



EMPLOYEE SUPPLEMENTAL BENEFIT GUIDE

EFFECTIVE 9/1/2010



Welcome

San Angelo ISD and First Financial Group of America would like to take this opportunity to present to you the benefit information for the 2019/2020 plan year. This information has been created to bring forth a brief overview of your benefit choices as well as offer you a reference guide when questions arise regarding your insurance plans. Please take the time to look over this information to familiarize yourself with the benefits that are provided to you as an employee of SAISD.

[Important Information for 2019/2020](#)

[Open Enrollment for the 2019/2020 Plan Year for Supplemental Benefits](#)

- Open enrollment will be held 4/15/2019 – 5/10/2019. First Financial representatives will be in the district to assist in the enrollment process.
- Every employee must meet with a First Financial representative.

[Other Information for the 2019/2020 Plan Year](#)

- The annual maximum for Medical Reimbursement is \$2,700.00 (\$225.00 per month).
- The annual maximum for Dependent Care Reimbursement is \$5,000.00 (\$416.67 per month).
- The annual maximum allowable for Health Savings Accounts is \$3,500.00 for an individual or \$7,000.00 for a family.
- The annual contribution amount for 403(b)'s is \$19,000.00.
- The annual contribution amount for 457's is \$19,000.00.
- If an individual is 50 years of age or older, the IRS allows an additional \$6,000.00 catch-up provision for 403(b)'s and 457's.
- You can access your Flexible Spending Account online. (You must setup a login/password to access your account).
- All SAISD employees are eligible to participate in and make contributions to a 403(b) as well as a 457. Contact your Account Representative, Laura Pack, at laura.pack@ffga.com or contact First Financial's Retirement Services Department with questions regarding your account or how to set up an account.

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SAN ANGELO ISD ANNUAL ENROLLMENT

During the annual enrollment period **each employee is required to meet with a First Financial representative**. Employees will have the opportunity to review, change or continue benefit elections each year.

- Employees must review their personal information and verify that dependents they wish to provide coverage for are included in the dependent profile. Additionally, you must notify your employer of any discrepancy in personal and/or benefit information.
- Employees must confirm on each benefit screen (medical, dental, vision, etc.) that each dependent to be covered is selected in order to be included in the coverage for that particular benefit. **Social Security numbers and full legal name of dependents will be required for coverage.**

Changes are not permitted during the plan year unless a qualifying event occurs.

SAN ANGELO ISD SECTION 125 CAFETERIA PLAN GUIDELINES

A Section 125 Flexible Benefit Plan (cafeteria plan) allows you, the employee, to select from a list of available benefits that will meet your family's benefit needs. Certain benefit premiums are deducted from your gross earnings before federal withholding taxes are calculated. The amount you elect to have deducted "pre-tax" actually lowers your taxable income. By implementing this plan, your employer is helping you reduce your taxes and increase your take home pay. The example below illustrates how the cafeteria plan can work for you.

	With Section 125	Without Section 125
Monthly Salary	\$3,000.00	\$3,000.00
Insurance (Pre-Tax)	(700.00)	n/a
Less Estimated TRS (7.7%)	(231.00)	(231.00)
Taxable Gross Income	\$2,069.00	\$2,769.00
Federal Income Taxes (20%)	(413.80)	(553.80)
Insurance (After Tax)	(75.00)	(775.00)
Take Home Pay	\$1,580.20	\$1,440.20

Pre-tax enrollment is automatic unless you decline this benefit. Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 31 days of your qualifying event and meet with your Benefit/HR Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

Changes in Status (CIS):	Qualifying Events:
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee that affects the individual's eligibility under an employer's plan (includes commencement or termination of employment).
Gain/Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan (may include change in age, student, marital, employment or tax dependent status).
Judgment/Decree/Order	If a judgment, decree, or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Eligibility for Government Programs	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.
Purchase of a Health Plan Through a Competitive Marketplace	Purchase of a Qualified Health Plan through a competitive marketplace established under §1311 of the Patient Protection and Affordable Care Act, commonly referred to as an Exchange or a Health Insurance Marketplace.

SAN ANGELO ISD NEW HIRE ENROLLMENT

Health Insurance: All new hire enrollment elections for TRS-ActiveCare Health Insurance must be completed by going into the First Financial Group online enrollment system **within the first 31 days of employment**. Failure to complete health insurance elections during this timeframe will result in the forfeiture of coverage.

Supplemental Benefits: You can review the available optional/supplemental benefits in this booklet or by going to the First Financial Group website to request additional information. In order to enroll in any of these optional/supplemental benefit plans, **you MUST contact a First Financial Group representative**.

SAN ANGELO ISD EMPLOYEE ELIGIBILITY REQUIREMENTS

Supplemental Benefits: Eligible employees must work 20 or more regularly scheduled hours each work week.

Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date.

For example, if your 2019-2020 benefits become effective on September 1, 2019, you must be actively at work on September 1, 2019 to be eligible for your new benefits.

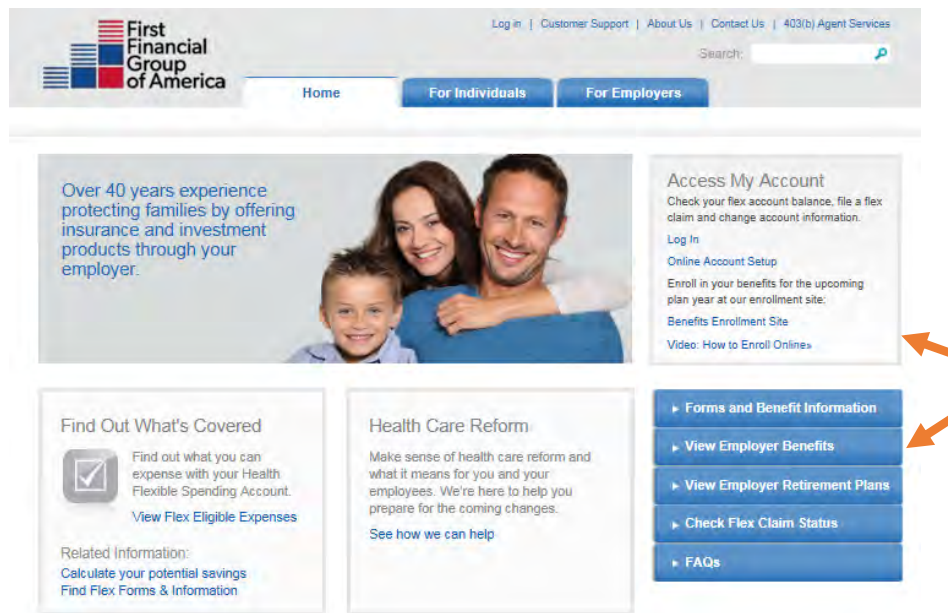
SAN ANGELO ISD DEPENDENT ELIGIBILITY REQUIREMENTS

Dependent Eligibility: You can cover eligible dependent children under a benefit that offers dependent coverage, provided you participate in the same benefit, up to 26 years of age (varies by plan).



ON-LINE BENEFIT ENROLLMENT

For benefit information and to enroll go to: <http://www.ffga.com/home.aspx>



First Financial Group's website (as shown above) contains links where you can view benefits, access forms, and enroll in any of the optional plans you choose.

Also included on the website is a video that shows you how to enroll on-line.

SAN ANGELO ISD

Dental Highlight Sheet



Low Plan: Dental Plan Summary

Policy# 42264 Effective Date: 9/1/2019

Plan Benefit	
Type 1	100%
Type 2	50%
Deductible	\$50/Calendar Year Type 2 Waived Type 1 3 Family Maximum
Maximum (per person)	\$750 per calendar year
Allowance	U&C
Waiting Period	None

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

Type 1	Type 2
- Routine Exam (2 per benefit period) - Bitewing X-rays (1 per benefit period) - Full Mouth/Panoramic X-rays (1 in 5 years) - Cleaning (2 per benefit period) - Fluoride for Children 13 and under (1 per benefit period) - Sealants (age 16 and under)	- Periapical X-rays - Space Maintainers - Restorative Amalgams - Restorative Composites (anterior and posterior teeth) - Periodontics (nonsurgical) - Simple Extractions - Complex Extractions - Anesthesia

Monthly Rates

Employee Only (EE)	\$20.68
EE + 1 Dependent	\$41.36
EE + 2 or more Dependents	\$68.24

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of SAN ANGELO ISD. At Ameritas Group, 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.

Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

SAN ANGELO ISD

Dental Highlight Sheet



High Plan: Dental Plan Summary

Policy# 42264 Effective Date: 9/1/2019

Plan Benefit	
Type 1	100%
Type 2	50%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	U&C
Waiting Period	None

Orthodontia Summary - Adult and Child Coverage

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

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

Type 1	Type 2	Type 3
- Routine Exam (2 per benefit period) - Bitewing X-rays (1 per benefit period) - Full Mouth/Panoramic X-rays (1 in 5 years) - Cleaning (2 per benefit period) - Fluoride for Children 13 and under (1 per benefit period) - Sealants (age 16 and under)	- Periapical X-rays - Space Maintainers - Restorative Amalgams - Restorative Composites (anterior and posterior teeth) - Periodontics (nonsurgical) - Simple Extractions - Complex Extractions - Anesthesia	- Onlays - Crowns (1 in 8 years per tooth) - Crown Repair - Endodontics (nonsurgical) - Endodontics (surgical) - Periodontics (surgical) - Denture Repair - Implants - Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)

Monthly Rates

Employee Only (EE)	\$31.62
EE + 1 Dependent	\$63.24
EE + 2 or more Dependents	\$104.34

Ameritas Information

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Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

SAN ANGELO ISD

Dental Highlight Sheet



Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice.

California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Pretreatment

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

Dental Cost Estimator

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

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

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

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

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

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Language Services

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

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

Eyetopia Benefits	
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.	
Benefit One ² (choose either one of the following 2 options every 12 months):	Co-pay ¹
1. Refractive Exam. One routine Vision Exam.	\$10.00
2. \$45 allowance toward a medical eye exam copay or other services or materials. ²	None
Benefit Two (choose only one of the following Vision Correction Options): Eyetopia provides you with 3 options for correcting your vision every 12 months. ³	
1a. Prescription Lenses (Not using an Eyetopia Lab) ⁴	Co-pay ¹
Standard Prescription Lenses – covered 100%	\$20.00
◆ Non-coated CR-39 plastic single vision, bifocal, trifocal. Progressive no-line lenses (PAL) are covered up to \$120.00.	
◆ Polycarbonate upgrade ⁶	\$35.00
◆ Basic Anti-Reflective Coating (Ultra Violet Protection & Scratch Resistant Coating)	\$25.00
◆ Mid-Range Anti-Reflective Coating	\$65.00
◆ Premium Anti-Reflective Coating (Upgrade see Note 4)	Note 4
1b. Prescription Lenses from an Eyetopia Lab ^{4,5}	
◆ Eyetopia Labs Standard single vision or bifocal flat top 28 lenses with premium Anti-Reflective Coating. ⁵	\$20
◆ Eyetopia Labs Polycarbonate upgrade (adults) ⁶	\$35.00
◆ Eyetopia Labs polycarbonate lenses for child dependents (under age 26).	None
◆ Eyetopia Labs high definition PAL or free form SV in CR-39 with a premium anti-reflective coating. ⁵	\$65.00
◆ Eyetopia Labs premium blue light blocking, high definition PAL or SV in CR-39 with premium AR coating. ⁵	\$105.00
Additional upgrade for lenses from any lab source:	
• Tint (Solid and Gradient)	\$12.00
◆ Frame: The member may select any frame on display. Eyetopia provides an allowance of \$120.00 to be applied toward the frame selected. The member pays any amount exceeding the \$120.00 allowance.	None
2. Contact Lens Option: ⁷ Eyetopia provides a \$145.00 allowance to be applied toward prescription contact lenses.	
◆ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses.	\$20.00
◆ Medically necessary spectacle or contact lenses - \$400.00 total allowance. ⁸	None
3. Refractive Surgery Option. ⁹ You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia provides a \$350.00 per eye with contracted surgeons or a \$75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care, for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	None

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

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

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

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

⁵ Members can upgrade from standard non-coated lens to an Eyetopia Labs premium coated lenses at no charge. They can upgrade to an Eyetopia labs high definition PAL or high definition single vision in CR-39 plastic for an additional \$65.00. A \$105.00 co-pay applies to premium blue light resistance lenses.

⁶ Adult plan Members are charged a polycarbonate upgrade fee.

⁷ If the contact lens exam or "fitting" is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens fitting before another vision correction benefit option can be used.

⁸ The Participating Provider must pre-authorize medical necessity.

⁹ Non-covered Items and Exclusions – Facility fees, medications and enhancements or treatments related to complications. Access to surgeons must come by referral from a Primary Eye Care Provider who provides pre and post-op care and counseling.

Exclusions & Limitations

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

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

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



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Employee	\$10
Empl + 1	\$17
Family	\$24

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

Eyetopia Benefits	
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.	
BENEFIT ONE ² (choose either one of the following 2 options every 12 months):	Co-pay ¹
1. Refractive Exam. One routine Vision Exam.	\$5.00
2. \$65 allowance toward medical eye exam co-pay or other services or materials. ²	None
BENEFIT TWO (choose only 1 of the following Vision Correction Options) Eyetopia provides you with 3 options for correcting your vision every 12 months. ³	
1a. Prescription Lenses (Not using an Eyetopia Lab) ³ Single vision, bifocal or trifocal lenses in polycarbonate, Trivex®, 1.60 or 1.67 index plastic that also include a basic anti-reflective coating are covered 100%. Progressive no-line lenses (PAL) are covered up to \$120.00.	Co-pay ¹ None
• Mid-Range Anti-Reflective Coating • Premium Anti-Reflective Coating (Upgrade See Note 4) ⁴	\$65.00 Note 4
1b. Prescription Lenses from an Eyetopia Lab Bi-focal, Tri-focal, high definition single vision or Progressive (no line) lenses in polycarbonate, Trivex®, 1.60 or 1.67 index plastic with a mid-range ⁵ one year warranted anti-reflective coating are covered 100%.	None
• Eyetopia Labs premium blue light blocking, high definition with premium anti-reflective coating.	\$50.00
Additional upgrade for lenses from any lab source: • Tint (Solid and Gradient)	\$12.00
♦ Frame: The member may select any frame on display. Eyetopia provides an allowance of \$150.00 to be applied toward the frame selected. The member pays any amount exceeding the \$150.00 allowance.	None
2. Contact Lens Option Eyetopia provides a \$250.00 allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶	None
♦ Medically necessary spectacle or contact lenses - \$400.00 total allowance ⁷	None
3. Refractive Surgery Option. ⁸ You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia provides a \$500.00 per eye with contracted surgeons or a \$125.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care, for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	None

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

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

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

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

⁵ The charge for a premium anti-reflective coating is a \$65 co-pay plus the difference of the retail price of the mid-range anti-reflective coating and the premium coating.

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

⁷ The Participating Provider must pre-authorize medical necessity.

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

Exclusions & Limitations

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

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

Employee	\$20
Empl + 1	\$37
Family	\$52



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

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

High Plan: Focus® Plan Summary

Policy# 42264 Effective Date: 9/1/2019

	VSP Choice Network + Affiliates	Out of Network
Deductibles	\$0 Exam \$0 Eye Glass Lenses or Frames* Covered in full	\$0 Exam \$0 Eye Glass Lenses or Frames Up to \$45
Annual Eye Exam		
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$180	Up to \$145
Medically Necessary	Covered in full	Up to \$210
Frames	\$180**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco allowance will be the wholesale equivalent.

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Solid Plastic Dye	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

LASIK Advantage®

Benefits	Year 1	Year 2	Year 3
	\$700 [\$350 per eye]	\$700 [\$350per eye]	\$1400 [\$700 per eye]

SoundCareSM Benefits

	Year 1	Year 2	Year 3
Hearing Exam Benefit	\$75	\$75	\$75
Materials Benefit for Both Ears	\$800	\$1200	\$1600
Maintenance Benefit	\$40	\$40	\$40

Monthly Rates

Employee Only (EE)	\$18.72
EE + 1 Dependent	\$36.64
EE + 2 or more Dependents	\$50.16

Low Plan: Focus® Plan Summary

Policy# 42264 Effective Date: 9/1/2019

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$10 Exam	\$10 Exam
	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
	Covered in full	Up to \$45
Annual Eye Exam		
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frames	\$150**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco allowance will be the wholesale equivalent.

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
	\$33 adults	
Solid Plastic Dye	\$15	No benefit
	(except Pink I & II)	
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

LASIK Advantage®

Benefits	Year 1	Year 2	Year 3
	\$350 [\$175 per eye]	\$350 [\$175per eye]	\$700 [\$350 per eye]

SoundCareSM Benefits

	Year 1	Year 2	Year 3
Hearing Exam Benefit	\$75	\$75	\$75
Materials Benefit for Both Ears	\$200	\$600	\$800
Maintenance Benefit	\$40	\$40	\$40

Monthly Rates

Employee Only (EE)	\$9.36
EE + 1 Dependent	\$17.88
EE + 2 or more Dependents	\$25.10

Additional Focus® Choice Network Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact lens fit & follow up exam allowance, the cost of the fitting and evaluation is deducted from the contact allowance.
Additional Glasses	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
Frame Discount	VSP offers a 20% discount off the remaining balance in excess of the frame allowance.
Laser VisionCare	VSP offers an average discount of 15% on LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Retail Chain Affiliate Providers Available With Focus Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritas.com/member

View plan benefit information at: vsp.com

Section 125

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

Language Services

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

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

AMERICAN FIDELITY
ASSURANCE COMPANY'S

Long-Term Disability Income Insurance

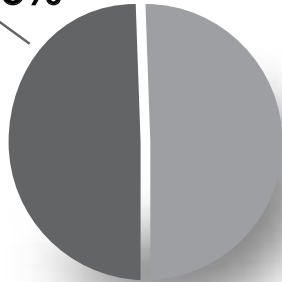


Plan Designed Specifically For:
SAN ANGELO ISD

Why Do You Need Disability Income Protection?

Disability causes nearly 50% of all mortgage foreclosures¹.

Disability nearly causes 50%



Are You Prepared If You Become Disabled?

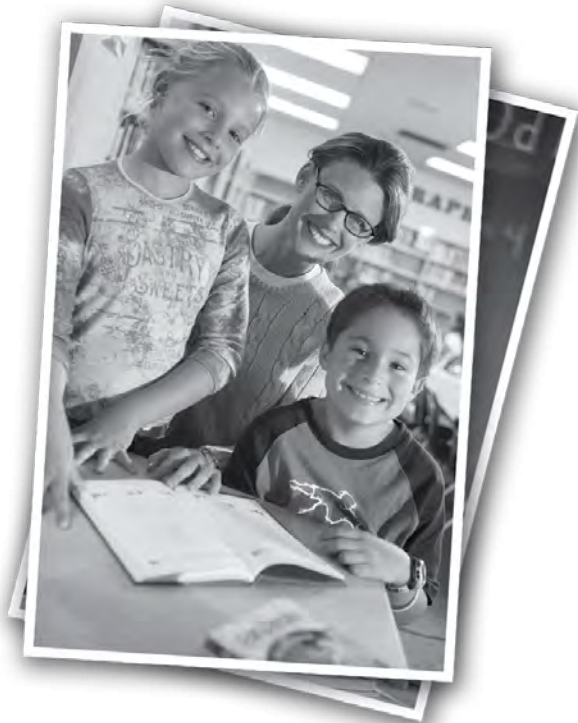
If your paycheck suddenly stopped today, what would you do? 68% of Americans are now living paycheck to paycheck². The consequence of suffering a disabling Injury or Sickness could be a financial concern. And with research showing about 1 in 4 working Americans will become disabled for at least 90 days³, American Fidelity's Disability Income Insurance may help you avoid becoming another statistic.

Is Disability Insurance Right For You?

A Disability Plan is designed to offer income protection when you are disabled and cannot work. Consider it Insurance on your Income! If you become disabled due to a covered Injury or Sickness, disability income insurance will pay you a monthly income based on your covered benefit amount, once you satisfy your elimination period.

Plan benefits are paid directly to you and can be used however you'd like.

Help Protect Your Paycheck Today with American Fidelity's Disability Income Insurance!



¹"Preparing for Disability." Council for Disability Awareness. Web. 10 Oct. 2013

² Reuters. "More than two-thirds in U.S. live paycheck to paycheck: survey," September 19, 2012

³ Council for Disability Awareness: Disability Statistics, July 2013

Plan Highlights

- Benefits are paid directly to you, not to a doctor or your employer.
- Convenient payroll deduction.
- Benefit payments may be directly deposited into your bank account.
- Benefits paid due to a covered Injury or Sickness.
- Several benefit plan options are available.
- You choose the best plan for you!

VALUABLE BENEFITS INCLUDE:

- Benefits Payable Year-Round
- Donor Benefit
- Social Security Filing Assistance
- Waiver Of Premium
- Return To Work Benefit
- Physician Expense Benefit
 - Injury - \$100.00
 - Sickness - \$50.00
- Hospital Confinement Benefit
- Accidental Death Benefit

Choose The Plan For You

BENEFITS BEGIN

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

BENEFITS ARE PAYABLE

Up to the period of time shown in the table below, based on your age as of the date of Disability due to a covered Injury or Sickness begins.

Age	Maximum Benefit Period
59 or younger	to age 65
60 through 64	5 years
65 through 68	to age 70
69 or older	1 year

Benefit 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 regular monthly salary. Your monthly salary is defined as your annual compensation divided by 12.

			MONTHLY PREMIUMS					
Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Plan I 1st/8th	Plan II 15th	Plan III 31st	Plan IV 61st	Plan V 91st	Plan VI 151st
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$8.24	\$5.88	\$4.72	\$4.00	\$3.36	\$2.52
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$12.36	\$8.82	\$7.08	\$6.00	\$5.04	\$3.78
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$16.48	\$11.76	\$9.44	\$8.00	\$6.72	\$5.04
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$20.60	\$14.70	\$11.80	\$10.00	\$8.40	\$6.30
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$24.72	\$17.64	\$14.16	\$12.00	\$10.08	\$7.56
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$28.84	\$20.58	\$16.52	\$14.00	\$11.76	\$8.82
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$32.96	\$23.52	\$18.88	\$16.00	\$13.44	\$10.08
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$37.08	\$26.46	\$21.24	\$18.00	\$15.12	\$11.34
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$41.20	\$29.40	\$23.60	\$20.00	\$16.80	\$12.60
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$45.32	\$32.34	\$25.96	\$22.00	\$18.48	\$13.86
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$49.44	\$35.28	\$28.32	\$24.00	\$20.16	\$15.12
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$53.56	\$38.22	\$30.68	\$26.00	\$21.84	\$16.38
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$57.68	\$41.16	\$33.04	\$28.00	\$23.52	\$17.64
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$61.80	\$44.10	\$35.40	\$30.00	\$25.20	\$18.90
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$65.92	\$47.04	\$37.76	\$32.00	\$26.88	\$20.16
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$70.04	\$49.98	\$40.12	\$34.00	\$28.56	\$21.42
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$74.16	\$52.92	\$42.48	\$36.00	\$30.24	\$22.68
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$78.28	\$55.86	\$44.84	\$38.00	\$31.92	\$23.94
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$82.40	\$58.80	\$47.20	\$40.00	\$33.60	\$25.20
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$86.52	\$61.74	\$49.56	\$42.00	\$35.28	\$26.46
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$90.64	\$64.68	\$51.92	\$44.00	\$36.96	\$27.72
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$94.76	\$67.62	\$54.28	\$46.00	\$38.64	\$28.98
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$98.88	\$70.56	\$56.64	\$48.00	\$40.32	\$30.24
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$103.00	\$73.50	\$59.00	\$50.00	\$42.00	\$31.50
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$107.12	\$76.44	\$61.36	\$52.00	\$43.68	\$32.76
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$111.24	\$79.38	\$63.72	\$54.00	\$45.36	\$34.02
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$115.36	\$82.32	\$66.08	\$56.00	\$47.04	\$35.28
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$119.48	\$85.26	\$68.44	\$58.00	\$48.72	\$36.54
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$123.60	\$88.20	\$70.80	\$60.00	\$50.40	\$37.80
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$127.72	\$91.14	\$73.16	\$62.00	\$52.08	\$39.06
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$131.84	\$94.08	\$75.52	\$64.00	\$53.76	\$40.32
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$135.96	\$97.02	\$77.88	\$66.00	\$55.44	\$41.58
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$140.08	\$99.96	\$80.24	\$68.00	\$57.12	\$42.84
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$144.20	\$102.90	\$82.60	\$70.00	\$58.80	\$44.10
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$148.32	\$105.84	\$84.96	\$72.00	\$60.48	\$45.36
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$152.44	\$108.78	\$87.32	\$74.00	\$62.16	\$46.62
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$156.56	\$111.72	\$89.68	\$76.00	\$63.84	\$47.88

Benefit Schedule (con't)

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 regular monthly salary. Your monthly salary is defined as your annual compensation divided by 12.

			MONTHLY PREMIUMS					
Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Plan I 1st/8th	Plan II 15th	Plan III 31st	Plan IV 61st	Plan V 91st	Plan VI 151st
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$160.68	\$114.66	\$92.04	\$78.00	\$65.52	\$49.14
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$164.80	\$117.60	\$94.40	\$80.00	\$67.20	\$50.40
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$168.92	\$120.54	\$96.76	\$82.00	\$68.88	\$51.66
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$173.04	\$123.48	\$99.12	\$84.00	\$70.56	\$52.92
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$177.16	\$126.42	\$101.48	\$86.00	\$72.24	\$54.18
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$181.28	\$129.36	\$103.84	\$88.00	\$73.92	\$55.44
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$185.40	\$132.30	\$106.20	\$90.00	\$75.60	\$56.70
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$189.52	\$135.24	\$108.56	\$92.00	\$77.28	\$57.96
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$193.64	\$138.18	\$110.92	\$94.00	\$78.96	\$59.22
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$197.76	\$141.12	\$113.28	\$96.00	\$80.64	\$60.48
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$201.88	\$144.06	\$115.64	\$98.00	\$82.32	\$61.74
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$206.00	\$147.00	\$118.00	\$100.00	\$84.00	\$63.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$210.12	\$149.94	\$120.36	\$102.00	\$85.68	\$64.26
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$214.24	\$152.88	\$122.72	\$104.00	\$87.36	\$65.52
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$218.36	\$155.82	\$125.08	\$106.00	\$89.04	\$66.78
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$222.48	\$158.76	\$127.44	\$108.00	\$90.72	\$68.04
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$226.60	\$161.70	\$129.80	\$110.00	\$92.40	\$69.30
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$230.72	\$164.64	\$132.16	\$112.00	\$94.08	\$70.56
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$234.84	\$167.58	\$134.52	\$114.00	\$95.76	\$71.82
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$238.96	\$170.52	\$136.88	\$116.00	\$97.44	\$73.08
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$243.08	\$173.46	\$139.24	\$118.00	\$99.12	\$74.34
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$247.20	\$176.40	\$141.60	\$120.00	\$100.80	\$75.60
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$251.32	\$179.34	\$143.96	\$122.00	\$102.48	\$76.86
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$255.44	\$182.28	\$146.32	\$124.00	\$104.16	\$78.12
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$259.56	\$185.22	\$148.68	\$126.00	\$105.84	\$79.38
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$263.68	\$188.16	\$151.04	\$128.00	\$107.52	\$80.64
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$267.80	\$191.10	\$153.40	\$130.00	\$109.20	\$81.90
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$271.92	\$194.04	\$155.76	\$132.00	\$110.88	\$83.16
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$276.04	\$196.98	\$158.12	\$134.00	\$112.56	\$84.42
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$280.16	\$199.92	\$160.48	\$136.00	\$114.24	\$85.68
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$284.28	\$202.86	\$162.84	\$138.00	\$115.92	\$86.94
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$288.40	\$205.80	\$165.20	\$140.00	\$117.60	\$88.20
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$292.52	\$208.74	\$167.56	\$142.00	\$119.28	\$89.46
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$296.64	\$211.68	\$169.92	\$144.00	\$120.96	\$90.72
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$300.76	\$214.62	\$172.28	\$146.00	\$122.64	\$91.98
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$304.88	\$217.56	\$174.64	\$148.00	\$124.32	\$93.24
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$309.00	\$220.50	\$177.00	\$150.00	\$126.00	\$94.50

Plan Features

PHYSICIAN EXPENSE BENEFIT

- Injury - \$100.00
- Sickness - \$50.00

If you need personal treatment by a Physician due to an Injury or Sickness, the expense incurred for such treatment will be paid if a claim for no other benefit is made under the Policy; the expense is not for routine dental or eye care; and the expense is not more than the Physician's Expense Benefit amount shown above. This benefit will be paid for Sickness only if the expense is incurred during one full day of Disability during which you missed one full day of work; and you are personally seen and treated by a Physician. To be eligible for more than one payment for the same or related condition, you must have returned to Active Employment for at least 14 consecutive workdays.

HOSPITAL CONFINEMENT BENEFIT

If you are confined as a Patient in a Hospital due to an Injury or Sickness, a Hospital Confinement Benefit will be paid for each day you are charged room and board up to 60 days. The Hospital Confinement Benefit will be paid in lieu of any other benefit payable under the Policy. The amount payable is the Disability Benefit which will not be reduced by Deductible Sources of Income and will be pro rated based upon the number of days you are hospital confined. The Hospital confinement must be at least 18 continuous hours in duration. The Hospital Confinement Benefit will begin after your satisfaction of the elimination period.

ACCIDENTAL DEATH BENEFIT

The Accidental Death Benefit of \$20,000.00 will be paid if you die as a direct result of an Injury and death occurs within 90 days after the date of the Injury.

If you die and the Accidental Death Benefit applies, such benefit will be increased 1% for each full month that your Certificate was continuously in force just prior to death. The increase shall not be more than 60%.

RETURN TO WORK INCENTIVE BENEFIT

Disabled While Working: We will provide a Disability Payment if you are Disabled and your monthly Disability Earnings, if any, are less than 20% of your Monthly Compensation due to the same Sickness or Injury.

If you are Disabled and your Disability Earnings are greater than 20% of your Monthly Compensation due to the same Sickness or Injury, we will figure your payment as follows:

You will receive payments based on the percentage of Monthly Compensation you are losing due to your Disability computed as follows:

- (a) subtract your Disability Earnings from your Monthly Compensation;
- (b) divide the answer in item (a) by your Monthly Compensation. This is your percentage of lost earnings; and
- (c) multiply your Disability Payment by the answer in item (b).

We will stop payments and your claim will end, if at any time you are no longer Disabled or if your Disability Earnings exceed 80% of your Monthly Compensation or at the end of 1 year, whichever comes first. The Elimination Period cannot be satisfied with days you are Disabled and working.

DONOR BENEFIT

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

WORKSITE ACCOMMODATION

If worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

DIRECT DEPOSIT DISABILITY BENEFITS

In the event you choose the direct deposit option on an approved claim, we will deposit your benefits directly into your bank account at no additional cost. This can accelerate access to your benefits by several days. We also have a toll-free fax that allows you instant transmission of your claim forms to our benefits department.

SOCIAL SECURITY FILING ASSISTANCE

If we determine a Disabled Insured is a likely candidate for Social Security Disability benefits, we can assist you with the application and appeal process.

MENTAL ILLNESS LIMITED BENEFIT

If you are Disabled due to a Mental Illness, regardless of the cause, Disability Payments will be provided for the period of up to 2 years, not to exceed the Maximum Disability Period, as long as:

- (a) you are under the Regular and Appropriate Care of a Physician; and
- (b) you receive medical treatment (mental or medical examination alone will not be considered treatment) from either:
 - (1) a registered specialist in psychiatry;
 - (2) a Physician administering treatment on the advice of a registered specialist in psychiatry who certifies that such treatment is medically necessary; or
 - (3) a Physician, if in our opinion, a specialist in psychiatry is not required to certify that such treatment is medically necessary.

ALCOHOLISM AND DRUG ADDICTION LIMITED BENEFIT

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each Disability will be paid. In no event will benefits be paid for more than 15 days of Disability in any 12-month period. If drug addiction is sustained at the hands of, or while under the Regular and Appropriate Care of a Physician in the course of treatment for Injury or Sickness, it will be covered the same as any other illness.

WAIVER OF PREMIUM

If you become Disabled due to a covered Injury or Sickness and are eligible to receive a Disability Payment, your insurance will be continued without payment of premium. Waiver of Premium will begin the first of the month following:

- (a) your satisfaction of the Elimination Period; or
- (b) 6 months of continuous Disability,

whichever is later, provided premium has been paid from the beginning of Disability to the date Waiver of Premium begins.

Waiver of Premium will continue until:

- (a) the end of your Disability;
- (b) the end of the Maximum Benefit Period;
- (c) the date you are no longer eligible to receive a Disability Payment;
- (d) the date the Policy terminates; or
- (e) the date your employment with the Policyholder or subscribing Employer unit ends,

whichever first occurs. We will require proof on an annual basis that you remain Disabled during said period.

Important Policy Provisions

ELIGIBILITY

All active full-time employees working 20 hours or more per week. Proof of good health may be required by us in order to be eligible for disability coverage. We will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

EFFECTIVE DATE OF COVERAGE

Certificates will become effective the first of the month following the date we approve the application, providing you are on Active Employment and premium has been paid.

IF YOU ARE DISABLED DUE TO A COVERED DISABILITY AND NOT WORKING

Your Disability Payment will be calculated as follows: For the first 36 months Disability Payments are provided, the Disability Payment will be the lesser of your Disability Benefit; or 70% of your Monthly Compensation less any Deductible Sources of Income you receive or are entitled to receive. After 36 months the Disability Payment will be the lesser of the Disability Benefit (as indicated on your application for coverage as approved by us) less any Deductible Sources of Income you receive or are entitled to receive; or 70% of your Monthly Compensation less any Deductible Sources of Income you receive or are entitled to receive. No Disability Payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

DEDUCTIBLE SOURCES OF INCOME WILL INCLUDE

- (a) other group disability income;
- (b) governmental or other retirement system as a result of your Regular Occupation, whether due to disability, normal retirement or voluntary election of retirement benefits;
- (c) United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability;
- (d) sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 60 (Plans I, II, III, and IV), 90 (Plan V), or 150 (Plan VI) calendar days from the Date of Disability;
- (e) State Disability;
- (f) unemployment compensation; and
- (g) workers' compensation law, occupational disease law or any similar act or law.

If we determine that you may qualify for benefits under items (b), (c), or (g) listed above, we may estimate the amount of benefits you may be entitled to receive.

MINIMUM DISABILITY BENEFIT

The Disability Payment payable will be no less than \$100.00 or 10% of the Monthly Disability Benefit, whichever is greater.

COST OF LIVING ADJUSTMENT

The Disability Payment will not be reduced due to a cost of living increase if the increase from a Deductible Source of Income takes effect after the onset of Disability and while benefits are payable under the Policy.

PRE EXISTING CONDITION LIMITATION

A limited benefit up to 1 month's Disability Benefit in any 12-month period will be payable for Disability due to a Pre-Existing Condition. This provision will not apply if you have: (a) gone treatment-free; (b) incurred no expense; (c) taken no medication; and (d) received no diagnosis or advice from a Physician, for 12 consecutive months for such condition(s). Benefits will not be excluded for Disability due to a Pre-Existing Condition, which begins after you have been continuously covered under the policy for 24 months. Any increase in benefits will be subject to this Pre-Existing Condition Limitation. A new Pre-Existing Condition period must be satisfied with respect to any increase applied for and approved by us.

EXCLUSIONS

The Policy does not cover any loss, fatal or non-fatal, which results from:

- (a) intentionally self-inflicted injury while sane or insane;
- (b) an act of war, declared or undeclared;
- (c) Injury sustained or Sickness contracted while in the service of the armed forces of any country;
- (d) committing a felony; or
- (e) penal incarceration. We will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.

LEAVE OF ABSENCE

Your coverage may be continued for up to 1 year during a Leave of Absence approved in writing by your Employer.

TERMINATION OF INSURANCE

Your insurance coverage will end on the earliest of these dates the date you do not meet the Eligibility requirements as defined in the Eligibility paragraph in this brochure; the date you retire; the date you cease to be on Active Employment, except as provided for under the Leave of Absence provision; the end of the last period for which premium has been paid; or the date the Policy is discontinued. If: your coverage ends as a result of your termination of Active Employment; such termination is caused by an Injury or Sickness for which Disability Benefits would be payable; and Disability is established prior to the termination of Active Employment, then: Disability Benefits will be paid as if such termination had not occurred. Termination of the Policy will have no effect on Disability Payments which began before termination. We may end your coverage if you submit a fraudulent claim. Your coverage can be terminated or premiums may be increased on any premium due date with 31 days advance notice.

DEFINITIONS

ACTIVE EMPLOYMENT: Active Employment means you are doing in the usual manner all of the regular duties of your employment on a full-time basis on a scheduled work day and these duties are being done at one of the places of business where you normally do such duties or at some location to which your employment sends you. You will be said to be on Active Employment on a day which is not a scheduled work day only if you are not Disabled and would be able to perform in the usual manner all the regular duties of your employment if it were a scheduled work day.

DISABILITY: Disability or Disabled for the first 24 months of Disability means that you are unable to perform the material and substantial duties of your Regular Occupation. After that, Disability means you are unable to perform the material and substantial duties of any Gainful Occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

DISABILITY EARNINGS: Means the gross monthly earnings you receive while Disabled and working.

DISABILITY PAYMENT: Means your Disability Benefit minus Deductible Sources of Income.

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

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

Disability Insurance Needs Worksheet

Use this worksheet to get a general estimate of how much Disability Income Protection insurance you need. However, you should consult with a financial advisor before buying any insurance products.

MONTHLY INCOME

Your Income \$ _____

Total Monthly Income \$ _____

MONTHLY EXPENSES

Mortgage/Rent \$ _____

Car Payment \$ _____

Utilities \$ _____

Loan/Credit Card Payments \$ _____

Insurance (Home, Auto, Health, Life, etc.) \$ _____

Food/Clothing \$ _____

Child Care/Education \$ _____

Other Expenses \$ _____

Estimated Total Monthly Expenses

Are You Covered?

\$ _____

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a different opinion

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

 **First
Financial
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HOUSTON OFFICE
11811 North Freeway, Suite 900
Houston, Texas 77060
(800) 523-8422



AF™ Group Cancer Insurance

**AMERICAN
FIDELITY** 
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on the fight.

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

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

Did You Know?

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

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

Plan Highlights

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

Cancer Insurance Benefits

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

Example cancer insurance benefits include:



Diagnostic and Prevention

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



Travel Expenses

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

Choose Your Coverage

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

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

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

Monthly Premium

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

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

Plan Benefit Highlights

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Hospital Confinement Benefit Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. Hospital shall not include an institution, or part thereof, used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as a hospice or swing bed; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

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

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

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

Plan Benefit Highlights

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

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

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

Donor Benefit Blood donor expenses are not covered.

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

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

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

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

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

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

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

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

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

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

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

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

Exclusions We will not pay benefits resulting from or caused by:
 (a) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
 (b) alcoholism or drug addiction;
 (c) war or acts of war, declared or undeclared, while serving in the military or an auxiliary unit thereto;
 (d) military service for any country at war;
 (e) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or
 (f) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.)

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

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



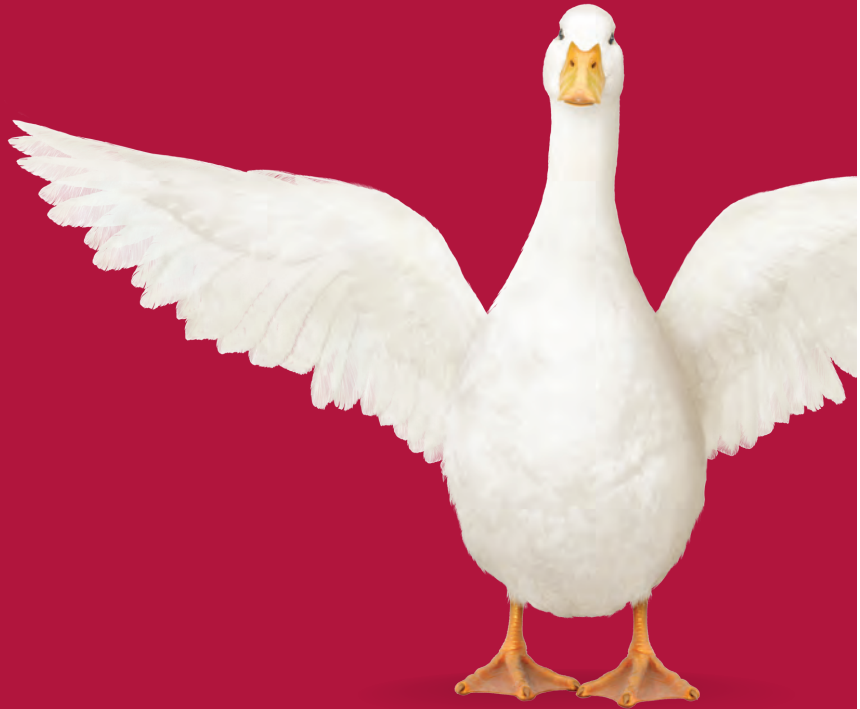
American Fidelity Assurance Company
 9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
 800-662-1113 • americanfidelity.com

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

Aflac Group Critical Illness Advantage

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

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



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



We've got you under our wing.®

AGC1700459

IV (3/17)

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

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

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

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

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

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

What you need, when you need it.

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



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

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

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

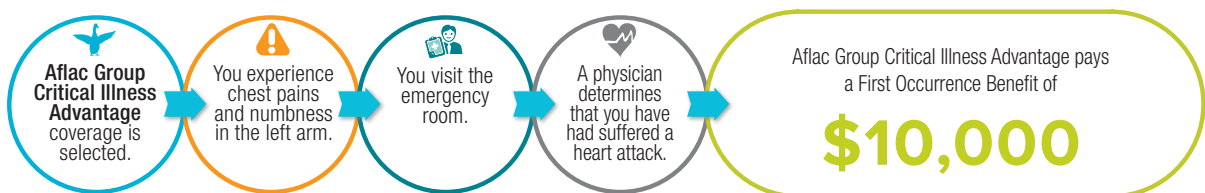
The Aflac Group Critical Illness plan benefits include:

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

Features:

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

How it works



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

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

Benefits Overview

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	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.	
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.	

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.

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.

COVERED HEALTH SCREENING TESTS INCLUDE:

- | | |
|---|---|
| <ul style="list-style-type: none">• Blood test for triglycerides• Bone marrow testing• Breast ultrasound• CA 15-3 (blood test for breast cancer)• CA 125 (blood test for ovarian cancer)• CEA (blood test for colon cancer)• Chest X-ray• Colonoscopy• DNA stool analysis• Fasting blood glucose test• Flexible sigmoidoscopy | <ul style="list-style-type: none">• Hemocult stool analysis• Mammography• Pap smear• PSA (blood test for prostate cancer)• Serum cholesterol test to determine level of HDL and LDL• Serum protein electrophoresis (blood test for myeloma)• Spiral CT screening for lung cancer• Stress test on a bicycle or treadmill• Thermography |
|---|---|

OPTIONAL BENEFITS RIDER

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

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

PROGRESSIVE DISEASE RIDER:

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

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

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.

SPECIFIED DISEASES RIDER (These benefits will be paid based at 25% of the face amount in effect on the critical illness date of diagnosis.)

Addison's disease, Cerebral palsy, Cystic fibrosis, Diphtheria, Encephalitis, Huntington's chorea, Legionnaires' disease, Malaria, Meningitis (bacterial), Muscular dystrophy, Myasthenia gravis, Necrotizing fasciitis, Osteomyelitis, Polio, Rabies, Scleroderma, Sick cell anemia, Systemic lupus, Tetanus, Tuberculosis, Lou Gehrig's disease, and Multiple sclerosis

CHILDHOOD CONDITIONS RIDER	% OF EMPLOYEE BENEFIT AMOUNT
CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
TYPE 1 DIABETES	50%

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

LIMITATIONS AND EXCLUSIONS

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

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.

TERMS YOU NEED TO KNOW

Bone Marrow Transplant (Stem Cell Transplant) means a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. For a benefit to be payable, a Bone Marrow Transplant (Stem Cell Transplant) must be caused by at least one of the following diseases:

- Aplastic anemia
- Congenital neutropenia
- Severe immunodeficiency syndromes
- Sick cell anemia
- Thalassemia
- Fanconi anemia

- Leukemia
- Lymphoma
- Multiple myeloma

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

Cancer (internal or invasive) is a disease that meets either of the following definitions:

A malignant tumor characterized by:

- The uncontrolled growth and spread of malignant cells, and
- The invasion of distant tissue.

A disease meeting the diagnostic criteria of malignancy, as established by the American Board of Pathology. A pathologist must have examined and provided a report on the histocytologic architecture or pattern of the tumor, tissue, or specimen.

Cancer (internal or invasive) also includes:

- Melanoma that is Clark's Level III or higher or Breslow depth equal to or greater than 0.77mm,
- Myelodysplastic syndrome – RCMD (refractory cytopenia with multilineage dysplasia),
- Myelodysplastic syndrome – RAEB (refractory anemia with excess blasts),
- Myelodysplastic syndrome – RAEB-T (refractory anemia with excess blasts in transformation), or
- Myelodysplastic syndrome – CMML (chronic myelomonocytic leukemia).

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as – Clark's Level I or II,
- Breslow depth less than 0.77mm, or
- Stage 1A melanomas under TNM Staging

Non-Invasive Cancer is a cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

For the purposes of the plan, a Non-Invasive Cancer is:

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

Skin Cancer, as defined in this plan, is not payable under the Non-Invasive Cancer Benefit.

Skin Cancer is a cancer that forms in the tissues of the skin. The following are considered skin cancers:

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

These conditions are not payable under the Cancer (internal or invasive) Benefit.

Cancer, non-invasive cancer, or skin cancer must be diagnosed in one of two ways:

1. Pathological Diagnosis is a diagnosis based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This diagnosis must be made by a certified pathologist and conform to the American Board of Pathology standards.
2. Clinical Diagnosis is based only on the study of symptoms. A clinical diagnosis will be accepted only if:
 - A doctor cannot make a pathological diagnosis because it is medically inappropriate or life-threatening,
 - Medical evidence exists to support the diagnosis, and
 - A doctor is treating you for cancer or carcinoma in situ

Complete Remission is defined as having no symptoms and no signs that can be identified to indicate the presence of cancer.

Civil Union: In Washington DC, Civil Union is defined as a relationship similar to marriage that is recognized by law. In Illinois, a Civil Union is defined as a legal relationship between two persons, of either the same or opposite sex, established pursuant to the Illinois Religious Freedom Protection and Civil Union Act.

Coronary Artery Bypass Surgery means open heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts and where such narrowing or blockage is attributed to coronary artery disease or acute coronary syndrome. This excludes any non-surgical procedure, such as, but not limited to, balloon angioplasty, laser relief, or stents.

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force. In Illinois, critical illness is a sickness or disease that began while the insured's coverage is in force. In South Dakota, critical illness is a disease or a sickness that manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Major Organ Transplant: The date the surgery occurs.
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).

Dependent means your spouse or your dependent child. Spouse is your legal wife or husband, (in Delaware, Illinois, Nevada, Oregon, or Washington DC - or a person who is in a legally recognized domestic partnership, civil union, or similar relationship with you), who is listed on your application. Dependent children are your or your spouse's natural children, step-children, legally adopted children, or children placed for adoption, who are younger than age 26 (in Indiana, this includes children subject to legal guardianship). Newborn children are automatically covered from the moment of birth.

There is an exception to the age-26 limit listed above. This limit will not apply to any dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent (in Arkansas, chiefly dependent) on a parent for support. The employee or the employee's spouse must furnish proof of this incapacity and dependency to the company within 31 days (in Indiana, 120 days) following the dependent child's 26th birthday.

- In South Dakota, this limit will not apply to any child who is incapable of self-sustaining employment and is chiefly dependent upon the insured for support and maintenance.
- In Texas, this limit will not apply to any dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support and maintenance. Dependent Children may also include grandchildren, who are unmarried, under age 26, and if they are your dependents for federal income tax purposes, or if you must provide medical support under an order issued under Chapter 154, Family Code, or enforceable by a court in this state.
- In New Mexico, coverage may be provided for the children of custodial and non-custodial parents.
- In Illinois, coverage of an unmarried dependent child who is under age 30 and who served in the military will not terminate if he/she is an Illinois resident, served as a member of the active or reserve components of any United States Armed Forces branch, and has received a release or discharge (other than a dishonorable discharge). To be eligible for coverage, the eligible dependent must submit to us a form approved by the Illinois Department of Veterans' Affairs stating the date on which the dependent was released from service.

Group Critical Illness Advantage

Texas - Monthly (12pp/yr) Rates

NONTOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.31	\$7.60	\$9.88	\$12.17	\$14.46	\$16.75	\$19.04	\$21.33	\$23.61	\$25.90
30-39	\$6.63	\$10.23	\$13.84	\$17.45	\$21.05	\$24.66	\$28.26	\$31.87	\$35.48	\$39.08
40-49	\$9.87	\$16.72	\$23.56	\$30.41	\$37.26	\$44.11	\$50.95	\$57.80	\$64.65	\$71.50
50-59	\$15.47	\$27.91	\$40.36	\$52.80	\$65.25	\$77.69	\$90.14	\$102.58	\$115.03	\$127.47
60-69	\$23.48	\$43.93	\$64.39	\$84.84	\$105.30	\$125.76	\$146.21	\$166.67	\$187.12	\$207.58

NONTOBACCO - Spouse									
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$5.02	\$6.02	\$7.02	\$8.02	\$9.02	\$10.03	\$11.03	\$12.03	\$13.03
30-39	\$6.34	\$8.00	\$9.66	\$11.32	\$12.98	\$14.64	\$16.30	\$17.96	\$19.62
40-49	\$9.58	\$12.86	\$16.14	\$19.42	\$22.70	\$25.98	\$29.26	\$32.54	\$35.83
50-59	\$15.19	\$21.28	\$27.37	\$33.46	\$39.54	\$45.63	\$51.72	\$57.81	\$63.89
60-69	\$23.24	\$33.35	\$43.46	\$53.58	\$63.69	\$73.80	\$83.91	\$94.02	\$104.13

TOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.16	\$9.30	\$12.44	\$15.57	\$18.71	\$21.85	\$24.99	\$28.13	\$31.27	\$34.40
30-39	\$8.54	\$14.05	\$19.57	\$25.09	\$30.61	\$36.12	\$41.64	\$47.16	\$52.68	\$58.19
40-49	\$13.68	\$24.34	\$34.99	\$45.65	\$56.31	\$66.97	\$77.62	\$88.28	\$98.94	\$109.60
50-59	\$23.00	\$42.98	\$62.96	\$82.93	\$102.91	\$122.89	\$142.87	\$162.85	\$182.83	\$202.80
60-69	\$34.85	\$66.68	\$98.52	\$130.35	\$162.18	\$194.01	\$225.84	\$257.68	\$289.51	\$321.34

TOBACCO - Spouse									
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$5.87	\$7.30	\$8.72	\$10.15	\$11.58	\$13.00	\$14.43	\$15.85	\$17.28
30-39	\$8.25	\$10.87	\$13.48	\$16.10	\$18.71	\$21.33	\$23.94	\$26.56	\$29.17
40-49	\$13.39	\$18.58	\$23.76	\$28.95	\$34.13	\$39.32	\$44.50	\$49.69	\$54.87
50-59	\$22.73	\$32.58	\$42.44	\$52.29	\$62.14	\$72.00	\$81.85	\$91.70	\$101.56
60-69	\$34.62	\$50.42	\$66.22	\$82.02	\$97.81	\$113.61	\$129.41	\$145.21	\$161.01

Base Plan:

-With Cancer Benefit
 -\$100 Health Screening Benefit
 -\$250 Skin Cancer Benefit
 -Without Additional Benefits
 (Loss of Sight, Speech, Hearing)
 (Coma, Burns, Paralysis)

Riders:

-Optional Benefits Rider (BTAP)
 -Progressive Diseases Rider
 -Specified Disease Rider
 -Childhood Conditions Rider

Provisions:

-No Pre-Existing Condition Limitation
 -Add'l Separation Waiting Period: 6 Months
 -Re-Separation Waiting Period: 6 Months
 -Benefit Reduction at Age 70
 -Standard Portability
 -Rate Guarantee: 3 Years

Group Attributes:

-Situs State: TX

Please Note: Premiums shown are accurate as of publication. They are subject to change.

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Product Code: CI170222-143721

Group Critical Illness Advantage

Texas - Semimonthly (24pp/yr) Rates

NONTOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.65	\$3.80	\$4.94	\$6.09	\$7.23	\$8.37	\$9.52	\$10.66	\$11.81	\$12.95
30-39	\$3.31	\$5.12	\$6.92	\$8.72	\$10.53	\$12.33	\$14.13	\$15.94	\$17.74	\$19.54
40-49	\$4.93	\$8.36	\$11.78	\$15.21	\$18.63	\$22.05	\$25.48	\$28.90	\$32.32	\$35.75
50-59	\$7.73	\$13.96	\$20.18	\$26.40	\$32.62	\$38.85	\$45.07	\$51.29	\$57.51	\$63.74
60-69	\$11.74	\$21.97	\$32.19	\$42.42	\$52.65	\$62.88	\$73.11	\$83.33	\$93.56	\$103.79

NONTOBACCO - Spouse									
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.51	\$3.01	\$3.51	\$4.01	\$4.51	\$5.01	\$5.51	\$6.01	\$6.51
30-39	\$3.17	\$4.00	\$4.83	\$5.66	\$6.49	\$7.32	\$8.15	\$8.98	\$9.81
40-49	\$4.79	\$6.43	\$8.07	\$9.71	\$11.35	\$12.99	\$14.63	\$16.27	\$17.91
50-59	\$7.60	\$10.64	\$13.68	\$16.73	\$19.77	\$22.82	\$25.86	\$28.90	\$31.95
60-69	\$11.62	\$16.68	\$21.73	\$26.79	\$31.84	\$36.90	\$41.95	\$47.01	\$52.07

TOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.08	\$4.65	\$6.22	\$7.79	\$9.36	\$10.93	\$12.49	\$14.06	\$15.63	\$17.20
30-39	\$4.27	\$7.03	\$9.79	\$12.54	\$15.30	\$18.06	\$20.82	\$23.58	\$26.34	\$29.10
40-49	\$6.84	\$12.17	\$17.50	\$22.83	\$28.15	\$33.48	\$38.81	\$44.14	\$49.47	\$54.80
50-59	\$11.50	\$21.49	\$31.48	\$41.47	\$51.46	\$61.45	\$71.43	\$81.42	\$91.41	\$101.40
60-69	\$17.43	\$33.34	\$49.26	\$65.17	\$81.09	\$97.01	\$112.92	\$128.84	\$144.75	\$160.67

TOBACCO - Spouse									
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.94	\$3.65	\$4.36	\$5.07	\$5.79	\$6.50	\$7.21	\$7.93	\$8.64
30-39	\$4.13	\$5.43	\$6.74	\$8.05	\$9.36	\$10.66	\$11.97	\$13.28	\$14.59
40-49	\$6.70	\$9.29	\$11.88	\$14.47	\$17.07	\$19.66	\$22.25	\$24.84	\$27.44
50-59	\$11.36	\$16.29	\$21.22	\$26.14	\$31.07	\$36.00	\$40.93	\$45.85	\$50.78
60-69	\$17.31	\$25.21	\$33.11	\$41.01	\$48.91	\$56.81	\$64.71	\$72.61	\$80.51

Base Plan:

-With Cancer Benefit
 -\$100 Health Screening Benefit
 -\$250 Skin Cancer Benefit
 -Without Additional Benefits
 (Loss of Sight, Speech, Hearing)
 (Coma, Burns, Paralysis)

Riders:

-Optional Benefits Rider (BTAP)
 -Progressive Diseases Rider
 -Specified Disease Rider
 -Childhood Conditions Rider

Provisions:

-No Pre-Existing Condition Limitation
 -Add'l Separation Waiting Period: 6 Months
 -Re-Separation Waiting Period: 6 Months
 -Benefit Reduction at Age 70
 -Standard Portability
 -Rate Guarantee: 3 Years

Group Attributes:

-Situs State: TX

Please Note: Premiums shown are accurate as of publication. They are subject to change.

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Aflac Group Hospital Indemnity

INSURANCE

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

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



We've got you under our wing.®

AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



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

Does your major medical insurance cover all of your bills?

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

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

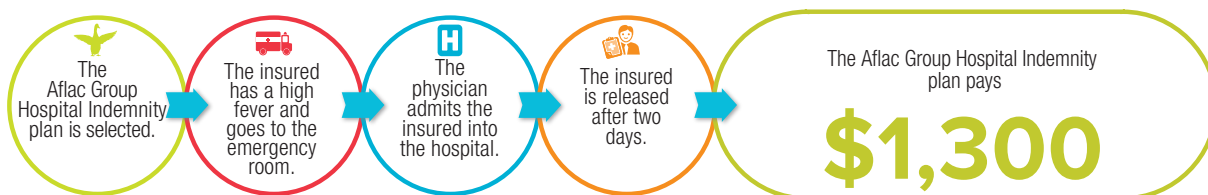
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time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

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit



How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$1,000), and Hospital Confinement (\$150 per day).

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

Benefits Overview

	BENEFIT AMOUNT
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.	\$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.	\$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.	\$150
INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT 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 an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	\$75

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

LIMITATIONS AND EXCLUSIONS

EXCLUSIONS (in Montana: LIMITATIONS)

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
 - In Connecticut: a riot is not excluded.
 - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
 - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
 - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
 - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
 - In Vermont: injuring or attempting to injure oneself intentionally, while sane.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
 - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
 - In Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.

- In South Dakota: voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
 - In South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
 - In Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
 - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
 - Congenital defects in newborns.

TERMS YOU NEED TO KNOW

A Covered Accident is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

Dependent means your spouse or dependent children, as defined in the applicable rider, who have been accepted for coverage. Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Dependent Children are your or your spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption. Newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children are automatically covered for 60 days also. See certificate for details. Dependent children must be younger than age 26 (and in Louisiana, unmarried), however this limit will not apply to any insured dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is chiefly dependent on a parent for support and maintenance.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and: is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made.

In Montana: For purposes of treatment, the insured has full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, licensed social worker, psychologist, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, or advanced practice registered nurse.

A Doctor does not include you or any of your Family Members. For the purposes of this definition, Family Member includes your spouse as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother. In South Dakota, however, a doctor who is your family member may treat you if that doctor is the only

doctor in the area and acts within the scope of his or her practice.

A Hospital is not a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation facility; a facility for the treatment of alcoholism or drug addiction (except in Vermont); an assisted living facility; or any facility not meeting the definition of a Hospital as defined in the certificate.

A Hospital Intensive Care Unit is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a Hospital Intensive Care Unit as defined in the certificate

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury (In Maine, illness or disease of an insured). A Covered Sickness is one that is not excluded by name, specific description, or any other provision in this plan. For a benefit to be payable, loss arising from the covered sickness must occur while the applicable insured's coverage is in force (except in Montana).

Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services (except in Kansas).

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.

NOTICES

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

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

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

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies. This brochure is a brief description of coverage and is not a contract. Benefits, terms, and conditions may vary by state.

This brochure is subject to the terms, conditions, and limitations of Policy Series C80000. In Arkansas, C80100AR. In Oklahoma, C80100OK. In Oregon, C80100OR. In Pennsylvania, C80100PA. In Texas, C80100TX. In Virginia, C80100VA.

AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

Policy Series C80000



HEALTH SCREENING BENEFIT / \$50 PER CALENDAR YEAR

The Health Screening Benefit is payable once per calendar year 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 each insured.

COVERED HEALTH SCREENING TESTS INCLUDE, BUT ARE NOT LIMITED TO:

- | | |
|--|---|
| <ul style="list-style-type: none">• Blood test for triglycerides• Bone marrow testing• Breast ultrasound• CA 15-3 (blood test for breast cancer)• CA 125 (blood test for ovarian cancer)• CEA (blood test for colon cancer)• Chest X-ray• Colonoscopy• DNA stool analysis• Fasting blood glucose test• Flexible sigmoidoscopy• Non-diagnostic vascular screening• Immunization | <ul style="list-style-type: none">• Hemocult stool analysis• Mammography• Pap smear• PSA (blood test for prostate cancer)• Serum cholesterol test to determine level of HDL and LDL• Serum protein electrophoresis (blood test for myeloma)• Spiral CT screening for lung cancer• Stress test on a bicycle or treadmill• Thermography• Urinalysis• Vision screening |
|--|---|

Residents of Massachusetts are not eligible for the Health Screening Benefit.

In Wyoming, the plan does not contain comprehensive adult wellness benefits as defined by law.

For a complete list of limitations and exclusions please refer to the brochure.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.



Group Hospital Indemnity

FFGA Cases - Monthly (12pp/yr)

Coverage	Plan Rates	Rider Rates	Total Premium
Employee	\$22.88	\$2.54	\$25.42
Employee & Dependent Spouse	\$43.88	\$4.98	\$48.86
Employee & Dependent Child(ren)	\$35.14	\$4.36	\$39.50
Family	\$56.14	\$6.80	\$62.94

Hospitalization Category:

Hospital Admission	\$1,000
Hospital Confinement	\$150
Hospital Intensive Care Unit	\$150
Intermediate I.C. Step-Down Unit	\$75
Health Screening Benefit	\$50

Building Benefit Rider:

Additional benefit per year for 5 years

Hospital Confinement	\$15
Hospital Intensive Care Unit	\$15
Intermediate I.C. Step-Down Unit	\$7.50

Provisions:

Waiver of Pre-existing Conditions Exclusion
 Waiver of Pregnancy Exclusion
 Waiver of Mental and Emotional Disorders Exclusion
 No Issue Age or Termination Age Limitations
 Rate Guarantee: 3 years
 Portability: Standard

Group Attributes:

Situs State: TX
 Group Size: 500

Please note: Premiums shown are accurate as of publication. They are subject to change.

Published: Feb-17 Series C80000 - TX HI80000-170202-121302-028WSFVQ-SPxv75FK-08814

Product Code: HI170202-121302

Group Hospital Indemnity

FFGA Cases - Semimonthly (24 pp/yr)

Coverage	Plan Rates	Rider Rates	Total Premium
Employee	\$11.44	\$1.27	\$12.71
Employee & Dependent Spouse	\$21.94	\$2.49	\$24.43
Employee & Dependent Child(ren)	\$17.57	\$2.18	\$19.75
Family	\$28.07	\$3.40	\$31.47

Hospitalization Category:

Hospital Admission	\$1,000
Hospital Confinement	\$150
Hospital Intensive Care Unit	\$150
Intermediate I.C. Step-Down Unit	\$75
Health Screening Benefit	\$50

Building Benefit Rider:

Additional benefit per year for 5 years

Hospital Confinement	\$15
Hospital Intensive Care Unit	\$15
Intermediate I.C. Step-Down Unit	\$7.50

Provisions:

Waiver of Pre-existing Conditions Exclusion
 Waiver of Pregnancy Exclusion
 Waiver of Mental and Emotional Disorders Exclusion
 No Issue Age or Termination Age Limitations
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Group Attributes:

Situs State: TX
 Group Size: 500

Please note: Premiums shown are accurate as of publication. They are subject to change.

Published: Feb-17 Series C80000 - TX HI80000-170202-121302-028WSFVQ:SPxv75fk-08814

Product Code: HI170202-121302

Term Life Insurance

Underwritten by: American Fidelity Assurance Company

10, 20 & 30 Year Renewable and Convertible



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



Marketed by:

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

Why Term Life Insurance

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



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

LIMRA: 2015 Insurance Barometer Study; April 2015.



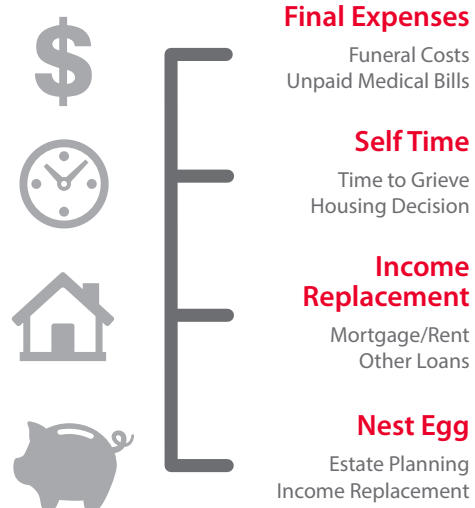
Did You Know?

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

LIMRA: 2014 Insurance Barometer Study April 2014.

Why You Need Life Insurance

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



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

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

Financial Protection for You

American Fidelity Assurance Company's Term Life Insurance is a great option for your working and earning years when expenses are usually at their highest.

With our Term Life Insurance, premiums will remain the same for the initial term period selected.¹ 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



¹Premiums are subject to increase upon renewal. ²Issuance of the policy may depend on the answer to these questions. ³Interim coverage 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 in accordance with the terms of the policy. This interim coverage 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.

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	Your premiums will be based on your age on the date your policy becomes effective. You can be eligible for reduced rates if you are a non-tobacco user.
GUARANTEED LEVEL DEATH BENEFIT	RENEWABLE AND CONVERTIBLE ⁴
You will receive the full face amount of your policy. (Provided no accelerated benefits are paid.)	You may renew your coverage to age 90. You may convert to a whole life policy prior to age 70.

SAMPLE 20-YEAR TERM NON- TOBACCO PREMIUM RATES ⁵					
	\$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

⁴Shaded amounts available for spouse base policy purchases.

⁴Premiums 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 the policy anniversary following age 90. Rates will be adjusted on each renewed term period; ⁵Example is based on a 20-year term, non-tobacco, base policy with no attached riders. For specific ages, rates, term periods or face amounts, see your American Fidelity account manager.

Enhance Your Plan⁶

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. 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 prior to age 70 if such death, dismemberment, or paralysis results from accidental causes, as defined in the rider. This rider also provides an additional 10% seatbelt benefit, if the police accident report certifies the base Insured was wearing a properly fastened seatbelt at time of death. Benefits are payable once per Covered Accident.

Spouse Term Rider

This rider provides level Term Life Insurance coverage on 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 90, while the base policy is in force. ⁴Premiums adjust upon renewal. Face amount must be equal to or less than the base policy.

Children's Term Rider

This rider provides level term life insurance protection for all your eligible children who are between the ages of one month through age 19. Coverage remains on each child until age 26 or marriage of the child prior to age 26. Your covered child may also convert this rider for up to five times the amount of coverage to any form of permanent insurance offered by American Fidelity for conversions. One premium covers all eligible children. Three benefit levels are available: \$10,000, \$20,000, and \$30,000.

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 prior to each annual payment. Coverage is available on the base Insured only.

⁴Premiums 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 the policy anniversary following age 90. Rates will be adjusted on each renewed term period; ⁵Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability may vary by state.

Accelerated Benefit Summary and Disclosure Notice

THIS DOCUMENT SERVES ONLY AS A SUMMARY AND A DISCLOSURE NOTICE. PLEASE REFER TO YOUR POLICY OR RIDER FOR ACTUAL CONTRACT PROVISIONS.

THE POLICY/RIDER PROVIDES AN ACCELERATED BENEFIT OPTION. YOU SHOULD CONSULT WITH A PERSONAL TAX ADVISOR IF YOU ARE CONSIDERING ELECTING PAYMENT UNDER AN ACCELERATED BENEFIT PROVISION. BENEFITS AS SPECIFIED IN THE POLICY/RIDER WILL BE REDUCED UPON RECEIPT OF AN ACCELERATED BENEFIT PAYMENT. RECEIPT OF ACCELERATED BENEFIT PAYMENTS: 1) MAY BE TAXABLE; 2) MAY AFFECT YOUR ELIGIBILITY FOR BENEFITS UNDER STATE OR FEDERAL LAW; AND, 3) DO NOT AND ARE NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.

The policy and/or rider you are applying for has an Accelerated Benefit provision. The provision allows a portion of the death benefits to be advanced if certain conditions are met. Please see policy/rider for conditions and definitions, as applicable.

Prior to the payment of any Accelerated Benefit, the following conditions must be met:

- The minimum Accelerated Benefit available is \$5,000. The maximums vary by policy/rider (see specific information below) and shall not exceed the Benefit Amount for the policy shown on the Policy Schedule.
- Only one Accelerated Benefit election will be made under the policy and/or each rider even if the Owner does not elect the full acceleration amount.
- If two or more Accelerated Benefits are payable on behalf of the Insured/Covered Person under the policy or any attached riders for the same or related sickness, injury or loss, benefits will be paid in the following order:
 - 1) Accelerated Benefit for Critical Illness, if this optional rider is attached to the policy;
 - 2) Accelerated Benefit for Long Term Illness, if this optional rider is attached to the policy; and
 - 3) Accelerated Benefit for Terminal Condition.
- Additional limitations and exclusions may apply, please read your policy/rider carefully.

Upon request to accelerate the policy/rider proceeds, and upon the payment of the accelerated benefit, the Owner and any irrevocable beneficiary shall be given a statement demonstrating the effect of the acceleration on the payment of policy proceeds, cash value, death benefit, premium, and policy loans, as applicable.

Accelerated Benefit for Terminal Condition

Prior to the payment of any Accelerated Benefit, the Insured/Covered Person must have a Terminal Condition, defined as an imminent death expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of the Insured/Covered Person of 12 months or less. The maximum payable is the lesser of: 50% of the eligible proceeds as defined in the policy/rider, or \$100,000. There is no premium associated with this provision.

Payment of an Accelerated Benefit, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the policy/rider will remain in force. Any premiums due to keep the policy/rider in force will be paid by us, and will be deducted from the policy proceeds upon death, unless you are currently exercising the Automatic Premium Loan option. If you are currently exercising the Automatic Premium Loan option, any premiums will continue to be paid under this option, until such time as this option is exhausted or discontinued.
- Policy proceeds which are payable on the death of the Insured/Covered Person will be reduced by the amount of the Accelerated Benefit, any outstanding policy loans, and any premiums paid by us on your behalf.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. Access to the policy cash value may be restricted to the excess of the cash value over the sum of the amount accelerated and any premiums paid by us and any other outstanding policy loans.
- Any outstanding loan, including interest will not be deducted from the Accelerated Benefit payment.
- This Accelerated Benefit will be treated as a lien against the death benefit and applied at time of death.

Accelerated Benefit for Long Term Illness

(optional rider)

Prior to the payment of any Accelerated Benefit, the Insured must have a Long Term Illness, which means the Insured has been certified within the last 12 months by a Licensed Health Care Practitioner as permanently unable to perform, without Substantial Assistance from another individual, at least two out of five Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or requiring Substantial Supervision due to permanent Severe Cognitive Impairment. The maximum payable is the lesser of 50% of the Eligible Proceeds available at the time of claim payable in two equal annual payments up to a maximum of 25% of the eligible proceeds per year for two consecutive years; or \$100,000 payable in two equal annual payments up to a maximum of \$50,000 per year for two consecutive years. Premium is required to keep this rider in force.

Payment of an Accelerated Benefit for Long Term Illness, if elected and/or Critical Illness, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the rider will terminate and no additional benefits will be due under the rider, even for recurrence. The policy will remain in force and premiums will continue to be billed and payable as due.
- Policy proceeds which are payable on the death of the Insured will be reduced by the amount of the Accelerated Benefit.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. The cash values will be adjusted proportionally by the percent accelerated.
- Any outstanding policy loan, including interest, will be proportionally reduced by the percent accelerated and will be deducted from the Accelerated Benefit payment.
- The Accelerated Benefit will reduce the Benefit Amount and will be applied immediately upon acceleration.

ICC14 DN111

The acceleration of life insurance benefits offered under this policy are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration of life insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life insurance benefits are complex. You are advised to consult with a qualified tax advisor under circumstances under which you could receive acceleration of life insurance benefits excludable from income under federal law.

Receipt of acceleration of life insurance benefits may affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

This brochure does not constitute the full policy and is intended to provide basic information about American Fidelity Assurance Company's Renewable and Convertible Term Life Insurance product, ICC14 RCTL14 / RCTL14 Series. For specific details, limitations and exclusions, please refer to your policy, riders. Please consult your tax advisor for your specific situation. This policy is not eligible under Section 125. Rider availability may vary by state.

We will not pay the policy proceeds if the insured commits suicide, while sane or insane for the period of time as described in the insured's policy, from the Effective date. Instead, we will return all premiums paid.

Underwritten and administered by:



American Fidelity Assurance Company
9000 Cameron Parkway
Oklahoma City, Oklahoma 73114
800-654-8489
americanfidelity.com

SB-30357(TX)-1116

051-536, 051-537, 051-546,
051-547, 051-556, 051-557

TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse
Coverage
Available¹

10 YEAR RATES Nicotine 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	--	--	--	--	--	--

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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	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
10 YEAR RATES Non-Nicotine Users Rates	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 Available ¹	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
20 YEAR RATES Nicotine Users Rates	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	--	--	--	--	--	--

20 YEAR RATES
Nicotine Users Rates

This insert must be used in conjunction with SB-30357 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

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-Nicotine 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	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
24	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
25	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
26	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
27	6.50	7.40	9.00	12.50	16.00	18.25	21.50	24.75	28.00	34.50	41.00
28	6.50	7.40	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
29	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
30	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
31	6.75	7.70	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
32	7.00	8.00	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
33	7.00	8.00	10.50	14.75	19.00	22.00	26.00	30.00	34.00	42.00	50.00
34	7.25	8.30	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
35	7.50	8.60	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
36	7.75	8.90	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
37	8.00	9.20	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
38	8.25	9.50	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
39	8.75	10.10	14.00	20.00	26.00	30.75	36.50	42.25	48.00	59.50	71.00
40	9.00	10.40	15.00	21.50	28.00	33.25	39.50	45.75	52.00	64.50	77.00
41	9.50	11.00	16.00	23.00	30.00	35.75	42.50	49.25	56.00	69.50	83.00
42	10.00	11.60	17.00	24.50	32.00	38.25	45.50	52.75	60.00	74.50	89.00
43	10.50	12.20	18.00	26.00	34.00	40.75	48.50	56.25	64.00	79.50	95.00
44	11.00	12.80	19.00	27.50	36.00	43.25	51.50	59.75	68.00	84.50	101.00
45	11.75	13.70	20.50	29.75	39.00	47.00	56.00	65.00	74.00	92.00	110.00
46	12.75	14.90	21.50	31.25	41.00	49.50	59.00	68.50	78.00	97.00	116.00
47	14.00	16.40	22.50	32.75	43.00	52.00	62.00	72.00	82.00	102.00	122.00
48	15.25	17.90	24.00	35.00	46.00	55.75	66.50	77.25	88.00	109.50	131.00
49	16.75	19.70	25.00	36.50	48.00	58.25	69.50	80.75	92.00	114.50	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	--	--	--	--	--	--

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TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

30 YEAR RATES *Nicotine Users Rates*

ISSUE AGE	DEATH BENEFIT															
	Monthly Premium Including Policy Fee															
	\$10,000		\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	5.00	0.12	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	5.00	0.12	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	5.00	0.12	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	5.00	0.12	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	5.10	0.12	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	5.20	0.13	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	5.30	0.13	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	5.40	0.14	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	5.50	0.14	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	5.60	0.15	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	5.70	0.16	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	5.80	0.17	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	5.90	0.18	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	6.00	0.20	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	6.40	0.21	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	6.80	0.23	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	7.30	0.24	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	7.80	0.26	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	8.30	0.27	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	8.80	0.29	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	9.40	0.31	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	10.10	0.33	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	10.80	0.35	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	11.50	0.37	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	12.30	0.39	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	13.20	0.42	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	14.20	0.45	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	15.30	0.48	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	16.50	0.50	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	17.60	0.56	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	18.80	0.61	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	20.10	0.66	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	21.50	0.71	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	23.00	0.76	54.50	1.89	85.50	3.79	169.00	7.57	--	--	--	--	--	--	--	--

Spouse
Coverage
Available¹

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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.
ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABTI):	Add the rate shown in the ABTI column to the base rate.

30 YEAR RATES *Non-Nicotine Users Rates*

ISSUE AGE	DEATH BENEFIT															
	Monthly Premium Including Policy Fee															
	\$10,000		\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABTI	Base	ABTI	Base	ABTI	Base	ABTI	Base	ABTI	Base	ABTI	Base	ABTI	Base	ABTI
17	4.00	0.08	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	4.00	0.08	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	4.00	0.08	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	4.00	0.08	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	4.00	0.08	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	4.00	0.08	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	4.10	0.09	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	4.10	0.09	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	4.10	0.09	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	4.10	0.10	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	4.20	0.11	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	4.20	0.12	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	4.30	0.12	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	4.30	0.13	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	4.40	0.14	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	4.50	0.15	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	4.50	0.16	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	4.60	0.17	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	4.70	0.18	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	4.90	0.19	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	5.10	0.21	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	5.30	0.22	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	5.50	0.23	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	5.80	0.24	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	6.10	0.26	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	6.50	0.27	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	6.90	0.29	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	7.30	0.30	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	7.80	0.32	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	8.30	0.35	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	8.80	0.37	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	9.30	0.40	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	9.90	0.43	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	10.60	0.45	23.50	1.13	44.00	2.25	86.00	4.50	--	--	--	--	--	--	--	--

Spouse Coverage Available¹

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GROUP BENEFIT PROGRAM SUMMARY
For SAN ANGELO ISD / TEEBC TRUST F021842

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

EMPLOYER PAID BASIC GROUP TERM LIFE/AD&D

Eligibility	All Eligible Active Full Time Employees regularly working 20 hours per week and all Eligible Active Part time Employees regularly working 15 hours per week.
Group Term Life/AD&D Benefit:	\$15,000
Guarantee Issue Amount – Employee	\$15,000
Age Reduction Schedule	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 information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company, (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage. (For internal use only: Policy number FDL1-504-707)

For employee distribution

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

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

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

* Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

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

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

This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

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For employee distribution

**BENEFIT PROGRAM SUMMARY
For SAN ANGELO ISD / TEEBC TRUST F021842**

SUPPLEMENTAL GROUP TERM LIFE

Eligibility	All Eligible Active Full Time Employees regularly working 20 hours per week and all Eligible Active Part time Employees regularly working 15 hours per week.
Group Term Life Benefit: Employee	\$10,000 - \$500,000, in increments of \$10,000.
Guarantee Issue Amount – Employee	Lesser of \$250,000 or 3 X Employee's Base Annual Earnings
Group Term Life Benefit: Spouse (Includes Domestic Partners)	\$10,000 - \$50,000, in increments of \$10,000, not to exceed 50% of the employee's amount.
Guarantee Issue Amount – Spouse	\$50,000
Group Term Life Benefit: Child(ren)	\$2,000 increments to a maximum of \$10,000.
Age Reduction Schedule	Employee Supplemental Group Term Life benefits reduce by 35% of the original amount at age 65, 55% of the original amount at age 70, 70% of the original amount at age 75 and 80% of the original amount at age 80. Benefits terminate at retirement. Spouse Supplemental Group Term Life benefits terminate at Employee's termination or 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 information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

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For employee distribution

SAN ANGELO ISD / TEEBC TRUST F021842

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Supplemental Life Insurance

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

Spouse Benefit: **\$10,000 - \$50,000 in \$10,000 increments, but not to exceed 50% of the employee benefit.**

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

Child Coverage

Live birth to Age 26: \$2,000 increments to a maximum of \$10,000.

Employee: Life and AD&D benefits reduce by 35% of the original amount at age 65, then reduces by 55% at age 70, by 70% at age 75, by 80% at age 80. Benefits terminate at retirement.

Spouse: All benefits terminate at Employee's termination or retirement.

Guarantee Issue:

Employee: Lesser of \$250,000 or 3 X Base Annual Earnings

Spouse: \$50,000

Supplemental Life Insurance

Monthly Premium Cost (Based on 12 payroll deductions per year)

EMPLOYEE	
Supplemental Life	
Monthly rates per \$1,000	
Age	Rates
Under 25	\$0.043
25-29	\$0.043
30-34	\$0.060
35-39	\$0.068
40-44	\$0.102
45-49	\$0.145
50-54	\$0.247
55-59	\$0.434
60-64	\$0.536
65-69	\$0.859
70+	\$1.479
Dependent Life (Children)	
Monthly Premium per Family	
\$2,000	\$0.18
\$4,000	\$0.36
\$6,000	\$0.54
\$8,000	\$0.72
\$10,000	\$0.90

EMPLOYEE Benefit Amount	ATTAINED AGE										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.43	\$0.43	\$0.60	\$0.68	\$1.02	\$1.45	\$2.47	\$4.34	\$5.36	\$8.59	\$14.79
\$20,000	\$0.86	\$0.86	\$1.20	\$1.36	\$2.04	\$2.90	\$4.94	\$8.68	\$10.72	\$17.18	\$29.58
\$30,000	\$1.29	\$1.29	\$1.80	\$2.04	\$3.06	\$4.35	\$7.41	\$13.02	\$16.08	\$25.77	\$44.37
\$40,000	\$1.72	\$1.72	\$2.40	\$2.72	\$4.08	\$5.80	\$9.88	\$17.36	\$21.44	\$34.36	\$59.16
\$50,000	\$2.15	\$2.15	\$3.00	\$3.40	\$5.10	\$7.25	\$12.35	\$21.70	\$26.80	\$42.95	\$73.95
\$60,000	\$2.58	\$2.58	\$3.60	\$4.08	\$6.12	\$8.70	\$14.82	\$26.04	\$32.16	\$51.54	\$88.74
\$70,000	\$3.01	\$3.01	\$4.20	\$4.76	\$7.14	\$10.15	\$17.29	\$30.38	\$37.52	\$60.13	\$103.53
\$80,000	\$3.44	\$3.44	\$4.80	\$5.44	\$8.16	\$11.60	\$19.76	\$34.72	\$42.88	\$68.72	\$118.32
\$90,000	\$3.87	\$3.87	\$5.40	\$6.12	\$9.18	\$13.05	\$22.23	\$39.06	\$48.24	\$77.31	\$133.11
\$100,000	\$4.30	\$4.30	\$6.00	\$6.80	\$10.20	\$14.50	\$24.70	\$43.40	\$53.60	\$85.90	\$147.90
\$110,000	\$4.73	\$4.73	\$6.60	\$7.48	\$11.22	\$15.95	\$27.17	\$47.74	\$58.96	\$94.49	\$162.69
\$120,000	\$5.16	\$5.16	\$7.20	\$8.16	\$12.24	\$17.40	\$29.64	\$52.08	\$64.32	\$103.08	\$177.48
\$130,000	\$5.59	\$5.59	\$7.80	\$8.84	\$13.26	\$18.85	\$32.11	\$56.42	\$69.68	\$111.67	\$192.27
\$140,000	\$6.02	\$6.02	\$8.40	\$9.52	\$14.28	\$20.30	\$34.58	\$60.76	\$75.04	\$120.26	\$207.06
\$150,000	\$6.45	\$6.45	\$9.00	\$10.20	\$15.30	\$21.75	\$37.05	\$65.10	\$80.40	\$128.85	\$221.85
\$160,000	\$6.88	\$6.88	\$9.60	\$10.88	\$16.32	\$23.20	\$39.52	\$69.44	\$85.76	\$137.44	\$236.64
\$170,000	\$7.31	\$7.31	\$10.20	\$11.56	\$17.34	\$24.65	\$41.99	\$73.78	\$91.12	\$146.03	\$251.43
\$180,000	\$7.74	\$7.74	\$10.80	\$12.24	\$18.36	\$26.10	\$44.46	\$78.12	\$96.48	\$154.62	\$266.22
\$190,000	\$8.17	\$8.17	\$11.40	\$12.92	\$19.38	\$27.55	\$46.93	\$82.46	\$101.84	\$163.21	\$281.01
\$200,000	\$8.60	\$8.60	\$12.00	\$13.60	\$20.40	\$29.00	\$49.40	\$86.80	\$107.20	\$171.80	\$295.80
\$210,000	\$9.03	\$9.03	\$12.60	\$14.28	\$21.42	\$30.45	\$51.87	\$91.14	\$112.56	\$180.39	\$310.59
\$220,000	\$9.46	\$9.46	\$13.20	\$14.96	\$22.44	\$31.90	\$54.34	\$95.48	\$117.92	\$188.98	\$325.38
\$230,000	\$9.89	\$9.89	\$13.80	\$15.64	\$23.46	\$33.35	\$56.81	\$99.82	\$123.28	\$197.57	\$340.17
\$240,000	\$10.32	\$10.32	\$14.40	\$16.32	\$24.48	\$34.80	\$59.28	\$104.16	\$128.64	\$206.16	\$354.96
\$250,000	\$10.75	\$10.75	\$15.00	\$17.00	\$25.50	\$36.25	\$61.75	\$108.50	\$134.00	\$214.75	\$369.75

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations. For internal use only: Policy number FDL1-504-707

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company® (Downers Grove, IL) (formerly known as Fort Dearborn Life Insurance Company®) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.

SAN ANGELO ISD / TEEBC TRUST F021842

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Supplemental Life Insurance

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

Spouse Benefit: **\$10,000 - \$50,000 in \$10,000 increments, but not to exceed 50% of the employee benefit.**

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

Child Coverage

Live birth to Age 26: \$2,000 increments to a maximum of \$10,000.

Employee: Life and AD&D benefits reduce by 35% of the original amount at age 65, then reduces by 55% at age 70, by 70% at age 75, by 80% at age 80. Benefits terminate at retirement.

Spouse: All benefits terminate at Employee's termination or retirement.

Guarantee Issue:

Employee: Lesser of \$250,000 or 3 X Base Annual Earnings

Spouse: \$50,000

Supplemental Life Insurance

Monthly Premium Cost (Based on 12 payroll deductions per year)

SPOUSE (Employee attained Age)

Benefit Amount		<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+		
\$10,000		\$0.68	\$0.68	\$0.68	\$0.94	\$1.62	\$2.81	\$4.59	\$7.23	\$11.22	\$16.49		
\$20,000		\$1.36	\$1.36	\$1.36	\$1.88	\$3.24	\$5.62	\$9.18	\$14.46	\$22.44	\$32.98		
\$30,000		\$2.04	\$2.04	\$2.04	\$2.82	\$4.86	\$8.43	\$13.77	\$21.69	\$33.66	\$49.47		
\$40,000		\$2.72	\$2.72	\$2.72	\$3.76	\$6.48	\$11.24	\$18.36	\$28.92	\$44.88	\$65.96		
\$50,000		\$3.40	\$3.40	\$3.40	\$4.70	\$8.10	\$14.05	\$22.95	\$36.15	\$56.10	\$82.45		

SPOUSE
Supplemental Life
Monthly rates per \$1,000

Age	Rates
Under 25	\$0.068
25-29	\$0.068
30-34	\$0.068
35-39	\$0.094
40-44	\$0.162
45-49	\$0.281
50-54	\$0.459
55-59	\$0.723
60-64	\$1.122
65+	\$1.649

Dependent Life (Children)

Monthly Premium per Family

\$2,000	\$0.18
\$4,000	\$0.36
\$6,000	\$0.54
\$8,000	\$0.72
\$10,000	\$0.90

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations. For internal use only: Policy number FDL1-504-707

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LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees¹ that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:



**IT'S AFFORDABLE
YOU OWN IT**



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



**YOU PAY FOR IT
THROUGH CONVENIENT
PAYROLL DEDUCTIONS**



**YOU CAN COVER YOUR
SPOUSE, CHILDREN AND
GRANDCHILDREN, TOO²**



**YOU CAN GET A LIVING
BENEFIT IF YOU BECOME
TERMINALLY ILL³**



**YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU
BECOME CHRONICALLY ILL⁴**

3 QUICK QUESTIONS

You can qualify by answering just
3 questions – no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

1. After the guarantee period, premiums may go down, stay the same or go up.
2. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
3. Conditions apply.
4. Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Rider not available in CA. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

19Mo16-C FFGA 1092 (exp0321)



TEXASLIFE INSURANCE COMPANY

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		11.40	20.55	29.70	38.85	57.15	75.45	93.75	112.05	73
21-22		11.68	21.10	30.53	39.95	58.80	77.65	96.50	115.35	73
23-25		11.95	21.65	31.35	41.05	60.45	79.85	99.25	118.65	71
26		12.23	22.20	32.18	42.15	62.10	82.05	102.00	121.95	72
27		12.50	22.75	33.00	43.25	63.75	84.25	104.75	125.25	72
28		12.50	22.75	33.00	43.25	63.75	84.25	104.75	125.25	71
29		12.78	23.30	33.83	44.35	65.40	86.45	107.50	128.55	71
30-31		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	70
32		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	70
33		14.15	26.05	37.95	49.85	73.65	97.45	121.25	145.05	71
34		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	72
35		15.53	28.80	42.08	55.35	81.90	108.45	135.00	161.55	73
36		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	73
37		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	73
38		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	74
39		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	75
40	9.21	19.65	37.05	54.45	71.85	106.65	141.45	176.25	211.05	76
41	9.76	21.03	39.80	58.58	77.35	114.90	152.45	190.00	227.55	77
42	10.53	22.95	43.65	64.35	85.05	126.45	167.85	209.25	250.65	78
43	11.30	24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	80
44	12.07	26.80	51.35	75.90	100.45	149.55	198.65	247.75	296.85	81
45	12.95	29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	82
46	13.83	31.20	60.15	89.10	118.05	175.95	233.85	291.75	349.65	83
47	14.60	33.13	64.00	94.88	125.75	187.50	249.25	311.00	372.75	83
48	15.48	35.33	68.40	101.48	134.55	200.70	266.85	333.00	399.15	84
49	16.47	37.80	73.35	108.90	144.45	215.55	286.65	357.75	428.85	85
50	17.68	40.83	79.40	117.93	156.55					86
51	19.11	44.40	86.55	128.70	170.85					87
52	20.87	48.80	95.35	141.90	188.45					88
53	22.63	53.20	104.15	155.10	206.05					90
54	23.84	56.23	110.20	164.18	218.15					90
55	24.94	58.98	115.70	172.43	229.15					91
56	26.04	61.73	121.20	180.68	240.15					91
57	27.25	64.75	127.25	189.75	252.25					91
58	28.57	68.05	133.85	199.65	265.45					91
59	29.78	71.08	139.90	208.73	277.55					91
60	30.63	73.20	144.15	215.10	286.05					91
61	32.28	77.33	152.40	227.48	302.55					91
62	34.04	81.73	161.20	240.68	320.15					92
63	35.91	86.40	170.55	254.70	338.85					92
64	37.89	91.35	180.45	269.55	358.65					92
65	39.98	96.58	190.90	285.23	379.55					92
66	42.29									92
67	44.82									92
68	47.57									92
69	50.43									93
70	53.29									93

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".

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15 or ULABR-CI-15
Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

19Mxxx-C-FFGA-CI NT xxxx (exp0221)

Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1		8.00	13.75							83
2-3		8.25	14.25							83
4-10		8.50	14.75							79
11-16		8.75	15.25							75
17-20		10.75	19.25	27.75	36.25	53.25	70.25	87.25	104.25	73
21-22		11.00	19.75	28.50	37.25	54.75	72.25	89.75	107.25	73
23-25		11.25	20.25	29.25	38.25	56.25	74.25	92.25	110.25	71
26		11.50	20.75	30.00	39.25	57.75	76.25	94.75	113.25	72
27		11.75	21.25	30.75	40.25	59.25	78.25	97.25	116.25	72
28		11.75	21.25	30.75	40.25	59.25	78.25	97.25	116.25	71
29		12.00	21.75	31.50	41.25	60.75	80.25	99.75	119.25	71
30-31		12.25	22.25	32.25	42.25	62.25	82.25	102.25	122.25	70
32		12.75	23.25	33.75	44.25	65.25	86.25	107.25	128.25	70
33		13.25	24.25	35.25	46.25	68.25	90.25	112.25	134.25	71
34		13.75	25.25	36.75	48.25	71.25	94.25	117.25	140.25	72
35		14.50	26.75	39.00	51.25	75.75	100.25	124.75	149.25	73
36		15.00	27.75	40.50	53.25	78.75	104.25	129.75	155.25	73
37		15.50	28.75	42.00	55.25	81.75	108.25	134.75	161.25	73
38		16.25	30.25	44.25	58.25	86.25	114.25	142.25	170.25	74
39		17.25	32.25	47.25	62.25	92.25	122.25	152.25	182.25	75
40	8.65	18.25	34.25	50.25	66.25	98.25	130.25	162.25	194.25	76
41	9.15	19.50	36.75	54.00	71.25	105.75	140.25	174.75	209.25	77
42	9.85	21.25	40.25	59.25	78.25	116.25	154.25	192.25	230.25	78
43	10.55	23.00	43.75	64.50	85.25	126.75	168.25	209.75	251.25	80
44	11.25	24.75	47.25	69.75	92.25	137.25	182.25	227.25	272.25	81
45	12.05	26.75	51.25	75.75	100.25	149.25	198.25	247.25	296.25	82
46	12.85	28.75	55.25	81.75	108.25	161.25	214.25	267.25	320.25	83
47	13.55	30.50	58.75	87.00	115.25	171.75	228.25	284.75	341.25	83
48	14.35	32.50	62.75	93.00	123.25	183.75	244.25	304.75	365.25	84
49	15.25	34.75	67.25	99.75	132.25	197.25	262.25	327.25	392.25	85
50	16.35	37.50	72.75	108.00	143.25					86
51	17.65	40.75	79.25	117.75	156.25					87
52	19.25	44.75	87.25	129.75	172.25					88
53	20.85	48.75	95.25	141.75	188.25					90
54	21.95	51.50	100.75	150.00	199.25					90
55	22.95	54.00	105.75	157.50	209.25					91
56	23.95	56.50	110.75	165.00	219.25					91
57	25.05	59.25	116.25	173.25	230.25					91
58	26.25	62.25	122.25	182.25	242.25					91
59	27.35	65.00	127.75	190.50	253.25					91
60	28.05	66.75	131.25	195.75	260.25					91
61	29.55	70.50	138.75	207.00	275.25					91
62	31.15	74.50	146.75	219.00	291.25					92
63	32.85	78.75	155.25	231.75	308.25					92
64	34.65	83.25	164.25	245.25	326.25					92
65	36.55	88.00	173.75	259.50	345.25					92
66	38.65									92
67	40.95									92
68	43.45									92
69	46.05									93
70	48.65									93

**Spouse Coverage
Available**

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	70
21-22		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	70
23-25		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	69
26		17.73	33.20	48.68	64.15	95.10	126.05	157.00	187.95	69
27		18.00	33.75	49.50	65.25	96.75	128.25	159.75	191.25	68
28		18.28	34.30	50.33	66.35	98.40	130.45	162.50	194.55	68
29		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	68
30-31		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	69
32		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	69
33		21.58	40.90	60.23	79.55	118.20	156.85	195.50	234.15	69
34		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	68
35		23.23	44.20	65.18	86.15	128.10	170.05	212.00	253.95	69
36		24.05	45.85	67.65	89.45	133.05	176.65	220.25	263.85	69
37		25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	70
38		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	70
39		27.90	53.55	79.20	104.85	156.15	207.45	258.75	310.05	70
40	13.50	30.38	58.50	86.63	114.75	171.00	227.25	283.50	339.75	72
41	14.27	32.30	62.35	92.40	122.45	182.55	242.65	302.75	362.85	73
42	15.26	34.78	67.30	99.83	132.35	197.40	262.45	327.50	392.55	74
43	16.80	38.63	75.00	111.38	147.75	220.50	293.25	366.00	438.75	76
44	17.68	40.83	79.40	117.98	156.55	233.70	310.85	388.00	465.15	77
45	18.89	43.85	85.45	127.05	168.65	251.85	335.05	418.25	501.45	78
46	19.99	46.60	90.95	135.30	179.65	268.35	357.05	445.75	534.45	79
47	21.09	49.35	96.45	143.55	190.65	284.85	379.05	473.25	567.45	79
48	22.19	52.10	101.95	151.80	201.65	301.35	401.05	500.75	600.45	80
49	23.95	56.50	110.75	165.00	219.25	327.75	436.25	544.75	653.25	82
50	25.16	59.53	116.80	174.08	231.35					82
51	27.03	64.20	126.15	188.10	250.05					83
52	29.34	69.98	137.70	205.43	273.15					85
53	31.21	74.65	147.05	219.45	291.85					87
54	32.75	78.50	154.75	231.00	307.25					87
55	34.29	82.35	162.45	242.55	322.65					87
56	36.05	86.75	171.25	255.75	340.25					87
57	37.70	90.88	179.50	268.13	356.75					87
58	39.68	95.83	189.40	282.98	376.55					87
59	41.33	99.95	197.65	295.35	393.05					87
60	42.51	102.90	203.55	304.20	404.85					87
61	45.37	110.05	217.85	325.65	433.45					88
62	48.01	116.65	231.05	345.45	459.85					88
63	50.54	122.98	243.70	364.43	485.15					88
64	53.07	129.30	256.35	383.40	510.45					89
65	55.71	135.90	269.55	403.20	536.85					89
66	58.57									89
67	61.65									89
68	64.84									89
69	68.25									89
70	71.88									90

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".

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15 or ULABR-CI-15
Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

19Mxxx-C-FFGA-CI T xxxx (exp0221)

Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		15.00	27.75	40.50	53.25	78.75	104.25	129.75	155.25	70
21-22		15.50	28.75	42.00	55.25	81.75	108.25	134.75	161.25	70
23-25		16.25	30.25	44.25	58.25	86.25	114.25	142.25	170.25	69
26		16.50	30.75	45.00	59.25	87.75	116.25	144.75	173.25	69
27		16.75	31.25	45.75	60.25	89.25	118.25	147.25	176.25	68
28		17.00	31.75	46.50	61.25	90.75	120.25	149.75	179.25	68
29		17.25	32.25	47.25	62.25	92.25	122.25	152.25	182.25	68
30-31		19.25	36.25	53.25	70.25	104.25	138.25	172.25	206.25	69
32		19.75	37.25	54.75	72.25	107.25	142.25	177.25	212.25	69
33		20.00	37.75	55.50	73.25	108.75	144.25	179.75	215.25	69
34		20.25	38.25	56.25	74.25	110.25	146.25	182.25	218.25	68
35		21.50	40.75	60.00	79.25	117.75	156.25	194.75	233.25	69
36		22.25	42.25	62.25	82.25	122.25	162.25	202.25	242.25	69
37		23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	70
38		24.25	46.25	68.25	90.25	134.25	178.25	222.25	266.25	70
39		25.75	49.25	72.75	96.25	143.25	190.25	237.25	284.25	70
40	12.55	28.00	53.75	79.50	105.25	156.75	208.25	259.75	311.25	72
41	13.25	29.75	57.25	84.75	112.25	167.25	222.25	277.25	332.25	73
42	14.15	32.00	61.75	91.50	121.25	180.75	240.25	299.75	359.25	74
43	15.55	35.50	68.75	102.00	135.25	201.75	268.25	334.75	401.25	76
44	16.35	37.50	72.75	108.00	143.25	213.75	284.25	354.75	425.25	77
45	17.45	40.25	78.25	116.25	154.25	230.25	306.25	382.25	458.25	78
46	18.45	42.75	83.25	123.75	164.25	245.25	326.25	407.25	488.25	79
47	19.45	45.25	88.25	131.25	174.25	260.25	346.25	432.25	518.25	79
48	20.45	47.75	93.25	138.75	184.25	275.25	366.25	457.25	548.25	80
49	22.05	51.75	101.25	150.75	200.25	299.25	398.25	497.25	596.25	82
50	23.15	54.50	106.75	159.00	211.25					82
51	24.85	58.75	115.25	171.75	228.25					83
52	26.95	64.00	125.75	187.50	249.25					85
53	28.65	68.25	134.25	200.25	266.25					87
54	30.05	71.75	141.25	210.75	280.25					87
55	31.45	75.25	148.25	221.25	294.25					87
56	33.05	79.25	156.25	233.25	310.25					87
57	34.55	83.00	163.75	244.50	325.25					87
58	36.35	87.50	172.75	258.00	343.25					87
59	37.85	91.25	180.25	269.25	358.25					87
60	38.85	93.75	185.25	276.75	368.25					87
61	41.45	100.25	198.25	296.25	394.25					88
62	43.85	106.25	210.25	314.25	418.25					88
63	46.15	112.00	221.75	331.50	441.25					88
64	48.45	117.75	233.25	348.75	464.25					89
65	50.85	123.75	245.25	366.75	488.25					89
66	53.45									89
67	56.25									89
68	59.15									89
69	62.25									89
70	65.55									90

**Spouse Coverage
Available**

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

LIMITED BENEFIT ACCIDENT ONLY *Insurance Plan*

Underwritten by American Fidelity Assurance Company



Wellness Benefit • Benefits Paid Directly to You • Excellent Customer Service • [Learn More » »](#)



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

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

Accident Only Insurance

Life Provides the Accidents, *First Financial Offers a Solution!*

Whether you're a weekend warrior with an active lifestyle or just a busy family, accidents can happen to you anytime, anywhere without warning. First Financial is pleased to offer American Fidelity Assurance Company's Limited Benefit Accident Only Insurance. Accident Only policy and rider Insurance can offer a solution to help you and your family prepare for those rising medical costs if you have to receive medical treatment for an Accidental injury.

Think It Couldn't Happen to You? Consider this...

Know The Facts:

Total costs of accidental injuries averaged
\$20,707 per injury in 2013.

National Safety Council, Injury Facts, 2015 Edition, p. 2-6.

\$20,707

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

Just going for a walk around the block or heading to your driveway could lead to a twisted knee and torn meniscus, one of the more common claims submitted under this plan.



EMERGENCY ACCIDENT - Hypothetical Example¹

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

ENHANCED PLAN BENEFITS

Accident Emergency Treatment	\$200
Accident Follow-Up Treatment (4 visits)	\$200
Physical Therapy (8 treatments)	\$200
Medical Imaging	\$200
X-Ray	\$100
Appliances	\$100
Surgical Facility	\$250
Torn Knee Cartilage Repair	\$500
Anesthesia	\$200

**Paid Directly
To You!**

Total

\$1,950

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

Marketed by: First Financial Group of America

Solutions For Life's Accidents...

The Accident Only Plan is the insurance policy that provides payments direct to you. It can help protect you and your family from some of the expenses brought about by injuries suffered in an Accident, regardless of any additional coverage you may have. It's guaranteed renewable for as long as you pay your premiums.

Accident Only Insurance Features:

- » No medical questions.
- » Benefits paid directly to you, to be used however you see fit.
- » Benefits regardless of other coverage.
- » Coverage for you and each covered family member 24 hours a day, 7 days a week.
- » Available conveniently through your employer with payroll deduction.
- » Policy is guaranteed renewable at the option of the primary insured for life as long as premiums are paid as required. Any additional insureds must meet eligibility as outlined in the policy. The company has the right to change premium rates by class.



Currently participating in, or possibly moving to a High Deductible Health Plan? Enrollment in health savings accounts (HSA) linked to high-deductible health plans increased by more than 13 percent in 2015.²

The Choice is Yours:

Be prepared with either of American Fidelity's two plan options (Basic and Enhanced) that provide the benefit amounts you require. Plus, American Fidelity supplies the coverage you need with four choices of coverage including individual, individual and spouse, individual and child(ren), and family.

Ready To Learn More?

Contact your First Financial Account Representative for more details or to schedule a one-on-one appointment.



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

²AHIP: 2015 Census of Health Savings Account - High Deductible Health Plans; November 2015

Schedule of Benefits For Policy ³ and Benefit Enhancement Rider

Emergency Accident Benefits

Basic Enhanced

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

Accident Injury Benefits

Benefit amounts for the following Benefits are the same for Basic and Enhanced Plans for all Persons: Primary, Spouse, and Child(ren).

Basic / Enhanced

Injury Treatment	
Fractures Benefit (Depending on open or closed reduction, bone involved, or chip fracture).	\$25 to \$3,000
Lacerations Benefit	
Not requiring sutures	\$25
Sutured lacerations up to two inches	\$100
Sutured lacerations totaling two to six inches	\$200
Sutured lacerations totaling over six inches	\$400
Appliances Benefit (crutches, leg braces, etc.)	\$100
Torn Knee Cartilage or Ruptured Disc Benefit	\$500
Eye Injury Benefit	
Injury with surgical repair, for one or both eyes.	\$250
Removal of foreign body by a Physician, for one or both eyes.	\$50
Dislocations Benefit	
Depending on open or closed reduction, with or without anesthesia and joint involved. No other amount will be paid under this benefit.	\$25 to \$3,000
Concussion Benefit	\$200
2nd & 3rd Degree Burns (Skin grafts are 25% of benefit)	\$100 to \$10,000
Internal Injuries Benefit	
Resulting in open abdominal or thoracic surgery	\$1,000
Paralysis Benefit: Paraplegia / Quadriplegia	\$5,000 / \$10,000
Tendons, Ligaments and Rotator Cuff Benefit	
One Tendon, Ligament or Rotator Cuff	\$500
More than One Tendon, Ligament or Rotator Cuff	\$750
Blood, Plasma and Platelets	\$250
Exploratory Surgery without Surgical Repair	\$250
Physical Therapy (per treatment up to eight treatments)	\$25
Prosthesis	\$500
Emergency Dental Work	
Broken teeth repaired with crown	\$150
Extraction of broken teeth (regardless of number)	\$50

Refer to Plan Benefit Highlights for complete Benefit Descriptions and limits on the Accident Only Insurance Plan.

A Highlight of Benefits Available Under The Plan

Wellness Benefit

Basic

Enhanced

Wellness		
Annual Routine Physical Exam <i>(Requires a 12-month waiting period before use and one exam per policy per calendar year.)</i>	\$50	\$75

Accidental Death & Dismemberment Benefit

Accidental Death & Dismemberment			
Basic	Primary	Spouse	Child
Common Carrier	\$50,000	\$50,000	\$25,000
Other Accident	\$15,000	\$15,000	\$7,500
Dismemberment	\$1,000 to \$15,000	\$1,000 to \$15,000	\$500 to \$7,500
Enhanced	Primary	Spouse	Child
Common Carrier	\$100,000	\$100,000	\$50,000
Other Accident	\$30,000	\$30,000	\$15,000
Dismemberment	\$1,500 to \$30,000	\$1,500 to \$30,000	\$750 to \$15,000

Additional Accident Benefits For Policy/ Benefit Enhancement Rider

Basic

Enhanced

Non-Emergency Accident Treatment		
Non-Emergency Accident Treatment	\$75	\$100
Non-Emergency Follow-up Treatment <i>(up to two visits)</i>	\$50	\$50
Hospital Confinement		
Hospital Admission	\$500	\$1,000
Intensive Care Unit <i>(up to 15 days)</i>	\$300	\$600
Hospital Confinement <i>(up to 365 days)</i>	\$100	\$200
Medical Imaging		
MRI, CT, CAT, PET, US	\$200	\$200
X-Rays	\$50	\$100
Ambulance		
Ground	\$300	\$300
Air	\$1,500	\$1,500
Treatment		
Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250
Anesthesia	\$150	\$200
Transportation Benefits		
Transportation (Patient Only) <i>(per round trip for up to three round trips per calendar year)</i>	\$300	\$300
Family Member Lodging and Meals <i>(per day per Accident; up to 30 days per confinement)</i>	\$100	\$100

Plan Benefit Highlights for Policy and Benefit Enhancement Rider

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

Accident Emergency Treatment Benefit

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

Accident Follow-up Treatment Benefit

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

Accidental Death and Dismemberment Benefit

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

Ambulance Benefit

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

Anesthesia Benefit

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

Appliances Benefit

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

Blood, Plasma and Platelets Benefit

Payable for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins.

Burns Benefit

Payable for burns when treated by a Physician within 72 hours.

Concussion Benefit

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

Dislocations Benefit

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

Emergency Dental Work Benefit

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

Exploratory Surgery Benefit

Payable when an exploratory surgical operation without surgical repair is performed.

Eye Injury Benefit

Payable for one or both eyes requiring treatment.

Family Member Lodging and Meals Benefit

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

Fractures Benefit

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

Hospital Admission Benefit

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

Hospital Confinement Benefit

Payable for a one-time Hospital Admission Benefit due to accidental Injuries (does not include emergency room and outpatient treatment). You will also receive a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 days and an additional daily benefit for Confinement in an Intensive Care Unit up to 15 days.

Intensive Care Unit Benefit

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

Internal Injuries Benefit

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

Lacerations Benefit

This benefit varies based on the severity of the laceration.

Medical Imaging Benefit

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

Non-Emergency Accident Initial Treatment Benefit

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

Non-Emergency Accident Follow-up Treatment Benefit

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

Outpatient Hospital or Ambulatory Surgical Center Benefit

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

Paralysis Benefit

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

Physical Therapy Benefit

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

Prosthesis Benefit

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

Tendons, Ligaments and Rotator Cuff Benefit

Payable for the repair of one or more tendons, ligaments, or rotator cuffs. The tendons, ligaments, or rotator cuff must be repaired through surgery.

Torn Knee Cartilage or Ruptured Disc Benefit

Payable for surgical repair.

Transportation Benefit

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

Wellness Benefit

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

Limitations and Exclusions

Base Policy and Benefit Enhancement Rider

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

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

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

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

You cannot be singled out for a rate increase for any reason. The Insurer has the right to change premium rates by class at the time of renewal of the policy. This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy, AO-03, and Accident Only Benefit Enhancement Rider, AMDI-258TX.R613 Series, and AMDI388 Amendment Rider. This coverage does NOT replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.**

Accident Only Insurance Premiums

Monthly Premiums for Base Plan and Benefit Enhancement Rider

	Basic	Enhanced
Individual	\$19.90	\$26.10
Individual & Spouse	\$28.30	\$34.90
Individual & Child(ren)	\$31.50	\$41.00
Family	\$39.90	\$49.80

³The premium and amount of benefits provided vary based upon the plan selected.

Plan Options

- » **Individual Plan**
The Insured, age 18 through 64, at the date of policy issue, is the only Person.
- » **Individual and Lawful Spouse Plan**
Covers you and your Lawful Spouse (ages 18 to 64 at Policy Issue).
- » **Individual and Child(ren) Plan**
Covers you (ages 18 to 64 at Policy Issue) and each Eligible Child, as defined in the policy.
- » **Family Plan**
Covers you, your Lawful Spouse (ages 18 to 64 at Policy Issue) and each Eligible Child, as defined in the policy.

Underwritten and administered by:



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

MASA Medical Transport Solutions

FOR EMPLOYEES

Emergencies can happen to anyone, anytime, and anywhere!
No matter what, MASA MTS has you covered!

MASA EMERGENT - \$9/MO

What is Covered?

- ✓ Emergency Air Medical Transport
- ✓ Emergency Ground Ambulance Transport

Description	Qty.	Price	Adjustment	Amount
A0421 AMB ALS1 Rate- Emergency	1	1,298.00	0.00	1298.00
A0425 Ambulance Loaded Mileage-Rural	20	420.00	0.00	420.00
Payer: Blue Cross Blue Shield TX				-338.46
Dep. Date: 07/08/2015				-338.00
Other Payments:				-338.00
PLEASE PAY THIS AMOUNT:				\$1,342.60

Patient Name:	Date of Call:	11/07/2014
Run Number:	Time of Call:	13:28:10
Notice Date:	From:	805
	To:	Baptist Med Center South - Montgomery
	Primary Payer:	Golden Rule
	Secondary Payer:	

Description	Qty.	Price	Contracted	Amount
A0431 Helicopter Rotor Base	1	24750.00	0.00	24750.00
A0436 Helicopter Rotor Miles	26	8674.90	0.00	8674.90

BALANCE DUE:	\$33464.90
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Only MASA MTS for Employees can provide you with complete protection.

THE TRUTH....

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

Most healthcare policies will only pay based off of the "Usual and Customary Charges" **leaving you with the remainder of the bill.**

You face the possibility that your medical coverage will deny the claim **leaving you responsible for the ENTIRE bill.**

With MASA, you will have ZERO out of pocket expenses for any emergent air or ground transport from **ANYWHERE** in the U.S., **REGARDLESS** who transports you!

We provide medical emergency transportation solutions AND cover your out of pocket medical transport cost when your insurance falls short.

"All I had to do was send the bill which was never paid by Medicare and TriCare for Life --- and the rest is history. When MASA received that bill, it was paid and all amounts owed satisfied." --- MASA Member, 2015

MASA MTS for Employees Ensures...

- NO health questions
- NO deductibles
- NO age limits
- NO provider network limitations
- NO claim forms
- NO dollar limits on emergency transport costs

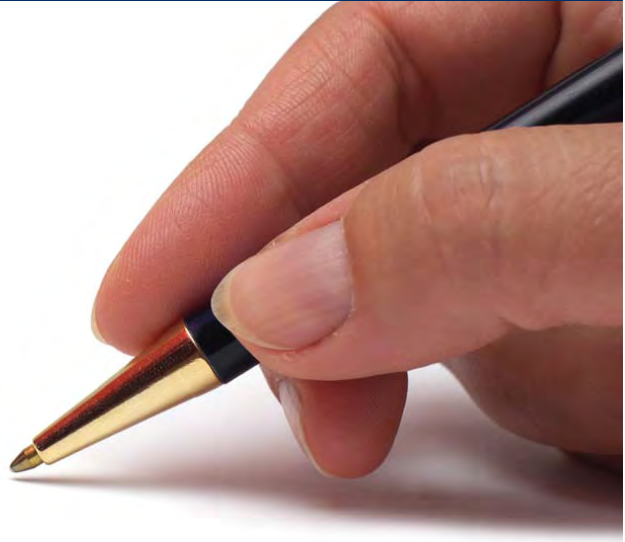
Section 125 Flexible Spending Account

First Financial Administrators, Inc.

WE ARE COMMITTED

First Financial Administrators, Inc. is dedicated to providing excellent service to our customers and are delighted to serve as your cafeteria plan service provider. Our role is to process your requests for reimbursement according to the plan designed by your employer.

- » There are two types of Flexible Spending Accounts (FSAs): The first is unreimbursed medical (URM) and the second is dependent day care (DDC).
- » Your participation in an FSA program allows a portion of your salary to be redirected to provide reimbursement for these types of expenses on a tax-exempt basis.
- » At the beginning of each plan year, you elect a specific dollar amount for each FSA you wish to participate.
- » Participation in one or both FSAs can save you money by reducing your taxable income. This is because taxes will be calculated after the elected amount is deducted from your salary.
- » If applicable, your taxable income will be reduced for Social Security purposes; therefore, there may be a corresponding reduction in Social Security benefits.
- » Once you have elected your annual amount, you cannot change your election unless you experience a change in family status. See Election Irrevocability.
- » To ensure that you are aware of your account balance at all times, we send a new explanation of benefits with each claim that is paid. The explanation of benefits will provide you with information regarding your account balance, claims paid to date, and claims pending.
- » We send notifications 45 days prior to the end of the plan year. The notification reflects your current available balance. You can view account information by logging into our secure website.



FILING A CLAIM

Before submitting your claim, make sure you have had the service(s).

TO FILE YOUR CLAIM

1. Complete a claim form, and be sure to sign and date it.
2. Attach a legible receipt(s) from the service provided or an EOB (Explanation Of Benefits) showing:
 - » A description of the service or a list of supplies furnished.
 - » The charge(s) for each service.
 - » The date(s) of service.
 - » The name of the person(s) receiving the service.
 - » The amount you are responsible for.
3. For convenient direct deposit, complete the Automatic Deposit Agreement form.

Or use your FFA Benefits Card

REQUESTING SERVICES *(Toll-free)*

For Inquires:	1-866-853-3539
For Claim Forms:	www.ffga.com
To Submit Claims by Fax:	1-800-298-7785

General IRS Rules & Information

The following rules apply to both URM and DDC FSAs

ELECTION IRREVOCABILITY

You may not make changes before the beginning of the next plan year unless there is a qualified change in status (as permitted by your plan) that affects Eligibility.

Qualified changes in status may include:

- » Change in employee's legal marital status
- » Change in number of tax dependents
- » Change in employment status that affects eligibility
- » Dependent satisfies or ceases to satisfy eligibility requirements
- » Change in residence that affects eligibility
- » Judgment, decree, or court order dictating provision of coverage
- » Entitlement of Medicare or Medicaid (URM only)
- » Change in cost of the benefit (DDC only)
 - *Addition or elimination of benefit option*
 - *Change in coverage of spouse or dependent under his/her employer's plan*
 - *Significant curtailment of coverage*

If a change in status occurs, you may make changes consistent with the qualifying event or as otherwise defined by your plan document. See your plan Sponsor for further details about making changes.

Dollar Limits

Unreimbursed Medical Account:

Your plan sponsor determines the maximum benefit that may be elected. The IRS maximum for the 2016 is \$2550. Please see your employer for the maximum benefit amount allowed under your plan.

Dependent Daycare Account:

This reimbursement (when aggregated with all other dependent care reimbursements during the same calendar year) may not exceed the least of the following:

- » \$5,000, or
- » \$2,500, if married but filing separate tax returns

Use-it-or-lose-it-Rule

Money remaining in your FSA account(s) will not be returned to you at the end of the plan year. Any amount remaining after the end of the runoff or grace period, if your employer offers one, will be forfeited. Because of the use-it-or-lose-it rule, it is important for you to carefully estimate your out-of-pocket URM and DDC expenses for the upcoming plan year.

TERMINATION OF EMPLOYMENT

URM Account:

Your salary redirections will end; however, you may still file claims for dates of service that were incurred within your employment period. You have 90 days after termination to submit a claim.

DDC Account:

If you have not received reimbursement for all contributions made to your DDC account upon termination, you have 90 days after the end of the plan year to submit a claim.

COBRA

COBRA does not apply to DDC. However, it may apply to your URM account and allow you to continue participation in your URM, thus allowing you to receive reimbursement for medical expenses incurred after your employment termination if:

- » The plan sponsor is subject to COBRA, and
- » When you terminate employment and you have contributed more for URM than you have received in URM benefits.

Note: Under COBRA you must elect coverage within 60 days and continue to submit contributions to your employer to continue coverage under your URM account for the current year.

General IRS Rules & Information

UNREIMBURSED MEDICAL FSA

Almost every person has a number of necessary and predictable expenses that are not paid by their insurance plans. You can save money by putting that amount directly into your Unreimbursed Medical FSA. The FSA will help you pay for these predictable expenses with your pre-tax dollars.

Please be aware of change in tax law – Beginning Jan. 1, 2011, money from flexible spending accounts will no longer be available to pay for most over-the-counter drugs and medicines without a doctor's prescription.

ELIGIBLE EXPENSES

With the FSA, you can pay out-of-pocket health care expenses for yourself, your spouse and all of your eligible dependents for health, dental, and vision care expenses. The services must be incurred while you are actively participating in the FSA plan. The eligible expenses may be reimbursed regardless of whether you, your spouse or dependents are covered by your employer's medical, dental, or health plan.

Expenses for medical care will be limited to expenses incurred primarily for the prevention or improvement of a physical or mental defect or illness. An expense that is merely beneficial to your general health is not an eligible expense. It must be an expense to treat an existing medical condition.

INELIGIBLE EXPENSES

Some expenses that you incur during your plan year may not be eligible for reimbursement under current IRS regulations.

» **EXPENSES NOT YET INCURRED** - Expenses that have been paid, but not yet incurred (i.e. Prepayment of service), cannot be reimbursed until the service is rendered. Expenses don't necessarily have to be PAID, but merely incurred.

» **PREMIUMS FOR INSURANCE** - Premiums and payments to insurance policies are not eligible for reimbursement.

» **EXPENSES PAID BY ANOTHER PLAN OR THIRD PARTY** - Expenses that have already been paid by an insurance company or other reimbursement through your FSA plan.

» **EXPENSES INCURRED AFTER TERMINATION/SEPARATION FROM YOUR EMPLOYER** - If you are no longer participating in the FSA plan through your employer (termination, resignation, etc) any claims incurred after your participation ends are not eligible for reimbursement.



COMMON ELIGIBLE EXPENSES

- » Co-Payments
- » Co-Insurance
- » Deductibles
- » Over-the Counter Drugs
(with physician's prescription)
- » Dental Treatment
- » Orthodontia
- » Lab Fees
- » X-Rays
- » Vision Expenses
- » Lasik Surgery
- » Physical Therapy
- » Chiropractor Services
- » Acupuncture
- » Eye Contact Solution
- » Eye Drops

COMMON INELIGIBLE EXPENSES

- » Cosmetic Surgery
- » Teeth Whitening
- » Veneers
- » Botox
- » Non Prescribed Vitamins
and Supplements
- » Toiletries
- » Medical Insurance Premiums
- » Health Club Membership Fees

General IRS Rules & Information

EXAMPLES OF ELIGIBLE MEDICAL CARE EXPENSES

The following lists are examples of the types of expenses that may or may not be reimbursed. These lists are not intended to be complete, as other expenses may also be eligible or ineligible under federal tax law or under employer's plan. To be eligible under an FSA URM account, the medical expense(s) must be incurred for medical care that is not reimbursed from any other source. Medical care means the drug or service is needed to treat a medical condition. First Financial Administrators, Inc. may request additional information from you to substantiate that an expense is for health care.



ELIGIBLE MEDICAL EXPENSES			INELIGIBLE EXPENSES
» Acupuncture	» Hearing aids and batteries	» Prescription drugs	» Dancing or swimming lessons
» Alcohol and drug rehabilitation expenses	» Home health care	» Psychiatrist	» Medications purchased outside US
» Ambulance	» Hospital and skilled nursing facility expenses	» Psychologist	» Expenses reimbursed under any health plan or other source
» Anesthetist	» Laboratory fees	» Rental or purchase of medical equipment, including special equipment for use by handicapped persons	» Health Club Dues
» Artificial limbs and teeth	» Lip-reading lessons	» Sanitarium	» Face creams, moisturizers, etc.
» Birth control pills	» Midwife	» Stop Smoking Programs and Drugs	» Hair removal treatments/waxes
» Blood donor (expense)	» Nursing care	» Support or corrective devices	» Vacation
» Chiropracist	» Obstetrical expense	» Surgery	» Cosmetic Surgery
» Chiropractor	» Oculist	» Therapy	» Teeth Whitening
» Christian Science Practitioners	» Operations and related treatments	» Transportation expenses	» Vitamins taken for overall health
» Certain corrective surgery	» Optometrist	» Weight Loss for Obesity*	» OTC Medications not for Medical Care
» Contact lens solution and cleaner	» Orthodontist**	» X-ray	» Toothpaste/Toothbrushes
» Co-payment for health insurance	» Osteopath		» Mouth washes, oral anesthetics, etc.
» Dental care and dentures	» Outpatient clinic		
» Drugs and medical supplies	» Over-the-Counter Medications (with physician's prescription)		
» Examinations	» Pediatrician		
» Eye exam, eyeglasses, and contacts	» Physician		
» Gynecologist	» Podiatrist		
	» Practical nurse		

* This service requires a letter of medical necessity with a diagnosis from the referring physician.

** Requires an active orthodontia contract be on file.



General IRS Rules & Information

The following rules apply to both URM and DDC FSAs

DEPENDENT CARE FSA

The Dependent Care FSA allows you to pay for day care expenses for your qualified dependent/child with pre-tax dollars while you (and your spouse) are working, seeking employment, or attending school as a full-time student for at least 5 months during the year.

ELIGIBILITY REQUIREMENTS

Eligible dependents must be claimed as an exemption on your tax return. These dependents can include step-children, grandchildren, adopted children, or foster children. In a divorce situation, you must have custody of the child in order for the child to be considered an eligible dependent. Under IRS regulations, eligible dependents are further defined as: under the age of 13, and/or physically or mentally unable to care for themselves, such as a disabled spouse, disabled child, or elderly parents that live with you.

ELIGIBLE EXPENSES

Eligible dependent care expenses are those expenses you must pay for the care of a dependent so that you and your spouse can work. The care may be provided in your home or at a licensed center outside of your home. If the care is in your home, the service cannot be provided by another child of yours under the age of 19, by your spouse, or by your dependents.

INELIGIBLE EXPENSES

Only those dependents care expenses that enable you and your spouse to work are eligible. Some expenses that you incur during your plan year may not be eligible for reimbursement under current IRS regulations

- » Educational Costs
- » Weekends/Evening-out babysitting
- » Transportation, books, clothing, food, activities, entertainment, and registration fees are ineligible if these expenses are shown separately on your bill



COMMON ELIGIBLE EXPENSES

- » Day Camps
- » Before/After School Care
- » Babysitters/Day Care Centers
- » Au Pair
- » Nanny
- » Nursery School

COMMON INELIGIBLE EXPENSES

- » Registration Fees
- » Care for child while not working
- » Kindergarten
- » Food/Activity expenses if separate from cost of care
- » Care provided by anyone under age 19
- » Pre-School
- » Books and Supplies
- » Field Trips

Claims Information

THE REIMBURSEMENT PROCESS

REIMBURSEMENTS- The healthcare/medical FSAs are pre-funded; therefore, you are eligible to receive reimbursement up to your elected annual contribution from the beginning of your FSA plan year. The healthcare/medical FSA funds that are reimbursed to you will be recovered as your deductions are taken from your paycheck throughout the plan year. Dependent Care FSAs are NOT pre-funded; therefore, you will only receive reimbursement up to your year-to-date contributions from payroll deductions. The remainder of the reimbursement request is paid when additional funds are received from payroll deductions.

PAYMENT METHOD CHOICE- For Unreimbursed Medical expenses you may pay with your FFA Benefits Flex Card at the time you incur the expense, or pay the provider out-of-pocket and file a manual (paper) claim to receive a reimbursement. The FFA Benefits Flex Card is only available for Healthcare/Medical FSAs.

MANUAL CLAIMS- To obtain reimbursement from your FSA, you must complete a manual claim form and attach all itemized receipts from the service provider. Cancelled checks, bankcard/credit card receipts, and credit card statements are NOT acceptable forms of documentation. The receipt must come from the service provider or the Explanation of Benefits from your medical health carrier and must include the following information:

- » Patient name
- » Date of service incurred
- » Provider / Merchant name
- » Amount of your out-of-pocket charge incurred
- » Type of service incurred
- » Must include prescription number

REMEMBER- You must sign and date all claim forms.

FFGA recommends submitting an Explanation of Benefits (EOB) from your insurance company, if available.



CLAIMS PROCESSING AND PAYMENTS

All claim reimbursements are handled with strict adherence to IRS adjudication and reporting regulations. Claims are processed daily, and our turn around time upon receipt is 3-5 business days and during peak periods (December-March) 5-10 business days. Your reimbursement check will be mailed to your home address on file. You may also elect to receive payment via direct deposit. You have a 2 ½ month grace period (employer permitting) to incur claims with an additional 2 weeks to file claims.

Online Service to View Account Information, visit www.ffga.com

FFA Benefits Card

First Financial Administrators, Inc.



BENEFITS CARD

The First Financial Administrators, Inc. Benefits Card is available for Medical Reimbursement Flexible Spending Accounts and Dependent Care Accounts. Cards can be issued to spouses and dependent children (ages 18 to 26) for no additional fee. The initial cards are free, but if a replacement card is issued, the cost is \$10.00 per card and will be deducted from your account balance. Cards are good for three years from the issue date as long as you participate each consecutive plan year. Each card is printed with an expiration date. Claims can also be submitted directly for reimbursement.

The IRS requires validation of most transactions – you must submit an itemized receipt for verification of expenses, when requested. An itemized receipt must list the provider name, patient name, date of service, a brief description of services received, and the amount you are responsible for after amount paid/adjusted by insurance. An explanation of benefits (EOB) which can be obtained from your insurance carrier, is also acceptable documentation. If you fail to substantiate by providing the necessary documentation within 60 days of the transaction, your card will be suspended until the itemized receipt or explanation of benefits is received. Documentation can be uploaded using the *FF Flex Mobile App* or secure *My Benefits Center Portal*.

Claim Forms can be found on our website, www.ffga.com.

Mail: First Financial Administrators, Inc.
Attn: Flex Department
P.O. Box 161968
Altamonte Springs, FL 32716

Upload Online:
Log in to your secure account online at www.ffga.com.

Fax: (800) 298-7785

Upload with FFlex Mobile App:
Available for Apple® or Android™ devices on the App StoreSM and Google Play Store™

WHERE TO USE YOUR DEBIT CARD FOR ELIGIBLE EXPENSES:

- » Pharmacies – always use your debit card at the pharmacy counter only.
- » In-Store Pharmacies – *If “merchant code” is programmed “pharmacy,” the expense will be authorized. However, if the MasterCard transaction code is programmed “grocery/retail,” the transaction may be denied. The debit card may not work and the expense may be declined in some grocery/discount stores.*
- » Physician Offices
- » Specialist Physician Offices
- » Dental Offices
- » Over-the-counter drugs (*must be accompanied by a Physician’s Rx*)
- » Vision Care Providers
- » Medical Facilities
- » Medical Clinics
- » Hospitals, including Emergency Rooms
- » Day Care Facilities

Expenses must be incurred during the plan year that you are using funds from.

Your FFA Benefits Card cannot be used past your termination date. If you have available funds in your account, a manual claim will be required. All eligible expenses have to be incurred while you were actively working and prior to your termination date.

A list of eligible expenses is available on www.ffga.com. This card is a signature debit card and does not require a PIN for use. Transactions must always be submitted as “credit.” Participants may review Flexible Spending Account balances online at www.ffga.com.

CALL (866) 853-FLEX FOR MORE INFORMATION OR QUESTIONS.



Using Your Benefits Card

For Medical FSA & Dependent Day Care Accounts

Your FF Benefits Card allows you to use your Medical FSA and/or Dependent Day Care Account to pay for out-of-pocket healthcare expenses without having to submit a claim and wait for reimbursement.

You can pay instantly for approved medical, dental, vision, prescription, and dependent day care expenses – **Just swipe your card and save your receipt.**

Why save your receipt?

The IRS requires proof that the expense is eligible. Some merchants use IIAS (Inventory Information Approval System) to confirm IRS approved over-the-counter medications, products, or services, but for those that don't, the IRS wants to know what you used your card to pay for.

As a result, unless a claim can be auto-substantiated by IIAS, you are required to submit documentation to First Financial Administrators, Inc.

You should always save your itemized receipts for medical and daycare expenses, and all of the explanation of benefits (EOBs) you receive from health, pharmacy, vision, and/or dental plans.

So, what do you do if you received a request to submit document?

It's easy using our FF Flex Mobile App!

Login and click on the "Claims" icon. Select the pending claim and choose "Add receipt". Upload or take a photo of the documentation right from your mobile device.

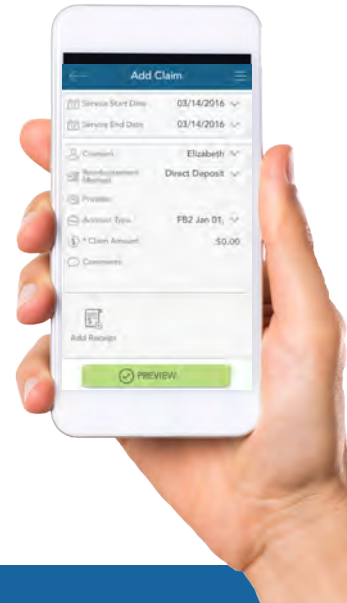
Your receipt or EOB must include:

1. Date of purchase or date service was incurred
2. Amount you were required to pay after insurance
3. Detailed description of the product or service
4. Merchant or provider name
5. Dates of Service & Tax ID for Dependent Care Charges
(Only expenses for services already incurred will qualify for reimbursement.)
6. Patient name (if applicable)

You may also submit your documentation by:

- **Laptop/Computer:** Login to the Online Portal at www.ffga.com
- **Mail:** Send by mail to First Financial Administrators, Inc.,
PO Box 161968, Altamonte Springs, FL 32716
- **Email:** Scan a copy or photo of the receipt to
First_Financial_Receipts@Alegeus.com
- **Fax:** Send by fax to 800-298-7785

So don't forget - after you swipe your card, save your receipt!



Substantiation FAQs

Q. How can I avoid receiving receipt requests?

A. When you use the methods listed below, your expenses may not require substantiation.

- **Purchases at Pharmacies that use the IIAS System:**
Receipts are not usually needed for purchases made at pharmacies using your FSA card. This is because most of these stores use a computer program (IIAS) that can tell whether an item is eligible under your FSA plan.
- **Recurring Expenses:**
You will not need to keep sending receipts for the recurring expense after it has been verified. The expense must be the same amount and to the same merchant.
- **Buy Eligible Items through the FSA Store:**
Our partner, FSA Store, is a convenient source for Medical FSA participants, as it is the only e-commerce site exclusively stocked with FSA eligible products. There is no guesswork about FSA reimbursement on the site, because products are clearly marked showing which ones require a prescription, and which ones do not. In addition to thousands of products, the site has various resources (including an FSA Learning Center and FSA Calculator) to help participants better understand and use their FSA. FSA Store features 24/7 customer service via live chat, phone, and email. To visit FSA Store, please go to <http://www.ffga.com/fsaextras> and click on the banner.

Q. What will happen if I don't send the receipts that have been requested?

A. When a plan participant fails to submit receipts for transactions that require substantiation, or if a participant fails to repay the plan for ineligible expenses, the participant's benefit card(s) will be deactivated. The participant will receive three notices by mail or email requesting documentation. If we do not receive a response within 90 days, the card will be temporarily deactivated until we receive the documentation.

Q. How can I reactivate my card if it is deactivated?

A. If your card has been deactivated, you may reactivate it by providing First Financial Administrators, Inc. with the requested receipts or by repaying the plan for the amounts in question. You may repay by mailing a check to First Financial, PO Box 670329, Houston, Texas 77060 or with a credit card by calling customer service at 866-853-3539. Note: There will be a 3% fee if paying by credit card.



For more information, contact us at:

First Financial Administrators, Inc. | PO Box 161968 | Altamonte Springs, FL 32716

Flex Customer Service: 866-853-3539 | Flex Fax: 800-298-7785

Tech Support – techsupport@ffga.com

Flex Receipts and Documents only: First_Financial_Receipts@Alegeus.com

FFGA-2056-0318





HEALTH SAVINGS ACCOUNTS

Administered by First Financial Administrators, Inc.

What is a Health Savings Account (HSA)?

HSAs were created to help control healthcare costs. They provide a savings vehicle that allows you to set aside money to pay for higher deductibles associated with lower monthly premium High Deductible Health Plans (HDHP). The money you save in monthly insurance premiums may be set aside for eligible medical expenses you incur in the future. Your HSA balance rolls over from year-to-year earning interest along the way. The account is portable. Upon retirement or separation of service, you take the HSA with you because it's your money and your account.

HSAs Offer a Triple Tax Advantage

- » The money you put in to the account is deducted from your paycheck before tax
- » The interest and earnings you make on the account grow tax free
- » Distributions for eligible medical expenses are tax free

Key Advantages of an HSA

- » No end-of-year forfeiture of funds
- » Portable account
- » Provides an excellent savings vehicle for healthcare expenses
- » No monthly account fees
- » Free eStatements when you opt in for electronic delivery

Minimum Health Insurance Plan Deductible Amounts for the Qualifying HDHP

	2018	2019
Individual coverage	\$1,350	\$1,350
Family coverage	\$2,700	\$2,700

Annual Maximum Contribution Levels

	2018	2019
Individual coverage	\$3,450	\$3,500
Family coverage	\$6,900	\$7,000

Catch up allowed for those 55 and over - \$1,000

Maximums for HDHP Out-of-Pocket Expenses

	2018	2019
Individual coverage	\$6,650	\$6,750
Family coverage	\$13,300	\$13,500

Who can participate in an HSA and are there any restrictions?

- » 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



Funds in your HSA Deposit Account are held at UMB Bank, n.a. Member FDIC.
Funds in this account are insured by the FDIC to the maximum permitted by law.

FFGA-2048-0518



PO Box 161968, Altamonte Springs, FL 32716 | Online: www.ffga.com | Email: hsa@ffga.com
Phone: 866-853-3539 | Fax number: 800-298-7785 | Tech Support: techsupport@ffga.com

Examples of Eligible HSA Expenses

For a complete list, visit www.ffga.com/hsaextras

- » Copays & Deductibles
- » Prescriptions
- » Dental Care
- » Contacts & Eyeglasses
- » Hearing aids
- » Laser Eye Surgery
- » Orthodontia
- » Chiropractic Care

Your HSA as an Investment Account

HSA's are often overlooked as powerful retirement tools. The more you save, the more you earn. The account offers significant tax advantages and provides opportunities to invest in mutual funds. Account holders can choose to invest any funds over \$1,000 into a variety of investment options. This is a great way to potentially grow your savings for future healthcare costs or retirement.

Distributions and accessing the funds in your HSA

Online Reimbursement

You can request funds online and receive a check or a direct deposit into your selected account.

Online Bill Pay

You can request funds online to pay your provider directly from your HSA account.

Distribution Request Form

You can fax or mail a Distribution Request Form to receive your funds by check or direct deposit.

Is it possible to get a distribution without an eligible medical expense?

- » If you are 65 and older, the funds may be used for any expense with no penalty. The distribution is subject to taxation.
- » If you are under 65, you may incur a 20% penalty and the funds are subject to taxation.

Keep good records of your expenses

Receipts are NOT required at the time of distribution. Be sure to keep receipts for all of your medical expenses, for which you received a reimbursement, for at least three years for tax-reporting purposes. Keep track of your receipts and payments by using the portal to see balances, view transactions, create reports, and upload receipts.

HSA RESOURCES

Benefits Card

The Benefits Card is available to all employees that participate in a Health Savings Account (HSA) and Limited Purpose Flexible Spending 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 eligible dependents that are at least 18 years old.

Online & Mobile Access

Get account information from our easy-to-use online portal and mobile application. See your account and investment balances in real time, request distributions, and save receipts by snapping a photo!

Visit www.ffga.com to set up your online account.

Search for **FF Flex Mobile App** from your Apple or Android device to download the mobile app today!

HSA Store - www.ffga.com/hsaextras

First Financial has partnered with the HSA Store to bring you an easy to use online store to better understand and manage your HSA. Shop at the HSA Store for eligible items from bandages to wheel chairs and thousands of products in between, browse or search for eligible products and services using the HSA Eligibility List, and visit the HSA Learning Center to help find answers to questions you may have about your HSA.





Employee FAQ:

Health Savings Accounts

What is a health savings account (HSA)?

An HSA is a tax-advantaged personal savings account that can be used to pay for medical, dental, vision and other qualified expenses now or later in life. To contribute to an HSA you must be enrolled in a qualified high-deductible health plan (HDHP) and your contributions are limited annually. The funds can even be invested, making it a great addition to your retirement portfolio.

Why should I participate in an HSA?

Funds contributed to an HSA are triple-tax-advantaged.

- 1. Money goes in tax-free.** Most employers offer a payroll deduction through a Section 125 Cafeteria Plan, allowing you to make contributions to your HSA on a pre-tax basis. The contribution is deposited into your HSA prior to taxes being applied to your paycheck, making your savings immediate. You can also contribute to your HSA post-tax and recognize the same tax savings by claiming the deduction when filing your annual taxes.
- 2. Money comes out tax-free.** Eligible healthcare purchases can be made tax-free when you use your HSA. Purchases can be made directly from your HSA account, either by using your benefits card, ACH, online bill-pay – or, you can pay out-of-pocket and then reimburse yourself from your HSA.
- 3. Earn interest, tax-free.** The interest on HSA funds grows on a tax-free basis. Unlike most savings accounts, interest earned on an HSA is not considered taxable income when the funds are used for eligible medical expenses.

What expenses are eligible for reimbursement?

Health plan co-pays, deductibles, co-insurance, vision, dental care, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502).

Am I eligible to participate?

In order to contribute, you must be enrolled in a qualified HDHP, not covered under a secondary health insurance plan, not enrolled in Medicare, and not another person's dependent. You also cannot be enrolled in a traditional Flexible Spending Account for you or your spouse. There are no eligibility requirements to spend previously-contributed HSA funds.

What is a high-deductible health plan?

A HDHP is a health insurance plan with deductible amounts that are greater than \$1,350 for individual or \$2,700 for family coverage and have an out-of-pocket maximum that does not exceed \$6,650 for individual or \$13,300 for family coverage.

How do I contribute money to my HSA?

Payroll deduction is most likely offered by your employer. Your annual contribution will be divided into equal amounts and deducted from your payroll before taxes. Direct contributions can also be made from your personal bank account and can be deducted on your personal income tax return.

Can I change my contributions to my HSA during the year?

Yes. You will not be subject to the change-in-status rules applicable to other benefit accounts. You will be able to make changes in your contributions by providing the applicable notice of change provided by your employer.

How much can I contribute to my HSA?

Contributions can be made by the eligible employee, their employer, or any other individual. Annual contributions from all sources may not exceed \$3,450 for singles or \$6,900 for families in 2018. Individuals aged 55 and over may make an additional \$1,000 catch-up contribution.

Do I have to spend all my contributions by the end of the plan year?

No. HSA money is yours to keep. Unlike a flexible spending account (FSA), unused money in your HSA isn't forfeited at the end of the year; it continues to grow, tax-deferred.

What happens if my employment is terminated?

HSAs are portable and move with you if you change employment. Your HSA belongs to you, not your employer, just like your personal bank account.

How do I access the funds in my HSA?

You are responsible for ensuring the money is spent on qualified purchases only and maintaining records to withstand IRS scrutiny. Payments can be made via ACH, online bill-pay, or debit card, depending on what is available to you.

When must contributions be made to an HSA for a taxable year?

Contributions for the taxable year can be made in one or more payments at any time after the year has begun and prior to the individual's deadline (without extensions) for filing the eligible individual's federal income tax return for that year. For most taxpayers, the deadline is April 15 of the year following the year for which contributions are made.

What happens to the money in my HSA if I no longer have HDHP coverage?

Once you discontinue coverage under an HDHP and/or get secondary health insurance coverage that disqualifies you from an HSA, you can no longer make contributions to your HSA. However, since you own the HSA, you can continue to use the remaining funds for future healthcare expenses.

Is tax reporting required for an HSA?

Yes. IRS form 8889 must be completed with your tax return each year to report total deposits and withdrawals from your account. You do not have to itemize to complete this form.

Can I still deduct healthcare expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed from your HSA.

Can I withdraw the money for non-healthcare purchases?

Yes. If you withdraw the money for an unqualified expense prior to age 65, you'll be subject to your ordinary income tax, in addition to 20% tax penalty. You can withdraw the money for any reason without penalty after age 65, but are subject to applicable income taxes.

Can I roll over or transfer funds from my previous HSA into my new HSA?

Yes. Pre-existing HSA funds may be rolled into a new HSA and will continue their tax-free status. Contact your First Financial Account Manager for assistance.

Can I control how the funds are invested?

Yes. Once your HSA cash account balance reaches \$1,000, you can transfer funds to an HSA investment account. You can choose from a selection of mutual funds and setup an allocation model for future transfers like you would for a 401k plan.

Can I transfer funds between the cash and investment accounts?

Yes. You can transfer money between your HSA cash and HSA investment account at any time.

Will my HSA eligibility be affected if I have funds in my General Purpose Flexible Spending Account at the end of my plan year?

To make HSA contributions, your General Purpose Flexible Spending Account must have a zero balance at the end of the plan year.

What happens to my HSA when I resign or retire?

The HSA is yours to keep whether you resign, are terminated, retire from or change your job. You will continue to have access to your account and funds. However, nominal bank fees may be incurred if you are no longer enrolled in your HSA through your employer.

Will I receive a separate Benefits Card for my HSA, Dependent Care Account, and Limited Purpose FSA?

All First Financial administered consumer driven health plans can be accessed using the same benefits card.



For more information, call (866) 853-3539

FFGA-2055-1118



403(b) Tax Deferred Annuities

A 403(b) is a Tax Deferred Retirement Plan. They are similar to 401k plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on your contributions or earnings made until the money is withdrawn.

Benefits Include:

- 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 needed throughout the year
- Financial hardship withdrawals and loans may be available

To participate in a 403(b) you must contact an agent/representative and select a District approved company and complete the required paperwork. A list of approved companies can be found on the FFGA website. For information, contact First Financial's Retirement Services Department at (800) 523-8422.

457 Tax Deferred Compensation

A 457 Plan is a Tax Deferred Retirement Plan available to all eligible district employees. They are similar to 401k plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on what you contribute or earnings you made until you withdraw the money.

Benefits include:

- Investment options: fixed annuities, variable annuities or mutual funds
- Flexibility: start, stop and adjust your contribution amounts as allowed under your employer's plan
- At early retirement or severance of service from your employer, distribution can usually be made without the 10% IRS penalty tax

To participate in the 457 plan, you must contact [Laura Pack](#) with First Financial at 325-338-3955 or email laura.pack@ffga.com.

BENEFIT CONTACT INFORMATION

Program	Vendor	Phone Number	Website/E-mail
Dental	Ameritas	(800) 487-5553	www.ameritas.com
Vision	Eyetopia	(800) 662-8264	www.eyetopiaplans.com
Vision	Ameritas	(800) 487-5553	www.vsp.com
Long-Term Disability	American Fidelity	(800) 654-8489	www.americanfidelity.com
Group Cancer Insurance	American Fidelity	(800) 654-8489	www.americanfidelity.com
Group Critical Illness	Aflac	(800) 433-3036	www.aflacgroupinsurance.com
Group Hospital Indemnity	Aflac	(800) 433-3036	www.aflacgroupinsurance.com
Term Life Insurance	American Fidelity	(800) 654-8489	www.americanfidelity.com
Group Term Life and AD&D	Dearborn National	(800) 348-4512	www.dearbornnational.com
Permanent Life Insurance	Texas Life	(800) 283-9233	www.texaslife.com
Accident Only	American Fidelity	(800) 654-8489	www.americanfidelity.com
Medical Transport	MASA	(800) 423-3226	www.ambulanceclaims@masa.global
Section 125 Flexible Benefits Plan	First Financial	(866) 853-3539	www.ffga.com
Health Savings Account	American Fidelity	(866) 326-3600	www.hsa@ffga.com

FFGA Contacts

Laura Pack, Account Manager – laura.pack@ffga.com (325-338-3955)
 Becky Johnson, Customer Service – becky.johnson@ffga.com
 Abilene Branch Office – (888) 580-8015
 Abilene Branch Office Fax – (325) 673-4478
 Flexible Spending Account Department – (866) 853-3539
 Flex Department Fax Number – (800) 298-7785
 Account Balance/Claim Forms – www.ffga.com
 Retirement Services Department – (800) 523-8422
 Retirement Services Fax Number – (866) 265-4594
 Retirement Services Web site – www.ffga.com/403b/403bMain.aspx