

RAYMONDVILLE ISD 2025-2026 BENEFITS GUIDE



SCAN ME



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Contents

- [EMPLOYEE BENEFITS CENTER](#)
- [HOW TO ENROLL](#)
- [BENEFIT ELIGIBILITY & COVERAGE](#)
- [SECTION 125 PLANS](#)
- [MEDICAL](#)
- [DENTAL](#)
- [VISION](#)
- [FSA](#)
- [HSA](#)
- [HSA RESOURCES](#)
- [FSA & HSA RESOURCES](#)
- [VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS](#)
 - [TERM LIFE & AD&D](#)
 - [TEXAS LIFE](#)
 - [DISABILITY INSURANCE](#)
 - [CANCER INSURANCE](#)
 - [CRITICAL ILLNESS INSURANCE](#)
 - [ACCIDENT ONLY INSURANCE](#)
 - [HOSPITAL GAP INSURANCE](#)
 - [MEDICAL TRANSPORT](#)
 - [VOLUNTARY RETIREMENT PLANS](#)
 - [403\(b\) RETIREMENT PLANS](#)
 - [457\(b\) RETIREMENT PLANS](#)
 - [FFINVEST](#)
 - [HOSPITAL INDEMNITY INSURANCE](#)
 - [ACCIDENTAL DEATH & DISMEMBERMENT](#)
 - [TERM LIFE](#)
 - [COBRA](#)
 - [MEDICARE](#)
 - [CLEVER RX](#)
- [BENEFIT CONTACT INFORMATION](#)

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

Employee Benefits Center

A guide to your benefits!

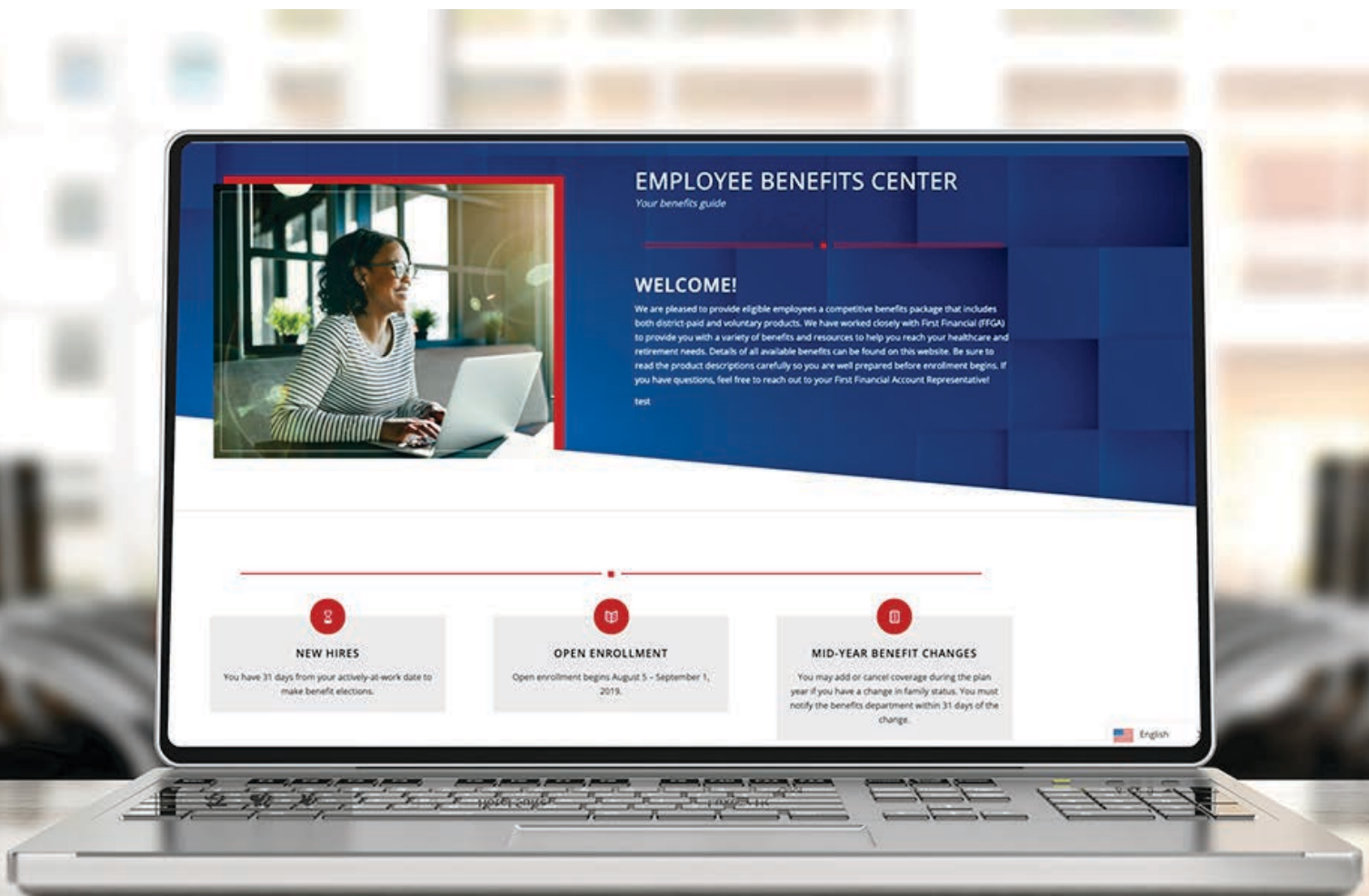
Raymondville ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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!

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



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.

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!

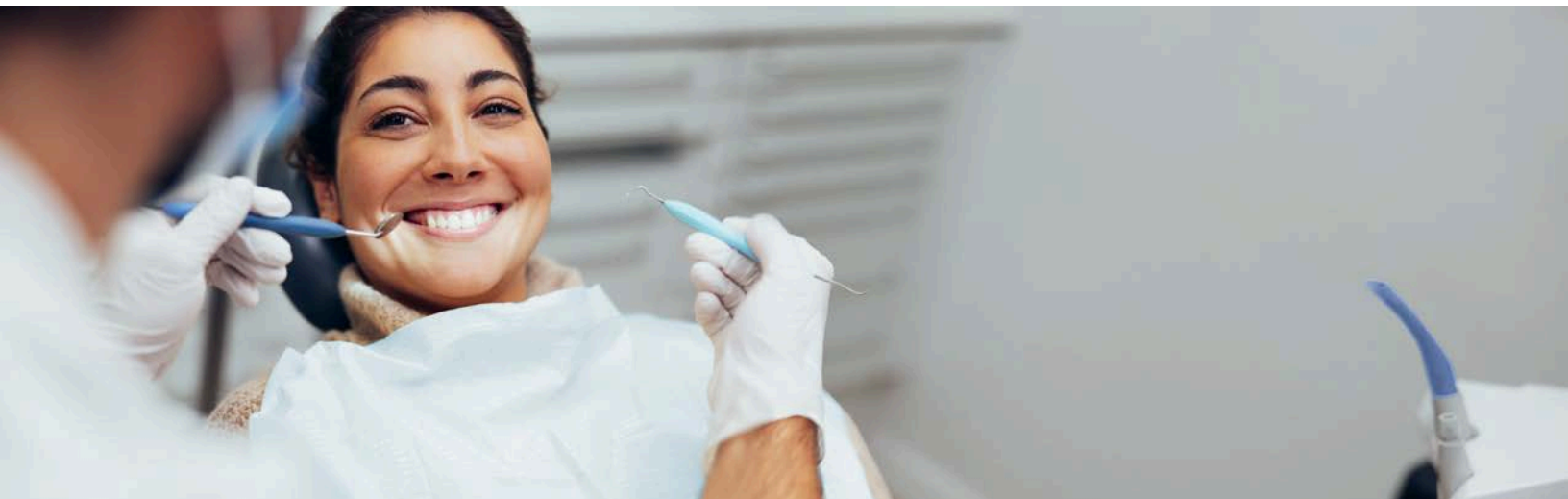
**The figures in the sample paycheck above are for illustrative purposes only.*

Medical Coverage

| Plan Design | | Partnership Plan | |
|------------------------------|--|--|---|
| Plan Features | | Coordinated Care | Uncoordinated Care |
| Individual/Family Deductible | | \$0 | 1,000 individual / \$3,000 family |
| Coinsurance | | \$0 | 20% coinsurance after deductible |
| Ind/Fam Out of Pocket | | \$4,000 individual / \$8,000 family | \$4,000 individual / \$8,000 family |
| Network | | RBP/HealthSmart/Cash Pay | RBP/HealthSmart/Cash Pay |
| PCP Required | | Yes | No |
| PCP Referral to Specialist | | Yes | No |
| Doctor Visits | | | |
| Preventive Care | | No charge - plan pays 100% | No charge - plan pays 100% |
| Primary Care | | No charge | \$35 copay (not subject to deductible) |
| Specialist | | \$25 copay if care is coordinated | \$50 copay (not subject to deductible) |
| Virtual Health | | \$10 Per Consultation | \$10 Per Consultation |
| Care Facilities | | | |
| Urgent Care | | \$25 copay if care is coordinated | \$50 copay (not subject to deductible) |
| Emergency Care | | \$250 copay | \$250 copay (not subject to deductible) |
| | | No charge for professional services if care is coordinated; \$300 copay for facility | |
| Outpatient Surgery | | | 20% coinsurance (after deductible) |
| Prescription Drug Benefits | | | |
| Drug Deductible | | None | None |
| Days Supply | | 30 day | 30 Day |
| Generics | | \$10 copay | \$10 copay |
| Preferred Brand | | \$50 copay | \$50 copay |
| Non-preferred Brand | | Not covered/MAP | Not covered/MAP |
| Specialty | | 20% coinsurance (no deductible) MAP | 20% coinsurance (no deductible) MAP |

Dental Insurance

Plan Choices



Cigna | www.cigna.com | 800-997-1654

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 | | |
|-------------------------|----------|---------|
| | High | Low |
| Employee Only | \$36.87 | \$24.74 |
| Employee + Spouse | \$71.86 | \$48.86 |
| Employee + Children | \$77.51 | \$53.79 |
| Employee + Family | \$108.30 | \$75.52 |

This is a summary of benefits for your dental plan.

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Your DPPO** plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

| Plan Design | Total Cigna DPPO Network** | Out-of-Network |
|--|---|---|
| Calendar Year Maximum (Class I, II, III, IX Expenses) | Progressive Plan | |
| | Class I applies Year 1: \$750, Year 2: \$850 Year 3: \$950, Year 4: \$1050 | Class I applies Year 1: \$750, Year 2: \$850 Year 3: \$950, Year 4: \$1050 |
| Calendar Year Deductible | | |
| Per Individual | \$50 | \$50 |
| Per Family | \$150 | \$150 |
| Class I Expenses - Preventive & Diagnostic Care | | |
| Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency care to relieve pain (administrated at In Network coinsurance) | 100%, No Deductible | 100%, No Deductible |
| Class II Expenses - Basic Restorative Care | | |
| Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Brush Biopsy | 60%, After Deductible | 60%, After Deductible |
| Class III Expenses - Major Restorative Care | | |
| Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges | 40%, After Deductible | 40%, After Deductible |
| Class IV Expenses - Orthodontia | | |
| | Not Covered | Not Covered |
| Class IX Expenses - Implants | | |
| Plan Calendar Year Max | 40%, After Deductible \$750 | 40%, After Deductible \$750 |
| Dental Plan Reimbursement Levels | Based on Contracted Fees | 90th Percentile of Submitted Charges*** |
| Additional Member Responsibility in excess of Coinsurance | None | Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level**** |
| Student/Dependent Age | 26/26 | |
| Progression | Members progress to the next level by utilizing Class I services in the prior year. | |

This is a summary of benefits for your dental plan.

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Your DPPO** plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

| Plan Design | Total Cigna DPPO Network** | Out-of-Network |
|--|---|--|
| Calendar Year Maximum (Class I, II, III, IX Expenses) | Progressive Plan | |
| | Class I applies Year 1: \$1500, Year 2: \$1600 Year 3: \$1700, Year 4: \$1800 | Class I applies Year 1: \$1500, Year 2: \$1600 Year 3: \$1700, Year 4: \$1800 |
| Calendar Year Deductible | | |
| Per Individual | \$50 | \$50 |
| Per Family | \$150 | \$150 |
| Class I Expenses - Preventive & Diagnostic Care | | |
| Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency care to relieve pain (administrated at In Network coinsurance) | 100%, No Deductible | 100%, No Deductible |
| Class II Expenses - Basic Restorative Care | | |
| Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Brush Biopsy | 80%, After Deductible | 80%, After Deductible |
| Class III Expenses - Major Restorative Care | | |
| Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges | 50%, After Deductible | 50%, After Deductible |
| Class IV Expenses - Orthodontia | | |
| Coverage for Eligible Children Only Lifetime Maximum | 50%, No Ortho Deductible \$1500 | 50%, No Ortho Deductible \$1500 |
| Class IX Expenses - Implants | | |
| Plan Calendar Year Max | 50%, After Deductible \$1500 | 50%, After Deductible \$1500 |
| Dental Plan Reimbursement Levels | Based on Contracted Fees | 90th Percentile of Submitted Charges*** |
| Additional Member Responsibility in excess of Coinsurance | None | Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level*** |
| Student/Dependent Age | 26/26 | |
| Progression | Members progress to the next level by utilizing Class I services in the prior year. | |

Vision Insurance

Superior | www.superiorvision.com | 800-507-3800

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

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

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

| Vision Monthly Premium | |
|------------------------|---------|
| Employee Only | \$7.47 |
| Employee + Spouse | \$12.77 |
| Employee + Child(ren) | \$13.39 |
| Employee + Family | \$20.29 |



Vision Plan Benefits for Raymondville ISD

| Co-Pays | | Monthly Premiums | | Services/Frequency | |
|-----------|------|-------------------|---------|--------------------|-----------|
| Exam | \$10 | Emp. only | \$7.47 | Exam | 12 months |
| Materials | \$25 | Emp. + spouse | \$12.77 | Frame | 12 months |
| | | Emp. + child(ren) | \$13.39 | Lenses | 12 months |
| | | Emp. + family | \$20.29 | Contact Lenses | 12 months |

(Based on date of service)

Benefits

| | <u>In-Network</u> | <u>Out-of-Network</u> |
|------------------------------------|------------------------------|-----------------------|
| Exam | Covered in full | Up to \$35 retail |
| Frames | \$125 retail allowance | Up to \$70 retail |
| Lenses (standard) per pair | | |
| Single Vision | Covered in full | Up to \$25 retail |
| Bifocal | Covered in full | Up to \$40 retail |
| Trifocal | Covered in full | Up to \$45 retail |
| Progressive | See description ¹ | Up to \$45 retail |
| Lenticular | Covered in full | Up to \$80 retail |
| Contact Lenses ² | \$150 retail allowance | Up to \$80 retail |
| Medically Necessary Contact Lenses | Covered in full | Up to \$150 retail |
| Lasik Vision Correction | \$200 allowance ³ | |

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

² Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

³ Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

Discount Features

Non-Covered Eyewear Discount: Members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.

SuperiorVision.com
Customer Service
800.507.3800

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions

Flexible Spending Accounts

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

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$660 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$660 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$660 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.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

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

Dependent Care FSA

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

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

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

Dependent Care FSA Highlights

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

Health Savings Account

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

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

Health Savings Account Highlights

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

Who Can Participate in an HSA?

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

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

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

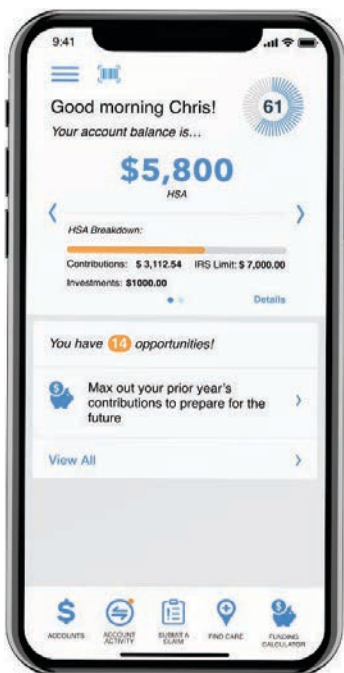
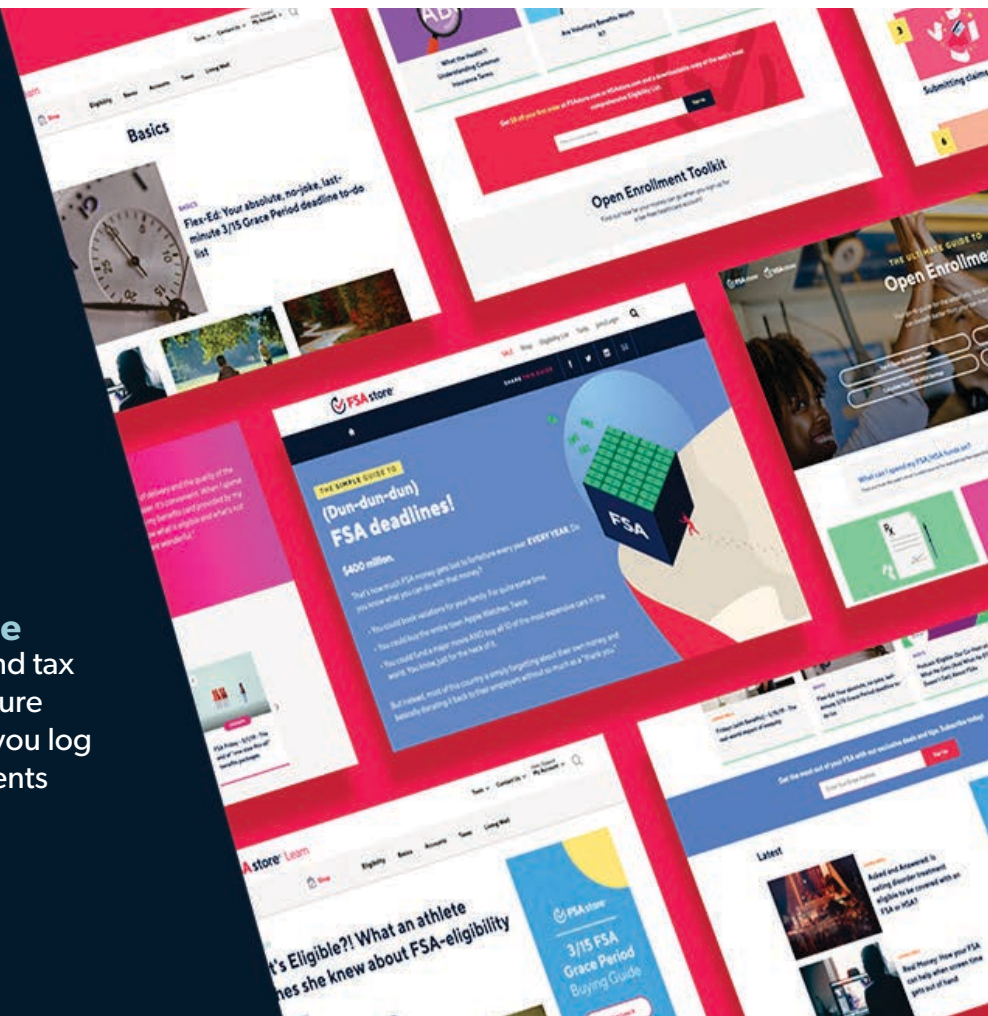
FSA & HSA Resources

Benefits Card

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

View Your Account Details Online

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



FF Mobile Account App

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

FSA/HSA Store

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



Term Life & AD&D

Employer-Paid & Voluntary

Blue Cross Blue Shield | www.bcbstx.com/ancillary | 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.

Voluntary Term Life Insurance

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





GROUP BENEFIT PROGRAM SUMMARY
For RAYMONDVILLE ISD / TEEBC TRUST F021842 - 326

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 regularly work 30 hours per week are eligible for insurance on the first of the month following their date of hire. |
| Group Term Life/AD&D Benefit: Paid by your Employer | \$10,000 |
| Guarantee Issue Amount – Employee | \$10,000 |
| Age Reduction Schedule | Life and AD&D benefits reduce by 35% at age 65, 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.

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

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

PureLife-plus — Standard Risk Table Premiums — 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) | | | | | | | | | GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium |
|-----------------|---|----------|----------|----------|----------|----------|----------|----------|----------|--|
| | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 | |
| 15D-1 | | | | 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 | 14.25 | 16.25 | 18.25 | 20.25 | 22.25 | 75 |
| 21-22 | | | | 12.50 | 14.55 | 16.60 | 18.65 | 20.70 | 22.75 | 74 |
| 23 | | | | 12.75 | 14.85 | 16.95 | 19.05 | 21.15 | 23.25 | 75 |
| 24-25 | | | | 13.00 | 15.15 | 17.30 | 19.45 | 21.60 | 23.75 | 74 |
| 26 | | | | 13.50 | 15.75 | 18.00 | 20.25 | 22.50 | 24.75 | 75 |
| 27-28 | | | | 13.75 | 16.05 | 18.35 | 20.65 | 22.95 | 25.25 | 74 |
| 29 | | | | 14.00 | 16.35 | 18.70 | 21.05 | 23.40 | 25.75 | 74 |
| 30-31 | | | | 14.25 | 16.65 | 19.05 | 21.45 | 23.85 | 26.25 | 73 |
| 32 | | | | 15.00 | 17.55 | 20.10 | 22.65 | 25.20 | 27.75 | 74 |
| 33 | | | | 15.50 | 18.15 | 20.80 | 23.45 | 26.10 | 28.75 | 74 |
| 34 | | | | 16.25 | 19.05 | 21.85 | 24.65 | 27.45 | 30.25 | 75 |
| 35 | | 11.25 | 14.25 | 17.25 | 20.25 | 23.25 | 26.25 | 29.25 | 32.25 | 76 |
| 36 | | 11.55 | 14.65 | 17.75 | 20.85 | 23.95 | 27.05 | 30.15 | 33.25 | 76 |
| 37 | | 12.00 | 15.25 | 18.50 | 21.75 | 25.00 | 28.25 | 31.50 | 34.75 | 77 |
| 38 | | 12.45 | 15.85 | 19.25 | 22.65 | 26.05 | 29.45 | 32.85 | 36.25 | 77 |
| 39 | | 13.20 | 16.85 | 20.50 | 24.15 | 27.80 | 31.45 | 35.10 | 38.75 | 78 |
| 40 | 10.05 | 13.95 | 17.85 | 21.75 | 25.65 | 29.55 | 33.45 | 37.35 | 41.25 | 79 |
| 41 | 10.75 | 15.00 | 19.25 | 23.50 | 27.75 | 32.00 | 36.25 | 40.50 | 44.75 | 80 |
| 42 | 11.55 | 16.20 | 20.85 | 25.50 | 30.15 | 34.80 | 39.45 | 44.10 | 48.75 | 81 |
| 43 | 12.25 | 17.25 | 22.25 | 27.25 | 32.25 | 37.25 | 42.25 | 47.25 | 52.25 | 82 |
| 44 | 12.95 | 18.30 | 23.65 | 29.00 | 34.35 | 39.70 | 45.05 | 50.40 | 55.75 | 83 |
| 45 | 13.65 | 19.35 | 25.05 | 30.75 | 36.45 | 42.15 | 47.85 | 53.55 | 59.25 | 83 |
| 46 | 14.45 | 20.55 | 26.65 | 32.75 | 38.85 | 44.95 | 51.05 | 57.15 | 63.25 | 84 |
| 47 | 15.15 | 21.60 | 28.05 | 34.50 | 40.95 | 47.40 | 53.85 | 60.30 | 66.75 | 84 |
| 48 | 15.85 | 22.65 | 29.45 | 36.25 | 43.05 | 49.85 | 56.65 | 63.45 | 70.25 | 85 |
| 49 | 16.75 | 24.00 | 31.25 | 38.50 | 45.75 | 53.00 | 60.25 | 67.50 | 74.75 | 85 |
| 50 | 17.75 | 25.50 | 33.25 | 41.00 | | | | | | 86 |
| 51 | 18.95 | 27.30 | 35.65 | 44.00 | | | | | | 87 |
| 52 | 20.25 | 29.25 | 38.25 | 47.25 | | | | | | 88 |
| 53 | 21.25 | 30.75 | 40.25 | 49.75 | | | | | | 88 |
| 54 | 22.25 | 32.25 | 42.25 | 52.25 | | | | | | 88 |
| 55 | 23.35 | 33.90 | 44.45 | 55.00 | | | | | | 89 |
| 56 | 24.35 | 35.40 | 46.45 | 57.50 | | | | | | 89 |
| 57 | 25.55 | 37.20 | 48.85 | 60.50 | | | | | | 89 |
| 58 | 26.65 | 38.85 | 51.05 | 63.25 | | | | | | 89 |
| 59 | 27.85 | 40.65 | 53.45 | 66.25 | | | | | | 89 |
| 60 | 28.55 | 41.70 | 54.85 | 68.00 | | | | | | 90 |
| 61 | | | | | | | | | | 90 |
| 62 | | | | | | | | | | 90 |
| 63 | | | | | | | | | | 90 |
| 64 | | | | | | | | | | 90 |
| 65 | | | | | | | | | | 90 |
| 66 | | | | | | | | | | 90 |
| 67 | | | | | | | | | | 91 |
| 68 | | | | | | | | | | 91 |
| 69 | | | | | | | | | | 91 |
| 70 | | | | | | | | | | 91 |

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

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

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

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

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

| Issue Age (ALB) | Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) | | | | | | | | | GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium |
|-----------------|---|----------|----------|----------|----------|----------|----------|----------|----------|--|
| | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 | |
| 15D-1 | | | | | | | | | | 81 |
| 2-4 | | | | | | | | | | 80 |
| 5-8 | | | | | | | | | | 79 |
| 9-10 | | | | | | | | | | 79 |
| 11-16 | | | | | | | | | | 77 |
| 17-20 | | | | 17.25 | 20.25 | 23.25 | 26.25 | 29.25 | 32.25 | 71 |
| 21-22 | | | | 18.00 | 21.15 | 24.30 | 27.45 | 30.60 | 33.75 | 71 |
| 23 | | | | 18.75 | 22.05 | 25.35 | 28.65 | 31.95 | 35.25 | 72 |
| 24-25 | | | | 19.25 | 22.65 | 26.05 | 29.45 | 32.85 | 36.25 | 71 |
| 26 | | | | 19.75 | 23.25 | 26.75 | 30.25 | 33.75 | 37.25 | 72 |
| 27-28 | | | | 20.25 | 23.85 | 27.45 | 31.05 | 34.65 | 38.25 | 71 |
| 29 | | | | 20.50 | 24.15 | 27.80 | 31.45 | 35.10 | 38.75 | 71 |
| 30-31 | | | | 23.00 | 27.15 | 31.30 | 35.45 | 39.60 | 43.75 | 72 |
| 32 | | | | 23.75 | 28.05 | 32.35 | 36.65 | 40.95 | 45.25 | 72 |
| 33 | | | | 24.00 | 28.35 | 32.70 | 37.05 | 41.40 | 45.75 | 72 |
| 34 | | | | 24.25 | 28.65 | 33.05 | 37.45 | 41.85 | 46.25 | 71 |
| 35 | | 16.50 | 21.25 | 26.00 | 30.75 | 35.50 | 40.25 | 45.00 | 49.75 | 72 |
| 36 | | 16.95 | 21.85 | 26.75 | 31.65 | 36.55 | 41.45 | 46.35 | 51.25 | 72 |
| 37 | | 18.00 | 23.25 | 28.50 | 33.75 | 39.00 | 44.25 | 49.50 | 54.75 | 73 |
| 38 | | 18.45 | 23.85 | 29.25 | 34.65 | 40.05 | 45.45 | 50.85 | 56.25 | 73 |
| 39 | | 19.65 | 25.45 | 31.25 | 37.05 | 42.85 | 48.65 | 54.45 | 60.25 | 74 |
| 40 | 14.95 | 21.30 | 27.65 | 34.00 | 40.35 | 46.70 | 53.05 | 59.40 | 65.75 | 76 |
| 41 | 15.85 | 22.65 | 29.45 | 36.25 | 43.05 | 49.85 | 56.65 | 63.45 | 70.25 | 77 |
| 42 | 16.95 | 24.30 | 31.65 | 39.00 | 46.35 | 53.70 | 61.05 | 68.40 | 75.75 | 78 |
| 43 | 18.35 | 26.40 | 34.45 | 42.50 | 50.55 | 58.60 | 66.65 | 74.70 | 82.75 | 80 |
| 44 | 19.05 | 27.45 | 35.85 | 44.25 | 52.65 | 61.05 | 69.45 | 77.85 | 86.25 | 80 |
| 45 | 20.05 | 28.95 | 37.85 | 46.75 | 55.65 | 64.55 | 73.45 | 82.35 | 91.25 | 81 |
| 46 | 20.85 | 30.15 | 39.45 | 48.75 | 58.05 | 67.35 | 76.65 | 85.95 | 95.25 | 81 |
| 47 | 21.85 | 31.65 | 41.45 | 51.25 | 61.05 | 70.85 | 80.65 | 90.45 | 100.25 | 82 |
| 48 | 22.75 | 33.00 | 43.25 | 53.50 | 63.75 | 74.00 | 84.25 | 94.50 | 104.75 | 82 |
| 49 | 24.05 | 34.95 | 45.85 | 56.75 | 67.65 | 78.55 | 89.45 | 100.35 | 111.25 | 83 |
| 50 | 25.15 | 36.60 | 48.05 | 59.50 | | | | | | 83 |
| 51 | 26.25 | 38.25 | 50.25 | 62.25 | | | | | | 83 |
| 52 | 27.85 | 40.65 | 53.45 | 66.25 | | | | | | 84 |
| 53 | 29.25 | 42.75 | 56.25 | 69.75 | | | | | | 85 |
| 54 | 30.55 | 44.70 | 58.85 | 73.00 | | | | | | 85 |
| 55 | 31.95 | 46.80 | 61.65 | 76.50 | | | | | | 85 |
| 56 | 33.55 | 49.20 | 64.85 | 80.50 | | | | | | 85 |
| 57 | 35.15 | 51.60 | 68.05 | 84.50 | | | | | | 86 |
| 58 | 36.85 | 54.15 | 71.45 | 88.75 | | | | | | 86 |
| 59 | 38.55 | 56.70 | 74.85 | 93.00 | | | | | | 86 |
| 60 | 39.55 | 58.20 | 76.85 | 95.50 | | | | | | 86 |
| 61 | | | | | | | | | | 86 |
| 62 | | | | | | | | | | 87 |
| 63 | | | | | | | | | | 87 |
| 64 | | | | | | | | | | 87 |
| 65 | | | | | | | | | | 87 |
| 66 | | | | | | | | | | 88 |
| 67 | | | | | | | | | | 88 |
| 68 | | | | | | | | | | 88 |
| 69 | | | | | | | | | | 88 |
| 70 | | | | | | | | | | 89 |

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

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

ESC Regions 1, 2 & 3

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 8th day | Plan IV | On the 61st day |
| Plan II | On the 15th day | Plan V | On the 91st day |
| Plan III | On the 31st day | Plan VI | On the 151st day |



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



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



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



Disability or disabled for the first 24 months of Disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, Disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

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 (8th) | Plan II (15th) | Plan III (31st) | Plan IV (61st) | Plan V (91st) | Plan VI (151st) |
| \$ 286.00 - \$ 428.99 | \$ 200.00 | \$ 20,000.00 | \$ 8.00 | \$ 7.28 | \$ 5.80 | \$ 4.92 | \$ 4.16 | \$ 3.12 |
| \$ 429.00 - \$ 571.99 | \$ 300.00 | \$ 20,000.00 | \$ 12.00 | \$ 10.92 | \$ 8.70 | \$ 7.38 | \$ 6.24 | \$ 4.68 |
| \$ 572.00 - \$ 714.99 | \$ 400.00 | \$ 20,000.00 | \$ 16.00 | \$ 14.56 | \$ 11.60 | \$ 9.84 | \$ 8.32 | \$ 6.24 |
| \$ 715.00 - \$ 857.99 | \$ 500.00 | \$ 20,000.00 | \$ 20.00 | \$ 18.20 | \$ 14.50 | \$ 12.30 | \$ 10.40 | \$ 7.80 |
| \$ 858.00 - \$ 999.99 | \$ 600.00 | \$ 20,000.00 | \$ 24.00 | \$ 21.84 | \$ 17.40 | \$ 14.76 | \$ 12.48 | \$ 9.36 |
| \$ 1,000.00 - \$ 1,142.99 | \$ 700.00 | \$ 20,000.00 | \$ 28.00 | \$ 25.48 | \$ 20.30 | \$ 17.22 | \$ 14.56 | \$ 10.92 |
| \$ 1,143.00 - \$ 1,285.99 | \$ 800.00 | \$ 20,000.00 | \$ 32.00 | \$ 29.12 | \$ 23.20 | \$ 19.68 | \$ 16.64 | \$ 12.48 |
| \$ 1,286.00 - \$ 1,428.99 | \$ 900.00 | \$ 20,000.00 | \$ 36.00 | \$ 32.76 | \$ 26.10 | \$ 22.14 | \$ 18.72 | \$ 14.04 |
| \$ 1,429.00 - \$ 1,571.99 | \$ 1,000.00 | \$ 20,000.00 | \$ 40.00 | \$ 36.40 | \$ 29.00 | \$ 24.60 | \$ 20.80 | \$ 15.60 |
| \$ 1,572.00 - \$ 1,714.99 | \$ 1,100.00 | \$ 20,000.00 | \$ 44.00 | \$ 40.04 | \$ 31.90 | \$ 27.06 | \$ 22.88 | \$ 17.16 |
| \$ 1,715.00 - \$ 1,857.99 | \$ 1,200.00 | \$ 20,000.00 | \$ 48.00 | \$ 43.68 | \$ 34.80 | \$ 29.52 | \$ 24.96 | \$ 18.72 |
| \$ 1,858.00 - \$ 1,999.99 | \$ 1,300.00 | \$ 20,000.00 | \$ 52.00 | \$ 47.32 | \$ 37.70 | \$ 31.98 | \$ 27.04 | \$ 20.28 |
| \$ 2,000.00 - \$ 2,142.99 | \$ 1,400.00 | \$ 20,000.00 | \$ 56.00 | \$ 50.96 | \$ 40.60 | \$ 34.44 | \$ 29.12 | \$ 21.84 |
| \$ 2,143.00 - \$ 2,285.99 | \$ 1,500.00 | \$ 20,000.00 | \$ 60.00 | \$ 54.60 | \$ 43.50 | \$ 36.90 | \$ 31.20 | \$ 23.40 |
| \$ 2,286.00 - \$ 2,428.99 | \$ 1,600.00 | \$ 20,000.00 | \$ 64.00 | \$ 58.24 | \$ 46.40 | \$ 39.36 | \$ 33.28 | \$ 24.96 |
| \$ 2,429.00 - \$ 2,571.99 | \$ 1,700.00 | \$ 20,000.00 | \$ 68.00 | \$ 61.88 | \$ 49.30 | \$ 41.82 | \$ 35.36 | \$ 26.52 |
| \$ 2,572.00 - \$ 2,714.99 | \$ 1,800.00 | \$ 20,000.00 | \$ 72.00 | \$ 65.52 | \$ 52.20 | \$ 44.28 | \$ 37.44 | \$ 28.08 |
| \$ 2,715.00 - \$ 2,857.99 | \$ 1,900.00 | \$ 20,000.00 | \$ 76.00 | \$ 69.16 | \$ 55.10 | \$ 46.74 | \$ 39.52 | \$ 29.64 |
| \$ 2,858.00 - \$ 2,999.99 | \$ 2,000.00 | \$ 20,000.00 | \$ 80.00 | \$ 72.80 | \$ 58.00 | \$ 49.20 | \$ 41.60 | \$ 31.20 |
| \$ 3,000.00 - \$ 3,142.99 | \$ 2,100.00 | \$ 20,000.00 | \$ 84.00 | \$ 76.44 | \$ 60.90 | \$ 51.66 | \$ 43.68 | \$ 32.76 |
| \$ 3,143.00 - \$ 3,285.99 | \$ 2,200.00 | \$ 20,000.00 | \$ 88.00 | \$ 80.08 | \$ 63.80 | \$ 54.12 | \$ 45.76 | \$ 34.32 |
| \$ 3,286.00 - \$ 3,428.99 | \$ 2,300.00 | \$ 20,000.00 | \$ 92.00 | \$ 83.72 | \$ 66.70 | \$ 56.58 | \$ 47.84 | \$ 35.88 |
| \$ 3,429.00 - \$ 3,571.99 | \$ 2,400.00 | \$ 20,000.00 | \$ 96.00 | \$ 87.36 | \$ 69.60 | \$ 59.04 | \$ 49.92 | \$ 37.44 |
| \$ 3,572.00 - \$ 3,714.99 | \$ 2,500.00 | \$ 20,000.00 | \$ 100.00 | \$ 91.00 | \$ 72.50 | \$ 61.50 | \$ 52.00 | \$ 39.00 |
| \$ 3,715.00 - \$ 3,857.99 | \$ 2,600.00 | \$ 20,000.00 | \$ 104.00 | \$ 94.64 | \$ 75.40 | \$ 63.96 | \$ 54.08 | \$ 40.56 |
| \$ 3,858.00 - \$ 3,999.99 | \$ 2,700.00 | \$ 20,000.00 | \$ 108.00 | \$ 98.28 | \$ 78.30 | \$ 66.42 | \$ 56.16 | \$ 42.12 |
| \$ 4,000.00 - \$ 4,142.99 | \$ 2,800.00 | \$ 20,000.00 | \$ 112.00 | \$ 101.92 | \$ 81.20 | \$ 68.88 | \$ 58.24 | \$ 43.68 |
| \$ 4,143.00 - \$ 4,285.99 | \$ 2,900.00 | \$ 20,000.00 | \$ 116.00 | \$ 105.56 | \$ 84.10 | \$ 71.34 | \$ 60.32 | \$ 45.24 |
| \$ 4,286.00 - \$ 4,428.99 | \$ 3,000.00 | \$ 20,000.00 | \$ 120.00 | \$ 109.20 | \$ 87.00 | \$ 73.80 | \$ 62.40 | \$ 46.80 |
| \$ 4,429.00 - \$ 4,571.99 | \$ 3,100.00 | \$ 20,000.00 | \$ 124.00 | \$ 112.84 | \$ 89.90 | \$ 76.26 | \$ 64.48 | \$ 48.36 |
| \$ 4,572.00 - \$ 4,714.99 | \$ 3,200.00 | \$ 20,000.00 | \$ 128.00 | \$ 116.48 | \$ 92.80 | \$ 78.72 | \$ 66.56 | \$ 49.92 |
| \$ 4,715.00 - \$ 4,857.99 | \$ 3,300.00 | \$ 20,000.00 | \$ 132.00 | \$ 120.12 | \$ 95.70 | \$ 81.18 | \$ 68.64 | \$ 51.48 |
| \$ 4,858.00 - \$ 4,999.99 | \$ 3,400.00 | \$ 20,000.00 | \$ 136.00 | \$ 123.76 | \$ 98.60 | \$ 83.64 | \$ 70.72 | \$ 53.04 |
| \$ 5,000.00 - \$ 5,142.99 | \$ 3,500.00 | \$ 20,000.00 | \$ 140.00 | \$ 127.40 | \$ 101.50 | \$ 86.10 | \$ 72.80 | \$ 54.60 |
| \$ 5,143.00 - \$ 5,285.99 | \$ 3,600.00 | \$ 20,000.00 | \$ 144.00 | \$ 131.04 | \$ 104.40 | \$ 88.56 | \$ 74.88 | \$ 56.16 |
| \$ 5,286.00 - \$ 5,428.99 | \$ 3,700.00 | \$ 20,000.00 | \$ 148.00 | \$ 134.68 | \$ 107.30 | \$ 91.02 | \$ 76.96 | \$ 57.72 |
| \$ 5,429.00 - \$ 5,571.99 | \$ 3,800.00 | \$ 20,000.00 | \$ 152.00 | \$ 138.32 | \$ 110.20 | \$ 93.48 | \$ 79.04 | \$ 59.28 |

Benefit Policy Schedule (continued)

| | | | Monthly Premiums | | | | | |
|---------------------------|----------------------------|--------------------------|------------------|----------------|-----------------|----------------|---------------|-----------------|
| Monthly Salary | Monthly Disability Benefit | Accidental Death Benefit | Plan I (8th) | Plan II (15th) | Plan III (31st) | Plan IV (61st) | Plan V (91st) | Plan VI (151st) |
| \$5,572.00 - \$5,714.99 | \$3,900.00 | \$20,000.00 | \$156.00 | \$141.96 | \$113.10 | \$95.94 | \$81.12 | \$60.84 |
| \$5,715.00 - \$5,857.99 | \$4,000.00 | \$20,000.00 | \$160.00 | \$145.60 | \$116.00 | \$98.40 | \$83.20 | \$62.40 |
| \$5,858.00 - \$5,999.99 | \$4,100.00 | \$20,000.00 | \$164.00 | \$149.24 | \$118.90 | \$100.86 | \$85.28 | \$63.96 |
| \$6,000.00 - \$6,142.99 | \$4,200.00 | \$20,000.00 | \$168.00 | \$152.88 | \$121.80 | \$103.32 | \$87.36 | \$65.52 |
| \$6,143.00 - \$6,285.99 | \$4,300.00 | \$20,000.00 | \$172.00 | \$156.52 | \$124.70 | \$105.78 | \$89.44 | \$67.08 |
| \$6,286.00 - \$6,428.99 | \$4,400.00 | \$20,000.00 | \$176.00 | \$160.16 | \$127.60 | \$108.24 | \$91.52 | \$68.64 |
| \$6,429.00 - \$6,571.99 | \$4,500.00 | \$20,000.00 | \$180.00 | \$163.80 | \$130.50 | \$110.70 | \$93.60 | \$70.20 |
| \$6,572.00 - \$6,714.99 | \$4,600.00 | \$20,000.00 | \$184.00 | \$167.44 | \$133.40 | \$113.16 | \$95.68 | \$71.76 |
| \$6,715.00 - \$6,857.99 | \$4,700.00 | \$20,000.00 | \$188.00 | \$171.08 | \$136.30 | \$115.62 | \$97.76 | \$73.32 |
| \$6,858.00 - \$6,999.99 | \$4,800.00 | \$20,000.00 | \$192.00 | \$174.72 | \$139.20 | \$118.08 | \$99.84 | \$74.88 |
| \$7,000.00 - \$7,142.99 | \$4,900.00 | \$20,000.00 | \$196.00 | \$178.36 | \$142.10 | \$120.54 | \$101.92 | \$76.44 |
| \$7,143.00 - \$7,285.99 | \$5,000.00 | \$20,000.00 | \$200.00 | \$182.00 | \$145.00 | \$123.00 | \$104.00 | \$78.00 |
| \$7,286.00 - \$7,428.99 | \$5,100.00 | \$20,000.00 | \$204.00 | \$185.64 | \$147.90 | \$125.46 | \$106.08 | \$79.56 |
| \$7,429.00 - \$7,571.99 | \$5,200.00 | \$20,000.00 | \$208.00 | \$189.28 | \$150.80 | \$127.92 | \$108.16 | \$81.12 |
| \$7,572.00 - \$7,714.99 | \$5,300.00 | \$20,000.00 | \$212.00 | \$192.92 | \$153.70 | \$130.38 | \$110.24 | \$82.68 |
| \$7,715.00 - \$7,857.99 | \$5,400.00 | \$20,000.00 | \$216.00 | \$196.56 | \$156.60 | \$132.84 | \$112.32 | \$84.24 |
| \$7,858.00 - \$7,999.99 | \$5,500.00 | \$20,000.00 | \$220.00 | \$200.20 | \$159.50 | \$135.30 | \$114.40 | \$85.80 |
| \$8,000.00 - \$8,142.99 | \$5,600.00 | \$20,000.00 | \$224.00 | \$203.84 | \$162.40 | \$137.76 | \$116.48 | \$87.36 |
| \$8,143.00 - \$8,285.99 | \$5,700.00 | \$20,000.00 | \$228.00 | \$207.48 | \$165.30 | \$140.22 | \$118.56 | \$88.92 |
| \$8,286.00 - \$8,428.99 | \$5,800.00 | \$20,000.00 | \$232.00 | \$211.12 | \$168.20 | \$142.68 | \$120.64 | \$90.48 |
| \$8,429.00 - \$8,571.99 | \$5,900.00 | \$20,000.00 | \$236.00 | \$214.76 | \$171.10 | \$145.14 | \$122.72 | \$92.04 |
| \$8,572.00 - \$8,713.99 | \$6,000.00 | \$20,000.00 | \$240.00 | \$218.40 | \$174.00 | \$147.60 | \$124.80 | \$93.60 |
| \$8,714.00 - \$8,856.99 | \$6,100.00 | \$20,000.00 | \$244.00 | \$222.04 | \$176.90 | \$150.06 | \$126.88 | \$95.16 |
| \$8,857.00 - \$8,999.99 | \$6,200.00 | \$20,000.00 | \$248.00 | \$225.68 | \$179.80 | \$152.52 | \$128.96 | \$96.72 |
| \$9,000.00 - \$9,142.99 | \$6,300.00 | \$20,000.00 | \$252.00 | \$229.32 | \$182.70 | \$154.98 | \$131.04 | \$98.28 |
| \$9,143.00 - \$9,285.99 | \$6,400.00 | \$20,000.00 | \$256.00 | \$232.96 | \$185.60 | \$157.44 | \$133.12 | \$99.84 |
| \$9,286.00 - \$9,428.99 | \$6,500.00 | \$20,000.00 | \$260.00 | \$236.60 | \$188.50 | \$159.90 | \$135.20 | \$101.40 |
| \$9,429.00 - \$9,570.99 | \$6,600.00 | \$20,000.00 | \$264.00 | \$240.24 | \$191.40 | \$162.36 | \$137.28 | \$102.96 |
| \$9,571.00 - \$9,713.99 | \$6,700.00 | \$20,000.00 | \$268.00 | \$243.88 | \$194.30 | \$164.82 | \$139.36 | \$104.52 |
| \$9,714.00 - \$9,856.99 | \$6,800.00 | \$20,000.00 | \$272.00 | \$247.52 | \$197.20 | \$167.28 | \$141.44 | \$106.08 |
| \$9,857.00 - \$9,999.99 | \$6,900.00 | \$20,000.00 | \$276.00 | \$251.16 | \$200.10 | \$169.74 | \$143.52 | \$107.64 |
| \$10,000.00 - \$10,142.99 | \$7,000.00 | \$20,000.00 | \$280.00 | \$254.80 | \$203.00 | \$172.20 | \$145.60 | \$109.20 |
| \$10,143.00 - \$10,285.99 | \$7,100.00 | \$20,000.00 | \$284.00 | \$258.44 | \$205.90 | \$174.66 | \$147.68 | \$110.76 |
| \$10,286.00 - \$10,428.99 | \$7,200.00 | \$20,000.00 | \$288.00 | \$262.08 | \$208.80 | \$177.12 | \$149.76 | \$112.32 |
| \$10,429.00 - \$10,570.99 | \$7,300.00 | \$20,000.00 | \$292.00 | \$265.72 | \$211.70 | \$179.58 | \$151.84 | \$113.88 |
| \$10,571.00 - \$10,713.99 | \$7,400.00 | \$20,000.00 | \$296.00 | \$269.36 | \$214.60 | \$182.04 | \$153.92 | \$115.44 |
| \$10,714.00 - \$10,856.99 | \$7,500.00 | \$20,000.00 | \$300.00 | \$273.00 | \$217.50 | \$184.50 | \$156.00 | \$117.00 |

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

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.





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

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



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



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



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



Disability or disabled for the first 24 months of Disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, Disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

AF™ Long-Term Disability Income Insurance

ESC Regions 1, 2 & 3

Marketed by:



AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 66^{2/3}% of your monthly compensation.

| Monthly Salary | Monthly Disability Benefit | Accidental Death Benefit | Monthly Premiums | | | | | |
|-------------------------|----------------------------|--------------------------|------------------|----------------|-----------------|----------------|---------------|-----------------|
| | | | Plan I (8th) | Plan II (15th) | Plan III (31st) | Plan IV (61st) | Plan V (91st) | Plan VI (151st) |
| \$300.00 - \$449.99 | \$200.00 | \$20,000.00 | \$6.56 | \$5.60 | \$5.16 | \$2.84 | \$2.12 | \$1.36 |
| \$450.00 - \$599.99 | \$300.00 | \$20,000.00 | \$9.84 | \$8.40 | \$7.74 | \$4.26 | \$3.18 | \$2.04 |
| \$600.00 - \$749.99 | \$400.00 | \$20,000.00 | \$13.12 | \$11.20 | \$10.32 | \$5.68 | \$4.24 | \$2.72 |
| \$750.00 - \$899.99 | \$500.00 | \$20,000.00 | \$16.40 | \$14.00 | \$12.90 | \$7.10 | \$5.30 | \$3.40 |
| \$900.00 - \$1,049.99 | \$600.00 | \$20,000.00 | \$19.68 | \$16.80 | \$15.48 | \$8.52 | \$6.36 | \$4.08 |
| \$1,050.00 - \$1,199.99 | \$700.00 | \$20,000.00 | \$22.96 | \$19.60 | \$18.06 | \$9.94 | \$7.42 | \$4.76 |
| \$1,200.00 - \$1,349.99 | \$800.00 | \$20,000.00 | \$26.24 | \$22.40 | \$20.64 | \$11.36 | \$8.48 | \$5.44 |
| \$1,350.00 - \$1,499.99 | \$900.00 | \$20,000.00 | \$29.52 | \$25.20 | \$23.22 | \$12.78 | \$9.54 | \$6.12 |
| \$1,500.00 - \$1,649.99 | \$1,000.00 | \$20,000.00 | \$32.80 | \$28.00 | \$25.80 | \$14.20 | \$10.60 | \$6.80 |
| \$1,650.00 - \$1,799.99 | \$1,100.00 | \$20,000.00 | \$36.08 | \$30.80 | \$28.38 | \$15.62 | \$11.66 | \$7.48 |
| \$1,800.00 - \$1,949.99 | \$1,200.00 | \$20,000.00 | \$39.36 | \$33.60 | \$30.96 | \$17.04 | \$12.72 | \$8.16 |
| \$1,950.00 - \$2,099.99 | \$1,300.00 | \$20,000.00 | \$42.64 | \$36.40 | \$33.54 | \$18.46 | \$13.78 | \$8.84 |
| \$2,100.00 - \$2,249.99 | \$1,400.00 | \$20,000.00 | \$45.92 | \$39.20 | \$36.12 | \$19.88 | \$14.84 | \$9.52 |
| \$2,250.00 - \$2,399.99 | \$1,500.00 | \$20,000.00 | \$49.20 | \$42.00 | \$38.70 | \$21.30 | \$15.90 | \$10.20 |
| \$2,400.00 - \$2,549.99 | \$1,600.00 | \$20,000.00 | \$52.48 | \$44.80 | \$41.28 | \$22.72 | \$16.96 | \$10.88 |
| \$2,550.00 - \$2,699.99 | \$1,700.00 | \$20,000.00 | \$55.76 | \$47.60 | \$43.86 | \$24.14 | \$18.02 | \$11.56 |
| \$2,700.00 - \$2,849.99 | \$1,800.00 | \$20,000.00 | \$59.04 | \$50.40 | \$46.44 | \$25.56 | \$19.08 | \$12.24 |
| \$2,850.00 - \$2,999.99 | \$1,900.00 | \$20,000.00 | \$62.32 | \$53.20 | \$49.02 | \$26.98 | \$20.14 | \$12.92 |
| \$3,000.00 - \$3,149.99 | \$2,000.00 | \$20,000.00 | \$65.60 | \$56.00 | \$51.60 | \$28.40 | \$21.20 | \$13.60 |
| \$3,150.00 - \$3,299.99 | \$2,100.00 | \$20,000.00 | \$68.88 | \$58.80 | \$54.18 | \$29.82 | \$22.26 | \$14.28 |
| \$3,300.00 - \$3,449.99 | \$2,200.00 | \$20,000.00 | \$72.16 | \$61.60 | \$56.76 | \$31.24 | \$23.32 | \$14.96 |
| \$3,450.00 - \$3,599.99 | \$2,300.00 | \$20,000.00 | \$75.44 | \$64.40 | \$59.34 | \$32.66 | \$24.38 | \$15.64 |
| \$3,600.00 - \$3,749.99 | \$2,400.00 | \$20,000.00 | \$78.72 | \$67.20 | \$61.92 | \$34.08 | \$25.44 | \$16.32 |
| \$3,750.00 - \$3,899.99 | \$2,500.00 | \$20,000.00 | \$82.00 | \$70.00 | \$64.50 | \$35.50 | \$26.50 | \$17.00 |
| \$3,900.00 - \$4,049.99 | \$2,600.00 | \$20,000.00 | \$85.28 | \$72.80 | \$67.08 | \$36.92 | \$27.56 | \$17.68 |
| \$4,050.00 - \$4,199.99 | \$2,700.00 | \$20,000.00 | \$88.56 | \$75.60 | \$69.66 | \$38.34 | \$28.62 | \$18.36 |
| \$4,200.00 - \$4,349.99 | \$2,800.00 | \$20,000.00 | \$91.84 | \$78.40 | \$72.24 | \$39.76 | \$29.68 | \$19.04 |
| \$4,350.00 - \$4,499.99 | \$2,900.00 | \$20,000.00 | \$95.12 | \$81.20 | \$74.82 | \$41.18 | \$30.74 | \$19.72 |
| \$4,500.00 - \$4,649.99 | \$3,000.00 | \$20,000.00 | \$98.40 | \$84.00 | \$77.40 | \$42.60 | \$31.80 | \$20.40 |
| \$4,650.00 - \$4,799.99 | \$3,100.00 | \$20,000.00 | \$101.68 | \$86.80 | \$79.98 | \$44.02 | \$32.86 | \$21.08 |
| \$4,800.00 - \$4,949.99 | \$3,200.00 | \$20,000.00 | \$104.96 | \$89.60 | \$82.56 | \$45.44 | \$33.92 | \$21.76 |
| \$4,950.00 - \$5,099.99 | \$3,300.00 | \$20,000.00 | \$108.24 | \$92.40 | \$85.14 | \$46.86 | \$34.98 | \$22.44 |
| \$5,100.00 - \$5,249.99 | \$3,400.00 | \$20,000.00 | \$111.52 | \$95.20 | \$87.72 | \$48.28 | \$36.04 | \$23.12 |
| \$5,250.00 - \$5,399.99 | \$3,500.00 | \$20,000.00 | \$114.80 | \$98.00 | \$90.30 | \$49.70 | \$37.10 | \$23.80 |
| \$5,400.00 - \$5,549.99 | \$3,600.00 | \$20,000.00 | \$118.08 | \$100.80 | \$92.88 | \$51.12 | \$38.16 | \$24.48 |
| \$5,550.00 - \$5,699.99 | \$3,700.00 | \$20,000.00 | \$121.36 | \$103.60 | \$95.46 | \$52.54 | \$39.22 | \$25.16 |
| \$5,700.00 - \$5,849.99 | \$3,800.00 | \$20,000.00 | \$124.64 | \$106.40 | \$98.04 | \$53.96 | \$40.28 | \$25.84 |

Benefit Policy Schedule (continued)

| Monthly Salary | Monthly Disability Benefit | Accidental Death Benefit | Monthly Premiums | | | | | |
|---------------------------|----------------------------|--------------------------|------------------|----------------|-----------------|----------------|---------------|-----------------|
| | | | Plan I (8th) | Plan II (15th) | Plan III (31st) | Plan IV (61st) | Plan V (91st) | Plan VI (151st) |
| \$5,850.00 - \$5,999.99 | \$3,900.00 | \$20,000.00 | \$127.92 | \$109.20 | \$100.62 | \$55.38 | \$41.34 | \$26.52 |
| \$6,000.00 - \$6,149.99 | \$4,000.00 | \$20,000.00 | \$131.20 | \$112.00 | \$103.20 | \$56.80 | \$42.40 | \$27.20 |
| \$6,150.00 - \$6,299.99 | \$4,100.00 | \$20,000.00 | \$134.48 | \$114.80 | \$105.78 | \$58.22 | \$43.46 | \$27.88 |
| \$6,300.00 - \$6,449.99 | \$4,200.00 | \$20,000.00 | \$137.76 | \$117.60 | \$108.36 | \$59.64 | \$44.52 | \$28.56 |
| \$6,450.00 - \$6,599.99 | \$4,300.00 | \$20,000.00 | \$141.04 | \$120.40 | \$110.94 | \$61.06 | \$45.58 | \$29.24 |
| \$6,600.00 - \$6,749.99 | \$4,400.00 | \$20,000.00 | \$144.32 | \$123.20 | \$113.52 | \$62.48 | \$46.64 | \$29.92 |
| \$6,750.00 - \$6,899.99 | \$4,500.00 | \$20,000.00 | \$147.60 | \$126.00 | \$116.10 | \$63.90 | \$47.70 | \$30.60 |
| \$6,900.00 - \$7,049.99 | \$4,600.00 | \$20,000.00 | \$150.88 | \$128.80 | \$118.68 | \$65.32 | \$48.76 | \$31.28 |
| \$7,050.00 - \$7,199.99 | \$4,700.00 | \$20,000.00 | \$154.16 | \$131.60 | \$121.26 | \$66.74 | \$49.82 | \$31.96 |
| \$7,200.00 - \$7,349.99 | \$4,800.00 | \$20,000.00 | \$157.44 | \$134.40 | \$123.84 | \$68.16 | \$50.88 | \$32.64 |
| \$7,350.00 - \$7,499.99 | \$4,900.00 | \$20,000.00 | \$160.72 | \$137.20 | \$126.42 | \$69.58 | \$51.94 | \$33.32 |
| \$7,500.00 - \$7,649.99 | \$5,000.00 | \$20,000.00 | \$164.00 | \$140.00 | \$129.00 | \$71.00 | \$53.00 | \$34.00 |
| \$7,650.00 - \$7,799.99 | \$5,100.00 | \$20,000.00 | \$167.28 | \$142.80 | \$131.58 | \$72.42 | \$54.06 | \$34.68 |
| \$7,800.00 - \$7,949.99 | \$5,200.00 | \$20,000.00 | \$170.56 | \$145.60 | \$134.16 | \$73.84 | \$55.12 | \$35.36 |
| \$7,950.00 - \$8,099.99 | \$5,300.00 | \$20,000.00 | \$173.84 | \$148.40 | \$136.74 | \$75.26 | \$56.18 | \$36.04 |
| \$8,100.00 - \$8,249.99 | \$5,400.00 | \$20,000.00 | \$177.12 | \$151.20 | \$139.32 | \$76.68 | \$57.24 | \$36.72 |
| \$8,250.00 - \$8,399.99 | \$5,500.00 | \$20,000.00 | \$180.40 | \$154.00 | \$141.90 | \$78.10 | \$58.30 | \$37.40 |
| \$8,400.00 - \$8,549.99 | \$5,600.00 | \$20,000.00 | \$183.68 | \$156.80 | \$144.48 | \$79.52 | \$59.36 | \$38.08 |
| \$8,550.00 - \$8,699.99 | \$5,700.00 | \$20,000.00 | \$186.96 | \$159.60 | \$147.06 | \$80.94 | \$60.42 | \$38.76 |
| \$8,700.00 - \$8,849.99 | \$5,800.00 | \$20,000.00 | \$190.24 | \$162.40 | \$149.64 | \$82.36 | \$61.48 | \$39.44 |
| \$8,850.00 - \$8,999.99 | \$5,900.00 | \$20,000.00 | \$193.52 | \$165.20 | \$152.22 | \$83.78 | \$62.54 | \$40.12 |
| \$9,000.00 - \$9,149.99 | \$6,000.00 | \$20,000.00 | \$196.80 | \$168.00 | \$154.80 | \$85.20 | \$63.60 | \$40.80 |
| \$9,150.00 - \$9,299.99 | \$6,100.00 | \$20,000.00 | \$200.08 | \$170.80 | \$157.38 | \$86.62 | \$64.66 | \$41.48 |
| \$9,300.00 - \$9,449.99 | \$6,200.00 | \$20,000.00 | \$203.36 | \$173.60 | \$159.96 | \$88.04 | \$65.72 | \$42.16 |
| \$9,450.00 - \$9,599.99 | \$6,300.00 | \$20,000.00 | \$206.64 | \$176.40 | \$162.54 | \$89.46 | \$66.78 | \$42.84 |
| \$9,600.00 - \$9,749.99 | \$6,400.00 | \$20,000.00 | \$209.92 | \$179.20 | \$165.12 | \$90.88 | \$67.84 | \$43.52 |
| \$9,750.00 - \$9,899.99 | \$6,500.00 | \$20,000.00 | \$213.20 | \$182.00 | \$167.70 | \$92.30 | \$68.90 | \$44.20 |
| \$9,900.00 - \$10,049.99 | \$6,600.00 | \$20,000.00 | \$216.48 | \$184.80 | \$170.28 | \$93.72 | \$69.96 | \$44.88 |
| \$10,050.00 - \$10,199.99 | \$6,700.00 | \$20,000.00 | \$219.76 | \$187.60 | \$172.86 | \$95.14 | \$71.02 | \$45.56 |
| \$10,200.00 - \$10,349.99 | \$6,800.00 | \$20,000.00 | \$223.04 | \$190.40 | \$175.44 | \$96.56 | \$72.08 | \$46.24 |
| \$10,350.00 - \$10,499.99 | \$6,900.00 | \$20,000.00 | \$226.32 | \$193.20 | \$178.02 | \$97.98 | \$73.14 | \$46.92 |
| \$10,500.00 - \$10,649.99 | \$7,000.00 | \$20,000.00 | \$229.60 | \$196.00 | \$180.60 | \$99.40 | \$74.20 | \$47.60 |
| \$10,650.00 - \$10,799.99 | \$7,100.00 | \$20,000.00 | \$232.88 | \$198.80 | \$183.18 | \$100.82 | \$75.26 | \$48.28 |
| \$10,800.00 - \$10,949.99 | \$7,200.00 | \$20,000.00 | \$236.16 | \$201.60 | \$185.76 | \$102.24 | \$76.32 | \$48.96 |
| \$10,950.00 - \$11,099.99 | \$7,300.00 | \$20,000.00 | \$239.44 | \$204.40 | \$188.34 | \$103.66 | \$77.38 | \$49.64 |
| \$11,100.00 - \$11,249.99 | \$7,400.00 | \$20,000.00 | \$242.72 | \$207.20 | \$190.92 | \$105.08 | \$78.44 | \$50.32 |
| \$11,250.00 - \$11,399.99 | \$7,500.00 | \$20,000.00 | \$246.00 | \$210.00 | \$193.50 | \$106.50 | \$79.50 | \$51.00 |

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

Plan Benefit Highlights

Maximum Benefit Period

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

For Injury

| 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.*

For Sickness

| Age | Maximum Benefit Period |
|---------------|------------------------|
| Under 65 | 5 years |
| 65 through 68 | To age 70 |
| 69 or older | 1 year |

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.

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.

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

Plans IV-VI: 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.



Cancer Insurance

Plan Options



Guardian | www.guardianlife.com | 800-541-7846

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.

Ease the financial burden while healing

Fortunately, we can help with unexpected expenses

Every year, more and more people are being diagnosed with cancer.¹ Treatment of cancer can lead to unexpected expenses that create an additional financial burden. Cancer insurance helps fill in the gaps that medical insurance doesn't cover. Benefits are paid directly to the employee and may be used for any purpose - such as travel to treatment centers, medical co-pays, deductibles and experimental treatment, as well as everyday expenses like groceries, rent and ongoing household bills.

See next page for a schedule of paid benefits and monthly rates.

Enroll today

During this enrollment, you can elect coverage for you and your family:

- Convenient payroll deductions
- Portable
- Guarantee Issue: no health question asked at enrollment
- Pre-existing Condition Limitation - 3 month look back period, 12 month exclusion period for new enrollees (Does not apply for those transferring coverage)
- Waiver of Premium – if you become disabled due to cancer for 90 days, premiums will be waived thereafter so long as you continue to be disabled

Benefits Claim Example

| Kidney Cancer Diagnosis and Treatment | |
|--|-----------------|
| COVERED EVENTS | Benefit Paid |
| Cancer Screening Benefit | \$50 |
| Cancer Screening Follow Up | \$50 |
| Cancer Initial Diagnosis | \$1,500 |
| Second Surgical Opinion | \$300 |
| Hospital Confinement (3 days) | \$1,200 |
| Kidney Removal Surgery | \$3,000 |
| Medical Imaging (2 images) | \$400 |
| Anesthesia | \$750 |
| Radiation Therapy | \$15,000 |
| 2 Months of Anti-Nausea Medication | \$500 |
| Home Health Care (20 visits) | \$2,000 |
| Transportation for two travelers: 120 miles round-trip (12 trips at \$0.50/mile) | \$720 |
| Attending Doctor (3 days) | \$75 |
| TOTAL BENEFIT PAID UNDER POLICY | \$25,545 |

DID YOU KNOW?

2/3 of the cost
of cancer is non-medical¹

\$1,266
is the monthly average
out-of-pocket cost for cancer²

5% increase
In cancer costs every year³

62% of bankruptcies
are the result of medical
causes despite 76% of those
claiming bankruptcy had
medical insurance⁴

1 www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf;
2 "Study Links Medical Costs and Personal Bankruptcy," Bloomberg BusinessWeek, June 4, 2009
3 Duke University Medical Center, 2011
http://clearhealthcosts.com/tag/duke-university-medical-center

Annual Cancer Screening For Covered Employees and Family Members

**This plan pays you \$50 once
per calendar year per covered
individual. See schedule for a
list of covered procedures**

| COVERED EVENTS | | Premier Plan |
|---|---|--------------|
| Prevention & Non-Invasive Cancer Related Events | | |
| Cancer Screening Benefit | \$50/insured/year Includes a \$50 cancer screening follow up benefit | |
| Initial Diagnosis of Cancer | \$1,500 Employee \$1,500 Spouse \$1,500 Child | |
| Treatment Benefits | | |
| Radiation/Chemotherapy | Scheduled Amounts up to \$15,000 per year | |
| Blood, Plasma, Platelets | \$200/day up to \$10,000 per year | |
| Experimental Treatment | \$200 per day up to \$2,400 per month | |
| Surgical Benefit | Schedule amount up to \$5,500 | |
| Second Surgical Opinion | \$300 per surgical procedure | |
| Anesthesia | 25% of surgery benefit | |
| Bone Marrow/Stem Cell | Bone Marrow: \$10,000, Stem Cell: \$2,500, 50% for second transplant. \$1,500 for donor | |
| Immunotherapy | \$500 per month | |
| Hormone Therapy | \$50 per treatment up to 12 treatments per year | |
| Outpatient Surgical Center | \$350 per day, 3 days per procedure | |
| Hospital Confinement Benefits | | |
| Hospital Confinement | \$400 per day first 30 days | |
| Extended Hospital Confinement | \$800 per day for 31 st day thereafter | |
| Hospital Intensive Care | \$600/day first 30 days, \$800/day for 31 st day thereafter | |
| Government or Charity Hospital | \$400 per day in lieu of all other benefits | |
| Inpatient Special Nursing | \$150/day | |
| Attending Physician | \$25 per day while hospital confined | |
| Extended Care Facility | \$150 per day | |
| Home Health Care | \$100 per day | |
| Lodging and Transportation Benefits | | |
| Ambulance | \$250 per trip, limit 2 trips per hospital confinement | |
| Transportation/Companion Transportation | \$0.50 per mile up to \$1,500 per round trip/equal benefit for companion | |
| Outpatient and Family Member Lodging | \$100/day | |
| Miscellaneous Benefits | | |
| Hospice | \$100 per day | |
| Physical or Speech Therapy | \$50 per visit up to 4 visits per month | |
| Prosthesis | Surgically implanted \$3,000 per device, \$6,000 lifetime Non-surgical \$300/device, \$600 lifetime | |
| Skin Cancer | Biopsy Only: \$100, Reconstructive Surgery: \$250, Excision of a skin cancer: \$375, with flap or graft: \$600 | |
| Medical Imaging | \$200 per image up to 2 per year | |
| Anti-Nausea Medication | \$50 per day up to \$250 per month | |
| Reproductive Benefit | \$1500 egg harvesting, \$500 egg or sperm storage | |
| Reconstructive Surgery | Breast TRAM: \$3,000, Breast reconstruction: \$700, Breast Symmetry: \$350, Facial reconstruction: \$700 | |
| ICU Rider | \$600/day up to 30 days for each period of confinement. ICU confinement rider is paid for treatment of any sickness or injury other than internal Cancer | |
| Waiver of Premium | Included | |

| Tier | Monthly Premium |
|-----------------------|-----------------|
| Employee | \$23.00 |
| Employee & Spouse | \$38.82 |
| Employee & Child(ren) | \$25.48 |
| Family | \$41.30 |

INITIAL DIAGNOSIS BENEFIT

This one-time benefit pays \$1,500 for the first time diagnosis of internal cancer, other than carcinoma-in-situ, while covered under this plan.

Specified Disease

For Employees & Covered Family Members

The benefits of this plan will also pay if a covered person is diagnosed with one of the following Specified Diseases while coverage is in force.

Addison's Disease, ALS, Brucellosis, Cerebrospinal Meningitis, Cystic Fibrosis, Diphtheria, Encephalitis, Hansen's Disease, Hepatitis (Chronic B or Chronic C with liver failure), Legionnaire's Disease, Lyme Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis, Rabies, Reye's Syndrome, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Systemic Lupus Erythematosus, Tetanus, Thalassemia, Tuberculosis, Tularemia, Typhoid Fever

Only one specified disease from this list may be claimed under this plan.

Critical Illness Insurance

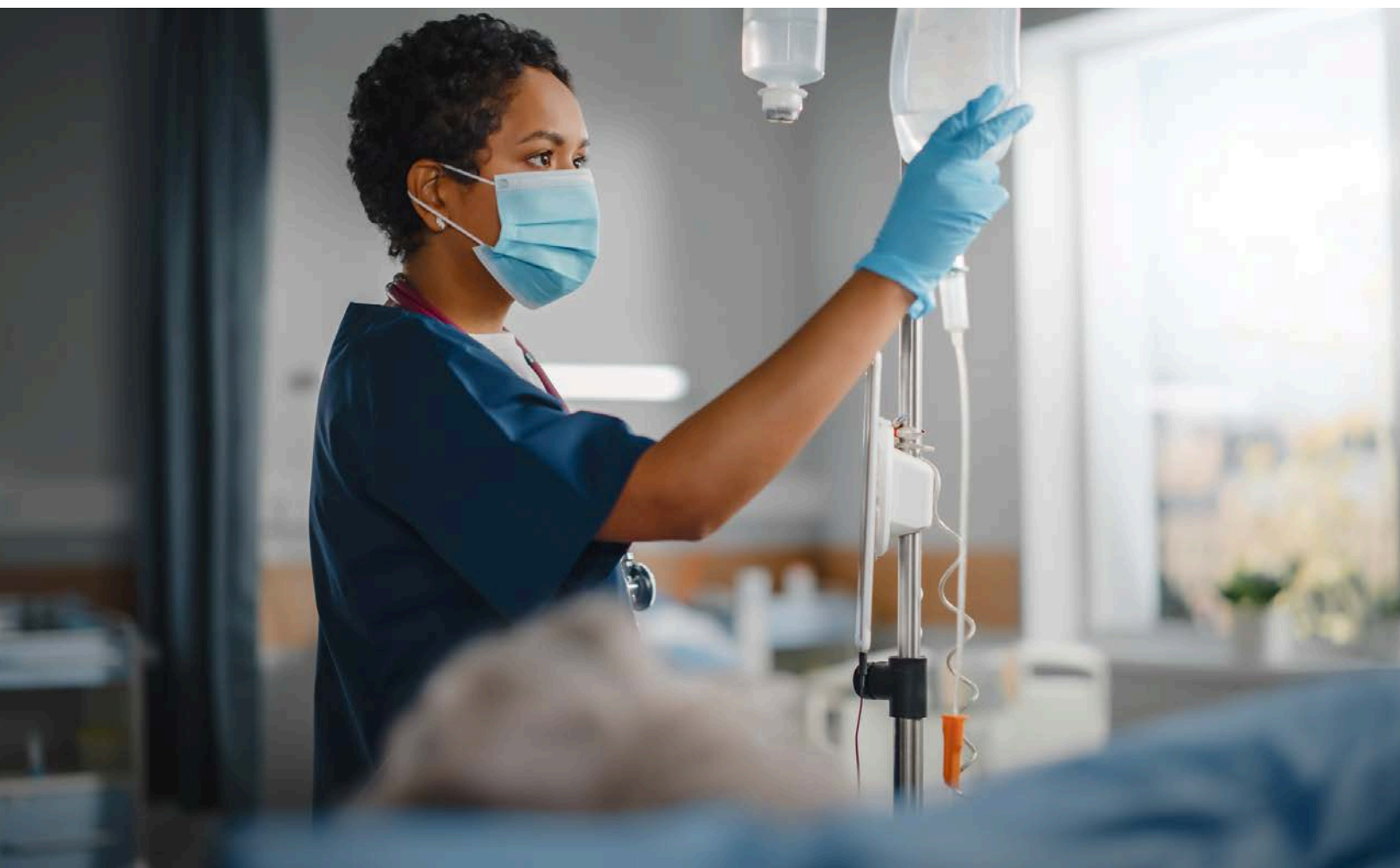
Aflac | www.aflacgroupinsurance.com | 800-433-3036

Prepare For the Unexpected

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

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

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



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

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

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

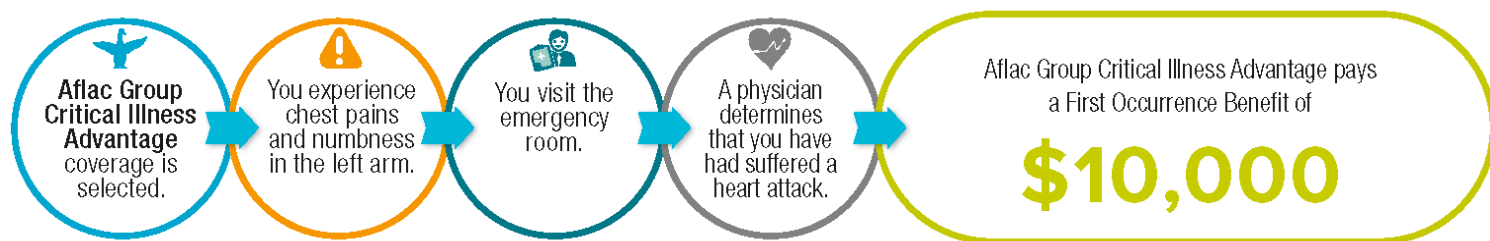
The Aflac Group Critical Illness plan benefits include:

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

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.
- Fast claims payment. Most claims are processed in about four days.

How it works



Amount payable based on \$10,000 First Occurrence Benefit.

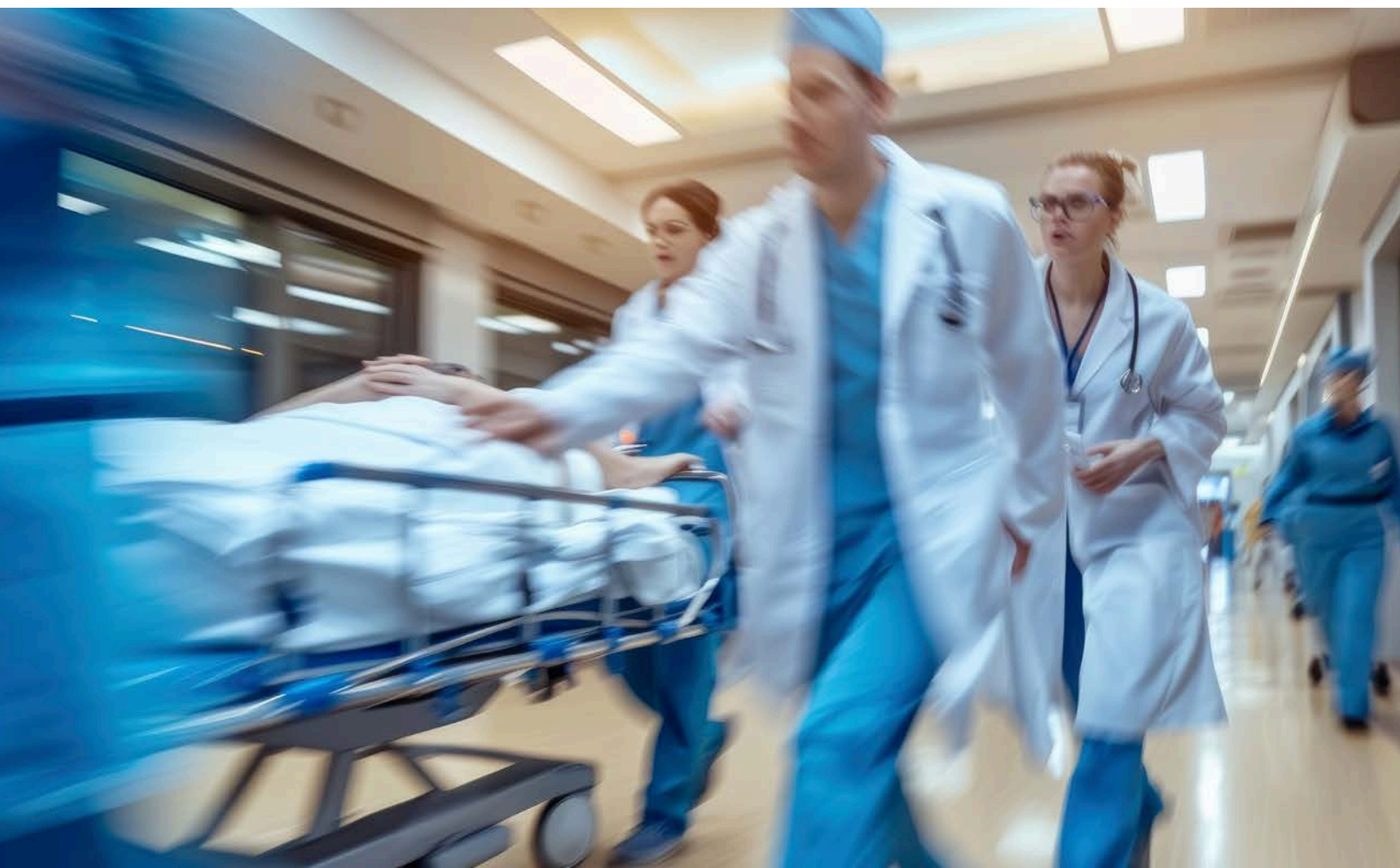
For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Accident Insurance

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

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

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



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

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

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

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

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

Plan Features

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

What you need, when you need it.

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



GAP Insurance



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

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

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

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



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.

Medical Transport

Masa MTS | www.masamts.com | 954-334-8261

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

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

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



DID YOU KNOW?

25 MILLION PEOPLE

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

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

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

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



EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses¹ for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage¹

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

Emergency Ground Ambulance Coverage¹

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

Hospital to Hospital Ambulance Coverage¹

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

Repatriation to Hospital Near Home Coverage¹

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

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



DID YOU KNOW?

25 MILLION PEOPLE

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

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



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



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



PLATINUM MEMBERSHIP BENEFITS



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

Emergency Air Ambulance Coverage³

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

Emergency Ground Ambulance Coverage³

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

Hospital to Hospital Ambulance Coverage³

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

Repatriation to Hospital Near Home Coverage¹

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

Patient Return Transportation Coverage¹

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

PLATINUM MEMBERSHIP BENEFITS

Companion Transportation Coverage²

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

Hospital Visitor Transportation Coverage²

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

Minor Return Transportation Coverage²

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

Vehicle & RV Return Coverage²

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

Pet Return Transportation Coverage²

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

Organ Retrieval & Organ Recipient Transportation Coverage⁴

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

Mortal Remains Transportation Coverage¹

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

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



Voluntary Retirement Plans



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

403(b) Retirement Plan

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

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

457(b) Retirement Plan

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

| Contribution Limits | |
|--|----------|
| 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.

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.

457(b) Retirement Plans



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

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

Benefits

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

| Contribution Limits | |
|--|----------|
| 2024 | 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.



457(b) RETIREMENT PLAN



The FFinvest Retirement Plan is a comprehensive plan, funded by Net Asset Value Mutual Funds. It is a competitive & simple, yet flexible plan with a 401(k) type of approach.

PLAN HIGHLIGHTS

Multiple Investment Options

- The plan provides 30+ different investment options , for savers and investors of all risk tolerances

ROTH (After-Tax) Option

Loan availability (subject to balance)

Rollovers/Transfers

- Rollovers and Transfers are accepted into the plan from other retirement plans

No Front-End or Deferred Sales Charges



ENROLL ONLINE

Go to www.tcgservices.com

- Click Enroll (upper right-hand corner)
- Search for your Employer
- Click Enroll in the 457(b) Savings Plan

If you have questions, please contact
TCG Administrators at [\(800\) 943-9179](tel:8009439179)
Monday - Friday, 8:00 a.m. - 7:00 p.m.

24/7, 365 ONLINE ACCESS VIA WEB OR MOBILE APP

Vast Learning Center located at
www.tcgservices.com

- Video Library
- Retirement Rundown & Market Commentary
- Financial Calculators

Service from your FFGA Account Rep

Dedicated email address: FFinvest@ffga.com

Hospital Indemnity Insurance

Guardian | www.guardianlife.com | 800-541-7846

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

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

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



Hospital Indemnity

MONTHLY RATES

| | Employee Only | Employee & Spouse | Employee & Children | Full Family |
|-------|---------------|-------------------|---------------------|-------------|
| Rates | \$25.25 | \$43.88 | \$37.00 | \$60.35 |

BENEFITS

| | All Eligible Employees |
|---|---|
| Hospital/ICU Admission | \$500 per admission to a max of 1 admission per year, per insured, max of 3 admissions, per year, per covered family |
| Hospital/ICU Confinement | \$100 per day to a max of 15 days per year, per insured |
| Emergency Room / Urgent Care Facility Treatment | \$100 / \$50 per day to a max of 1 day per year, per insured |
| Outpatient Surgical Category 1 / Category 2 | \$500 / \$1000 per day of surgery to a max of 1 day per year, per insured |
| Doctor's Office Visit | \$25 per day to a max of 3 days per insured, per year, max of 5 days per year, per covered family |
| Dependent Age Limits | Child Birth to 26 years (26 if full time student) |
| Treatments Covered | Sickness and Injury |
| Treatment of Normal Pregnancy | Hospital Admission benefits are not payable for birth within first 9 months of coverage. See Plan Limitations & Exclusions section below for details. |
| Pre-Existing Condition Limitation | 3 month look back period, 6 months treatment free/12 month exclusion period, Continuity of Coverage |

PLAN HIGHLIGHTS

- Benefits are paid directly to the insured when they need it most and can be used however they choose: to help pay for out-of-pocket medical expenses like co-pays and deductibles or for non-medical expenses such as childcare, transportation.
- Portability allows the employee to take the coverage with them even if employment has ended. An insured must port Hospital Indemnity coverage prior to age 70.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements may apply.

- Employees over the age of 69 are not eligible to enroll in Hospital Indemnity coverage. After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.
- Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.
- Hospital Confinement & Hospital ICU confinement benefits are not payable on the same day. Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.
- Category 2 outpatient surgeries are paid at a higher benefit than category 1 outpatient surgeries based on the severity of the surgical procedure. For procedures not specifically listed in the certificate booklet, we will use the Current Procedural Terminology (CPT) Code provided by the Covered Person's Doctor and a current relative value scale to determine the category in which the procedure belongs.
- Spouse rate is based on employee's age bracket. Dependent insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or home confined. Coverage is postponed until the day after the date of his or her discharge from such facility or his or her home confinement ends.
- Hospital admission & confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.
- Waiver of premium is included with Hospital Indemnity coverage.
- File #2015-6724 Exp. 6/17
- Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- The policy has exclusions and limitations that may impact the eligibility for benefits.

Accidental Death & Dismemberment

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

A common misconception is that Accidental Death and Dismemberment insurance, or AD&D, is the same as life insurance. But that's not the case. The difference is that AD&D insurance covers you in the event you were to die due to an accident. It would also pay a benefit if you were severely injured due to an accident.

AD&D Highlights

- Full cost of coverage is paid for your employer through payroll deduction and will begin the first month following 30 days of employment, if you are actively employed at that time
- Affordable premiums
- Age-banded, which means your age plays a role in the amount of coverage you will receive





Group Voluntary AD&D Insurance Plan Design Summary for Raymondville ISD / TEEBC Trust F021842 – 326

Voluntary AD&D

| | Employee Only Plan | Family Plan |
|--|--|--|
| Eligibility | All active full-time Employees who regularly work 30 hours per week are eligible for insurance on the first of the month following their date of hire. | All active full-time Employees (see EE Only Description); Spouse of Covered Employee; Children of Covered Employee to age 26 |
| Employee Voluntary AD&D Benefit | Increments of \$10,000 to a maximum of \$500,000 | |
| Family Plan Benefits (Pct of Covered Employee Benefit) (Spouse maximum of \$250,000 & Child Maximum of \$10,000) | | Spouse Only: 50% Spouse w/Children: 40% Child Only: 15% Child w/Spouse: 10% |
| Age Reduction Schedule <i>Benefits are reduced by the percentage indicated and are calculated from the original amount at the attainment of the age shown.</i> | 35% at age 65 50% at age 70 | 35% at age 65 50% at age 70 |

Additional AD&D Features

| | | |
|----------------------------------|----------------|---|
| Seat Belt Benefit | 10% - \$25,000 | 10% - \$25,000 |
| Air Bag Benefit | 5% - \$10,000 | 5% - \$10,000 |
| Education Benefit | N/A | 3% - \$3,000 per year Up to four years |
| Repatriation Benefit | \$5,000 | \$5,000 |
| Felonious Assault Benefit | 10% - \$25,000 | 10% - \$25,000 |
| Coma Benefit | 1% - 11 months | 1% - 11 months |
| Waiver of Premium | Included | Included |

COSTS

| | | |
|----------------------------------|---------------------------------|---------------------------------|
| Policyholder Contribution | 0% | 0% |
| | Employee Only | Family Plan |
| | Monthly Rate per \$1,000 | Monthly Rate per \$1,000 |
| | \$.03 | \$.06 |

Exclusions and Limitations for Voluntary AD&D*

Dearborn National will not pay any benefit for a loss resulting from or caused by:

- Disease of the mind or body, and any medical or surgical treatment thereof
- Infection
- Suicide or attempted suicide
- Intentionally self-inflicted injury
- War
- Travel or flight in any aircraft while a member of the crew
- Under the influence of any narcotic
- Intoxication
- Participation in a riot

*Refer to the policy and certificate for other exclusions and limitations that may apply.

Life & AD&D Insurance



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

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

Life & AD&D Highlights

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

Why Term Life Insurance

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



62% of adults in the United States have no individual life insurance.

LMRA: 2015 Insurance Barometer Study, April 2015.



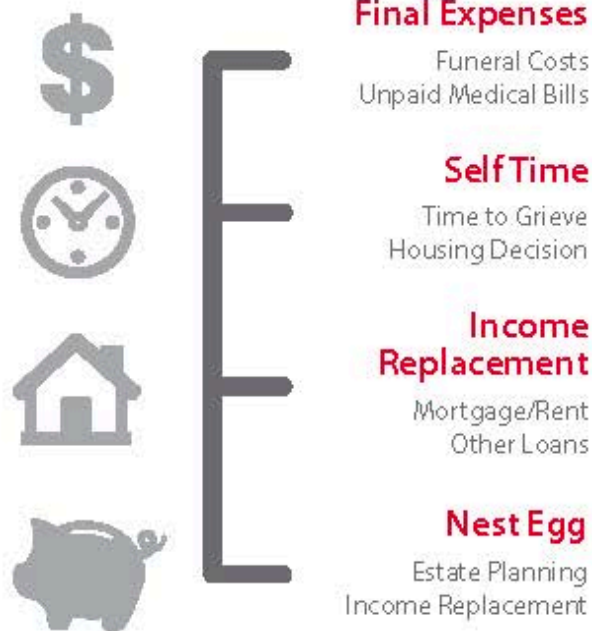
Did You Know?

Almost **2 out of 3** people say the life insurance they receive from their employer is not enough.

LMRA: 2014 Insurance Barometer Study, April 2014.

Why You Need Life Insurance

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



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

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

COBRA

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

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

COBRA Highlights

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

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



Medicare & Age 65



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

Questions to Consider Before Retiring

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

Robert Dawson
FFMS Coordinator
Cell: 281-889-9382

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

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

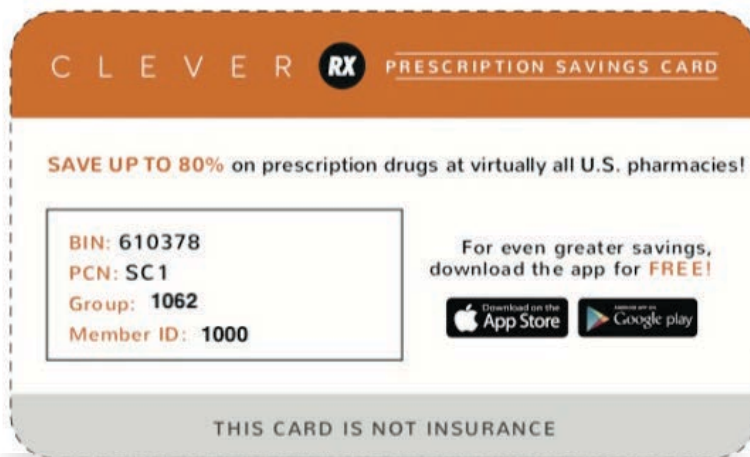
Let the experts at First Financial assist you through this process.

Clever RX

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

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

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



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

Clever RX Highlights

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

Contact Information

419 FM 3168
Raymondville, TX 78580
956-689-8175
www.raymondvilleisd.org

Nick Sullenger, Account Manager
512-707-9666 | nick.sullenger@ffga.com

| Product | Carrier | Website | Phone |
|----------------------------|------------------------|--|----------------|
| Dental | Cigna | www.cigna.com | (800) 244-6244 |
| Vision | Superior | www.superiorvision.com | (800) 507-3800 |
| Flexible Spending Accounts | FFGA FSA Department | ffa.wealthcareportal.com/page/home | (866) 853-3539 |
| Health Savings Account | FFGA HSA Department | ffa.wealthcareportal.com/page/home | (866) 853-3539 |
| Term Life & AD&D | Blue Cross Blue Shield | www.bcbstx.com/ancillary | (877) 442-4207 |
| Permament Life Insurance | Texas Life | www.texaslife.com | (800) 283-9233 |
| Disability | American Fidelity | www.americanfidelity.com | (800) 654-8489 |
| Cancer | Guardian | www.guardianlife.com/cancer-insurnace | (888) 482-7342 |
| Critical Illness | Aflac | www.aflacgroupinsurance.com | (800) 433-3036 |
| Accident | Aflac | www.aflacgroupinsurance.com | (800) 433-3036 |
| Hospital Gap | American Fidelity | www.americanfidelity.com | (800) 654-8489 |
| Medical Transport | MASA MTS | www.masamts.com | (954) 334-8261 |

Contact Information

419 FM 3168
Raymondville, TX 78580
956-689-8175
www.raymondvilleisd.org

Nick Sullenger, Account Manager
512-706-9666 | nick.sullenger@ffga.com

| Product | Carrier | Website | Phone |
|-------------------------------------|--|--|-----------------------------|
| 403(b) & 457(b) Retirement Plans | First Financial Administrators, Inc. | www.ffga.com retirement@ffga.com | (800) 523-8422, option 2 |
| FFINVEST | TCG Services | www.tcgservices.com | (800) 943-9179 |
| Hospital Indemnity | Guardian | www.guardianlife.com | (888) 482-7342 |
| Accidental Death & Dismemberment | Blue Cross Blue Shield | www.bcbstx.com/ancillary | (877) 442-4207 |
| Life & AD&D | American Fidelity | www.americanfidelity.com | (800) 662-1113 |
| COBRA | First Financial Administrator's, Inc. | www.ffga.com | (800) 523-8422, option 4 |
| Medicare | FFMS | www.ffga.com/medicare-solutions | (800) 523-8422 |
| Prescription Drug Savings | Clever RX | www.partner.cleverrx.com/ffga | (800) 974-3135 |