2026

Atlanta Public Schools Employee Benefit Guide

ATLANTA PUBLIC SCHOOLS

Atlanta Public Schools

Dear Atlanta Public Schools Employee,

As an eligible employee, you are entitled to enroll in the Section 125 plan, an IRS approved program designed to help you save money on taxes. Certain insurance products are available for purchase on a pre-tax basis, under Section 125. You have the option of deducting your premiums before tax, resulting in increased take-home pay and reduced income taxes.

Flexible Spending Accounts are also available under Section 125. Each year, you can elect a portion of your paycheck into an account (on a pre-tax basis) to gain reimbursement for out-of-pocket medical and dependent day care expenses.

For 2026, American Fidelity will also be offering the following voluntary benefits:

- Disability Income Insurance
- Accident Insurance
- Cancer Insurance
- Life Insurance
- Critical Illness Insurance
- Hospital Indemnity
- Dental
- Vision
- Group Life/AD&D

Benefit counselors will be available throughout the open enrollment process to assist you in enrolling in all of your benefits and to answer any questions you may have.

Atlanta Public Schools has developed the following benefit guide to provide you with information about your benefit options for the new plan year, explain the enrollment process, and serve as a valuable resource for information about all the benefits available to you. It's a good idea to take some time to read this guide before attending open enrollment and/or completing your enrollment forms.

Thank you in advance for taking the time to review this benefit guide and we look forward to seeing you during this year's open enrollment.

Sincerely,

Atlanta Public Schools

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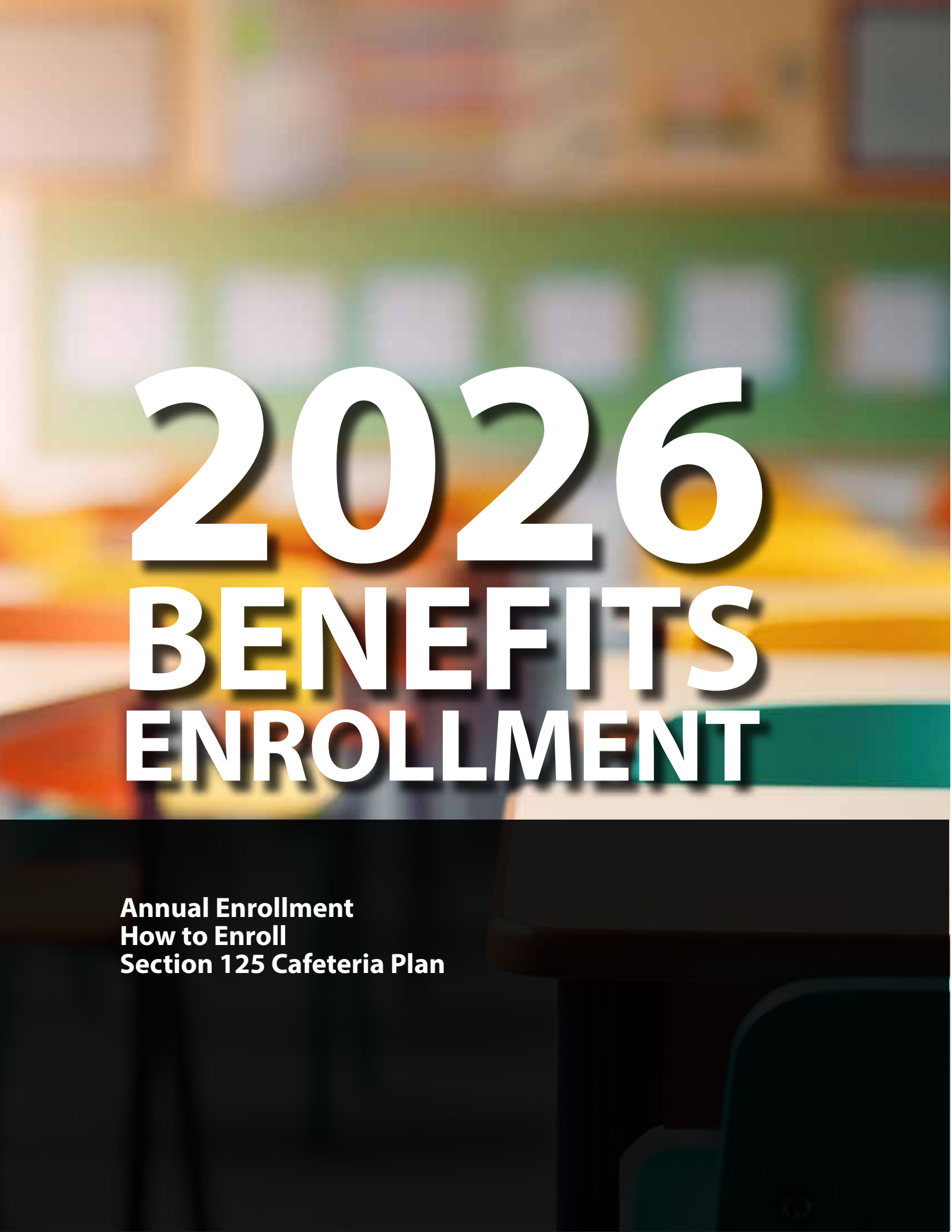
About this Guide

This benefit guide is a compilation guide of Atlanta Public Schools-sponsored Human Resources. It is intended for informational purposes only. The actual benefits available and the full descriptions of these benefits are governed in all cases by the relevant plan document, insurance contracts, and Ordinances and Resolutions of Atlanta Public Schools, and where applicable, collective bargaining agreements. If there are discrepancies between the benefit guide and the actual plan documents, insurance contracts, and Ordinances and Resolutions, the documents, contracts, and Ordinances and Resolutions will govern.



2026 BENEFITS ENROLLMENT

Annual Enrollment
How to Enroll
Section 125 Cafeteria Plan

Your Annual Enrollment

Annual Open Enrollment

Open Enrollment provides you an opportunity to change plans and modify dependent coverage. Your election deductions begin in January and will remain in effect through the plan year (January 1, 2026 - December 31, 2026) for your Voluntary benefits.

NOTE: If eligibility changes during the year you must notify Human Resources within 31 days of the qualifying event.

Before you meet with your American Fidelity Representative, take time to evaluate your current coverage and decide how well it serves the needs of you and your family.

Important Points To Consider

- Figure an estimate of out-of-pocket medical expenses. Remember that over-the-counter drugs and medicines now require a prescription to be reimbursed.
- Figure an estimate of child care expenses.
- Review your beneficiaries.
- Review American Fidelity's options of portable insurance plans that you can keep if your employment changes.
- Evaluate your need for life insurance.
- Consider increasing your Disability Income Insurance policy amount to match your current salary.

Your Section 125 Plan

Save Money With Section 125

If there was a program available that could dramatically save money on your taxes, would you take advantage of it? That's exactly what the Section 125 Plan does—reduces your taxes and increases your spendable income! Plus, the Plan is available to you at no cost* and you're already eligible, all you have to do is enroll.

The Plan works like this: You are allowed to deduct needed benefits from gross earnings before taxes are computed. This means that current after-tax expenses, such as insurance products and benefits, can be paid for with pre-tax dollars.

The advantage of this Plan is simple: The eligible premiums you pay under the Plan are paid on a pre-tax basis. You could be on your way to increased savings, just by signing up and taking advantage of this Plan!

Benefits Eligible For The Section 125 Cafeteria Plan

- Group Medical, Dental and Vision Insurance
- Accident Insurance
- Cancer Insurance
- Hospital Indemnity Insurance
- Flexible Spending Accounts

How Can This Plan Help Me?

The sample paycheck below shows the benefits under the Section 125 Plan compared to benefits outside of the Plan. In this example, the employee gained $55 more spendable income per month!

Pre-Tax Example		After-Tax Example
$1,500.00	Monthly Gross Salary	$1,500.00
- $150.00	Pre-Tax Medical Insurance	$0.00
- $25.00	Pre-Tax Disability Insurance	$0.00
- $25.00	Pre-Tax Accident Insurance	$0.00
$1,300.00	Adjusted Monthly Gross Salary	$1,500.00
- $260.00	Estimated Federal Tax (20%)	- $300.00
- $99.45	Estimated FICA (7.65%)	- $114.75
$0.00	After-Tax Medical Insurance	- $150.00
$0.00	After-Tax Disability Insurance	- $25.00
$0.00	After-Tax Accident Insurance	- $25.00
$940.55	**Take-Home Pay**	**$885.25**

** Taxes are a sample average of State, Federal and FICA taxes. Your own average tax rate may vary.*

How to Enroll

Atlanta Public Schools makes it easy for you to enroll in your 2026 benefits. Employees can enroll on-site with your American Fidelity representative.

2 Ways to Enroll

- Enroll On-site during open enrollment or
- Self-enroll on your own.

What To Bring To Your Appointment

- Driver's license.
- Bank account information (to sign up for direct deposit)
- Spouse and children's DOB and Social Security number if considering coverage for them.
- Beneficiary information, including (if a trust) full name and date of trust.

Point your smart phone camera at the QR code to schedule your appointment or copy in your browser https://enroll.americanfidelity.com/DCCD3747:

Don't Miss It!

- Have you recently received a pay increase?
- Have you or are you planning on getting married, having children, or buying a home?
- What would happen if you were suddenly ill or disabled?

These questions and others will be addressed during your benefit consultation to make sure you are properly covered. It takes just a few moments to review your coverage and protect the welfare of you and your family.

By enrolling on-site you can enroll in:

- Dental Insurance
- Vision Insurance
- Group Life Insurance/AD&D
- Disability Income Insurance
- Cancer Insurance
- Accident Only Insurance
- Life Insurance
- Health Flex Spending Account
- Dependent Care FSA

INSURANCE PLANS

SHBP Directory
Dental Plan
Vision Plan
Group Life Insurance/AD&D
Disability Income Insurance
Accident Insurance
Cancer Insurance
Term Life Insurance
Whole Life Insurance
Term 100 Life Insurance
Critical Illness Insurance
Hospital Indemnity Insurance

Health Plan Benefits

State Health Benefit Plan (SHBP)

Contact Directory

Vendor	Member Services	Website
Anthem Blue Cross Blue Shield of Georgia (BCBSGa) Member Services: Mon - Fri 8:00 a.m. to 8:00 p.m. ET	855-641-4862	www.bcbsga.com/shbp
UnitedHealthcare Member Services: Mon - Fri 8:00 a.m. to 8:00 p.m. ET TTY 711	888-364-6352	www.welcometouhc.com/shbp
SHBP Eligibility Member Services: Mon - Fri 8:30 a.m. to 5:00 p.m. ET	800-610-1863	www.dch.georgia.gov/shbp
SHBP Call Center	1-800-610-1863	www.dch.georgia.gov/shbp
Healthways Member Services: Mon - Fri 8:00 a.m. to 8:00 p.m. ET	888-646-6411	www.bewellshbp.com
Kaiser Permanente (KP) Member Services: Monday - Friday, 7 a.m. - 7 p.m. ET	855-512-5997 (TTY 711)	my.kp.org/shbp
Additional Information	Member Services	Website
CVS Caremark Member Services: 24 hours a day/7 days a week	1-844-345-3241	www.caremark.com
TRICARE Supplemental Plan Member Services 8:30 a.m. to 5 p.m. ET Monday – Friday	866-637-9911	www.asicorporation.com/ga_shbp
PeachCare for Kids	877-427-3224	www.peachcare.org

Information will be communicated and included in this benefits guide when it is available.

To learn more about our Health Plan options, please review the following guides here:

https://myshbpga.adp.com/shbp/

Dental Plan

MetLife

	Plan option 1 Dental High Plan		Plan option 2 Dental Low Plan	
	In-Network[1] % of Negotiated Fee[2]	**Out-of-Network[1]** % of R&C Fee**	**In-Network[1]** % of Negotiated Fee[2]	**Out-of-Network[1]** % of R&C Fee**
Coverage Type				
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, extractions	80%	80%	100%	100%
Type C: Major Restorative (bridges, dentures	50%	80%	No Coverage	No Coverage
Type D: Orthodontia	50%	50%	No Coverage	No Coverage
Deductible†				
Individual	$50	$50	$50	$50
Family	$150	$150	$150	$150
Annual Maximum Benefit				
Per Person	$1,500	$1,500	$750	$750
Orthodontia Lifetime Maximum				
Per Person***	$1,000	$1,000	N/A	N/A

Child(ren)'s eligibility for dental coverage is from birth up to age 26.
Late-enrollment waiting period: There is a one-year waiting period for all services following date of request.

[1] "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.
[2]Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

[3]Your plan includes incentive provisions. Deductibles, plan maximums and/or co-insurance percentages may differ by plan member.
*Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.
**R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.
†Applies only to Type B & C Services.
*** Orthodontia included for adults. Available for dependent children up to age 26.

Metlife Dental Rates - Low Rates

Tier	EE Cost	ER Cost	Total Cost
EO	$11.83	$8.00	$19.83
Family	$67.19	$8.00	$75.19

Metlife Dental Rates - High Rates

Tier	EE Cost	ER Cost	Total Cost
EO	$19.81	$8.00	$27.81
Family	$97.44	$8.00	$105.44

List of Primary Covered Services & Limitations*

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	Plan Option 1: High Plan How Many/How Often	Plan Option 2: Low Plan How Many/How Often
Type A — Preventive		
Prophylaxis (cleanings)	One per 6 consecutive months	One per 6 consecutive months
Oral Examinations	One per 6 consecutive months	One per 6 consecutive months
Topical Fluoride Applications	One fluoride treatment per 12 consecutive months for dependent children up to his/her 19th birthday	One fluoride treatment per 12 consecutive months for dependent children up to his/her 19th birthday
X-rays	• Full mouth X-rays; one per 60 months • Bitewings X-rays; one set per calendar year	• Full mouth X-rays; one per 60 months • Bitewings X-rays; one set per calendar year
Type B — Basic Restorative		
Fillings		
Simple Extractions		
Crown, Denture and Bridge Repair/ Recementations	One recementation per 12 consecutive months	One recementation per 12 consecutive months
Endodontics	Root canal treatment	Root canal treatment
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	• Periodontal scaling and root planing once per quadrant, every 24 months • Periodontal surgery once per quadrant, every 36 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year	• Periodontal scaling and root planing once per quadrant, every 24 months • Periodontal surgery once per quadrant, every 36 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday. Once per tooth area, per lifetime	Space maintainers for dependent children up to his/her 14th birthday. Once per tooth area, per lifetime
Sealants	One application of sealant material every 60 consecutive months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 14th birthday	One application of sealant material every 60 consecutive months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 14th birthday

Type C — Major Restorative		
Crown, Denture and Bridge Repair/ Recementations		
Oral Surgery		N/A
Implants	Replacement once every 84 consecutive months	N/A
Bridges and Dentures	• Initial placement to replace one or more natural teeth, which are lost while covered by the plan. • Dentures and bridgework replacement; one every 84 consecutive months • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed	N/A
Crowns, Inlays and Onlays	Replacement once every 84 consecutive months	N/A
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services	N/A
Type D — Orthodontia		
	• You, your spouse and your children, up to age 26, are covered while Dental insurance is in effect. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Payments are on a repetitive basis. • 20% of the Orthodontia Lifetime Maximum (amount charged by the dentist) will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary. • Orthodontic benefits end at cancellation of coverage.	N/A

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

Exclusions

This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic;
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders.
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic image

Limitations

- **Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, payment is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's payment for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.
- **Cancellation/Termination of Benefits:** Coverage is provided under a group insurance policy (Policy form GPNP99) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your participation ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.
- Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.
- Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

Questions & Answers

- Q. Who is a participating dentist?
- A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.†
- Q. How do I find a participating dentist?
- A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-GET-MET8 (1-800-438-6388) to have a list faxed or mailed to you.
- Q. What services are covered under this plan?
- A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern. Please review the enclosed plan benefits to learn more.
- Q. May I choose a non-participating dentist?
- A. Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.
- Q. Can my dentist apply for participation in the network?
- A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.†† The website and phone number are for use by dental professionals only.

- Q. How are claims processed?
- A. Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854 1 800 GET-MET8 (1-800-438-6388).
- Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?
- A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of $300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.
- Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?
- A. Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.** Please remember to hold on to all receipts to submit a dental claim.
- Q. How does MetLife coordinate benefits with other insurance plans?
- A. Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.
- Q. Do I need an ID card?**
- No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

**Dental ID Cards are available on demand for all dental participants, regardless of state of residence, per Georgia State Regulations

†Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for certain services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Negotiated fees do not apply to non-covered services in states that prohibit limitations for services not covered under a plan. Participating providers in these states may charge their non-negotiated fees for non-covered services.

Savings from enrolling in a dental benefits plan featuring the MetLife Preferred Dentist Program will depend on various factors, including the cost of the plan, how often participants visit a dentist, and the cost of services rendered.

††Due to contractual requirements, MetLife is prevented from soliciting certain providers.

*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.

Vision Plan

MetLife

Metropolitan Life Insurance Company

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists, and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

In-network value added features:

Additional lens enhancements: Inaddition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.[1]

Savings on glasses and sunglasses:Get up to 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.[1]

Laser vision correction: [2] Potential savings averaging 15% off the regular price or 5% off a promotionaloffer for laser surgery including PRK,LASIK and Custom LASIK. This offeris only available at MetLife participating locations.

In-network benefits

There are no claims for you to file when you go to a participating vision provider. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

Frequency

Eye exam — Once every 12 months

- Eye health exam, dilation, prescription and refraction for glasses: Covered in Full after a $10 copay.
- Retinal imaging: Up to a **$39** copay on routine retinal screening when performed by a private practice.

Frame — Once every 24 months

- Allowance: **$150**
- Costco®, Walmart® and Sam's Club®: **$70** allowance
  You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco®, Walmart® and Sam's Club®.

Standard corrective lenses — Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in Full after **$10** eyewear copay.

Standard lens enhancements[1] — Once every 12 months

- Standard Polycarbonate (child up to age 18), Progressive Standard, UV Coating: Covered in Full after **$10** eyewear copay.
- Progressive Premium/Custom, Standard Polycarbonate (adult), Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at metlife.com/mybenefits.

Contact lenses (instead of eyeglasses) — Once every 12 months

- Contact fitting and evaluation: Copay not to exceed **$60**
- Elective lenses: $150 allowance
- Necessary lenses: Covered in Full after $10 copay.

We're here to help

Find a Vision provider at
www.metlife.com/vision

Download a claim form at
www.metlife.com/mybenefits

For general questions go to
www.metlife.com/mybenefits
or call 1-800-GET-MET8
(1-8100-438-6388)

Metlife Vision Rates

Tier	Rates
EO	$6.93
FA	$13.42

Vision Plan

MetLife

Out-of-network reimbursement*

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **In-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

- Eye exam: up to **$45**
- Frames: up to **$70**
- Contact lenses:
  - Elective up to **$105**
  - Necessary up to **$210**
- Single vision lenses: up to **$30**
- Lined bifocal lenses: up to **$50**
- Lined trifocal lenses: up to **$65**
- Lenticular lenses: up to **$100**

*If you choose an out-of-network provider, you may have increased out-of-pocket expenses, must pay in full at time of service, and must file a claim for reimbursement.

1 All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

2 Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Low Vision

Once every **24** months

Provides additional benefits to members who are not legally blind, but whose eyesight cannot be corrected to 20/70 with the use of optical lenses. Not available at retail chains including Costco®, Walmart® and Sam's Club®.

- Supplemental testing: Maximum of two (2) tests covered at no additional cost within a two (2) year period upto the benefit maximum.
- Supplemental aids: 75% of the allowable amount up to the benefit maximum every two (2) years.
- Benefit maximum: **$1,000** every two (2) years.

Diabetic Eyecare Plus Program

Once every **12** months

Provides additional coverage for members who have been diagnosed with type 1 or type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Not available at retail chains including Costco®, Walmart® and Sam's Club®.

- Exam: Covered in Full after **$20** copay.
- Special Ophthalmological services: Covered at no additional cost.

Out-of-network reimbursement*

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **In-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

Low Vision:

- Supplemental evaluation and aids: Same as in-network benefits.

Diabetic Eyecare Plus Program:

- Exam and other ophthalmological services - The lesser of the provider's usual fee or up to 80% of the Medicare allowable charge.

3 All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

4 Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Group Life/AD&D Insurance

The Standard

Life Insurance

Handling a Life insurance claim takes a special touch. All of our Life benefits employees complete annual grief training helping them to empathize with beneficiaries and recognize when they need special attention. And we're focused on settling claims quickly: Our median calculation turnaround time in 2023 was 2 days for clean claims and 3 days for all claims (internal company data as of January 2024).

Covered Members

An active employee of the Employer working 20 or more hours per week.

	Basic
Benefit Schedule	Flat $25,000
Guarantee Issue	Full Benefit
Age Reduction Schedule	None
Employer Contribution	100%
Minimum Participation	100%

Life Highlights

	Basic
Waiver of Premium	Eligible to age 60 Waived to age 65
Conversion	Included
Portability	Included
Continuity of Coverage	Included
Repatriation Benefit	Included
Travel Assistance	Included
Life Services Toolkit	Included

Additional Plan Design Details

- An Accelerated Death Benefit is included. Terminally ill members may withdraw up to 100% of their Life benefit to a maximum of $525,000 (when Basic Life and any Additional Life are combined).
- Travel Assistance is included and provides assistance with pre-trip planning, medical assistance services, emergency transportation services, travel and technical assistance services and legal referral.
- The Life Services Toolkit is included and helps beneficiaries cope with grief and loss, get answers to legal questions, plan a memorial or a funeral, and address financial concerns. Additionally, all covered employees will have access to online will preparation and other estate planning documents as well as articles to help deal with identity theft, improve wellness and more.
- An automated portability and conversion notification service is included. Based on data provided by the policyholder, The Standard will notify members of potential eligibility for conversion and/or portability.

Group Life/AD&D Insurance

The Standard

Additional Life Insurance

Covered Members

An active employee of the Employer working 20 or more hours per week.

	Employee	Spouse	Child
Benefit Schedule	1x to 5x Annual Earnings	Increments of $10,000	Increments of $5,000
Rounding	Up to next $10,000	n/a	n/a
Maximum Benefit	$500,000	$250,000	$15,000
Minimum Benefit	$10,000	$10,000	$5,000
Guarantee Issue	Full Benefit	Full Benefit	Full Benefit
Age Reduction Schedule	None	None	None
Employer Contribution	0%	0%	0%
Minimum Participation	20%	20%	20%

Life Highlights

	Employee	Spouse	Child
Waiver of Premium	Eligible to age 60 Waived to age 65	Not Included	Not Included
Conversion	Included	Included	Included
Portability	Included	Included	Included
Continuity of Coverage	Included	Included	Included

Additional Plan Design Details

- On the policy effective date, all members (enrolled or eligible) may increase their benefit amount up to the guarantee issue amount without providing evidence of insurability.
- On the policy effective date, all members (enrolled or eligible) may increase their spouse's benefit amount up to the guarantee issue amount without providing evidence of insurability.
- An Accelerated Death Benefit is included. Terminally ill members may withdraw up to 100% of their Life benefit to a maximum of $525,000 (when Basic Life and any Additional Life are combined).
- An Accelerated Benefit is not available for dependents.
- Life insurance for dependents continues automatically, without premium payment, for five months after the death of the insured member.
- Dependents coverage includes child(ren) from live birth through age 25. The first eligible newborn child is automatically covered at the minimum benefit amount for up to 31 days. After the first child is enrolled, subsequent children will be automatically covered at the elected child benefit amount.

Long-Term Disability Income Insurance

American Fidelity Assurance Company

How do you pay for your mortgage, bills, food and other monthly expenses? If your paycheck stopped today, could you maintain your current lifestyle?

American Fidelity Assurance Company's Long-Term Disability Income Insurance is designed to help protect you if you become disabled and cannot work due to a covered Accidental Injury or Sickness.

How the Plan Works

If you become disabled due to a covered accident or sickness, Long-Term Disability Income Insurance will pay the disability benefit once you have satisfied the elimination period. Your benefit amount is dependent on your salary and the amount you select at the time of application. Disability benefits will be payable up to the benefit period stated in your policy.

Optional Riders

Enhance your base plan with the following riders:

- **Critical Illness Rider**
- **Accident Only Spousal Rider**
- **Hospital Indemnity Benefit Rider**
- **COBRA Premium Rider**
- **Survivor Benefit Rider**

Coverage Feature	What It Means To You
Accidental Injury and Sickness Coverage	You are covered in the case of a covered accident that occurs away from work or a covered sickness that causes you to be disabled.
Benefit Paid Directly to You, Regardless of Other Coverage	Use the money however best fits your financial needs, regardless of other insurance.
Waiver of Premium	Premiums are not required while you are disabled based on the length of your disability.
Age at Entry	Your premiums will be based on the date your policy becomes effective.
Accidental Death Benefit	Receive a benefit if you die as the direct result of an Accidental Injury and death occurs within 90 days after the date of the Accidental Injury.
Competitive Premiums	Your monthly premiums could be paid with only one hour of a week's paycheck.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions, and waiting periods apply. Refer to your policy for complete details.

Accident Only Insurance

Limited Benefit Accident Only Insurance

American Fidelity Assurance Company

From weekend warriors to active families and those of us just living everyday life, accidents can happen without warning anytime, anywhere. As healthcare expenses continue to rise, are you financially prepared for the unexpected costs resulting from an injury?

Limited Benefit Accident Only Insurance may help manage out-of-pocket expenses to treat injuries resulting from a covered accident. This plan pays benefits directly to you, and may help you with unplanned accident medical expenses. And, for some policies, the Accident Screening Benefit pays annually for routine physical exams, preventive testing and more.

How the Plan Works

Our Accident Only Insurance policy pays according to a wide-ranging schedule of benefits. In addition, the policy provides 24-hour coverage for accidents that occur both on and off the job.

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. All benefits are paid once per Covered Person per Covered Accident unless otherwise specified in the Limitations and Exclusions section. Twenty-four-hour (24-hour) coverage not applicable on Non-Occupational policies. Refer to your brochure and/or policy for details.

Features

- **Benefits paid directly to you**
- **A policy you own—take the policy with you if you leave your employer or retire**
- **Coverage for you, your spouse and children under age 26**

Coverage Feature	What It Means For You
Plan Options: Levels 1, 2, 3, 4	Choose the plan to meet your financial needs.
Four Choices of Coverage: Individual, Individual and Spouse, Individual and Child, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Benefits for many types of covered injuries.
Accident Screening Benefit	The plan pays an annual Accident Screening Benefit for one Covered Person to receive a covered screening including routine physical exams, preventive testing, and more.
Initial Treatment Benefit	Receive a benefit when treatment is received by a Physician or Medical Professional within 30 days of a covered accident.
Benefit Paid Directly to You, to use as you see fit	Use the benefit however best fits your financial needs.
Guaranteed Renewable	Keep your coverage as long as premiums are paid as required.
24-Hour Coverage	You are covered on or off the job. Twenty-four-hour (24-hour) coverage not applicable on Non-Occupational policies. Refer to your brochure and/or policy for details.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Refer to your policy for complete details, AO22. **This product is inappropriate for people who are eligible for Medicaid coverage.** The premium and amount of benefits provided vary dependent upon the plan selected. The company has the right to change premiums by class. The Accident Screening Benefit is not available in all states.

Cancer Insurance

Limited Benefit Cancer Insurance Policy

American Fidelity Assurance Company

A cancer diagnosis may be overwhelming. Even with a good major medical plan, the out-of-pocket costs of cancer treatment, such as travel, childcare, and loss of income, are considerable and may not be covered.

American Fidelity Assurance Company's Limited Benefit Individual Cancer Insurance offers a solution to help you focus your attention on fighting cancer. We offer plans that can help assist with out-of-pocket costs often associated with a cancer diagnosis.

How the Plans Work

Our plans are designed to help cover expenses if you are diagnosed with a covered Cancer. With over 20 benefits available to you, these plans can provide benefits for the treatment of cancer, transportation, hospitalization and more. We provide the benefit directly to you, to be used however you see fit.

Optional Riders

Enhance your base plan with the following riders:

- **Critical Illness Rider**
  May include option to choose lump sum benefit for diagnosis of internal cancer only, heart attack/stroke (first to occur) only or both.
- **Hospital Intensive Care Unit Rider**

Coverage Feature	What It Means For You
Plan Options: Basic, Enhanced and Enhanced Plus	Choose the plan option to meet your financial needs.
Three Choices of Coverage: Individual, Single Parent Family, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Covers a wide range of treatments.
Benefit Paid Directly to You	Use the money however best fits your financial needs.
Guaranteed Renewable	Policy is guaranteed renewable as long as premiums are paid as required.
Diagnostic and Prevention Benefit	Receive a benefit for visiting your doctor for a cancer screening test, which helps with early detection.
Transportation and Lodging	Receive benefits if you travel more than 50 miles from your home using the most direct route for covered treatment.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by choosing from a selection of optional riders.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage**. The company has the right to change premiums by class. The premium and amount of benefits provided vary dependent upon the plan selected. Availability of riders may vary by state. Diagnostic and Prevention Benefit is not available in all states.

Individual Term Life Insurance

American Fidelity Assurance Company

Life insurance is an important factor to any family. It serves as a foundation to help in the case of a loved one's premature death. Plan today to make the right move for your loved ones.

American Fidelity Assurance Company offers a Term Life Insurance policy to help with your financial needs for your short-term and long-term goals.

How the Plan Works

Individual Term Life Insurance has a death benefit with no cash accumulation feature. The policy is initially written for a 10, 20 or 30-year term period, but may be renewed at the insured's option for the same level renewal period depending upon the term chosen.

The last level renewal period is no later than age 70 for the 10-year term policy and age 60 for the 20-year term policy. Thereafter, premiums are renewable annually up to age 90. The 30-year term policy is renewable annually after the initial 30-year term period up to age 90. Renewal rates will be based on the insured's age at the time of renewal.[1]

Optional Riders

Enhance your base plan with the following riders:

- **Spouse Term**
- **Children's Term**
- **Waiver of Premium**
- **Accidental Death & Dismemberment**
- **Accelerated Benefit for Long Term Illness (30 Year Term Only)**

Coverage Feature	What It Means To You
Three Plan Options: 10, 20 and 30-Year Level Term Coverage	Choose the coverage period to meet your financial needs.
Guaranteed Death Benefit	Your death benefit is guaranteed as long as the policy is active.
Accelerated Death Benefit for Terminal Condition	Receive a portion of the chosen death benefit if you are diagnosed with a covered Terminal Condition. Limitations and exclusions may apply.
Conversion Benefit	Turn your policy into a permanent plan any time up to age 70. The rate for your new plan will be based on your attained age.
Guaranteed Renewable	Renew your policy up to age 90 regardless of your health.[1]
Interim Coverage for Death	Death benefit coverage starts when the life insurance application has been signed and underwriting guidelines have been met.
Express Issue Application	Only 3 express issue health questions are required to issue coverage.[2]
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

[1]Premiums are subject to increase upon renewal. [2]Issuance of the policy may depend on the answer to these questions.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, Policy Form Series ICC14 RCTL14. Not generally qualified benefits under Section 125 Plans.

Individual Whole Life Insurance

American Fidelity Assurance Company

It's important to prepare for the unexpected and help ensure your loved ones will be financially protected in the event of a tragedy. Your life insurance benefit can help replace your income and help your family meet important financial needs like funeral expenses, everyday living costs, and college.

American Fidelity Assurance Company's Whole Life Insurance provides protection for your entire life. It's an individual policy, which means you own it and can take it with you when you leave employment or when you retire to age 121. The premium and amount of protection stay the same as long as the policy is in force, provided premiums are paid as required.

Discontinue Your Premium While Keeping Your Coverage Active

- Same Amount of Coverage - Shorter Length of Time: Under the **Extended Term Insurance Provision**, your policy's original face amount (minus outstanding loans or accelerated benefit payments) will be guaranteed for a specific term of time. In addition, your premium is "paid in full" until your new extended term period expires, terminating your policy.
- Coverage to Age 121 - Smaller Guaranteed Benefit Amount. You can rest easy knowing you are covered for your entire life by utilizing the **Reduced Paid-Up Provision** and reducing your original death benefit to a smaller amount. Enjoy being premium-free while having the security of guaranteed lifetime coverage, just at a reduced benefit amount. Plus your cash value will continue to accumulate.

Optional Riders

Enhance your base plan with the following riders:

- **Waiver of Premium Rider**
- **Accidental Death and Dismemberment Rider**
- **Children's Term Rider**
- **Accelerated Benefit Rider for Long Term Illness**
- **Accelerated Benefit Rider for Critical Illness**

Flexbility when you need it

By choosing a Whole Life Policy, you have flexibility to adjust your benefits when needed. Cash value flexibility features include:

	What It Means To You
Cash Surrender	If you choose to terminate your policy, you will receive a check equal to your plan's current available cash value. In many situations, cash surrenders may be paid tax free.[1]
Partial Surrender	You can withdraw a small portion of the policy's cash value in the form of cash, in exchange for a proportional reduction to the policy's available cash value and the face amount.
Loans	You can borrow against your cash value at a competitive 8% loan interest rate.

[1]As long as the cash surrender does not exceed the total premiums received under the policy since inception. Please consult your tax consultant for your specific situation.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, ICC14 WL14 series. **Individual life plans do not qualify under Section 125.**

Individual Term 100 Life Insurance

American Fidelity Assurance Company

Have you considered what would happen to your family's financial stability if you were no longer there to provide for them? Life insurance may help provide a financial safety net for your loved ones if the unexpected occurs.

American Fidelity Assurance Company offers a Term 100 Life Insurance policy to help with your financial needs for your short-term and long-term goals.

How the Plan Works

Term 100 Life Insurance provides coverage until age 100 with long-lasting protection at budget-friendly rates. The benefit amount remains the same as long as the policy is active and premiums are paid.

During your working years, when expenses are typically at their highest and budgeting is necessary, Term 100 Life Insurance may be a great option. It may help ensure your family's financial security by assisting with funeral costs, supporting daily expenses, and future education expenses. It's important to carefully consider your stage of life and financial situation when buying life insurance.

Optional Riders

Enhance your base plan with the following riders:

- **Children's Term**
- **Waiver of Premium**
- **Accidental Death & Dismemberment**
- **Accelerated Benefit for Long Term Illness**
- **Accelerated Benefit for Critical Illness**

Coverage Feature	What It Means To You
Guaranteed Death Benefit	Your death benefit is guaranteed as long as the policy is active.
Accelerated Death Benefit for Terminal Condition	Receive a portion of the chosen death benefit if you are diagnosed with a covered Terminal Condition. Limitations and exclusions may apply.
Guaranteed Renewable	Renew your policy to age 100 with premiums guaranteed for 30 years or up to age 85, whichever comes first.[1]
Interim Coverage for Death	Death benefit coverage starts when the life insurance application has been signed and underwriting guidelines have been met.
Express Issue Application	Only 3 express issue health questions are required to issue coverage.[2]
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

[1]After this initial guarantee, premiums may stay the same, increase, or decrease but will never exceed the guaranteed maximums shown in the policy. [2]Issuance of the policy may depend on the answer to these questions.

Limitations and exclusions apply. Please refer to your policy for complete details, Policy Form Series ICC24 ITL7001/ITL7001. Not generally qualified benefits under Section 125 Plans.

Group Critical Illness Insurance

Limited Benefit Group Critical Illness Insurance Policy

American Fidelity Assurance Company

Surviving a critical illness, such as a heart attack or stroke, can come at a high price. With advances in technology to treat these diseases, the cost of treatment rises more and more every year. Even with major medical insurance, the out-of-pocket expenses associated with a critical illness can affect anyone's finances.

American Fidelity Assurance Company's Limited Benefit Critical Illness Insurance can be the solution that helps you and your family focus on recovery, and may help you with paying bills. Our plan can assist with the expenses that may not be covered by major medical insurance. You may also have the option to add an infectious disease rider to this policy in select states.

How the Plan Works

If you are diagnosed with a covered Critical Illness, such as a heart attack or stroke, this plan is designed to pay a lump sum benefit amount to help cover expenses. Also, this plan offers a Recurrent Diagnosis Benefit for certain specified Critical Illnesses that provides an additional 50% of the Critical Illness benefit amount after the second occurrence date. Covered Critical Illness events include Heart Attack, Permanent Damage Due to a Stroke, and Major Organ Failure.

Guaranteed Renewable

You are guaranteed the right to renew your base policy until age 75 as long as you pay premiums when due or within the premium grace period. The insurer has the right to increase premium rates if the policy so provides.

Coverage Feature	What It Means For You
Plan Options	Choose from three lump sum benefit amounts: $10,000, $20,000 or $30,000.
Coverage Option	Children are automatically covered under the Employee base plan. If elected, Spousal Benefit Amounts will be 50% of the Employee Benefit Amount.
Wellness Benefit	Receive a benefit for your annual health screening test.
Benefit Paid Directly to You	Use the benefit however best fits your financial needs.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by adding an optional rider.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage**.

Group Hospital Indemnity Insurance

Limited Benefit Group Hospital Indemnity Insurance ***American Fidelity Assurance Company***

If you experienced a medical emergency, would you be prepared to cover the out-of-pocket medical expenses? And, what about everything else that adds up—like bills, groceries, and housing?

Major medical insurance plans are designed to pay a large portion of your medical costs. But with a high deductible plan, you must pay out of your own pocket until you meet your deductible and plan maximum. That's where AF Hospital Assist™ can help.

How the Plan Works

Limited Benefit Group Hospital Indemnity Insurance, or AF Hospital Assist™, is a Health Savings Account (HSA)-qualified plan designed to help pay for out-of-pocket expenses, like a hospital stay, while also allowing the tax benefit and potential savings from an HSA.

This plan provides benefits paid directly to you if you're hospitalized or suffer injuries resulting from an accident.

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 geriatric ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Coverage Feature	What It Means For You
Simplified underwriting	No medical exams or health questions are required to apply
Health Savings Account compatible	Help offset your high deductible while allowing your HSA savings to grow
Multiple plan options: Basic, Enhanced, Enhanced Plus	Choose the plan to meet your financial needs
Three choices of coverage: You, your spouse, and your children	Choose the coverage that best fits your lifestyle
Benefits paid directly to you	Use the money however best fits your needs
Guaranteed renewable	Keep the policy as long as premiums are paid
Portable	Take the policy with you even if you change employers

This product may contain limitations, exclusions and waiting periods. **This product is inappropriate for people who are eligible for Medicaid coverage.** The insurer has the right to increase premiums.

FLEXIBLE SPENDING ACCOUNTS

Healthcare Flexible Spending Account
(Healthcare) FSA
Benefits Debit Card
Dependent Care Account (DCA)
Managing Your Account
Pet Insurance

Flexible Spending Accounts

American Fidelity Assurance Company

Flexible Spending Accounts are great cost savings tools to help with common medical expenses not covered by your major medical insurance and/or dependent care expenses. You can elect a portion of your pay to be deducted, on a pre-tax basis, from each paycheck to use for reimbursement of qualified out-of-pocket expenses throughout the plan year. A flexible spending account (FSA) allows you to use tax-free money for eligible medical or dependent care expenses. While FSAs must adhere to the "use-or-lose" rule, employers may offer one of two options to help you avoid having to forfeit your unused funds:

A grace period of up to 2.5 months (ex. January 1 to March 15) to spend the remaining funds Carrying over a maximum of $660 of unused funds at the end of the year (as of 2025). However, employers cannot offer both, and some plans may not allow either option. This is why it's important to plan carefully and not put more money in your FSA than you think you'll spend within a year.

Flexible Spending Account Savings Example

With FSA		Without FSA
$30,000	Annual Gross Income	$30,000
- $2,400	Healthcare FSA Election	$0
- $2,500	Dependent Care Account Election	$0
$25,100	Taxable Gross Income	$30,000
- $5,020	Estimated Tax (20%)*	- 6,000
- $1,920.15	Estimated FICA (7.65%)	- 2,295
$18,159.85	Annual Net Income	$21,705
$0	Cost of Medical Expenses	- $2,400
$0	Cost of Dependent Care Expenses	- $2,500
$18,159.85	**Spendable Income**	**$16,805**
With an FSA, potential annual savings in this example is: $1,354.85		
By using an FSA to pay for eligible expenses, you can reduce your taxable income.		

* Estimated state 5% and federal 15%.

Healthcare Flexible Spending Account (Healthcare FSA)

A Healthcare FSA allows you to allocate money on a pre-tax basis to reimburse yourself for qualified medical expenses for you and your family. Qualified expenses include anything from co-payments, medical deductibles, prescriptions and much more.

Minimum Annual Election: Determined by your employer.

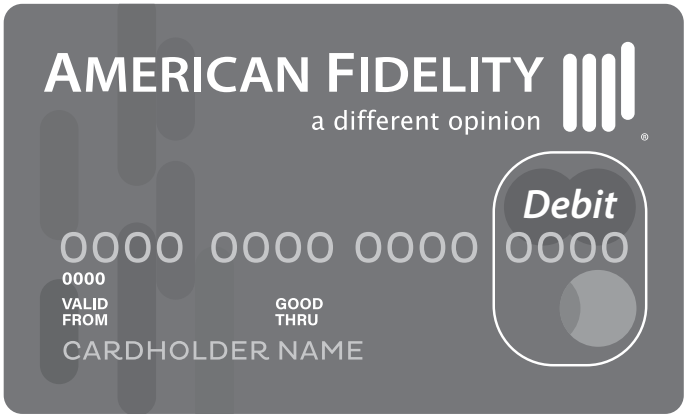
Maximum Annual Election: Internal Revenue Code allows up to $3,300 per plan year, the employer may set the maximum equal to or lower than this amount.

Examples of Eligible Expenses for Healthcare FSA
Copays/coinsurance
Deductibles
Dental treatments
Diabetic supplies
Prescription drugs and medicines
Eye exams, eyeglasses, contact lenses, contact lens solution and enzyme
Flu shots
Immunizations
Lab fees
Laser/Lasik/RK surgery
Medical exams
Orthodontia
Psychiatric care
Wheelchair
X-rays
For a complete list of eligible expenses, please visit: https://americanfidelity.com/claims/fsa-hsa-eligibility-list/

Flexible Spending Accounts

Benefits Debit Card

American Fidelity will provide a Benefits Debit Card to all employees who elect to participate in a Healthcare FSA (where offered by your employer). The debit card gives immediate, convenient access to Healthcare FSA funds at the point of sale for prescriptions, copays, and other common qualified medical expenses. The card can only be used for the Healthcare FSA and is not available for the DCA.



Using Your Benefits Debit Card

Simply swipe your card like you would with any other credit card. Whether at the doctor's office or the dentist, the amount of your eligible expenses will be automatically deducted from your Healthcare FSA. Save ALL receipts!

Cards for Healthcare FSAs can be used at:

- Health care related facilities which include: hospitals, physician offices, dental offices, vision offices; and,
- Merchants participating in the Inventory Information Approval System (IIAS).
- The card is for medical expenses only; dependent day care expenses are not eligible.

Snap. Submit. And Go!

When using your Benefits Debit Card to pay for an eligible expense, you may need to retain documentation to verify the expense. The AFmobile® app makes this easy.

- **Snap** a photo of the itemized receipt* with your phone.
- **Submit** the photo of the itemized receipts within the app when you receive notification that a receipt is needed to verify your expense.
- **Go**! After submitting your verification and its review, you will be able to view the status of your reimbursement within the app.

*The Internal Revenue Code (IRC) requires proof of the eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.

Activating Your Card

You will receive your card at your home address and may begin using your card on the first day of your plan year. Your card will be automatically activated when you use it for the first time for an eligible expense.

Flexible Spending Accounts

American Fidelity Assurance Company

Dependent Care Account (DCA)

A Dependent Care Account allows you to allocate money on a pre-tax basis to reimburse yourself for dependent care expenses that allow you (and your spouse) to work. Reimbursement is permitted only after the services have been provided and the expense has been paid. As dependent care contributions are withheld from your paycheck and placed into the account, these funds become available for reimbursement requests. Submit the entire amount of your dependent care expense after the care is provided, even if it exceeds your monthly contribution amount, to maximize reimbursement opportunities. This allows you to build up a "pool" of submitted expenses, with pending amounts ready for reimbursement as soon as your next contribution is received and deposited into your account.

Minimum Annual Election: Determined by your employer.

Maximum Annual Election: While the IRC allows a maximum of $5,000 per year, the employer may set the maximum equal to or lower than this amount.

Examples of Eligible Dependent Care Expenses

After-school care or extended day programs

Nanny expenses

Baby-sitter inside or outside participant's household

Custodial or elder care expenses if the qualifying individual still spends at least 8 hours each day in the employee's household

Dependent Day Care center* expenses/pre-kindergarten/nursery school expense

Expenses paid to a non-dependent relative of participant to care for the child

Summer day camp if the primary purpose of the expense is custodial in nature and not educational

For a more complete list of eligible expenses, please visit www.americanfidelity.com.

**A Dependent Care Center is a place that provides care for more than six persons (other than persons who live there) and receives a fee, payment or grant for providing services for any of those persons, regardless of whether the center is run for profit.*

Regardless of whether you participate in the Dependent Care Account under the Section 125 Plan or claim the Dependent Care credit on your income tax return, you must provide the Internal Revenue Service with the name, address and taxpayer identification number (TIN) or Social Security number of your dependent care provider(s) by completing either Schedule 2 of Form 1040A or Form 2441 and attaching it to your annual income tax return. Be sure that you follow the current instructions given by the IRS for preparing your annual income tax return. Failure to provide this information to the IRS could result in loss of the pre-tax treatment of your Dependent Day Care FSA contributions or loss of the Dependent Care Tax Credit.

FSA Funds Availability

Healthcare FSA

Your full annual election is available to you on the first day of the plan year.

Dependent Care Account

Unlike the Healthcare FSA, the entire elected amount is not available on the first day of the plan year, but rather as contributions are received.

Important FSA Notes:

- Participants are generally allowed a 90-day run-off period after the plan year ends to submit claims for expenses that occurred during the plan year but were not yet submitted.
- If you are a new employee entering the FSA during a plan year, reimbursement is only available for expenses and services provided after you begin your participation in the FSA.
- FSAs are "use or lose" meaning any unused amounts will be forfeited at the end of the plan year and run-off period.
- If you are enrolled in the Healthcare FSA and take a leave of absence during the plan year, you may (subject to your employer's plan):
  1. Prepay the contributions on a pre-tax basis; or
  2. Continue the contributions by remitting them to your employer. Pre-tax contributions may continue if you continue to receive enough pay, or
  3. Prorate the unpaid contributions over the remaining pay periods when you return to work.
- Failure to make all elected contributions will result in termination of your account as of the date contributions ceased.
- Healthcare FSAs must comply with COBRA and generally must offer COBRA continuation rights to qualified beneficiaries who lose Healthcare FSA coverage due to certain qualifying events. For most Healthcare FSAs, COBRA may be offered upon a qualifying event only if you have a balance remaining in your Healthcare FSA. The balance is generally calculated by subtracting the reimbursements made prior to the qualifying event from the annual election. If eligible, you may choose to continue your contributions by either sending your contributions to your employer on an after-tax basis each pay period, or, you may choose to make a pre-tax contribution for your remaining elections for the plan year from your final pay or severance pay. Expenses incurred while contributions are being made are eligible for reimbursement. Coverage generally may not continue beyond the current plan year. If you do not elect COBRA, only expenses incurred during the period of employment are reimbursable. Coverage under the Healthcare FSA ceases when the contributions cease.

AF-4057-1024

Flexible Spending Accounts

File a Claim

Three Easy Ways

1. **On your mobile device using AFmobile®**

Use AFmobile to manage your reimbursement accounts and insurance benefits.

2. **Online at americanfidelity.com**

3. **By mail or fax**

Insurance Claim
American Fidelity Assurance Company, Attn: Benefits Department
P.O. Box 268898, Oklahoma City, OK 73125
Fax: 800-818-3453

FSA and HRA Claim
American Fidelity Assurance Company
Attn: Flex Account Administration
P.O. Box 161968, Altamonte Springs, FL 32716
Fax # 844-319-3668

*Obtain a claim form for your insurance claim at www.americanfidelity.com/fileaclaim.

Manage Your Reimbursement Account With AFmobile®

AFmobile® allows FSA and HRA participants to submit reimbursement account claims while on the go.

- Access accounts - check balances, view transaction history, and more.
- Manage claims - submit new claims, upload receipts, and check claims status.
- Receive account alerts - choose to receive account updates by text and push notifications.
- Submit documentation - tie receipts and other documentation to a pending card swipe to expedite adjudication.

Getting Started:

Download AFmobile. To register, you will need:

- Your email address - this should be the same email address provided at time of enrollment.
- Your Social Security Number.

Using Our Online Portal

Our online portal provides all the same great features as mobile, plus powerful self-service account access and education resources to help put you in the driver's seat.

Getting started:

- Register at americanfidelity.com
- Register using your email address and Social Security Number
- Once completed, access your reimbursement accounts and insurance benefits.

Direct Deposit

By enrolling in direct deposit, you can ensure a timely reimbursement! You will no longer need to worry about having to wait on checks or make any more trips to the bank.

Three ways to sign up for direct deposit:

1. Through your mobile app.
2. Online through your account at americanfidelity.com
3. By downloading a direct deposit request form

Retirement Information

Retirement

Planning for the future starts today, and we're here to support you every step of the way. As an employee of Atlanta Public Schools, you have access to a comprehensive range of retirement benefits designed to help you achieve financial security and peace of mind. From pension plans to savings options and other valuable resources, we offer tools to help you build a strong foundation for your retirement years. Whether you're just starting your career or nearing retirement, we're committed to helping you navigate your benefits and make the most of the opportunities available to you.

Eligibility

Full-time employees working at least 30 hours per week in roles such as teacher, administrator, supervisor, clerk, teacher aide, secretary, paraprofessional, or public school nurse are required to participate in the Teachers Retirement System of Georgia (TRS).

Key Plan Features:

- **Employee Contribution:** 6% of gross income (pre-tax for both federal and state taxes)
- **Employer Contribution:** Provided by APS in addition to the employee contribution
- **Vesting:** After 10 years of creditable service
- **Retirement Eligibility:** Typically, after 30 years of creditable service
- **Sick Leave:** May be converted to additional service time

Teachers Retirement System of Georgia (TRS)

All personnel in a TRS covered permanent position, not less than half-time are required to be members as a condition of employment. Members of TRS currently contribute 6% of earnable compensation. Contributions are made on a before-federal tax basis. In addition to your contributions, Atlanta Public Schools contributes to TRS. You can recieve more information about TRS by visiting www.trsga.com or calling 1-800-352-0650. Or you can contact the school by visiting www.ers.ga.gov or calling 1-800-805-4609.

Visit:

https://www.atlantapublicschools.us/Page/73599

Mobile App

American Fidelity Assurance Company

Mobile Convenience

24/7 Access with AFmobile®

Manage your insurance benefits and reimbursement accounts all from the palm of your hand.

- **View** account balances
- **Manage** claims and reimbursements
- **Submit** documentation
- **Receive** alerts
- **Maintain** personal information

Get Started: Register at **americanfidelity.com/register** or **download AFmobile** from the App Store® or Google Play™.

Please allow one business day after you enroll before registering for an online account. If you already have an account, your username and password will be the same for AFmobile.

File your Claim Faster

1 AFmobile®
Our mobile app is the easiest way to ***submit your claims.*** Upload documentation* from your device's photo gallery.

2 americanfidelity.com®
Filing online is convenient, secure, and has a live chat option. From your computer, log in to file a claim.

3 AFQuickClaims®
Do you have an accident, cancer, critical illness or disability policy? You could ***receive some benefits in as little as one day*** when you're enrolled in direct deposit.

Need assistance?
Visit americanfidelity.com/fileaclaim

***Healthcare Flexible Spending Accounts:** The Internal Revenue Code regulations require proof of eligible expenses. Proof may be provided as a third-party itemized statement or an Explanation of Benefits. Documentation must show the provider name, recipient name, date, service, description and charges.*

AMERICAN FIDELITY
a different opinion

AF-1747-0223

American Fidelity Assurance Company

Legal Plans

MetLife

Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

Powerful legal protection on your side

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you can trust. With MetLife Legal Plans, you have access to the expert guidance and tools you need to navigate a broad range of personal legal needs. Whether you're buying or selling a home, starting a family, or caring for aging parents, the benefit provides protection at every step.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.[1]

Best of all, you have confidential access to our attorneys for all legal matters covered under the plan. For a monthly fee conveniently paid through payroll deduction, an expert is on your side as long as you need them.

Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.[2]

How to use the plan

1. Find an attorney

Create an account at **members.legalplans.com** to see your coverages and select an attorney for your legal matter. Or, give us a call at **800-821-6400** for assistance.

2. Make an appointment

Call the attorney you select and schedule a time to talk or meet.

3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Create an account at **members.legalplans.com** or scan the QR code.

Questions? Call the **MetLife Legal Plans Client Service Center** at **800-821-6400** Monday—Friday, 8:00 a.m. to 8:00 p.m., ET.

Atlanta Public Schools

Helping you navigate life's planned and unplanned events.

Our high-low plan enables you to choose the right plan to suit your needs and your budget. For **$16.00 per month for our High Plan** or for **$8.25 per month for our low plan,** you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, this benefit, available through the high plan only, provides four hours of network attorney time and services per year.[3]

	High Plan	Low Plan
Money Matters	• Debt Collection Defense • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Tax Collection Defense • Identity Restoration[4] • Personal Bankruptcy • Tax Audit Representation • Tax Preparation and Filing[5]	• Debt Collection Defense • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Tax Collection Defense
Home & Real Estate	• Deeds • Eviction Defense • Foreclosure • Mortgages • Security Deposit Assistance • Tenant Negotiations • Boundary & Title Disputes • Property Tax Assessments • Refinancing & Home Equity Loan • Sale or Purchase of Home • Zoning Applications	• Deeds • Eviction Defense • Foreclosure • Mortgages • Security Deposit Assistance • Tenant Negotiations
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies • Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Simple Wills • Revocable & Irrevocable Trusts	• Codicils • Complex Wills • Healthcare Proxies • Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Simple Wills
Family & Personal	• Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship • Name Change • Personal Property Protection • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings • Adoption • Divorce, Dissolution and Annulment • Caregiving Support (Family First)[6] • Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Prenuptial Agreement • Social Security Disability • Reproductive Assistance Law[7]	• Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship • Name Change • Personal Property Protection • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Disputes Over Consumer Goods & Services • Incompetency Defense • Civil Litigation Defense • Pet Liabilities • Small Claims Assistance • Insurance Claims	• Administrative Hearings • Disputes Over Consumer Goods & Services • Incompetency Defense • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for Issues Related to Your Parents: • Deeds • Leases • Medicaid • Medicare • Notes • Nursing Home Agreements • Powers of Attorney • Prescription Plans • Wills	• Same as High Plan
Traffic & Other Matters	• Defense of Traffic Tickets • Driving Privileges Restoration • Driving Under the Influence Defense • Habeas Corpus • Repossession	• Same as High Plan

To learn more about your coverages, view our attorney network or grant your dependents access, create an account.

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.

1. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. You will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
2. Digital notary and signing is not available in all states.
3. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
4. Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
5. This benefit provides access to TurboTax online tax preparation and filing software. TurboTax is not a corporate affiliate of MetLife Legal Plans. TurboTax benefit includes one federal and one state tax filing annually. TurboTax Live and extra add-on services are available for an additional fee.
6. This benefit provides the Participant and their family a highly-trained Care Team, provided by Family First, to navigate caregiving challenges. Family First is not a corporate affiliate of MetLife Legal Plans.
7. Surrogacy and reproductive assistance laws vary by state.

Nationwide®
My Pet Protection®
PLAN SUMMARY

Nationwide[1] pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible—without worrying about the cost.

My Pet Protection coverage highlights

My Pet Protection is available in two reimbursement options (50% and 70%) so you can find coverage that fits your budget. All plans have a $250 annual deductible and $7,500 annual benefit.

Coverage include[1]:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

My Pet Protection includes these additional benefits for cats and dogs:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

What makes My Pet Protection different?

My Pet Protection is available only through your employer, which includes preferred pricing and is guaranteed issuance. It also includes additional benefits like lost pet advertising, emergency boarding and more.

It's no surprise that My Pet Protection is the most paw-pular coverage plan from America's #1 pet insurer.

Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.

Nationwide offers more than great coverage

vethelpline®

- 24/7 access to veterinary experts
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

Nationwide PetRx*Express*™

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations

Learn more at http://www.petinsurance.com/AFAPets

Nationwide®

[1]These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

American Fidelity General Agency
a different opinion

Nationwide®
is on your side

NATIONWIDE® PET INSURANCE
CLAIM FORM

Skip this form; scan the QR code to submit your claim online

Thanks for being a great pet parent!

1. Tell us about you and your pet

Policy number _____ Your pet's name _____

Your name _____

Need to update your contact info? Log in to your account at **my.petinsurance.com**.

2. Why did your pet visit the vet? Check all that apply.

☐ Preventive visit (ex. annual checkup, vaccinations, flea control)

Injury or Illness

☐ Skin allergies	☐ Bladder or urinary tract disease	☐ Skin infection
☐ Vomiting/upset stomach	☐ Dental disease (ex. tooth infection)	☐ Ear infection
☐ Diarrhea/intestinal upset	☐ Non-cancerous skin mass	☐ Arthritis

☐ Medication refill (What is it treating?) _____

☐ Other (please specify)

What part of your pet's body was affected? _____

3. What invoice(s) are you submitting today?

Date(s) _____ $ _____
Date(s) _____ $ _____
Date(s) _____ $ _____

Please send final invoices that:

- ⊘ Show a breakdown of services provided
- ⊘ Are legible
- ⊘ Are not estimates

Pet parent signature _____ Date _____

By signing this claim form, I confirm that to the best of my knowledge the information I have provided is true and correct. I authorize the release of my pet's medical records to Nationwide.

4. Send us your claim and invoices (choose one method only)

submitmyclaim@petinsurance.com
PDF, DOC, JPG, TIFF or BMP files less than 10MB total

Nationwide Claims Dept
PO Box 2344
Brea, CA 92822-2344

Fax
714-989-5600

Want to submit your claim online? Log in to my.petinsurance.com to submit and track claims.

Benefit Contact Information

Medical Benefits

Anthem Blue Cross Blue Shield of Georgia
855-641-4862
www.bcbsga.com/shbp

UnitedHealthcare
888-364-6352
www.welcometouhc.com/shbp

SHBP Eligibility
800-610-1863
www.dch.georgia.gov/shbp

Kaiser Permanente
855-512-5997
www.choose.kaiserpermanente.org/shbp

TRICARE Supplemental Plan
866-637-9911
https://dch.georgia.gov/tricare-supplement

PeachCare for Kids
877-427-3224
www.peachcare.org

Dental/Vision Insurance

MetLife
200 Park Ave., New York, NY 10166
1-800-METLIFE (1-800-638-5433)
www.metlife.com/mybenefits

Voluntary Insurance Benefits

American Fidelity Assurance Company
Disability Income, Cancer, Accident, Group Critical Illness, Group Hospital Indemnity and Life Insurance
900 Circle 75 Parkway S.E., Suite 1340
Atlanta, GA 30339-3095
1-800-639-0850 / 770-575-2468
www.americanfidelity.com

The Standard
Life Insurance
www.standard.com

Section 125 Services & Flexible Spending Accounts

American Fidelity Assurance Company
900 Circle 75 Parkway S.E., Suite 1340
Atlanta, GA 30339-3095
1-800-639-0850 / 770-575-2468
www.americanfidelity.com

Other Contact Information

Atlanta Public Schools
130 Trinity Avenue S.W.
Atlanta, GA 30303
404-802-3500
www.atlantapublicschools.us/
EmployeeBenefits@atlanta.k12.ga.us

American Fidelity Assurance Company
Georgia Branch Office
900 Circle 75 Parkway S.E., Suite 1340
Atlanta, GA 30339-3095
1-800-639-0850
www.americanfidelity.com
APSbenefits@americanfidelity.com