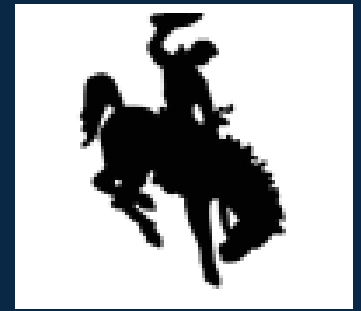


Edna ISD 2025-2026 **BENEFITS GUIDE**



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

Edna ISD Benefit Office
361-782-3573
www.ednaisd.org

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

Employee Benefits Center

A guide to your benefits!

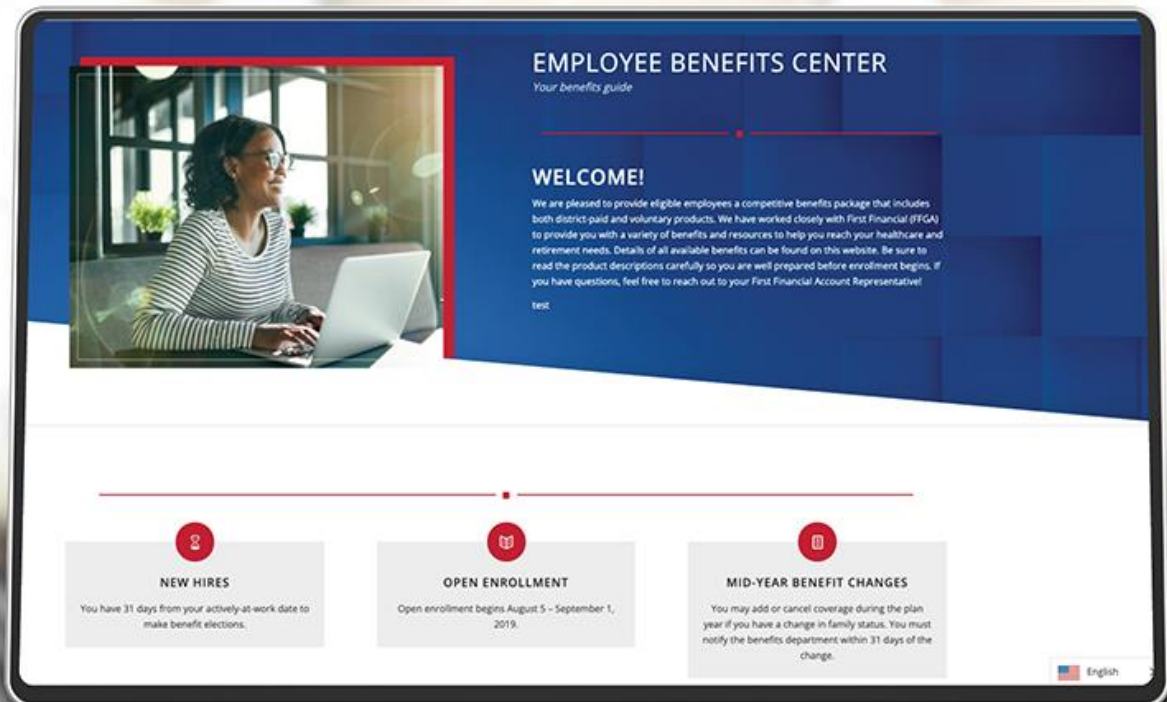
Edna ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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/ednaisd>



Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

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

Existing Employees

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

Mid year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

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

Here’s How It Works

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

Is It Right For Me?

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

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

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

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

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

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

Medical Coverage

TRS-ActiveCare



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

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

TRS-ActiveCare Primary

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

TRS-ActiveCare HD

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

TRS-ActiveCare Primary +

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

TRS-ActiveCare 2 - Closed to New Enrollees

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

TRS-ActiveCare Plan Prescription Benefits

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

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

TRS ActiveCare Medical Premiums

Medical Monthly Premiums				
	Primary	Primary+	HD	AC2
Employee Only	\$0	\$90	\$13	\$497
Employee + Spouse	\$878	\$1,060	\$913	\$1,886
Employee + Children	\$362	\$515	\$384	\$991
Employee + Family	\$1,239	\$1,484	\$1,283	\$2,325

Monthly Premiums shown above include the Employer contribution of \$516

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





TRS-ActiveCare
REGION 3

LEARN THE TERMS

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

2025-26 TRS-ActiveCare Plan Highlights

Sept. 1, 2025 – Aug. 31, 2026



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

How to Calculate Your Monthly Premium

Total Monthly Premium

⊖ Your Employer Contribution

⊜ Your Premium

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

Being Healthy is Easy

- \$0 preventive care
- One-on-one health coaches
- Weight loss programs and nutrition
- TRS Virtual Health
- Mental health benefits
- Member Rewards that now include rewards (up to \$599 per year) for selecting top-performing providers and facilities
- No-cost, in-home virtual physical therapy to relieve common aches and pains with Airrosti Remote Recovery for TRS-ActiveCare Primary and Primary+ plans

See the *benefits guide* for more details.

Primary Plans & Mental Health

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

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

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$516	\$516	\$0	\$606	\$516	\$90	\$529	\$516	\$13
Employee and Spouse	\$1,394	\$516	\$878	\$1,576	\$516	\$1,060	\$1,429	\$516	\$913
Employee and Children	\$878	\$516	\$362	\$1,031	\$516	\$515	\$900	\$516	\$384
Employee and Family	\$1,755	\$516	\$1,239	\$2,000	\$516	\$1,484	\$1,799	\$516	\$1,283

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

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

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

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

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

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

Total Premium	Employer Contribution	Your Premium
\$1,013	\$516	\$497
\$2,402	\$516	\$1,886
\$1,507	\$516	\$991
\$2,841	\$516	\$2,325

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

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

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

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

Compare Prices for Common Medical Services

REMEMBER:

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

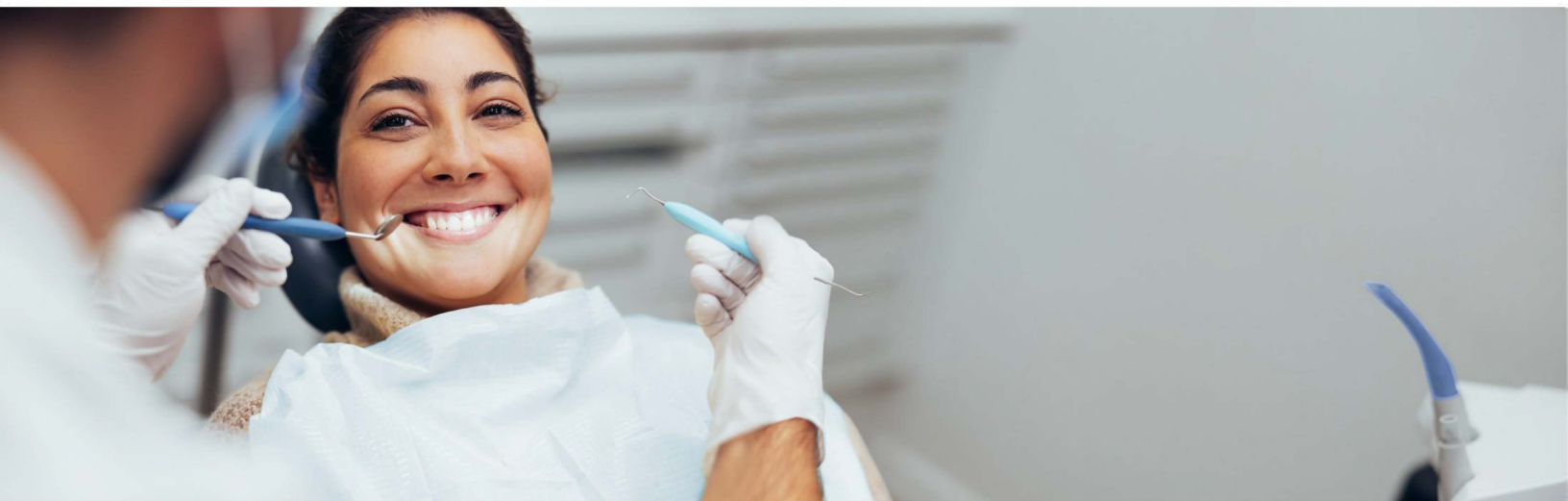
Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay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

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

www.trs.texas.gov

Dental Insurance

Plan Choices



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

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

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

Dental Monthly Premiums		
	Basic	Enhanced
Employee Only	\$20.55	\$32.53
Employee + Spouse	\$39.66	\$62.63
Employee + Children	\$48.35	\$73.69
Employee + Family	\$69.39	\$102.74

Dental Insurance



COMMONLY COVERED

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

► PROTECTS YOUR SMILE.

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

► PREVENTS OTHER HEALTH ISSUES.

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

► LOWERS OUT-OF-POCKET EXPENSES.

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

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

DENTAL FAST FACTS

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

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

REGION 3 EDUCATION SERVICE CENTER

All Eligible Employees

POLICY # 966152

Sun Life Assurance Company of Canada

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What's covered (basic plan)

Good news! Your plan covers routine services like cleanings and exams at **100%**.

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

CALENDAR YEAR DEDUCTIBLE

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

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

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

SERVICES

Type I Preventive Dental Services, including:

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

Type II Basic Dental Services, including:

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

Waiting Periods

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

- No waiting period for preventive or basic services

What's covered (enhanced plan)

Good news! Your plan covers routine services like cleanings and exams at **100%**.

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

CALENDAR YEAR DEDUCTIBLE

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

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

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

SERVICES

Type I Preventive Dental Services, including:

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

Type II Basic Dental Services, including:

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

Type III Major Dental Services, including:

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

or exposed root

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

Type IV Ortho Services, including:

- No orthodontic treatment age limitation

Waiting Periods

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

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

Frequently asked questions (basic plan)

How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists³.

Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse⁴ and dependent children. An eligible child is defined as a child to age 26.⁵

What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life
P.O. Box 2940
Clinton, IA 52733

How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as tooth-colored fillings for back teeth and brush biopsies for the early detection of oral cancer.

CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$500.

1. American Academy of Periodontology <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21).

2. American Academy of Periodontology <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> (accessed 07/21).

3. Zelis Network Analytics data as of January 2022 and based on unique dentist count. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.

4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

5. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions

Frequently asked questions (enhanced plan)

How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists³.

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Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse⁴ and dependent children. An eligible child is defined as a child to age 26.⁵

What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life
P.O. Box 2940
Clinton, IA 52733

How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as tooth-colored fillings for back teeth and brush biopsies for the early detection of oral cancer.

Your Enhanced plan also includes RollMax, which allows you to rollover a portion of your unused annual maximum for use the next year. When you have paid claims less than \$500 on dental services in a year, you can rollover \$350 to next year. You can rollover unused dollars up to \$1000 total over multiple years.

CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$500.

1. American Academy of Periodontology <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21).

2. American Academy of Periodontology <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> (accessed 07/21).

3. Zelis Network Analytics data as of January 2022 and based on unique dentist count. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.

4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

5. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions

Important information

Benefit adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

Late entrant

If you or a dependent apply for dental insurance more than 31 days after you become eligible, you or your dependent are a late entrant. The benefits for the first 12 months for late entrants will be limited as follows:

TIME INSURED CONTINUOUSLY UNDER THE POLICY	BENEFITS PROVIDED FOR ONLY THESE SERVICES
Less than 6 months	Preventive Services
At least 6 months but less than 12 months	Preventive Services and fillings under Basic Services
At least 12 months	Preventive, Basic, Major and Ortho Services

We will not pay for treatments subject to the late entrant limitation, and started or completed during the late entrant limitation period.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit. Dental procedures for Orthodontics; TMJ; replacing a tooth missing prior the effective date; implants and implant related services; or occlusal guards for bruxism are not covered unless coverage is elected or mandated by the state.

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This plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act (PPACA).

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01.

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GVBH-EE-8384

SLPC 29579

Rates

Coverage and **monthly** cost for Dental.

Rates are effective as of September 1, 2024.

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

Basic plan

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

Enhanced plan

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

*Contact your employer to confirm your part of the cost.

Vision Insurance

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

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

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

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

Vision-Cost Per Pay Period	
Employee Only	\$6.59
Employee + Spouse	\$13.19
Employee + Children	\$14.51
Employee + Family	\$21.11



Vision Insurance



COMMONLY COVERED

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

► PROTECTS YOUR EYES.

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

► PREVENTS OTHER HEALTH ISSUES.

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

► LOWERS OUT-OF-POCKET EXPENSES.

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

VISION INSURANCE FAST FACTS

Roughly, 90% of diabetes-related blindness can be avoided by getting an annual eye exam.²

59% of adults report experiencing symptoms of digital eye strain, such as blurred vision or headaches.³

EDNA INDEPENDENT SCHOOL DISTRICT

All Eligible Employees

POLICY # 979786

Sun Life Assurance Company of Canada

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What's covered

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

This chart outlines services for Plan 3.

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

Frequently asked questions

How do I use my vision benefit?

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have forms to complete.

How do I locate an in-network VSP doctor?

You will have access to the largest national network⁴ of private-practice eye care doctors in the industry through Vision Service Plan (VSP). There are two ways to find an in-network doctor:

1. Visit [vsp.com](https://www.vsp.com) and select the Choice network.
2. Call VSP at 800-877-7195.

What happens if I use an out-of-network doctor?

You will be required to pay the full amount to the doctor at time of service. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

When will my coverage become effective?

Your coverage starts on the effective date specified in your group policy, provided you are actively at work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

Can I enroll as a late entrant?

If you elect coverage more than 31 days after your

eligibility date, your effective date will be delayed to the next plan anniversary date.

Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse⁵ and dependent children. An eligible child is defined as a child to age 26.⁶

How can I get more information about my coverage?

After the effective date of your coverage, you can visit www.sunlife.com/account to create a Sun Life account. Once you're logged in, you'll be able to see your plan details and more. Or you can call VSP Customer Service at 800-877-7195.

Can I use my benefits to buy glasses or contacts online?

Absolutely. Just visit www.eyeconic.com. Once you have linked your benefits you will be able to see how your coverage will be applied to different options that you are reviewing. Eyeconic features a virtual try-on tool so you can see how the glasses will look on you before you make your purchase.

1. <https://www.vsp.com/eyewear-wellness/eye-health/health-conditions/health-conditions-detected-during-eye-exams> (accessed 07/21).

2. <https://www.diabetes.org/diabetes/eye-health> (accessed 07/21).

3. "2021 Update: Computer Vision Syndrome", April 25, 2021 on [optometrists.org](https://www.optometrists.org).

4. Netminder as of January 2021.

5. If permitted by the Employer's benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

6. Please see your employer for more specific information.

Read the **Important information** section for more details including limitations and exclusions.

Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

Limitations and exclusions

The below conditions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

Vision

We will not pay a benefit for any vision materials, services or options that are not shown in the Benefit Highlights section of the certificate. Any vision service incurred prior to the Effective date or after the termination date is not covered. A member must be a covered vision member under the Plan to receive vision benefits. In no event will benefits exceed the lesser of the actual cost of the examination or materials or the limits of coverage shown in the Benefit Highlights section of the certificate. The plan is designed to cover visually necessary materials rather than cosmetic materials; the member will be responsible for any additional costs above the basic cost.

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This vision plan does not provide coverage for pediatric vision health services that satisfies the requirement for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act ("PPACA").

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GVBH-EE-8384

SLPC 29579

Rates

Coverage and **monthly** cost for Vision.

Rates are effective as of September 1, 2025.

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

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

*Contact your employer to confirm your part of the cost.

Flexible Spending Accounts

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

Medical FSA

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

Your maximum contribution amount for 2025 is \$3,300.

Medical FSA Highlights

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

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

Dependent Care FSA

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

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

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

Dependent Care FSA Highlights

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

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)

Term Life & AD&D

Employer-Paid & Voluntary

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

Employer-Paid Term Life & AD&D Insurance

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

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.





EDNA ISD / TEEBC TRUST F021842 - 275

Eligibility

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

Supplemental Life and AD&D

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

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

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

Child Coverage (Life Only)

Live Birth to Age 26: **\$10,000**

Guarantee Issue*

Employee **\$150,000**
Spouse **\$50,000**

***NEW HIRES ONLY**

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

All benefits terminate at retirement.

Spouse: Benefits terminate at Employee's age 70.

Supplemental Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

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

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

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

Monthly rates per \$1,000

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

Dependent Life (Children)

Monthly Premium per Family

Life	Premium
\$10,000	\$1.00

Texas Life

Permanent Life



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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

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

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

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

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

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

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

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

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

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

Indicates Spouse Coverage Available

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

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

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

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

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

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

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

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

Indicates Spouse Coverage Available

Disability Insurance

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

Why Do I Need Disability Insurance?

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

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

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





AF™ Long-Term Disability Income Insurance

Texas Schools

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

Plan I	On the 1st day of Disability due to a 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 due to a 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 due to a 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.

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

Benefit Policy Schedule (continued)

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

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

Plan Benefit Highlights

Maximum Benefit Period

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

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

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

Social Security Filing Assistance

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

When Coverage Begins

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

Hospital Confinement Benefit

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

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

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

Survivor Benefit

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

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after Disability payments have been received for 90 consecutive days. We will require proof annually that you remain Disabled during that time.

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 365 calendar days from the date of Disability.

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



Plan Benefit Highlights

Minimum Disability Benefit

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

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

For the first 12 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the benefit schedule. After 12 months, your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Return To Work Incentives: Disabled and Working

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

- **Worksite Accommodation**

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 2 years for each Disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

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

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

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

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 3 month period immediately before your effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

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

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



Spousal Accident Only Disability Benefit Rider

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

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

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

COBRA Funding Rider

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

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

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

Critical Illness Benefit Rider

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

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

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

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

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

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

Critical Illness Benefit Rider

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

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

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

COBRA Funding Benefit Rider

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

Spousal Accident Only Disability Benefit Rider

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

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

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

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

Policy Exclusions

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

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

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

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



Your benefits, all in one place.

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

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

Pre-Existing Conditions may apply.

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



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

Cancer Insurance

Plan Options



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

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

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

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

Cancer Insurance		
Monthly Premium	Basic	Enhanced Plus
Employee	\$15.80	\$31.62
Employee + Family	\$26.86	\$53.80



AF™ Group Cancer Insurance

Focus on the fight.

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

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

Did You Know?

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

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

Plan Highlights

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

Cancer Insurance Benefits

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

Example cancer insurance benefits include:



Diagnostic and Prevention

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



Travel Expenses

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

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a different opinion

Choose Your Coverage

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (actual charges)	\$10,000	\$15,000
Administrative/Lab Work Benefit (per calendar month)	\$50	\$75
Hormone Therapy Benefit (per treatment - max 1 treatment/ calendar month)	\$50	\$50
Experimental Treatment Benefit	Paid in the same manner and under the same maximums as any other treatment	
Blood, Plasma, and Platelets Benefit (\$10,000 Basic, \$15,000 Enhanced Plus per calendar year max)	\$200/day	\$300/day
Medical Imaging Benefit (per image - max 2 per calendar year)	\$200	\$300
Surgical Benefit	\$20 surgical unit/ Max per operation: \$2,000	\$40 surgical unit/ Max per operation: \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Second and Third Surgical Opinion Benefit(per diagnosis)	\$300	\$300
Outpatient Hospital or Ambulatory Surgical Center Benefit	\$200/day of surgery	\$600/day of surgery
Bone Marrow or Stem Cell Transplant Benefit		
Patient Provided (per calendar year)	\$500	\$1,500
Donor Provided (per calendar year)	\$1,500	\$4,500
Prosthesis and Orthotic Benefit and Related Services	\$1,000	\$2,000
Surgical (1/site; lifetime max 2/ covered person)	\$100	\$200
Non-surgical (1/site; lifetime max 3/ covered person)	\$100	\$200
Hair Prosthesis (once per life)		
Hospital Confinement Benefit		
Day 1-30	\$100/day	\$300/day
Day 31+	\$200/day	\$600/day
U.S. Government/Charity Hospital Benefit (paid in lieu of most benefits) (inpatient and outpatient)	\$100/day	\$300/day
Extended Care Facility Benefit (up to the same number of days of paid hospital confinement)	\$100/day	\$300/day
Home Health Care (up to the same number of days of paid hospital confinement)	\$100/day	\$300/day
Hospice Care Benefit (\$18,000 lifetime max for Basic; \$54,000 lifetime max for Enhanced Plus)	\$100/day	\$300/day
Inpatient Special Nursing Services Benefit	\$100/day	\$300/day
Dread Disease Benefit (paid per day while hospital confined)		
Day 1-30	\$100/day	\$300/day
Day 31+	\$200/day	\$600/day

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Donor Benefit	\$1,000/donation	
Drugs and Medicine Benefit		
Inpatient (payable per confinement)	\$50	\$200
Outpatient (\$50/prescription/ calendar month up to max shown)	\$50	\$100
Attending Physician Benefit (while hospital confined)	\$50/day	\$50/day
Transportation & Lodging Benefit (Patient & Family Member)		
Transportation (\$1,500 max per round trip; max 12 trips/calendar year)	Coach fare or \$.50/ mile by car	Coach fare or \$.50/ mile by car
Lodging (per day up to 90 days per calendar year)	\$50	\$75
Ambulance Benefit		
Ground (per trip, up to 2 per confinement)	\$200	\$200
Air (per trip, up to 2 per confinement)	\$2,000	\$2,000
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$50	\$50
Diagnostic and Prevention Benefit (one per calendar year)	\$25	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$25	\$75
Waiver of Premium (employee only)	After 90 days of continuous disability	
Internal Cancer Diagnosis Benefit (paid once/ Covered Person/Lifetime; Benefits reduce 50% at age 70)	\$2,500	\$5,000
Heart Attack or Stroke Diagnosis Benefit (paid once/ covered person/lifetime; benefits reduce 50% at age 70)	N/A	\$5,000
Hospital Intensive Care Unit Benefit (per day; max 30 days/confinement; benefits reduce 50% at age 70)		
Ambulance	\$600	\$100

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

Monthly Premium

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

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

Plan Benefit Highlights

Only loss for cancer Unless otherwise indicated, benefits are payable only for loss pays only for loss resulting from definitive Cancer diagnosis or treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. The Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically covered under the Dread Disease Benefit or Hospital Intensive Care Unit Benefit; or Heart Attack or Stroke Diagnosis Benefit, if included.

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

Such Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. Diagnosis must be made based on a microscopic examination of fixed tissue, or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue and/or specimen.

Radiation Therapy, Chemotherapy or Immunotherapy Benefit We will pay the actual charges up to the benefit listed in the schedule per 12 month period. If Proof of Loss regarding actual charges for treatment is not submitted, we will pay the daily amount shown in your certificate for each day treatment is received, up to the actual charges maximum per 12-month period. Upon receipt of actual charges Proof of Loss, we will pay the difference, up to the maximum per 12-month period. Actual charges are the amount actually paid by or on behalf of the Covered Person and accepted by the provider for services provided.

This benefit does not cover other related procedures such as treatment planning, treatment management or consultation, design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.).

Administrative and Lab Work Benefit Paid only if the Covered Person is also receiving the Radiation Therapy, Chemotherapy or Immunotherapy Benefit during the same calendar month.

Hormone Therapy Benefit Drugs and medicines covered under the Drugs and Medicine Benefit or the Radiation Therapy, Chemotherapy or Immunotherapy Benefit are not included. This benefit does not cover associated administrative processes.

Experimental Treatment Benefit Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

Blood, Plasma and Platelets Benefit Laboratory processes are not included. Colony stimulating factors are not covered. Benefits for blood, plasma and platelets are only provided under this benefit.

Medical Imaging Benefit Payable for a Covered Person who has been diagnosed with Cancer who receives either an MRI, CT scan, CAT scan, PET scan, or RAIU (thyroid) test when performed at the request of a physician.

Surgical Benefit Payable when a surgical operation is performed for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the unit dollar amount shown in your certificate schedule. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, surgeries required for administration of Radiation Therapy, Chemotherapy or Immunotherapy are not covered under this benefit.

Anesthesia Benefit Services of an anesthesiologist for Skin Cancer or surgical prosthesis implantation are not covered.

Second and Third Surgical Opinion Benefit Payable once per diagnosis of Cancer for a second surgical opinion, and a third if the second disagrees with the first. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered.

Outpatient Hospital or Ambulatory Surgical Center Benefit Surgical procedures for Skin Cancer are not covered.

Bone Marrow or Stem Cell Transplant Benefit Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

Prosthesis and Orthotic Benefit and Related Services Payable for a Prosthetic or Orthotic Device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. Benefits for a hair prosthesis will only be covered under the Hair Prosthesis Benefit.

Covered benefits under this provision are limited to the most appropriate model of Prosthetic Device or Orthotic Device that adequately meets the medical needs of the Covered Person as determined by the Covered Person's treating Physician or podiatrist and prosthetist or orthotist, as applicable. The Prosthesis Benefit will include repair and replacement of a Prosthetic Device or Orthotic Device, unless the repair or replacement is necessitated by misuse by the Covered Person.

Hospital Confinement Benefit Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. Hospital shall not include an institution, or part thereof, used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as a hospice or swing bed; 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.

U.S. Government or Charity Hospital Benefit Payable when an itemized list of services is not available and the Covered Person is confined in a charity Hospital or a Hospital owned or operated by the U.S. government as a result of Cancer or Dread Disease or covered under a Diagnostic Related Group where no charges are made to the Covered Person for treatment of Cancer or Dread Disease. This benefit will be paid in lieu of most benefits listed on the schedule.

Extended Care Facility Benefit Pays a daily benefit for physician authorized confinement that begins within 14 days after a Hospital confinement.

Home Health Care Benefit Pays a daily benefit for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy.

Plan Benefit Highlights (cont.)

Hospice Care Benefit Pays a daily benefit when a physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

Inpatient Special Nursing Services Benefit Pays a daily benefit when receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period.

Dread Disease Benefit Covered Dread Diseases are: Addison's Disease; Amyotrophic Lateral Sclerosis; Cystic Fibrosis; Diphtheria; Encephalitis; Grand Mal Epilepsy; Legionnaire's Disease; Meningitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Niemann-Pick Disease; Osteomyelitis; Poliomyelitis; Reye's Syndrome; Rheumatic Fever; Rocky Mountain Spotted Fever; Sickle Cell Anemia; Systemic Lupus Erythematosus; Tay-Sach's Disease; Tetanus; Toxic Epidermal; Toxic Shock Syndrome; Tuberculosis; Tularemia; Typhoid Fever; Whipple's Disease.

Donor Benefit Blood donor expenses are not covered.

Drugs and Medicine Benefit Pays a benefit for anti-nausea and pain medication for treatment of Cancer. It does not include associated administrative processes or drugs or medicines covered under the Radiation Therapy, Chemotherapy or Immunotherapy Benefit or the Hormone Therapy Benefit.

Transportation and Lodging Benefits Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging for Radiation Therapy, Chemotherapy, or Immunotherapy treatment, Bone Marrow or Stem Cell Transplant, or surgery in a Hospital not available locally and at least 50 miles from the Covered Person's residence. Payable for the Covered Person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the Covered Person.

Ambulance Benefit If air and ground ambulance services are both required on the same day, we will only pay the higher benefit amount. Covered Person must be admitted as an inpatient and hospital confined for at least 18 consecutive hours.

Waiver of Premium Premium waived if you are disabled due to Cancer for longer than 90 continuous days. This benefit does not apply if your spouse or children become disabled.

Physical or Speech Therapy Benefit Therapy must be provided by a caregiver licensed in physical or speech therapy.

Diagnostic and Prevention Benefit Pays for a generally medically recognized screening test to detect Internal Cancer. This benefit is not payable for any test covered under the Medical Imaging Benefit.

Cancer Screening Follow Up Benefit Payable for one follow-up invasive screening test when a Covered Person receives abnormal results from a covered screening test. For tests involving an incision or surgery, payable only for tests that result in a negative diagnosis of Cancer.

Internal Cancer Diagnosis Benefit Payable if a physician diagnoses the Covered Person with Internal Cancer after coverage is in force for that person.

Heart Attack or Stroke Diagnosis Benefit Payable if a physician diagnoses the Covered Person as having a Heart Attack or Stroke after coverage is in force for that person. This benefit is payable only for the first to occur of either the Heart Attack or Stroke.

Pre-existing condition Means a Specified Disease for which the Covered Person: (a) had treatment; or (b) received advice from a Physician, during the 12-month period immediately before the Covered Person's Effective Date of coverage.

Pre-existing condition limitation No benefit will be payable for any loss which is caused by or resulting from a Pre-Existing Condition which occurs before a Covered Person has been continuously covered under the Policy for 12 consecutive months. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. Increases or changes in coverage will be subject to an additional Pre-Existing Condition Limitation.

Hospital intensive care unit benefit limitations No benefits will be payable during the first 2 years of coverage for confinement caused by any heart condition that was diagnosed or treated prior to 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated prior to the Effective Date).

Exclusions We will not pay benefits resulting from or caused by:

- (a) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (b) alcoholism or drug addiction;
- (c) war or acts of war, declared or undeclared, while serving in the military or an auxiliary unit thereto;
- (d) military service for any country at war;
- (e) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or
- (f) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.)

Benefits are also not payable for services performed by a Physician who is related to the Covered Person.

Termination of Insurance Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, your employment terminates, or you die. Your dependent's coverage will end if your coverage ends, premiums are not paid, they no longer meet the definition of a dependent or the policy is modified to exclude dependents. Your coverage can be terminated or premiums may be increased on any premium due date with 60 days advance written notice.

Marketed by:



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

This product may contain limitations, exclusions, and waiting periods. This brochure highlights important features of the policy. Please refer to your certificate for complete details. If you reside in a state other than your employers state domicile, where required by law, policy provisions and benefits may vary. This product is inappropriate for people who are eligible for Medicaid coverage.

Critical Illness Insurance

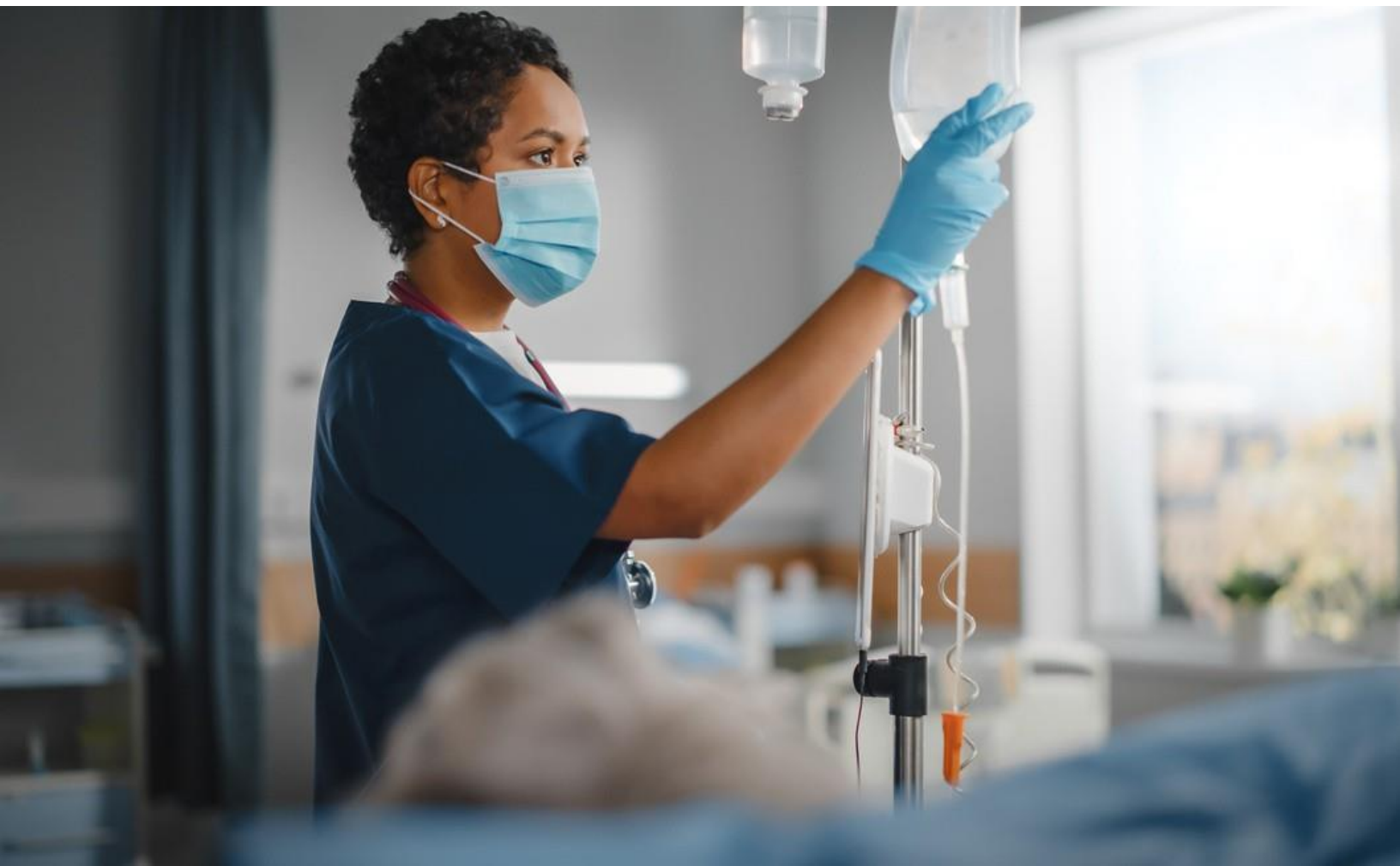
Guardian | www.guardianlife.com | 800-541-7486

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.





Welcome to

Workplace benefits

Everyone deserves a Guardian

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

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

Your coverage options

**Critical illness insurance**

Taking care of the expenses if you're critically ill

**Hospital indemnity insurance**

Covering some of your hospital stay costs

Know your benefits

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

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

1

Read through this information.

2

Find out more about your benefits.

3

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



Critical illness insurance

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

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

Who is it for?

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

What does it cover?

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

Why should I consider it?

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

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

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



Critical costs

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

Average heart attack hospitalization expense: **\$53,000**

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

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

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

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

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



Your critical illness coverage

CRITICAL ILLNESS

Benefit Amount(s)

Employee may choose a lump sum benefit of \$10,000 to \$30,000 in \$10,000 increments.

CONDITIONS

Cancer

1st OCCURRENCE

2nd OCCURRENCE

Invasive Cancer	100%	100%
Carcinoma In Situ	30%	30%
Benign Brain or Spinal Tumor	100%	100%
Skin Cancer	\$500	\$0
BRCA 1 & BRCA 2	30%	Not Covered
Bone Marrow Failure (including Stem Cells)	100%	100%

Lung and Vascular Disorder

Aneurysm	10%	10%
Pulmonary Embolism	30%	30%
Stroke – Moderate	50%	50%
Stroke – Severe	100%	100%
Transient Ischemic Attack (TIA)	10%	10%

Heart Conditions

Coronary Artery Disease	10%	10%
Coronary Artery Disease – bypass needed	50%	50%
Heart Attack	100%	100%
Heart Failure	100%	100%
Pacemaker	10%	10%

Additional Conditions

Kidney Failure	100%	100%
Major Organ Failure	100%	100%

1st OCCURRENCE ONLY

Addison's Disease	30%
Coma	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Permanent Paralysis	100% for 1 or more limbs
Severe Burns	100%

Chronic Disorders

Crohn's Disease	30%
Epilepsy	10%
Lupus	30%
Ulcerative Colitis	30%

Neurological Disorders

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

Region 3 ESC

ALL ELIGIBLE EMPLOYEES

Kit created 03/07/2024

Group number: 00063615



Your critical illness coverage

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



Your critical illness coverage

CRITICAL ILLNESS

Waiver of Premium: If you become disabled due to a covered critical illness that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.

Included

Health Screening Benefit

\$50 Employee, \$50 Spouse, \$50 Child per year limit.

Condition Definitions

- **BRCA1 or BRCA2 Mutation:** occurs the date you're scheduled to undergo a mastectomy, or ovary or fallopian tube removal prior to a breast or ovarian cancer diagnosis as a preventive measure.
- **Stroke - Moderate:** requires clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage.
- **Stroke - Severe:** a permanent neurological deficit which persists at least 30 days after the event.
- **Coronary Artery Disease:** requires a diagnosis and severity level that requires one or more of the following procedures: atherectomy (rotation or laser), balloon angioplasty, laser angioplasty, stent implantation, thrombectomy (angiojet).
- **Coronary Artery Disease - requiring a bypass:** requires a diagnosis to be of such a severity that it requires one or more coronary artery bypass grafts.
- **Heart Failure:** requires a heart valve replacement or acceptance into the heart transplant waiting list.
- **Kidney Failure:** occurs on the earlier date of when renal or peritoneal dialysis begins, or the date you're accepted onto the kidney transplant waiting list of a recognized kidney transplant program in the United States.
- **Major Organ Failure:** occurs on the date you're accepted onto the liver, pancreas or lung transplant waiting list of a recognized transplant program in the United States.
- **Crohn's Disease:** benefit is available for the initial diagnosis of the disease, not the periodic flare-ups that may occur after the initial diagnosis.
- **Epilepsy:** requires initial diagnosis after at least two seizures, which are 24 hours apart and have no known trigger.
- **Lupus:** requires at least four symptoms be present at time of diagnosis. The benefit is available for initial diagnosis of the disease, not for periodic flare-ups that may occur after the initial diagnosis.
- **Ulcerative Colitis:** benefit is available for the initial diagnosis based on the results of a colonoscopy, not for periodic flare-ups that may occur after the initial diagnosis.
- **Early-Stage Alzheimer's Disease:** occurs on the date a physician diagnoses the progression which causes a loss of cognitive ability and functioning.
- **Advanced Alzheimer's Disease:** occurs on the date a physician diagnoses the cognitive decline to have progressed to the point that there's permanent inability to perform 2 or more Activities of Daily Living.
- **Early-Stage Multiple Sclerosis (MS):** must be diagnosed by a physician and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- **Advanced Stage Multiple Sclerosis (MS):** requires neurological deficits for at least six months and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- **Early-Stage Parkinson's Disease:** occurs on the date diagnosed by a physician with at least 1 symptom(s) affecting movement and the central nervous system.
- **Advanced Parkinson's Disease:** occurs on the date diagnosed by a physician and requires at least 3 or more symptom(s) affecting movement and the central nervous system.

Critical Illness Cost Illustration

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

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

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

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

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

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

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

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

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

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

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

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

Contract # CI - 23 - P

Accident Insurance

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

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

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





RATE SHEET

Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken.



Accident Plan

You may enroll in one option only.

<u>Low</u>	<u>Cost</u>	<u>High</u>	<u>Cost</u>
Yourself only	\$6.88	Yourself only	\$10.88
Yourself & spouse	\$11.95	Yourself & spouse	\$21.77
Yourself plus child(ren)	\$12.85	Yourself plus child(ren)	\$22.86
Yourself and family	\$16.98	Yourself and family	\$33.74

THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE A SUPPLEMENT TO HEALTH INSURANCE AND NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

Plans are underwritten by Aetna Life Insurance Company (Aetna). Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Supplemental health plans provide limited benefits. The benefit payments are not intended to cover the full cost of medical care. Providers are independent contractors and are not agents of Aetna. This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Financial Sanctions Exclusions Clause: If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Policy forms issued in Oklahoma and Idaho include: GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01; GR-96842.



Identity Theft Protection

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

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

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

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





Activation guide

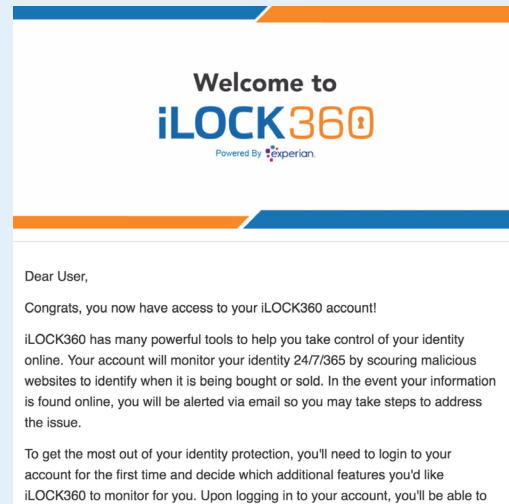


Welcome email

All iLOCK360 subscribers receive a Welcome Email on the first day of service.

This email explains how to access your iLOCK360 account and utilize the features included with your plan.

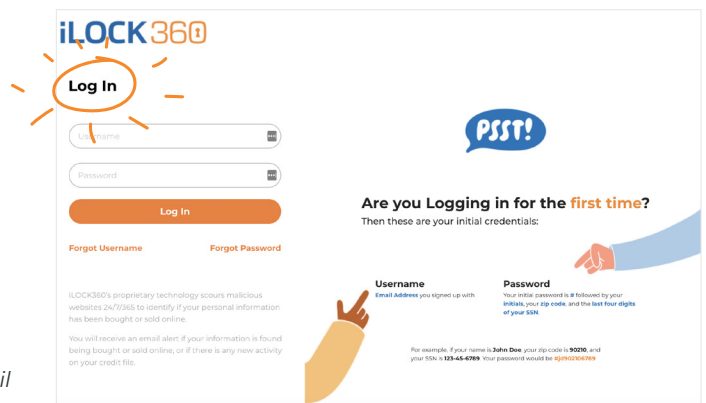
If you experience issues accessing your account, or you do not receive the Welcome Email, please contact iLOCK360: (855) 287-8888



Setting up your iLOCK360 account

1. Visit www.iLOCK360.com
2. Click "Log In"

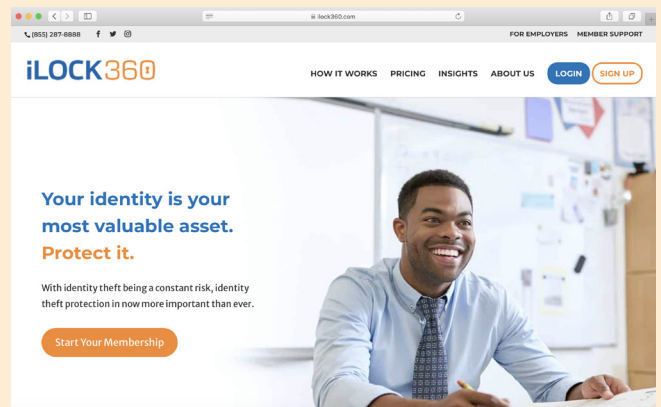
PLEASE NOTE: This information is also shared in the Welcome Email that is sent to you on the first day of service.



Initial login credentials

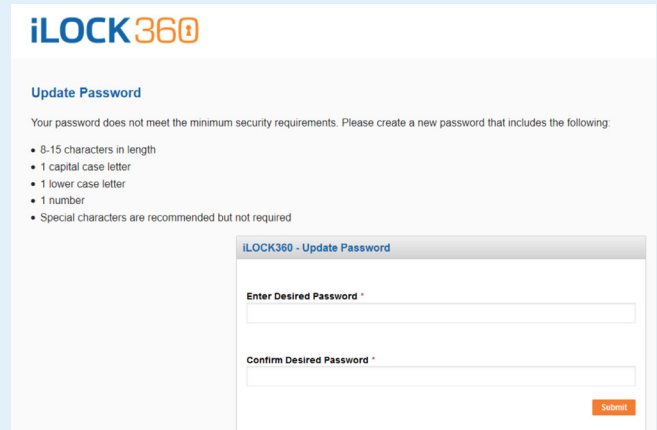
To access your iLOCK360 account for the first time you will use:

- **Username:** The email address you used to sign up for iLOCK360.
- **Password:** Your initial password is # followed by your first initial and then your second initial, followed by your zip code (provided during enrollment) and then lastly the last four digits of your Social Security Number.



Create an account password

- Once you login to your account for the first time, you will be prompted to create a password.
- We recommend you choose a password that is not used for any other accounts and is unique to you.



The image shows a screenshot of the iLOCK360 'Update Password' form. At the top, the iLOCK360 logo is displayed. Below it, the heading 'Update Password' is followed by a message: 'Your password does not meet the minimum security requirements. Please create a new password that includes the following:'. A bulleted list of requirements is provided: 8-15 characters in length, 1 capital case letter, 1 lower case letter, 1 number, and Special characters are recommended but not required. Below the list, there are two input fields: 'Enter Desired Password *' and 'Confirm Desired Password *'. A 'Submit' button is located at the bottom right of the form.

What is Knowledge Based Authentication?

These are questions that are derived from a composite of information pulled from commercially available data sources such as credit reporting agencies and public records.

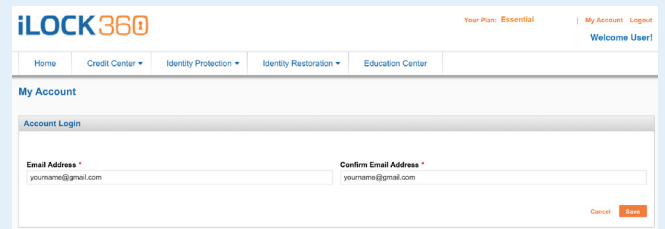
Identity verification process

- You **must complete** the Identity Verification Process in order to authenticate your account.
- iLOCK360 will ensure you are who you say you are by using an industry- standard procedure called "Knowledge Based Authentication."
- As a security precaution, you will be locked out of your account if any answer you provide is incorrect. If an account lockout occurs, you will need to contact iLOCK360 at (855) 287-8888



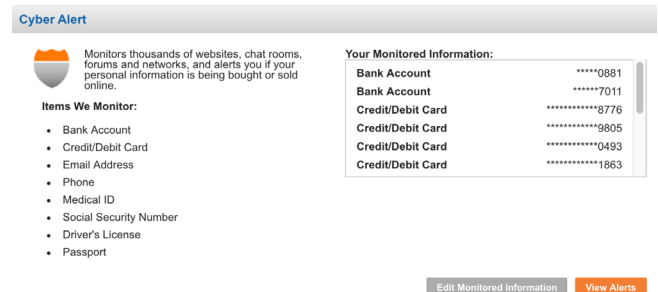
Preferred email address

- Your iLOCK360 account alerts and notifications will be sent to the email address you provided during your enrollment.
- Take a moment to consider which email address is best for you to receive your alerts in a timely fashion.



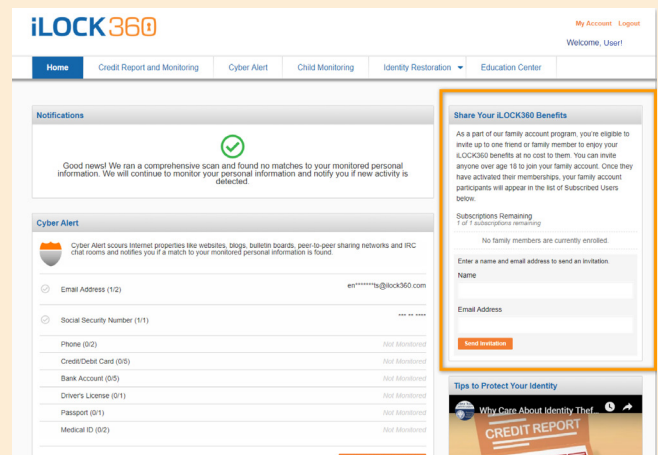
Update monitored information

- Take a moment to review all of the features included with your iLOCK360 plan.
- While logged into your account, add any additional information you want iLOCK360 to monitor.



How to setup a spouse account

- If you elected iLOCK360 coverage that includes your Spouse, you can send your Spouse an email invitation to setup their own account.
- Please note: Your Spouse will need to sign up using their own unique email address. iLOCK360 requires each login to use a unique email address.



We have officially launched our app

Download it on your phone today!

Here's how to get started:

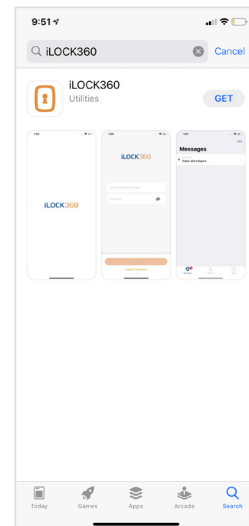
Step 1

Go to the App Store on your device.



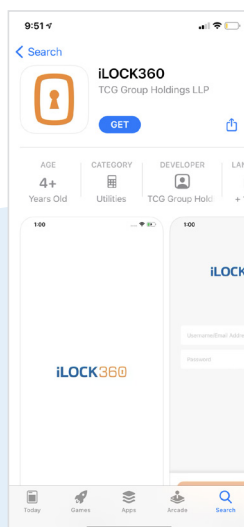
Step 2

Type iLOCK360 in the search bar.



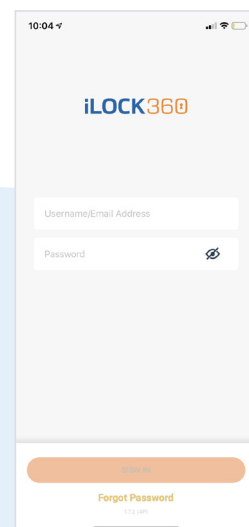
Step 3

Once you click on the first option, you will see this screen. Press the GET button to download the application.



Step 4

Once the app is downloaded on your device, open it and use the same credentials you use on our website portal to sign in.



iLOCK360

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

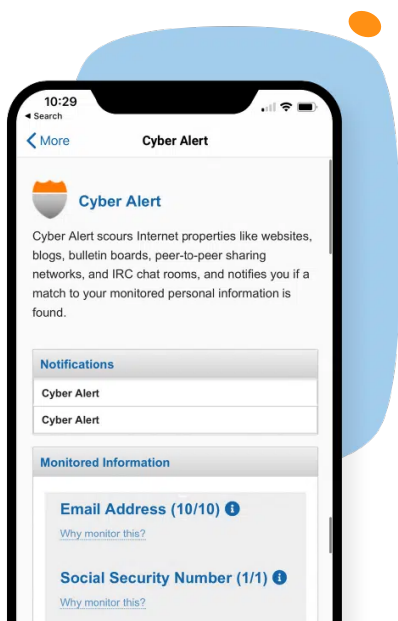


39 seconds is how often cyber-attacks occur

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

17% increase in data breaches 2022 to 2023

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



Defend

Your personal information is monitored 24 / 7 / 365



Protect

Alerts inform you of potential threats for immediate action



Restore

iLOCK360 does the work to restore your identity

Sign up during enrollment

For educator pricing

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

Please note: A valid email address is required for enrollment in iLOCK360. All iLOCK360 alerts and/or notifications are sent via email. Consider utilizing an email address that you check regularly. • Account activation & setup of monitored elements is required upon the start of your new benefit plan year.

Learn more about the protections that iLOCK360 offers:

		Plus	Premium
Plan features	Service description		
Identity theft resolution services			
Full-Service Identity Theft Restoration & Lost Wallet Protection MOST VALUABLE SERVICE. Dependable help that's just a phone call away!	If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will work with you and on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with. Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.	 	 
\$1M Identity Theft Insurance	If you incur expenses associated with your identity theft recovery, you will be covered up to \$1M reimbursement (\$0 deductible). Covered costs include: <ul style="list-style-type: none"> • Lost wages or income • Attorney and legal fees • Expenses incurred for refinancing of loans, grants and other lines of credit • Costs of childcare and/or elderly care incurred as a result of identity restoration 		
Comprehensive identity monitoring			
CyberAlert™ monitors: <ul style="list-style-type: none"> • one Social Security Number • two Phone Numbers • two Email Addresses • five Credit/Debit Cards • two Medical ID Numbers • five Bank Accounts • one Drivers License Number • one Passport 	We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.	 	 
Change of Address Monitoring	A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected through the USPS National Change of Address (NCOA) Registry.		
Court/Criminal Records Monitoring	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.		
Sex Offender Alerts	Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area. As well as notifying you if someone registers as a sex offender in your name.		
Payday Loan Monitoring	Often times, these types of loans don't show up on your credit report until they have gone through collections which will be damaging to your credit report. High-interest, easy-to-obtain payday loans can negatively impact your credit score. We alert you if a non-credit loan been opened using your identity at a payday or quick cash loan provider.		
Social Security Number Trace	Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.	 	 
Credit monitoring services			
Daily Monitoring of Experian Credit Bureau	Provides credit protection with monitoring from Experian. Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.		
Daily Monitoring of Three Credit Bureaus	Provides higher-level credit protection with monitoring from all three credit bureaus: Experian, Equifax & TransUnion. Receive notifications for changes in your credit report such as loan data, inquiries, new accounts, judgments, liens and more.		
VantageScoreTracker	Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.		

 adults
  Children to age 18
  adults
  Children to age 18

Legal Plan



Legal Ease | www.legaleaseplan.com/esc3 | 800-248-9000

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



We've Got You Covered

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

What's Included?



**FAMILY
LAW**



**ESTATE PLANNING
& WILLS**



**AUTO
& TRAFFIC**



**HOME &
RESIDENTIAL**



**FINANCIAL
& CONSUMER**



**GENERAL
COVERAGE**

Plan Details:

\$18.71 Monthly
via payroll deduction

Who's Covered:

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

Enroll Today!

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

Enroll in the LegalEASE Plan
Visit: www.legaleaseplan.com/esc3
Call: 1(800) 248-9000

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



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

- DAN, MEMBER



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

- JACQUELYN, MEMBER



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

- RANNISHA, MEMBER

How it Compares:

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



50+
Years of Experience



13 Million
Members Served



4.8/5
Google Review

For more information:
Visit: www.legaleaseplan.com/esc3
Call: 1(800) 248-9000 and reference “Region 3 Cooperative”
(Monday - Friday 7am- 7:30pm CST)

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. This legal plan may not be regulated as insurance in some states, but is available in all states. Group legal plans are administered by The LegalEASE Group. Please contact LegalEASE for complete details. ©2024 LegalEASE All rights reserved. LASG_INS_Enroll_1PG_Region3Cooperative_2024-02

Medical Transport

MASA | www.masamts.com | 800-643-9023

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.





EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DONOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS** of which provider transports them.

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



**Any Ground. Any Air.
Anywhere.™**

OUR BENEFITS

Benefit *	Platinum \$39/Month	Emergent Plus \$14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	
Mortal Remains Transportation	Worldwide	
Visitor Transportation	BCA**	
Minor Children/Grandchildren Return	BCA**	
Vehicle Return	BCA**	
Pet Return	BCA**	
Organ Retrieval	U.S./Canada	
Organ Recipient Transportation	U.S./Canada	

* Please refer to the MSA for a detailed explanation of benefits and eligibility.

** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

For more information, please contact

**Your broker or MASA
representative**

EVERY FAMILY DESERVES A MASA MEMBERSHIP

TeleHealth



Recuro | www.recurohealth.com | 855-673-2876

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

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

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

Hospital Indemnity Insurance

Guardian | www.guardianlife.com | 800-541-7486

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!





Welcome to Workplace benefits

Everyone deserves a Guardian

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

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

Your coverage options



Hospital indemnity
insurance

Covering some of your
hospital stay costs

Know your benefits

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

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

1

Read through this information.

2

Find out more about your benefits.

3

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



Hospital indemnity insurance

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

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

Who is it for?

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

What does it cover?

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

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

Why should I consider it?

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

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

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



Be prepared

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

Average heart attack hospitalization expense: **\$53,000**

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

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

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

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

The policy gives him a total payment of **\$1,000** to help cover the out-of-pocket amount.

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



Your hospital indemnity coverage

	Hospital Indemnity	
	Option 1	Option 2
Coverage Details		
Your Monthly premium	\$15.49	\$29.68
You and Spouse	\$32.73	\$62.87
You and Child(ren)	\$21.36	\$40.61
You, Spouse and Child(ren)	\$35.09	\$66.52
Benefits		
Hospital/ICU Admission	\$1,000 per admission, limited to 2 admission(s) per insured.	\$2,000 per admission, limited to 2 admission(s) per insured.
Hospital/ICU Confinement	\$100/\$100 per day, limited to 30 day(s) per insured per benefit year.	\$200/\$200 per day, limited to 30 day(s) per insured per benefit year.
Health Screening	\$50 per day, limited to 1 day(s) per insured per benefit year.	\$50 per day, limited to 1 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable	Not Applicable
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included	Not Applicable
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

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

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

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

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

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

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



Your hospital indemnity coverage

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.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

This Plan will not pay benefits for:

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection.

- Suicide or any intentionally self-inflicted injury

Elective surgery;

Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;

Dental care, dental xrays, or dental treatment;

Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit ;

Rest cures or custodial care, or treatment of sleep disorders;

Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:

(a) on an injured part of the body following infection or disease of the involved part;

(b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or

(c) on a nondiseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;

Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;

Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;

Care or treatment for mental or nervous disorders;

Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union.

Surgery and treatment, procedures, products or services that are experimental or investigative.

Treatment of a Covered Dependent Child's Children;

Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.

GP-1-HI-15

Guardian Hospital Indemnity Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited hospital insurance only. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services.
Policy Form # GP-1-HI-15, GP-1-LAH-12R

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



Clever RX

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

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

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



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

Clever RX Highlights

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

Contact Information

Product	Carrier	Website	Phone
Medical	TRS	www.trs.com	866-355-5999
Dental	SunLife	www.sunlife.com	800-247-6875
Vision	SunLife	www.sunlife.com	800-247-6875
FSA & HSA	First Financial	www.ffga.com	866-853-3539
Term Life	Blue Cross Blue Shield	www.bcbstx.com	877-442-4207
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Disability	American Fidelity	www.americanfidelity.com	800-654-8489
Cancer	American Fidelity	www.americanfidelity.com	800-654-8489
Critical Illness	Guardian	www.guardianlife.com	800-541-7846
Accident	Aetna	www.aetna.com	800-607-3366
Hospital	Guardian	www.guardianlife.com	800-541-7846
Identity Theft	iLock360	www.ilock360.com	855-287-8888
Legal Plan	Legal Ease	www.legalease.com/esc3	800-248-9000
Medical Transport	MASA	www.masamts.com	800-643-9023
Telehealth	Recuro	www.recurohealth.com	855-673-2876