

Randolph Field ISD 2025-2026 **BENEFITS GUIDE**



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

Employee Benefits Center

A guide to your benefits!

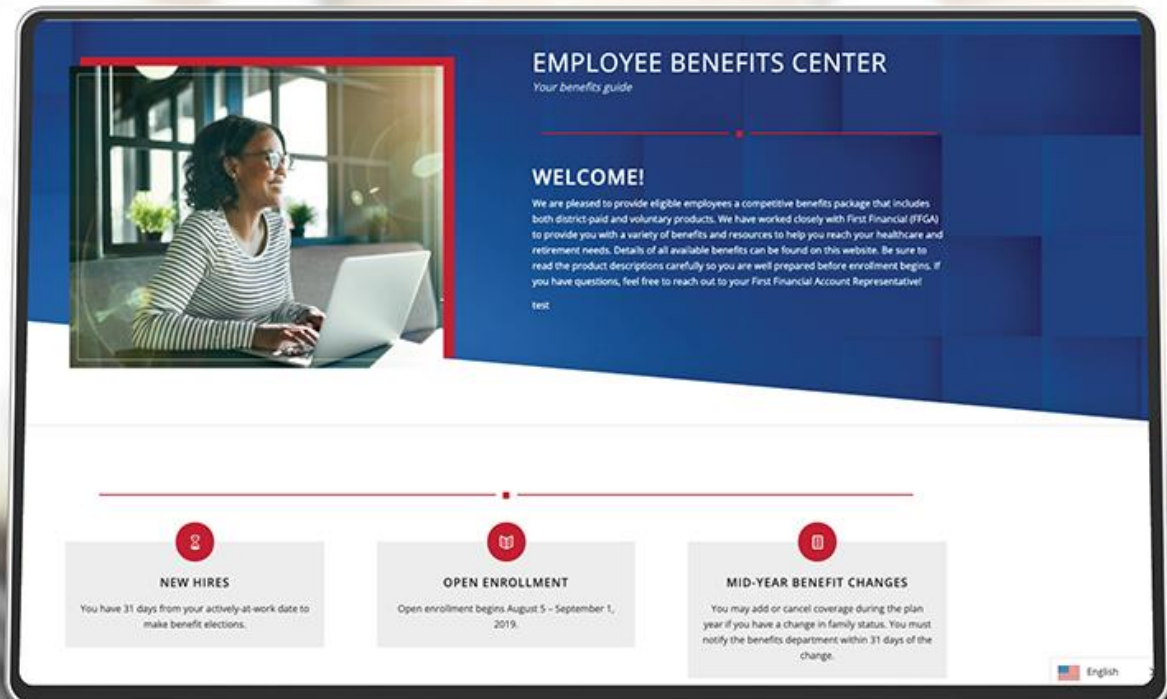
Randolph Field ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

ffbenefits.ffga.com/randolphfieldisd



How to Enroll

Benefits Enrollment

On-Site Enrollment

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

Online Enrollment

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

Enroll Now

Login & 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.

Enrollment Assistance Center Instructions

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

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

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

Existing Employees

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

Mid-year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

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

Here’s How It Works

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

Is It Right For Me?

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

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

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

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

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

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

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

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

TRS-ActiveCare Plan Prescription Benefits

Express Scripts | <https://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 Medical Premiums

Medical Monthly Premiums				
	Primary	Primary+	HD	AC2
Employee Only	\$0	\$66	\$0	\$531
Employee + Spouse	\$782	\$943	\$820	\$1,920
Employee + Children	\$314	\$450	\$338	\$1,025
Employee + Family	\$1,110	\$1,327	\$1,157	\$2,359

Semi-Monthly Premiums shown above include the Employer contribution of \$482

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





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.

2025-26 TRS-ActiveCare Plan Highlights

Sept. 1, 2025 – Aug. 31, 2026



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

How to Calculate Your Monthly Premium

Total Monthly Premium

➖ Your Employer Contribution

===== Your Premium

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

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

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

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

Primary Plans & Mental Health

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

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

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$468	\$482	\$0	\$548	\$482	\$66	\$482	\$482	\$0
Employee and Spouse	\$1,264	\$482	\$782	\$1,425	\$482	\$943	\$1,302	\$482	\$820
Employee and Children	\$796	\$482	\$314	\$932	\$482	\$450	\$820	\$482	\$338
Employee and Family	\$1,592	\$482	\$1,110	\$1,809	\$482	\$1,327	\$1,639	\$482	\$1,157

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

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

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

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

Total Premium	Employer Contribution	Your Premium
\$1,013	\$482	\$531
\$2,402	\$482	\$1,920
\$1,507	\$482	\$1,025
\$2,841	\$482	\$2,359

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

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

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

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

Compare Prices for Common Medical Services

REMEMBER:

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

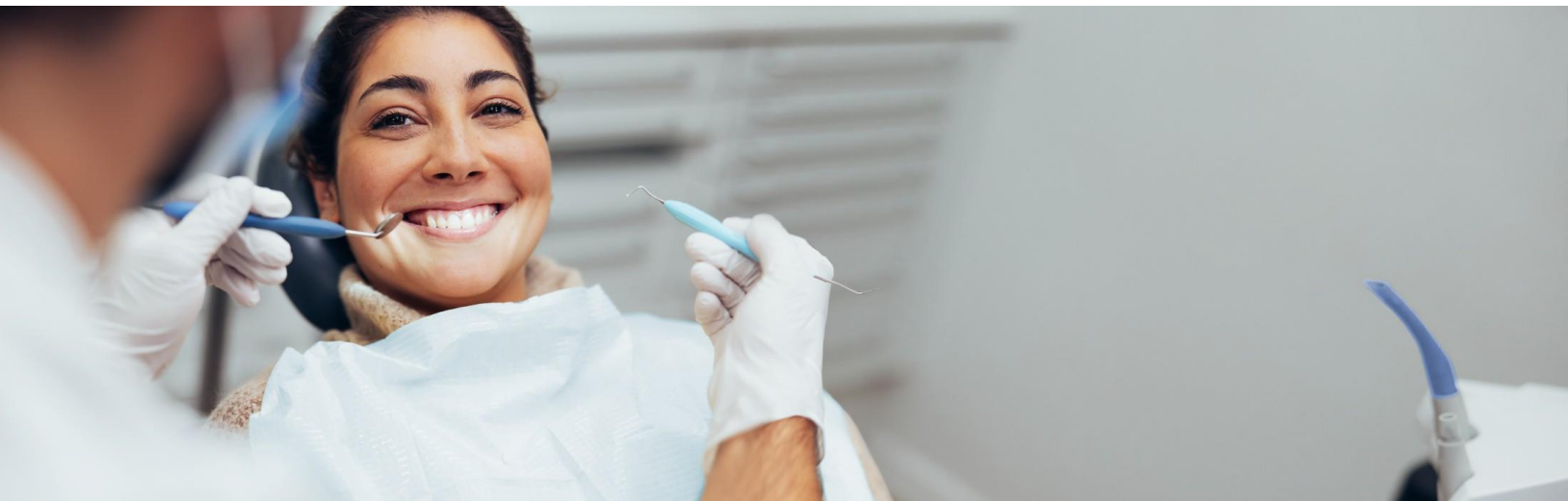
Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay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

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

www.trs.texas.gov

Dental Insurance

Plan Choices



Ameritas | www.ameritas.com | 800-487-5559

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

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

Dental Monthly Premiums	
Employee Only	\$46.72
Employee + Spouse	\$121.60
Employee + Children	\$122.88
Employee + Family	\$159.92

RANDOLPH FIELD ISD

Dental Highlight Sheet



Dental Plan Summary

Effective Date: 9/1/2025

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$10/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum \$1,500 per calendar year
Maximum (per person)	U&C
Allowance	Included
Dental Rewards®	None
Waiting Period	

Orthodontia Summary - Child Only Coverage

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

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none">• Routine Exam (1 in 6 months)• Bitewing X-rays (1 in 12 months)• Full Mouth/Panoramic X-rays (1 in 5 years)• Periapical X-rays• Cleaning (1 in 6 months)• Fluoride for Children 18 and under (1 in 12 months)• Sealants (age 18 and under)• Space Maintainers	<ul style="list-style-type: none">• Restorative Amalgams• Restorative Composites (anterior and posterior teeth)• Endodontics (nonsurgical)• Endodontics (surgical)• Periodontics (nonsurgical)• Periodontics (surgical)• Denture Repair• Simple Extractions• Complex Extractions• Anesthesia	<ul style="list-style-type: none">• Onlays• Crowns (1 in 10 years per tooth)• Crown Repair• Implants• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

Monthly Rates

Employee Only (EE)	\$46.72
EE + Spouse	\$121.60
EE + Children	\$122.88
EE + Spouse & Children	\$159.92

Ameritas Information

Our customer relations associates will be pleased to assist you from 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Rx Savings

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

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Dental Rewards®

Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the member sees a Contracted Provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

Dental Network Information

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

Pretreatment

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

Open Enrollment

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

Section 125

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

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

Language Services

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

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

Vision Insurance

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

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

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

- Eye Exams
- Eyeglasses
- Contactlenses
- Eye surgeries
- Vision correction

Vision Monthly Premium		
	Standard	Gold
Employee Only	\$10	\$20
Employee + One	\$17	\$37
Employee + Family	\$24	\$52



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

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

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

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

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

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

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

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

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

Exclusions & Limitations

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

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

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



Find us on Facebook.com/eyetopiaivision

Emp - \$10
E+1 - \$17
Fam - \$24

Randolph Field ISD Summary of Benefits

Eyetopia Benefits

Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.

BENEFIT ONE ² (choose either one of the following 2 options every 12 months):		Allowance	Co-pay¹
1. Refractive Exam. One routine vision exam.		N/A	\$5.00
2. Coverage toward medical eye exam co-pay or other services or materials. ²		\$65.00	None
BENEFIT TWO (choose only 1 of the following Vision Correction Options) Eyetopia provides you with 3 options for correcting your vision every 12 months. ³			
1. Prescription Lenses ^{3,4} Single Vision, Bi-focal or Tri-focal lenses		Allowance Covered	Co-pay¹ None
• Progressive (no line multifocal) lenses that retail for up to \$219.		Covered	None
• Progressive (no line multifocal) lenses that retail for more than \$219.		\$219.00	None
• Lens Materials: polycarbonate, Trivex®, 1.60 or 1.67 index plastic.		Covered	None
• Basic Coating (ultraviolet protection and scratch resistant coating)		Covered	None
• Mid-Level Anti-Reflective Coatings that retail up to \$99.		Covered	None
• Premium Anti-Reflective Coatings that retail for \$100 or more.		\$60.00	None
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.		N/A	\$50.00
• Tint (Solid and Gradient)		N/A	\$12.00
• Photochromic or polarized lens upgrade		N/A	\$90.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia. ⁵		\$400.00	None
♦ Anti-Fatigue lenses.		Covered	None
♦ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance.		\$180.00	None
2. Contact Lens Option in lieu of spectacles. Allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶		\$300.00	None
♦ Medically necessary contact lenses - \$300.00 evaluation allowance and \$400.00 contact lens allowance. ⁷		\$700.00	None
3. Refractive Surgery Option⁸ in lieu of spectacles or contact lenses. A \$500.00 per eye allowance with contracted surgeons or a \$150.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.		\$500/eye \$150/eye	None
4. Hearing Aid Option.⁹ If you do not use any other benefit options you can elect to apply your benefit toward hearing aids. Please see the attached Eartopia benefit forms. The benefit increases each year for 3 years if not used.		N/A	See Eartopia Forms

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

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

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

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

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

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

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

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

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

Exclusions & Limitations

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

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

Emp - \$20
E+1 - \$37
Fam - \$52

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

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.

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.
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-
-
-

Health Savings Account

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

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like co-pays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies.

Health Savings Account Highlights

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

Who Can Participate in an HSA?

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

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

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

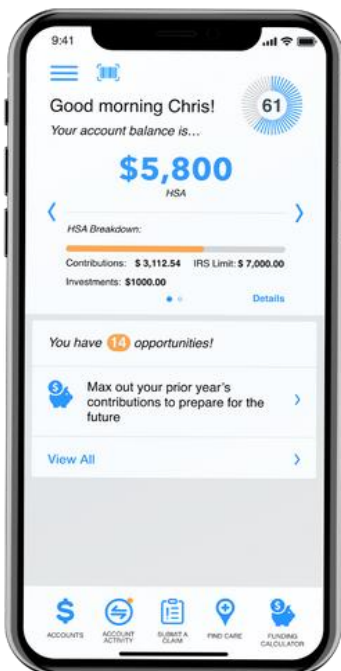
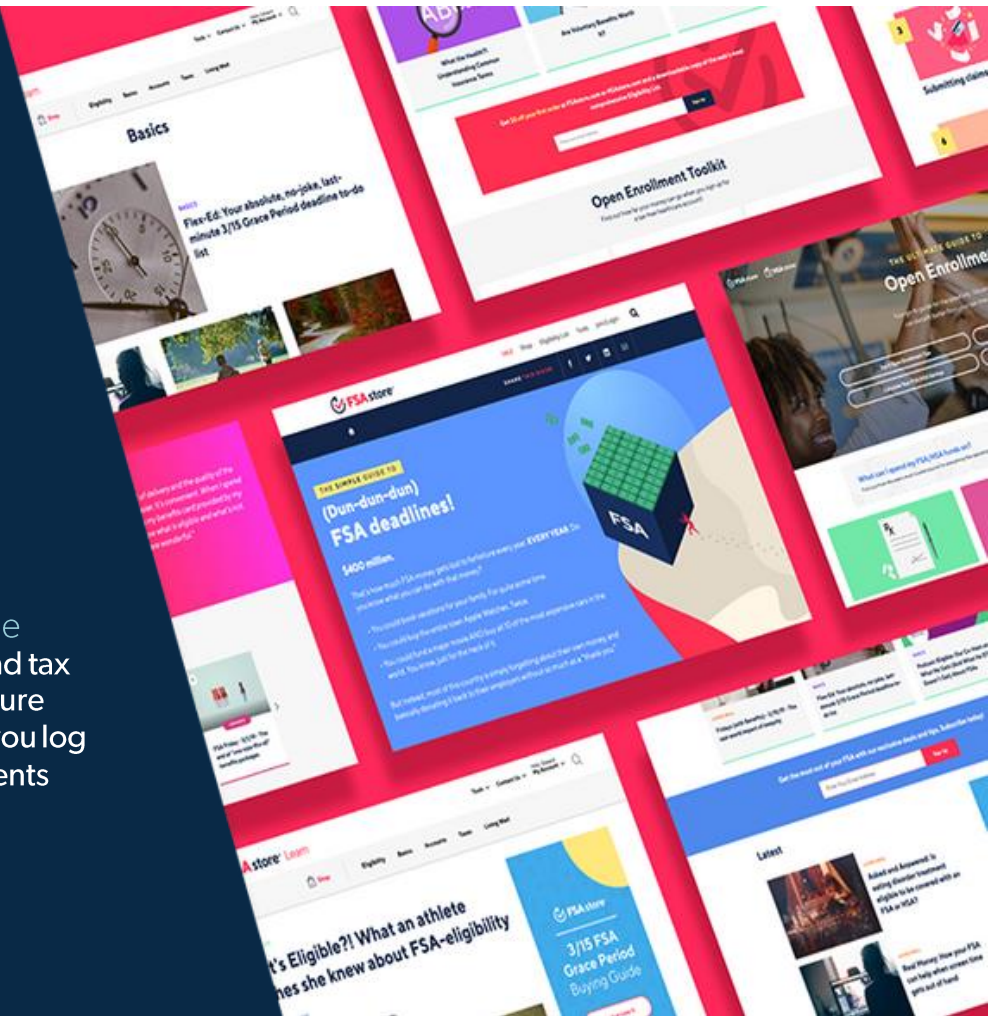
FSA & HSA Resources

Benefits Card

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

View Your Account Details Online

Sign up to view your account balance, find tax forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account.



FF Mobile Account App

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

FSA/HSA Store

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



Term Life & AD&D

Employer-Paid & Voluntary

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

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$10,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.





BlueCross BlueShield
of Texas

GROUP BENEFIT PROGRAM SUMMARY For RANDOLPH FIELD ISD / TEEBC TRUST F021842 - 025

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the security they can depend on.

EMPLOYER PAID BASIC GROUP TERM LIFE/AD&D

Eligibility	All Active Full Time Employees who work 10 hours per week & Bus Drivers are eligible for insurance on their date of hire.
Group Term Life/AD&D Benefit:	\$10,000
Guarantee Issue Amount – Employee	\$10,000
Age Reduction Schedule	Life and AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Definition of Disability	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



**BlueCross BlueShield
of Texas**

GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PROGRAM SUMMARY

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Speech or Hearing	50%
Loss of Thumb and Index Finger of Same Hand	25%
Uniplegia	25%

* Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

Exclusions – Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that, directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof;
2. infections, except those from an accidental cut or wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. war or act of war;
6. travel or flight in any aircraft while a member of the crew;
7. commission of, or participation in a felony;
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician; or
9. intoxication as defined in the jurisdiction where the accident occurred;
10. participation in a riot.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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BENEFIT PROGRAM SUMMARY
For RANDOLPH FIELD ISD / TEEBC TRUST F021842 - 025

SUPPLEMENTAL GROUP TERM LIFE/AD&D

Eligibility	All Active Full Time Employees who work 10 hours per week & Bus Drivers are eligible for insurance on their date of hire.
Group Term Life/AD&D Benefit: Employee	\$10,000 - \$500,000, in increments of \$10,000, not to exceed 5 times your annual earnings.
Guarantee Issue Amount – Employee	\$150,000, under age 65, \$30,000 age 65-69
Group Term Life/AD&D Benefit: Spouse (Includes Domestic Partners)	\$5,000 - \$250,000, in increments of \$5,000, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount – Spouse	\$50,000 under age 60, \$10,000 Age 60-69
Group Term Life Benefit: Child(ren)	Live Birth to 15 Days - \$5,000; 15 Days to Age 26 - \$5,000 or \$10,000
Age Reduction Schedule	Employee Basic and Supplemental Group Term Life and AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement. Spouse Supplemental Group Term Life and AD&D benefits terminate upon the Employee's attainment of age 70.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)	Included. (Employee)
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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Supplemental Life and AD&D
PREMIUM RATE GRID



**BlueCross BlueShield
of Texas**

RANDOLPH FIELD ISD / TEEBC TRUST F021842 - 025

Eligibility

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

Supplemental Life and AD&D

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

Not to exceed 5 times annual earnings.

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.**

(not to exceed 50% of the employee benefit)

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

Child Coverage (Life Only)

Live Birth to 15 Days: **\$5,000**

15 Days to Age 26: **\$5,000 or \$10,000**

Guarantee Issue*

Employee **\$150,000 Under age 65, \$30,000 age 65-69**

Spouse **\$50,000 Under age 60, \$10,000 age 60-69**

*NEW HIRES ONLY

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

All benefits terminate at retirement.

Spouse: Benefits terminate at Employee's age 70.

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

Monthly rates per \$1,000

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

Dependent Life (Children)

Monthly Premium per Family

Life	Premium
\$5,000	\$0.50
\$10,000	\$1.00

Supplemental Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

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

Spouse (Employee Attained Age)

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

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

Texas Life

Permanent Life



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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

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

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

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	9.25	16.25	81
2-4	9.50	16.75	80
5-8	9.75	17.25	79
9-10	10.00	17.75	79
11-16	10.25	18.25	77
17-20	12.25	22.25	75
21-22	12.50	22.75	74
23	12.75	23.25	75
24-25	13.00	23.75	74
26	13.50	24.75	75

Indicates Spouse Coverage Available

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

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

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

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

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

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

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

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

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

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

23M014-C-M FFGA-T 1012 (exp0325)

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
17-20	17.25	32.25	71
21-22	18.00	33.75	71
23	18.75	35.25	72
24-25	19.25	36.25	71
26	19.75	37.25	72

Indicates
Spouse
Coverage
Available

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?





AF™ Long-Term Disability Income Insurance Enhanced Plans

Marketed by:



EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights



Benefits are Payable Directly to You

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



Customized to Meet Your Individual Needs

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



Return-to-Work Benefit

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

Choose the Right Plan for You

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

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



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



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



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



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

Benefit Policy Schedule

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

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

Benefit Policy Schedule (continued)

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

Plan Benefit Highlights

Maximum Benefit Period

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

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

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

Social Security Filing Assistance

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

When Coverage Begins

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

Physician Expense Benefit

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

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

Accidental Death Benefit

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

Hospital Confinement Benefit

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

Waiver of Premium

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

Donor Benefit

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



Plan Benefit Highlights

Offsets With Other Sources of Income

Deductible Sources of Income include:

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

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

Minimum Disability Benefit

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

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

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

Return To Work Incentives: Disabled and Working

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

• Family Care Benefit

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

• Worksite Accommodation

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

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

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

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

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

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

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

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



Spousal Accident Only Disability Benefit Rider

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

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

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

COBRA Funding Rider

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

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

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

Survivor Benefit Rider

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

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

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

Critical Illness Benefit Rider

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

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

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

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

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

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

Critical Illness Benefit Rider

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

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

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

COBRA Funding Benefit Rider

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

Spousal Accident Only Disability Benefit Rider

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

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

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

Survivor Benefit Rider

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

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

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

Policy Exclusions

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

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

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

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



Your benefits, all in one place.

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

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

Pre-Existing Conditions may apply.

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



Underwritten and administered by:
American Fidelity Assurance Company
800-662-1113 • americanfidelity.com

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.

C11 CANCER *Insurance Plan*

Underwritten by American Fidelity Assurance Company



Limited Benefit Cancer Expense Insurance Policy



Marketed by:
First Financial Capital Corporation
P.O. Box 670329 • Houston, TX 77267-0329
Local (281) 847-8422 | Toll Free (800) 523-8422
www.ffga.com

Cancer C11 Insurance

Cancer can be a costly disease.

A cancer diagnosis may be both a physical and emotional drain. 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.

The financial impact of a cancer diagnosis can affect anyone's financial situation. American Fidelity Assurance Company's Limited Benefit Cancer Insurance may offer a solution to help you and your family focus on fighting the disease. This plan may assist with the expenses that may not be covered by other medical insurance.



Over 1.6 million new cases of cancer will be diagnosed this year.*



Did You Know?

According to the American Institute for Cancer Research about one-third of cases of the most common cancers in the U.S.

could be prevented by eating healthy, being active, and staying lean.** It is essential to have a plan in place that could help if you were diagnosed.

How It Works

This plan is designed to help cover expenses, should you be diagnosed with cancer. With more than 25 built-in plan benefits, this plan provides benefits for the treatment of cancer, transportation, hospitalization, and more.

In addition, this is a portable plan, so you own the policy. You can take the coverage with you if you choose to leave your current job, and your premiums will not increase because you left your employment.

American Fidelity's Limited Benefit Cancer Insurance features:

- Benefits paid directly to you, to be used however you see fit.
- Policy is guaranteed renewable for as long as premiums are paid as required.
- The company has the right to change premium rates by class.
- Employee, Single Parent, and Family plans are available.

SCREENING BENEFIT⁺

Receive a benefit for your annual internal cancer screening test, including but not limited to Mammogram, PAP, Prostate-Specific Antigen Blood Test (PSA), Chest X-ray, Flexible Sigmoidoscopy, ThinPrep Pap test, and Colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT (per calendar year)

Basic	Enhanced
\$60	\$75

Plan Options

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

- **Individual Plan**
The Insured, age 18 through 70, at the date of policy issue, is the only Covered Person.
- **Single Parent Family Plan**
The Insured, age 18 through 70, at the date of policy issue, and each Eligible Child, to age 26, or as defined in the policy.
- **Family Plan**
The Insured and spouse age 18 through 70, at the date of policy issue, and Eligible Child, to age 26, or as defined in the policy.

*American Cancer Society: Cancer Facts and Figures 2017, pg. 1.

**American Institute for Cancer Research: For Cancer Prevention Month; accessed at www.aicr.org January 31, 2017.

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

Schedule of Benefits by Plan⁺

Marketed by: First Financial Group of America

	Basic	Enhanced
SCREENING BENEFITS		
Diagnostic and Prevention Benefit (one per calendar year)	\$60	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$60	\$75
TREATMENT BENEFITS		
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (Actual Charges)	up to \$15,000	up to \$20,000
Medical Imaging Benefit (per image - max 2 per calendar year)	\$200	\$300
Hormone Therapy Benefit (per treatment - max 12 treatments/calendar year)	\$50	\$50
Administrative/Lab Work Benefit (per calendar month)	\$75	\$100
Blood, Plasma, and Platelets Benefit (per day) (per calendar year max)	\$150 \$7,500	\$200 \$10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit	
Bone Marrow/Stem Cell Transplant Benefit Autologous (Patient provided) (per calendar year) Non-autologous (Donor provided) (per calendar year)	\$1,000 \$3,000	\$1,500 \$4,500
Donor Benefit	\$1,000 per donation	
Inpatient Special Nursing Services Benefit (benefit per day while Hospital Confined)	\$150	\$150
Dread Disease Benefit (benefit per day for the first 30 days per Hospital Confinement) (benefit per day thereafter)	\$200 \$400	\$300 \$600
HOSPITALIZATION BENEFITS		
Hospital Confinement Benefit*** (per day for the first 30 days) (per day after the first 30 days of Hospital Confinement)	\$200 \$400	\$300 \$600
Drugs & Medicine Benefit Hospital Confinement (per Confinement) Outpatient (per prescription - \$100 monthly max for Basic; \$150 for Enhanced) per calendar month	\$200 \$50	\$300 \$50
Attending Physician Benefit (per day while Hospital Confined)	\$40	\$50
U.S. Government/Charity Hospital or HMO Benefit (per day in lieu of most benefits) Hospital Confinement Outpatient Services	\$200 \$200	\$300 \$300
AMBULANCE, TRANSPORTATION, & LODGING BENEFITS		
Ambulance Benefit (per trip - max 2 trips any combination per confinement) Ground Air	\$200 \$2,000	\$200 \$2,000
Transportation & Lodging Benefit (Patient and/or Family) Transportation (\$1,500 max per round trip; max 12 trips/calendar year) Outpatient Lodging (per day up to 90 days per calendar year)	Coach fare or \$.50/mile by car \$60	Coach fare or \$.50/mile by car \$80

Schedule of Benefits by Plan⁺ (continued)

	Basic	Enhanced
SURGICAL TREATMENT BENEFITS		
Surgical Benefit <i>Unit Dollar Amount (per surgical unit)</i> <i>Maximum Per Operation</i>	\$30 \$3,000	\$40 \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Outpatient Hospital or Ambulatory Surgical Center Benefit (per day)	\$400	\$600
Second & Third Surgical Opinion Benefit (per diagnosis) <i>(Additional \$300 for 3rd if required)</i>	\$300	\$300
CONTINUING CARE BENEFITS		
Prosthesis Benefit Non-Surgical (per device - 1 per site, lifetime max of 3) Surgical Implantation (per device, includes surgical fee - 1 per site, lifetime max of 2) Hair Prosthesis (once per life)	\$150 \$1,500 \$150	\$200 \$2,000 \$200
Extended Care Facility Benefit <i>(per day for up to the same number of days of paid Hospital Confinement)</i>	\$75	\$100
Physical or Speech Therapy Benefit <i>(per visit up to 4 per calendar month - lifetime max of \$1,000)</i>	\$25	\$25
Hospice Care Benefit <i>(per day - \$13,500 lifetime max for Basic; \$18,000 lifetime max for Enhanced)</i>	\$75	\$100
Home Health Care Benefit <i>(per day for up to the same number of days of paid Hospital Confinement)</i>	\$75	\$100

Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Enhance your plan⁺⁺

Critical Illness Rider

Thanks to medical technology, more people are surviving critical illnesses. This rider is designed to help with the cost associated with surviving these types of illnesses.

Schedule of Benefits	
Cancer Benefit <i>(per unit - maximum \$10,000)</i>	\$2,500
Heart Attack/Stroke Benefit <i>(per unit - maximum \$10,000)</i>	\$2,500

Summary of Critical Illness Rider Benefits:

- Pays when diagnosed after 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke, depending upon the Critical Illness coverage elected at time of application.
- Pays the specified Maximum Benefit Amount per Covered Critical Illness, as defined under this rider.
- Each benefit is a one-time paid benefit.
- All Critical Illness amounts reduce by 50% at age 70.

Hospital Intensive Care Unit Rider

This rider can provide a benefit to help by paying for each day a Covered Person is confined in an Intensive Care Unit (ICU), as defined in the rider.

Schedule of Benefits	
ICU Confinement Benefit <i>(per day up to 30 days)</i>	\$600
Ambulance Benefit <i>(per admission in an ICU)</i>	\$100

Summary of Hospital ICU Rider Benefits:

- Confinement must be due to an accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.
- Under age 70, pays \$100 per admission for ambulance charges, or age 70 or older, \$50 for transportation to a Hospital where the Covered Person is admitted to an ICU within 24 hours of arrival.
- All ICU amounts reduce by 50% at age 70.

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

⁺⁺Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.

Diagnostic, Prevention and Cancer Screening Follow-up Benefits

Pays the indemnity amount for one generally medically recognized internal Cancer screening test per Covered Person per Calendar Year. Tests include but are not limited to Mammogram, Thin Prep Pap test, Prostate-Specific Antigen Blood Test (PSA), Colonoscopy, and Chest X-ray. Refer to the policy for a complete listing. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the Medical Imaging Benefit. Benefits will only be paid for tests performed after the 30-day period following the Covered Person's effective date of coverage.

Cancer Screening Follow-Up Benefit pays the indemnity amount for a Covered Person to receive one invasive follow-up test needed due to an abnormal covered cancer screening result. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the Surgical Benefit.

Radiation/Chemotherapy/Immunotherapy Benefit

Pays the Actual Charges up to the maximum amount shown when a Covered Person receives Radiation Therapy, Chemotherapy, or Immunotherapy as defined in the policy, per 12-month period. The 12-month period begins on the first day the Covered Person receives covered Radiation Therapy, Chemotherapy, or Immunotherapy. This benefit does not cover other procedures related to Radiation/Chemotherapy/Immunotherapy. Anti-nausea drugs are not covered under this benefit. This benefit does not include any drugs/medicines covered under the Drugs and Medicine Benefit or the Hormone Therapy Benefit. Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

Medical Imaging Benefit

Pays the indemnity amount for a Covered Person who has been diagnosed with Cancer who receives either an MRI; CT scan; CAT scan; or PET scan when performed at the request of a Physician due to Cancer or the treatment of Cancer.

Hormone Therapy Benefit

Pays the indemnity amount for hormone therapy treatments as defined in the policy, prescribed by a Physician. This benefit covers drugs and medicines only and does not include associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation/Chemotherapy/Immunotherapy Benefit or the Drugs and Medicine Benefit.

Administrative/Lab Work Benefit

Pays the indemnity amount once per calendar month, when the Covered Person is receiving Radiation/Chemotherapy/Immunotherapy Benefit that month, for related procedures such as treatment planning, treatment management, etc.

Blood, Plasma and Platelets Benefit

Pays the indemnity amount for blood, plasma and platelets. This does not include any laboratory processes. Colony stimulating factors are not covered under this benefit. Benefits for Blood, Plasma and Platelets are ONLY provided under this benefit.

Bone Marrow Benefit/Stem Cell Transplant Benefit

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

Hospital Confinement Benefit

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

Drugs and Medicines Benefit

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

Attending Physician Benefit

Pays the indemnity amount for one Physician's visit per day when a Covered Person requires the services of a Physician, other than a surgeon while Hospital Confined for the treatment of Cancer.

U.S. Government/Charity Hospital/HMO Benefit

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

Ambulance Benefit

Pays the indemnity amount per day for either licensed air or ground ambulance transportation of a Covered Person to a Hospital or from one medical facility to another where the Covered Person is admitted as an Inpatient and Hospital Confined for at least 18 consecutive hours for treatment of Cancer.

Transportation and Lodging Benefits

These benefits pay for the transportation of a Covered Person and/or one adult family member when the Covered Person has been diagnosed with Cancer and receives covered Radiation Therapy, Chemotherapy, Immunotherapy, Bone Marrow/Stem Cell Transplant, or surgery due to Cancer in the nearest Physician prescribed Hospital providing such treatment that is at least 50 miles away from the Covered Person's residence, using the most direct route. Travel must be by scheduled bus, plane or train, or by car and be within the United States or its Territories. Benefits will be provided for only one mode of transportation per round trip and will be paid for up to 12 round trips per Calendar Year. Benefits for travel of the Covered Person and/or family member will be paid: once per Covered Person's Hospital Confinement; or only on days of the Covered Person's outpatient specialized treatment. Benefits for lodging of the Covered Person and/or family member will be paid: once per Covered Person's Hospital Confinement; or only on days of the Covered Person's outpatient specialized treatment. If the family member and the Covered Person travel in the same car or lodge in the same room, benefits for travel and lodging will only be paid under the Transportation and Lodging Benefit for the patient.

Plan Benefit Highlights (continued)

Surgical Benefit

Pays an indemnity benefit up to the Maximum Per Operation amount shown in the Schedule of Benefits in the policy when a surgical operation is performed on a Covered Person for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits will be calculated by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the Unit Dollar Amount shown in the Schedule of Benefits. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Any diagnostic surgery covered under the Diagnostic and Prevention Benefit will not be covered under this benefit. Bone marrow surgeries are paid under the Bone Marrow Transplant Benefit. Surgeries required to implant a permanent prosthetic device are covered under the Prosthesis Benefit. This benefit is payable for reconstructive breast surgery performed on a non-diseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed while covered under this policy. Reconstructive surgery to the non-diseased breast must occur within 24 months of the reconstructive surgery of the diseased breast.

Anesthesia Benefit

Pays 25% of the amount paid for a covered surgery for the services of an anesthesiologist. Services of an anesthesiologist for bone marrow transplants, Skin Cancer, or surgical prosthesis implantation are not covered under this benefit.

Outpatient Hospital or Ambulatory Surgical Center Benefit

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

Second and Third Surgical Opinion Benefit

Pays the indemnity amount once per diagnosis for a Covered Person's second surgical opinion and if the second disagrees with the first, a third opinion, when the attending Physician recommends surgery for the treatment of Cancer. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered under this benefit.

Prosthesis Benefits

Pays the indemnity amount for a prosthetic device received due to Cancer that manifested after the 30th day following the Effective Date, and its surgical implantation if required as a direct result of surgery for Cancer. This benefit does not cover prosthetic related supplies. Temporary prosthetic devices used as tissue expanders are covered under the Surgical Benefit. **Hair Prosthesis** benefit pays the indemnity amount for a Covered Person's hair prosthesis needed as a direct result of Cancer or the treatment of Cancer. This benefit is payable once per Covered Person per lifetime.

Extended Care Facility Benefit

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

Physical or Speech Therapy Benefit

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

Hospice Care Benefit

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

Home Health Care Benefit

Pays the indemnity amount for a Covered Person's Home Health Care, as described in the policy, required due to Cancer when prescribed by a Physician in lieu of Hospital Confinement beginning within 14 days after a Hospital Confinement. This benefit does not include: nutrition counseling; medical social services; medical supplies; prosthesis or orthopedic appliances; rental or purchase of durable medical equipment; drugs or medicines; child care; meals or housekeeping services. This benefit does not include physical or speech therapy. This benefit will be paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement. If the Covered Person qualifies for coverage under the Hospice Care Benefit, the Hospice Care Benefit will be paid in lieu of this benefit.

Waiver of Premium

If the Primary Insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums due after the 90th day so long as the Primary Insured remains disabled. "Disabled" means the Primary Insured's inability because of Cancer: to work at any job for which (s) he is qualified by education, training or experience; not working at any job for pay or benefits; and under the care of a Physician for the treatment of Cancer. This policy must be in force at the time disability begins and the Primary Insured must be under age 65.

Experimental Treatment Benefit

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

Donor Benefit

Pays the indemnity amount shown for a donor's expenses incurred on behalf of a Covered Person for a covered surgery due to organ transplant or a Bone Marrow/Stem Cell Transplant. Blood donor expenses are not covered under this benefit.

Dread Disease Benefit

Pays an indemnity amount for each period of Hospital Confinement for treatment of a Dread Disease as defined in the policy, including: Addison's Disease, Amyotrophic Lateral Sclerosis, Cystic Fibrosis, Diphtheria, Encephalitis, Grand Mal Epilepsy, Legionnaire's Disease, Meningitis, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Niemann-Pick Disease, Osteomyelitis, Poliomyelitis, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Sickle Cell Anemia, Systemic Lupus Erythematosus, Tay-Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, Toxic Shock Syndrome, Tuberculosis, Tularemia, Typhoid Fever, and Whipple's Disease. Benefits for Dread Disease are ONLY provided under this benefit.

Inpatient Special Nursing Services Benefit

Pays the indemnity amount shown for Full-time special nursing care (other than that regularly furnished by a Hospital) while a Covered Person is Hospital Confined for treatment of Cancer. "Full-time" means at least eight consecutive hours during a 24-hour period. Care must be provided by a Nurse, as defined by the Policy, be prescribed by a Physician and be Medically Necessary for the treatment of Cancer.

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

Eligibility

This policy will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. The Hospital Intensive Care Unit Rider will not cover heart conditions for a period of two years following the Effective Date of coverage for anyone who has been diagnosed or treated for any heart related condition prior to the 30th day following the Covered Person's Effective Date of coverage.

Cancer means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gamopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

This product is inappropriate for those people who are eligible for Medicaid Coverage.

Base Policy

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. This policy pays only for loss resulting from definitive cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. This policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

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

This policy contains a 30-day waiting period during which no benefits will be paid under this policy. If any Covered Person has a Specified Disease diagnosed before the end of the 30-day period immediately following the Covered Person's Effective Date, coverage for that person will apply only to loss that is incurred after one year from the Effective Date of such person's coverage. If any Covered Person is diagnosed as having a Specified Disease during the 30-day period immediately following the Effective Date, you may elect to void the policy from the beginning and receive a full refund of premium. All benefits are payable only up to the maximum amount listed in the Schedule of Benefits in the policy.

Critical Illness Rider

Benefits will only be paid for a Covered Critical Illness as shown on the Policy Schedule page in the policy. No benefits will be provided for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; or intentional self-injury; or alcoholism or drug addiction; or any act of war, declared or undeclared or any act related to war; or military service for any country at war; or a Pre-Existing Condition during the 12 month period following the Covered Person's Effective Date (Pre-Existing Condition, as defined in this rider means any sickness or condition for which, within 12 months prior to the Effective Date of coverage under this rider, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or for which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice or treatment.); or a Covered Critical Illness when the Date of Diagnosis occurs during the waiting period, if applicable; or participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.). Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: acquired immune deficiency syndrome (AIDS); or actinic keratosis; or myelodysplastic and non-malignant myeloproliferative disorders; or aplastic anemia; or atypia; or non-malignant monoclonal gamopathy; or pre-malignant lesions, benign tumors or polyps; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or cancer in situ or any skin cancer other than invasive malignant melanoma into the dermis or deeper.

Hospital Intensive Care Unit Rider

No benefits will be provided during the first two years of this rider for Hospital Intensive Care Unit confinement caused by any heart condition when any heart condition was diagnosed or treated prior to the 30th day following the Covered Person's Effective Date of this rider (The heart condition causing the confinement need not be the same condition diagnosed or treated prior to the Effective Date.). Confinement caused by any other pre-existing condition will be covered as long as the confinement begins on or after the effective date of this rider. No benefits will be provided if the loss results from: attempted suicide whether sane or insane; intentional self-injury; alcoholism or drug addiction; or any act of war, declared or undeclared, or any act related to war; or military service for any country at war. No benefits will be paid for confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Units as defined in the Rider. For a newborn child born within the ten-month period following the effective date of this rider, no benefits will be provided for Hospital Intensive Care Unit Confinement that begins within the first 30 days following the birth of such child.

Termination of Insurance

This policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan; or the date insurance has ceased on all persons covered under this policy/rider(s).

Cancer Insurance Premiums

Base Plan Monthly Premiums*

Basic	18-40	41-50	51-60	61+
Individual	16.30	23.60	32.60	44.20
1 Parent Family	24.40	35.20	48.70	65.90
2 Parent Family	31.80	45.70	63.30	85.80

EnHanCed	18-40	41-50	51-60	61+
Individual	21.00	30.80	42.40	57.30
1 Parent Family	31.40	45.80	63.30	85.60
2 Parent Family	40.80	59.50	82.30	111.30

Optional Benefit Rider Monthly Premiums*

Hospital Intensive Care Unit Rider Monthly Premiums

iCU rider	18-40	41-50	51-60	61+
Individual	3.40	4.20	5.50	7.10
1 Parent Family	5.10	6.30	8.20	10.60
2 Parent Family	6.60	8.20	10.70	13.80

Optional Benefit Rider Monthly Premiums*

Critical Illness Rider Monthly Premiums

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

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

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

This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. These products are inappropriate for people who are eligible for Medicaid Coverage.



View and print your policies or file a claim at americanfidelity.com

American Fidelity's Online Service Center provides you convenient, secure access to manage your account.

Guaranteed Renewable

You are guaranteed the right to renew your base policy during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.

Underwritten and administered by:



9000 Cameron Parkway • Oklahoma City, Oklahoma 73114 • 800-654-8489 • www.americanfidelity.com

Critical Illness Insurance

Aflac | www.aflac.com | 800-992-3522

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.



Group Critical Illness Insurance

You can count on Aflac to help ease the financial impact of surviving a critical illness.



In Texas: This is not a policy of workers' compensation insurance. The employer does not become a subscriber to the workers' compensation system by purchasing this policy, and if the employer is non-subscriber, the employer loses those benefits which would otherwise accrue under the workers' compensation laws. The employer must comply with the workers' compensation law as it pertains to non-subscribers and the required notifications that must be filed and posted.

In Georgia, Group Critical Illness Limited Benefit Insurance Plan.

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

AFLAC GROUP CRITICAL ILLNESS

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

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

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

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

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

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

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

Features:

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

How It Works:

Aflac Group Critical Illness coverage is selected.	Aflac Group Critical Illness pays an Initial Diagnosis Benefit of: \$10,000
You experience chest pains and numbness in the left arm.	
You visit the emergency room.	
A physician determines that you have suffered a heart attack.	
Amount payable based on \$10,000 Initial Diagnosis Benefit.	

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

COVERED CRITICAL ILLNESS BENEFITS:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
TYPE I DIABETES	100%
COMA	100%
PARALYSIS	100%
LOSS OF SIGHT	100%
LOSS OF HEARING	100%
LOSS OF SPEECH	100%
CORONARY ARTERY BYPASS SURGERY	100%
NON-INVASIVE CANCER	25%
METASTATIC CANCER	25%

INITIAL DIAGNOSIS BENEFIT

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

ADDITIONAL DIAGNOSIS BENEFIT

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

REOCCURRENCE BENEFIT

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

SKIN CANCER BENEFIT

We will pay \$1,000 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

ACCIDENT BENEFIT

Payable if an insured sustains a covered accident and suffers any of the following, which is solely due to, caused by, and attributed to, the covered accident: Coma / Loss of Sight / Loss of Speech / Loss of Hearing / Severe Burn / Paralysis	100%
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WAIVER OF PREMIUM

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

SUCCESSOR INSURED BENEFIT (In Missouri, Conversion Privilege (Successor Insured))

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

CHILD COVERAGE AT NO ADDITIONAL COST

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

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

If your plan includes attained age rates, that means your plan is age-banded and your rates may increase on the policy anniversary date.

All limitations and exclusions that apply to the critical illness plan also apply to all riders, if applicable, unless amended by the riders.

EXCLUSIONS

We will not pay for loss due to any of the following:

- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured.
 - In Alaska and Nevada, injuring or attempting to injure oneself intentionally.
 - In Vermont, injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured while sane.
 - Suicide – committing or attempting to commit suicide, while sane or insane.
 - In Missouri, committing or attempting to commit suicide while sane.
 - In Pennsylvania and Vermont, committing or attempting to commit suicide.
 - In Illinois and Minnesota, this exclusion does not apply.
 - Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job.
 - In Maryland, this exclusion does not apply.
 - In Illinois and Pennsylvania, Illegal Occupation - committing or attempting to commit a felony or being engaged in an illegal occupation.
 - In Nebraska, being engaged in an illegal occupation, or commission of or attempting to commit a felony.
 - In Nevada, being convicted of participating in a felony, or working at an illegal job that could result in a financial gain for the member obtained through illicit means. This exclusion does not apply to acts or victims of domestic violence, regardless of whether the insured contributed to any loss or injury.
 - In Ohio, committing or attempting to commit a felony, or working at an illegal job.
 - In Utah, voluntarily participating in an illegal activity or voluntary working at an illegal job;
 - In Vermont, participating or attempting to participate in a felony, or working at an illegal job.
 - Participation (in Utah, Voluntary participation) in aggressive conflict of any kind (in Nevada, conflict of the following types), including:
 - War (declared or undeclared) or military conflicts
 - In Florida and North Carolina, war does not include acts of terrorism.
 - In Oklahoma war, or act of war, declared or undeclared, when serving in the military service or an auxiliary unit thereto;
 - Insurrection or riot
 - Civil commotion or civil state of belligerence
 - In D.C., participation in aggressive conflict of any kind, including:
 - War (declared or undeclared) or military conflicts;
 - Insurrection or riot (Riot means a public disturbance involving an assemblage of 5 or more persons which by tumultuous and violent conduct or the threat thereof creates grave danger of damage or injury to property or persons. An exclusion for riot shall apply only when a person willfully engages in a riot or willfully incites or urges other persons to engage in a riot.
- Illegal substance abuse which includes the following:
 - Abuse of legally-obtained prescription medication
 - Illegal use of non-prescription drugs
 - In Kentucky, Illegal substance abuse which includes the following:
 - Any loss sustained or contracted in consequence of the insured being intoxicated or under the influence of any drug unless administered on the advice of a doctor and taken in accordance with the doctor's instructions.
 - In Louisiana, Illegal substance abuse which includes the following:
 - Illegal intoxication or
 - Being under the influence of narcotics unless administered on the advice of a doctor.
 - In Massachusetts, Illegal substance abuse which includes the following:
 - Abuse of legally-obtained prescription medication
 - Illegal use of non-prescription drugs
 - Services provided for alcohol and drug detoxification
 - In Maryland, Nevada, South Dakota and Vermont, this exclusion does not apply.
- An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure.
 - In Pennsylvania and Utah, this exclusion does not apply.
- In Texas, diagnosis of a critical illness made by a family member.
- In Maryland, any claim that the appropriate regulatory board determines were provided as a result of a prohibited referral as defined in §1-302 of the Health Occupations Article.

Diagnosis must be made and treatment must be received in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

TERMS YOU NEED TO KNOW

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid under this plan.

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin (In Maryland, this exclusion will not apply when the skin cancer metastasizes and leads to internal cancer.)
- Melanoma in Situ
- Melanoma that is diagnosed as

- Clark's Level I or II,
- Breslow depth less than 0.77mm, or
- Stage 1A melanomas under TNM Staging

- Metastatic Cancer

A Non-Invasive Cancer is:

- Internal Carcinoma in Situ
- Myelodysplastic Syndrome - RA (refractory anemia)
- Myelodysplastic Syndrome - RARS (refractory anemia with ring sideroblasts)
- Myeloproliferative Blood Disorder

Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered non-invasive cancer

Skin cancers are not payable under the Cancer (internal or invasive) Benefit or the Non-Invasive Cancer Benefit. The following are considered skin cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
 - Clark's Level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM Staging

Coma means a state of continuous, profound unconsciousness, lasting at least seven consecutive days (In Pennsylvania, three consecutive days), and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Coma does not include a medically-induced coma.

To be payable as an accident benefit, the coma must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm
- Diabetes
- Encephalitis
- Epilepsy
- Hyperglycemia
- Hypoglycemia
- Meningitis

Critical Illness is a disease or a sickness as defined in the plan that first manifests (In Maryland and South Dakota, that manifests; In Illinois, began) while your coverage is in force. In Pennsylvania, a disease or sickness as defined in the plan that is diagnosed or first treated while your coverage is in force.

Date of Diagnosis is defined as follows:

- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such

specimens).

- In North Carolina, the day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical diagnosis is the date the diagnosis is communicated to the insured. (Diagnosis of Cancer and/or Carcinoma in Situ is based on such specimens).

- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
 - In North Carolina, the day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical diagnosis is the date the diagnosis is communicated to the insured. (Diagnosis of Cancer and/or Carcinoma in Situ is based on such specimens).
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Coma: The first day of the period for which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial Infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Loss of Hearing: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Loss of Sight: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Loss of Speech: The date the loss due to one of the underlying diseases is objectively determined by a Doctor to be total and irreversible.
- Major Organ Transplant: The date the surgery occurs.
- Metastatic Cancer: The date a doctor determines cancer has metastasized to other parts of the body from the original site.
- Paralysis: The date a doctor diagnoses an insured with paralysis due to one of the underlying diseases as specified in this plan, where such diagnosis is based on clinical and/or laboratory findings as supported by the insured's medical records.
- Severe Burn: The date the burn takes place.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).
- Type I Diabetes: The date a doctor diagnoses an insured as having type I diabetes based on clinical and/or laboratory findings as supported by medical records.

Dependent children are your or your spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26.

Newborn children are automatically covered from the moment of birth. Definition may vary by state. Read your certificate carefully for details.

Spouse is your legal wife or husband, including a legally-recognized same-sex Spouse, or a person of either gender who is in a legally recognized and registered domestic partnership, civil union, reciprocal beneficiary relationship, or similar relationship with you, who is listed on your application. Definition may vary by state. Read your certificate carefully for details.

A doctor does not include you or any of your family members. For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-family members and family-members-in-law. (In Pennsylvania, reference to family-members-in-law is not applicable.)

In South Dakota, A doctor who is your family member may treat you if that doctor:

- Is the only doctor in the area; and,
- Acts within the scope of his or her practice.

In Arizona and Texas, the above definition of doctor is not applicable.

Employee is a person who meets eligibility requirements and who is covered under the plan. The employee is the primary insured under the plan.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac Arrest not caused by a Heart Attack (Myocardial Infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPKMB measurement must be used.) Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (endstage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of hearing does not include hearing loss that can be corrected by the use of a hearing aid or device. To be payable as an accident benefit, loss of hearing must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, loss of hearing must be caused solely by or be solely attributed to one of the following diseases:

- Alport syndrome
- Autoimmune inner ear disease
- Chicken pox
- Diabetes
- Goldenhar syndrome
- Meniere's disease
- Meningitis
- Mumps

Loss of Sight means the total and irreversible loss of all sight in both eyes. To be payable as an accident benefit, loss of sight must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of sight must be caused solely by or be solely attributed to one of the following diseases:

- Retinal disease
- Optic nerve disease
- Hypoxia

Loss of Speech means the total and permanent loss of the ability to speak. To be payable as an accident benefit, loss of speech must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of speech must be caused solely by or be solely attributable to one of the following diseases:

- Alzheimer's disease
- Arteriovenous malformation

Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be payable as an accident benefit, the paralysis must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, paralysis must be caused solely by or be solely attributed to one or more of the following diseases:

- Amyotrophic lateral sclerosis
- Cerebral palsy
- Parkinson's disease,
- Poliomyelitis

The diagnosis of paralysis must be supported by neurological evidence.

Severe Burn or Severely Burned means a burn resulting from fire, heat, caustics, electricity, or radiation. The burn must:

- Be a full-thickness or third-degree burn, as determined by a doctor. A Full-Thickness Burn or Third-Degree Burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues). This results in loss of fluid and sometimes shock.
- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.
- Be caused solely by or be solely attributed to a covered accident.

Stroke does not include:

- Transient Ischemic Attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction). (In Illinois, contributed to by language does not apply.)

Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

Type I Diabetes excludes gestational diabetes and prediabetes.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate

for details.

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day (In Nevada, the 60th day) after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

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

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



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Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Series C22000. In Arkansas, policy form C22100AR. In Oklahoma, policy form C22100OK. In Pennsylvania, policy form C22100PA. In Texas, policy form C22100TX. In Virginia, policy form C22100VA.

HEALTH SCREENING BENEFIT - \$50 PER CALENDAR YEAR

Payable for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year, per insured. This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.



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Continental American Insurance Company • Columbia, South Carolina

GROUP CRITICAL ILLNESS INSURANCE

PROGRESSIVE DISEASES RIDER SUMMARY PAGE

Progressive Diseases Covered Under Plan	Percentage of Face Amount
Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)	100%
Sustained Multiple Sclerosis	100%
Advanced Alzheimer's Disease	100%
Advanced Parkinson's Disease	100%
Chronic Obstructive Pulmonary Disease (COPD)	25%
Crohn's Disease	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

The Progressive Disease benefit is payable only once per disease.

For any subsequent Progressive Disease to be covered, the date of diagnosis of the subsequent Progressive Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

All limitations and exclusions that apply to the critical illness plan also apply to the rider unless amended by the rider.

Date of Diagnosis is defined for each specified critical illness as follows:

- **Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease):** The date a doctor diagnoses an insured as having ALS and where such diagnosis is supported by medical records.
- **Sustained Multiple Sclerosis:** The date a doctor diagnoses an Insured as having Multiple Sclerosis and where such diagnosis is supported by medical records.
- **Advanced Alzheimer's Disease:** The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- **Advanced Parkinson's Disease:** The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- **Chronic Obstructive Pulmonary Disease (COPD):** The date a doctor diagnoses an insured as having COPD based on clinical and/or laboratory findings as supported by medical records.
- **Crohn's Disease:** The date a doctor diagnoses an insured as having Crohn's Disease based on clinical and/or laboratory findings as supported by medical records.



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Continental American Insurance Company • Columbia, South Carolina

GROUP CRITICAL ILLNESS INSURANCE

SPECIFIED DISEASE RIDER SUMMARY PAGE

TIER I SPECIFIED DISEASE BENEFIT	Percentage of Face Amount
Adrenal Hypofunction (Addison's Disease), Cerebrospinal Meningitis, Diphtheria, Encephalitis, Huntington's Chorea, Legionnaire's Disease, Lyme Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis	25%

We will pay the benefit shown if an insured is diagnosed with one of the Tier I Specified Diseases listed, and if the date of diagnosis is while the rider is in force.

For any subsequent Tier I Specified Disease to be covered, the date of diagnosis of the subsequent Tier I Specified Disease must satisfy the Additional Diagnosis separation period outlined in the brochure.

TIER II SPECIFIED DISEASE BENEFIT

Human Coronavirus	<p>10% if confined to a hospital for 4-9 days</p> <p>25% if confined to a hospital for 10 or more days</p> <p>40% if confined to an intensive care unit</p>
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We will pay the benefit shown if an insured is diagnosed with human coronavirus, and such diagnosis results in either a period of hospital confinement or hospital intensive care unit confinement as a direct result of human coronavirus. Furthermore, the date of diagnosis must be while the rider is in force.

In addition, the insured must be receiving treatment for human coronavirus for the minimum number of days shown. Only the highest eligible benefit amount will be payable under these benefits. In the event a lower benefit amount was previously paid under these benefits for any period of hospital confinement and that confinement is extended or the insured is moved to an intensive care unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided.

For any subsequent human coronavirus diagnosis to be covered, the date of diagnosis must satisfy the Additional Diagnosis separation period outlined in the brochure.

In Alaska, all references to Human Coronavirus are revised to Severe Human Coronavirus.



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WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

These benefits will be paid based on the face amount in effect on the specified disease date of diagnosis. All limitations and exclusions that apply to the critical illness plan also apply to the rider unless amended by the rider.

No benefits will be paid for loss which occurred prior to the effective date of the plan.

Date of diagnosis is defined for each specified disease as follows:

- Adrenal Hypofunction (Addison's Disease): The date a doctor diagnoses an insured as having Adrenal Hypofunction and where such diagnosis is supported by medical records.
- Cerebrospinal Meningitis: The date a doctor diagnoses an insured as having Cerebrospinal Meningitis and where such diagnosis is supported by medical records.
- Diphtheria: The date a doctor diagnoses an insured as having Diphtheria based on clinical and/or laboratory findings as supported by medical records.
- Encephalitis: The date a doctor diagnoses an insured as having Encephalitis and where such diagnosis is supported by medical records.
- Human Coronavirus: The date a doctor diagnoses an insured as having Human Coronavirus based on laboratory findings as supported by viral testing or a blood test.
- Huntington's Chorea: The date a doctor diagnoses an insured as having Huntington's Chorea based on clinical findings as supported by medical records.
- Legionnaire's Disease: The date a doctor diagnoses an insured as having Legionnaire's Disease by finding Legionella bacteria in a clinical specimen taken from the insured.
- Lyme Disease: The date a doctor diagnoses an insured as having Lyme Disease and where such diagnosis is supported by medical records.
- Malaria: The date a doctor diagnoses an insured as having Malaria and where such diagnosis is supported by medical records.
- Muscular Dystrophy: The date a doctor diagnoses an insured as having Muscular Dystrophy and where such diagnosis is supported by medical records.
- Myasthenia Gravis: The date a doctor diagnoses an insured as having Myasthenia Gravis and where such diagnosis is supported by medical records.
- Necrotizing Fasciitis: The date a doctor diagnoses an insured as having Necrotizing Fasciitis and where such diagnosis is supported by medical records.
- Osteomyelitis: The date a doctor diagnoses an insured as having Osteomyelitis and where such diagnosis is supported by medical records.
- Poliomyelitis: The date a doctor diagnoses an insured as having Poliomyelitis and where such diagnosis is supported by medical records.
- Rabies: The date a doctor diagnoses an insured as having

Rabies and where such diagnosis is supported by medical records.

- Sickle Cell Anemia: The date a doctor diagnoses an insured as having Sickle Cell Anemia and where such diagnosis is supported by medical records.
- Systemic Lupus: The date a doctor diagnoses an insured as having Systemic Lupus and where such diagnosis is supported by medical records.
- Systemic Sclerosis (Scleroderma): The date a doctor diagnoses an insured as having Systemic Sclerosis and where such diagnosis is supported by medical records.
- Tetanus: The date a doctor diagnoses an insured as having Tetanus by finding Clostridium tetani bacteria in a clinical specimen taken from the insured.
- Tuberculosis: The date a doctor diagnoses an insured as having Tuberculosis by finding Mycobacterium tuberculosis bacteria in a clinical specimen taken from the insured.

The term Hospital Intensive Care Unit specifically excludes any type of facility not meeting the definition of Hospital Intensive Care Unit as defined in the plan, including but not limited to (In Florida and North Carolina, not limited to reference is not applicable) private monitored rooms, surgical recovery rooms, observation units, and the following step-down units:

- A progressive care unit,
- A sub-acute intensive care unit, or
- An intermediate care unit.

The term Hospital specifically excludes any facility not meeting the definition of Hospital as defined in the plan, including but not limited to (In Florida and North Carolina, not limited to reference is not applicable):

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A rehabilitation facility (In Missouri, this is not applicable),
- A facility for the treatment of alcoholism or drug addiction, or
- An assisted living facility.

Human Coronavirus does not include the following Human Coronaviruses: 229E, NL63, OC43, and HKU1.

Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

GROUP CRITICAL ILLNESS INSURANCE

CHILDHOOD CONDITIONS RIDER SUMMARY PAGE

Childhood Conditions Rider Benefit	Percentage of Employee Face Amount
CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
	One-time Benefit Amount
AUTISM SPECTRUM DISORDER	\$3,000
Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force. (In Indiana, diagnosis must not be specifically excluded by the plan.)	

For any subsequent Childhood Condition to be covered, the date of diagnosis of the subsequent Childhood Condition must satisfy the Additional Diagnosis separation period outlined in the brochure.

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis.



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Continental American Insurance Company • Columbia, South Carolina

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

All limitations and exclusions that apply to the critical illness plan also apply to these benefits. No benefits will be paid for loss which occurred prior to the effective date of the rider.

Date of Diagnosis is defined as follows:

- Cystic Fibrosis: The date a doctor diagnoses a dependent child as having Cystic Fibrosis and where such diagnosis is supported by medical records.
- Cerebral Palsy: The date a doctor diagnoses a dependent child as having Cerebral Palsy and where such diagnosis is supported by medical records.
- Cleft Lip or Cleft Palate: The date a doctor diagnoses a dependent child as having Cleft Lip or Cleft Palate and where such diagnosis is supported by medical records.
- Down Syndrome: The date a doctor diagnoses a dependent child as having Down Syndrome and where such diagnosis is supported by medical records.
- Phenylalanine Hydroxylase Deficiency Disease (PKU): The date a doctor diagnoses a dependent child as having PKU and where such diagnosis is supported by medical records.
- Spina Bifida: The date a doctor diagnoses a dependent child as having Spina Bifida and where such diagnosis is supported by medical records.
- Autism Spectrum Disorder: The date a doctor diagnoses a dependent child as having Autism Spectrum Disorder and where such diagnosis is supported by medical records.

If a dependent child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.

A doctor must diagnose Phenylalanine Hydroxylase Deficiency Disease (PKU) based on a PKU test.

A doctor must diagnose Autism Spectrum Disorder based on the diagnostic criteria stipulated in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) at the time the loss occurs. The diagnosis must include the DSM severity level specifier for both major domains listed above.

An Autism Spectrum Disorder diagnosis must include more than one DSM severity level specifiers. No benefit is payable if the DSM severity level specifier is less than Level 1.

Rates Table For:
Randolph Field ISD
Group Critical Illness 22000
GP-56072
PLAN-346091

Deduction Frequency :
Monthly (12pp / yr)
Employee - Non-Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.72	\$7.44	\$11.16	\$14.89	\$18.61	\$22.33	\$26.05	\$29.77	\$33.49	\$37.21
30-39	\$6.22	\$12.45	\$18.67	\$24.90	\$31.12	\$37.35	\$43.57	\$49.80	\$56.02	\$62.24
40-49	\$11.27	\$22.54	\$33.81	\$45.08	\$56.35	\$67.62	\$78.90	\$90.17	\$101.44	\$112.71
50-59	\$18.93	\$37.86	\$56.79	\$75.73	\$94.66	\$113.59	\$132.52	\$151.45	\$170.38	\$189.32
60+	\$33.80	\$67.60	\$101.40	\$135.20	\$169.00	\$202.79	\$236.59	\$270.39	\$304.19	\$337.99

Employee - Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.70	\$9.40	\$14.10	\$18.80	\$23.49	\$28.19	\$32.89	\$37.59	\$42.29	\$46.99
30-39	\$9.36	\$18.72	\$28.09	\$37.45	\$46.81	\$56.17	\$65.53	\$74.89	\$84.26	\$93.62
40-49	\$18.32	\$36.63	\$54.95	\$73.27	\$91.59	\$109.90	\$128.22	\$146.54	\$164.86	\$183.17
50-59	\$34.52	\$69.03	\$103.55	\$138.07	\$172.58	\$207.10	\$241.62	\$276.13	\$310.65	\$345.17
60+	\$60.89	\$121.79	\$182.68	\$243.57	\$304.46	\$365.36	\$426.25	\$487.14	\$548.03	\$608.93

Spouse - Non-Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.72	\$7.44	\$11.16	\$14.89	\$18.61	\$22.33	\$26.05	\$29.77	\$33.49	\$37.21
30-39	\$6.22	\$12.45	\$18.67	\$24.90	\$31.12	\$37.35	\$43.57	\$49.80	\$56.02	\$62.24
40-49	\$11.27	\$22.54	\$33.81	\$45.08	\$56.35	\$67.62	\$78.90	\$90.17	\$101.44	\$112.71
50-59	\$18.93	\$37.86	\$56.79	\$75.73	\$94.66	\$113.59	\$132.52	\$151.45	\$170.38	\$189.32
60+	\$33.80	\$67.60	\$101.40	\$135.20	\$169.00	\$202.79	\$236.59	\$270.39	\$304.19	\$337.99

Spouse - Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.70	\$9.40	\$14.10	\$18.80	\$23.49	\$28.19	\$32.89	\$37.59	\$42.29	\$46.99
30-39	\$9.36	\$18.72	\$28.09	\$37.45	\$46.81	\$56.17	\$65.53	\$74.89	\$84.26	\$93.62
40-49	\$18.32	\$36.63	\$54.95	\$73.27	\$91.59	\$109.90	\$128.22	\$146.54	\$164.86	\$183.17
50-59	\$34.52	\$69.03	\$103.55	\$138.07	\$172.58	\$207.10	\$241.62	\$276.13	\$310.65	\$345.17
60+	\$60.89	\$121.79	\$182.68	\$243.57	\$304.46	\$365.36	\$426.25	\$487.14	\$548.03	\$608.93

Accident Insurance

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

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

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





AF™ Accident Only Insurance

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

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR EDUCATION

Prepare for the unexpected.

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

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

EMERGENCY ACCIDENT

Hypothetical Example ¹

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

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

Annual Wellness Benefit

BASIC

\$50

ENHANCED

\$75

Paid directly to you!

Benefits for Policy and Enhancement Rider

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

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

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

Schedule of Benefits for Policy and Enhancement Rider

ACCIDENT BENEFITS	BASIC	ENHANCED
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EMERGENCY ACCIDENT TREATMENT

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

NON-EMERGENCY ACCIDENT TREATMENT

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

MEDICAL IMAGING

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

HOSPITAL CONFINEMENT

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

AMBULANCE

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

TREATMENT

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

TRANSPORTATION BENEFITS

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

MONTHLY PREMIUMS For Policy And Benefit Enhancement Rider**	BASIC	ENHANCED
Individual	\$19.90	\$26.10
Individual & Spouse	\$28.30	\$34.90
Individual & Child(ren)	\$31.50	\$41.00
Family	\$39.90	\$49.80

ACCIDENT INJURY BENEFITS	ALL COVERAGE LEVELS	
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INJURY TREATMENT

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

WELLNESS BENEFIT	BASIC	ENHANCED
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WELLNESS

Annual Routine Physical Exam Requires a 12-month waiting period before use. One exam per policy per calendar year	\$50	\$75
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**The premium and amount of benefits provided vary based upon the plan selected.

A Covered Person (hereafter referred to as "Person") under AF™ **Limited Benefit Accident Only Insurance** Policy can expect the following benefits when a Covered Accident (hereafter referred to as "Accident") happens. All benefits are paid once per Person per Accident unless otherwise specified. All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. These references are not intended to change or modify any definitions in the AO-03 policy series.

Accident Emergency Treatment Benefit Payable for receiving emergency treatment in a Physician's office or emergency room within 72 hours, including physician fees and emergency services.

Accident Follow-Up Treatment Benefit Payable for necessary follow-up treatment of Injuries in addition to the emergency treatment administered within 72 hours for up to four treatments. Not payable for a visit in which a Physical Therapy Benefit or Non-Emergency Follow-Up Benefit is paid.

Accidental Death and Dismemberment Benefit The applicable benefits apply when an Accidental Death or Dismemberment occurs within 90 days of an Accident. In the event that Accidental Death and Dismemberment result from the same Accident, only the Accidental Death Benefit will be paid.

Ambulance Benefit If air and ground ambulance transportation is required for the same Accident, only the highest benefit will be paid.

Anesthesia Benefit Pays the amount shown in the Schedule of Benefits for the services of an anesthesiologist for a surgery performed due to an Accident. Hospital Confinement is not required to receive this benefit. We will only pay one Anesthesia Benefit per Person in a 24-hour period even if more than one surgical procedure is performed. This benefit is not payable for local anesthesia.

Appliances Benefit Payable for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs. Not payable for Prosthetic Devices.

Blood, Plasma and Platelets Benefit Payable for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins.

Burns Benefit Payable for 2nd and 3rd degree burns when treated by a Physician within 72 hours.

Concussion Benefit Payable for a Person who sustains a concussion and is diagnosed by a Physician within 72 hours using any type of medical imaging.

Dislocations Benefit Amount payable varies by the joint involved, type of treatment, and type of anesthesia. If a Person receives more than one Dislocation in an Accident, we will pay for all Dislocations up to two times the amount shown in the Schedule of Benefits for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit. Benefits are payable only for the first dislocation of a joint which occurs while this policy is in force.

Emergency Dental Work Benefit Payable for repair to natural teeth when treated by a Physician or dentist. Initial dental treatment must be received within 72 hours.

Exploratory Surgery without Surgical Repair Benefit Payable when an exploratory surgical operation without surgical repair is performed.

Eye Injury Benefit Payable for one or both eyes requiring treatment by a Physician due to an Accident.

Family Member Lodging and Meals Benefit Payable for lodging and meals for a family member to be near a Person who is Hospital Confined in a non-local Hospital. The Hospital must be at least 50 miles away, one way from closer of the Covered Person's residence or site of the Accident.

Fractures Benefit Varies based on the bone involved, type of fracture and type of treatment. If the Person fractures more than one bone, payment is made for all fractures up to two times the amount for the bone involved that has the highest benefit amount.

Hospital Admission Benefit Pays per admission for confinement to a Hospital. This benefit does not pay for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit.

Hospital Confinement Benefit Pays a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 days.

Intensive Care Unit Benefit Payable for each day of confinement in an Intensive Care Unit, as defined in the policy, up to 15 days. This benefit is paid in addition to the Hospital Confinement Benefit amount.

Internal Injuries Benefit Payable for an open abdominal or thoracic surgery performed within 72 hours.

Lacerations Benefit This benefit varies based on the severity of the laceration due to an Accident.

Medical Imaging Benefit Payable for a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, a Computed Axial Tomography (CAT) scan, a Positron Emission Tomography (PET) scan or an ultrasound due to an Accident.

Non-Emergency Accident Initial Treatment Benefit Payable for initial medical treatment when treatment is received more than 72 hours after the Accident. Initial medical treatment must: (1) be received in a Physician's office or emergency room; and (2) be the first treatment; and (3) occur within 30 days.

Non-Emergency Accident Follow-Up Treatment Benefit Payable only if the Non-Emergency Accident Initial Treatment Benefit is payable and later requires additional follow-up treatment. We will pay for up to two follow-up treatments. Not payable for the same visit that the Physical Therapy Benefit or the Accident Follow-Up Benefit is paid.

Outpatient Hospital or Ambulatory Surgical Center Benefit When a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center, we will pay the indemnity amount shown in the Schedule of Benefits for the facility fee charged by such Hospital or Ambulatory Surgical Center. We will only pay one Outpatient Hospital or Ambulatory Surgical Center Benefit in a 24-hour period even if more than one surgical procedure is performed. This benefit will not be paid for surgery performed in a Hospital emergency room or in a Physician's office.

Paralysis Benefit The duration of the Paralysis must be a minimum of 3 consecutive months. Paid once per lifetime per Person.

Physical Therapy Benefit Payable for one treatment per day for up to eight treatments by a caregiver licensed in physical therapy. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit or Non-Emergency Follow-Up Benefit is paid.

Prosthesis Benefit Payable for the use of a Prosthesis. This benefit is not payable for hearing aids; dental aids; eyeglasses; false teeth; cosmetic aids such as wigs ; or joint replacements such as artificial hips or knees.

Plan Highlights (cont.)

Tendons, Ligaments and Rotator Cuff Benefit Payable for the repair of one or more tendons, ligaments, or rotator cuffs. The tendons, ligaments, or rotator cuff must be repaired through surgery performed by a Physician, as a result of an Accident.

Torn Knee Cartilage or Ruptured Disc Benefit Payable for surgical repair as a result of an Accident.

Transportation Benefit Payable for the transportation when specialized treatment and Hospital Confinement in a non-local Hospital is required. A non-local Hospital must be at least 50 miles away, one way, using the most direct route, from the closer of the Person's residence or site of the Accident. Travel must be by scheduled bus, plane, train, or by car. Ambulance service does not qualify for this benefit. The treatment must be prescribed by a Physician and not be available locally. This benefit is payable up to three round trips per Calendar Year.

Wellness Benefit After coverage is in force for the waiting period shown, you can receive a benefit for an annual routine physical exam, including immunizations and preventive testing. Services must be supervised by a Physician and a charge must be incurred for the service. The benefit does not apply to dental or eye exams and is payable once per policy per calendar year.

Limitations and Exclusions For Policy and Benefit Enhancement Rider

No benefits will be provided for an Accident that is caused by or occurs as a result of:

- (1) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (2) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
- (3) any act that was caused by war, declared or undeclared, or service in any of the armed forces;
- (4) participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions;
- (5) participation in, or attempting to participate in, a felony, riot or insurrection. (A felony is as defined by the law of the jurisdiction in which the activity takes place.)
- (6) participation in any sport for pay or profit;
- (7) participation in any contest of speed in a power driven vehicle for pay or profit;
- (8) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

Benefits will not be provided for medical treatment for an Accident received outside the United States or its territories. Benefits will not be paid for services rendered by a member of the immediate family of a Covered Person.

An Accident is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause. The policy will not pay benefits for injuries received prior to the Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Effective Date.

A hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Eligibility includes you, your lawful spouse and each unmarried natural, adopted or step child who is under 26 years of age.

Guaranteed Renewable

You cannot be singled out for a rate increase for any reason. The Insurer has the right to increase premium rates only if rates for all policies in this class change.

Termination Notice

Policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than Individual the remaining Covered Persons may have the right to continue or convert their coverage. Coverage for any Covered Person will terminate when they no longer meet the eligibility requirements.

Marketed by:



First Financial Group of America
11811 N. Freeway, Suite 900 Houston, TX 77060
Local: (281) 847-8422 / Toll Free: (800) 523-8422
www.ffga.com

Underwritten and administered by:



American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • americanfidelity.com

Refer to Plan Benefit Highlights section for more Benefit Descriptions on the Accident Only Insurance Policy and Benefit Enhancement Rider.

This brochure contains a brief description of the coverage. For complete benefits, limitations, exclusions and other provisions, please refer to the policy, AO-03, and Accident Only Benefit Enhancement Rider, AMDI-258 series. This coverage does NOT replace Workers' compensation Insurance. Availability of riders may vary by employer. **This product is inappropriate for people who are eligible for Medicaid coverage.**

GAP Insurance



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

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

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

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



Inpatient Benefit • Outpatient Benefit • Benefits Paid Directly to You • [Learn More »](#)

Hospital GAP PLAN Choice® Insurance

This is a supplemental limited benefit medical expense insurance policy. This product is inappropriate for people who are eligible for Medicaid coverage. This brochure highlights important features of the policy. Please refer to your certificate for complete details.



How Would You Cover Your Out-of-Pocket Costs??

CONSIDER THE FACTS



Hospital costs average \$2,447 per person per day.¹

American Fidelity's Hospital GAP

PLAN Choice® Insurance provides coverage for you and your family to help with your share of unforeseen medical expenses.

¹ AHRQ Healthcare Cost and Utilization Project, National Inpatient Sample as of November 10, 2017.

Rising health care costs can be a financial concern. *When faced with a hospital expense, how would you manage to pay your share, including the deductible and co-pays?* Hospital GAP PLAN Choice® Insurance can help!

American Fidelity Assurance Company's Hospital GAP PLAN Choice® Insurance is a supplemental, limited benefit medical expense policy that is designed to help pay the deductible and co-insurance when you or a family member are confined in the hospital.

See How the Plan Works!

Let's assume your major medical plan deductible is \$1,500 and your co-insurance is 80/20 with a total out-of-pocket maximum of \$2,500. Our hypothetical example is based on a \$2,000 Inpatient Benefit and \$800 for our Outpatient Benefit.

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

Inpatient Benefit Payment Example*	Without Hospital GAP PLAN Choice® Insurance Coverage	WITH Hospital GAP PLAN Choice® Insurance Coverage
Deductible:	\$1,500	\$1,500
Coinsurance:	\$1,000	\$1,000
Total Out-of-Pocket:	\$2,500	\$2,500
Hospital GAP PLAN Choice® Insurance:	\$0	\$2,000
Your Out-of-Pocket Cost:	\$2,500	\$500

Example: One week of radiation, totaling \$10,000

Outpatient Benefit Payment Example*	Without Hospital GAP PLAN Choice® Insurance Coverage	WITH Hospital GAP PLAN Choice® Insurance Coverage
Deductible:	\$1,500	\$1,500
Coinsurance:	\$1,000	\$1,000
Total Out-of-Pocket:	\$2,500	\$2,500
Hospital GAP PLAN Choice® Insurance:	\$0	\$800
Your Out-of-Pocket Cost:	\$2,500	\$1,700

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

INPATIENT HOSPITAL BENEFIT

What it Covers:

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

How it Pays:

The Inpatient Hospital Benefit pays the difference between the actual hospital expenses you incur as an inpatient and the amount your primary medical plan covers.

OUTPATIENT BENEFIT

What it Covers:

- Treatment in a hospital emergency room
- Outpatient surgery
- Treatment in a hospital
- Free standing outpatient surgery center
- Outpatient diagnostic testing

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

How it Pays:

The Outpatient Benefit pays the difference between the actual outpatient expenses incurred and the amount paid by your primary medical plan.

PHYSICIAN OFFICE VISIT BENEFIT

What it Covers:

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

ADDITIONAL PLAN INFORMATION

Effective Date of Coverage:

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

- underwriting rules are met;
- such person is on active employment;
- such person is covered under a Major Medical Plan; and
- premium has been paid.

Important Plan Details:

- Benefits are paid directly to you and you are responsible for paying the providers.
- The policy does not cover 100% of out-of-pocket costs.
- This is not Major Medical Coverage.
- This coverage cannot be used with a Health Savings Account.
- Actual expense means after any discounts or reductions take place as negotiated between the primary medical carrier and the service provider.

Coverage Available For:

- Employee
- Spouse, and/or
- Children

Your Maximum Reimbursement:

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

How Long of a Hospital Stay is Required?

A hospital stay of 18 consecutive hours or over is considered an Inpatient Benefit. Anything under 18 hours is considered an Outpatient Benefit (see below).

Your Maximum Reimbursement:

- The plan covers qualified out-of-pocket expenses for injury or sickness (depending upon the plan selected) up to a maximum outpatient benefit of:
- \$400, \$800 or \$1,200 for outpatient surgery or treatment performed in a Hospital or a Free-Standing Outpatient Surgery Center;
- \$100, \$200 or \$300 for outpatient diagnostic testing procedure performed in a hospital or a Free-Standing Magnetic Resonance Imaging (MRI) Facility.; or
- \$50, \$100 or \$150 for outpatient treatment in a Hospital Emergency Room, without the covered person subsequently being considered an inpatient.

How it Pays:

The Physician Outpatient Treatment Benefit provides reimbursements for physician visits at \$25.00 per visit, for up to five visits (\$125.00) per family per calendar year for out-of-pocket covered charges. See your certificate for benefit amounts

Plan Eligibility:

To be eligible for this coverage, you must be an active permanent full-time employee:

- Working 18 hours or more per week.
- Covered under another Major Medical Plan.
- Under the age of 70 (This limit does not apply if you work for an employer employing 20 or more employees on a typical work day in the preceding calendar year).

Hospital:

The term "Hospital" shall not include an institution, or part thereof, 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.

Benefits excluded or not covered:

Only charges approved by the group major medical carrier or the comprehensive carrier may be considered under this plan. If this plan is Employer Paid, the pre-existing condition exclusion will not apply. For a list of all exclusions, please refer to your certificate.

Exclusions include:

- suicide or any attempt, threat, while sane or insane);
- any intentionally self-inflicted injury or sickness;
- rest care or rehabilitative care and treatment;
- routine newborn care during the initial hospital confinement period, including routine nursery charges;
- voluntary abortion except, with respect to you or your covered dependent spouse, where such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion;
- pregnancy of a dependent child;
- participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
- commission of a felony;
- participation in a contest of speed in power driven vehicles, parachuting, or hang gliding;
- air travel, except:
 - o as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
 - o as a passenger for transportation only and not as a pilot or crew member;
- intoxication (Whether or not a person is intoxicated is determined and defined by the laws and jurisdiction of the geographical area in which the loss occurred.);
- alcoholism or drug use, unless such drugs were taken on the advice of a physician and taken as prescribed;
- sex changes;
- elective surgery, including complications of elective surgery;
- experimental treatment, drugs, or surgery;
- pre-existing conditions, unless the covered person has satisfied the 12-month pre-existing condition exclusion period; **"Pre-Existing Condition"** means a disease, Injury, Sickness, or physical condition for which the Covered Person: had treatment; incurred expense; took medication; or received a diagnosis or advice from a Physician, during the 12 month period of time immediately before the Covered Person's Effective Date of coverage. The term "Pre-Existing Condition" will also include conditions which are related to such disease, Injury, Sickness or physical condition. See rate insert for applicability.
- performance of military, naval, or air force service of any country;
- injury or sickness arising out of and in the course of any occupation for compensation, wage or profit (This does not apply to those sole proprietors or partners not covered by Workers' Compensation.);
- dental or routine vision services, unless:
 - o resulting from an Injury occurring while the covered person's coverage is in force and if performed within 12 months of the date of such Injury; or
 - o due to congenital disease or anomaly of a covered newborn child;
- routine examinations, such as health exams, periodic check-ups, or routine physicals;
- air or ground ambulance; or
- any expense for which benefits are not payable under the covered person's other medical plan.

The Hospital GAP PLAN Choice® Insurance policy may exclude expenses that are covered under the underlying major medical plan. In those instances, there may be out-of-pocket expenses that are not covered under Hospital GAP PLAN Choice® Insurance. Coverage will continue as long as the group policy remains in force, the premiums are paid and the insured remains eligible for coverage under the policy. Your coverage will end when you no longer qualify as an Insured, you retire, you are not on Active Service, or your coverage under Another Medical Plan ends. Your coverage can be terminated or premiums may be increased on any premium due date with 31 days advance notice.



View and print your policies plus file a claim at americanfidelity.com.

American Fidelity's Online Service Center provides you convenient, secure 24/7 access to manage your account or file a claim. All you need is the EOB (Explanation of Benefits) and itemized bill from your major medical provider!

This policy is endorsed/sponsored by an association or issued through a trust in which the employer is a member, is intended to be covered by ERISA, and will be administered and enforced in accordance with ERISA. If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

Marketed by:



Underwritten and administered by:



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Hospital GAP PLAN Choice® Insurance

Monthly Rates with PHYSICIAN OFFICE VISIT BENEFIT

VOLUNTARY INPATIENT HOSPITAL PLAN MAXIMUM

	Gap Choice Low Benefits				Gap Choice Middle Benefits				Gap Choice High Benefits					
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$5,500	\$6,000	\$6,500	\$7,000	\$7,500
Under 55:														
Employee Only	\$21.60	\$26.60	\$31.60	\$35.70	\$49.10	\$54.40	\$58.60	\$62.70	\$77.80	\$79.90	\$83.10	\$86.20	\$89.40	\$92.50
Employee and Spouse	\$36.10	\$45.10	\$54.10	\$61.50	\$85.60	\$95.20	\$102.70	\$110.10	\$137.30	\$141.10	\$146.80	\$152.40	\$158.20	\$163.70
Employee and Child(ren)	\$32.60	\$40.60	\$48.60	\$55.20	\$76.60	\$85.10	\$91.80	\$98.40	\$122.60	\$125.90	\$131.00	\$136.00	\$141.10	\$146.10
Employee and Family	\$47.10	\$59.10	\$71.10	\$81.00	\$113.10	\$125.90	\$135.90	\$145.80	\$182.10	\$187.10	\$194.70	\$202.20	\$209.90	\$217.30
Ages 55-59:														
Employee Only	\$30.30	\$37.80	\$45.30	\$51.50	\$71.60	\$79.50	\$85.80	\$92.00	\$114.60	\$117.80	\$122.60	\$127.20	\$132.00	\$136.70
Employee and Spouse	\$51.80	\$65.30	\$78.80	\$89.90	\$126.10	\$140.30	\$151.70	\$162.80	\$203.50	\$209.30	\$217.90	\$226.20	\$234.80	\$243.30
Employee and Child(ren)	\$41.30	\$51.80	\$62.30	\$71.00	\$99.10	\$110.20	\$119.00	\$127.70	\$159.40	\$163.80	\$170.50	\$177.00	\$183.70	\$190.30
Employee and Family	\$62.80	\$79.30	\$95.80	\$109.40	\$153.60	\$171.00	\$184.90	\$198.50	\$248.30	\$255.30	\$265.80	\$276.00	\$286.50	\$296.90
Ages 60 and Over:														
Employee Only	\$47.70	\$60.20	\$72.70	\$83.00	\$116.50	\$129.70	\$140.20	\$150.50	\$188.20	\$193.50	\$201.50	\$209.20	\$217.20	\$225.00
Employee and Spouse	\$83.10	\$105.60	\$128.10	\$146.60	\$206.90	\$230.70	\$249.60	\$268.10	\$336.00	\$345.50	\$359.90	\$373.80	\$388.20	\$402.20
Employee and Children	\$58.70	\$74.20	\$89.70	\$102.50	\$144.00	\$160.40	\$173.40	\$186.20	\$233.00	\$239.50	\$249.40	\$259.00	\$268.90	\$278.60
Employee and Family	\$94.10	\$119.60	\$145.10	\$166.10	\$234.40	\$261.40	\$282.80	\$303.80	\$380.80	\$391.50	\$407.80	\$423.60	\$439.90	\$455.80
	Outpatient Benefits - Low				Outpatient Benefits - Middle				Outpatient Benefits - High					
Emergency Room	\$50.00				\$100.00				\$150.00					
Diagnostic X-Ray & Lab	\$100.00				\$200.00				\$300.00					
Outpatient Surgery	\$400.00				\$800.00				\$1,200.00					

Hospital GAP PLAN Choice® Insurance Premium \$ _____

Your Payroll Deduction Amount Per Paycheck is \$ _____

This is a supplemental limited benefit medical expense insurance policy. Pre-existing conditions will not be covered for the first 12 months from your effective date. This insert must be used in conjunction with SB-30111(FF) and any state specific deviations thereof. This brochure highlights important features of the plan. Please refer to your certificate for complete details. If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. For actual benefits, limitations, exclusions and other provisions, please refer to the policy.

Marketed by:



Underwritten and administered by:



9000 Cameron Parkway • Oklahoma City, Oklahoma 73114 • 800-654-8489

www.americanfidelity.com

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.	

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

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 and Vision



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	TRS	www.trs.com	866-355-5999
Dental	Ameritas	www.ameritas.com	800-487-5559
Vision	Eyetopia	www.eyetopia.com	800-662-8264
FSA & HSA	First Financial	www.ffga.com	866-853-3539
Life & AD&D	Blue Cross Blue Shield	www.bcbstx.com	877-442-4207
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Disability	American Fidelity	www.americanfidelity.com	800-654-8489
Cancer	American Fidelity	www.americanfidelity.com	800-654-8489
Accident	American Fidelity	www.americanfidelity.com	800-654-8489
Hospital Gap	American Fidelity	www.americanfidelity.com	800-654-8489
Critical Illness	Aflac	www.aflac.com	800-992-3522