00	15.25	18.50	21.75	25.00	28.25	31.50	34.75	77
38		12.45	15.85	19.25	22.65	26.05	29.45	32.85	36.25	77
39		13.20	16.85	20.50	24.15	27.80	31.45	35.10	38.75	78
40	10.05	13.95	17.85	21.75	25.65	29.55	33.45	37.35	41.25	79
41	10.75	15.00	19.25	23.50	27.75	32.00	36.25	40.50	44.75	80
42	11.55	16.20	20.85	25.50	30.15	34.80	39.45	44.10	48.75	81
43	12.25	17.25	22.25	27.25	32.25	37.25	42.25	47.25	52.25	82
44	12.95	18.30	23.65	29.00	34.35	39.70	45.05	50.40	55.75	83
45	13.65	19.35	25.05	30.75	36.45	42.15	47.85	53.55	59.25	83
46 47	14.45 15.15	20.55 21.60	26.65 28.05	32.75 34.50	38.85 40.95	44.95 47.40	51.05 53.85	57.15 60.30	63.25 66.75	84 84
48	15.15	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	85
49	16.75	24.00	31.25	38.50	45.75	53.00	60.25	67.50	74.75	85
50	17.75	25.50	33.25	41.00	2011.0		00.20	31.00	. 2	86
51	18.95	27.30	35.65	44.00						87
52	20.25	29.25	38.25	47.25						88
53	21.25	30.75	40.25	49.75						88
54	22.25	32.25	42.25	52.25						88
55	23.35	33.90	44.45	55.00						89
56	24.35	35.40 37.20	46.45	57.50						89
57 58	25.55	37.20 38.85	48.85 51.05	60.50						89 89
58 59	26.65 27.85	38.85 40.65	51.05	63.25 66.25						89 89
60	28.55	40.03	54.85	68.00						90
61	20.00	12.,3	0 2.00	33.33						90
62										90
63										90
64			7							90
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66										90
67										91
68 69										91 91
70										91
10										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".

TEXASLIFE INSURANCE

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

		<u>Purellie</u>	e-pius –	<u> </u>	ara Kisk	Table Pr	<u>emiums</u>	<u> </u>	<u>acco</u> _	Express Issue
										GUARANTEED
	Monthly Premiums for Life Insurance Face Amounts Shown									PERIOD
				Includ	les Added C	Cost for				Age to Which
Issue	Accidental Death Benefit (Ages 17-59)									Coverage is
Age						` -	,			Guaranteed at
(ALB)	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	Table Premium
15D-1	Ψ10,000	Ψ10,000	Ψ20,000	Ψ20,000	ψου,σου	Ψου,σσσ	Ψ10,000	Ψ10,000	Ψσο,σσο	81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				17.25	20.25	23.25	26.25	29.25	32.25	71
21-22				18.00	21.15	24.30	27.45	30.60	33.75	71
23				18.75	22.05	25.35	28.65	31.95	35.25	72
24-25				19.25	22.65	26.05	29.45	32.85	36.25	71
26				19.75	23.25	26.75	30.25	33.75	37.25	72
27-28				20.25	23.85	27.45	31.05	34.65	38.25	71
29				20.50	24.15	27.80	31.45	35.10	38.75	71
30-31				23.00	27.15	31.30	35.45	39.60	43.75	72
32				23.75	28.05	32.35	36.65	40.95	45.25	72
33				24.00	28.35	32.70	37.05	41.40	45.75	72
34				24.25	28.65	33.05	37.45	41.85	46.25	71
35		16.50	21.25	26.00	30.75	35.50	40.25	45.00	49.75	72
36		16.95	21.85	26.75	31.65	36.55	41.45	46.35	51.25	72
37		18.00	23.25	28.50	33.75	39.00	44.25	49.50	54.75	73
38		18.45	23.85	29.25	34.65	40.05	45.45	50.85	56.25	73
39		19.65	25.45	31.25	37.05	42.85	48.65	54.45	60.25	74
40	14.95	21.30	27.65	34.00	40.35	46.70	53.05	59.40	65.75	76
41	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	77
42	16.95	24.30	31.65	39.00	46.35	53.70	61.05	68.40	75.75	78
43	18.35	26.40	34.45	42.50	50.55	58.60	66.65	74.70	82.75	80
44	19.05	27.45	35.85	44.25	52.65	61.05	69.45	77.85	86.25	80
45	20.05	28.95	37.85	46.75	55.65	64.55	73.45	82.35	91.25	81
46	20.85	30.15	39.45	48.75	58.05	67.35	76.65	85.95	95.25	81
47	21.85	31.65	41.45	51.25	61.05	70.85	80.65	90.45	100.25	82
48	22.75	33.00	43.25	53.50	63.75	74.00	84.25	94.50 100.35	104.75	82
49 50	24.05 25.15	34.95 36.60	45.85 48.05	56.75 59.50	67.65	78.55	89.45	100.35	111.25	83 83
51	26.25	38.25	50.25	62.25						83
52	27.85	40.65	53.45	66.25						84
53	29.25	42.75	56.25	69.75						85
54	30.55	44.70	58.85	73.00						85
55	31.95	46.80	61.65	76.50						85
56	33.55	49.20	64.85	80.50						85 85
57	35.15	51.60	68.05	84.50						86
58	36.85	54.15	71.45	88.75						86
59	38.55	56.70	74.85	93.00						86
60	39.55	58.20	76.85	95.50						86
61										86
62										87
63										87
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				1						1

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 | 800-654-8489

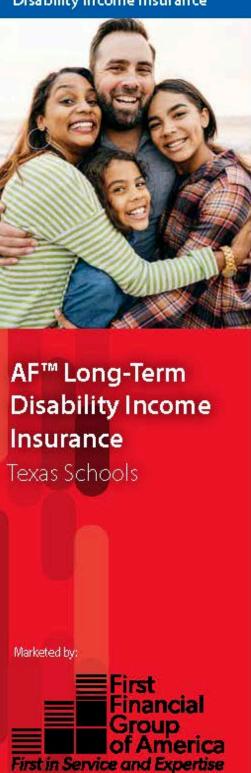
Why Do I Need Disability Insurance?

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

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

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







EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

How would you cover your everyday expenses if you experienced an Injury or Sidkness and couldn't work for a period of time? AF**Long-Term D isability 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: groæries, 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 parttime while still on Disability.

Choose the Right Plan for You

BENEFITS BEGIN On the 1st day of Disability due to a Disability requiring hospitalization and on Plan I the 8th day of Disability due to a covered Injury or Sickness. On the 1st day of Disability due to a Disability requiring hospitalization and on Plan II the 15th day of Disability due to a covered Injury or Sickness. On the 1st day of Disability due to a Disability requiring hospitalization and on Plan III the 31 st day of Disability due to a covered Injury or Sickness. Plan IV On the 61st day of Disability due to a covered Injury or Sickness. Plan V On the 91st day of Disability due to a covered Injury or Sickness. Plan VI On the 151 st day of Disability due to a covered Injury or Sidkness.



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.

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.

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.

Plans IV-VI: This benefit will begin after you've met your elimination period.

Plans I-III: This benefit will begin on your first day of Hospital confinement. The remainder of your elimination period will be waived. If you are Hospital confined due to a covered Injury or Sickness, your Hospital Confinement Benefit will be paid for any days of that confinement occurring before the day your Monthly Disability Benefit would otherwise begin.

Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of your death your Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after Disability payments have been received for 90 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 365 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.



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 $66^{2/3}\%$ of your monthly compensation.

		Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$300.00 - \$449.99	\$200.00	\$7.36	\$6.28	\$5.20	\$3.24	\$2.40	\$1.56
\$450.00 - \$599.99	\$300.00	\$11.04	\$9.42	\$7.80	\$4.86	\$3.60	\$2.34
\$600.00 - \$749.99	\$400.00	\$14.72	\$12.56	\$10.40	\$6.48	\$4.80	\$3.12
\$750.00 - \$899.99	\$500.00	\$18.40	\$15.70	\$13.00	\$8.10	\$6.00	\$3.90
\$900.00 - \$1,049.99	\$600.00	\$22.08	\$18.84	\$15.60	\$9.72	\$7.20	\$4.68
\$1,050.00 - \$1,199.99	\$700.00	\$25.76	\$21.98	\$18.20	\$11.34	\$8.40	\$5.46
\$1,200.00 - \$1,349.99	\$800.00	\$29.44	\$25.12	\$20.80	\$12.96	\$9.60	\$6.24
\$1,350.00 - \$1,499.99	\$900.00	\$33.12	\$28.26	\$23.40	\$14.58	\$10.80	\$7.02
\$1,500.00 - \$1,649.99	\$1,000.00	\$36.80	\$31.40	\$26.00	\$16.20	\$12.00	\$7.80
\$1,650.00 - \$1,799.99	\$1,100.00	\$40.48	\$34.54	\$28.60	\$17.82	\$13.20	\$8.58
\$1,800.00 - \$1,949.99	\$1,200.00	\$44.16	\$37.68	\$31.20	\$19.44	\$14.40	\$9.36
\$1,950.00 - \$2,099.99	\$1,300.00	\$47.84	\$40.82	\$33.80	\$21.06	\$15.60	\$10.14
\$2,100.00 - \$2,249.99	\$1,400.00	\$51.52	\$43.96	\$36.40	\$22.68	\$16.80	\$10.92
\$2,250.00 - \$2,399.99	\$1,500.00	\$55.20	\$47.10	\$39.00	\$24.30	\$18.00	\$11.70
\$2,400.00 - \$2,549.99	\$1,600.00	\$58.88	\$50.24	\$41.60	\$25.92	\$19.20	\$12.48
\$2,550.00 - \$2,699.99	\$1,700.00	\$62.56	\$53.38	\$44.20	\$27.54	\$20.40	\$13.26
\$2,700.00 - \$2,849.99	\$1,800.00	\$66.24	\$56.52	\$46.80	\$29.16	\$21.60	\$14.04
\$2,850.00 - \$2,999.99	\$1,900.00	\$69.92	\$59.66	\$49.40	\$30.78	\$22.80	\$14.82
\$3,000.00 - \$3,149.99	\$2,000.00	\$73.60	\$62.80	\$52.00	\$32.40	\$24.00	\$15.60
\$3,150.00 - \$3,299.99	\$2,100.00	\$77.28	\$65.94	\$54.60	\$34.02	\$25.20	\$16.38
\$3,300.00 - \$3,449.99	\$2,200.00	\$80.96	\$69.08	\$57.20	\$35.64	\$26.40	\$17.16
\$3,450.00 - \$3,599.99	\$2,300.00	\$84.64	\$72.22	\$59.80	\$37.26	\$27.60	\$17.94
\$3,600.00 - \$3,749.99	\$2,400.00	\$88.32	\$75.36	\$62.40	\$38.88	\$28.80	\$18.72
\$3,750.00 - \$3,899.99	\$2,500.00	\$92.00	\$78.50	\$65.00	\$40.50	\$30.00	\$19.50
\$3,900.00 - \$4,049.99	\$2,600.00	\$95.68	\$81.64	\$67.60	\$42.12	\$31.20	\$20.28
\$4,050.00 - \$4,199.99	\$2,700.00	\$99.36	\$84.78	\$70.20	\$43.74	\$32.40	\$21.06
\$4,200.00 - \$4,349.99	\$2,800.00	\$103.04	\$87.92	\$72.80	\$45.36	\$33.60	\$21.84
\$4,350.00 - \$4,499.99	\$2,900.00	\$106.72	\$91.06	\$75.40	\$46.98	\$34.80	\$22.62
\$4,500.00 - \$4,649.99	\$3,000.00	\$110.40	\$94.20	\$78.00	\$48.60	\$36.00	\$23.40
\$4,650.00 - \$4,799.99	\$3,100.00	\$114.08	\$97.34	\$80.60	\$50.22	\$37.20	\$24.18
\$4,800.00 - \$4,949.99	\$3,200.00	\$117.76	\$100.48	\$83.20	\$51.84	\$38.40	\$24.96
\$4,950.00 - \$5,099.99	\$3,300.00	\$121.44	\$103.62	\$85.80	\$53.46	\$39.60	\$25.74
\$5,100.00 - \$5,249.99	\$3,400.00	\$125.12	\$106.76	\$88.40	\$55.08	\$40.80	\$26.52
\$5,250.00 - \$5,399.99	\$3,500.00	\$128.80	\$109.90	\$91.00	\$56.70	\$42.00	\$27.30
\$5,400.00 - \$5,549.99	\$3,600.00	\$132.48	\$113.04	\$93.60	\$58.32	\$43.20	\$28.08
\$5,550.00 - \$5,699.99	\$3,700.00	\$136.16	\$116.18	\$96.20	\$59.94	\$44.40	\$28.86
\$5,700.00 - \$5,849.99	\$3,800.00	\$139.84	\$119.32	\$98.80	\$61.56	\$45.60	\$29.64

Benefit Policy Schedule (continued)

		Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,850.00 - \$5,999.99	\$3,900.00	\$143.52	\$122.46	\$101.40	\$63.18	\$46.80	\$30.42
\$6,000.00 - \$6,149.99	\$4,000.00	\$147.20	\$125.60	\$104.00	\$64.80	\$48.00	\$31.20
\$6,150.00 - \$6,299.99	\$4,100.00	\$150.88	\$128.74	\$106.60	\$66.42	\$49.20	\$31.98
\$6,300.00 - \$6,449.99	\$4,200.00	\$154.56	\$131.88	\$109.20	\$68.04	\$50.40	\$32.76
\$6,450.00 - \$6,599.99	\$4,300.00	\$158.24	\$135.02	\$111.80	\$69.66	\$51.60	\$33.54
\$6,600.00 - \$6,749.99	\$4,400.00	\$161.92	\$138.16	\$114.40	\$71.28	\$52.80	\$34.32
\$6,750.00 - \$6,899.99	\$4,500.00	\$165.60	\$141.30	\$117.00	\$72.90	\$54.00	\$35.10
\$6,900.00 - \$7,049.99	\$4,600.00	\$169.28	\$144.44	\$119.60	\$74.52	\$55.20	\$35.88
\$7,050.00 - \$7,199.99	\$4,700.00	\$172.96	\$147.58	\$122.20	\$76.14	\$56.40	\$36.66
\$7,200.00 - \$7,349.99	\$4,800.00	\$176.64	\$150.72	\$124.80	\$77.76	\$57.60	\$37.44
\$7,350.00 - \$7,499.99	\$4,900.00	\$180.32	\$153.86	\$127.40	\$79.38	\$58.80	\$38.22
\$7,500.00 - \$7,649.99	\$5,000.00	\$184.00	\$157.00	\$130.00	\$81.00	\$60.00	\$39.00
\$7,650.00 - \$7,799.99	\$5,100.00	\$187.68	\$160.14	\$132.60	\$82.62	\$61.20	\$39.78
\$7,800.00 - \$7,949.99	\$5,200.00	\$191.36	\$163.28	\$135.20	\$84.24	\$62.40	\$40.56
\$7,950.00 - \$8,099.99	\$5,300.00	\$195.04	\$166.42	\$137.80	\$85.86	\$63.60	\$41.34
\$8,100.00 - \$8,249.99	\$5,400.00	\$198.72	\$169.56	\$140.40	\$87.48	\$64.80	\$42.12
\$8,250.00 - \$8,399.99	\$5,500.00	\$202.40	\$172.70	\$143.00	\$89.10	\$66.00	\$42.90
\$8,400.00 - \$8,549.99	\$5,600.00	\$206.08	\$175.84	\$145.60	\$90.72	\$67.20	\$43.68
\$8,550.00 - \$8,699.99	\$5,700.00	\$209.76	\$178.98	\$148.20	\$92.34	\$68.40	\$44.46
\$8,700.00 - \$8,849.99	\$5,800.00	\$213.44	\$182.12	\$150.80	\$93.96	\$69.60	\$45.24
\$8,850.00 - \$8,999.99	\$5,900.00	\$217.12	\$185.26	\$153.40	\$95.58	\$70.80	\$46.02
\$9,000.00 - \$9,149.99	\$6,000.00	\$220.80	\$188.40	\$156.00	\$97.20	\$72.00	\$46.80
\$9,150.00 - \$9,299.99	\$6,100.00	\$224.48	\$191.54	\$158.60	\$98.82	\$73.20	\$47.58
\$9,300.00 - \$9,449.99	\$6,200.00	\$228.16	\$194.68	\$161.20	\$100.44	\$74.40	\$48.36
\$9,450.00 - \$9,599.99	\$6,300.00	\$231.84	\$197.82	\$163.80	\$102.06	\$75.60	\$49.14
\$9,600.00 - \$9,749.99	\$6,400.00	\$235.52	\$200.96	\$166.40	\$103.68	\$76.80	\$49.92
\$9,750.00 - \$9,899.99	\$6,500.00	\$239.20	\$204.10	\$169.00	\$105.30	\$78.00	\$50.70
\$9,900.00 - \$10,049.99	\$6,600.00	\$242.88	\$207.24	\$171.60	\$106.92	\$79.20	\$51.48
\$10,050.00 - \$10,199.99	\$6,700.00	\$246.56	\$210.38	\$174.20	\$108.54	\$80.40	\$52.26
\$10,200.00 - \$10,349.99	\$6,800.00	\$250.24	\$213.52	\$176.80	\$110.16	\$81.60	\$53.04
\$10,350.00 - \$10,499.99	\$6,900.00	\$253.92	\$216.66	\$179.40	\$111.78	\$82.80	\$53.82
\$10,500.00 - \$10,649.99	\$7,000.00	\$257.60	\$219.80	\$182.00	\$113.40	\$84.00	\$54.60
\$10,650.00 - \$10,799.99	\$7,100.00	\$261.28	\$222.94	\$184.60	\$115.02	\$85.20	\$55.38
\$10,800.00 - \$10,949.99	\$7,200.00	\$264.96	\$226.08	\$187.20	\$116.64	\$86.40	\$56.16
\$10,950.00 - \$11,099.99	\$7,300.00	\$268.64	\$229.22	\$189.80	\$118.26	\$87.60	\$56.94
\$11,100.00 - \$11,249.99	\$7,400.00	\$272.32	\$232.36	\$192.40	\$119.88	\$88.80	\$57.72
\$11,250.00 - \$11,399.99	\$7,500.00*	\$276.00	\$235.50	\$195.00	\$121.50	\$90.00	\$58.50

^{*}Higher benefit amounts available up to a maximum Monthly Disability Benefit of \$10,000.

Cancer Insurance

Plan Options



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

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

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

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



AF™ Group Cancer Insurance



Focus on the fight.

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

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

Did You Know?

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

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

Plan Highlights

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

Cancer Insurance Benefits

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

Example cancer insurance benefits include:



Diagnostic and Prevention

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



Travel Expenses

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

Choose Your Coverage

Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (actual charges) Administrative/Lab Work Benefit (per calendar month) Hormone Therapy Benefit (per treatment - max 1 treatment/ calendar month)	manner an	\$15,000 \$75 \$50 he same
(per calendar month) Hormone Therapy Benefit (per treatment - max 1 treatment/ calendar month)	\$50 Paid in t manner and same max	\$50 he same
(per treatment - max 1 treatment/ calendar month)	Paid in t manner an	he same
F ' . IT D 'C'	manner an	
Experimental Treatment Benefit	arry other	d under the rimums as treatment
Blood, Plasma, and Platelets Benefit (\$10,000 Basic, \$15,000 Enhanced Plus per calendar year max)	\$200/day	\$300/day
Medical Imaging Benefit (per image - max 2 per calendar year)	\$200	\$300
Surgical Benefit	\$20 surgical unit/ Max per operation: \$2,000	\$40 surgical unit/ Max per operation: \$4,000
Anesthesia Benefit		nmount paid ed surgery
Second and Third Surgical Opinion Benefit (per diagnosis)	\$300	\$300
Outpatient Hospital or Ambulatory Surgical Center Benefit	\$200/day of surgery	\$600/day of surgery
Bone Marrow or Stem Cell Transplant Benefit Patient Provided (per calendar year) Donor Provided (per calendar year)	\$500 \$1,500	\$1,500 \$4,500
Prosthesis and Orthotic Benefit and Related Services Surgical (1/site; lifetime max 2/ covered person) Non-surgical (1/site; lifetime max 3/ covered person) Hair Prosthesis (once per life)	\$1,000 \$100 \$100	\$2,000 \$200 \$200
Hospital Confinement Benefit Day 1-30 Day 31+	\$100/day \$200/day	\$300/day \$600/day
U.S. Government/Charity Hospital Benefit (paid in lieu of most benefits) (inpatient and outpatient)	\$100/day	\$300/day
Extended Care Facility Benefit (up to the same number of days of paid hospital confinement)	\$100/day	\$300/day
Home Health Care (up to the same number of days of paid hospital confinement)	\$100/day	\$300/day
Hospice Care Benefit (\$18,000 lifetime max for Basic; \$54,000 lifetime max for Enhanced Plus)	\$100/day	\$300/day
Inpatient Special Nursing Services Benefit	\$100/day	\$300/day
Dread Disease Benefit (paid per day while hospital confined) Day 1-30 Day 31+	\$100/day \$200/day	\$300/day \$600/day

TREATMENT BENEFITS	BASIC	ENHANCED PLUS		
Donor Benefit	\$1,000/donation			
Drugs and Medicine Benefit Inpatient (payable per confinement) Outpatient (\$50/prescription/ calendar month up to max shown)	\$50 \$50	\$200 \$100		
Attending Physician Benefit (while hospital confined)	\$50/day	\$50/day		
Transportation & Lodging Benefit (Patient & Family Member) Transportation (\$1,500 max per round trip; max 12 trips/calendar year) Lodging (per day up to 90 days per calendar year)	Coach fare or \$.50/ mile by car \$50	Coach fare or \$.50/ mile by car \$75		
Ambulance Benefit Ground (per trip, up to 2 per confinement) Air (per trip, up to 2 per confinement)	\$200 \$2,000	\$200 \$2,000		
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$50	\$50		
Diagnostic and Prevention Benefit (one per calendar year)	\$25	\$7 5		
Cancer Screening Follow-Up Benefit (one per calendar year)	\$25	\$75		
Waiver of Premium (employee only)		days of disability		
Internal Cancer Diagnosis Benefit (paid once/Covered Person/Lifetime; Benefits reduce 50% at age 70)	\$2,500	\$5,000		
Heart Attack or Stroke Diagnosis Benefit (paid once/covered person/lifetime; benefits reduce 50% at age 70)	N/A	\$5,000		
Hospital Intensive Care Unit Benefit (per day; max 30 days/confinement; benefits reduce 50% at age 70) Ambulance	·	00		

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

Monthly Premium

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

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

Accident Insurance

Aetna | www.aetna.com | 800-607-3366

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





Aetna Accident Plan

Prepare for the unexpected

Would you be financially ready if you had an accidental injury? The **Aetna Accident Plan** can help you be prepared.

This plan is different from medical plans

Medical plans pay **doctors and hospitals** for treatment related to your care. But they usually don't cover 100% of the costs. They leave you to come up with the rest.

Medical plans also don't cover other expenses health events might impact, like day care and rent.

How do supplemental health plans help?

The Aetna Accident Plan pays benefits directly to you, providing extra cash when you need it most. This supplemental health plan can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. Here are just some of the things you can use the cash for:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

Use the cash benefits any way you choose.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna). Policy forms issued in Idaho include: Accident plan GR-96842.





Accident Plan Benefits

Each benefit is payable once per accident, unless stated otherwise. Details are in the Policy.

Initial Care

Covered Benefit	Plan 2	Plan 3
Ambulance		
Ground ambulance	\$300	\$300
Air ambulance	\$1,500	\$1,500
Maximum trips per accident, air and ground combined	1	1
Initial Treatment		
Emergency room/Hospital	\$250	\$300
Physician's office/Urgent care facility	\$250	\$300
Walk-in clinic/Telemedicine	\$50	\$50
Maximum visits per accident, combined for all places of service	1	1
Maximum visits per plan year, combined for all places of service	3	3
X-ray/Lab	\$150	\$225
Medical imaging	\$100	\$200

Follow-up Care

Covered Benefit	Plan 2	Plan 3
Accident follow-up		
Emergency room/Hospital	\$75	\$125
Physician's office/Urgent care facility	\$75	\$125
Walk-in clinic/Telemedicine	\$25	\$25
Maximum visits per accident, combined for all places of service	3	4
Maximum visits per plan year, combined for all places of service	9	12
Appliances		
Major: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	\$250	\$300
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	\$200	\$250
Chiropractic treatment and alternative therapy	\$25	\$35
Maximum visits per accident	10	10
Maximum visits per plan year	30	30
Pain management (epidural anesthesia)	\$100	\$150
Prescription drugs	\$10	\$10
Prosthetic device/Artificial limb		
One limb	\$750	\$1,500
Multiple limbs	\$1,500	\$3,000
Maximum benefit per accident	1	1
Repair or replace	25%	25%
Maximum benefit per plan year	1	1
Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation	\$45	\$65
Maximum visits per accident	10	10

Hospital Care

Covered Benefit	Plan 2	Plan 3
Hospital stay – admission (initial day)		
Non-ICU admission	\$1,250	\$1,500
ICU admission	\$2,500	\$3,000
Hospital stay – daily*		
Non-ICU daily	\$250	\$350
ICU daily	\$500	\$700
Step down intensive care unit daily	\$300	\$450
Maximum days per accident (combined for all stays due to the same accident)	365	365
Rehabilitation unit stay – daily	\$150	\$225
Maximum days per accident	30	30
Observation unit	\$100	\$100

^{*} Important Note: All Hospital stay – daily benefits begin on day two.

Surgical Care

Covered Benefit	Plan 2	Plan 3
Blood/Plasma/Platelets	\$450	\$625
Eye Injury		
Surgical repair	\$300	\$400
Removal of foreign object	\$150	\$200
Surgery (without repair)		
Arthroscopic or exploratory	\$150	\$350
Surgery (with repair)		
Cranial, open abdominal or thoracic	\$1,500	\$2,000
Hernia	\$250	\$300
Ruptured disc	\$750	\$1,000
Tendon/Ligament/Rotator cuff		
Single repair	\$750	\$1,000
Multiple repairs	\$1,500	\$2,000
Torn knee cartilage	\$750	\$1,000
Non-Specified		
Inpatient	\$250	\$400
Outpatient	\$250	\$400
Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits	2	2

Transportation/Lodging Assistance

Covered Benefit	Plan 2	Plan 3
Lodging	\$200	\$200
Maximum days per accident	30	30
Transportation	\$375	\$600

Fractures and Dislocations

Covered Benefit	Plan 2	Plan 3
Dislocations – Closed Reduction*		
Hip	\$3,000	\$6,000
Knee	\$1,500	\$3,000
Ankle – bone or bones of the foot (other than toes)	\$750	\$1,500
Collarbone (sternoclavicular)	\$600	\$1,200
Lower jaw	\$600	\$1,200
Shoulder (glenohumeral)	\$600	\$1,200
Elbow	\$600	\$1,200
Wrist	\$600	\$1,200
Bone or bones of the hand (other than fingers)	\$600	\$1,200
Collarbone (acromioclavicular and separation)	\$150	\$300
Rib	\$150	\$300
One toe or one finger	\$150	\$300
Partial dislocation	25%	25%
Maximum dislocations per accident	3	3
*Open reduction pays 2.0 times the closed reduction benefit value		
Fractures - Closed Reduction*		
Skull (except bones of the face or nose), depressed	\$4,125	\$8,250
Skull (except bones of the face or nose), non-depressed	\$4,125	\$8,250
Hip, thigh (femur)	\$3,000	\$4,000
Vertebrae, body of (excluding vertebral processes)	\$2,000	\$4,000
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	\$3,000	\$4,000
Leg (tibia and/or fibula malleolus)	\$2,000	\$4,000
Bones of the face or nose (except mandible or maxilla)	\$1,700	\$2,200
Upper jaw, maxilla (except alveolar process)	\$1,700	\$2,200
Upper arm between elbow and shoulder (humerus)	\$1,700	\$2,200
Lower jaw, mandible (except alveolar process)	\$1,700	\$2,200
Collarbone (clavicle, sternum)	\$1,700	\$2,200
Shoulder blade (scapula)	\$1,700	\$2,200
Vertebral process	\$1,700	\$2,200
Forearm (radius and/or ulna)	\$1,200	\$1,600
Kneecap (patella)	\$1,200	\$1,600
Hand/foot (except fingers/toes)	\$1,200	\$1,600
Ankle/wrist	\$1,200	\$1,600
Rib	\$225	\$450
Соссух	\$225	\$450
Finger, toe	\$225	\$450
Chip fracture	25%	25%
Maximum fractures per accident	3	3

^{*}Open reduction pays 2.0 times the closed reduction benefit value

AD&D and Paralysis

AD&D and Paralysis		
Covered Benefit	Plan 2	Plan 3
Accidental death		
Employee	\$50,000	\$100,000
Covered dependent spouse	\$25,000	\$50,000
Covered dependent children	\$25,000	\$50,000
Accidental death common carrier		
Employee	\$100,000	\$200,000
Covered dependent spouse	\$50,000	\$100,000
Covered dependent children	\$50,000	\$100,000
Accidental dismemberment		
Loss of arm	\$30,000	\$30,000
Loss of hand	\$30,000	\$30,000
Loss of leg	\$30,000	\$30,000
Loss of foot	\$30,000	\$30,000
Loss of sight	\$30,000	\$30,000
Loss of ability to speak	\$30,000	\$30,000
Loss of hearing	\$30,000	\$30,000
Maximum dismemberments per accident (non-finger, toe)	2	2
Loss of finger	\$4,000	\$4,000
Loss of toe	\$4,000	\$4,000
Maximum dismemberments per accident (finger, toe)	4	4
Home and vehicle alteration	\$1,000	\$1,500
Paralysis (Complete, Total and Permanent Loss)		
Quadriplegia	\$22,500	\$30,000
Triplegia	\$11,250	\$15,000
Paraplegia	\$11,250	\$15,000
Hemiplegia	\$11,250	\$15,000
Diplegia	\$11,250	\$15,000
Monoplegia	\$2,500	\$5,000

Other Accidental Injuries

Other Accidental injuries		
Covered Benefit	Plan 2	Plan 3
Animal bite treatment		
Tetanus shot	\$100	\$100
Anti-venom shot	\$200	\$200
Rabies shot	\$300	\$300
Brain injury		
Concussion/Mild traumatic brain injury	\$450	\$600
Moderate/Severe traumatic brain injury	\$500	\$800
Burn		
Second degree burn, greater than 5% of total body surface	\$1,000	\$1,500
Third degree burn, less than 5% of total body surface	\$1,500	\$2,250
Third degree burn, 5-10% of total body surface	\$6,000	\$9,000
Third degree burn, greater than 10% of total body surface	\$18,000	\$27,000
Burn skin graft	50% of Burn	50% of Burn
Coma/Persistent vegetative state (PVS)		
Coma (non-induced)	\$15,000	\$20,000
PVS	\$15,000	\$20,000
Coma (induced)	\$250	\$250
Maximum days per accident	10	10
Dental treatment		
Extractions	\$150	\$200
Crown	\$225	\$300
Gunshot wound	\$1,500	\$2,000
Laceration		
Without stitches	\$50	\$50
With stitches, less than 7.5 centimeters	\$75	\$75
With stitches, 7.6 - 20.0 centimeters	\$300	\$300
With stitches, greater than 20.0 centimeters	\$600	\$600
Posttraumatic stress disorder (PTSD)	\$500	\$500
Maximum diagnoses per lifetime	1	1
Service dog	\$1,500	\$1,500
Maximum service dogs per your lifetime	1	1

Critical Illness Insurance

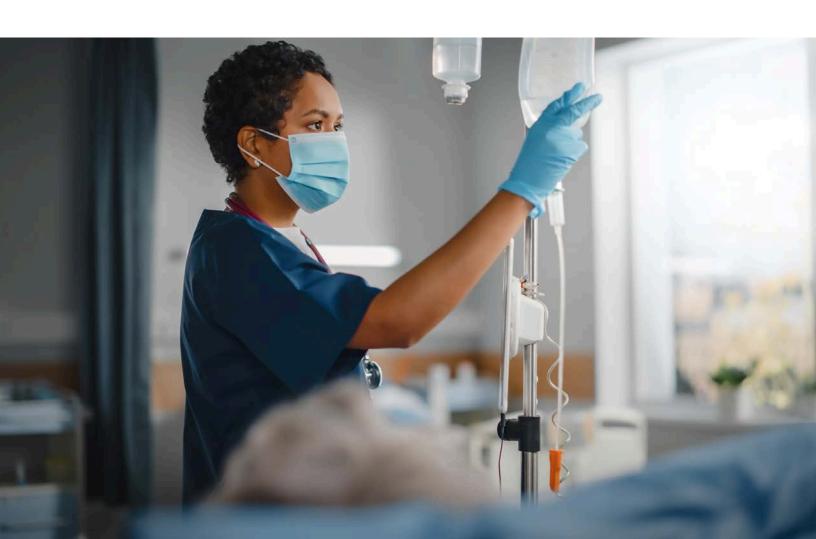
Guardian | www.guardianlife.com/critical-illness-insurance | 888-482-7342

Prepare For the Unexpected

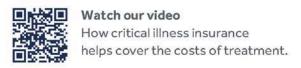
If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood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







Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments for the first and second time you're diagnosed with a covered illness.

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

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



Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: \$53,000

Average Major Medical deductible: \$1,500

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: \$10,300.

Total out-of-pocket amount for John (deductible + coinsurance): \$11,800.

John has a \$10,000 Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

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 critical illness coverage

CRITICAL ILLNESS

Benefit Amount(s)	Employee may choose a lump sum benefit of \$10,000 to \$30,000 in
beliefit Affiound(s)	\$10,000 increments.

Cancer Invasive Cancer Info CURRENCE Info Carcinoma In Situ 30% 30% 100%	CONDITIONS		
Carcinoma In Situ 30% 30% Benign Brain or Spinal Tumor 100% 100% Skin Cancer \$500 \$0 BRCA I & BRCA 2 30% Not Covered Bone Marrow Failure (including Stem Cells) 100% 100% Lung and Vascular Disorder Aneurysm 10% 10% Pulmonary Embolism 30% 30% Stroke — Moderate 50% 50% Stroke — Severe 100% 100% Stroke — Severe 100% 100% Coronary Antery Disease 10% 10% Coronary Antery Disease — bypass needed 50% 50% Heart Attack 100% 100% Heart Failure 100% 100% Heart Failure 100% 100% Kidney Failure 100% 100% Major Organ Failure 100% 100% Coma 100% 100% Loss of Hearing 100% 100% Loss of Sight 100% 100%	Cancer	Ist OCCURRENCE	2nd OCCURRENCE
Benign Brain or Spinal Tumor 100% 100% Skin Cancer \$500 \$0 BRCA I & BRCA 2 30% Not Covered Bone Marrow Failure (including Stem Cells) 100% 100% Lung and Vascular Disorder 10% 10% Aneurysm 10% 10% Pulmoary Embolism 30% 30% Stroke – Moderate 50% 50% Stroke – Moderate 50% 50% Stroke – Moderate 100% 100% Transient Ischemic Attack (TIA) 10% 10% Heart Conditions 10% 10% Coronary Artery Disease 10% 10% Coronary Artery Disease – bypass needed 100% 100% Heart Attack 100% 100% Pacemaker 100% 100% Pacemaker 100% 100% Additional Conditions 100% 100% Kidney Failure 100% 100% Coma 100% 100% Coma 100%	Invasive Cancer	100%	100%
Skin Cancer \$500 \$0 BRCA 1 & BRCA 2 30% Not Covered Bone Marrow Failure (including Stem Cells) 10% 100% Lung and Vascular Disorder 50% 10% Aneurysm 10% 10% Pulmonary Embolism 30% 30% Stroke – Moderate 50% 50% Stroke – Severe 100% 100% Transient Ischemic Attack (TIA) 10% 10% Transient Ischemic Attack (TIA) 10% 10% Coronary Artery Disease 10% 10% Coronary Artery Disease – bypass needed 50% 50% Heart Attack 100% 100% Heart Pailure 100% 100% Pacemaker 100% 100% Major Organ Failure 100% 100% Major Organ Failure 100% 100% Coma 100% 100% Loss of Sight 100% 100% Loss of Sight 100% 100% Loss of Speech 100% </td <td>Carcinoma In Situ</td> <td>30%</td> <td>30%</td>	Carcinoma In Situ	30%	30%
BRCA 1 & BRCA 2 30% Not Covered Bone Marrow Failure (including Stem Cells) 100% 100% Lung and Vascular Disorder V V Aneurysm 10% 10% Pulmonary Embolism 30% 30% Stroke – Moderate 50% 50% Stroke – Severe 100% 100% Stroke – Severe 100% 100% Transient Ischemic Attack (TIA) 10% 10% Heart Conditions Coronary Artery Disease 10% 10% Coronary Artery Disease – bypass needed 50% 50% Heart Attack 100% 100% Heart Attack 100% 100% Pacemaker 100% 100% Additional Conditions Kidney Failure 100% 100% Major Organ Failure 100% 100% Addison's Disease 30% 100% Coss of Hearing 100% 100% Loss of Hearing 100% 100% <td< td=""><td>Benign Brain or Spinal Tumor</td><td>100%</td><td>100%</td></td<>	Benign Brain or Spinal Tumor	100%	100%
Bone Marrow Failure (including Stem Cells) 100% 100% Lung and Vascular Disorder Value (including Stem Cells) 10% 10% Pulmonary Embolism 30% 30% 30% Stroke – Moderate 50% 50% 50% Stroke – Severe 100% 100% 100% Transient Ischemic Attack (TIA) 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 10% 100%	Skin Cancer	\$500	\$0
Lung and Vascular Disorder 10% 10% Aneurysm 10% 10% Pulmonary Embolism 30% 30% Stroke – Moderate 50% 50% Stroke – Severe 100% 100% Transient Ischemic Attack (TIA) 10% 10% Heart Conditions Coronary Artery Disease 10% 10% Coronary Artery Disease – bypass needed 50% 50% Heart Attack 100% 100% Heart Failure 100% 100% Pacemaker 10% 100% Additional Conditions 10% 100% Kidney Failure 100% 100% Major Organ Failure 100% 100% Addison's Disease 30% 100% Coma 100% 100% Loss of Hearing 100% 100% Loss of Sight 100% 100% Loss of Speech 100% for l or more limbs Severe Burns 100% for l or more limbs Severe Burns	BRCA I & BRCA 2	30%	Not Covered
Aneurysm 10% 10% Pulmonary Embolism 30% 30% Stroke – Moderate 50% 50% Stroke – Severe 100% 100% Transient Ischemic Attack (TIA) 10% 10% Heart Conditions Coronary Artery Disease 10% 10% Coronary Artery Disease – bypass needed 50% 50% Heart Attack 100% 100% Heart Failure 100% 10% Pacemaker 10% 10% Additional Conditions 10% 10% Kidney Failure 100% 100% Major Organ Failure 100% 100% Addison's Disease 30% 100% Coma 100% 100% Loss of Hearing 100% 100% Loss of Sight 100% 100% Loss of Sight 100% 100% Loss of Sight 100% 100% Coronary Artery Disease 100% 100% Coronary Failure <td>Bone Marrow Failure (including Stem Cells)</td> <td>100%</td> <td>100%</td>	Bone Marrow Failure (including Stem Cells)	100%	100%
Pulmonary Embolism 30% 30% Stroke – Moderate 50% 50% Stroke – Severe 100% 100% Transient Ischemic Attack (TIA) 10% 10% Heart Conditions Coronary Artery Disease 10% 10% Coronary Artery Disease – bypass needed 50% 50% Heart Attack 100% 100% Heart Failure 100% 100% Pacemaker 10% 10% Kidney Failure 100% 100% Major Organ Failure 100% 100% Addison's Disease 30% 100% Coma 100% 100% Loss of Hearing 100% 100% Loss of Sight 100% 100% Loss of Sight 100% 100% Permanent Paralysis 100% for 1 or more limbs Severe Burns 100% 100% Chronic Disorders 30% 100% Cronhi's Disease 30% 100% Epilepsy	Lung and Vascular Disorder		
Stroke - Moderate 50% 50% Stroke - Severe 100% 100% Transient Ischemic Attack (TIA) 10% 10% Heart Conditions Coronary Artery Disease 10% 10% Coronary Artery Disease - bypass needed 50% 50% Heart Attack 100% 100% Heart Failure 100% 100% Pacemaker 10% 100% Kidney Failure 100% 100% Major Organ Failure 100% 100% Coma 100% 100% Coss of Hearing 100% 100% Loss of Sight 100% 100% Loss of Sight 100% 100% Loss of Speech 100% 100% Permanent Paralysis 100% for 1 or more limbs Severe Burns 100% 100% Crohn's Disease 30% 100% Epilepsy 10% 10% Lupus 30% 10%	Aneurysm	10%	10%
Stroke - Severe 100% 100% Transient Ischemic Attack (TIA) 10% 10% Heart Conditions Coronary Artery Disease 10% 10% Coronary Artery Disease – bypass needed 50% 50% Heart Attack 100% 100% Heart Failure 100% 100% Pacemaker 10% 10% Additional Conditions 100% 100% Kidney Failure 100% 100% Major Organ Failure 100% 100% Coma 100% 100% Loss of Hearing 100% 100% Loss of Sight 100% 100% Loss of Sight 100% 100% Loss of Speech 100% 100% Permanent Paralysis 100% for I or more limbs Severe Burns 100% 100% Chronic Disorders 30% 100% Crohn's Disease 30% 100% Epilepsy 100% 100% Loss of Sigh	Pulmonary Embolism	30%	30%
Heart Conditions 10% 10% Coronary Artery Disease 10% 10% Coronary Artery Disease – bypass needed 50% 50% Heart Attack 100% 100% Heart Failure 100% 100% Pacemaker 10% 10% Additional Conditions Kidney Failure 100% 100% Major Organ Failure 100% 100% Coma 100% 100% Coma 100% 100% Loss of Hearing 100% 100% Loss of Sight 100% 100% Loss of Speech 100% 100% Permanent Paralysis 100% for 1 or more limbs Severe Burns 100% 100% Chronic Disorders 30% 100% Epilepsy 100% 100% Lupus 30% 100%	Stroke – Moderate	50%	50%
Heart Conditions Coronary Artery Disease 10% 10% Coronary Artery Disease – bypass needed 50% 50% Heart Attack 100% 100% Heart Failure 100% 100% Pacemaker 10% 10% Additional Conditions Kidney Failure 100% 100% Major Organ Failure 100% 100% Ist OCCURRENCE ONLY Addison's Disease 30% 100% Coma 100% 100% Loss of Hearing 100% 100% Loss of Sight 100% 100% Loss of Speech 100% 100% Permanent Paralysis 100% for 1 or more limbs Severe Burns 100% 100% Crohn's Disease Grohn's Disease 30% 100% Epilepsy 10% 10% Lupus 30% 100%	Stroke – Severe	100%	100%
Coronary Artery Disease 10% 10% Coronary Artery Disease – bypass needed 50% 50% Heart Attack 100% 100% Heart Failure 100% 10% Pacemaker 10% 10% Additional Conditions Kidney Failure 100% 100% Major Organ Failure 100% 100% Addison's Disease 30% Coma 100% 100% Loss of Hearing 100% 100% Loss of Sight 100% 100% Loss of Speech 100% 100% Permanent Paralysis 100% for 1 or more limbs 100% Severe Burns 100% 100% Chronic Disorders Crohn's Disease 30% 100% Epilepsy 10% 10% Lupus 30% 10%	Transient Ischemic Attack (TIA)	10%	10%
Coronary Artery Disease – bypass needed 50% 50% Heart Attack 100% 100% Heart Failure 100% 100% Pacemaker 10% 10% Additional Conditions Kidney Failure 100% 100% Major Organ Failure 100% 100% Octobrance ONLY Addison's Disease 30% 100% Coma 100% 100% Loss of Hearing 100% 100% Loss of Sjight 100% 100% Loss of Speech 100% 100% Permanent Paralysis 100% for Lor more limbs Severe Burns 100% 100% Chronic Disorders Crohn's Disease 30% 100% Epilepsy 10% 10% Lupus 30% 10%	Heart Conditions		
Heart Attack 100% 100% Heart Failure 100% 100% Pacemaker 10% 10% Additional Conditions Kidney Failure 100% 100% Major Organ Failure 100% 100% Ist OCCURRENCE ONLY Addison's Disease 30% 100% Coma 100% 100% 100% Loss of Hearing 100%	Coronary Artery Disease	10%	10%
Heart Failure 100% 100% Pacemaker 10% 10% Additional Conditions Kidney Failure 100% 100% Major Organ Failure 100% 100% Ist OCCURRENCE ONLY Addison's Disease 30% Coma 100% 100% Loss of Hearing 100% 100% Loss of Sight 100% 100% Loss of Speech 100% 100% Permanent Paralysis 100% for 1 or more limbs 100% Chronic Disorders Crohn's Disease 30% 100% Epilepsy 10% 10% Lupus 30% 10%	Coronary Artery Disease – bypass needed	50%	50%
Pacemaker 10% 10% Additional Conditions Kidney Failure 100% 100% Interpretable of the properties of the propertie	Heart Attack	100%	100%
Additional Conditions Kidney Failure 100% 100% Ist OCCURRENCE ONLY Addison's Disease 30% Coma 100% Loss of Hearing 100% Loss of Sight 100% Loss of Speech 100% Permanent Paralysis 100% for Lor more limbs Severe Burns 100% Chronic Disorders 30% Epilepsy 10% Lupus 30%	Heart Failure	100%	100%
Kidney Failure 100% 100% Ist OCCURRENCE ONLY Addison's Disease 30% Coma 100% Loss of Hearing 100% Loss of Sight 100% Loss of Speech 100% Permanent Paralysis 100% for I or more limbs Severe Burns 100% Chronic Disorders Crohn's Disease 30% Epilepsy 10% Lupus 30%	Pacemaker	10%	10%
Major Organ Failure 100% Ist OCCURRENCE ONLY Addison's Disease 30% Coma 100% Loss of Hearing 100% Loss of Sight 100% Loss of Speech 100% Permanent Paralysis 100% for I or more limbs Severe Burns 100% Chronic Disorders 30% Epilepsy 10% Lupus 30%	Additional Conditions		
Addison's Disease 30% Coma 100% Loss of Hearing 100% Loss of Sight 100% Loss of Speech 100% Permanent Paralysis 100% for 1 or more limbs Severe Burns 100% Chronic Disorders 30% Epilepsy 10% Lupus 30%	Kidney Failure	100%	100%
Addison's Disease 30% Coma 100% Loss of Hearing 100% Loss of Sight 100% Loss of Speech 100% Permanent Paralysis 100% for 1 or more limbs Severe Burns 100% Chronic Disorders 30% Epilepsy 10% Lupus 30%	Major Organ Failure	100%	100%
Coma 100% Loss of Hearing 100% Loss of Sight 100% Loss of Speech 100% Permanent Paralysis 100% for I or more limbs Severe Burns 100% Chronic Disorders 30% Epilepsy 10% Lupus 30%		I st OCCURR	RENCE ONLY
Loss of Hearing Loss of Sight Loss of Speech Loss of Speech Permanent Paralysis Severe Burns Chronic Disorders Crohn's Disease Epilepsy Lupus 100% 100% 100% 100% 100% 100% 100% 10	Addison's Disease	30)%
Loss of Sight Loss of Speech Permanent Paralysis Severe Burns Chronic Disorders Crohn's Disease Epilepsy Lupus	Coma	10	0%
Loss of Speech Permanent Paralysis Severe Burns Chronic Disorders Crohn's Disease Epilepsy Lupus 100% 100% 100% 100% 100% 100% 100% 100	Loss of Hearing	10	0%
Permanent Paralysis Severe Burns I00% Chronic Disorders Crohn's Disease Epilepsy Lupus 100% 100% 100% 100% 100% 100% 100% 100	Loss of Sight	10	0%
Severe Burns 100% Chronic Disorders Crohn's Disease 30% Epilepsy 10% Lupus 30%	Loss of Speech	10	0%
Chronic DisordersCrohn's Disease30%Epilepsy10%Lupus30%	Permanent Paralysis	100% for 1 o	r more limbs
Crohn's Disease 30% Epilepsy 10% Lupus 30%	Severe Burns	10	0%
Epilepsy Lupus 10% 30%	Chronic Disorders		
Lupus 30%	Crohn's Disease	30)%
Lupus 30%	Epilepsy	IC)%
Ulcerative Colitis 30%	Lupus	30)%
	Ulcerative Colitis	30)%

Neurological Disorders





Your critical illness coverage

	CRITICAL ILLNESS				
Alzheimer's Disease – Early	50%				
Alzheimer's Disease – Advanced	100%				
ALS (Lou Gehrig's Disease)	100%				
Dementia — other causes	100%				
Huntington's Disease	30%				
Multiple Sclerosis – Early	50%				
Multiple Sclerosis – Advanced	100%				
Myasthenia Gravis	30%				
Parkinson's Disease – Early	50%				
Parkinson's Disease – Advanced	100%				
Childhood Illnesses and Disorders					
Autism Spectrum Disorder	100%				
Cerebral Palsy	100%				
Cleft Lip/Cleft Palate	100%				
Club Foot	100%				
Congenital Heart Defect	100%				
Cystic Fibrosis	100%				
Diabetes – Type I	100%				
Down Syndrome	100%				
Hemophilia	100%				
Multisystem Inflammatory Disease (MLS)	100%				
Muscular Dystrophy	100%				
Spina Bifida	100%				
Spouse Benefit	May choose a lump sum benefit of \$10,000 to \$30,000 in \$10,000 increments up to 100% of the employee's lump sum benefit.				
Child Benefit- children age Birth to 26 years	50% of employee's lump sum benefit				
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial	We Guarantee Issue up to: \$30,000				
enrollment period or the annual open enrollment period.	For a spouse: \$30,000				
	For a child: All Amounts				
	Health questions are required if the elected amount exceeds the Guarantee Issue.				
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable				

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

Monthly Premiums Displayed Election Cost Per Age Bracket

Benefit Amou	ınt											
		< 25	25-29	30-34	<i>35-39</i>	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee												
\$10,000	Non-tobacco	\$1.80	\$2.50	\$3.20	\$4.20	\$5.90	\$8.60	\$13.50	\$19.90	\$29.50	\$41.20	\$53.60
• /	Tobacco	\$2.60	\$4.00	\$5.00	\$6.80	\$9.60	\$14.10	\$22.30	\$33.00	\$49.40	\$69.00	\$90.00
\$20,000	Non-tobacco	\$3.60	\$5.00	\$6.40	\$8.40	\$11.80	\$17.20	\$27.00	\$39.80	\$59.00	\$82.40	\$107.20
	Tobacco	\$5.20	\$8.00	\$10.00	\$13.60	\$19.20	\$28.20	\$44.60	\$66.00	\$98.80	\$138.00	\$180.00
\$30,000	Non-tobacco	\$5.40	\$7.50	\$9.60	\$12.60	\$17.70	\$25.80	\$40.50	\$59.70	\$88.50	\$123.60	\$160.80
	Tobacco	\$7.80	\$12.00	\$15.00	\$20.40	\$28.80	\$42.30	\$66.90	\$99.00	\$148.20	\$207.00	\$270.00
Benefit Amou	int Up To 100% of Employ	yee Amou	nt to a Ma	ximum o	f \$30,000							
Spouse												
\$10,000	Non-tobacco	\$1.80	\$2.50	\$3.20	\$4.20	\$5.90	\$8.60	\$13.50	\$19.90	\$29.50	\$41.20	\$53.60
• /	Tobacco	\$2.60	\$4.00	\$5.00	\$6.80	\$9.60	\$14.10	\$22.30	\$33.00	\$49.40	\$69.00	\$90.00
\$20,000	Non-tobacco	\$3.60	\$5.00	\$6.40	\$8.40	\$11.80	\$17.20	\$27.00	\$39.80	\$59.00	\$82.40	\$107.20
• •	Tobacco	\$5.20	\$8.00	\$10.00	\$13.60	\$19.20	\$28.20	\$44.60	\$66.00	\$98.80	\$138.00	\$180.00
\$30,000	Non-tobacco	\$5.40	\$7.50	\$9.60	\$12.60	\$17.70	\$25.80	\$40.50	\$59.70	\$88.50	\$123.60	\$160.80
•	Tobacco	\$7.80	\$12.00	\$15.00	\$20.40	\$28.80	\$42.30	\$66.90	\$99.00	\$148.20	\$207.00	\$270.00

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 6 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease: and (2) routine scheduled follow-up visits to a doctor. If one illness causes or contributes to another illness, we'll pay benefits for only one of these illnesses. We'll pay for the illness that has the larger benefit. If the benefit amounts for the illness are the same, we'll let you choose which one we pay.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding I year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations...

If Critical Illness 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 # CI - 23 - P

Hospital Indemnity Insurance

Guardian | www.guardianlife.com/hospital-indemnity-insurance | 888-482-7342

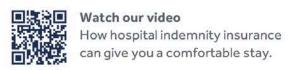
Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits.

The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!







Hospital indemnity insurance

Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery.

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help.

Who is it for?

Hospital indemnity insurance is for people who need help covering the costs associated with a hospital stay if they suddenly become sick or injured.

What does it cover?

If you are admitted to a hospital for a covered sickness or injury, you'll receive payments that can be used to cover all sorts of costs, including:

- · Deductibles and co-pays.
- · Travel to and from the hospital for treatment.
- · Childcare service assistance while recovering.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Hospital indemnity insurance can help pay for out-of-pocket costs associated with being hospitalized, giving you more of a financial safety net for unplanned expenses brought on by a hospital stay.

Plus, hospital indemnity insurance is portable and payments are made directly to you – even if you didn't incur any out-of-pocket expenses.

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



Be prepared

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: \$53,000

Average Major Medical deductible: \$1,500

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: \$10,300.

Total out-of-pocket amount for John (deductible + coinsurance): \$11,800.

John's Guardian Hospital Indemnity policy pays him **\$1,000** for hospital admission.

The policy gives him a total payment of \$1,000 to help cover the 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 hospital indemnity coverage

	Hospital	Indemnity
	Option I	Option 2
Coverage Details		
Your Monthly premium	\$15.49	\$29.68
You and Spouse	\$32.73	\$62.87
You and Child(ren)	\$21.36	\$40.61
You, Spouse and Child(ren)	\$35.09	\$66.52
Benefits		
Hospital/ICU Admission	\$1,000 per admission, limited to 2 admission(s) per insured.	\$2,000 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	\$100/\$100 per day, limited to 30 day(s) per insured per benefit year.	\$200/\$200 per day, limited to 30 day(s) per insured per benefit year.
Health Screening	\$50 per day, limited to 1 day(s) per insured per benefit year.	\$50 per day, limited to I day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition	Not Applicable	Not Applicable
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.		
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included	Not Applicable
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years

UNDERSTANDING YOUR BENEFITS - HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

The Health screening benefit is paid for the completion of specified routine wellness screenings such as annual well visits, immunizations, mammography, chest x-ray, and many more.

Term Life



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

Life is precious. We take steps to insure our cars and homes but tend to fall short when it comes to insuring ourselves. A life insurance policy, combined with accidental death and dismemberment coverage, or AD&D, gives you comprehensive coverage so that you have peace of mind knowing your loved ones will be taken care of in the event of your death.

Life & AD&D Highlights

- Offers protection in the event you should die due to either natural causes or an accident.
- Benefits will be paid to the beneficiaries declared on your application.
- Covers a specific term for a predetermined benefit amount.
- Coverage would cease should employment end. However, you may be able to convert your plan to an individual policy within a certain number of days within you leaving employment.

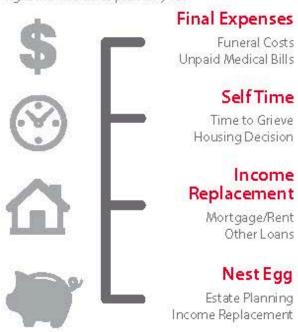
Why Term Life Insurance

Life insurance is an important piece of a strong financial plan. While there is no complete replacement for the loss of a loved one, American Fidelity Assurance Company's Term Life Insurance can help protect your family in your absence. It provides short-term coverage at a competitive price. For those on a limited budget, Term Life Insurance can help fill temporary needs.



Why You Need Life Insurance

Consider the following expenses when choosing the right life insurance plan for you.



Life insurance provided by your employer is an important benefit. However, it may not be enough protection to provide for your loved ones.

A term life policy may help supplement your existing coverage and may assist in meeting financial demands, should you need it. Plus, this is an individual policy which means you own it and can take it with you to a different job or in retirement.

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse Coverage Available¹

JE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee											
ISSUE,	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000	
17	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00	
18	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00	
19	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00	
20	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00	
21	8.25	9.50	12.50	17.75	23.00	24.50	29.00	33.50	38.00	47.00	56.00	
22	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00	
23	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00	
24	8.25	9.50	13.50	19.25	25.00	24.50	29.00	33.50	38.00	47.00	56.00	
25	8.25	9.50	14.00	20.00	26.00	24.50	29.00	33.50	38.00	47.00	56.00	
26	8.25	9.50	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00	
27	8.50	9.80	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00	
28	8.50	9.80	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00	
29	8.75	10.10	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00	
30	8.75	10.10	15.50	22.25	29.00	25.75	30.50	35.25	40.00	49.50	59.00	
31	9.00	10.40	16.00	23.00	30.00	27.00	32.00	37.00	42.00	52.00	62.00	
32	9.50	11.00	17.00	24.50	32.00	28.25	33.50	38.75	44.00	54.50	65.00	
33	9.75	11.30	17.50	25.25	33.00	29.50	35.00	40.50	46.00	57.00	68.00	
34	10.00	11.60	18.00	26.00	34.00	32.00	38.00	44.00	50.00	62.00	74.00	
35	10.50	12.20	19.00	27.50	36.00	33.25	39.50	45.75	52.00	64.50	77.00	
36	11.25	13.10	20.00	29.00	38.00	37.00	44.00	51.00	58.00	72.00	86.00	
37	12.00	14.00	21.50	31.25	41.00	40.75	48.50	56.25	64.00	79.50	95.00	
38	12.75	14.90	23.00	33.50	44.00	44.50	53.00	61.50	70.00	87.00	104.00	
39	13.50	15.80	24.50	35.75	47.00	49.50	59.00	68.50	78.00	97.00	116.00	
40	14.50	17.00	26.00	38.00	50.00	54.50	65.00	75.50	86.00	107.00	128.00	
41	15.75	18.50	28.50	41.75	55.00	57.00	68.00	79.00	90.00	112.00	134.00	
42	17.00	20.00	31.00	45.50	60.00	60.75	72.50	84.25	96.00	119.50	143.00	
43	18.25	21.50	34.00	50.00	66.00	63.25	75.50	87.75	100.00	124.50	149.00	
44 45	19.75 21.50	23.30 25.40	37.50 41.00	55.25	73.00 80.00	67.00 70.75	80.00 84.50	93.00 98.25	106.00 112.00	132.00 139.50	158.00 167.00	
46	24.00	28.40	42.50	60.50 62.75	83.00	73.25	87.50	101.75	116.00	144.50	173.00	
47	27.00	32.00	42.30 44.00	65.00	86.00	73.23 77.00	92.00	101.73	122.00	152.00	173.00	
48	30.50	36.20	45.50	67.25	89.00	77.00 80.75	96.50	112.25	122.00	159.50	191.00	
49	34.25	40.70	47.00	69.50	92.00	84.50	101.00	117.50	134.00	167.00	200.00	
50	38.50	45.80	48.50	71.75	95.00	UT.JV		117.50	1J7.VV	107.00	200.00	
51	40.50	48.20	53.00	78.50	104.00							
52	42.75	50.90	58.00	86.00	114.00							
53	45.25	53.90	63.00	93.50	124.00							
54	47.50	56.60	69.00	102.50	136.00							
55	50.25	59.90	75.50	112.25	149.00							
56	56.50	67.40	84.00	125.00	166.00							
57	63.50	75.80	93.00	138.50	184.00							
58	71.25	85.10	103.50	154.25	205.00							
59	80.25	95.90	115.50	172.25	229.00							
60	90.50	108.20	128.50	191.75	255.00							
61	90.75	108.50	137.50	205.25	273.00							
62	91.25	109.10	147.50	220.25	293.00							
63	91.50	109.40	158.50	236.75	315.00							
64	92.00	110.00	170.00	254.00	338.00							
65	92.25	110.30	182.50	272.75	363.00							

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10 YEAR RATES Tobacco Users Rates

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse Coverage Available¹

O YEAR RATES Non-Tobacco Users Rates

AGE DEATH BENEFIT Monthly Premium Including Policy Fee ISSUE, \$25,000 \$30,000 \$50,000 \$75,000 \$100,000 \$125,000 \$150,000 \$175,000 \$200,000 \$250,000 \$300,000 11.75 15.00 17 6.50 7.40 8.50 15.75 18.50 21.25 24.00 29.50 35.00 18 11.75 15.00 15.75 18.50 21.25 6.50 7.40 8.50 24.00 29.50 35.00 19 6.50 7.40 8.50 11.75 15.00 15.75 18.50 21.25 24.00 29.50 35.00 20 6.50 7.40 8.50 11.75 15.00 15.75 18.50 21.25 24.00 29.50 35.00 21 6.50 7.40 8.50 11.75 15.00 15.75 18.50 21.25 24.00 29.50 35.00 22 6.50 7.40 8.50 11.75 15.00 18.50 21.25 35.00 15.75 24.00 29.50 23 7.40 11.75 6.50 8.50 15.00 15.75 18.50 21.25 24.00 29.50 35.00 24 6.50 7.40 8.50 11.75 15.00 15.75 18.50 21.25 24.00 29.50 35.00 25 6.50 7.40 8.50 11.75 15.00 15.75 18.50 21.25 24.00 29.50 35.00 11.75 26 6.50 7.40 8.50 15.00 15.75 18.50 21.25 24.00 29.50 35.00 27 11.75 24.00 6.50 7.40 8.50 15.00 15.75 18.50 21.25 29.50 35.00 7.40 11.75 15.00 15.75 28 6.50 8.50 18.50 21.25 24.00 29.50 35.00 29 11.75 15.75 6.50 7.40 8.50 15.00 18.50 21.25 24.00 29.50 35.00 30 6.50 7.40 8.50 11.75 15.00 15.75 18.50 21.25 24.00 29.50 35.00 31 7.40 11.75 6.50 8.50 15.00 15.75 18.50 21.25 24.00 29.50 35.00 32 7.40 8.50 11.75 15.00 15.75 18.50 24.00 35.00 6.50 21.25 29.50 33 17.00 6.75 7.70 9.00 12.50 16.00 20.00 23.00 26.00 32.00 38.00 34 12.50 17.00 23.00 6.75 7.70 9.00 16.00 20.00 26.00 32.00 38.00 35 6.75 7.70 9.00 12.50 16.00 17.00 20.00 23.00 26.00 32.00 38.00 36 13.25 18.25 7.00 8.00 9.50 17.00 21.50 24.75 28.00 34.50 41.00 37 7.25 8.30 10.00 14.00 18.00 19.50 23.00 26.50 30.00 37.00 44.00 24.50 38 7.50 8.60 10.50 14.75 19.00 20.75 28.25 32.00 39.50 47.00 39 7.75 11.00 15.50 20.00 22.00 26.00 30.00 34.00 42.00 8.90 50.00 40 8.00 9.20 11.50 16.25 21.00 23.25 27.50 31.75 36.00 44.50 53.00 41 8.25 9.50 17.00 24.50 29.00 33.50 12.00 22.00 38.00 47.00 56.00 42 8.75 10.10 13.00 18.50 24.00 27.00 32.00 37.00 42.00 52.00 62.00 43 9.00 10.40 13.50 19.25 25.00 28.25 33.50 38.75 44.00 54.50 65.00 9.25 44 10.70 14.00 20.00 26.00 29.50 35.00 40.50 46.00 57.00 68.00 45 9.75 11.30 15.00 21.50 28.00 32.00 38.00 44.00 50.00 62.00 74.00 46 10.50 12.20 16.00 23.00 30.00 34.50 41.00 47.50 54.00 67.00 80.00 47 11.50 13.40 17.50 25.25 33.00 37.00 44.00 51.00 58.00 72.00 86.00 48 12.50 14.60 18.50 26.75 35.00 40.75 48.50 56.25 64.00 79.50 95.00 49 13.50 15.80 20.00 29.00 38.00 44.50 61.50 70.00 87.00 104.00 53.00 50 14.75 31.25 41.00 17.30 21.50 51 15.50 18.20 23.00 33.50 44.00 52 19.40 35.00 46.00 16.50 24.00 53 17.50 20.60 25.50 37.25 49.00 54 40.25 18.50 21.80 27.50 53.00 ------------55 19.50 23.00 29.00 42.50 56.00 --56 21.25 25.10 32.00 47.00 62.00 57 23.00 27.20 35.00 51.50 68.00 58 25.00 29.60 38.50 56.75 75.00 ----59 27.25 62.75 83.00 32.30 42.50 ------60 29.75 35.30 46.50 68.75 91.00 61 31.00 36.80 50.50 74.75 99.00 ------62 32.00 38.00 54.50 80.75 107.00 63 33.25 39.50 59.00 87.50 116.00 --64 34.75 41.30 64.00 95.00 126.00 36,00 42.80 69.50 103.25 137.00

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Marketed by:

TERM LIFE INSURANCE Renewable and Convertible



Underwritten by American Fidelity Assurance Company

Spouse Coverage Available¹

20 YEAR RATES Tobacco Users Rates

JE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee												
ISSUE,	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000		
17	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00		
18	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00		
19	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00		
20	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00		
21	8.75	10.10	13.00	18.50	24.00	25.75	30.50	35.25	40.00	49.50	59.00		
22	8.75	10.10	13.50	19.25	25.00	27.00	32.00	37.00	42.00	52.00	62.00		
23	8.75	10.10	13.50	19.25	25.00	27.00	32.00	37.00	42.00	52.00	62.00		
24	8.75	10.10	14.00	20.00	26.00	28.25	33.50	38.75	44.00	54.50	65.00		
25	8.75	10.10	14.50	20.75	27.00	28.25	33.50	38.75	44.00	54.50	65.00		
26	9.00	10.40	15.00	21.50	28.00	29.50	35.00	40.50	46.00	57.00	68.00		
27	9.25	10.70	15.50	22.25	29.00	30.75	36.50	42.25	48.00	59.50	71.00		
28	9.25	10.70	16.00	23.00	30.00	30.75	36.50	42.25	48.00	59.50	71.00		
29 30	9.50	11.00	16.50	23.75	31.00	32.00	38.00	44.00 45.75	50.00	62.00	74.00		
31	9.75 10.25	11.30 11.90	17.00 18.00	24.50 26.00	32.00 34.00	33.25 34.50	39.50 41.00	45.75 47.50	52.00 54.00	64.50 67.00	77.00 80.00		
32	11.00	12.80	19.50	28.25	34.00 37.00	3 4 .30 37.00	44.00	47.30 51.00	58.00	72.00	86.00		
33	11.50	13.40	20.50	29.75	39.00	37.00 39.50	47.00	54.50	62.00	72.00 77.00	92.00		
34	12.25	14.30	22.00	32.00	42.00	40.75	48.50	56.25	64.00	79.50	95.00		
35	13.00	15.20	23.50	34.25	45.00	43.25	51.50	59.75	68.00	84.50	101.00		
36	14.00	16.40	25.50	37.25	49.00	47.00	56.00	65.00	74.00	92.00	110.00		
37	15.00	17.60	27.50	40.25	53.00	52.00	62.00	72.00	82.00	102.00	122.00		
38	16.25	19.10	30.00	44.00	58.00	55.75	66.50	77.25	88.00	109.50	131.00		
39	17.50	20.60	32.50	47.75	63.00	60.75	72.50	84.25	96.00	119.50	143.00		
40	18.75	22.10	35.50	52.25	69.00	67.00	80.00	93.00	106.00	132.00	158.00		
41	20.25	23.90	38.50	56.75	75.00	74.50	89.00	103.50	118.00	147.00	176.00		
42	22.00	26.00	42.00	62.00	82.00	84.50	101.00	117.50	134.00	167.00	200.00		
43	24.00	28.40	46.00	68.00	90.00	94.50	113.00	131.50	150.00	187.00	224.00		
44	26.25	31.10	50.00	74.00	98.00	105.75	126.50	147.25	168.00	209.50	251.00		
45	28.50	33.80	54.50	80.75	107.00	118.25	141.50	164.75	188.00	234.50	281.00		
46	31.50	37.40	57.00	84.50	112.00	124.50	149.00	173.50	198.00	247.00	296.00		
47	34.75	41.30	59.50	88.25	117.00	130.75	156.50	182.25	208.00	259.50	311.00		
48	38.25	45.50	62.50	92.75	123.00	138.25	165.50	192.75	220.00	274.50	329.00		
49	42.25	50.30	65.50	97.25	129.00	145.75	174.50	203.25	232.00	289.50	347.00		
50	46.75	55.70	68.50	101.75	135.00								
51	50.25	59.90	74.00	110.00	146.00								
52	53.75	64.10	80.00	119.00	158.00								
53	57.75	68.90	86.00	128.00	170.00								
54	62.00	74.00	93.00	138.50	184.00								
55	66.50	79.40	100.50	149.75	199.00								
56	73.50	87.80	108.50	161.75	215.00								
57	81.25	97.10	117.50	175.25	233.00								
58	89.75	107.30	127.00	189.50	252.00								
59	99.25	118.70	137.50	205.25	273.00								
60	110.00	131.60	149.00	222.50	296.00								

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RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER: For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER: Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse Coverage Available¹

20 YEAR RATES Non-Tobacco Users Rates

JE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee											
ISSUE,	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000	
17	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00	
18	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00	
19	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00	
20	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00	
21	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00	
22	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00	
23	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00	
24	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00	
25	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00	
26	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00	
27	6.50	7.40	9.00	12.50	16.00	18.25	21.50	24.75	28.00	34.50	41.00	
28	6.50	7.40	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00	
29	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00	
30 31	6.50 6.75	7.40 7.70	9.50 10.00	13.25 14.00	17.00 18.00	19.50 20.75	23.00 24.50	26.50 28.25	30.00 32.00	37.00 39.50	44.00	
32	0.73 7.00	7.70 8.00	10.00	14.00	18.00	20.75 20.75	24.50 24.50	28.25 28.25	32.00 32.00	39.50 39.50	47.00	
33	7.00 7.00	8.00	10.00	14.00	19.00	20.73	24.30 26.00	20.23 30.00	34.00	39.30 42.00	47.00 50.00	
34	7.00 7.25	8.30	11.00	15.50	20.00	22.00	26.00	30.00	34.00 34.00	42.00 42.00	50.00	
35	7.23 7.50	8.60	11.50	16.25	21.00	23.25	27.50	30.00 31.75	34.00 36.00	42.00 44.50	53.00	
36	7.75	8.90	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00	
37	8.00	9.20	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00	
38	8.25	9.50	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00	
39	8.75	10.10	14.00	20.00	26.00	30.75	36.50	42.25	48.00	59.50	71.00	
40	9.00	10.40	15.00	21.50	28.00	33.25	39.50	45.75	52.00	64.50	77.00	
41	9.50	11.00	16.00	23.00	30.00	35.75	42.50	49.25	56.00	69.50	83.00	
42	10.00	11.60	17.00	24.50	32.00	38.25	45.50	52.75	60.00	74.50	89.00	
43	10.50	12.20	18.00	26.00	34.00	40.75	48.50	56.25	64.00	79.50	95.00	
44	11.00	12.80	19.00	27.50	36.00	43.25	51.50	59.75	68.00	84.50	101.00	
45	11.75	13.70	20.50	29.75	39.00	47.00	56.00	65.00	74.00	92.00	110.00	
46	12.75	14.90	21.50	31.25	41.00	49.50	59.00	68.50	78.00	97.00	116.00	
47	14.00	16.40	22.50	32.75	43.00	52.00	62.00	72.00	82.00	102.00	122.00	
48	15.25	17.90	24.00	35.00	46.00	55.75	66.50	77.25	88.00	109.50	131.00	
49	16.75	19.70	25.00	36.50	48.00	58.25	69.50	80.75	92.00	114.50	137.00	
50	18.50	21.80	26.50	38.75	51.00							
51	19.75	23.30	28.50	41.75	55.00							
52	21.00	24.80	30.50	44.75	59.00							
53	22.25	26.30	33.00	48.50	64.00							
54	23.75	28.10	35.50	52.25	69.00							
55	25.25	29.90	38.50	56.75	75.00							
56	27.50	32.60	42.50	62.75	83.00							
57	30.00	35.60	47.00	69.50	92.00							
58	32.50	38.60	52.00	77.00	102.00							
59	35.50	42.20	58.00	86.00	114.00							
60	38.75	46.10	64.00	95.00	126.00							

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Marketed by:



Underwritten by American Fidelity Assurance Company

30 YEAR RATES Tobacco Users Rates

SSUEAGE								TH E			v Fee					
n.	\$10	,000	\$25,	000	\$50,		\$100		\$150		\$200	,000	\$250	,000	\$300,	,000
ISS	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
18	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
19	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
20	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
21	5.10	0.12	9.75	0.31	15.50	0.62	29.00	1.23	39.50	1.85	52.00	2.46	64.50	3.08	77.00	3.69
22	5.20	0.13	10.00	0.32	16.00	0.64	30.00	1.28	41.00	1.92	54.00	2.56	67.00	3.20	80.00	3.84
23	5.30	0.13	10.25	0.33	16.50	0.67	31.00	1.33	42.50	2.00	56.00	2.66	69.50	3.33	83.00	3.99
24	5.40	0.14	10.50	0.35	17.00	0.69	32.00	1.38	44.00	2.07	58.00	2.76	72.00	3.45	86.00	4.14
25	5.50	0.14	10.75	0.35	17.50	0.70	33.00	1.40	45.50	2.10	60.00	2.80	74.50	3.50	89.00	4.20
26	5.60	0.15	11.00	0.38	18.00	0.75	34.00	1.50	47.00	2.25	62.00	3.00	77.00	3.75	92.00	4.50
27	5.70	0.16	11.25	0.40	18.50	0.80	35.00	1.60	48.50	2.40	64.00	3.20	79.50	4.00	95.00	4.80
28	5.80	0.17	11.50	0.43	19.00	0.85	36.00	1.70	50.00	2.55	66.00	3.40	82.00	4.25	98.00	5.10
29	5.90	0.18	11.75	0.45	19.50	0.90	37.00	1.80	51.50	2.70	68.00	3.60	84.50	4.50	101.00	5.40
30	6.00	0.20	12.00	0.49	20.00	0.98	38.00	1.95	53.00	2.93	70.00	3.90	87.00	4.88	104.00	5.85
31	6.40	0.21	13.00	0.53	22.00	1.05	42.00	2.10	57.50	3.15	76.00	4.20	94.50	5.25	113.00	6.30
32	6.80	0.23	14.00	0.56	24.00	1.13	46.00	2.25	62.00	3.38	82.00	4.50	102.00	5.63	122.00	6.75
33	7.30	0.24	15.25	0.60	26.50	1.20	51.00	2.40	66.50	3.60	88.00	4.80	109.50	6.00	131.00	7.20
34	7.80	0.26	16.50	0.64	29.00	1.28	56.00	2.55	72.50	3.83	96.00	5.10	119.50	6.38	143.00	7.65
35	8.30	0.27	17.75	0.68	32.00	1.37	62.00	2.73	78.50	4.10	104.00	5.46	129.50	6.83	155.00	8.19
36	8.80	0.29	19.00	0.73	34.50	1.47	67.00	2.93	84.50	4.40	112.00	5.86	139.50	7.33	167.00	8.79
37	9.40	0.31	20.50	0.78	37.50	1.57	73.00	3.13	90.50	4.70	120.00	6.26	149.50	7.83	179.00	9.39
38	10.10	0.33	22.25	0.83	40.50	1.67	79.00	3.33	98.00	5.00	130.00	6.66	162.00	8.33	194.00	9.99
39	10.80	0.35	24.00	0.88	43.50	1.77	85.00	3.53	105.50	5.30	140.00	7.06	174.50	8.83	209.00	10.59
40	11.50	0.37	25.75	0.91	47.00	1.83	92.00	3.65	113.00	5.48	150.00	7.30	187.00	9.13	224.00	10.95
41	12.30	0.39	27.75	0.99	51.00	1.97	100.00	3.94	122.00	5.91	162.00	7.88	202.00	9.85	242.00	11.82
42	13.20	0.42	30.00	1.06	55.50	2.11	109.00	4.22	131.00	6.33	174.00	8.44	217.00	10.55	260.00	12.66
43	14.20	0.45	32.50	1.13	60.50	2.25	119.00	4.50	141.50	6.75	188.00	9.00	234.50	11.25	281.00	13.50
44	15.30	0.48	35.25	1.19	66.00	2.38	130.00	4.76	153.50	7.14	204.00	9.52	254.50	11.90	305.00	14.28
45	16.50	0.50	38.25	1.26	72.00	2.52	142.00	5.04	165.50	7.56	220.00	10.08	274.50	12.60	329.00	15.12
46	17.60	0.56	41.00	1.40	74.50	2.79	147.00	5.58	173.00	8.37	230.00	11.16	287.00	13.95	344.00	16.74
47	18.80	0.61	44.00	1.53	77.00	3.05	152.00	6.10	179.00	9.15	238.00	12.20	297.00	15.25	356.00	18.30
48	20.10	0.66	47.25	1.65	80.00	3.30	158.00	6.60	188.00	9.90	250.00	13.20	312.00	16.50	374.00	19.80
49	21.50	0.71	50.75	1.77	82.50	3.55	163.00	7.09	197.00	10.64	262.00	14.18	327.00	17.73	392.00	21.27
50	23.00	0.76	54.50	1.89	85.50	3.79	169.00	7.57								



This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. 1 Maximum face amount available is \$50,000.

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER:

Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

CHILDREN'S TERM RIDER:

\$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000.

Grandchildren are not eligible for this rider.

ACCIDENTAL DEATH & DISMEMBERMENT RIDER:

For the monthly rate, multiply .08 per \$1,000 of coverage.

WAIVER OF PREMIUM RIDER:

Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI): Add the rate shown in the ABLTI column to the base rate.

30 YEAR RATES Non-Tobacco Users Rates

AGE								TH E			v Fee					
ISSUE,	\$10,	,000	\$25,	000	\$50,		\$100		\$150,		\$200,	,000	\$250	,000	\$300,	,000
188	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
18	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
19	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
20	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
21	4.00	0.08	7.00	0.20	10.50	0.40	19.00	0.80	24.50	1.20	32.00	1.60	39.50	2.00	47.00	2.40
22	4.00	0.08	7.00	0.21	10.50	0.42	19.00	0.83	24.50	1.25	32.00	1.66	39.50	2.08	47.00	2.49
23	4.10	0.09	7.25	0.21	11.00	0.43	20.00	0.85	26.00	1.28	34.00	1.70	42.00	2.13	50.00	2.55
24	4.10	0.09	7.25	0.22	11.00	0.44	20.00	0.88	26.00	1.32	34.00	1.76	42.00	2.20	50.00	2.64
25	4.10	0.09	7.25	0.23	11.00	0.47	20.00	0.93	26.00	1.40	34.00	1.86	42.00	2.33	50.00	2.79
26	4.10	0.10	7.25	0.25	11.00	0.50	20.00	1.00	27.50	1.50	36.00	2.00	44.50	2.50	53.00	3.00
27	4.20	0.11	7.50	0.27	11.50	0.54	21.00	1.08	27.50	1.62	36.00	2.16	44.50	2.70	53.00	3.24
28	4.20	0.12	7.50	0.29	11.50	0.58	21.00	1.15	29.00	1.73	38.00	2.30	47.00	2.88	56.00	3.45
29	4.30	0.12	7.75	0.31	12.00	0.62	22.00	1.23	29.00	1.85	38.00	2.46	47.00	3.08	56.00	3.69
30	4.30	0.13	7.75	0.33	12.00	0.65	22.00	1.30	30.50	1.95	40.00	2.60	49.50	3.25	59.00	3.90
31	4.40	0.14	8.00	0.35	12.50	0.70	23.00	1.40	32.00	2.10	42.00	2.80	52.00	3.50	62.00	4.20
32	4.50	0.15	8.25	0.38	13.00	0.75	24.00	1.50	32.00	2.25	42.00	3.00	52.00	3.75	62.00	4.50
33	4.50	0.16	8.25	0.40	13.00	0.80	24.00	1.60	33.50	2.40	44.00	3.20	54.50	4.00	65.00	4.80
34	4.60	0.17	8.50	0.43	13.50	0.85	25.00	1.70	33.50	2.55	44.00	3.40	54.50	4.25	65.00	5.10
35	4.70	0.18	8.75	0.45	14.00	0.90	26.00	1.80	35.00	2.70	46.00	3.60	57.00	4.50	68.00	5.40
36	4.90	0.19	9.25	0.48	15.00	0.97	28.00	1.93	38.00	2.90	50.00	3.86	62.00	4.83	74.00	5.79
37	5.10	0.21	9.75	0.51	16.00	1.03	30.00	2.05	41.00	3.08	54.00	4.10	67.00	5.13	80.00	6.15
38	5.30	0.22	10.25	0.55	17.00	1.09	32.00	2.18	44.00	3.27	58.00	4.36	72.00	5.45	86.00	6.54
39	5.50	0.23	10.75	0.58	18.00	1.15	34.00	2.30	47.00	3.45	62.00	4.60	77.00	5.75	92.00	6.90
40	5.80	0.24	11.50	0.60	19.50	1.20	37.00	2.39	51.50	3.59	68.00	4.78	84.50	5.98	101.00	7.17
41	6.10	0.26	12.25	0.64	21.00	1.28	40.00	2.56	56.00	3.84	74.00	5.12	92.00	6.40	110.00	7.68
42	6.50	0.27	13.25	0.68	23.00	1.36	44.00	2.71	62.00	4.07	82.00	5.42	102.00	6.78	122.00	8.13
43	6.90	0.29	14.25	0.72	24.50	1.43	47.00	2.86	66.50	4.29	88.00	5.72	109.50	7.15	131.00	8.58
44	7.30	0.30	15.25	0.75	27.00	1.51	52.00	3.01	72.50	4.52	96.00	6.02	119.50	7.53	143.00	9.03
45	7.80	0.32	16.50	0.79	29.00	1.58	56.00	3.15	80.00	4.73	106.00	6.30	132.00	7.88	158.00	9.45
46	8.30	0.35	17.75	0.86	31.50	1.73	61.00	3.45	87.50	5.18	116.00	6.90	144.50	8.63	173.00	10.35
47	8.80	0.37	19.00	0.93	34.00	1.87	66.00	3.73	95.00	5.60	126.00	7.46	157.00	9.33	188.00	11.19
48	9.30	0.40	20.25	1.00	37.00	2.00	72.00	4.00	104.00	6.00	138.00	8.00	172.00	10.00	206.00	12.00
49	9.90	0.43	21.75	1.07	40.50	2.14	79.00	4.27	114.50	6.41	152.00	8.54	189.50	10.68	227.00	12.81
50	10.60	0.45	23.50	1.13	44.00	2.25	86.00	4.50								

Spouse Coverage Available¹

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SB-30357 (Rate Insert-30 year)-0817 For Use In: AZ, IA, NM, NC, TX, SC, VA RCTL14 Series

Identity Theft Protection

iLock360-Cypher Security | www.ilock360.com | 855-287-8888

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

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

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



iLOCK360

Your identity is your most valuable asset. Is yours protected?



39 seconds is how often cyber-attacks to occur

25% of kids are projected to be affected by identity theft before turning 18

17% increase in data breaches 2022 to 2023

Identity theft is the **fastest growing crime.** With iLOCK360, you can rest easier knowing you have experienced professionals in your corner restoring your identity. Your identity is more than simply reviewing your credit card charges. That's why we offer a comprehensive monitoring service of online activity, financial affairs, and immediate resolution.





Defend

Your personal information is monitored 24 / 7 / 365



Protect

Alerts inform you of potential threats for immediate action



Restore

iLOCK360 does the work to restore your identity

Sign up during enrollment

For educator pricing

Coverage plan	Plus	Premium
Employee	\$8	\$15
Employee + Spouse	\$15	\$22
Employee + Children	\$13	\$20
Employee + Family	\$20	\$27

Learn more about the protections that iLOCK360 offers:

Plan features	Service description	Plus	Premium
Identity theft resolution services			
Full-Service Identity Theft Restoration & Lost Wallet Protection MOST VALUABLE SERVICE. Dependable help that's just a phone call away!	If your identity is compromised, a U.Sbased certified Identity Theft Restoration Specialist will work with you and on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.	⊘	
\$1M Identity Theft Insurance	If you incur expenses associated with your identity theft recovery, you will be covered up to \$1M reimbursement (\$0 deductible). Covered costs include: • Lost wages or income • Attorney and legal fees • Expenses incurred for refiling of loans, grants and other lines of credit • Costs of childcare and/or elderly care incurred as a result of identity restoration	Ø	
Comprehensive identity monitoring			
CyberAlert™ monitors: one Social Security Number two Phone Numbers two Email Addresses five Credit/Debit Cards two Medical ID Numbers five Bank Accounts one Drivers License Number one Passport	We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.	Ø	Ø
Change of Address Monitoring	A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected through the USPS National Change of Address (NCOA) Registry.		
Court/Criminal Records Monitoring	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.		
Sex Offender Alerts	Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area. As well as notifying you if someone registers as a sex offender in your name.	Ø	Ø
Payday Loan Monitoring	Often times, these types of loans don't show up on your credit report until they have gone through collections which will be damaging to your credit report. High-interest, easy-to-obtain payday loans can negatively impact your credit score. We alert you if a non-credit loan been opened using your identity at a payday or quick cash loan provider.	Ø	Ø
Social Security Number Trace	Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.	⊘	Ø
Credit monitoring services			
Daily Monitoring of Experian Credit Bureau	Provides credit protection with monitoring from Experian. Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.		
Daily Monitoring of Three Credit Bureaus	Provides higher-level credit protection with monitoring from all three credit bureaus: Experian, Equifax & TransUnion. Receive notifications for changes in your credit report such as loan data, inquiries, new accounts, judgments, liens and more.		
VantageScoreTracker	Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight		Ø







Legal Plan



LegalEase | www.legaleaseplan.com | 800-562-2929

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



We've Got You Covered

With the LegalEASE Plan, you're covered when you run into life's challenges with paid in full benefits for personal legal matters. LegalEASE has the largest and most highly qualified Attorney Provider Network, with attorneys in all 50 states focusing in over 60 areas of law. We've got you covered no matter your situation or location.

What's Included?



FAMILY LAW



ESTATE PLANNING & WILLS



AUTO & TRAFFIC



HOME & RESIDENTIAL



FINANCIAL & CONSUMER



GENERAL COVERAGE

Plan Details:

\$18.71 Monthly via payroll deduction

Who's Covered:

Employee, Spouse,
Dependent Children
up to age 26, Parents
– Elder benefits
designed for Plan
member's and
spouse's parents

Enroll Today!

Offered only during Open Enrollment, don't miss this opportunity to sign up for the LegalEASE Plan for paid in full legal coverage in 2024. Visit legaleaseplan.com/esc3 or give us a call at 1(800) 248-9000 to learn more about enrolling in the LegalEASE Plan.

Enroll in the LegalEASE Plan
Visit: www.legaleaseplan.com/esc3

Call: 1(800) 248-9000

LegalEASE has over 50 years of experience in Legal Plans. With over 21,500 attorneys in network and 13 million members served, we know we can help no matter what's going on in your life. Here's what LegalEASE members are saying about the plan:



"My Member Advocate, Tamara, helped me through a litany of questions. She was well prepared, had answers to my questions, and went above and beyond to explain my benefits."

- DAN, MEMBER



"Member Advocate,
Benton, made using my
benefits the first time easy.
I got the help I needed
with great customer
service."

- JACQUELYN, MEMBER



"Needing to reach out for legal services is stressful enough, so it's VERY comforting to speak with someone who will walk you through the process and answer all questions thoroughly and with patience."

- RANNISHA, MEMBER

How it Compares:

	ATTORNEY FEES AT LEGALEASE	ATTORNEY FEES ON YOUR OWN
Attorney prepared Estate Plan	\$0	\$400/hr or up to \$2,000
Debt Collection Defense	\$o	\$400/hr or up to \$4,000
Auto & Traffic Matters	\$O	Up to \$2000
Buying or Selling a Home	\$o	Up to \$2000



50+

Years of Experience



13 Million Members Served



4.8/5
Google Review

For more information:

Visit: www.legaleaseplan.com/esc3

Call: 1(800) 248-9000 and reference "Region 3 Cooperative"

(Monday - Friday 7am - 7:30pm CST)

Medical Transport

MASA MTS | <u>www.masamts.com</u> | (954) 334-8261

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

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

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





DID YOU KNOW?

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year*.

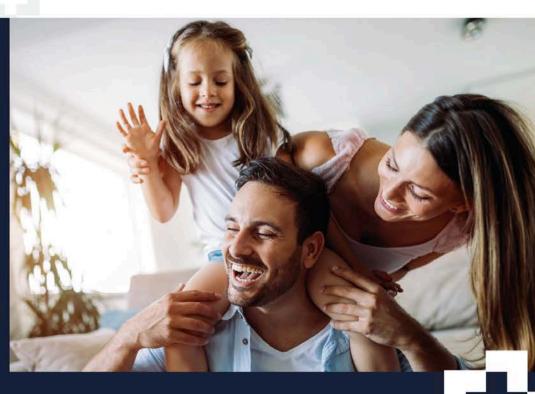
Insurance companies may not cover all air and ground ambulance expenses which can result in max in-network out-of-pocket** costs of:



\$8,700 Individual \$17,400 Family



Ground ambulance out-of-network transportation costs may be even higher than in-network since the No Surprises Act does not apply to ground ambulance at this time.



EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses⁻ for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Contact Your MASA MTS Representative to learn more about membership plan options.







DID YOU KNOW?

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year*.

Insurance companies may not cover all air and ground ambulance expenses which can result in max in-network out-of-pocket" costs of:



\$8,700 Individual \$17,400 Family



Ground ambulance out-of-network transportation costs may be even higher than in-network since the No Surprises Act does not apply to ground ambulance at this time.



PLATINUM MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an aff ordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage³

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage³

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage3

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Patient Return Transportation Coverage¹

MASA MTS provides services and covers the out-of-pocket expenses associated with coordinating a Member's transportation when hospitalized more than one hundred (100) miles from home, after discharge from the medical facility, by a regularly scheduled commercial airline to the commercial airport nearest the Member's home.



PLATINUM MEMBERSHIP BENEFITS



Companion Transportation Coverage²

MASA MTS provides services associated with the coordination of transportation for the Member's spouse, other family member, or companion to accompany the Member's emergency transport by a medically equipped, rotary (i.e., helicopter) or fixed-wing aircraft, giving due priority to the medical personnel and/or equipment and the welfare and safety of the patient.

Hospital Visitor Transportation Coverage²

MASA MTS provides services and covers air transportation expenses associated with coordinating a round-trip, regularly scheduled, commercial airfare for Member's spouse, other family Member or companion to join the Member in the event of inpatient hospitalization more than one hundred (100) statute miles from Member's home.

Minor Return Transportation Coverage²

MASA MTS provides services and covers out-of-pocket expenses associated with minor return transportation to a parent, legal guardian, or another person that can be responsible for the minor in the event that the minor is unattended as a result of Member's Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, or Mortal Remains Transportation coverages. MASA MTS also provides for a qualified attendant to accompany the minor during travel when the minor's age and/or medical condition may require such care.

Vehicle & RV Return Coverage²

MASA MTS provides services and covers the out-of-pocket expenses associated with vehicle return transportation for one (1) a safe operational car, truck, van, motorcycle, travel trailer, or motor home to the Member's home. This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages. MASA MTS pays the cost of fuel, oil and driver.

Pet Return Transportation Coverage²

MASA MTS provides services and covers out-of-pocket expenses for the return transportation to a Member's home for up to two (2) pet(s) belonging to the Member that includes either a dog, cat or other small animal(s). This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages.

Organ Retrieval & Organ Recipient Transportation Coverage⁴

MASA MTS provides services and covers air transportation expenses associated with coordinating transportation for an organ when the Member requires an organ transplant. MASA MTS will also provide service and cover transportation costs of Member and Member's spouse, other family Member or a companion should the Member need to travel to the location where the procedure will occur. If medically necessary, the organ will be transported by a medically equipped fixed-wing aircraft; otherwise, the organ is delivered by a commercial airline to the suitable airport nearest the location of the operation.

Mortal Remains Transportation Coverage¹

MASA MTS covers the air transportation expense for a Member's mortal remains in the event of their death when it occurs more than one hundred (100) statute miles from home. Remains are transported by a regularly scheduled commercial airline to the commercial airport nearest a Member's home.

Contact Your MASA MTS Representative to learn more about membership plan options.





403(b) Retirement Plans

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

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

How a 403(b) Works

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

Benefits

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

Contribution Limits							
2024	2025						
\$23,000	\$23,500						

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

TeleHealth



Recuro Health | www.recurohealth.com | 855-6RECURO

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

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

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





24/7 On Demand Care Access

Access board-certified physicians 24/7, 365 days a year for you and your family for only \$10/month! Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

Consult Fee: \$0



Call 1.855.6RECURO

Call us, or download our app to speak with a doctor today!



Visit Us Online



Speak With an Agent



Download Our App

Common **Conditions Treated**

- Sore Throat
- Congestion
- Cough
- Cold & Flu
- Yeast Infection
- **Insect Bites**















Easy, Convenient, Affordable

24/7/365 Access to U.S. Board Certified, State Licensed Doctors







Healthcare that makes sense

Type of Visit	Average Cost
Primary Care Urgent Care Emergency Room	\$100 \$150 \$1400
RECURO	\$0
2013 Medical Expenditure Par	nel Survey / MEPS

Disclaimer: Recuro services are for non-emergency conditions only. Recuro does not replace the primary care physician, services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Recuro doctors do not prescribe DEA controlled substances (schedule I-IV) and does not guarantee that a prescription will be written. For updated full disclosures, please visit www.recurohealth.com

Common Conditions Treated

Acid Reflux

Bladder Infection

Allergies

Rashes

Asthma

Sinus Conditions

Nausea

Sore Throat

Bronchitis

Thyroid Conditions

🕜 Cold & Flu

UTIs

Infections

And More...



Call 1.855.6RECURO



Visit www.recurohealth.com

COBRA

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

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

COBRA Highlights

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

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



Medicare & Age 65



FFMS | https://www.ffga.com/medicare-solutions | 800-523-8422

Questions to Consider Before Retiring

- Do I **plan** to Retire?
- Am I **eligible** to Enroll?
- When can I enroll?
- Do I really want to enroll?
- **Should** I enroll now or wait?
- What happens if I **don't** enroll when I'm eligible?

Robert Dawson FFMS CoordinatorCell: 281-889-9382

Whether or not you intend to retire yet, these questions and more may occur as you approach age 65.

Planning for your future is important, and you don't have to do it alone.

Let the experts at First Financial assist you through this process.

Clever RX

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

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

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





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

Clever RX Highlights

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

Contact Information

Product	Carrier	Website	Phone
Medical	Blue Cross Blue Shield	www.bcbstx.com/trsactivecare	(866) 355-5999
Dental	Sunlife	www.sunlife.com/us	(800) 247-6875
Vision	Sunlife	www.sunlife.com/us	(800) 247-6875
Flexible Spending Accounts	FFGA FSA Department	ffa.wealthcareportal.com/page/home	(866) 853-3539
Term Life & AD&D	Blue Cross Blue Shield	www.bcbstx.com/ancillary	(877) 442-4207
Disability	American Fidelity	www.americanfidelity.com	(800) 654-8489
Cancer	American Fidelity	www.americanfidelity.com	(800) 654-8489
Accident	Aetna	www.aetna.com	(800) 607-3366
Criutical Illness	Guardian	www.guardianlife.com/critical-illness- insurance	(888) 482-7342
Hospital Indemnity	Guardian	www.guardianlife.com/hospital- indemnity-insurance	(855) 867-4542
Term Life	American Fidelity	www.americanfidelity.com	(800) 654-8489
Identity Theft	iLock 360-Cypher Security	www.ilock360.com	(855) 287-8888
Legal Plan	LegalEase	www.legaleaseplan.com/esc3	(800) 654-7757

Contact Information

600 N. Reiffert St. | Runge, TX 78151 830-239-4315 | 830-239-4816 <u>www.rungeisd.org</u>

Marissa Wenning, Account Manager 210-380-0832 / marissa.wenning@ffga.com

Product	Carrier	Website	Phone
Medical Transport	MASA MTS	www.masamts.com	(954) 334-8261
403(b) Retirement Plan	First Financial Administrators, Inc.	www.ffga.com retirement@ffga.com	(800) 523-8422, option 2
Telehealth	Recuro Health	www.recurohealth.com	(855) 6RECURO
COBRA	First Financial Adminstrators, Inc.	www.ffga.com	(800) 523-8422, option 4
Medicare	FFMS	www.ffga.com/medicare- solutions	(800) 523-8422
Prescription Drug Savings	Clever RX	www.partner.cleverrx.com/ffga	(800) 974-3135