

LAMPASAS ISD 2026-2027 BENEFITS GUIDE



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

Employee Benefits Center

A guide to your benefits!

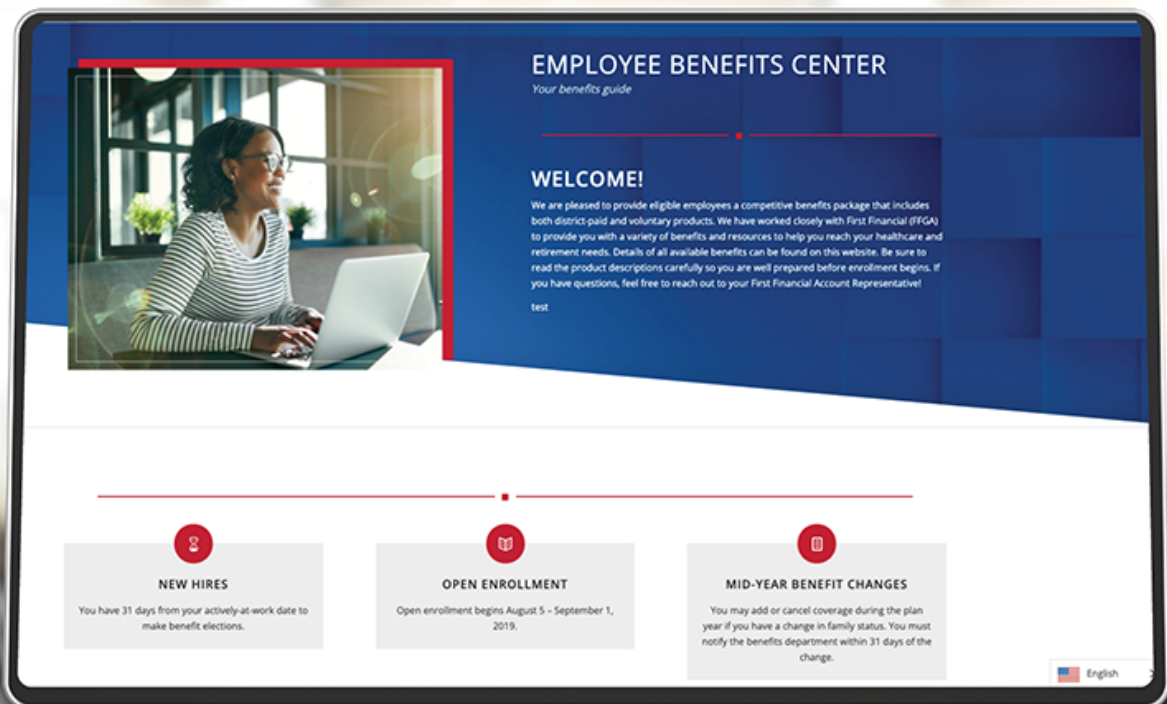
Lampasas ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

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



How to Enroll

Benefits Enrollment

On-Site Enrollment

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

Online Enrollment

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

Enroll Now

Login & PIN

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

View Current Benefits

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

View/Add Dependents

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

Begin Elections

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

Enrollment Assistance Center Instructions

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

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

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

Existing Employees

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

Mid-year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

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

Here’s How It Works

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

Is It Right For Me?

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

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

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

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

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

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

Medical Coverage

TRS-ActiveCare



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

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

TRS-ActiveCare Primary

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

TRS-ActiveCare HD

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

TRS-ActiveCare Primary +

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

TRS-ActiveCare 2 - Closed to New Enrollees

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

TRS-ActiveCare Plan Prescription Benefits

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

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

TRS ActiveCare Medical Premiums

Medical Monthly Premiums

	Primary	Primary+	HD
Employee Only	\$165	\$264	\$180
Employee + Spouse	\$1,109	\$1,311	\$1,149
Employee + Children	\$554	\$722	\$579
Employee + Family	\$1,497	\$1,769	\$1,548

Monthly Premiums shown above include the Employer contribution of \$390

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





TRS is committed to accessibility. If you have trouble accessing this content, contact TRS at WebAccessibility@trs.texas.gov to request an alternative format.

LEARN THE TERMS

- **PREMIUM:** The monthly amount you pay for health care coverage.
- **DEDUCTIBLE:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **COPAY:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **COINSURANCE:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **TIERING:** Grouping doctors and facilities into tiers based on quality, cost and best practice clinical guidelines. This helps you compare choices. Tier 1 providers and facilities offer top performance and best value. You pay less when you choose Tier 1 and may pay more when you choose Tier 2.
- **OUT-OF-POCKET MAXIMUM:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2026-27 TRS-ActiveCare Plan Highlights

Sept. 1, 2026 – Aug. 31, 2027



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

How to Calculate Your Monthly Premium

Total Monthly Premium
➖ Your Employer Contribution

⚖ Your Premium

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

Being Healthy is Easy

- \$0 preventive services
- One-on-one health coaches
- Weight loss programs and nutrition
- TRS Virtual Health
- Member Rewards is even better. Now you'll get a check when you use Member Rewards and choose low-cost, high-quality doctors and facilities – up to \$599* per tax year.
- Airrosti Remote Recovery gives you in-home virtual physical therapy to relieve common aches and pains at no cost.*

**Eligibility rules may apply.*

See the [Annual Enrollment Guide](#) for more details.

Mental Health

You have in-office and virtual benefits:

- TRS-ActiveCare Primary Plan: \$30 copay for office visits or \$0 with Teladoc
- TRS-ActiveCare Primary+ Plan: \$15 copay for office visits or \$0 with Teladoc
- TRS-ActiveCare HD Plan: 30% coinsurance after deductible or \$42 with Teladoc
- TRS-ActiveCare 2 Plan: \$20 copay for office visits or \$12 with Teladoc

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	• Lowest premium of the three available plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Highest premium of the three available plans • Copays for many services and drugs • Lower deductible than the HD and Primary plans • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Higher premium of the three available plans • Must meet your deductible before plan pays for non-preventive care • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Compatible with a Health Savings Account

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$555			\$654			\$570		
Employee and Spouse	\$1,499			\$1,701			\$1,539		
Employee and Children	\$944			\$1,112			\$969		
Employee and Family	\$1,887			\$2,159			\$1,938		

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

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

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

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max) Call 1-844-367-6108 to see if your specialty medication is covered by SaveOnSP.	You pay 30% after deductible; \$0 if SaveOnSP eligible	You pay 20% after deductible (\$500 max); \$0 if SaveOnSP eligible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	You pay 25% after deductible

This plan is closed to new enrollees. Current TRS-ActiveCare 2 participants can stay enrolled.

TRS-ActiveCare 2
• Closed to new enrollees • Current enrollees can choose to stay in the plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	Your Premium
\$1,013		
\$2,402		
\$1,507		
\$2,841		

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

Tier 1: \$20 copay Tier 2: \$40 copay	You pay 40% after deductible
Tier 1: \$55 copay Tier 2: \$85 copay	You pay 40% after deductible

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

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
You pay 30% after deductible (\$200 min/\$900 max); \$0 if SaveOnSP eligible
\$25 copay for 31-day supply; \$75 for 61- to 90-day supply

Questions?

Call a Personal Health Guide at **1-866-355-5999** for help with medical services.
Call Express Scripts® by Evernorth Pharmacy Benefit Services at **1-844-367-6108**
for help with your pharmacy benefits.

Compare Prices for Common Medical Services

Closed to new enrollees.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Imaging (like CT Scan, Mammogram and MRI)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient (like colonoscopy, cataract surgery and steroid injections)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient (like childbirth, complex joint replacement and cardiac surgery)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year)	Specialist: You pay \$70 copay	Specialist: You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	PCP: \$30 copay Specialist: \$70 copay	PCP: \$15 copay Specialist: \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 PCP: \$20 copay Tier 2 PCP: \$40 copay Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible

Dental Insurance



Ameritas | www.Ameritas.com | 800-487-5553

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

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

Dental Monthly Premiums	
Employee Only	\$36.68
Employee + Spouse	\$76.08
Employee + Children	\$80.88
Employee + Family	\$120.16

Dental Plan Summary

Effective Date: 9/1/2026

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$5/visit Type 1
	\$50 Calendar Year Type 2,3
	No Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	80th U&C
Dental Rewards®	Included
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	12 months

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

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Cleaning (2 per benefit period) • Fluoride for Children 13 and under (2 per benefit period) • Sealants (age 13 and under)	• Space Maintainers • Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Simple Extractions	• Onlays • Crowns (1 in 8 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years) • Complex Extractions • Anesthesia

Monthly Rates

Employee Only (EE)	\$36.68
EE + Spouse	\$76.08
EE + Children	\$80.88
EE + Spouse & Children	\$120.16

Ameritas Information

We're Here to Help: This plan was designed specifically for the associates of LAMPASAS ISD. At Ameritas, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account to access the discount savings ID card.

Orthodontia Waiting Period - new enrollees only

The group of initial employees who enroll in this plan have no waiting period for orthodontia benefits. Anyone hired after the initial plan enrollment will have a 12-month waiting period, after they enroll in this dental plan, before they are eligible to receive orthodontia

Vision Insurance

EyeMed | www.eyemedvisioncare.com | 888-581-3648

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

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

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

Vision Monthly Premium		
	High Plan	Low Plan
Employee Only	\$10.63	\$6.74
Employee + One	\$20.20	\$12.80
Employee + Family	\$29.66	\$18.79





Lampasas ISD - High

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are for in-network providers only

Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of **in-network** providers near you, use our **Enhanced** Provider Locator on www.eyemed.com or call **1-866-804-0982**.
- For Lasik providers, call 1-877-5LASER6.

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$5 Co-pay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay; \$150 allowance; 20% off balance over \$150	Up to \$105
Standard Plastic Lenses		
Single Vision	\$0 Co-pay	Up to \$30
Bifocal	\$0 Co-pay	Up to \$50
Trifocal	\$0 Co-pay	Up to \$70
Standard Progressive Lens	\$65 Co-pay	Up to \$50
Premium Progressive Lens ⁴	\$85 Co-pay - \$110 Co-pay	
Tier 1	\$85 Co-pay	Up to \$50
Tier 2	\$95 Co-pay	Up to \$50
Tier 3	\$110 Co-pay	Up to \$50
Tier 4	\$65 Co-pay, 20% off charge less \$120 allowance	Up to \$50
Lenticular	\$0 Co-pay	Up to \$70
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating ⁴	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Contact Lenses		
Conventional	\$0 Co-pay; \$250 allowance; 15% off balance over \$250	Up to \$200
Disposable	\$0 Co-pay; \$250 allowance; plus balance over \$250	Up to \$200
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Monthly Rate		
Subscriber	\$10.63	
Subscriber + 1	\$20.20	
Subscriber + Family	\$29.66	

⁴Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.



Lampasas ISD - Low

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Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of **in-network** providers near you, use our **Enhanced** Provider Locator on www.eyemed.com or call **1-866-804-0982**.
- For Lasik providers, call 1-877-5LASER6.

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay; \$120 allowance; 20% off balance over \$120	Up to \$84
Standard Plastic Lenses		
Single Vision	\$20 Co-pay	Up to \$30
Bifocal	\$20 Co-pay	Up to \$50
Trifocal	\$20 Co-pay	Up to \$70
Standard Progressive Lens	\$85 Co-pay	Up to \$50
Premium Progressive Lens ⁴	\$105 Co-pay - \$130 Co-pay	
Tier 1	\$105 Co-pay	Up to \$50
Tier 2	\$115 Co-pay	Up to \$50
Tier 3	\$130 Co-pay	Up to \$50
Tier 4	\$85 Co-pay, 20% off charge less \$120 allowance	Up to \$50
Lenticular	\$20 Co-pay	Up to \$70
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating ⁴	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Contact Lenses		
Conventional	\$0 Co-pay; \$145 allowance; 15% off balance over \$145	Up to \$145
Disposable	\$0 Co-pay; \$145 allowance; plus balance over \$145	Up to \$145
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Monthly Rate		
Subscriber	\$6.74	
Subscriber + 1	\$12.80	
Subscriber + Family	\$18.79	

⁴Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

Flexible Spending Accounts

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

Medical FSA

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

Your maximum contribution amount for 2026 is \$3,400.

Medical FSA Highlights

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

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

Dependent Care FSA

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

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

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

Dependent Care FSA Highlights

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

Health Savings Account

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

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

Health Savings Account Highlights

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

Who Can Participate in an HSA?

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

	2026
HSA Contribution Limits	• Self Only: \$4,400 • Family: \$8,750
Health Insurance Deductible Limits	• Self Only: \$1,700 • Family: \$3,400
\$1,000 catch-up contributions (age 55 or older)	

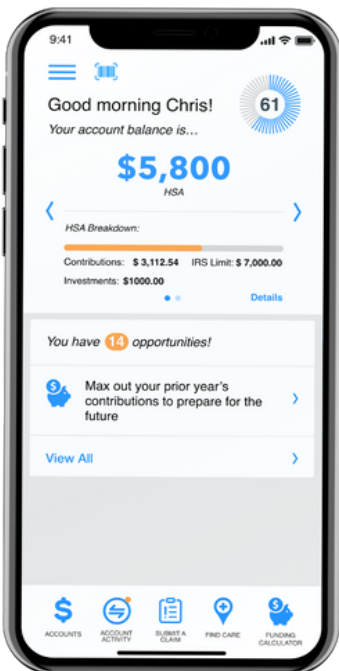
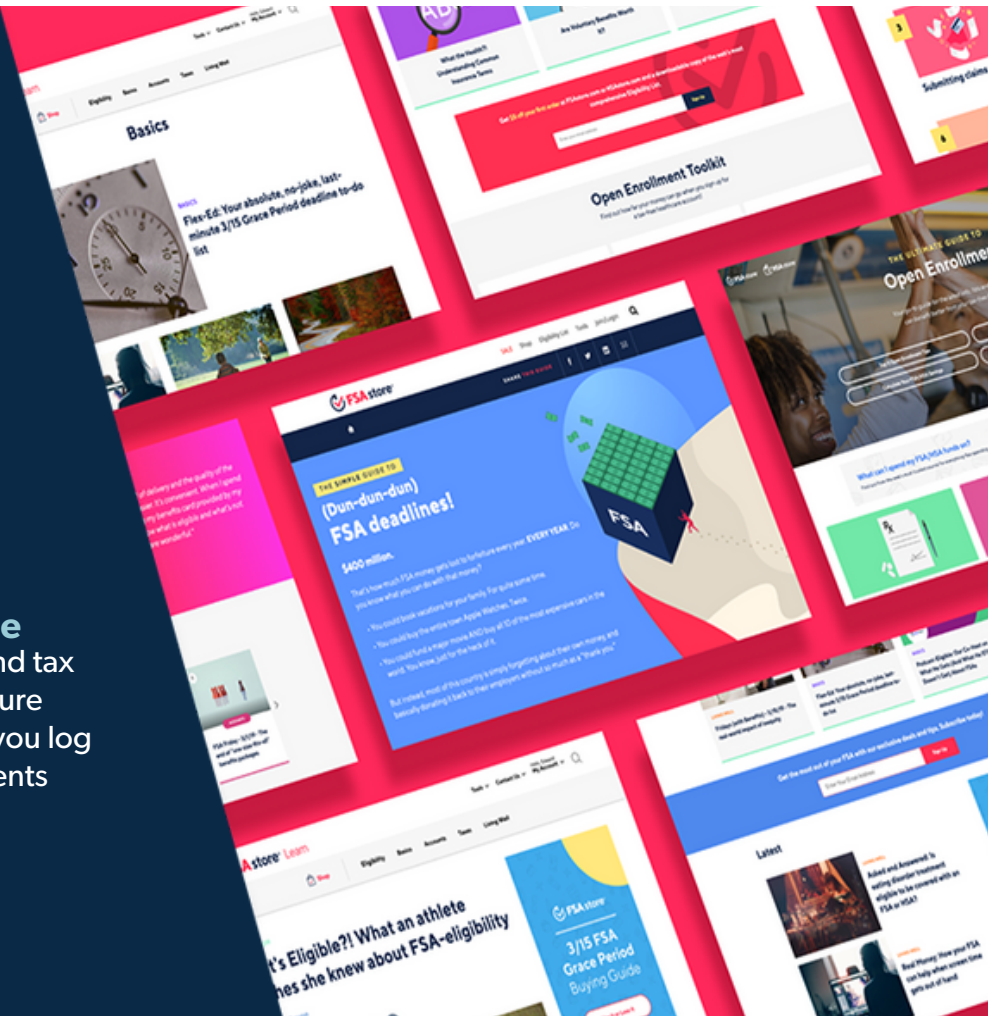
FSA & HSA Resources

Benefits Card

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

View Your Account Details Online

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



FF Mobile Account App

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

FSA/HSA Store

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



Term Life & AD&D

Employer-Paid & Voluntary

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

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a policy. If you elected medical you will get \$40,000 employer paid policy and if you declined medical you will get \$70,000 employer paid policy.. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

Voluntary Term Life Insurance

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





**BlueCross BlueShield
of Texas**

GROUP BENEFIT PROGRAM SUMMARY For LAMPASAS ISD / TEEBC TRUST F021842 - 274

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

EMPLOYER PAID BASIC GROUP TERM LIFE/AD&D (Effective 9/01/2025)

Eligibility	All Active Full Time Employees who regularly work 10 hours per week are eligible for insurance on their date of hire. Class 1 – Enrolled in Medical Plan Class 2 – Not Enrolled in Medical Plan
Group Term Life/AD&D Benefit:	Class 1 - \$40,000 (Enrolled in Medical Plan) Class 2 - \$70,000 (Not Enrolled in Medical Plan)
Guarantee Issue Amount – Employee	Class 1 - \$40,000 Class 2 - \$70,000.
Age Reduction Schedule	Life and AD&D benefits reduce by 35% of the original amount at age 65, then 60% of the original amount at age 70, then 75% of the original amount at age 75. Benefits terminate at retirement.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Definition of Disability	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

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

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



**BlueCross BlueShield
of Texas**

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

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

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

* Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

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

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

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**BlueCross BlueShield
of Texas**

**BENEFIT PROGRAM SUMMARY
For LAMPASAS ISD / TEEBC TRUST F021842 - 274**

SUPPLEMENTAL GROUP TERM LIFE/AD&D

Eligibility	All Active Full Time Employees who regularly work 10 hours per week are eligible for insurance on their date of hire.
Group Term Life/AD&D Benefit: Employee	\$10,000 - \$500,000, in increments of \$10,000
Guarantee Issue Amount – Employee	\$150,000
Group Term Life/AD&D Benefit: Spouse (Includes Domestic Partners)	\$5,000 - \$250,000, in increments of \$5,000, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount – Spouse	\$50,000
Group Term Life/AD&D Benefit: Child(ren)	Live Birth to Age 26 - \$10,000
Age Reduction Schedule	Employee Basic Life/AD&D and Employee/Spouse Supplemental Life/AD&D benefits reduce by 35% of the original amount at age 65, then 60% of the original amount at age 70, then 75% of the original amount at age 75. Benefits terminate at retirement.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)	Included. (Employee)
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

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

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Texas Life

Permanent Life



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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

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

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

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

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

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

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

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

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

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

Indicates Spouse Coverage Available

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

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

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

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

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

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

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

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

Indicates Spouse Coverage Available

Disability Insurance

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

Why Do I Need Disability Insurance?

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

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

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





AF™ Long-Term Disability Income Insurance Enhanced Plans

Marketed by:



**AMERICAN
FIDELITY** 
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights



Benefits are Payable Directly to You

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



Customized to Meet Your Individual Needs

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



Return-to-Work Benefit

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

Choose the Right Plan for You

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

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



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



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



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



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

Benefit Policy Schedule

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

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

Benefit Policy Schedule (continued)

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

Plan Benefit Highlights

Maximum Benefit Period

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

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

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

Social Security Filing Assistance

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

When Coverage Begins

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

Physician Expense Benefit

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

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

Accidental Death Benefit

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

Hospital Confinement Benefit

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

Waiver of Premium

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

Donor Benefit

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



Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

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

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



Spousal Accident Only Disability Benefit Rider

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

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

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

COBRA Funding Rider

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

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

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

Survivor Benefit Rider

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

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

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

Critical Illness Benefit Rider

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

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

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



AF™ Long-Term Disability Income Insurance

Core Plans

Marketed by:



AMERICAN FIDELITY 
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights



Benefits are Payable Directly to You

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



Customized to Meet Your Individual Needs

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



Return-to-Work Benefit

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

Choose the Right Plan for You

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

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



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



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



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



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

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 60% of your monthly compensation.

Monthly Salary	Monthly Disability Benefit	Monthly Premiums				
		Plan I (15th)	Plan II (31st)	Plan III (61st)	Plan IV (91st)	Plan V (151st)
\$334.00 - \$499.99	\$200.00	\$5.44	\$4.00	\$3.40	\$2.92	\$2.04
\$500.00 - \$666.99	\$300.00	\$8.16	\$6.00	\$5.10	\$4.38	\$3.06
\$667.00 - \$833.99	\$400.00	\$10.88	\$8.00	\$6.80	\$5.84	\$4.08
\$834.00 - \$999.99	\$500.00	\$13.60	\$10.00	\$8.50	\$7.30	\$5.10
\$1,000.00 - \$1,166.99	\$600.00	\$16.32	\$12.00	\$10.20	\$8.76	\$6.12
\$1,167.00 - \$1,333.99	\$700.00	\$19.04	\$14.00	\$11.90	\$10.22	\$7.14
\$1,334.00 - \$1,499.99	\$800.00	\$21.76	\$16.00	\$13.60	\$11.68	\$8.16
\$1,500.00 - \$1,666.99	\$900.00	\$24.48	\$18.00	\$15.30	\$13.14	\$9.18
\$1,667.00 - \$1,833.99	\$1,000.00	\$27.20	\$20.00	\$17.00	\$14.60	\$10.20
\$1,834.00 - \$1,999.99	\$1,100.00	\$29.92	\$22.00	\$18.70	\$16.06	\$11.22
\$2,000.00 - \$2,166.99	\$1,200.00	\$32.64	\$24.00	\$20.40	\$17.52	\$12.24
\$2,167.00 - \$2,333.99	\$1,300.00	\$35.36	\$26.00	\$22.10	\$18.98	\$13.26
\$2,334.00 - \$2,499.99	\$1,400.00	\$38.08	\$28.00	\$23.80	\$20.44	\$14.28
\$2,500.00 - \$2,666.99	\$1,500.00	\$40.80	\$30.00	\$25.50	\$21.90	\$15.30
\$2,667.00 - \$2,833.99	\$1,600.00	\$43.52	\$32.00	\$27.20	\$23.36	\$16.32
\$2,834.00 - \$2,999.99	\$1,700.00	\$46.24	\$34.00	\$28.90	\$24.82	\$17.34
\$3,000.00 - \$3,166.99	\$1,800.00	\$48.96	\$36.00	\$30.60	\$26.28	\$18.36
\$3,167.00 - \$3,333.99	\$1,900.00	\$51.68	\$38.00	\$32.30	\$27.74	\$19.38
\$3,334.00 - \$3,499.99	\$2,000.00	\$54.40	\$40.00	\$34.00	\$29.20	\$20.40
\$3,500.00 - \$3,666.99	\$2,100.00	\$57.12	\$42.00	\$35.70	\$30.66	\$21.42
\$3,667.00 - \$3,833.99	\$2,200.00	\$59.84	\$44.00	\$37.40	\$32.12	\$22.44
\$3,834.00 - \$3,999.99	\$2,300.00	\$62.56	\$46.00	\$39.10	\$33.58	\$23.46
\$4,000.00 - \$4,166.99	\$2,400.00	\$65.28	\$48.00	\$40.80	\$35.04	\$24.48
\$4,167.00 - \$4,333.99	\$2,500.00	\$68.00	\$50.00	\$42.50	\$36.50	\$25.50
\$4,334.00 - \$4,499.99	\$2,600.00	\$70.72	\$52.00	\$44.20	\$37.96	\$26.52
\$4,500.00 - \$4,666.99	\$2,700.00	\$73.44	\$54.00	\$45.90	\$39.42	\$27.54
\$4,667.00 - \$4,833.99	\$2,800.00	\$76.16	\$56.00	\$47.60	\$40.88	\$28.56
\$4,834.00 - \$4,999.99	\$2,900.00	\$78.88	\$58.00	\$49.30	\$42.34	\$29.58
\$5,000.00 - \$5,166.99	\$3,000.00	\$81.60	\$60.00	\$51.00	\$43.80	\$30.60
\$5,167.00 - \$5,333.99	\$3,100.00	\$84.32	\$62.00	\$52.70	\$45.26	\$31.62
\$5,334.00 - \$5,499.99	\$3,200.00	\$87.04	\$64.00	\$54.40	\$46.72	\$32.64
\$5,500.00 - \$5,666.99	\$3,300.00	\$89.76	\$66.00	\$56.10	\$48.18	\$33.66
\$5,667.00 - \$5,833.99	\$3,400.00	\$92.48	\$68.00	\$57.80	\$49.64	\$34.68
\$5,834.00 - \$5,999.99	\$3,500.00	\$95.20	\$70.00	\$59.50	\$51.10	\$35.70
\$6,000.00 - \$6,166.99	\$3,600.00	\$97.92	\$72.00	\$61.20	\$52.56	\$36.72
\$6,167.00 - \$6,333.99	\$3,700.00	\$100.64	\$74.00	\$62.90	\$54.02	\$37.74
\$6,334.00 - \$6,499.99	\$3,800.00	\$103.36	\$76.00	\$64.60	\$55.48	\$38.76

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Monthly Premiums				
		Plan I (15th)	Plan II (31st)	Plan III (61st)	Plan IV (91st)	Plan V (151st)
\$6,500.00 - \$6,666.99	\$3,900.00	\$106.08	\$78.00	\$66.30	\$56.94	\$39.78
\$6,667.00 - \$6,833.99	\$4,000.00	\$108.80	\$80.00	\$68.00	\$58.40	\$40.80
\$6,834.00 - \$6,999.99	\$4,100.00	\$111.52	\$82.00	\$69.70	\$59.86	\$41.82
\$7,000.00 - \$7,166.99	\$4,200.00	\$114.24	\$84.00	\$71.40	\$61.32	\$42.84
\$7,167.00 - \$7,333.99	\$4,300.00	\$116.96	\$86.00	\$73.10	\$62.78	\$43.86
\$7,334.00 - \$7,499.99	\$4,400.00	\$119.68	\$88.00	\$74.80	\$64.24	\$44.88
\$7,500.00 - \$7,666.99	\$4,500.00	\$122.40	\$90.00	\$76.50	\$65.70	\$45.90
\$7,667.00 - \$7,833.99	\$4,600.00	\$125.12	\$92.00	\$78.20	\$67.16	\$46.92
\$7,834.00 - \$7,999.99	\$4,700.00	\$127.84	\$94.00	\$79.90	\$68.62	\$47.94
\$8,000.00 - \$8,166.99	\$4,800.00	\$130.56	\$96.00	\$81.60	\$70.08	\$48.96
\$8,167.00 - \$8,333.99	\$4,900.00	\$133.28	\$98.00	\$83.30	\$71.54	\$49.98
\$8,334.00 - \$8,499.99	\$5,000.00	\$136.00	\$100.00	\$85.00	\$73.00	\$51.00
\$8,500.00 - \$8,666.99	\$5,100.00	\$138.72	\$102.00	\$86.70	\$74.46	\$52.02
\$8,667.00 - \$8,833.99	\$5,200.00	\$141.44	\$104.00	\$88.40	\$75.92	\$53.04
\$8,834.00 - \$8,999.99	\$5,300.00	\$144.16	\$106.00	\$90.10	\$77.38	\$54.06
\$9,000.00 - \$9,166.99	\$5,400.00	\$146.88	\$108.00	\$91.80	\$78.84	\$55.08
\$9,167.00 - \$9,333.99	\$5,500.00	\$149.60	\$110.00	\$93.50	\$80.30	\$56.10
\$9,334.00 - \$9,499.99	\$5,600.00	\$152.32	\$112.00	\$95.20	\$81.76	\$57.12
\$9,500.00 - \$9,666.99	\$5,700.00	\$155.04	\$114.00	\$96.90	\$83.22	\$58.14
\$9,667.00 - \$9,833.99	\$5,800.00	\$157.76	\$116.00	\$98.60	\$84.68	\$59.16
\$9,834.00 - \$9,999.99	\$5,900.00	\$160.48	\$118.00	\$100.30	\$86.14	\$60.18
\$10,000.00 - \$10,166.99	\$6,000.00	\$163.20	\$120.00	\$102.00	\$87.60	\$61.20
\$10,167.00 - \$10,332.99	\$6,100.00	\$165.92	\$122.00	\$103.70	\$89.06	\$62.22
\$10,333.00 - \$10,499.99	\$6,200.00	\$168.64	\$124.00	\$105.40	\$90.52	\$63.24
\$10,500.00 - \$10,666.99	\$6,300.00	\$171.36	\$126.00	\$107.10	\$91.98	\$64.26
\$10,667.00 - \$10,832.99	\$6,400.00	\$174.08	\$128.00	\$108.80	\$93.44	\$65.28
\$10,833.00 - \$10,999.99	\$6,500.00	\$176.80	\$130.00	\$110.50	\$94.90	\$66.30
\$11,000.00 - \$11,166.99	\$6,600.00	\$179.52	\$132.00	\$112.20	\$96.36	\$67.32
\$11,167.00 - \$11,332.99	\$6,700.00	\$182.24	\$134.00	\$113.90	\$97.82	\$68.34
\$11,333.00 - \$11,499.99	\$6,800.00	\$184.96	\$136.00	\$115.60	\$99.28	\$69.36
\$11,500.00 - \$11,666.99	\$6,900.00	\$187.68	\$138.00	\$117.30	\$100.74	\$70.38
\$11,667.00 - \$11,832.99	\$7,000.00	\$190.40	\$140.00	\$119.00	\$102.20	\$71.40
\$11,833.00 - \$11,999.99	\$7,100.00	\$193.12	\$142.00	\$120.70	\$103.66	\$72.42
\$12,000.00 - \$12,166.99	\$7,200.00	\$195.84	\$144.00	\$122.40	\$105.12	\$73.44
\$12,167.00 - \$12,332.99	\$7,300.00	\$198.56	\$146.00	\$124.10	\$106.58	\$74.46
\$12,333.00 - \$12,499.99	\$7,400.00	\$201.28	\$148.00	\$125.80	\$108.04	\$75.48
\$12,500.00 - And Over	\$7,500.00	\$204.00	\$150.00	\$127.50	\$109.50	\$76.50

Plan Benefit Highlights

Maximum Benefit Period

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

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

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

Social Security Filing Assistance

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

When Coverage Begins

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

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.



Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

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

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



Spousal Accident Only Disability Benefit Rider

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

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

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

COBRA Funding Rider

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

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

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

Survivor Benefit Rider

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

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

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

Critical Illness Benefit Rider

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

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

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

Cancer Insurance



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

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

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

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



Cancer Insurance

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 comes the continuous rise of Cancer treatment costs.

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

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.

Benefits

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

Benefits include:



Experimental Treatment

This benefit may help pay for experimental treatment to give you alternatives in your healing. These treatment types may not be covered by major medical plans.



Transportation and Lodging

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

Marketed By:



First Financial Capital Corporation

P.O. Box 670329 • Houston, TX 77267-0329

Local (281) 847-8422

Toll Free (800) 523-8422

www.ffga.com

SCREENING BENEFIT

Receive a benefit for your annual internal Cancer screening test, including but not limited to mammogram, pap, prostate-specific antigen blood test (PSA), chest x-ray, flexible sigmoidoscopy, thinprep pap test and colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT (per calendar year)	
BASIC	ENHANCED
\$60	\$75

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

Diagnostic and Prevention Benefit not available in all states.

Benefits

BENEFITS	BASIC	ENHANCED
SCREENING		
Diagnostic and Prevention Benefit (one per calendar year)	\$60	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$60	\$75

TREATMENT		
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (actual charges)	up to \$15,000	up to \$20,000
Medical Imaging Benefit (per image - max two per calendar year)	\$200	\$300
Hormone Therapy Benefit (per treatment - max 12 treatments per calendar year)	\$50	\$50
Administrative/Lab Work Benefit (per calendar month)	\$75	\$100
Blood, Plasma and Platelets Benefit (per day) (per calendar year max)	\$150 \$7,500	\$200 \$10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit	
Bone Marrow/Stem Cell Transplant Benefit		
Autologous (patient-provided) (per calendar year)	\$1,000	\$1,500
Non-autologous (donor-provided) (per calendar year)	\$3,000	\$4,500
Donor Benefit	\$1,000 per donation	
Inpatient Special Nursing Services Benefit (per day)	\$150	\$150
Dread Disease Benefit (per day for the first 30 days, per Hospital confinement) (per day thereafter)	\$200 \$400	\$300 \$600

HOSPITALIZATION		
Hospital Confinement Benefit (per day for the first 30 days) (per day thereafter)	\$200 \$400	\$300 \$600
Drugs and Medicine Benefit	\$200	\$300
Hospital Confinement (per confinement)		
Outpatient (per prescription - \$100 monthly max for basic; \$150 for enhanced)	\$50	\$50
Attending Physician Benefit (per day)	\$40	\$50
U.S. Government/Charity Hospital or HMO Benefit (per day in lieu of most benefits)		
Hospital Confinement	\$200	\$300
Outpatient Services	\$200	\$300

BENEFITS	BASIC	ENHANCED
AMBULANCE, TRANSPORTATION AND LODGING		
Ambulance Benefit (per trip - max two trips any combination, per confinement)		
Ground	\$200	\$200
Air	\$2,000	\$2,000
Transportation and Lodging Benefit (Patient and/or Family)		
Transportation (\$1,500 max per round trip - max 12 trips per calendar year)	Coach fare or 50 cents per mile by car	
Outpatient/Family Lodging (per day up to 90 days, per calendar year)	\$60	\$80

SURGICAL TREATMENT		
Surgical Benefit (unit dollar amount, per surgical unit) (max per operation)	\$30 \$3,000	\$40 \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Outpatient Hospital or Ambulatory Surgical Center Benefit (per day)	\$400	\$600
Second and Third Surgical Opinion Benefit (per diagnosis)	\$300	\$300

CONTINUING CARE		
Prosthesis Benefit		
Non-Surgical (per device - one per site, lifetime max of three)	\$150	\$200
Surgical Implantation (per device, includes surgical fee - one per site, lifetime max of two)	\$1,500	\$2,000
Hair Prosthesis (once per life)	\$150	\$200
Extended Care Facility Benefit (per day for up to the same number of days of paid Hospital confinement)	\$75	\$100
Physical or Speech Therapy Benefit (per visit any combination, up to four per calendar month - lifetime max of \$1,000)	\$25	\$25
Hospice Care Benefit (per day - \$13,500 lifetime max for basic; \$18,000 lifetime max for enhanced)	\$75	\$100
Home Health Care Benefit (per day for up to the same number of days of paid Hospital confinement)	\$75	\$100
Waiver of Premium (as long as the primary insured remains disabled)	After 90 continuous days of disability	

Refer to Plan Benefit Highlights for complete benefit descriptions and limits on the plan.

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

Plan Benefit Highlights

MONTHLY PREMIUMS

BASIC	Age 18-40	Age 41-50	Age 51-60	Age 61-70
Individual	\$16.30	\$23.60	\$32.60	\$44.20
Single Parent Family	\$24.40	\$35.20	\$48.70	\$65.90
Family	\$31.80	\$45.70	\$63.30	\$85.80

ENHANCED	Age 18-40	Age 41-50	Age 51-60	Age 61-70
Individual	\$21.00	\$30.80	\$42.40	\$57.30
Single Parent Family	\$31.40	\$45.80	\$63.30	\$85.60
Family	\$40.80	\$59.50	\$82.30	\$111.30

Administrative/Lab Work Benefit: Pays when procedures related to radiation therapy/chemotherapy/immunotherapy treatment occur and benefits are payable during the same calendar month as the radiation therapy/chemotherapy/immunotherapy benefit.

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

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

Hospital Confinement Benefit: Payable while confined to a Hospital for at least 18 continuous hours. A Hospital is not an institution, or part thereof, used as a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial care, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. This benefit is not payable for outpatient treatment.

Drugs and Medicine Benefit: Pays for anti-nausea and pain medication prescribed by a physician and administered while also receiving radiation therapy/chemotherapy/immunotherapy, a covered surgery or a bone marrow/stem cell transplant. It does not include associated administrative processes or drugs or medicines covered under the radiation therapy/chemotherapy/immunotherapy benefit or the hormone therapy benefit.

Attending Physician Benefit: Pays for one physician's visit per day when the services of a physician, other than a surgeon, are required while confined in a Hospital.

U.S. Government/Charity Hospital/HMO Benefit: Payable when an itemized list of services is not available due to confinement in a charity Hospital or a Hospital owned or operated by the U.S. government or covered under an HMO or diagnostic-related group where no charges are made for treatment of Cancer or a covered dread disease. This benefit will be paid in lieu of most benefits covered under this policy.

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

Transportation and Lodging Benefits: Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient/family lodging to receive 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. If covered person receives treatment while hospital confined lodging and travel paid once per confinement. Travel must be within the United States or its territories. Pays for one mode of transportation per round trip.

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 the policy. 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 and surgeries to implant a permanent prosthetic device, are not covered under this benefit. This benefit is payable for reconstructive breast surgery performed on a nondiseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed while covered under this policy. Reconstructive surgery to the nondiseased breast must occur within 24 months of the reconstructive surgery of the diseased breast.

Anesthesia Benefit: Services of an anesthesiologist for bone marrow transplants, skin Cancer or surgical prosthesis implantation are not covered.

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

Plan Benefit Highlights

Only Loss for Cancer: The policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

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

All diagnoses of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. **Benefits under this policy pay the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

Diagnostic, Prevention and Cancer Screening Benefit: Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. Benefits will only be paid for tests performed after the 30-day period following the covered person's effective date of coverage. This benefit is available without a diagnosis of Cancer.

Cancer Screening Follow-Up Benefit: Payable for one invasive follow-up screening test needed due to an abnormal result from a covered screening test. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the surgical benefit.

Radiation/Chemotherapy/Immunotherapy Benefit: Pays the Actual Charges up to the maximum amount shown when radiation therapy, chemotherapy or immunotherapy is received as defined in the policy, per 12-month period. The 12-month period begins on the first day the covered radiation therapy, chemotherapy or immunotherapy is received. This benefit does not cover other procedures related to radiation/chemotherapy/immunotherapy. This benefit does not include any drugs/medicines covered under the drugs and medicine benefit or the hormone therapy benefit. Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

Medical Imaging Benefit: Pays the indemnity amount for either an MRI, CT scan, CAT scan or PET scan when performed at the request of a physician.

Hormone Therapy Benefit: Drugs and medicines covered under the drugs and medicine benefit or the radiation/chemotherapy/immunotherapy benefit are not included. This benefit does not cover associated administrative processes.

Cancer Insurance



Metlife | www.metlife.com | 800-438-6388

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 Plan Summary

COVERAGE OPTIONS

Cancer Insurance		
Eligible Individual	Initial Benefit	Requirements
Employee	\$15,000 or \$30,000	Coverage is guaranteed provided you are actively at work. ³
Spouse/Domestic Partner ¹	100% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³
Dependent Child(ren) ²	100% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³

BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum benefit if you or a covered family member is diagnosed with a covered cancer⁴ or a recurrence of cancer,⁵ providing those covered meet the policy and certificate requirements. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences. Initial Benefits and Recurrence Benefits will be paid until the Total Benefit Amount has been reached.

This Cancer Insurance coverage provides a lump sum benefit for:

- ✓ Full Benefit Cancer—All forms of advanced cancers are covered and may qualify for full benefits (as defined by the group policy or certificate).
- ✓ Partial Benefit Cancer—Most forms of early stage cancers are covered and may qualify for partial benefits (as defined by the group policy or certificate).
- ✓ Additional Benefits—A health screening benefit is also available as a part of the MetLife Cancer plan.⁶

The maximum amount that you can receive through your Cancer Insurance plan is called the **Total Benefit** and is 2 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 200% or \$30,000 or \$60,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Cancers	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100% of Initial Benefit	100% of Initial Benefit
Partial Benefit Cancer	25% of Initial Benefit	25%/12.5% of Initial Benefit

Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of \$30,000 and has a Total Benefit of 2 times the Initial Benefit Amount or \$60,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Full Benefit Cancer (leukemia) – first diagnosis	Initial Benefit payment of \$30,000 or 100%	\$30,000
Full Benefit Cancer (leukemia) – second diagnosis, three years later	Recurrence Benefit payment of \$30,000 or 100%	\$0

This example is for illustrative purposes only. The MetLife Critical Illness Insurance Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

SUPPLEMENTAL HEALTH SCREENING BENEFIT

MetLife's Cancer Insurance also provides a supplemental health screening benefit. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Cancers.

Health Screening Benefit⁶

After your coverage has been in effect for thirty days, MetLife will provide an annual benefit of \$50 or \$100* per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year. For a complete list of eligible screening/prevention measures, please refer to the Disclosure Statement/Outline of Coverage.

*The Health Screening Benefit amount depends upon the Initial Benefit Amount selected. Employees would receive a \$50 benefit with the \$15,000 Initial Benefit Amount or a \$100 benefit with the \$30,000 Initial Benefit Amount.

Eligible screening/prevention measures include:

• blood test to determine total cholesterol	• flexible sigmoidoscopy
• blood test to determine triglycerides	• hemoccult stool specimen
• breast MRI	• mammogram
• breast ultrasound	• pap smears or thin prep pap test
• breast sonogram	• prostate-specific antigen (PSA) test
• carotid doppler	• serum cholesterol test to determine LDL and HDL levels
• colonoscopy	• stress test on bicycle or treadmill
• digital rectal exam (DRE)	• two hour post-load plasma glucose test
• electrocardiogram (EKG)	• virtual colonoscopy
• endoscopy	• fasting plasma glucose test
• fasting blood glucose test	

CANCER INSURANCE RATES

Monthly Premium for \$1,000 of Coverage: Non-Smoker

Issue Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$0.43	\$0.83	\$0.89	\$1.29
25–29	\$0.43	\$0.86	\$0.89	\$1.32
30–34	\$0.53	\$1.04	\$0.99	\$1.50
35–39	\$0.66	\$1.33	\$1.12	\$1.79
40–44	\$0.91	\$1.87	\$1.37	\$2.33
45–49	\$1.19	\$2.52	\$1.65	\$2.98
50–54	\$1.50	\$3.27	\$1.96	\$3.73
55–59	\$1.81	\$4.03	\$2.27	\$4.49
60–64	\$2.09	\$4.67	\$2.55	\$5.13
65–69	\$2.14	\$4.82	\$2.60	\$5.28
70+	\$2.12	\$4.94	\$2.58	\$5.40

Monthly Premium for \$1,000 of Coverage: Smoker

Issue Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$0.63	\$1.19	\$1.09	\$1.65
25–29	\$0.63	\$1.23	\$1.09	\$1.69
30–34	\$0.82	\$1.59	\$1.28	\$2.05
35–39	\$1.07	\$2.15	\$1.53	\$2.61
40–44	\$1.56	\$3.19	\$2.02	\$3.65
45–49	\$2.10	\$4.45	\$2.56	\$4.91
50–54	\$2.71	\$5.91	\$3.17	\$6.37
55–59	\$3.31	\$7.42	\$3.77	\$7.88
60–64	\$3.88	\$8.72	\$4.34	\$9.18
65–69	\$4.00	\$9.10	\$4.46	\$9.56
70+	\$3.98	\$9.37	\$4.44	\$9.83

Critical Illness Insurance

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

Prepare For the Unexpected

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

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

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



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

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

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

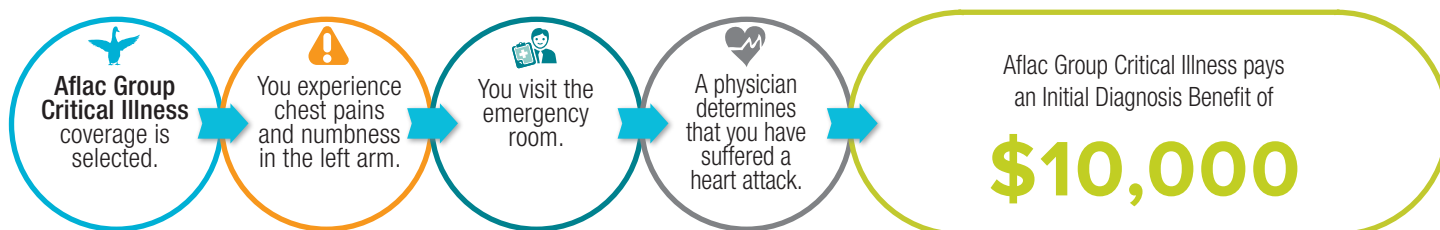
The Aflac Group Critical Illness plan benefits include:

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

Features:

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

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.

Benefits Overview

COVERED CRITICAL ILLNESSES:

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

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

*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.

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

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

BENIGN BRAIN TUMOR	100%
ADVANCED ALZHEIMER'S DISEASE	25%
ADVANCED PARKINSON'S DISEASE	25%

PROGRESSIVE DISEASE RIDER

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

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

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

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

One Time Benefit Amount

AUTISM SPECTRUM DISORDER (ASD)	\$3,000
Benefits are payable if a dependent child is diagnosed with one of the conditions listed.	

LIMITATIONS AND EXCLUSIONS

All limitations and exclusions that apply to the plan also apply to the riders unless amended by the riders.

IF DIAGNOSIS OCCURS AFTER THE AGE OF 70, HALF OF THE BENEFIT IS PAYABLE.

All limitations and exclusions that apply to the plan also apply to the riders unless amended by the riders.

Cancer Diagnosis Limitation Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured;
 - In Alaska: injuring or attempting to injure oneself intentionally
- **Suicide** – committing or attempting to commit suicide, while sane or insane;
 - In Missouri: committing or attempting to commit suicide, while sane
 - In Illinois and Minnesota: this exclusion does not apply
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job:
 - In Arizona: participating in or attempting to commit a felony, or being engaged in an illegal occupation;
 - In Florida: participating or attempting to participate in an illegal activity, or working at an illegal occupation;
 - In Illinois and Pennsylvania: Illegal Occupation - committing or

attempting to commit a felony or being engaged in an illegal occupation;

- In Michigan: Illegal Occupation – the commission of or attempt to commit a felony, or being engaged in an illegal occupation;
- In Nebraska: being engaged in an illegal occupation, or commission of or attempting to commit a felony;
- In Ohio: committing or attempting to commit a felony, or working at an illegal job

• Participation in Aggressive Conflict:

- War (declared or undeclared) or military conflicts;
 - In Florida: War does not include acts of terrorism
 - In Oklahoma: War, or act of war, declared or undeclared when serving in the military service or an auxiliary unit thereto
- Insurrection or riot
- Civil commotion or civil state of belligerence

• Illegal Substance Abuse:

- Abuse of legally-obtained prescription medication
- Illegal use of non-prescription drugs
- In Arizona: Being intoxicated or under the influence of any narcotic unless administered on the advice of a physician
- In Michigan, Nevada, and South Dakota: this exclusion does not apply

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

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

Group Critical Illness Insurance

Premium Rates

Employee Non-Tobacco Monthly Premiums

Age	\$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

Spouse Non-Tobacco Monthly Premiums

Age	\$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

Employee Tobacco Monthly Premiums

Age	\$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 Tobacco Monthly Premiums

Age	\$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

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

Accident Insurance

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

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

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



GROUP ACCIDENT INSURANCE

	HIGH	LOW
INITIAL TREATMENT (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
AMBULANCE (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
MAJOR DIAGNOSTIC TESTING (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
EMERGENCY ROOM OBSERVATION (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
PRESCRIPTIONS (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
BLOOD/PLASMA/PLATELETS (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
PAIN MANAGEMENT (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
CONCUSSION (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
TRAUMATIC BRAIN INJURY (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

COMA (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
EMERGENCY DENTAL WORK (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
BURNS (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.			
Second Degree			
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
Third Degree			
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
EYE INJURIES 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
FRACTURES (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 \$1,500 based on a schedule	Up to \$1,500 based on a schedule
DISLOCATIONS (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 \$1,500 based on a schedule	Up to \$1,500 based on a schedule
LACERATIONS (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):			
Over 15 centimeters		\$400	\$200
5-15 centimeters		\$200	\$100
Under 5 centimeters		\$50	\$25
Lacerations not requiring stitches		\$25	\$12.50

OUTPATIENT SURGERY AND ANESTHESIA (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.	\$400	\$200
FACILITIES FEE FOR OUTPATIENT SURGERY (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).	\$100	\$25
OUTPATIENT SURGERY AND ANESTHESIA (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.	\$50	\$25
INPATIENT SURGERY AND ANESTHESIA (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.	\$750	\$375
TRANSPORTATION (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.	\$400 Plane \$200 Any ground transportation	\$200 Plane \$100 Any ground transportation

SUCCESSOR INSURED BENEFIT 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.

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.

AFTER CARE BENEFITS	HIGH	LOW
APPLIANCES (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 Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar, Wheelchair, Knee Scooter, Body Jacket, Back Brace	\$40 \$100	\$20 \$50
ACCIDENT FOLLOW-UP TREATMENT (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.	\$50	\$25
POST-TRAUMATIC STRESS DISORDER (PTSD) (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.	\$200	\$100

REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)
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.
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.

\$100
per day

\$50
per day

THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)
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.

\$25

\$15

CHIROPRACTIC OR ALTERNATIVE THERAPY (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)
Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.

\$25

\$15

HOSPITALIZATION BENEFITS

HIGH

LOW

HOSPITAL ADMISSION (once per accident, within 6 months after the accident)
Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.
This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.

\$1,000
per
confinement

\$500
per
confinement

HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident)
Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury.
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.
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.

\$200
per day

\$100
per day

HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident)
Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury.
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.
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.
This benefit is payable in addition to the Hospital Confinement Benefit.

\$200
per day

\$100
per day

INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT (maximum of 30 days per accident, within 6 months after the accident)
Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury.
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.
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.
This benefit is payable in addition to the Hospital Confinement Benefit.

\$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
Spouse
Child(ren)

\$12,500
\$5,000
\$2,500

\$5,000
\$2,500
\$1,250

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

Employee
Spouse
Child(ren)

\$25,000
\$10,000
\$5,000

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

LOSS OF ONE OR MORE FINGERS OR TOES

Employee
Spouse
Child(ren)

\$1,250
\$500
\$250

\$500
\$250
\$125

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

Employee
Spouse
Child(ren)

\$125
\$125
\$125

\$62.50
\$62.50
\$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
Quadriplegia

\$5,000
\$10,000

\$2,500
\$5,000

PROSTHESIS (once per accident, 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. * 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.	\$1,500	\$500
RESIDENCE/VEHICLE MODIFICATION (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: • The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg.	\$1,000	\$500

ACCIDENTAL DEATH RIDER	HIGH	LOW
ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*) Payable if a covered accidental injury causes the insured to die.	\$50,000 Employee \$25,000 Spouse \$10,000 Child	\$25,000 Employee \$12,500 Spouse \$5,000 Child
ACCIDENTAL COMMON-CARRIER DEATH We will pay this benefit if the insured: • Is a fare-paying passenger on a common carrier; • Is injured in a covered accident; and • Dies within 90 days* after the covered accident. *In Oregon and Utah, within 180 days after the accident; in Pennsylvania, there is no limitation on the number of days.	\$100,000 Employee \$50,000 Spouse \$20,000 Child	\$50,000 Employee \$25,000 Spouse \$10,000 Child

ORGANIZED ATHLETIC ACTIVITY RIDER	BOTH PLANS
ORGANIZED ATHLETIC ACTIVITY BENEFIT 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.	20%

INITIAL ACCIDENT EXCLUSIONS EXCLUSIONS

Plan exclusions apply to all riders unless otherwise noted.

We will not pay benefits for accidental injury, disability or death contributed to, caused by, or resulting from*:

- **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.
 - In California: 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 or riot.
 - In Idaho: participating in any war or act of war, declared or undeclared, or participating or serving in the armed forces or units auxiliary thereto. War also

includes participation in a riot or an insurrection.

- In Illinois: the statement “war does not include acts of terrorism” is deleted.
- In Michigan: voluntarily participating in war or any act of war. War also includes voluntary felonious participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- In North Carolina: 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 civil participation in an active riot. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
 - In Montana: committing or attempting to commit suicide, while sane
 - In Illinois, Michigan and Minnesota: this exclusion does not apply
- **Sickness** – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for:
 - Allergic reactions

AFTER CARE BENEFITS

Psychiatrist is a doctor of medicine who specializes in the diagnosis and treatment of mental disorders.

Psychologist is a clinical, mental health professional who works with patients. A psychologist is not a doctor of medicine who typically provides medical interventions and drug therapies, but provides analysis and counseling.

Rehabilitation Facility is a unit or facility providing coordinated multidisciplinary physical restorative services. These services must be provided to inpatients under a doctor's direction. The doctor must be knowledgeable and experienced in rehabilitative medicine. Beds must be set up in a unit or facility specifically designated and staffed for this service. This is not a facility for the treatment of alcoholism or drug addiction.

ACCIDENTAL DEATH RIDER

Common Carrier means:

- An airline carrier that is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports;
- A railroad train that is licensed and operated for passenger service only; or
- A boat or ship that is licensed for passenger service and operated on a regular schedule between established ports.

ORGANIZED ATHLETIC ACTIVITY RIDER EXCLUSIONS

The Organized Athletic Activity Benefit is not payable for accidental injuries that are caused by or occur as a result of an insured's participating in any sport or sporting activity for wage, compensation, or profit, including officiating, coaching, or racing any type vehicle in an organized event (in Idaho, in a professional capacity).

This benefit is also not payable for accidental injuries that occur during or are due to physical education classes (except in Idaho).

DEFINITION

Organized Athletic Activity means an athletic competition or supervised organized practice for an athletic competition. Organized Athletic Activities take place on a regularly occurring and scheduled basis, often during a pre-determined season. The competition must be governed by a set of written rules and officiated by someone certified to act in that capacity. The competition must also be overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must take place on a regulation playing surface. Participation must be on an amateur basis.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION OF COVERAGE

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

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

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

Group Accident Insurance - Low Plan

Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$8.90
Employee and Spouse	\$15.14
Employee and Child(ren)	\$20.00
Family	\$26.24

Group Accident Insurance - High Plan

Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$16.82
Employee and Spouse	\$28.15
Employee and Child(ren)	\$37.17
Family	\$48.50

The premium and product availability indicated in this proposal are subject to change as a result of final underwriting.

Hospital Indemnity Insurance

AFLAC | www.aflacgroupinsurance.com | 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!

HIP Monthly Premium		
	High Plan	Low Plan
Employee Only	33.20	\$16.66
Employee + Spouse	\$67.02	\$33.46
Employee + Children	\$52.20	\$26.70
Employee + Family	\$86.02	\$43.50



Benefits Overview

	HIGH	LOW
HOSPITAL ADMISSION BENEFIT per confinement (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).	\$2,500	\$1,000
HOSPITAL CONFINEMENT per day (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.	\$200	\$150
HOSPITAL INTENSIVE CARE BENEFIT per day (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. This benefit is payable in addition to the Hospital Confinement Benefit.	\$400	\$300
SUCCESSOR INSURED BENEFIT 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.		

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).

Term Life Insurance

Underwritten by: American Fidelity Assurance Company

10, 20 & 30 Year Renewable and Convertible
Term Life Insurance



Easy Application Process • No Medical Exams • Excellent Customer Service • Learn More » »



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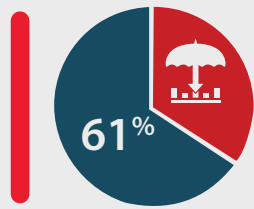
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Strengthen Your Family's Financial Plan

Life insurance is an essential piece of a robust financial plan. While there is no replacement for losing a loved one, **Term Life Insurance** can help protect your family in your absence. It supplies short-term coverage at a competitive price. Term Life Insurance can help fill temporary needs for those on a limited budget.



61% of adults in the United States have no individual life insurance.¹

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

A term life policy can help supplement your existing coverage. Plus, you own this policy, meaning you can take it to a different job or retirement.



Why You Need Life Insurance

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



¹LIMRA: Study Finds COVID-19 Spurs Greater Interest in Life Insurance; March 23, 2021; ²According to the 2023 Insurance Barometer Study by LIMRA and Life Happens LIMRA: 2023 Insurance Barometer Study; May 5, 2023; P7.

Term Life Insurance is a great option for your working and earning years when costs are usually at their highest.

Premiums will remain the same for the initial term period selected.³ The death benefit will not change for the life of the policy, and death benefits are generally paid tax free.

Three Easy Steps to Get Covered

1

Select a Term Period

Choose from a 10, 20, or 30 year term.

2

Answer Three Health Questions⁴

Only three health questions are required to issue coverage. You do not have to take part in any invasive medical exams.

3

Get Death Benefit Coverage Immediately⁵

Your death benefit coverage starts when you sign the application.

³Rates will be adjusted on each renewed term period. ⁴Issuance of the policy may depend on the answer to these questions. ⁵Interim coverage for death will be in force from the date your application is signed if, on such date, the proposed insured is insurable per our underwriting guidelines for the requested coverage per the terms of the policy. This interim coverage for death will remain in force until the earlier of 1) the date a policy becomes effective, 2) the date we decline the application, or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy, Children's Term Rider and Spouse Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, or Accelerated Benefit Rider for Long Term Illness. ⁶Example is based on a 20-year term, monthly, non-tobacco, base policy with no attached riders. See your American Fidelity account manager for specific ages, rates, term periods or face amounts. ⁷Premiums remain level for the initial term period selected. If you choose the 10 or 20-Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60, respectively. Thereafter, premiums are renewable annually. The 30-Year Term Life Plan is renewable annually after the initial term period. All term plans expire on the policy anniversary following age 90. Rates will be adjusted on each renewed term period.

EMPLOYEE ISSUE AGES	SPOUSE ISSUE AGES AND MAXIMUMS
10 Year Term: 17-65 20 Year Term: 17-60 30 Year Term: 17-50	Ages 17-49: \$50,000 Ages 50-60: \$25,000
EMPLOYEE ISSUE MAXIMUM	RATES BASED ON ISSUE AGE AND TOBACCO STATUS
Ages 17-49: \$300,000 Ages 50-65: \$100,000	Premiums will be based on your age on the date your policy becomes effective. You may be eligible for reduced rates if you are a non-tobacco user.
GUARANTEED LEVEL DEATH BENEFIT	RENEWABLE AND CONVERTIBLE ⁷
Receive the full face amount of your policy provided no accelerated benefits are paid.	Renew your coverage to age 90. You may convert to a whole life policy before age 70.

Enhance Your Plan

Waiver of Premium Rider

This rider waives the premium if the base insured becomes totally disabled, as defined in the rider, for at least six consecutive months. Premiums are waived for the base policy and any attached riders. The issue age is 17-60. The rider terminates at age 65.

Accidental Death and Dismemberment Rider

This rider provides coverage upon death, dismemberment, or paralysis of the base insured before age 70 if such death, dismemberment, or paralysis results from accidental causes, as defined in the rider. This rider also provides an additional 10% seat belt benefit if the police accident report certifies the base insured was wearing a properly fastened seat belt at the time of death. Benefits are payable once per covered accident.

Spouse Term Rider

This rider provides Term Life Insurance coverage for your spouse. The premiums for this rider are based on the spouse's age and tobacco usage. Coverage may be renewed for each additional renewal period up to the spouse's age of 90 while the base policy is active. Premiums are guaranteed to remain the same during the initial term period. ⁷Premiums adjust upon renewal. The face amount must be equal to or less than the base policy.

Children's Term Rider

This rider provides Term Life Insurance protection for all eligible children between the ages of one month through 19. Three benefit levels are available: \$10,000, \$20,000, and \$30,000. Coverage remains on each child until age 26 or the child's marriage before age 26. Your covered child may also convert this rider for up to five times the amount of coverage (subject to a \$100,000 limit) to any form of permanent insurance offered by American Fidelity. One premium covers all eligible children.

Accelerated Benefit Rider for Long Term Illness

(Available with 30-Year Term Life Only)

This rider provides for two equal advances of a portion of the base policy's death benefit due to a Long Term Illness if we receive satisfactory proof of Long Term Illness before each annual payment. Coverage is available on the base insured only.

SAMPLE 20-YEAR TERM NON- TOBACCO MONTHLY PREMIUM RATES ⁶					
	\$25K*	\$50K*	\$100K	\$150K	\$300K
25	\$6.50	\$9.00	\$16.00	\$20.00	\$38.00
35	\$7.50	\$11.50	\$21.00	\$27.50	\$53.00
45	\$11.75	\$20.50	\$39.00	\$56.00	\$110.00
55	\$25.25	\$38.50	\$75.00	n/a	n/a

*Shaded amounts available for spouse base policy purchases.

Premium and amount of benefits vary dependent upon level selected at time of application.

Social Security numbers are required at the time of application for spouses and dependents.

Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability may vary by state.

Third Party Notice: The owner has the right to designate a third party to receive notice of lapse or termination of an individual life insurance policy due to nonpayment of premium. Such notice will be sent to the policy owner and the third party at least 30 calendar days before cancellation. This designation may be done at this time, or at any time the policy is in force. Please contact us to request a form to designate, change or update this information at a later date. M3437.R118

TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse
Coverage
Available¹

10 YEAR RATES **Tobacco Users Rates**

ISSUE AGE	DEATH BENEFIT										
	Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
18	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
19	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
20	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
21	8.25	9.50	12.50	17.75	23.00	24.50	29.00	33.50	38.00	47.00	56.00
22	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00
23	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00
24	8.25	9.50	13.50	19.25	25.00	24.50	29.00	33.50	38.00	47.00	56.00
25	8.25	9.50	14.00	20.00	26.00	24.50	29.00	33.50	38.00	47.00	56.00
26	8.25	9.50	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00
27	8.50	9.80	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00
28	8.50	9.80	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00
29	8.75	10.10	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00
30	8.75	10.10	15.50	22.25	29.00	25.75	30.50	35.25	40.00	49.50	59.00
31	9.00	10.40	16.00	23.00	30.00	27.00	32.00	37.00	42.00	52.00	62.00
32	9.50	11.00	17.00	24.50	32.00	28.25	33.50	38.75	44.00	54.50	65.00
33	9.75	11.30	17.50	25.25	33.00	29.50	35.00	40.50	46.00	57.00	68.00
34	10.00	11.60	18.00	26.00	34.00	32.00	38.00	44.00	50.00	62.00	74.00
35	10.50	12.20	19.00	27.50	36.00	33.25	39.50	45.75	52.00	64.50	77.00
36	11.25	13.10	20.00	29.00	38.00	37.00	44.00	51.00	58.00	72.00	86.00
37	12.00	14.00	21.50	31.25	41.00	40.75	48.50	56.25	64.00	79.50	95.00
38	12.75	14.90	23.00	33.50	44.00	44.50	53.00	61.50	70.00	87.00	104.00
39	13.50	15.80	24.50	35.75	47.00	49.50	59.00	68.50	78.00	97.00	116.00
40	14.50	17.00	26.00	38.00	50.00	54.50	65.00	75.50	86.00	107.00	128.00
41	15.75	18.50	28.50	41.75	55.00	57.00	68.00	79.00	90.00	112.00	134.00
42	17.00	20.00	31.00	45.50	60.00	60.75	72.50	84.25	96.00	119.50	143.00
43	18.25	21.50	34.00	50.00	66.00	63.25	75.50	87.75	100.00	124.50	149.00
44	19.75	23.30	37.50	55.25	73.00	67.00	80.00	93.00	106.00	132.00	158.00
45	21.50	25.40	41.00	60.50	80.00	70.75	84.50	98.25	112.00	139.50	167.00
46	24.00	28.40	42.50	62.75	83.00	73.25	87.50	101.75	116.00	144.50	173.00
47	27.00	32.00	44.00	65.00	86.00	77.00	92.00	107.00	122.00	152.00	182.00
48	30.50	36.20	45.50	67.25	89.00	80.75	96.50	112.25	128.00	159.50	191.00
49	34.25	40.70	47.00	69.50	92.00	84.50	101.00	117.50	134.00	167.00	200.00
50	38.50	45.80	48.50	71.75	95.00	--	--	--	--	--	--
51	40.50	48.20	53.00	78.50	104.00	--	--	--	--	--	--
52	42.75	50.90	58.00	86.00	114.00	--	--	--	--	--	--
53	45.25	53.90	63.00	93.50	124.00	--	--	--	--	--	--
54	47.50	56.60	69.00	102.50	136.00	--	--	--	--	--	--
55	50.25	59.90	75.50	112.25	149.00	--	--	--	--	--	--
56	56.50	67.40	84.00	125.00	166.00	--	--	--	--	--	--
57	63.50	75.80	93.00	138.50	184.00	--	--	--	--	--	--
58	71.25	85.10	103.50	154.25	205.00	--	--	--	--	--	--
59	80.25	95.90	115.50	172.25	229.00	--	--	--	--	--	--
60	90.50	108.20	128.50	191.75	255.00	--	--	--	--	--	--
61	90.75	108.50	137.50	205.25	273.00	--	--	--	--	--	--
62	91.25	109.10	147.50	220.25	293.00	--	--	--	--	--	--
63	91.50	109.40	158.50	236.75	315.00	--	--	--	--	--	--
64	92.00	110.00	170.00	254.00	338.00	--	--	--	--	--	--
65	92.25	110.30	182.50	272.75	363.00	--	--	--	--	--	--

This insert must be used in conjunction with AF-2726 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For additional details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹ Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

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

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

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

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

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
24	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
25	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
26	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
27	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
28	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
29	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
30	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
31	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
32	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
33	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
34	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
35	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
36	7.00	8.00	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
37	7.25	8.30	10.00	14.00	18.00	19.50	23.00	26.50	30.00	37.00	44.00
38	7.50	8.60	10.50	14.75	19.00	20.75	24.50	28.25	32.00	39.50	47.00
39	7.75	8.90	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
40	8.00	9.20	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
41	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
42	8.75	10.10	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
43	9.00	10.40	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
44	9.25	10.70	14.00	20.00	26.00	29.50	35.00	40.50	46.00	57.00	68.00
45	9.75	11.30	15.00	21.50	28.00	32.00	38.00	44.00	50.00	62.00	74.00
46	10.50	12.20	16.00	23.00	30.00	34.50	41.00	47.50	54.00	67.00	80.00
47	11.50	13.40	17.50	25.25	33.00	37.00	44.00	51.00	58.00	72.00	86.00
48	12.50	14.60	18.50	26.75	35.00	40.75	48.50	56.25	64.00	79.50	95.00
49	13.50	15.80	20.00	29.00	38.00	44.50	53.00	61.50	70.00	87.00	104.00
50	14.75	17.30	21.50	31.25	41.00	--	--	--	--	--	--
51	15.50	18.20	23.00	33.50	44.00	--	--	--	--	--	--
52	16.50	19.40	24.00	35.00	46.00	--	--	--	--	--	--
53	17.50	20.60	25.50	37.25	49.00	--	--	--	--	--	--
54	18.50	21.80	27.50	40.25	53.00	--	--	--	--	--	--
55	19.50	23.00	29.00	42.50	56.00	--	--	--	--	--	--
56	21.25	25.10	32.00	47.00	62.00	--	--	--	--	--	--
57	23.00	27.20	35.00	51.50	68.00	--	--	--	--	--	--
58	25.00	29.60	38.50	56.75	75.00	--	--	--	--	--	--
59	27.25	32.30	42.50	62.75	83.00	--	--	--	--	--	--
60	29.75	35.30	46.50	68.75	91.00	--	--	--	--	--	--
61	31.00	36.80	50.50	74.75	99.00	--	--	--	--	--	--
62	32.00	38.00	54.50	80.75	107.00	--	--	--	--	--	--
63	33.25	39.50	59.00	87.50	116.00	--	--	--	--	--	--
64	34.75	41.30	64.00	95.00	126.00	--	--	--	--	--	--
65	36.00	42.80	69.50	103.25	137.00	--	--	--	--	--	--

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TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse
Coverage
Available¹

20 YEAR RATES **Tobacco Users Rates**

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

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TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

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

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

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

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

Spouse
Coverage
Available¹

20 YEAR RATES Non-Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT									
	Monthly Premium Including Policy Fee									
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$300,000
17	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	35.00
18	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	35.00
19	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	35.00
20	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	35.00
21	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	35.00
22	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	35.00
23	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	38.00
24	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	38.00
25	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	38.00
26	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	38.00
27	6.50	7.40	9.00	12.50	16.00	18.25	21.50	24.75	28.00	41.00
28	6.50	7.40	9.50	13.25	17.00	18.25	21.50	24.75	28.00	41.00
29	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	44.00
30	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	44.00
31	6.75	7.70	10.00	14.00	18.00	20.75	24.50	28.25	32.00	47.00
32	7.00	8.00	10.00	14.00	18.00	20.75	24.50	28.25	32.00	47.00
33	7.00	8.00	10.50	14.75	19.00	22.00	26.00	30.00	34.00	50.00
34	7.25	8.30	11.00	15.50	20.00	22.00	26.00	30.00	34.00	50.00
35	7.50	8.60	11.50	16.25	21.00	23.25	27.50	31.75	36.00	53.00
36	7.75	8.90	12.00	17.00	22.00	24.50	29.00	33.50	38.00	56.00
37	8.00	9.20	13.00	18.50	24.00	27.00	32.00	37.00	42.00	62.00
38	8.25	9.50	13.50	19.25	25.00	28.25	33.50	38.75	44.00	65.00
39	8.75	10.10	14.00	20.00	26.00	30.75	36.50	42.25	48.00	71.00
40	9.00	10.40	15.00	21.50	28.00	33.25	39.50	45.75	52.00	77.00
41	9.50	11.00	16.00	23.00	30.00	35.75	42.50	49.25	56.00	83.00
42	10.00	11.60	17.00	24.50	32.00	38.25	45.50	52.75	60.00	89.00
43	10.50	12.20	18.00	26.00	34.00	40.75	48.50	56.25	64.00	95.00
44	11.00	12.80	19.00	27.50	36.00	43.25	51.50	59.75	68.00	101.00
45	11.75	13.70	20.50	29.75	39.00	47.00	56.00	65.00	74.00	110.00
46	12.75	14.90	21.50	31.25	41.00	49.50	59.00	68.50	78.00	116.00
47	14.00	16.40	22.50	32.75	43.00	52.00	62.00	72.00	82.00	122.00
48	15.25	17.90	24.00	35.00	46.00	55.75	66.50	77.25	88.00	131.00
49	16.75	19.70	25.00	36.50	48.00	58.25	69.50	80.75	92.00	137.00
50	18.50	21.80	26.50	38.75	51.00	--	--	--	--	--
51	19.75	23.30	28.50	41.75	55.00	--	--	--	--	--
52	21.00	24.80	30.50	44.75	59.00	--	--	--	--	--
53	22.25	26.30	33.00	48.50	64.00	--	--	--	--	--
54	23.75	28.10	35.50	52.25	69.00	--	--	--	--	--
55	25.25	29.90	38.50	56.75	75.00	--	--	--	--	--
56	27.50	32.60	42.50	62.75	83.00	--	--	--	--	--
57	30.00	35.60	47.00	69.50	92.00	--	--	--	--	--
58	32.50	38.60	52.00	77.00	102.00	--	--	--	--	--
59	35.50	42.20	58.00	86.00	114.00	--	--	--	--	--
60	38.75	46.10	64.00	95.00	126.00	--	--	--	--	--

This insert must be used in conjunction with AF-2726 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, and exclusions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

30 YEAR RATES *Non-Tobacco Users Rates*

ISSUE AGE	Death Benefit Monthly Premium Including Policy Fee													
	\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLT ¹	Base	ABLT ¹	Base	ABLT ¹	Base	ABLT ¹	Base	ABLT ¹	Base	ABLT ¹	Base	ABLT ¹
17	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
18	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
19	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
20	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
21	7.00	0.20	10.50	0.40	19.00	0.80	24.50	1.20	32.00	1.60	39.50	2.00	47.00	2.40
22	7.00	0.21	10.50	0.42	19.00	0.83	24.50	1.25	32.00	1.66	39.50	2.08	47.00	2.49
23	7.25	0.21	11.00	0.43	20.00	0.85	26.00	1.28	34.00	1.70	42.00	2.13	50.00	2.55
24	7.25	0.22	11.00	0.44	20.00	0.88	26.00	1.32	34.00	1.76	42.00	2.20	50.00	2.64
25	7.25	0.23	11.00	0.47	20.00	0.93	26.00	1.40	34.00	1.86	42.00	2.33	50.00	2.79
26	7.25	0.25	11.00	0.50	20.00	1.00	27.50	1.50	36.00	2.00	44.50	2.50	53.00	3.00
27	7.50	0.27	11.50	0.54	21.00	1.08	27.50	1.62	36.00	2.16	44.50	2.70	53.00	3.24
28	7.50	0.29	11.50	0.58	21.00	1.15	29.00	1.73	38.00	2.30	47.00	2.88	56.00	3.45
29	7.75	0.31	12.00	0.62	22.00	1.23	29.00	1.85	38.00	2.46	47.00	3.08	56.00	3.69
30	7.75	0.33	12.00	0.65	22.00	1.30	30.50	1.95	40.00	2.60	49.50	3.25	59.00	3.90
31	8.00	0.35	12.50	0.70	23.00	1.40	32.00	2.10	42.00	2.80	52.00	3.50	62.00	4.20
32	8.25	0.38	13.00	0.75	24.00	1.50	32.00	2.25	42.00	3.00	52.00	3.75	62.00	4.50
33	8.25	0.40	13.00	0.80	24.00	1.60	33.50	2.40	44.00	3.20	54.50	4.00	65.00	4.80
34	8.50	0.43	13.50	0.85	25.00	1.70	33.50	2.55	44.00	3.40	54.50	4.25	65.00	5.10
35	8.75	0.45	14.00	0.90	26.00	1.80	35.00	2.70	46.00	3.60	57.00	4.50	68.00	5.40
36	9.25	0.48	15.00	0.97	28.00	1.93	38.00	2.90	50.00	3.86	62.00	4.83	74.00	5.79
37	9.75	0.51	16.00	1.03	30.00	2.05	41.00	3.08	54.00	4.10	67.00	5.13	80.00	6.15
38	10.25	0.55	17.00	1.09	32.00	2.18	44.00	3.27	58.00	4.36	72.00	5.45	86.00	6.54
39	10.75	0.58	18.00	1.15	34.00	2.30	47.00	3.45	62.00	4.60	77.00	5.75	92.00	6.90
40	11.50	0.60	19.50	1.20	37.00	2.39	51.50	3.59	68.00	4.78	84.50	5.98	101.00	7.17
41	12.25	0.64	21.00	1.28	40.00	2.56	56.00	3.84	74.00	5.12	92.00	6.40	110.00	7.68
42	13.25	0.68	23.00	1.36	44.00	2.71	62.00	4.07	82.00	5.42	102.00	6.78	122.00	8.13
43	14.25	0.72	24.50	1.43	47.00	2.86	66.50	4.29	88.00	5.72	109.50	7.15	131.00	8.58
44	15.25	0.75	27.00	1.51	52.00	3.01	72.50	4.52	96.00	6.02	119.50	7.53	143.00	9.03
45	16.50	0.79	29.00	1.58	56.00	3.15	80.00	4.73	106.00	6.30	132.00	7.88	158.00	9.45
46	17.75	0.86	31.50	1.73	61.00	3.45	87.50	5.18	116.00	6.90	144.50	8.63	173.00	10.35
47	19.00	0.93	34.00	1.87	66.00	3.73	95.00	5.60	126.00	7.46	157.00	9.33	188.00	11.19
48	20.25	1.00	37.00	2.00	72.00	4.00	104.00	6.00	138.00	8.00	172.00	10.00	206.00	12.00
49	21.75	1.07	40.50	2.14	79.00	4.27	114.50	6.41	152.00	8.54	189.50	10.68	227.00	12.81
50	23.50	1.13	44.00	2.25	86.00	4.50	--	--	--	--	--	--	--	--

Spouse
Coverage
Available¹

This insert must be used in conjunction with AF-2726 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER:	Use the rate sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.
CHILDREN'S TERM RIDER:	\$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.
ACCIDENTAL DEATH & DISMEMBERMENT RIDER:	For the monthly rate, multiply .08 per \$1,000 of coverage.
WAIVER OF PREMIUM RIDER:	Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.
ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLT):	Add the rate shown in the ABLTI column to the base rate.

30 YEAR RATES *Tobacco Users Rates*

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

Spouse Coverage Available¹

This insert must be used in conjunction with AF-2726 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹Maximum face amount available is \$50,000.

Long Term Care Insurance



Standard | www.standard.com | 800-937-4783

To fully equip yourself for the future, consider adding a long term care plan to your insurance portfolio. Most health insurance plans will not cover long term care services such as skilled in-home care, nursing home facilities, assisted living centers or adult day care. If you had a long term care insurance plan in place, you would have peace of mind knowing that these costs are covered.

A long term care insurance plan is there for you whenever you need it as long as the premiums are paid and the policy is still in force. And while we usually think of senior citizens being the ones who need a long term care plan, the truth is that any person at any age can claim benefits when it's necessary.

A long term care plan allows your loved ones to be there for you as a family member, not a caretaker. Plus, it helps preserve your assets so you can continue building your nest egg. Benefits are paid through payroll deduction, and the plan may be converted to an individual policy if you leave your employer.

Sit down with your FFGA Account Manager to discuss your group long-term care plan and choose the coverage the works best for you and your family.

Group Term To Age 100 Life Insurance (GPTLC) from American Heritage Life Insurance Company

Amounts shown are subject to the Employer's underwriting offer and may require Evidence of Insurability (EOI)

Riders added to base life coverage where available

Issue Age: 18-55

Total Disability Payor Waiver of Premium - Terminates at insured's attained age 60. Not available on certificate coverage purchased for a child.

Issue Age: 18-75

Accelerated Death Benefit for Terminal Illness

Issue Age: 18-70

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits - Also includes the Non-Forfeiture Credit.

Initial Death Benefit ¹	Level Premium Rates (to age 100) for Eligible Employees • Monthly (12Xs/Year) • Non-Tobacco							
	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000		
Issue Age	Premium	Premium	Premium	Premium	Premium	Premium		
18	\$12.40	\$24.81	\$37.21	\$49.61	\$62.02	\$74.42		
19	\$8.95	\$17.89	\$26.84	\$35.78	\$44.73	\$53.69		
20	\$9.01	\$18.03	\$27.04	\$36.05	\$45.07	\$54.08		
21	\$9.06	\$18.11	\$27.17	\$36.23	\$45.29	\$54.34		
22	\$9.15	\$18.29	\$27.44	\$36.57	\$45.72	\$54.86		
23	\$9.23	\$18.46	\$27.70	\$36.93	\$46.16	\$55.39		
24	\$9.35	\$18.68	\$28.02	\$37.36	\$46.70	\$56.05		
25	\$9.43	\$18.86	\$28.29	\$37.72	\$47.15	\$56.57		
26	\$9.57	\$19.12	\$28.69	\$38.24	\$47.81	\$57.36		
27	\$9.80	\$19.60	\$29.40	\$39.20	\$49.00	\$58.80		
28	\$10.05	\$20.09	\$30.12	\$40.16	\$50.21	\$60.25		
29	\$10.30	\$20.61	\$30.91	\$41.21	\$51.51	\$61.82		
30	\$10.57	\$21.14	\$31.70	\$42.26	\$52.84	\$63.40		
31	\$11.11	\$22.22	\$33.35	\$44.46	\$55.57	\$66.68		
32	\$11.71	\$23.42	\$35.11	\$46.81	\$58.52	\$70.22		
33	\$12.32	\$24.63	\$36.95	\$49.27	\$61.58	\$73.90		
34	\$13.01	\$26.03	\$39.05	\$52.07	\$65.08	\$78.10		
35	\$13.77	\$27.52	\$41.29	\$55.03	\$68.80	\$82.56		
36	\$14.03	\$28.05	\$42.07	\$56.08	\$70.11	\$84.14		
37	\$15.29	\$30.59	\$45.87	\$61.16	\$76.45	\$91.75		
38	\$16.52	\$33.03	\$49.55	\$66.07	\$82.58	\$99.10		
39	\$17.71	\$35.45	\$53.16	\$70.88	\$88.59	\$106.32		
40	\$18.99	\$37.98	\$56.96	\$75.95	\$94.94	\$113.94		
41	\$20.50	\$41.00	\$61.50	\$81.98	\$102.48	\$122.99		
42	\$22.29	\$44.58	\$66.87	\$89.17	\$111.45	\$133.75		
43	\$24.07	\$48.12	\$72.19	\$96.24	\$120.31	\$144.39		
44	\$25.95	\$51.89	\$77.84	\$103.77	\$129.72	\$155.67		
45	\$27.80	\$55.61	\$83.41	\$111.22	\$139.02	\$166.82		
46	\$29.78	\$59.55	\$89.32	\$119.08	\$148.86	\$178.64		
47	\$32.06	\$64.09	\$96.15	\$128.18	\$160.24	\$192.29		
48	\$34.37	\$68.73	\$103.10	\$137.47	\$171.82	\$206.20		
49	\$36.81	\$73.64	\$110.45	\$147.26	\$184.09	\$220.90		
50	\$39.35	\$78.71	\$118.06	\$157.41	\$196.77	\$236.12		

¹Initial Death Benefit is guaranteed level for the first five (5) years. An illustration will be provided with the issued certificate showing a listing of the guaranteed minimum death benefit and illustrated non-guaranteed death benefit payable by year to age 100.

When applying for coverage, the appropriate Illustration Certification must be completed in all states.

This rate insert is not to be used on its own and is for use with materials/accounts situated in Texas.

This information is valid as long as information remains current, but in no event later than 1/1/2027.

This is a brief overview of the benefits available under the group voluntary policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions, and other provisions are included in the certificates issued. For additional information, you may contact your Representative at The Standard.

Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. This information highlights some features of the policy/certificate but is not the insurance contract. Only the actual policy/certificate provisions control.

Group Term To Age 100 Life Insurance (GPTLC) from American Heritage Life Insurance Company

Amounts shown are subject to the Employer's underwriting offer and may require Evidence of Insurability (EOI)

Riders added to base life coverage where available

Issue Age: 18-55

Total Disability Payor Waiver of Premium - Terminates at insured's attained age 60. Not available on certificate coverage purchased for a child.

Issue Age: 18-75

Accelerated Death Benefit for Terminal Illness

Issue Age: 18-70

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits - Also includes the Non-Forfeiture Credit.

Initial Death Benefit ¹	Level Premium Rates (to age 100) for Eligible Employees • Monthly (12Xs/Year) • Non-Tobacco							
	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000		
Issue Age	Premium	Premium	Premium	Premium	Premium	Premium		
51	\$43.03	\$86.06	\$129.09	\$172.12	\$215.15	\$258.17		
52	\$47.15	\$94.28	\$141.42	\$188.56	\$235.70	\$282.85		
53	\$51.34	\$102.68	\$154.02	\$205.37	\$256.70	\$308.05		
54	\$55.03	\$110.08	\$165.11	\$220.14	\$275.19	\$330.23		
55	\$61.14	\$122.28	\$183.42	\$244.57	\$305.71	\$366.85		
56‡	\$63.06	\$126.13	\$189.19	\$252.25	\$315.31	\$378.38		
57‡	\$67.85	\$135.71	\$203.56	\$271.41	\$339.27	\$407.13		
58‡	\$72.69	\$145.38	\$218.07	\$290.75	\$363.44	\$436.13		
59‡	\$78.29	\$156.58	\$234.88	\$313.17	\$391.46	\$469.75		
60‡	\$84.02	\$168.04	\$252.07	\$336.09	\$420.11	\$504.13		
61‡	\$91.37	\$182.75	\$274.12	\$365.50	\$456.87	\$548.26		
62‡	\$99.69	\$199.38	\$299.07	\$398.75	\$498.44	\$598.13		
63‡	\$108.23	\$216.46	\$324.69	\$432.92	\$541.15	\$649.38		
64‡	\$117.21	\$234.41	\$351.63	\$468.84	\$586.04	\$703.25		
65‡	\$126.42	\$252.84	\$379.26	\$505.66	\$632.08	\$758.50		
66‡	\$138.79	\$277.58	\$416.38	\$555.17	\$693.96	\$832.75		
67‡	\$152.14	\$304.29	\$456.44	\$608.59	\$760.73	\$912.88		
68‡	\$165.90	\$331.80	\$497.69	\$663.58	\$829.48	\$995.38		
69‡	\$179.75	\$359.50	\$539.25	\$719.00	\$898.75	\$1,078.50		
70‡	\$194.00	\$388.01	\$582.00	\$776.00	\$970.00	\$1,164.01		

¹Initial Death Benefit is guaranteed level for the first five (5) years. An illustration will be provided with the issued certificate showing a listing of the guaranteed minimum death benefit and illustrated non-guaranteed death benefit payable by year to age 100. ²Evidence of insurability (EOI) is required for ages 71-80 and quotes in excess of U/W offer. ³The Payor Waiver of Premium rider is NOT available at issue ages 56-80.

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Group Term To Age 100 Life Insurance (GPTLC) from American Heritage Life Insurance Company

Amounts shown are subject to the Employer's underwriting offer and may require Evidence of Insurability (EOI)

Riders added to base life coverage where available

Issue Age: 18-55

Total Disability Payor Waiver of Premium - Terminates at insured's attained age 60. Not available on certificate coverage purchased for a child.

Issue Age: 18-75

Accelerated Death Benefit for Terminal Illness

Issue Age: 18-70

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits - Also includes the Non-Forfeiture Credit.

Initial Death Benefit ¹	Level Premium Rates (to age 100) for Eligible Employees • Monthly (12Xs/Year) • Tobacco						
	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
Issue Age	Premium	Premium	Premium	Premium	Premium	Premium	
18	Issue age 18 will always be issued Nontobacco.						
19	\$9.82	\$19.65	\$29.46	\$39.28	\$49.11	\$58.94	
20	\$10.32	\$20.65	\$30.98	\$41.30	\$51.63	\$61.95	
21	\$10.82	\$21.61	\$32.42	\$43.23	\$54.03	\$64.84	
22	\$11.33	\$22.67	\$34.00	\$45.32	\$56.66	\$67.99	
23	\$11.86	\$23.71	\$35.57	\$47.43	\$59.28	\$71.14	
24	\$12.41	\$24.80	\$37.21	\$49.61	\$62.01	\$74.42	
25	\$12.93	\$25.86	\$38.79	\$51.71	\$64.65	\$77.57	
26	\$13.37	\$26.73	\$40.10	\$53.47	\$66.83	\$80.20	
27	\$13.91	\$27.83	\$41.74	\$55.65	\$69.56	\$83.48	
28	\$14.46	\$28.93	\$43.38	\$57.83	\$72.30	\$86.76	
29	\$15.03	\$30.06	\$45.09	\$60.11	\$75.14	\$90.17	
30	\$15.60	\$31.20	\$46.79	\$62.39	\$77.98	\$93.59	
31	\$16.14	\$32.29	\$48.44	\$64.58	\$80.72	\$96.86	
32	\$16.74	\$33.47	\$50.20	\$66.94	\$83.67	\$100.41	
33	\$17.35	\$34.69	\$52.04	\$69.39	\$86.73	\$104.09	
34	\$18.04	\$36.10	\$54.14	\$72.19	\$90.24	\$108.29	
35	\$18.80	\$37.58	\$56.37	\$75.16	\$93.95	\$112.75	
36	\$20.19	\$40.38	\$60.57	\$80.76	\$100.95	\$121.15	
37	\$22.03	\$44.06	\$66.09	\$88.12	\$110.15	\$132.17	
38	\$23.93	\$47.86	\$71.80	\$95.73	\$119.66	\$143.59	
39	\$25.89	\$51.81	\$77.70	\$103.60	\$129.50	\$155.41	
40	\$27.83	\$55.65	\$83.48	\$111.30	\$139.13	\$166.96	
41	\$30.37	\$60.73	\$91.10	\$121.44	\$151.81	\$182.18	
42	\$33.24	\$66.51	\$99.75	\$133.00	\$166.25	\$199.51	
43	\$36.08	\$72.15	\$108.22	\$144.28	\$180.36	\$216.44	
44	\$39.02	\$78.06	\$117.08	\$156.10	\$195.12	\$234.16	
45	\$41.87	\$83.74	\$125.61	\$167.48	\$209.35	\$251.22	
46	\$44.98	\$89.95	\$134.93	\$179.90	\$224.88	\$269.86	
47	\$48.57	\$97.13	\$145.70	\$194.25	\$242.82	\$291.38	
48	\$52.31	\$104.60	\$156.91	\$209.21	\$261.51	\$313.82	
49	\$56.18	\$112.35	\$168.53	\$224.70	\$280.88	\$337.05	
50	\$60.04	\$120.10	\$180.14	\$240.19	\$300.24	\$360.29	

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Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits - Also includes the Non-Forfeiture Credit.

Initial Death Benefit ¹	Level Premium Rates (to age 100) for Eligible Employees • Monthly (12Xs/Year) • -Tobacco							
	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000		
Issue Age	Premium	Premium	Premium	Premium	Premium	Premium		
51	\$65.25	\$130.51	\$195.76	\$261.02	\$326.27	\$391.52		
52	\$70.75	\$141.49	\$212.24	\$282.98	\$353.72	\$424.47		
53	\$76.51	\$153.04	\$229.55	\$306.08	\$382.59	\$459.12		
54	\$81.66	\$163.33	\$244.98	\$326.63	\$408.30	\$489.96		
55	\$86.45	\$172.90	\$259.35	\$345.81	\$432.25	\$518.71		
56‡	\$88.65	\$177.30	\$265.94	\$354.58	\$443.23	\$531.88		
57‡	\$94.69	\$189.37	\$284.06	\$378.75	\$473.43	\$568.13		
58‡	\$100.63	\$201.25	\$301.88	\$402.50	\$503.13	\$603.75		
59‡	\$107.48	\$214.96	\$322.44	\$429.92	\$537.40	\$644.88		
60‡	\$114.44	\$228.87	\$343.32	\$457.75	\$572.19	\$686.63		
61‡	\$123.31	\$246.63	\$369.94	\$493.25	\$616.56	\$739.88		
62‡	\$133.05	\$266.08	\$399.13	\$532.17	\$665.21	\$798.25		
63‡	\$142.73	\$285.46	\$428.19	\$570.92	\$713.65	\$856.38		
64‡	\$152.71	\$305.41	\$458.13	\$610.84	\$763.54	\$916.25		
65‡	\$162.44	\$324.88	\$487.32	\$649.75	\$812.19	\$974.63		
66‡	\$178.02	\$356.04	\$534.06	\$712.08	\$890.10	\$1,068.13		
67‡	\$194.29	\$388.58	\$582.88	\$777.17	\$971.46	\$1,165.75		
68‡	\$210.63	\$421.25	\$631.88	\$842.50	\$1,053.12	\$1,263.75		
69‡	\$226.81	\$453.63	\$680.44	\$907.25	\$1,134.06	\$1,360.88		
70‡	\$243.04	\$486.09	\$729.12	\$972.17	\$1,215.21	\$1,458.26		

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The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. Product features and availability vary by state and are solely the responsibility of American Heritage Life Insurance Company.

Group Term to Age 100 Life Insurance

Financial protection
for those you
love most



Think About This



44% of people would feel a financial impact within six months of losing their household's primary wage earner. 28% said they would be affected within just one month[†]

More than 40% of Americans with life insurance coverage wish they had purchased their policies at a younger age[‡]



Over half of U.S. households rely on dual incomes (54%), and, for many, losing one income could be devastating to household finances^{††}

Dealing with an unexpected death is difficult enough – you don't want to leave behind overwhelming financial obligations as well. With Group Term Life Insurance coverage, your family can still realize all the goals and dreams you shared together.

Here's How It Works

- Select the coverage that's right for you and your family
- Then if you pass away, your beneficiary files a claim
- A lump-sum cash benefit payable by direct deposit or check can be used however they wish*

Protecting Your Finances

With planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Consult with your tax advisor for specifics



**Protecting insureds
for over 60 years**

Meeting Your Needs

- Guaranteed minimum death benefit is level for 5 years¹
- Premiums are affordable and remain level to age 100 unless you make changes to your coverage
- Spouse and children may be covered^{*,2}

Coverage offered to the employees of:

[†]2020 Insurance Barometer Study, LIMRA. ^{††}U.S. Bureau of Labor Statistics, *Consumer Expenditure Survey*, *ibid*. *Please refer to the Exclusions and Limitations section of this brochure. ¹Current non-guaranteed death benefit is projected to remain level to age 100. ²Coverage for spouse and children may be limited to a percentage of the employee's face amount in some states.



403(b) Retirement Plans

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

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

How a 403(b) Works

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

Benefits

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

Contribution Limits

2026

\$24,500

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

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



457(b) RETIREMENT PLAN



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

PLAN HIGHLIGHTS

Multiple Investment Options

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

ROTH (After-Tax) Option

Loan availability (subject to balance)

Rollovers/Transfers

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

No Front-End or Deferred Sales Charges



ENROLL ONLINE

Go to www.tcgservices.com

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

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

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

Vast Learning Center located at
www.tcgservices.com

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

Service from your FFGA Account Rep
Dedicated email address: FFinvest@ffga.com

COBRA

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

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

COBRA Highlights

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

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

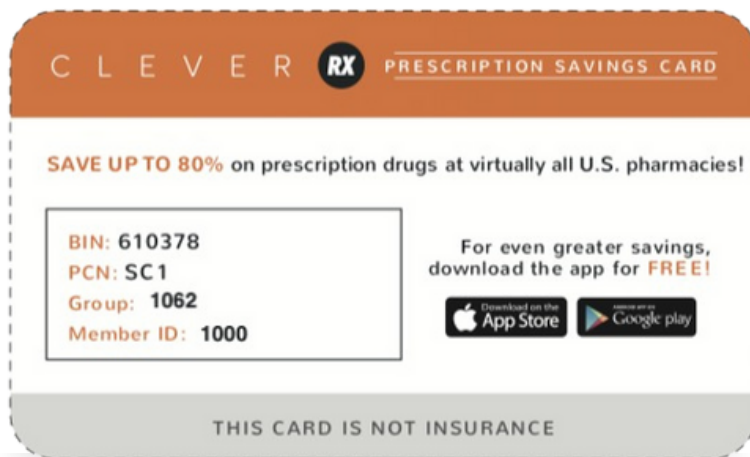


Clever RX

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

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

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



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

Clever RX Highlights

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

Contact Information

Lampasas ISD Benefits Office

207 W 8th Street
Lampasas, Texas 76550
512-556-6624
www.lampasas.org

Cody Tarver, Sr. Account Administrator

903-258-4728 | Cody.Tarver@ffga.com

Product	Carrier	Website	Phone
Medical	TRS	www.bcbstx.com/trsactivecare	866-355-5999
Dental	Ameritas	www.ameritas.com	800-487-5553
Vision	EyeMed	www.eyemedvisioncare.com	888-581-3648
FSA and Dependent Care	FFGA	www.ffga.com	866-853-3539
HSA	FFGA	www.ffga.com	866-853-3539
Term Life and AD&D	Blue Cross Blue Shield	www.bcbstx.com/ancillary	877-442-4207
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Disability	American Fidelity	www.americanfidelity.com	800-654-8489
Cancer	American Fidelity	www.americanfidelity.com	800-654-8489
Cancer	MetLife	www.metlife.com	800-438-6388
Critical Illness	AFLAC	www.aflacgroupinsurance.com	800-433-3036
Accident	AFLAC	www.aflacgroupinsurance.com	800-433-3036
Hospital Indemnity	AFLAC	www.aflacgroupinsurance.com	800-433-3036
Term Life	American Fidelity	www.americanfidelity.com	800-654-8489
COBRA	FFGA	www.ffga.com	800-523-8422 opt 4
Prescription Discount	Clever RX	www.partnert.cleverrx.com/ffga	800-873-1195