

# LYTLE ISD BENEFITS GUIDE

2023-2024 Plan Year  
September 1, 2023-August 31, 2024

Open Enrollment  
August 21, 2023-August 25, 2023



First Financial Group of America  
Marissa Wenning, Senior Account Manager  
210-380-0832 | [marissa.wenning@ffga.com](mailto:marissa.wenning@ffga.com)  
<https://ffbenefits.ffga.com/lytleisd/>



Lytle ISD Benefits Office  
15437 Cottage St.  
Lytle, 78052  
830-709-5100 | <https://www.lytleisd.org/>

# TABLE OF CONTENTS

## TABLE OF CONTENTS

- EMPLOYEE BENEFITS CENTER.....3
- HOW TO ENROLL.....4
- ELIGIBILITY.....5
- SECTION 125 PLAN.....6
- DENTAL.....7
- VISION.....12
- FLEXIBLE SPENDING ACCOUNTS & FSA RESOURCES.....16
- HEALTH SAVINGS ACCOUNTS & HSA RESOURCES.....18
- VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS
  - VOLUNTARY TERM AND WHOLE LIFE INSURANCE.....20
  - PERMANENT LIFE INSURANCE.....21
  - LONG TERM DISABILITY.....27
  - CANCER INSURANCE.....36
  - CRITICAL ILLNESS INSURANCE.....41
  - ACCIDENT ONLY INSURANCE.....50
  - HOSPITAL INDEMNITY.....61
  - 403(b) RETIREMENT PLANS.....65
  - COBRA.....66
  - CLEVER RX.....67
- BENEFIT CONTACT INFORMATION.....68

*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

## YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Lytle ISD and First Financial 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 number, 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.

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



# HOW TO ENROLL

## NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. To enroll, please contact your First Financial representative Marissa Wenning at [marissa.wenning@ffga.com](mailto:marissa.wenning@ffga.com).

## ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections. Visit your EBC to view the on-site enrollment schedule, <https://ffbenefits.ffga.com/lytleisd/>.

## ONLINE ENROLLMENT

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

## LOGIN

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

## VIEW CURRENT BENEFITS

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

## VIEW/ADD DEPENDENTS

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

## BEGIN ELECTIONS

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

# ELIGIBILITY

## ELIGIBILITY

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

## 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 & 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 AND 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
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

**YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!**

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

# DENTAL INSURANCE

Humana | <https://www.humana.com/dental-insurance> | 1.800.233.4013

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
- Crowns
- Root Canals

DENTAL MONTHLY PREMIUMS		
	PREVENTIVE PLUS	TRADITIONAL PLUS
<b>EMPLOYEE ONLY</b>	\$13.45	\$24.09
<b>EMPLOYEE + SPOUSE</b>	\$30.47	\$48.19
<b>EMPLOYEE + CHILD(REN)</b>	\$35.75	\$67.53
<b>EMPLOYEE + FAMILY</b>	\$56.29	\$92.83



	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
<b>Calendar-year deductible</b> (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$1,000			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>Routine oral examinations (3 per year)</li> <li>Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>Routine cleanings (3 per year)</li> <li>Periodontal cleanings (4 per year)</li> <li>Fluoride treatment (1 per year, through age 16)</li> <li>Sealants (permanent molars, through age 16)</li> <li>Space maintainers (primary teeth, through age 15)</li> <li>Oral Cancer Screening (1 per year, ages 40 and older)</li> </ul>	100% no deductible		100% no deductible	
<b>Basic services</b> <ul style="list-style-type: none"> <li>Emergency care for pain relief</li> <li>Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>Composite fillings (1 per tooth every 2 years, molar teeth)</li> </ul>	80% after deductible		80% after deductible	
<b>More Value</b>				
<b>Basic services</b> <ul style="list-style-type: none"> <li>Stainless steel crowns</li> <li>Harmful habit appliances for children</li> </ul>	These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.			
<b>Major services</b> <ul style="list-style-type: none"> <li>Crowns</li> <li>Inlays and onlays</li> <li>Bridges</li> <li>Dentures</li> <li>Denture relines/rebases</li> <li>Denture repair and adjustments</li> <li>Implants</li> <li>Periodontics (gums)</li> <li>Endodontics (root canals)</li> </ul>				
<b>Orthodontia services</b> <ul style="list-style-type: none"> <li>Adult and child orthodontia</li> </ul>				



Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the maximum allowable charge of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

## Waiting periods

**Voluntary funding: 10+ enrolled employees**

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	Not available	Not available
Late applicant <sup>1</sup>	No	12 months	Not available	Not available
<sup>1. 1</sup>	Late applicants not allowed with open enrollment option.			

## Monthly rates\* (12 deductions per year)

<b>Employee:</b>	\$13.45
<b>Employee + spouse:</b>	\$30.47
<b>Employee + child(ren):</b>	\$35.75
<b>Family:</b>	\$56.29

\* This is not a substitute for a quote. Rates must be approved by Humana Dental underwriting.



## Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit [Humana.com](https://www.humana.com).

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
<b>Calendar-year deductible</b> (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$1,000 + <b>extended annual maximum (see section below)</b>			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Routine oral examinations (3 per year)</li> <li>• Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>• Routine cleanings (3 per year)</li> <li>• Periodontal cleanings (4 per year)</li> <li>• Fluoride treatment (1 per year, through age 16)</li> <li>• Sealants (permanent molars, through age 16)</li> <li>• Space maintainers (primary teeth, through age 15)</li> <li>• Oral Cancer Screening (1 per year, ages 40 and older)</li> </ul>	100% no deductible		100% no deductible	
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Emergency care for pain relief</li> <li>• Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>• Composite fillings (1 per tooth every 2 years, molar teeth)</li> <li>• Oral surgery (tooth extractions including impacted teeth)</li> <li>• Stainless steel crowns</li> <li>• Harmful habit appliances for children (1 per lifetime, through age 14)</li> <li>• Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)</li> <li>• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li> </ul>	80% after deductible		80% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>• Crowns (1 per tooth every 5 years)</li> <li>• Inlays/onlays (1 per tooth every 5 years)</li> <li>• Bridges (1 per tooth every 5 years)</li> <li>• Dentures (1 per tooth every 5 years)</li> <li>• Denture relines/rebases (1 every 3 years, following 6 months of denture use)</li> <li>• Denture repair and adjustments (following 6 months of denture use)</li> <li>• Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years)</li> </ul>	50% after deductible		50% after deductible	

If you use an  
**IN-NETWORK** dentist

If you use an  
**OUT-OF-NETWORK** dentist

## Extended Annual Max

Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)

30%

30%

## Orthodontia services

Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist.

## Waiting periods

**Voluntary funding: 10+ enrolled employees**

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	12 months <sup>1</sup>
Late applicant <sup>2,3</sup>	No	12 months	12 months	12 months

<sup>1</sup> Waiting periods may be decreased or waived based on the number of months the member had dental insurance immediately before their effective date. Members must have prior orthodontic insurance to reduce or waive the orthodontic waiting period.

<sup>2</sup> Late applicants not allowed with open enrollment option.

<sup>3</sup> Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

## Monthly rates\* (12 deductions per year)

**Employee:** \$24.09

**Employee + spouse:** \$48.19

**Employee + child(ren):** \$67.53

**Family:** \$92.83

\* This is not a substitute for a quote. Rates must be approved by Humana Dental underwriting.



## Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit **Humana.com**.

# VISION INSURANCE

Eyetopia | <http://eyetopia.org/member> | 1.800.662.8264

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

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

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

VISION MONTHLY PREMIUMS		
VSP CHOICE PLAN		
	STANDARD PLAN	GOLD PLAN
<b>EMPLOYEE ONLY</b>	\$6.50	\$20.00
<b>EMPLOYEE + ONE</b>	\$12.00	\$37.00
<b>EMPLOYEE + FAMILY</b>	\$20.00	\$52.00



<b>Eyetopia Benefits</b>		
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.		
<b>BENEFIT ONE</b> <sup>2</sup> (choose either one of the following 2 options every 12 months):	<b>Allowance</b>	<b>Co-pay<sup>1</sup></b>
<b>1.</b> Refractive Exam. One routine Vision Exam.	N/A	\$10.00
<b>2.</b> Coverage towards a medical eye exam copay or other services or materials. <sup>2</sup>	\$45.00	None
<b>BENEFIT TWO</b> (choose only one of the following Vision Correction Options): Eyetopia provides you with 3 options for correcting your vision every 12 months. <sup>3</sup>		
<b>1. Prescription Lenses</b> <sup>4</sup> CR-39 plastic single vision, bifocal, trifocal lenses.	<b>Allowance</b>	<b>Co-pay<sup>1</sup></b>
• CR-39 plastic Progressive (no-line multi-focal) lenses that retail for up to \$199.	N/A	\$20.00
• CR-39 plastic Progressive (no-line multi-focal) lenses that retail for more than \$199.	\$200.00	\$20.00
• Polycarbonate material upgrade	N/A	\$25.00
• Polycarbonate material upgrade for child dependents (under age 26)	Covered	None
• Basic Coating (Ultraviolet Protection & Scratch Resistant Coating)	Covered	None
• Mid-Level Anti-Reflective Coatings that retail up to \$99.	Covered	None
• Premium Anti-Reflective Coatings that retail for \$100 or more copay not to exceed:	N/A	\$130.00
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.	N/A	\$105.00
• Tint (Solid or Gradient)	N/A	\$12.00
• Photochromatic or Polarized Lenses	N/A	\$90.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia. <sup>5</sup>	\$400.00	None
♦ Anti-Fatigue lenses.	Covered	\$20.00
♦ <b>Frame:</b> The member may select any frame on display and is responsible for any amount exceeding the allowance.	\$130	None
<b>2. Contact Lens Option:</b> In lieu of spectacles. Allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. <sup>6</sup>	\$150.00	None
♦ Medically necessary contact lenses - \$145.00 evaluation allowance and \$400.00 contact lens allowance. <sup>7</sup>	\$550.00	None
<b>3. Refractive Surgery Option.</b> <sup>8</sup> In lieu of spectacles or contact lenses. A \$350.00 per eye allowance with contracted surgeons or a \$75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	\$350/eye \$75/eye	None

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

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

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

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

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

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

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

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

### Exclusions & Limitations

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

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

Emp - \$6.50
E+1 - \$12
Fam - \$20

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



Find us on [Facebook.com/eyetopiaivision](https://www.facebook.com/eyetopiaivision)

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

Eyetopia Benefits		
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.		
<b>BENEFIT ONE</b> <sup>2</sup> (choose either one of the following 2 options every 12 months):		<b>Allowance</b>
1. Refractive Exam. One routine vision exam.		N/A
2. Coverage toward medical eye exam co-pay or other services or materials. <sup>2</sup>		\$65.00
<b>BENEFIT TWO</b> (choose only 1 of the following Vision Correction Options) Eyetopia provides you with 3 options for correcting your vision every 12 months. <sup>3</sup>		
<b>1. Prescription Lenses</b> <sup>3,4</sup> Single Vision, Bi-focal or Tri-focal lenses		<b>Allowance</b> Covered
• Progressive (no line multifocal) lenses that retail for up to \$219.		Covered
• Progressive (no line multifocal) lenses that retail for more than \$219.		\$219.00
• Lens Materials: polycarbonate, Trivex®, 1.60 or 1.67 index plastic.		Covered
• Basic Coating (ultraviolet protection and scratch resistant coating)		Covered
• Mid-Level Anti-Reflective Coatings that retail up to \$99.		Covered
• Premium Anti-Reflective Coatings that retail for \$100 or more.		\$60.00
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.		N/A
• Tint (Solid and Gradient)		N/A
• Photochromic or polarized lens upgrade		N/A
♦ Medically necessary spectacles for Aniseikonia or Amblyopia. <sup>5</sup>		\$400.00
♦ Anti-Fatigue lenses.		Covered
♦ <b>Frame:</b> The member may select any frame on display and is responsible for any amount exceeding the allowance.		\$180.00
<b>2. Contact Lens Option</b> in lieu of spectacles. Allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. <sup>6</sup>		\$300.00
♦ Medically necessary contact lenses - \$300.00 evaluation allowance and \$400.00 contact lens allowance. <sup>7</sup>		\$700.00
<b>3. Refractive Surgery Option</b> <sup>8</sup> in lieu of spectacles or contact lenses. A \$500.00 per eye allowance with contracted surgeons or a \$150.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.		\$500/eye \$150/eye
<b>4. Hearing Aid Option.</b> <sup>9</sup> If you do not use any of the other Materials options you can elect to apply your benefit toward hearing aids. Current year is a maximum benefit of \$750.00 toward one or both hearing aids. If not used in year 1, the benefit increases to \$1,600.00 in year 2. If not used in Year 2 or Year 1, the benefit increases to \$2,550.00 for Year 3.		See full summary

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

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

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

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

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

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

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

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

<sup>9</sup> To access your hearing aid benefit, you must call Your Hearing Network at 888-284-8133 for an initial consult. You have access to five levels of hearing aid technology: Standard, Value, Mid-Level, Advanced and Premium. Your out-of-pocket costs will vary based on your choice of hearing aid and your total available allowance.

### Exclusions & Limitations

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

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

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

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

Welcome to Eartopia<sup>®</sup>, a comprehensive hearing aid benefit that can be used when you have no need to use your Eyetopia<sup>®</sup> Benefit 2 for vision correction. See Option 4 of the Eyetopia<sup>®</sup> Gold 180/300H Plan.

You can use this Option each year or roll it over for up to two more years.

- Year 1 \$750 Maximum Benefit Full amount can be rolled over into Year 2 if Eyetopia<sup>®</sup> Benefit 2 is not used.
- Year 2 \$1,600 Maximum Benefit Full amount can be rolled over into Year 3 if Eyetopia<sup>®</sup> Benefit 2 is not used.
- Year 3 \$2,550 Maximum Benefit Must be used before Year 3 Eyetopia<sup>®</sup> eligibility period expires.

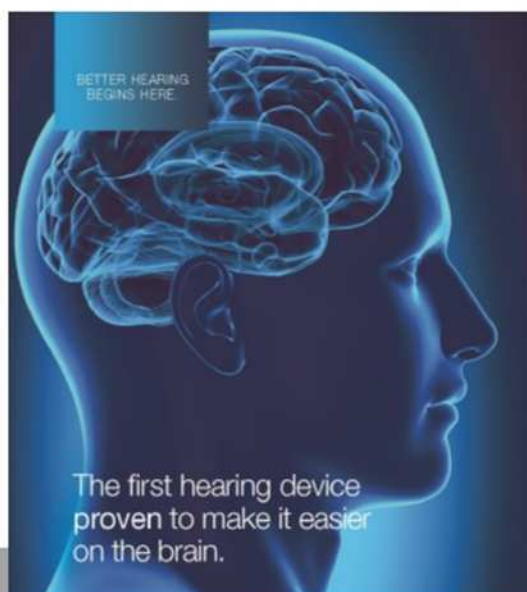
All Hearing Aids must be supplied through a Your Hearing Network Participating Provider. We have negotiated exceptional price reductions to provide Eartopia<sup>®</sup> Members access to a wide array of hearing aids. Eartopia<sup>®</sup> offers five classifications of hearing aids from basic aids to premium aids. The following chart shows your expected out-of-pocket costs after the Eartopia<sup>®</sup> benefit is applied at each classification.

Type:	Standard		Value		Mid Level		Advanced		Premium	
	1 Aid	2 Aids	1 Aid	2 Aids	1 Aid	2 Aids	1 Aid	2 Aids	1 Aid	2 Aids
<b>MSRP</b>	<b>\$1,100</b>	<b>\$2,200</b>	<b>\$1,475</b>	<b>\$2,950</b>	<b>\$1,800</b>	<b>\$3,600</b>	<b>\$2,800</b>	<b>\$5,600</b>	<b>\$4,200</b>	<b>\$8,400</b>
<b>Allowance*</b>	The Following Table shows the out of pocket amount after applying the Allowance									
<b>\$750.00</b>	Covered	\$750.00	\$245.00	\$1,240.00	\$850.00	\$2,450.00	\$1,245.00	\$3,240.00	\$1,800.00	\$4,350.00
<b>\$1,600.00</b>	Covered	Covered	Covered	\$390.00	Covered	\$1,600.00	\$395.00	\$2,390.00	\$950.00	\$3,500.00
<b>\$2,550.00</b>	Covered	Covered	Covered	Covered	Covered	\$650.00	Covered	\$1,440.00	Covered	\$2,550.00

\* The allowance is applied at the time of service against a contracted discounted price. All remaining out of pocket costs are due at the time of service. Incremental spending of the allowance is not available.

***There are no Out-of-Network benefits, therefore you must call (877) 381-9813 to schedule an appointment with Your Hearing Network’s Participating Providers to exercise your benefit.***

## Treating Hearing Loss - Hearing aids can help.



- Abundance of research confirms that hearing aids can reverse the consequences of untreated hearing loss
- Better overall health, lessened feelings of depression and isolation, improved cognition
- Increased attentiveness resulting in a decreased risk of personal injury
- Less likely to suffer from depression and anxiety
- Decrease in the risk of onset dementia
- An increase in job performance



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

# FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.866.853.3539

P.O. Box 161968 | Altamonte Springs, FL 32716

## MEDICAL FSA

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

**Your maximum contribution amount for 2023 is \$3,050.**

## 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.**

## HIGHLIGHTS

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



# FSA RESOURCES

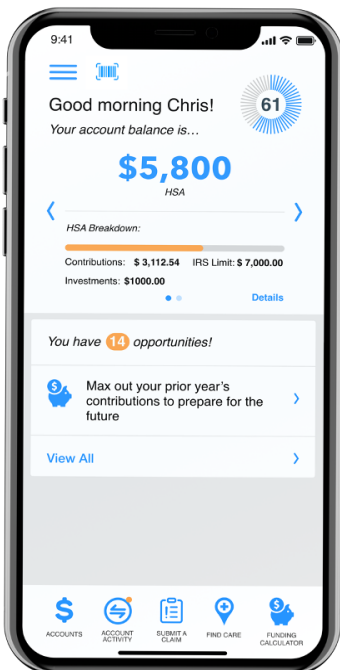
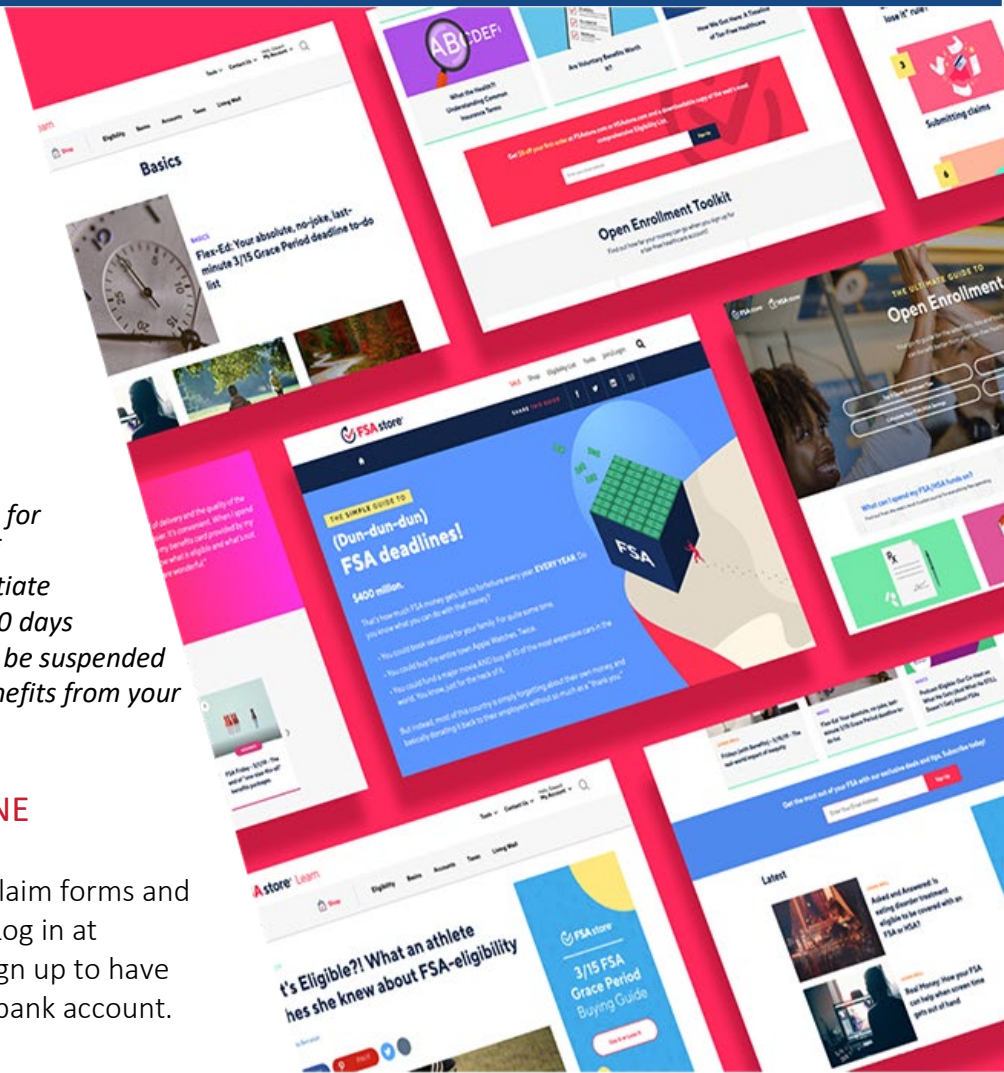
## BENEFITS CARD

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

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

## VIEW YOUR ACCOUNT DETAILS ONLINE

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



## FF MOBILE ACCOUNT APP

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App Store<sup>SM</sup> or Google Play Store<sup>TM</sup>. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

## FSA STORE

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



# HEALTH SAVINGS ACCOUNTS

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

## HEALTH SAVINGS ACCOUNTS

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.

	2023	2024
<b>HSA Contribution Limit</b>	<ul style="list-style-type: none"><li>Self Only: <b>\$3,850</b></li><li>Family: <b>\$7,750</b></li></ul>	<ul style="list-style-type: none"><li>Self Only: <b>\$4,150</b></li><li>Family: <b>\$8,300</b></li></ul>
<b>HDHP Minimum Deductibles</b>	<ul style="list-style-type: none"><li>Self Only: <b>\$1,500</b></li><li>Family: <b>\$3,000</b></li></ul>	<ul style="list-style-type: none"><li>Self Only: <b>\$1,600</b></li><li>Family: <b>\$3,200</b></li></ul>
<i>\$1,000 catch-up contributions (age 55 or older)</i>		

## 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.

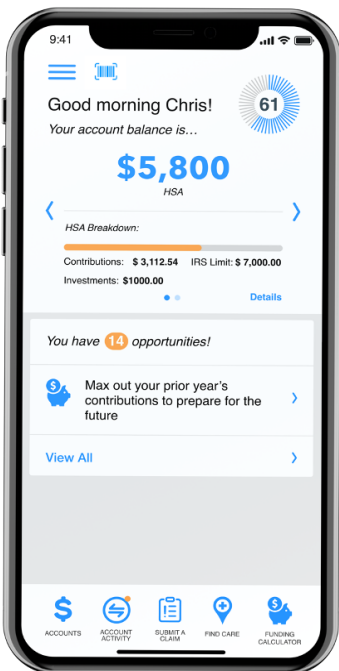
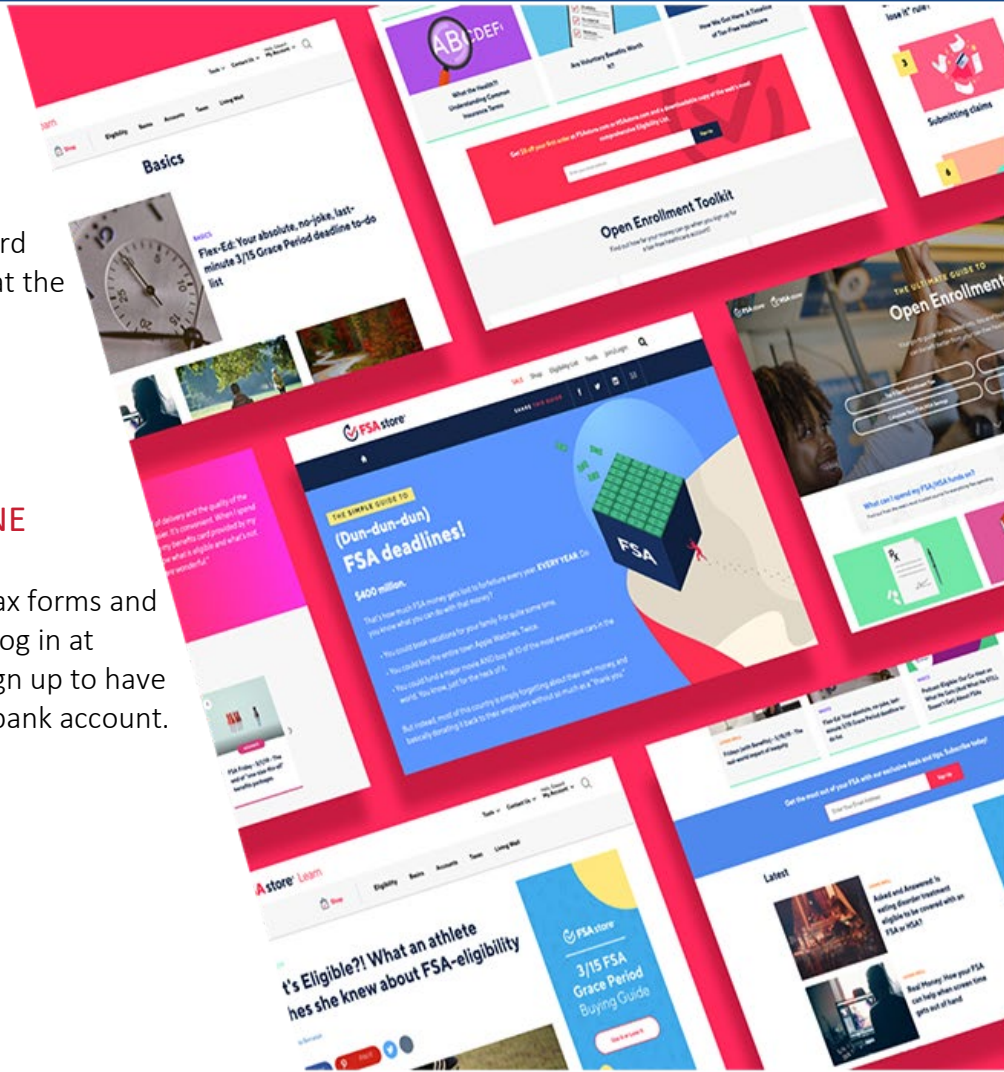
# HSA RESOURCES

## BENEFITS CARD

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

## VIEW YOUR ACCOUNT DETAILS ONLINE

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



## FF MOBILE ACCOUNT APP

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App Store<sup>SM</sup> or Google Play Store<sup>TM</sup>. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

## HSA STORE

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



# LIFE & AD&D INSURANCE

American Fidelity | <http://americanfidelity.com> | 1.800.654.8489

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

## HIGHLIGHTS

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

# WHOLE LIFE INSURANCE

American Fidelity | <http://americanfidelity.com> | 1.800.654.8489

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. During this year's enrollment, you now have the opportunity to increase your life insurance protection with a voluntary plan offered by your employer.

# TEXAS LIFE – PERMANENT LIFE

Texas Life | [www.texaslife.com](http://www.texaslife.com) | 1.800.283.9233

## 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.

### HIGHLIGHT

- 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.



# WOW!

## LIFE INSURANCE YOU CAN KEEP!

### LIFE INSURANCE HIGHLIGHTS

For the employee



**IT'S AFFORDABLE**  
**YOU OWN IT**



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



**YOU CAN COVER YOUR SPOUSE, CHILDREN**  
**AND GRANDCHILDREN, TOO<sup>1</sup>**



**YOU CAN GET A LIVING BENEFIT IF YOU**  
**BECOME TERMINALLY ILL<sup>2</sup>**



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



**YOU CAN GET CASH TO COVER**  
**LIVING EXPENSES IF YOU BECOME**  
**CHRONICALLY ILL<sup>3</sup>**



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

During the last six months, has the proposed insured:

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



# TEXASLIFE INSURANCE COMPANY

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

# ADDITIONAL POLICY BENEFITS

## Accelerated Death Benefit Due to Chronic Illness Rider

Optional for employees at an additional cost, this valuable living benefit can help offset the unplanned expense of care should the insured be faced with a disabling chronic illness or serious cognitive impairment.

Here's how it works:

- If you're no longer able to perform any two of the six activities of daily living (eating, bathing, dressing, toileting, transferring, maintaining continence) or if you suffer serious cognitive impairment, you can receive a living benefit.<sup>4</sup>
  - Example: You own a \$100,000 Texas Life insurance policy with the Chronic Illness rider. A medical professional certifies that you can no longer perform 2 of the 6 activities or have suffered serious cognitive impairment, you can receive \$92,000 minus a \$150 processing fee.<sup>3</sup>
- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

---

*For pennies a day, you can get both a living benefit, should you need it, and a death benefit if you don't.*

---

<sup>1</sup> Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

<sup>2</sup> Conditions apply. See rider for details. Form ICC07-ULABR-07 or Form Series ULABR-07.

<sup>3</sup> The Accelerated Death Benefit Rider for Chronic Illness is available for an additional cost for employees only. This rider pays 92% of the insurance proceeds less a \$150 administration fee (\$100 in FL) in lieu of the benefit payable at death. Conditions apply. Any outstanding loans will reduce the cash value and death benefit. Contract Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15.

<sup>4</sup> Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.



DO NOT CROSS

## Accidental Death Benefit Rider

Included in the contract at the option of your employer, the Accidental Death Benefit Rider covers all employees and spouses between the ages of 17-59.<sup>6</sup> This rider costs \$0.08 per thousand of the face amount per month and pays the insured's beneficiary double the death benefit if the insured dies within 180 days of an accident from injuries incurred in that accident (90 days in DE, FL, ND, and SD).<sup>7</sup> The benefit is payable through the insured's age 65. Maximum in-force limits and exclusions apply. See the complete list of exceptions to coverage on the following page.

---

*According to the Center for Disease Control, accidents are the third leading cause of death in the U.S.<sup>5</sup>*

---

<sup>5</sup> Heron, Melonie, PhD. "Deaths: Leading Causes for 2017." National Vital Statistics Reports, Volume 68, Number 6, June 24, 2019.

<sup>6</sup> Available to children and grandchildren at issue age 17-26.

<sup>7</sup> Rider details vary by state. Conditions apply. See contract for complete coverage description. Form ICC07-ULABR-07 or Form Series ULABR-07

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the PureLife-plus brochure for costs and complete details. Contract form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Texas Life is licensed to do business in the District of Columbia and every state but New York.



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

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

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

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

**Indicates Spouse Coverage Available**

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

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

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

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									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

23Mo14-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 | <http://americanfidelity.com> | 1.800.654.8489

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?



# Long-Term Disability Income Insurance Enhanced Plus Plans

 **First  
Financial  
Group  
of America**  
*First in Service and Expertise*

**AMERICAN FIDELITY**   
a different opinion

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

# Long-Term Disability Income Insurance

## Disability income insurance is here for you.

- **Salary Protection for You and Your Loved Ones**  
Provides a steady benefit to cover expenses while you are unable to work. The plan makes it easy to help protect your future income in case of a sudden injury or sickness.
- **Several Elimination Periods Available**  
Based on your individual need, there are various elimination periods for you to choose from. The plan pays a percentage of your gross monthly income once you have satisfied the elimination period.
- **Benefit Payments Made Directly to You**  
Your monthly benefit payments may be deposited directly into your bank account. This gives you the freedom to pay your living expenses and make other purchases as you see fit.
- **Social Security Filing Assistance**  
If we determine you are a likely candidate for social security disability benefits, we can assist you with the application and appeal process.

## Choose the Right Plan for You

### Benefits Begin

- Plan I** - On the 1st day of Disability due to a covered Injury and on the 4th day of Disability due to a covered Sickness.
- Plan II** - On the 15th day of Disability due to a covered Injury or Sickness.
- Plan III** - 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 in force.

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

**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.



In 2015, 77% of injuries requiring medical attention suffered by workers occurred off the job.



National Safety Council, Injury Facts, 2017 Edition, p. 63.

## Benefits Are Payable

Benefits are payable to the period of time shown in the chart below, based on your age as of the date Disability due to 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.

**If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.**

# Policy Provisions and Plan Features

## Eligibility

All permanent employees in subscribing group working 20 hours or more per week. Regarding your eligibility, we may require proof of good health and will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

## When Coverage Begins

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

## Physician Expense Benefit

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

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

## Accidental Death Benefit

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

## Hospital Confinement Benefit

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

## Waiver of Premium

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

## Donor Benefit

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

## Offsets With Other Sources of Income

Deductible Sources of Income include:

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

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

## Minimum Disability Benefit

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

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

Your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

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

## Return To Work Incentives: Disabled and Working

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

### • Family Care Benefit

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

### • Worksite Accommodation

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

# Policy Benefit Limitations and Exclusions



## Mental Illness Limited Benefit

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

## Alcoholism and Drug Addiction Limited Benefit

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

## Special Conditions Limited Benefit

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

## Pre-Existing Condition Limitation

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

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

Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied with respect to any increase applied for and approved by us.

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

## 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 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, 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.



There is a **3 in 10** chance of a person suffering a disabling illness or injury that would keep them out of work for three months or more.

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

# Benefit Policy Schedule

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

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$10.16	\$7.28	\$5.80	\$4.92	\$4.16	\$3.12
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$15.24	\$10.92	\$8.70	\$7.38	\$6.24	\$4.68
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$20.32	\$14.56	\$11.60	\$9.84	\$8.32	\$6.24
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$25.40	\$18.20	\$14.50	\$12.30	\$10.40	\$7.80
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$30.48	\$21.84	\$17.40	\$14.76	\$12.48	\$9.36
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$35.56	\$25.48	\$20.30	\$17.22	\$14.56	\$10.92
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$40.64	\$29.12	\$23.20	\$19.68	\$16.64	\$12.48
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$45.72	\$32.76	\$26.10	\$22.14	\$18.72	\$14.04
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$50.80	\$36.40	\$29.00	\$24.60	\$20.80	\$15.60
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$55.88	\$40.04	\$31.90	\$27.06	\$22.88	\$17.16
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$60.96	\$43.68	\$34.80	\$29.52	\$24.96	\$18.72
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$66.04	\$47.32	\$37.70	\$31.98	\$27.04	\$20.28
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$71.12	\$50.96	\$40.60	\$34.44	\$29.12	\$21.84
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$76.20	\$54.60	\$43.50	\$36.90	\$31.20	\$23.40
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$81.28	\$58.24	\$46.40	\$39.36	\$33.28	\$24.96
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$86.36	\$61.88	\$49.30	\$41.82	\$35.36	\$26.52
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$91.44	\$65.52	\$52.20	\$44.28	\$37.44	\$28.08
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$96.52	\$69.16	\$55.10	\$46.74	\$39.52	\$29.64
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$101.60	\$72.80	\$58.00	\$49.20	\$41.60	\$31.20
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$106.68	\$76.44	\$60.90	\$51.66	\$43.68	\$32.76
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$111.76	\$80.08	\$63.80	\$54.12	\$45.76	\$34.32
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$116.84	\$83.72	\$66.70	\$56.58	\$47.84	\$35.88
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$121.92	\$87.36	\$69.60	\$59.04	\$49.92	\$37.44
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$127.00	\$91.00	\$72.50	\$61.50	\$52.00	\$39.00
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$132.08	\$94.64	\$75.40	\$63.96	\$54.08	\$40.56
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$137.16	\$98.28	\$78.30	\$66.42	\$56.16	\$42.12
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$142.24	\$101.92	\$81.20	\$68.88	\$58.24	\$43.68
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$147.32	\$105.56	\$84.10	\$71.34	\$60.32	\$45.24
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$152.40	\$109.20	\$87.00	\$73.80	\$62.40	\$46.80
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$157.48	\$112.84	\$89.90	\$76.26	\$64.48	\$48.36
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$162.56	\$116.48	\$92.80	\$78.72	\$66.56	\$49.92
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$167.64	\$120.12	\$95.70	\$81.18	\$68.64	\$51.48
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$172.72	\$123.76	\$98.60	\$83.64	\$70.72	\$53.04
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$177.80	\$127.40	\$101.50	\$86.10	\$72.80	\$54.60
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$182.88	\$131.04	\$104.40	\$88.56	\$74.88	\$56.16
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$187.96	\$134.68	\$107.30	\$91.02	\$76.96	\$57.72
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$193.04	\$138.32	\$110.20	\$93.48	\$79.04	\$59.28



# Benefit Policy Schedule (continued)

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

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$198.12	\$141.96	\$113.10	\$95.94	\$81.12	\$60.84
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$203.20	\$145.60	\$116.00	\$98.40	\$83.20	\$62.40
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$208.28	\$149.24	\$118.90	\$100.86	\$85.28	\$63.96
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$213.36	\$152.88	\$121.80	\$103.32	\$87.36	\$65.52
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$218.44	\$156.52	\$124.70	\$105.78	\$89.44	\$67.08
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$223.52	\$160.16	\$127.60	\$108.24	\$91.52	\$68.64
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$228.60	\$163.80	\$130.50	\$110.70	\$93.60	\$70.20
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$233.68	\$167.44	\$133.40	\$113.16	\$95.68	\$71.76
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$238.76	\$171.08	\$136.30	\$115.62	\$97.76	\$73.32
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$243.84	\$174.72	\$139.20	\$118.08	\$99.84	\$74.88
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$248.92	\$178.36	\$142.10	\$120.54	\$101.92	\$76.44
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$254.00	\$182.00	\$145.00	\$123.00	\$104.00	\$78.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$259.08	\$185.64	\$147.90	\$125.46	\$106.08	\$79.56
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$264.16	\$189.28	\$150.80	\$127.92	\$108.16	\$81.12
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$269.24	\$192.92	\$153.70	\$130.38	\$110.24	\$82.68
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$274.32	\$196.56	\$156.60	\$132.84	\$112.32	\$84.24
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$279.40	\$200.20	\$159.50	\$135.30	\$114.40	\$85.80
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$284.48	\$203.84	\$162.40	\$137.76	\$116.48	\$87.36
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$289.56	\$207.48	\$165.30	\$140.22	\$118.56	\$88.92
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$294.64	\$211.12	\$168.20	\$142.68	\$120.64	\$90.48
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$299.72	\$214.76	\$171.10	\$145.14	\$122.72	\$92.04
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$304.80	\$218.40	\$174.00	\$147.60	\$124.80	\$93.60
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$309.88	\$222.04	\$176.90	\$150.06	\$126.88	\$95.16
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$314.96	\$225.68	\$179.80	\$152.52	\$128.96	\$96.72
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$320.04	\$229.32	\$182.70	\$154.98	\$131.04	\$98.28
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$325.12	\$232.96	\$185.60	\$157.44	\$133.12	\$99.84
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$330.20	\$236.60	\$188.50	\$159.90	\$135.20	\$101.40
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$335.28	\$240.24	\$191.40	\$162.36	\$137.28	\$102.96
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$340.36	\$243.88	\$194.30	\$164.82	\$139.36	\$104.52
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$345.44	\$247.52	\$197.20	\$167.28	\$141.44	\$106.08
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$350.52	\$251.16	\$200.10	\$169.74	\$143.52	\$107.64
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$355.60	\$254.80	\$203.00	\$172.20	\$145.60	\$109.20
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$360.68	\$258.44	\$205.90	\$174.66	\$147.68	\$110.76
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$365.76	\$262.08	\$208.80	\$177.12	\$149.76	\$112.32
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$370.84	\$265.72	\$211.70	\$179.58	\$151.84	\$113.88
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$375.92	\$269.36	\$214.60	\$182.04	\$153.92	\$115.44
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$381.00	\$273.00	\$217.50	\$184.50	\$156.00	\$117.00

# 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.

### Summary of Hospital Indemnity Limited Benefit Rider Benefits:

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.

Hospital Indemnity Limited Benefit Rider	
Daily Benefit Amount	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.

### Summary of Accident Only Spousal Benefit Rider Benefits:

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.

Spousal Accident Only Disability Benefit Rider		
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.

### Summary of COBRA Funding Rider 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.

COBRA Funding Rider	
Monthly Benefit Amount	Monthly Premium
\$300.00	\$4.50
\$600.00	\$9.00

## Survivor Benefit Rider

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

### Summary of Survivor Benefit Rider Benefits:

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

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

## Critical Illness Benefit Rider

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

### Summary of Critical Illness Benefit Rider Benefits:

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.

Critical Illness Benefit Rider	
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 Rider will not be payable for any loss caused by or resulting from: (a) a Critical Illness when the Date of Diagnosis occurs during the Waiting Period; (b) a Critical Illness diagnosed outside of the United States; or (c) 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: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advise 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: (a) Intentionally self-inflicted Injury while sane or insane; (b) An act of war, declared or undeclared; (c) Injury sustained or contracted while in the service

of the armed forces of any country; (d) Committing a felony; (e) 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; (f) 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; (g) Participation in any sport for wage or profit; (h) 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. No benefits are payable for your Spouse under this Rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a Physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from spousal abuse.

### Survivor Benefit Rider

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

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

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



**View and print your policies plus  
file a claim at [americanfidelity.com](http://americanfidelity.com)**

American Fidelity's Online Service Center provides you convenient, secure 24/7 access to manage your account or file a claim.

Underwritten and administered by:

Marketed by:

**AMERICAN FIDELITY**   
a different opinion

  
**First  
Financial  
Group  
of America**  
*First in Service and Expertise*

800-654-8489 • [americanfidelity.com](http://americanfidelity.com)

# CANCER INSURANCE

American Fidelity | <http://americanfidelity.com> | 1.800.654.8489

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.

**AMERICAN FIDELITY**   
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)		\$600
Ambulance		\$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](http://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

Aflac | <http://www.aflacgroupinsurance.com> | 1.800.433.3036

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.

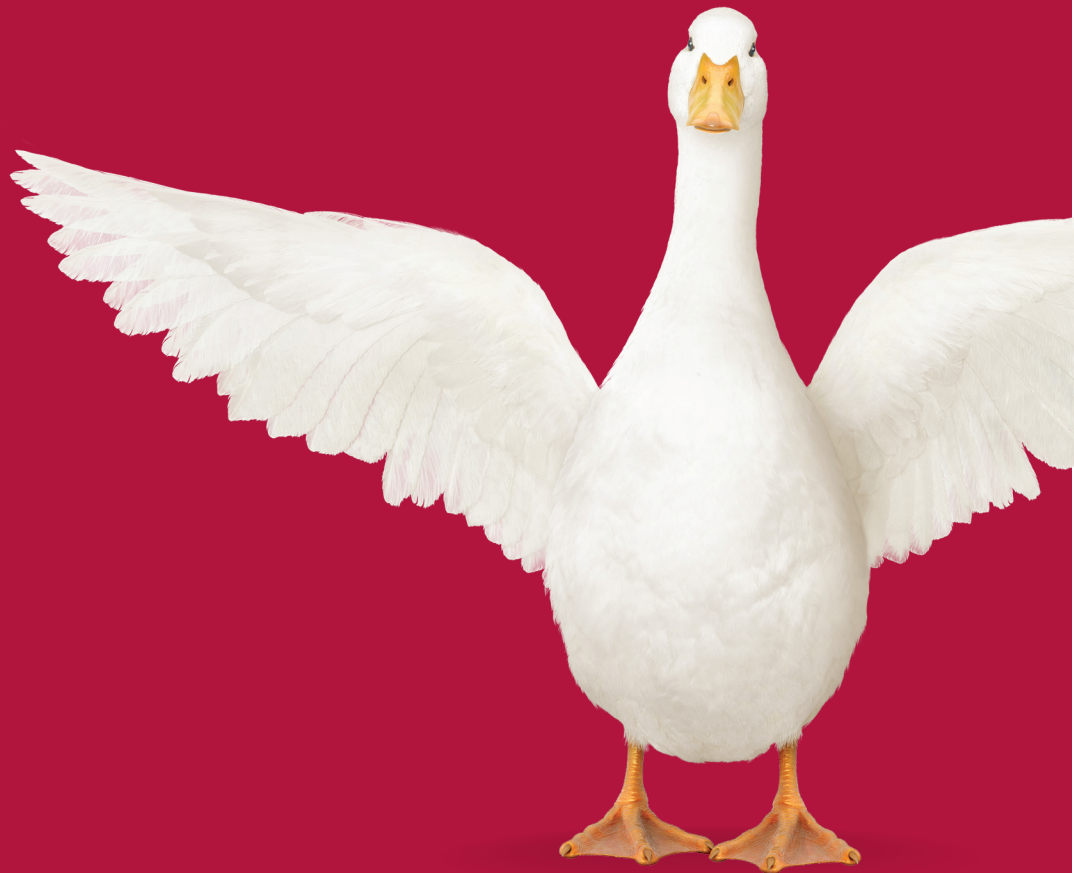
A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

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.

# Aflac Group Critical Illness

**INSURANCE – PLAN INCLUDES BENEFITS  
FOR CANCER AND HEALTH SCREENING**

We help take care of your  
expenses while you take  
care of yourself.



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

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

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

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

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

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

## What you need, when you need it.

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



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

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

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

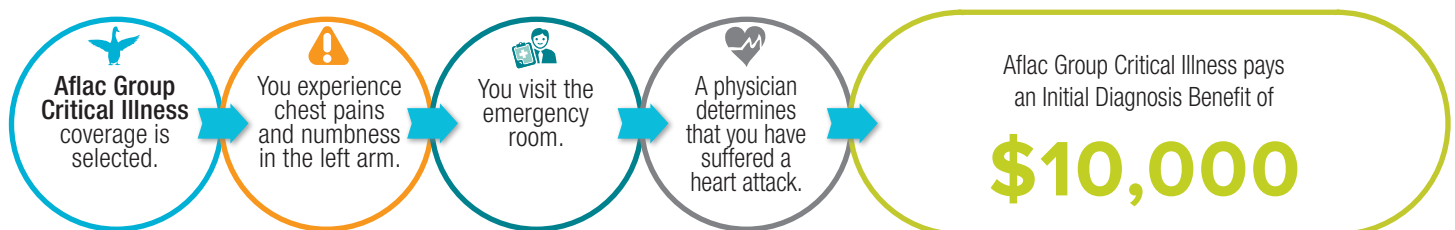
### The Aflac Group Critical Illness plan benefits include:

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

### Features:

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

### How it works



Amount payable based on \$10,000 Initial Diagnosis Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).

## Benefits Overview

### COVERED CRITICAL ILLNESSES:

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

#### INITIAL DIAGNOSIS

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

#### ADDITIONAL DIAGNOSIS

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

#### REOCCURRENCE

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

#### CHILD COVERAGE AT NO ADDITIONAL COST

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

\*This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.

\*\*These benefits are payable for loss due to a covered underlying disease or a covered accident.

### SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

### WAIVER OF PREMIUM

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

### SUCCESSOR INSURED BENEFIT

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

### HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$100 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

**This benefit is not paid for dependent children.**

### OPTIONAL BENEFITS RIDER

<b>BENIGN BRAIN TUMOR</b>	100%
<b>ADVANCED ALZHEIMER'S DISEASE</b>	25%
<b>ADVANCED PARKINSON'S DISEASE</b>	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

### PROGRESSIVE DISEASE RIDER:

<b>AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)</b>	100%
<b>SUSTAINED MULTIPLE SCLEROSIS</b>	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

**CHILDHOOD CONDITIONS RIDER**

<b>CYSTIC FIBROSIS</b>	50%
<b>CEREBRAL PALSY</b>	50%
<b>CLEFT LIP OR CLEFT PALATE</b>	50%
<b>DOWN SYNDROME</b>	50%
<b>PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)</b>	50%
<b>SPINA BIFIDA</b>	50%
<b>TYPE 1 DIABETES</b>	50%

**One Time Benefit Amount**

<b>AUTISM SPECTRUM DISORDER (ASD)</b>	\$3,000
---------------------------------------	---------

Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

**SPECIFIED DISEASES RIDER**

Percentage of Face Amount

<p><b>TIER I SPECIFIED DISEASE BENEFIT</b>                  Addison’s Disease, Cerebrospinal Meningitis, Diphtheria, Huntington’s Chorea, Legionnaire’s Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis</p> <p>We will pay the benefit shown if an insured is diagnosed with one of the Tier I Specified Diseases listed, and if the date of diagnosis is while the rider is in force.</p> <p>For any subsequent Tier I Specified Disease to be covered, the date of diagnosis of the subsequent Tier I Specified Disease must be 180 days or more after the date the insured first qualified for any previously paid Tier I Specified Disease Benefit.</p>	25%
<p><b>TIER II SPECIFIED DISEASE BENEFIT</b>                  Covered Diseases: Human Coronavirus</p> <p>We will pay the benefit shown if an insured is diagnosed with one of the Tier II Specified Diseases listed, and such diagnosis results in either a period of hospital confinement or hospital intensive care unit confinement as a direct result of the Tier II Specified Disease. Furthermore, the date of diagnosis must be while the rider is in force.</p> <p>In addition, the insured must be receiving treatment for the Tier II Specified Disease for the minimum number of days shown. Only the highest eligible benefit amount will be payable under these benefits. In the event a lower benefit amount was previously paid under these benefits for any period of hospital confinement and that confinement is extended or the insured is moved to an intensive care unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided.</p> <p>For any subsequent Tier II Specified Disease to be covered, the date of diagnosis of the subsequent Tier II Specified Disease must be 180 days or more after the date the insured first qualified for any previously paid Tier II Specified Disease Benefit.</p>	10% if confined to a hospital for 4-9 days 25% if confined to a hospital for 10 or more days 40% if confined to an intensive care unit

**RATES TABLE FOR: LYTLE ISD - GP-36676 / GROUP CRITICAL ILLNESS - PLAN-236114****DEDUCTION FREQUENCY: Monthly (12pp / yr)****Employee - Non-Tobacco**

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.24	\$7.55	\$9.86	\$12.17	\$14.48	\$16.80	\$19.11	\$21.42	\$23.73	\$26.04
30-39	\$6.52	\$10.11	\$13.70	\$17.28	\$20.87	\$24.46	\$28.05	\$31.64	\$35.23	\$38.82
40-49	\$9.66	\$16.39	\$23.12	\$29.85	\$36.58	\$43.31	\$50.05	\$56.78	\$63.51	\$70.24
50-59	\$15.79	\$28.65	\$41.51	\$54.37	\$67.23	\$80.09	\$92.95	\$105.82	\$118.68	\$131.54
60+	\$27.31	\$51.70	\$76.08	\$100.47	\$124.85	\$149.23	\$173.62	\$198.00	\$222.39	\$246.77

**Employee - Tobacco**

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.07	\$9.20	\$12.34	\$15.47	\$18.61	\$21.74	\$24.88	\$28.01	\$31.15	\$34.28
30-39	\$8.37	\$13.81	\$19.25	\$24.69	\$30.14	\$35.58	\$41.02	\$46.46	\$51.90	\$57.34
40-49	\$13.35	\$23.78	\$34.20	\$44.63	\$55.05	\$65.47	\$75.90	\$86.32	\$96.75	\$107.17
50-59	\$23.52	\$44.11	\$64.70	\$85.29	\$105.87	\$126.46	\$147.05	\$167.64	\$188.23	\$208.82
60+	\$40.82	\$78.72	\$116.61	\$154.50	\$192.40	\$230.29	\$268.18	\$306.08	\$343.97	\$381.86

**Spouse - Non-Tobacco**

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.96	\$7.00	\$9.03	\$11.06	\$13.10	\$15.13	\$17.16	\$19.19	\$21.23	\$23.26
30-39	\$6.24	\$9.55	\$12.86	\$16.17	\$19.48	\$22.79	\$26.11	\$29.42	\$32.73	\$36.04
40-49	\$9.38	\$15.84	\$22.29	\$28.74	\$35.19	\$41.65	\$48.10	\$54.55	\$61.01	\$67.46
50-59	\$15.51	\$28.10	\$40.68	\$53.26	\$65.84	\$78.43	\$91.01	\$103.59	\$116.17	\$128.76
60+	\$27.04	\$51.14	\$75.25	\$99.36	\$123.46	\$147.57	\$171.67	\$195.78	\$219.89	\$243.99

**Spouse - Tobacco**

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.79	\$8.64	\$11.50	\$14.36	\$17.22	\$20.07	\$22.93	\$25.79	\$28.64	\$31.50
30-39	\$8.09	\$13.26	\$18.42	\$23.58	\$28.75	\$33.91	\$39.07	\$44.24	\$49.40	\$54.56



40-49	\$13.08	\$23.22	\$33.37	\$43.51	\$53.66	\$63.81	\$73.95	\$84.10	\$94.24	\$104.39
50-59	\$23.24	\$43.55	\$63.86	\$84.17	\$104.49	\$124.80	\$145.11	\$165.42	\$185.73	\$206.04
60+	\$40.55	\$78.16	\$115.78	\$153.39	\$191.01	\$228.62	\$266.24	\$303.85	\$341.47	\$379.08

# ACCIDENT INSURANCE

Aflac | <http://www.aflacgroupinsurance.com> | 1.800.433.3036

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

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

ACCIDENT MONTHLY PREMIUMS		
	LOW	HIGH
<b>EMPLOYEE ONLY</b>	\$8.90	\$16.82
<b>EMPLOYEE + SPOUSE</b>	\$15.14	\$28.15
<b>EMPLOYEE + CHILD(REN)</b>	\$20.00	\$37.17
<b>EMPLOYEE + FAMILY</b>	\$26.24	\$48.50

# Aflac Group Accident Insurance

Accident protection made for you.



THIS IS NOT A WORKERS' COMPENSATION INSURANCE POLICY. THE EMPLOYER DOES NOT OBTAIN WORKERS' COMPENSATION INSURANCE COVERAGE BY PURCHASING THIS POLICY, AND IF THE EMPLOYER HAS NOT ELECTED TO OBTAIN WORKERS' COMPENSATION INSURANCE COVERAGE, THE EMPLOYER DOES NOT OBTAIN THOSE BENEFITS THAT WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS IN THIS STATE. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAWS IN THIS STATE AS THEY PERTAIN TO EMPLOYERS THAT ELECT NOT TO MAINTAIN WORKERS' COMPENSATION INSURANCE COVERAGE AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

**Underwritten by:**  
**Continental American Insurance Company (CAIC)**



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

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

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

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

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

### Plan Features

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

## What you need, when you need it.

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



# GROUP ACCIDENT INSURANCE

	HIGH	LOW
<b>INITIAL TREATMENT</b> (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:		
Hospital emergency room with X-Ray / without X-Ray	\$200/\$150	\$100/\$50
Urgent care facility with X-Ray / without X-Ray	\$200/\$150	\$100/\$50
Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray	\$100/\$75	\$50/\$25
<b>AMBULANCE</b> (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.	\$300 Ground \$900 Air	\$200 Ground \$600 Air
<b>MAJOR DIAGNOSTIC TESTING</b> (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.	\$200	\$100
<b>EMERGENCY ROOM OBSERVATION</b> (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.	\$100 Each 24 hour period  \$50 Less than 24 hours, but at least 4 hours	\$50 Each 24 hour period  \$25 Less than 24 hours, but at least 4 hours
<b>PRESCRIPTIONS</b> (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured (in Alaska, Massachusetts and Montana prescriptions do not have to be medically necessary). This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).	\$5	\$5
<b>BLOOD/PLASMA/PLATELETS</b> (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.	\$400	\$300
<b>PAIN MANAGEMENT</b> (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.	\$100	\$50
<b>CONCUSSION</b> (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.	\$400	\$200
<b>TRAUMATIC BRAIN INJURY</b> (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist.	\$2,500	\$1,250

<b>COMA</b> (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.	\$10,000	\$5,000
<b>EMERGENCY DENTAL WORK</b> (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.	\$50 Extraction \$200 Repair with a crown	\$25 Extraction \$100 Repair with a crown
<b>BURNS</b> (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.		
<b>Second Degree</b>		
Less than 10%	\$50	\$25
At least 10% but less than 25%	\$100	\$50
At least 25% but less than 35%	\$250	\$125
35% or more	\$500	\$250
<b>Third Degree</b>		
Less than 10%	\$500	\$250
At least 10% but less than 25%	\$2,500	\$1,250
At least 25% but less than 35%	\$5,000	\$2,500
35% or more	\$10,000	\$5,000
<b>EYE INJURIES</b> Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.	\$300	\$200
<b>FRACTURES</b> (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one fracture in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.	Up to \$3,000 based on a schedule	Up to \$1,500 based on a schedule
<b>DISLOCATIONS</b> (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.	Up to \$3,000 based on a schedule	Up to \$1,500 based on a schedule
<b>LACERATIONS</b> (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):		
Under 5 centimeters	\$50	\$25
5-15 centimeters	\$200	\$100
Over 15 centimeters	\$400	\$200
Lacerations not requiring stitches	\$25	\$12.50

<p><b>OUTPATIENT SURGERY AND ANESTHESIA</b> (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	\$400	\$200
<p><b>FACILITIES FEE FOR OUTPATIENT SURGERY</b> (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).</p>	\$100	\$25
<p><b>OUTPATIENT SURGERY AND ANESTHESIA</b> (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.</p>	\$50	\$25
<p><b>INPATIENT SURGERY AND ANESTHESIA</b> (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	\$750	\$375
<p><b>TRANSPORTATION</b> (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.</p>	\$400 Plane	\$200 Plane
	\$200 Any ground transportation	\$100 Any ground transportation
<p><b>SUCCESSOR INSURED BENEFIT</b> If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p>		
<p>Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.</p>		
<b>AFTER CARE BENEFITS</b>	<b>HIGH</b>	<b>LOW</b>
<p><b>APPLIANCES</b> (within 6 months after the accident) Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion. Cane, Ankle Brace Walker, Crutches, Leg Brace, Cervical Collar, Walking Boot, Wheelchair, Knee Scooter, Body Jacket, Back Brace</p>	\$40 \$100	\$20 \$50
<p><b>ACCIDENT FOLLOW-UP TREATMENT</b> (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident) Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident. Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.</p>	\$50	\$25
<p><b>POST-TRAUMATIC STRESS DISORDER (PTSD)</b> (once per accident, within 6 months after the accident) Payable if the insured is diagnosed with PTSD, a mental health condition triggered by a covered accident. An insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.</p>	\$200	\$100

<p><b>REHABILITATION UNIT</b> (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)</p> <p>Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement.</p> <p>We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.</p>	\$100 per day	\$50 per day
<p><b>THERAPY</b> (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)</p> <p>Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.</p>	\$25	\$15
<p><b>CHIROPRACTIC OR ALTERNATIVE THERAPY</b> (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)</p> <p>Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.</p>	\$25	\$15

<b>HOSPITALIZATION BENEFITS</b>	<b>HIGH</b>	<b>LOW</b>
<p><b>HOSPITAL ADMISSION</b> (once per accident, within 6 months after the accident)</p> <p>Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.</p> <p>This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.</p>	\$1,000 per confinement	\$500 per confinement
<p><b>HOSPITAL CONFINEMENT</b> (maximum of 365 days per accident, within 6 months after the accident)</p> <p>Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury.</p> <p>If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.</p>	\$200 per day	\$100 per day
<p><b>HOSPITAL INTENSIVE CARE</b> (maximum of 30 days per accident, within 6 months after the accident)</p> <p>Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury.</p> <p>We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury.</p> <p>If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$200 per day	\$100 per day
<p><b>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT</b> (maximum of 30 days per accident, within 6 months after the accident)</p> <p>Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury.</p> <p>We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury.</p> <p>If we pay benefits for confinement in an intermediate intensive care step-down unit and an insured becomes confined to an intermediate intensive care step-down unit again within 6 months because of the same condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$100 per day	\$50 per day



**FAMILY MEMBER LODGING** (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident)  
 Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:

- The insured must be confined to a hospital for treatment of a covered accidental injury;
- The hospital and motel/hotel must be more than 100 miles from the insured's residence; and
- The treatment must be prescribed by the insured's treating doctor.

\$200  
per day

\$100  
per day

**LIFE CHANGING EVENTS BENEFITS**

**DISMEMBERMENT** (once per accident, within 6 months after the accident)  
 Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident.  
 Dismemberment means:

- Loss of a hand -The hand is removed at or above the wrist joint;
- Loss of a foot -The foot is removed at or above the ankle;
- Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or
- Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).

If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

**SINGLE LOSS** (the loss of one hand, one foot, or the sight of one eye)

**HIGH**

**LOW**

Employee	\$12,500	\$5,000
Spouse	\$12,500	\$5,000
Child(ren)	\$12,500	\$5,000

**DOUBLE LOSS** (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)

Employee	\$25,000	\$10,000
Spouse	\$25,000	\$10,000
Child(ren)	\$25,000	\$10,000

**LOSS OF ONE OR MORE FINGERS OR TOES**

Employee	\$1,250	\$500
Spouse	\$1,250	\$500
Child(ren)	\$1,250	\$500

**PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)**

Employee	\$125	\$62.50
Spouse	\$125	\$62.50
Child(ren)	\$125	\$62.50

**PARALYSIS** (once per accident, diagnosed by a doctor within six months after the accident)  
 Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.

Paraplegia	\$5,000	\$2,500
Quadriplegia	\$10,000	\$5,000

**PROSTHESIS** (once per accident, up to 2 prosthetic devices and one replacement per device per insured)\*  
 Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury.

Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements.	\$1,500	\$500
---	---------	-------

\* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.

<p><b>RESIDENCE/VEHICLE MODIFICATION</b> (once per accident, within one year after the accident)          Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:</p> <ul style="list-style-type: none"> <li>• The sight of one eye;</li> <li>• The use of one hand/arm; or</li> <li>• The use of one foot/leg.</li> </ul>	\$1,000	\$500
---	---------	-------

<b>ACCIDENTAL DEATH RIDER</b>	<b>HIGH</b>	<b>LOW</b>
<p><b>ACCIDENTAL DEATH BENEFIT</b> (within 90 days after the accident*)          Payable if a covered accidental injury causes the insured to die.</p>	\$50,000 Employee/ Spouse/Child	\$25,000 Employee/ Spouse/Child
<p><b>ACCIDENTAL COMMON-CARRIER DEATH BENEFIT</b>          Payable if the insured:</p> <ul style="list-style-type: none"> <li>• Is a fare-paying passenger on a common carrier;</li> <li>• Is injured in a covered accident; and</li> <li>• Dies within 90 days* after the covered accident.</li> </ul> <p>*In Oregon and Utah, within 180 days after the accident; in Pennsylvania, there is no limitation on the number of days.</p>	\$100,000 Employee/ Spouse/Child	\$50,000 Employee/ Spouse/Child

<b>ORGANIZED ATHLETIC ACTIVITY RIDER</b>	<b>BOTH PLANS</b>
<p><b>ORGANIZED ATHLETIC ACTIVITY BENEFIT</b>          We will pay an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event.</p>	20%

<b>WELLNESS RIDER</b>	
<p><b>WELLNESS BENEFIT</b> (once per calendar year)          Payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.</p>	\$50 First year of certificate and thereafter

**RATES TABLE FOR: LYTLE ISD - GP-36676 / GROUP ACCIDENT - PLAN-236530**

**DEDUCTION FREQUENCY : Monthly (12pp / yr)**

Deduction Frequency

**Monthly (12pp / yr)**

Employee Periodic Cost

**\$16.82**

Employee And Spouse Periodic Cost

**\$28.15**

Employee And Child Periodic Cost

**\$37.17**

Family Periodic Cost

**\$48.50**

**RATES TABLE FOR: LYTLE ISD - GP-36676 / GROUP ACCIDENT - PLAN-236541**

**DEDUCTION FREQUENCY : Monthly (12pp / yr)**

Deduction Frequency

**Monthly (12pp / yr)**

Employee Periodic Cost

**\$8.90**

Employee And Spouse Periodic Cost

**\$15.14**

Employee And Child Periodic Cost

**\$20.00**

Family Periodic Cost

**\$26.24**

# HOSPITAL INDEMNITY INSURANCE

Aflac | <http://www.aflacgroupinsurance.com> | 1.800.433.3036

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!

# Aflac Group Hospital Indemnity

## INSURANCE

Even a small trip to the hospital can have a major impact on your finances.

Here's a way to help make your visit a little more affordable.



# AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



## The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

### That's how the Aflac Group Hospital Indemnity plan can help.

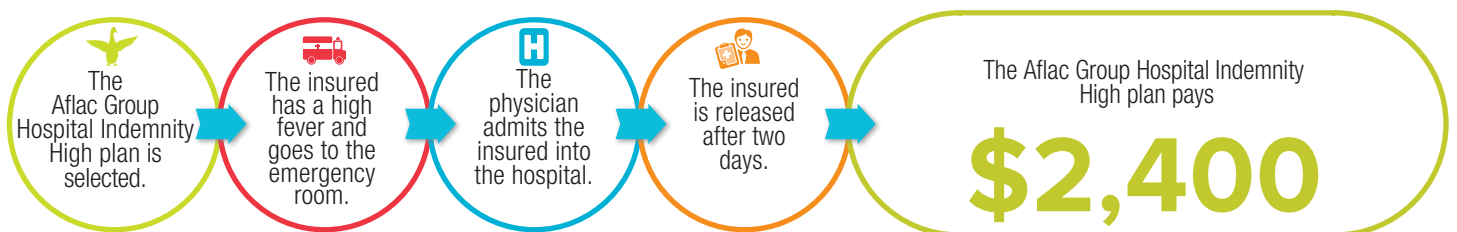
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

### The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit and more



### How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$2,000), and Hospital Confinement (\$200 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

## Benefits Overview

	HIGH	MID
<p><b>HOSPITAL ADMISSION BENEFIT per confinement</b> (once per covered sickness or accident per calendar year for each insured)                      Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	\$2,000	\$1,000
<p><b>HOSPITAL CONFINEMENT per day</b> (maximum of 31 days per confinement for each covered sickness or accident for each insured)                      Payable for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	\$200	\$150
<p><b>HOSPITAL INTENSIVE CARE BENEFIT per day</b> (maximum of 10 days per confinement for each covered sickness or accident for each insured)                      Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.  <b>This benefit is payable in addition to the Hospital Confinement Benefit.</b></p>	\$200	\$150
<p><b>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day</b> (maximum of 10 days per confinement for each covered sickness or accident for each insured)                      Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time.                      Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.  <b>This benefit is payable in addition to the Hospital Confinement Benefit.</b></p>	\$100	\$75
<p><b>SUCCESSOR INSURED BENEFIT</b>                      If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p>		

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).

### LIMITATIONS AND EXCLUSIONS

#### EXCLUSIONS (in Montana: LIMITATIONS)

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
  - In Connecticut: a riot is not excluded.
  - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
  - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
  - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
  - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an



# 403(b) RETIREMENT PLANS

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) |  
1.800.523.8422, option 2 | [retirement@ffga.com](mailto:retirement@ffga.com)

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

## HOW A 403(B) WORKS

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

## BENEFITS

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

## CONTRIBUTION LIMITS

In 2023, you can contribute 100 percent of your includible compensation up to \$22,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$30,000. *All investing involves risk. Past performance is not a guarantee of future returns.*

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.800.523.8422, 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.

## 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.

# CLEVER RX

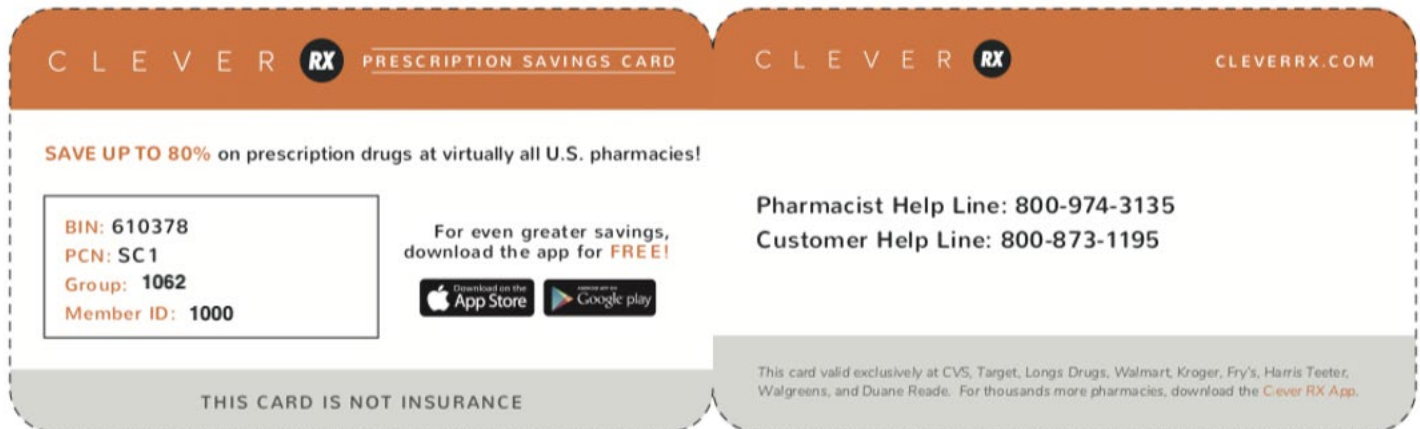
Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

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!

## 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 below to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

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>.



# CONTACT INFORMATION

## LYTLE ISD BENEFITS OFFICE

15437 Cottage St. | Lytle, TX 78052  
830.709.5100 | <https://www.lytleisd.org>

## FIRST FINANCIAL GROUP OF AMERICA

Marissa Wenning, Senior Account Manager  
210.380.0832 | [marissa.wenning@ffga.com](mailto:marissa.wenning@ffga.com)

CONTACTS			
BENEFIT	CARRIER	WEBSITE	PHONE
Dental	Humana Dental	<a href="https://www.humana.com/dental-insurance">https://www.humana.com/dental-insurance</a>	(800) 233-4013
Vision	Eyetopia	<a href="http://eyetopia.org/member">http://eyetopia.org/member</a>	(800) 662-8264
Flexible Spending Accounts	FFGA FSA Department	<a href="https://ffa.wealthcareportal.com/Page/Home">https://ffa.wealthcareportal.com/Page/Home</a>	(866) 853-3539
Health Savings Accounts	FFGA HSA Department	<a href="https://ffa.wealthcareportal.com/Page/Home">https://ffa.wealthcareportal.com/Page/Home</a>	(866) 853-3539
Term Life and AD&D	American Fidelity	<a href="http://americanfidelity.com">http://americanfidelity.com</a>	(800) 654-8489
Permanent Life Insurance	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	(800) 283-9233
Whole Life	American Fidelity	<a href="http://americanfidelity.com">http://americanfidelity.com</a>	(800) 654-8489
Long Term Disability	American Fidelity	<a href="http://americanfidelity.com">http://americanfidelity.com</a>	(800) 654-8489
Cancer Insurance	American Fidelity	<a href="http://americanfidelity.com">http://americanfidelity.com</a>	(800) 654-8489
Critical Illness Insurance	Aflac	<a href="http://www.aflacgroupinsurance.com">http://www.aflacgroupinsurance.com</a>	(800) 433-3036
Accident Only Insurance	Aflac	<a href="http://www.aflacgroupinsurance.com">http://www.aflacgroupinsurance.com</a>	(800) 433-3036
Hospital Indemnity Insurance	Aflac	<a href="http://www.aflacgroupinsurance.com">http://www.aflacgroupinsurance.com</a>	(800) 433-3036
403 (b) Retirement Plans	First Financial Administrators, Inc	<a href="http://www.ffga.com">www.ffga.com</a> <a href="mailto:retirement@ffga.com">retirement@ffga.com</a>	(800) 523-8422, option 2
COBRA	First Financial Administrators, Inc.	<a href="http://www.ffga.com">www.ffga.com</a>	(800) 523-8422, option 4
Prescription Drug Savings	Clever RX	<a href="https://partner.cleverrx.com/ffga">https://partner.cleverrx.com/ffga</a>	(800) 974-3135