



# GALENA PARK I.S.D. EMPLOYEE BENEFITS GUIDE

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2020 - 2021  
Plan Year

First Financial Group of America  
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Galena Park I.S.D. offers eligible employees a competitive benefits package that includes both district-paid and voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on the Galena Park I.S.D. website at [www.galenaparkisd.com/Domain/122](http://www.galenaparkisd.com/Domain/122).

Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to the Employee Benefits Department at [benefits@galenaparkisd.com](mailto:benefits@galenaparkisd.com).

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Galena Park I.S.D. Benefits Department  
14705 Woodforest Blvd., Houston, TX 77015 | 832.386.1507

## ELIGIBILITY

Eligible employees must be actively-at-work on the plan effective date for new benefits to be effective. As full time employees, you are eligible for benefits as well as your spouse and dependent children. GPISD recognizes same gender and common law marriages as eligible spouses with documentation.

## BENEFITS ENROLLMENT

Visit the Galena Park I.S.D. website at [www.galenaparkisd.com/Domain/122](http://www.galenaparkisd.com/Domain/122) where you will find open enrollment details, benefit descriptions, carrier contact information, product brochures and claim forms.

## NEW HIRES

You have 31 days from your actively-at-work date to make benefit elections. For New Hire Enrollments, please contact the Galena Park I.S.D. benefits office for assistance.

## EXISTING EMPLOYEES

When it's time to enroll in your benefits, First Financial Administrators and Galena Park I.S.D. Benefits Department will be available by phone to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Galena Park I.S.D. website at [www.galenaparkisd.com/Domain/122](http://www.galenaparkisd.com/Domain/122).

## ASSISTED ENROLLMENT

If you wish to make changes to your benefits, call the Enrollment Assistance Center at 855-765-4473 and select Option 3 to be connected to the First Financial Houston Branch Office. You may also email Galena Park I.S.D. Benefits Department at [benefits@galenaparkisd.com](mailto:benefits@galenaparkisd.com). Hours of operation are Monday through Friday from 8 a.m. to 5 p.m. (local time).

## ONLINE ENROLLMENT

Visit the enrollment website at <https://ffga.benselect.com/enroll> beginning July 15th. Enter your social security number (no dashes) and your PIN is the last 4 digits of your SSN and last 2 digits of your birth year (Example:031190). You must hit approve after selecting your elections, otherwise, the elections will be removed.

## VIEW/ADD DEPENDENTS

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their social security numbers and birth dates. You may be asked to provide proof of relationship and identification for dependents such as social security card, birth certificate and marriage certificates. It is against the law to elect coverage for an ineligible person. Participants may be asked to provide satisfactory proof of eligibility.

## DECLINING COVERAGE

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

## MID-YEAR BENEFIT CHANGES

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

### SECTION 125 QUALIFYING LIFE EVENTS INCLUDE:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption, or death of a dependent child.
- Loss of health coverage, attributable to your spouse’s employment, losing existing health coverage including job-based, individual & student plans, losing eligibility for Medicare, Medicaid, or CHIP, attaining age 26 and losing coverage through a parent’s plan.
- Residence change affecting the Employee’s eligibility for coverage

## USEFUL INFORMATION TO KNOW

- Please Contact First Financial at 800-523-8422 with any technical questions.
- Remember, no changes to your elections will be permitted after annual enrollment, unless you have a qualified Section 125 life event or special enrollment event.

*This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contract will prevail. For a more detailed explanation of benefits you may contact contact employee benefits department at [benefits@galenaparkisd.com](mailto:benefits@galenaparkisd.com).*

# Frequently Asked Questions



## WHAT IS GUARANTEE ISSUE (GI)?

Also referred to as Guaranteed Acceptance, or GA, means that you can't be turned down for health reasons. Guaranteed Issue is typically offered during initial enrollment for benefits.

## WHAT IS A "PRE-EXISTING CONDITION"?

A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received prior to the effective date of coverage.

## WHAT IS A DEDUCTIBLE?

A deductible is what you must pay for your health care before your insurance pays its part. Most plans have deductibles, which start over when your "PLAN YEAR" starts over. For example, if your plan has a \$1,000 deductible and you have surgery that costs \$5,000, you'll pay \$1,000 before your insurer helps you cover your bills.

## WHAT IS A CO-PAY OR CO-INSURANCE?

A copay is a small, fixed amount—often \$10 or \$30—that you pay for covered services like a prescription or a doctor's visit. Some health plans also apply coinsurance to certain services. With it, you pay a percentage of the total cost of care. For example, if you have a 20% coinsurance, and your doctor's appointment costs \$300, you will pay \$60. That's if you've met your deductible.

## WHAT DOES OUT-OF-POCKET MAXIMUM MEAN?

Your out-of-pocket maximum is the most you have to pay each year toward your medical services or prescription drugs before your insurance pays for all of your care. This amount does not include what you pay in premiums. The Affordable Care Act limits the out-of-pocket maximums.

## WHAT DOES EOB MEAN?

After you've visited your doctor or had a procedure in a hospital, you'll receive an explanation of benefits (EOB) form explaining how much of the charges your insurance will pay. The EOB isn't a bill itself, but it can tell you what your doctor may charge you. Look for the words "due from patient" to see how much you may owe after your insurance pays.

## BEFORE YOU GET CERTAIN TESTS OR PROCEDURES, DO YOU NEED PERMISSION FROM YOUR HEALTH INSURANCE PLAN?

If your doctor says you need a test or procedure, your health plan may have to give permission if it's to be covered by insurance. Giving that permission is called preauthorization. Your plan's overview of benefits lists what care needs to be preauthorized. If you don't get it when it's required, your health plan won't pay its part of the costs.

## SECTION 125 PLAN INFORMATION AND RULES

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

### Here's How It Works

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

### Is It Right for Me?

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

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

IRS specified changes in family status include:

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

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

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

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

# 2020-21 TRS-ActiveCare Plan Highlights Sept. 1, 2020 – Aug. 31, 2021



## What's New

- Primary plan with a **lower premium and copays**
- Primary+ (formerly Select) **decreased premiums** by up to 8%
- **Broader networks** of health care providers
- **Lower premiums** for families with children

## Leverage Your \$0 Preventive Care\*

- Annual routine physicals (ages 12+)
- Annual mammogram (ages 40+)
- Annual OBGYN exam & pap smear (ages 18+)
- Annual prostate cancer screening (ages 45+)
- Well-child care (unlimited up to age 12)
- Healthy diet/obesity counseling (unlimited to age 22; ages 22+ get twenty-six visits per year)
- Smoking cessation counseling (8 visits per year)
- Breastfeeding support (six per year)
- Colonoscopy (ages 50+ once every ten years)

\*Available for all plans. See benefits guides for more details.

## Did You Know

- Our provider search tool will be available in June.
- Choosing a PCP helps you meet your health goals faster.
- Generic medications save money! Ask your provider if your medicine has a generic.

All TRS-ActiveCare participants have **three plan options**. Each is designed with the unique needs of our members in mind.

	<b>NEW:</b> TRS-ActiveCare Primary	TRS-ActiveCare HD	TRS-ActiveCare Primary+
Plan summary	<ul style="list-style-type: none"> <li>• Lower premium</li> <li>• Copays for doctor visits before you meet deductible</li> <li>• Statewide network</li> <li>• PCP referrals required to see specialists</li> <li>• Not compatible with health savings account (HSA)</li> <li>• No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Similar to current 1-HD</li> <li>• Lower premium</li> <li>• Compatible with health savings account (HSA)</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for PCPs or referrals</li> <li>• Must meet deductible before plan pays for non-preventive care</li> </ul>	<ul style="list-style-type: none"> <li>• Simpler version of the current Select plan</li> <li>• Lower deductible than HD and primary plans</li> <li>• Copays for many services and drugs</li> <li>• Higher premium</li> <li>• Statewide network</li> <li>• PCP referrals required to see specialists</li> <li>• Not compatible with a health savings account (HSA)</li> <li>• No out-of-network coverage</li> </ul>
If you make no changes during Annual Enrollment, you'll have the following plan...	Only employees that choose this new plan during Annual Enrollment will be enrolled in it.	If you're currently in TRS-ActiveCare 1-HD and you make no change during Annual Enrollment, this will be your plan next year.	If you're currently in TRS-ActiveCare Select and you make no changes during Annual Enrollment, this will be your plan next year.

### Galena Park I.S.D. Semi-Monthly Premiums

	TRS-ActiveCare Primary	TRS-ActiveCare HD	TRS-ActiveCare Primary+
Employee Only	\$30.50	\$36.00	\$94.50
Employee and Spouse	\$354.50	\$370.00	\$442.00
Employee and Children	\$176.50	\$186.50	\$246.00
Employee and Family	\$460.50	\$479.00	\$604.00

### Plan Features

Type of Coverage	In-Network Coverage Only	In-Network	Out-of-Network	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,800/\$5,600	\$5,500/\$11,000	\$1,200/\$3,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$20,250/\$40,500	\$6,900/\$13,800
Network	Statewide Network	Nationwide Network		Statewide Network
Primary Care Provider (PCP) Required	Yes	No		Yes

### Doctor Visits

	TRS-ActiveCare Primary	TRS-ActiveCare HD	TRS-ActiveCare Primary+
Primary Care	\$30 copay	You pay 20% after deductible	You pay 40% after deductible
Specialist	\$70 copay	You pay 20% after deductible	You pay 40% after deductible
TRS Virtual Health	\$0 per consultation	\$30 per consultation (RediMD only)	

### Immediate Care

	TRS-ActiveCare Primary	TRS-ActiveCare HD	TRS-ActiveCare Primary+
Urgent Care	\$50 copay	You pay 20% after deductible	You pay 40% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	
TRS Virtual Health	\$0 per consultation	\$30 per consultation	

### Prescription Drugs

	TRS-ActiveCare Primary	TRS-ActiveCare HD	TRS-ActiveCare Primary+
Drug Deductible	Integrated with medical	Integrated with medical	\$200 brand deductible
Generics (30-Day Supply / 90-Day Supply)	\$15/\$45 copay	You pay 20% after deductible	\$15/\$45 copay
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible

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

### TRS-ActiveCare 2

- Closed to new enrollees
- Current enrollees can choose to stay in plan
- Lower deductible
- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals

If you're currently in TRS-ActiveCare 2, and you make no changes during Annual Enrollment, you will remain in TRS-ActiveCare 2 next year.

	TRS-ActiveCare 2
Employee Only	\$306.00
Employee and Spouse	\$921.00
Employee and Children	\$525.50
Employee and Family	\$1,123.50

	In-Network	Out-of-Network
Individual/Family Deductible	\$1,000/\$3,000	\$2,000/\$6,000
Coinsurance	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	\$7,900/\$15,800	\$23,700/\$47,400
Network	Nationwide Network	
Primary Care Provider (PCP) Required	No	

	TRS-ActiveCare 2
Primary Care	You pay \$30 copay after deductible
Specialist	You pay \$70 copay after deductible
TRS Virtual Health	\$0 per consultation

	TRS-ActiveCare 2
Urgent Care	\$50 copay
Emergency Care	You pay a \$250 copay plus 20% after deductible
TRS Virtual Health	\$0 per consultation

	TRS-ActiveCare 2
Drug Deductible	\$200 brand deductible
Generics (30-Day Supply / 90-Day Supply)	\$20/\$45 copay
Preferred Brand	You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
Non-preferred Brand	You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
Specialty	You pay 20% after deductible (\$200 min/\$900 max)/ No 90-Day Supply of Specialty Medications

## Compare Pricing for Common Medical Services

### REMEMBER:

You can use the cost estimator tool on [www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare) starting Sept. 1 to shop for the best prices through different providers.

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

\*Pre-certification for genetic and specialty testing may apply. Contact your Personal Health Guide at 1-866-355-5999 with questions.





### Medical

- Cold and flu symptoms
- Allergies
- Bronchitis
- Respiratory infections
- Stomach upset
- Sinus problems
- Skin problems

### Mental Health

- Depressive and anxiety disorders
- Bipolar, schizophrenia and psychotic disorders
- Attention disorders
- Alcoholism and addiction and substance-related disorders



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**1-800-Teladoc**



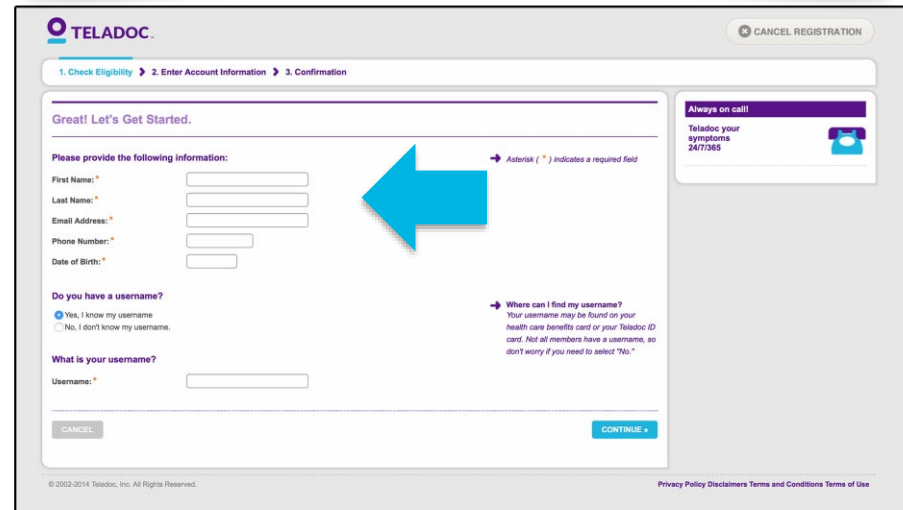
[Teladoc.com/mobile](https://www.teladoc.com/mobile)

All benefit eligible employees will be covered at 100% for Medical consultations. Employees enrolled in Primary, Primary+ and ActiveCare 2 will receive the Mental Health consultations at no cost.

# Getting started

It's quick and easy to set up your account.  
And once your account is set up, a doctor is only a call or click away.

1. Visit [teladoc.com](http://teladoc.com)
2. Click “Set up account”
3. Provide your name, contact information, and date of birth.
4. If you do not see a username on your welcome kit (or you do not have access to it), choose “No, I do not have a username.”
5. Select “My employer or insurance provider offers me access to Teladoc.”
6. Enter “Galena Park I.S.D..” in the “Company Name” field.
7. Complete the registration steps.
8. You can also complete your registration over the phone by calling 1-800-TELADOC (835-2362).
9. Employees on the TRs ActiveCare 1 HD plan and those who have waived medical coverage, notify the representative that you have access to consult through the Galena Park I.S.D. plan. Employees on TRs ActiveCare Select or TRs ActiveCare 2 plans you have access to consult through the TRs Plan.





## Medical

- Back Strains
- Ankle Injuries
- Shoulder Strains
- Pulled Muscles
- Contusions/Bruises
- Asthma
- Shortness of Breath
- Infections
- Allergies
- Chemical Exposure

At this time, all other plans except the HD plan will be covered at 100%.  
The HD plan will have a \$30 copay.

# Flexible Spending Accounts



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

## HEALTHCARE FSA

A Health Flexible Spending Account (Health FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the 2.5 month grace period for your plan. This option gives you the opportunity to continue to incur eligible expenses if you have unused funds in your account on the plan year end date for an additional 2.5 months. If the money is not used before November 15, 2020, it will be forfeited under the use-it-or-lose-it rule.

**Your maximum contribution amount for 2020 is \$2,750.**

### HIGHLIGHTS

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront so you don't have to spend money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

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

## DEPENDENT CARE FSA

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

You may allocate up to \$5,000 per tax year for reimbursement of dependent care services. If you are married and file a separate tax return, the limit is \$2,500.

### HIGHLIGHTS

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Contributions are not loaded upfront. Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

## FSA RESOURCES

### BENEFITS CARD

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

- The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 90 days of the purchase or date of service your card will be suspended until the necessary, receipt or explanation of benefits from your insurance provider is received.
- Dependent Care FSA Contributions are not loaded upfront. Funds become available as contributions are made to your account.

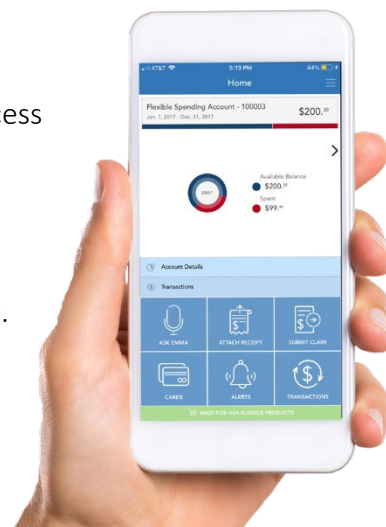
### ONLINE FSA PORTAL

Flexible Spending Account participants can log in to their online FSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

### FF FLEX MOBILE APP

Managing your benefit accounts on the go is made easy with *FF Flex Mobile App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Access account Information  
(You must have this number or your Flex Benefits Card number to register your account on the FF Flex Mobile App.)
- View card details and profile information
- Submit FSA claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Update direct deposit information



### FSA STORE

First Financial has partnered with the FSA Store to bring you an easy to use online store to better understand and manage your FSA. An online marketplace that connects consumers to FSA-eligible products, seasonal deals, and account support resources such as open enrollment guides and educational videos.

Visit <http://www.ffga.com/fsaextras> for more details & special deals!

- Shop for eligible items from bandages to wheelchairs and thousands of products in between.
- Browse or search for eligible products and services using the Eligibility List.
- Visit the Learning Center to help find answers to questions you may have about your account.

### IMPORTANT:

If are switching from an FSA to an HSA this plan year, you must exhaust your FSA by 08/31/2020 or the HSA account won't be opened and you must wait until the the grace period has ended on 11/15/2020 to begin making contributions starting 12/01/2020.

# Health Savings Accounts



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

## HEALTH SAVINGS ACCOUNTS

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

### HIGHLIGHTS

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

## HSA RESOURCES

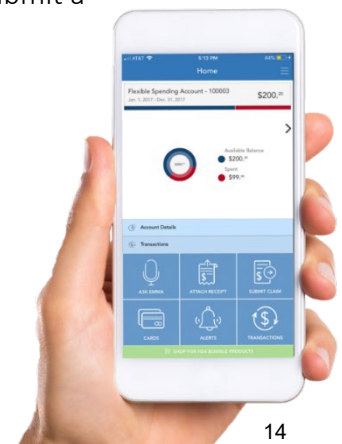
### ONLINE HSA PORTAL

Health Savings Account participants can log in to their online HSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

### FF FLEX MOBILE APP

Managing your benefit accounts on the go is made easy with *FF Flex Mobile App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Request distributions
- Invest in HSA funds
- Make additional contributions
- Pay a provider or pay yourself
- Download tax forms



# Comparing HSAs & FSAs

## Differences in HSAs and FSAs



Health Savings Accounts (HSAs), and Flexible Spending Accounts (FSAs) are common types of reimbursement accounts offered by First Financial Administrators, Inc. These accounts allow you to set aside money for qualified medical expenses, while reducing your overall tax burden.

However, there are significant differences between an HSA and a FSA. With an HSA, you own the account and can take it with you wherever you go, with funds that you can't lose. Also — unlike a FSA — your funds are generally available in your account only as contributions are made, instead of from the beginning of the plan year.

HSA	FSA
<b>ELIGIBILITY REQUIREMENTS</b>	
<p><b>Must have qualified HDHP and no other disqualified health plan.</b></p> <p><b>Cannot be covered under a traditional FSA or spouses traditional health plan.</b></p> <p><b>Can not be enrolled in MediCare.</b></p>	<p><b>No FSA specific eligibility requirements.</b></p>
<b>YEARLY CONTRIBUTION AMOUNTS</b>	
<p><b>\$3,550 Individual, \$7,100 Family (2020). Employee and employer contributions both count towards the limit.</b></p>	<p><b>IRS limit of \$2,750 Per FSA (2020). Limits are set by the employer</b></p>
<b>AVAILABILITY OF FUNDS</b>	
<p><b>Funds are available as contributions are made.</b></p>	<p><b>The full election amount is available on the first day of the plan year.</b></p>
<b>CHANGING CONTRIBUTION AMOUNTS</b>	
<p><b>Contributions can be changed at any time.</b></p>	<p><b>May be adjusted at open enrollment or with a qualifying life event in employment or family status.</b></p>
<b>ROLLOVER</b>	
<p><b>Any unused balance always rolls over to the next plan year.</b></p>	<p><b>FSAs are “use it or lose it” and you forfeit any unused balance at the end of the plan year. Your employer may opt to allow a 2 1/2 month grace period to submit charges made in plan year or allow a \$500 rollover allowing you to use funds up to \$500 for expenses in the new plan year.</b></p>

HSA	FSA
<b>PORTABILITY</b>	
It's your account. You can take it with you wherever you go.	You will lose your FSA with a change in employment.
<b>EFFECT ON TAXES</b>	
<p>Contributions may be taken out of your paycheck pre-tax. Growth and distributions for qualified expenses are tax free or be made on the portal with after-tax contributions.</p> <p>Tax deduction on taxes at end of year.</p>	<p>Contributions are taken out of your paycheck pre-tax. Distributions are tax free for qualified expenses.</p>
<b>DOCUMENTATION</b>	
You are responsible to maintain documentation in case of an IRS audit.	You will be requested to provide documentation to substantiate the expense.
<b>TAX DOCUMENTS</b>	
<p>1099-SA distributions will be sent to you by January 31.</p> <p>5498 Contributions will be issued in May.</p>	Reported on W-2.
<b>INVESTMENTS</b>	
Investment options available once you have accumulated over \$1,000. Investments can be made online by logging into the secure portal at <a href="http://www.ffga.com">www.ffga.com</a> .	No investment options
<b>DISTRIBUTIONS</b>	
Any distribution amount not used exclusively to pay for qualified medical expenses is included in your gross income and may be subject to an additional 20% tax.	Expenses must be incurred during the plan year.



For more information call (866) 853-3539  
or visit [www.ffga.com](http://www.ffga.com)



**Plan 1: Dental Plan Summary**

Policy# 48009 Effective Date: 9/1/2020

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$50/Benefit Year Type 2 & 3 Waived Type 1 3 Family Maximum
<b>Maximum (per person)</b>	\$1,000 per benefit year
<b>Allowance</b>	Usual and Customary
<b>Waiting Period</b>	None

**Orthodontia Summary - Child Only Coverage**

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

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exams</li> <li>Bitewing X-rays</li> <li>Full Mouth/Panoramic X-rays</li> <li>Periapical X-rays</li> <li>Cleanings</li> <li>Fluoride for Children 13 and under</li> <li>Sealants (age 13 and under)</li> </ul>	<ul style="list-style-type: none"> <li>Space Maintainers</li> <li>Restorative Amalgams</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Simple Extractions</li> <li>Complex Extractions</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns</li> <li>Crown Repair</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> </ul>

**Semi-Monthly Rates**

<b>Employee Only (EE)</b>	\$13.82
<b>EE + Spouse</b>	\$30.90
<b>EE + Children</b>	\$30.02
<b>EE + Spouse &amp; Children</b>	\$44.12

**Ameritas Information**

**We're Here to Help**  
This plan was designed specifically for the associates of Galena Park 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](http://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](http://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](http://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.

#### 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](http://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](http://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.

#### Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on September 1.

#### 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.

#### 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.

## Smile. There's an affordable way to care for your teeth.

Plan Name: N300 with A2 Ortho  
DHMO Network Name: Managed DentalGuard (MDG)  
Find A Provider: [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

Taking care of your teeth can be expensive. That's why the right dental insurance is so important — it not only pays for preventive care that can keep you and your family healthy, but it also helps pay for more extensive, costly and often unexpected expenses — such as fillings, crowns and root canals.

Plus, you save money and have the assurance that you are getting the right care when you use one of our in-network dentists.

### Why choose Guardian for your Dental Coverage

We have been providing outstanding dental plans to millions of Americans for more than 50 years. When you enroll for Guardian managed care dental plan, you have access to a credential network of providers, so you know there's always high quality dental care close by.

### Rich Coverage at Affordable Rates

From preventive checkups and cleanings, to comprehensive oral care treatments, we have you covered.

Adult and Child Ortho, along with many other plan design features keep you and your family covered through every phase of your life.

### Savings from Guardian Dental

It pays to have Guardian Dental insurance. See the example below of the cost of dental work with insurance and using an in-network dentist vs. without insurance.

#### Average Cost of Preventive Exam, Cleaning and X-Rays\*

Cost with no dental insurance	Your member copay with Guardian Dental DHMO Insurance	Your estimated savings with Guardian Dental Insurance
\$238	\$5	\$233

#### Did you know...?

- 1 in 5 Americans has untreated cavities<sup>1</sup>
- For every \$1 spent on preventive services an estimated \$50 is saved on more complicated procedures<sup>2</sup>
- Tooth decay is the most common childhood disease — impacting sleeping or eating habits, and can contribute to school absences<sup>3</sup>

#### Semi-Monthly Payroll Contributions

Employee	\$ 1.21
Employee & Spouse	\$ 5.42
Employee & Child(ren)	\$ 6.47
Family	\$ 11.09

### It's Easy to Use Guardian Dental Benefits

- Member-Level ID card Sent to Your Home
- Each Family Member Can Choose Their Own Primary Care Dentist
- Convenient Payroll Deductions
- No Claim Forms
- Low Office Visit Copay
- Cleanings, Exams, Fluoride & X-Rays Care Covered 100% (after \$5 copay)
- No Deductibles and No Annual Maximums

Please refer to your Patient Charges Sheet for more information about your plan.



\*Illustrative example only. See your plan for specific details regarding covered services. 1. "1 in 5 Americans Has Untreated Cavities: CDC" HealthDay, May 31, 2012, <http://consumer.healthday.com/Article.asp?AID=665246>. 2. When Connecting With A Dentist Doesn't Mean An Office Visit -Kaiser Health News, July 25, 2014. 3. Center for Disease Control. Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY or its subsidiaries. Products not available in all states. Policy limitations and exclusions apply. Plan documents are the final arbiter of coverage. Policy Form#GP-1-DG2000, et al.

**Plan Name:** N300 with A2 Ortho

**DHMO Network Name:** Managed DentalGuard (MDG)

**Find A Provider:** [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

Coverage Details for Common Services	Employee Pays*
Cleaning (prophylaxis) – 2 times in 12 months	\$0
Fluoride Treatments	\$0
Oral Exams	\$0
Sealants (per tooth)	\$8
X-Rays	\$0
Fillings - Amalgam or Composite (white)	\$8-60
Periodontal Surgery	Up to \$380
Periodontal Maintenance – scaling and root planing	\$27
Child Root Canals	\$35
Adult Root Canals	\$120-180
Simple Extractions	\$15
Surgical Extractions	\$40-140
Anesthesia	\$0-98
Bridges and Dentures	\$443-575
Inlays and Onlays	\$235-420
Single Crowns	\$375
Bleaching – Cosmetic Care	\$165
Orthodontia (child and adult)	\$700-2,195
Office Copay	\$5

\*The services, exclusions, and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. Coverage terms may vary by state and employer-sponsored plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium deducted from your paycheck, the latter prevails.



Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO Plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. Waiting periods may also apply for some services. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments, any treatment to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic and prosthodontic services. The services, exclusions, and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Policy Form #GP-1-DG2000, et al.

# Galena Park Independent School District your vision plan

Client code: 2507

## Frequency

Exam: September 1  
 Lenses & lens upgrades: September 1  
 Frame: September 1  
 Contacts, evaluation & fitting: September 1



**Sign up during open enrollment**

For more details about the plan, visit [davisvision.com/member](http://davisvision.com/member) and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.



### Exams & Services

Eye Exam copay:  
**\$10**

Contacts evaluation, fitting & follow-up:

Conventional lens <b>\$25 copay</b>	Specialty lens <b>\$25 copay</b> <b>\$60 allowance</b> <b>plus 15% savings.<sup>2</sup></b>
--	--



### Frame

Allowance:

Other locations <b>\$130</b>	Visionworks <sup>1</sup> <b>\$180</b>
---------------------------------	--

+Additional 20% off any overage.<sup>2</sup>

or

The Exclusive Collection copay:

Fashion <b>Covered in full</b>	Designer <b>Covered in full</b>	Premier <b>\$25</b>
-----------------------------------	------------------------------------	------------------------



### Lenses

Lens copay:  
**\$25**



### Contacts<sup>3</sup> in lieu of glasses

Allowance:

**\$130**

+Additional 15% off any overage.<sup>2</sup>

or

The Exclusive Collection  
of Contact Lenses:<sup>4</sup>

**Covered in full**

## Using your client code

Log in using your client code (listed above) at [davisvision.com/member](http://davisvision.com/member) to find a list of in-network providers near you and access your benefit information.

## The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

## Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

## Find a network provider...

Enter your client code in the "Member Sign In" section of our website at [davisvision.com/member](http://davisvision.com/member) to locate a provider near you including Visionworks.

**Lens options**

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX) ..... \$0

Polycarbonate Lenses (Children / Adults)..... \$0 or \$30

High-Index Lenses 1.67 ..... \$55

High-Index Lenses 1.74 ..... \$120

Polarized Lenses ..... \$75

Progressive Lenses (Standard / Premium / Ultra / Ultimate)..... \$50 / \$90 / \$140 / \$175

Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate)..... \$35 / \$48 / \$60 / \$85

Ultraviolet Coating ..... \$12

Tinting of Plastic Lenses (Solid / Gradient) ..... \$0

Plastic Photochromic Lenses (Transitions® Signature™) ..... \$65

Scratch-Resistant Coating ..... \$0

Premium Scratch-Resistant Coating ..... \$30

Scratch-Protection Plan (Single-Vision | Multifocal)..... \$20 | \$40

Digital Single Vision Lenses..... \$30

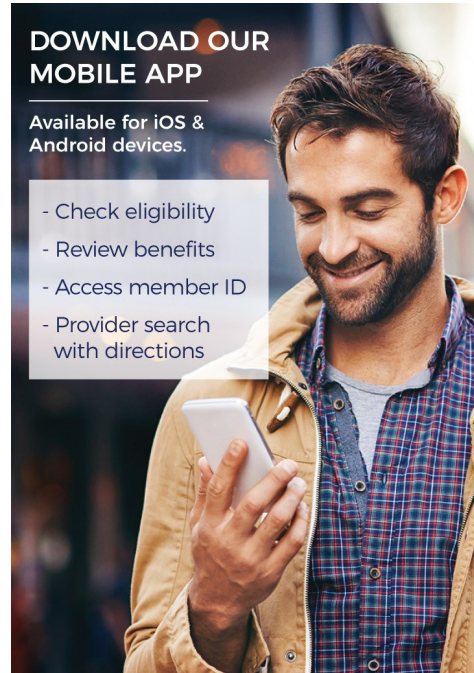
Trivex Lenses ..... \$50

Blue Light Filtering ..... \$15

**Additional savings**

Retinal imaging (Member charge) ..... \$39

Additional pairs of eyeglasses ..... 30% discount<sup>2</sup>



Employee rates	Semi-Monthly
Employee	\$3.25
Employee + Spouse	\$5.85
Employee + Child(ren)	\$6.17
Employee + Family	\$9.75

**Out-of-network benefits**

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network reimbursement schedule (up to)	
Eye Examination: \$40	Trifocal Lenses: \$80
Frame: \$50	Lenticular Lenses: \$100
Single-Vision Lenses: \$40	Elective Contact Lenses: \$105
Bifocal / Progressive Lenses: \$60	Visually Required Contacts: \$225

1. Excludes Maui Jim® eyewear. 2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 3. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 4. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

**GROUP BENEFIT PROGRAM SUMMARY**  
**For GALENA PARK ISD / TEEBC TRUST F021842 - 19135**

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**

<b>Eligibility</b>	All Active Full Time Employees who regularly work 20 hours per week are eligible for insurance on the first day of the month following the date of hire.
<b>Group Term Life/AD&amp;D Benefit:</b>	\$25,000
<b>Guarantee Issue Amount – Employee</b>	\$25,000
<b>Age Reduction Schedule</b>	Life and AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement.
<b>Waiver of Premium</b>	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.
<b>Definition of Disability</b>	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.
<b>Accelerated Death Benefit (ADB)</b>	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.
<b>Conversion Privilege</b>	Included.
<b>Beneficiary Resource Services</b>	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.
<b>Travel Resource Services</b>	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

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

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

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

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**BENEFIT PROGRAM SUMMARY**  
**For GALENA PARK ISD / TEEBC TRUST F021842 - 19135**

**SUPPLEMENTAL GROUP TERM LIFE/AD&D**

<b>Eligibility</b>	All Active Full Time Employees who regularly work 20 hours per week are eligible for insurance on the first day of the month following the date of hire.
<b>Group Term Life/AD&amp;D Benefit: Employee</b>	\$10,000 - \$300,000, in increments of \$10,000. During an Annual Enrollment Period current coverage can be increased by \$20,000 but not to exceed the Guarantee Issue Amount.
<b>Guarantee Issue Amount – Employee</b>	\$200,000, not to exceed 3 times Annual Earnings
<b>Group Term Life Benefit: Spouse</b> (Includes Domestic Partners)	\$5,000 - \$50,000, in increments of \$5,000, not to exceed 50% of the employee benefit amount.
<b>Guarantee Issue Amount – Spouse</b>	\$30,000
<b>Group Term Life Benefit: Child(ren)</b>	Live Birth to 14 Days - \$100; 15 Days to Age 26 - \$5,000 or \$10,000
<b>Age Reduction Schedule</b>	Employee Basic and Employee & Spouse Supplemental Group Term Life and AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement.
<b>Employee Contribution</b>	100%
<b>Waiver of Premium</b>	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.
<b>Accelerated Death Benefit (ADB)</b>	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.
<b>Portability Feature (Life coverage)</b>	Included. (Employee)
<b>Conversion Privilege (Life coverage)</b>	Included.
<b>Exclusions</b>	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

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

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# WOW!

## life insurance you can keep!

purelife-plus



**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:  
no checks to write or links to click**



**You can cover your spouse, children  
and grandchildren, too<sup>1</sup>**



**You can get a living benefit if you  
become terminally ill<sup>2</sup>**



**You can get cash to cover  
living expenses if you become  
chronically ill<sup>3</sup>**



**You can qualify by answering just  
3 questions - no exam or needles**

1. 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.
2. Conditions apply.
3. 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.

19M004-C FFGA1003 (exp0321)

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**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

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)									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	133.25	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

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".



**Long-Term Disability  
Income Insurance**  
Galena Park  
Enhanced (SSNRA/SSNRA) Plans

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*First in Service and Expertise*

**AMERICAN FIDELITY**   
a different opinion<sup>®</sup>

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

# Long-Term Disability Income Insurance

## Disability income insurance is here for you.

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

## Choose the Right Plan for You

### Benefits Begin

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

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

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

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



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



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

## Benefits Are Payable

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

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

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

# Benefit Policy Schedule

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

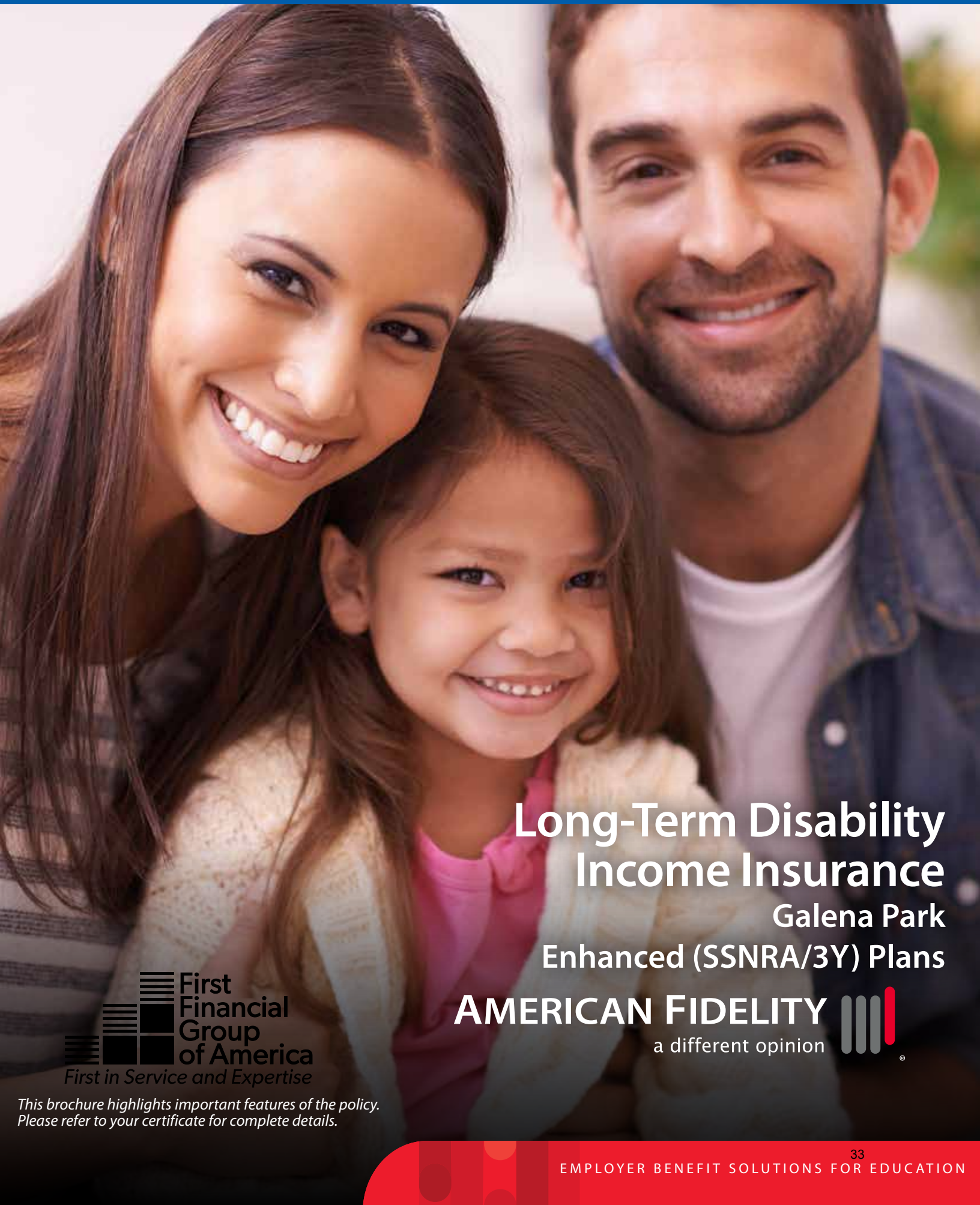
Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$7.84	\$6.68	\$5.44	\$4.68	\$3.96	\$2.96
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$11.76	\$10.02	\$8.16	\$7.02	\$5.94	\$4.44
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$15.68	\$13.36	\$10.88	\$9.36	\$7.92	\$5.92
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$19.60	\$16.70	\$13.60	\$11.70	\$9.90	\$7.40
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$23.52	\$20.04	\$16.32	\$14.04	\$11.88	\$8.88
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$27.44	\$23.38	\$19.04	\$16.38	\$13.86	\$10.36
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$31.36	\$26.72	\$21.76	\$18.72	\$15.84	\$11.84
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$35.28	\$30.06	\$24.48	\$21.06	\$17.82	\$13.32
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$39.20	\$33.40	\$27.20	\$23.40	\$19.80	\$14.80
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$43.12	\$36.74	\$29.92	\$25.74	\$21.78	\$16.28
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$47.04	\$40.08	\$32.64	\$28.08	\$23.76	\$17.76
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$50.96	\$43.42	\$35.36	\$30.42	\$25.74	\$19.24
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$54.88	\$46.76	\$38.08	\$32.76	\$27.72	\$20.72
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$58.80	\$50.10	\$40.80	\$35.10	\$29.70	\$22.20
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$62.72	\$53.44	\$43.52	\$37.44	\$31.68	\$23.68
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$66.64	\$56.78	\$46.24	\$39.78	\$33.66	\$25.16
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$70.56	\$60.12	\$48.96	\$42.12	\$35.64	\$26.64
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$74.48	\$63.46	\$51.68	\$44.46	\$37.62	\$28.12
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$78.40	\$66.80	\$54.40	\$46.80	\$39.60	\$29.60
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$82.32	\$70.14	\$57.12	\$49.14	\$41.58	\$31.08
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$86.24	\$73.48	\$59.84	\$51.48	\$43.56	\$32.56
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$90.16	\$76.82	\$62.56	\$53.82	\$45.54	\$34.04
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$94.08	\$80.16	\$65.28	\$56.16	\$47.52	\$35.52
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$98.00	\$83.50	\$68.00	\$58.50	\$49.50	\$37.00
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$101.92	\$86.84	\$70.72	\$60.84	\$51.48	\$38.48
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$105.84	\$90.18	\$73.44	\$63.18	\$53.46	\$39.96
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$109.76	\$93.52	\$76.16	\$65.52	\$55.44	\$41.44
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$113.68	\$96.86	\$78.88	\$67.86	\$57.42	\$42.92
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$117.60	\$100.20	\$81.60	\$70.20	\$59.40	\$44.40
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$121.52	\$103.54	\$84.32	\$72.54	\$61.38	\$45.88
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$125.44	\$106.88	\$87.04	\$74.88	\$63.36	\$47.36
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$129.36	\$110.22	\$89.76	\$77.22	\$65.34	\$48.84
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$133.28	\$113.56	\$92.48	\$79.56	\$67.32	\$50.32
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$137.20	\$116.90	\$95.20	\$81.90	\$69.30	\$51.80
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$141.12	\$120.24	\$97.92	\$84.24	\$71.28	\$53.28
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$145.04	\$123.58	\$100.64	\$86.58	\$73.26	\$54.76
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$148.96	\$126.92	\$103.36	\$88.92	\$75.24	\$56.24

# Benefit Policy Schedule (continued)

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

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (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	\$152.88	\$130.26	\$106.08	\$91.26	\$77.22	\$57.72
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$156.80	\$133.60	\$108.80	\$93.60	\$79.20	\$59.20
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$160.72	\$136.94	\$111.52	\$95.94	\$81.18	\$60.68
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$164.64	\$140.28	\$114.24	\$98.28	\$83.16	\$62.16
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$168.56	\$143.62	\$116.96	\$100.62	\$85.14	\$63.64
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$172.48	\$146.96	\$119.68	\$102.96	\$87.12	\$65.12
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$176.40	\$150.30	\$122.40	\$105.30	\$89.10	\$66.60
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$180.32	\$153.64	\$125.12	\$107.64	\$91.08	\$68.08
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$184.24	\$156.98	\$127.84	\$109.98	\$93.06	\$69.56
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$188.16	\$160.32	\$130.56	\$112.32	\$95.04	\$71.04
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$192.08	\$163.66	\$133.28	\$114.66	\$97.02	\$72.52
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$196.00	\$167.00	\$136.00	\$117.00	\$99.00	\$74.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$199.92	\$170.34	\$138.72	\$119.34	\$100.98	\$75.48
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$203.84	\$173.68	\$141.44	\$121.68	\$102.96	\$76.96
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$207.76	\$177.02	\$144.16	\$124.02	\$104.94	\$78.44
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$211.68	\$180.36	\$146.88	\$126.36	\$106.92	\$79.92
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$215.60	\$183.70	\$149.60	\$128.70	\$108.90	\$81.40
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$219.52	\$187.04	\$152.32	\$131.04	\$110.88	\$82.88
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$223.44	\$190.38	\$155.04	\$133.38	\$112.86	\$84.36
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$227.36	\$193.72	\$157.76	\$135.72	\$114.84	\$85.84
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$231.28	\$197.06	\$160.48	\$138.06	\$116.82	\$87.32
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$235.20	\$200.40	\$163.20	\$140.40	\$118.80	\$88.80
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$239.12	\$203.74	\$165.92	\$142.74	\$120.78	\$90.28
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$243.04	\$207.08	\$168.64	\$145.08	\$122.76	\$91.76
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$246.96	\$210.42	\$171.36	\$147.42	\$124.74	\$93.24
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$250.88	\$213.76	\$174.08	\$149.76	\$126.72	\$94.72
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$254.80	\$217.10	\$176.80	\$152.10	\$128.70	\$96.20
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$258.72	\$220.44	\$179.52	\$154.44	\$130.68	\$97.68
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$262.64	\$223.78	\$182.24	\$156.78	\$132.66	\$99.16
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$266.56	\$227.12	\$184.96	\$159.12	\$134.64	\$100.64
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$270.48	\$230.46	\$187.68	\$161.46	\$136.62	\$102.12
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$274.40	\$233.80	\$190.40	\$163.80	\$138.60	\$103.60
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$278.32	\$237.14	\$193.12	\$166.14	\$140.58	\$105.08
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$282.24	\$240.48	\$195.84	\$168.48	\$142.56	\$106.56
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$286.16	\$243.82	\$198.56	\$170.82	\$144.54	\$108.04
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$290.08	\$247.16	\$201.28	\$173.16	\$146.52	\$109.52
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$294.00	\$250.50	\$204.00	\$175.50	\$148.50	\$111.00





# Long-Term Disability Income Insurance

Galena Park  
Enhanced (SSNRA/3Y) Plans

**AMERICAN FIDELITY**

a different opinion



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

# Long-Term Disability Income Insurance

## Disability income insurance is here for you.

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

### Choose the Right Plan for You

#### Benefits Begin

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

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

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

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



### Benefits Are Payable

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

#### For Injury

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

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

#### For Sickness

Age	Maximum Benefit Period
Under 67	3 Years
67 through 68	To Age 70
69 or Older	1 Year

# Policy Provisions and Plan Features

## Eligibility

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

## When Coverage Begins

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

## Physician Expense Benefit

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

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

## Accidental Death Benefit

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

## Hospital Confinement Benefit

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

## Waiver of Premium

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

## Donor Benefit

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

## Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group disability income.
- Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 180 calendar days from the date of disability.

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

## Minimum Disability Benefit

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

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

For the first 6 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the benefit schedule. After 6 months, your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

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

## Return To Work Incentives: Disabled and Working

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

- **Family Care Benefit**

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

- **Worksite Accommodation**

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

# Policy Benefit Limitations and Exclusions



## Mental Illness Limited Benefit

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

## Alcoholism and Drug Addiction Limited Benefit

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

## Special Conditions Limited Benefit

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

## Pre-Existing Condition Limitation

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

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

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

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

## Exclusions

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

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

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

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



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

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

# Benefit Policy Schedule

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

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (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	\$7.40	\$5.12	\$3.84	\$3.12	\$2.56	\$2.28
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$11.10	\$7.68	\$5.76	\$4.68	\$3.84	\$3.42
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$14.80	\$10.24	\$7.68	\$6.24	\$5.12	\$4.56
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$18.50	\$12.80	\$9.60	\$7.80	\$6.40	\$5.70
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$22.20	\$15.36	\$11.52	\$9.36	\$7.68	\$6.84
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$25.90	\$17.92	\$13.44	\$10.92	\$8.96	\$7.98
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$29.60	\$20.48	\$15.36	\$12.48	\$10.24	\$9.12
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$33.30	\$23.04	\$17.28	\$14.04	\$11.52	\$10.26
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$37.00	\$25.60	\$19.20	\$15.60	\$12.80	\$11.40
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$40.70	\$28.16	\$21.12	\$17.16	\$14.08	\$12.54
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$44.40	\$30.72	\$23.04	\$18.72	\$15.36	\$13.68
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$48.10	\$33.28	\$24.96	\$20.28	\$16.64	\$14.82
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$51.80	\$35.84	\$26.88	\$21.84	\$17.92	\$15.96
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$55.50	\$38.40	\$28.80	\$23.40	\$19.20	\$17.10
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$59.20	\$40.96	\$30.72	\$24.96	\$20.48	\$18.24
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$62.90	\$43.52	\$32.64	\$26.52	\$21.76	\$19.38
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$66.60	\$46.08	\$34.56	\$28.08	\$23.04	\$20.52
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$70.30	\$48.64	\$36.48	\$29.64	\$24.32	\$21.66
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$74.00	\$51.20	\$38.40	\$31.20	\$25.60	\$22.80
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$77.70	\$53.76	\$40.32	\$32.76	\$26.88	\$23.94
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$81.40	\$56.32	\$42.24	\$34.32	\$28.16	\$25.08
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$85.10	\$58.88	\$44.16	\$35.88	\$29.44	\$26.22
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$88.80	\$61.44	\$46.08	\$37.44	\$30.72	\$27.36
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$92.50	\$64.00	\$48.00	\$39.00	\$32.00	\$28.50
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$96.20	\$66.56	\$49.92	\$40.56	\$33.28	\$29.64
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$99.90	\$69.12	\$51.84	\$42.12	\$34.56	\$30.78
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$103.60	\$71.68	\$53.76	\$43.68	\$35.84	\$31.92
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$107.30	\$74.24	\$55.68	\$45.24	\$37.12	\$33.06
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$111.00	\$76.80	\$57.60	\$46.80	\$38.40	\$34.20
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$114.70	\$79.36	\$59.52	\$48.36	\$39.68	\$35.34
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$118.40	\$81.92	\$61.44	\$49.92	\$40.96	\$36.48
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$122.10	\$84.48	\$63.36	\$51.48	\$42.24	\$37.62
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$125.80	\$87.04	\$65.28	\$53.04	\$43.52	\$38.76
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$129.50	\$89.60	\$67.20	\$54.60	\$44.80	\$39.90
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$133.20	\$92.16	\$69.12	\$56.16	\$46.08	\$41.04
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$136.90	\$94.72	\$71.04	\$57.72	\$47.36	\$42.18
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$140.60	\$97.28	\$72.96	\$59.28	\$48.64	\$43.32

# Benefit Policy Schedule (continued)

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

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (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	\$144.30	\$99.84	\$74.88	\$60.84	\$49.92	\$44.46
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$148.00	\$102.40	\$76.80	\$62.40	\$51.20	\$45.60
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$151.70	\$104.96	\$78.72	\$63.96	\$52.48	\$46.74
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$155.40	\$107.52	\$80.64	\$65.52	\$53.76	\$47.88
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$159.10	\$110.08	\$82.56	\$67.08	\$55.04	\$49.02
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$162.80	\$112.64	\$84.48	\$68.64	\$56.32	\$50.16
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$166.50	\$115.20	\$86.40	\$70.20	\$57.60	\$51.30
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$170.20	\$117.76	\$88.32	\$71.76	\$58.88	\$52.44
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$173.90	\$120.32	\$90.24	\$73.32	\$60.16	\$53.58
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$177.60	\$122.88	\$92.16	\$74.88	\$61.44	\$54.72
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$181.30	\$125.44	\$94.08	\$76.44	\$62.72	\$55.86
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$185.00	\$128.00	\$96.00	\$78.00	\$64.00	\$57.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$188.70	\$130.56	\$97.92	\$79.56	\$65.28	\$58.14
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$192.40	\$133.12	\$99.84	\$81.12	\$66.56	\$59.28
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$196.10	\$135.68	\$101.76	\$82.68	\$67.84	\$60.42
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$199.80	\$138.24	\$103.68	\$84.24	\$69.12	\$61.56
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$203.50	\$140.80	\$105.60	\$85.80	\$70.40	\$62.70
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$207.20	\$143.36	\$107.52	\$87.36	\$71.68	\$63.84
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$210.90	\$145.92	\$109.44	\$88.92	\$72.96	\$64.98
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$214.60	\$148.48	\$111.36	\$90.48	\$74.24	\$66.12
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$218.30	\$151.04	\$113.28	\$92.04	\$75.52	\$67.26
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$222.00	\$153.60	\$115.20	\$93.60	\$76.80	\$68.40
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$225.70	\$156.16	\$117.12	\$95.16	\$78.08	\$69.54
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$229.40	\$158.72	\$119.04	\$96.72	\$79.36	\$70.68
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$233.10	\$161.28	\$120.96	\$98.28	\$80.64	\$71.82
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$236.80	\$163.84	\$122.88	\$99.84	\$81.92	\$72.96
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$240.50	\$166.40	\$124.80	\$101.40	\$83.20	\$74.10
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$244.20	\$168.96	\$126.72	\$102.96	\$84.48	\$75.24
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$247.90	\$171.52	\$128.64	\$104.52	\$85.76	\$76.38
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$251.60	\$174.08	\$130.56	\$106.08	\$87.04	\$77.52
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$255.30	\$176.64	\$132.48	\$107.64	\$88.32	\$78.66
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$259.00	\$179.20	\$134.40	\$109.20	\$89.60	\$79.80
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$262.70	\$181.76	\$136.32	\$110.76	\$90.88	\$80.94
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$266.40	\$184.32	\$138.24	\$112.32	\$92.16	\$82.08
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$270.10	\$186.88	\$140.16	\$113.88	\$93.44	\$83.22
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$273.80	\$189.44	\$142.08	\$115.44	\$94.72	\$84.36
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$277.50	\$192.00	\$144.00	\$117.00	\$96.00	\$85.50

# Benefit Riders and Limitations

## Hospital Indemnity Limited Benefit Rider

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

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

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

Hospital Indemnity Limited Benefit Rider	
Daily Benefit Amount	Monthly Premium
\$100.00	\$6.00
\$150.00	\$9.00

## Spousal Accident Only Disability Benefit Rider

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

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

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

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

## COBRA Funding Rider

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

### Summary of COBRA Funding Rider Benefits:

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

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

## Survivor Benefit Rider

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

### Summary of Survivor Benefit Rider Benefits:

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

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

## Critical Illness Benefit Rider

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

### Summary of Critical Illness Benefit Rider Benefits:

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions Heart Attack, Stroke, Kidney Failure, Paralysis, or Major Organ Failure. In the case of Heart Attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

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

## Benefit Rider Limitations and Exclusions

### Hospital Indemnity Limited Benefit Rider

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

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

### Critical Illness Benefit Rider

The Critical Illness Rider will not be payable for any loss caused by or resulting from: (a) a Critical Illness when the Date of Diagnosis occurs during the Waiting Period; (b) a Critical Illness diagnosed outside of the United States; or (c) a Sickness or Injury not specifically defined in this Rider.

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

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

### COBRA Funding Benefit Rider

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

### Spousal Accident Only Disability Benefit Rider

This Rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: (a) Intentionally self-inflicted Injury while sane or insane; (b) An act of war, declared or undeclared; (c) Injury sustained or contracted while in the service of the armed forces of any country; (d) Committing a felony; (e) Penal incarceration. American Fidelity will not pay benefits during any period

for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; (f) Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which your Spouse is entitled to Workers' Compensation benefits; (g) Participation in any sport for wage or profit; (h) Participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. No benefits are payable for your Spouse under this Rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a Physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from spousal abuse.

### Survivor Benefit Rider

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

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

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



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

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

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First in Service and Expertise



# American Fidelity Employee Assistance Program (EAP)

## Support for Everyday Issues, Every Day

American Fidelity EAP provides emotional wellness and work/life balance resources for your employees and their family members.

Everyone faces problems or situations that are difficult to resolve. When these instances arise, American Fidelity EAP will be there to help. American Fidelity EAP provides confidential resources to help employees navigate life's ups and downs. This includes professional referrals for a wide variety of concerns, such as:

Anxiety

Depression

Marriage and Relationship Problems

Grief and Loss

Substance Abuse

Anger Management

Work Related Pressures

Stress

### Expert Referrals and Consultation

From navigating parenthood to selling a home, employees have access to guidance and referrals to expert resources.

- **Legal Assist** Free telephonic or face-to-face legal consultation
- **Financial Assist** Expert financial planning and consultation
- **Family Assist** Consultation and referrals for everyday issues, such as: dependent care, auto repair, pet care, and home improvement

**Confidentiality:** American Fidelity EAP upholds strict confidentiality standards. Nobody, including your employer, will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information. Some products and services may be provided by third party contractors and affiliated companies.

800-295-8323

[americanfidelity.mysupportportal.com](http://americanfidelity.mysupportportal.com)

American Fidelity Assurance Company  
SB-32908-0120



### Easy Digital Access

#### Mobile

- eConnect® mobile app for on-the-go access to the EAP
- Call or live chat with a licensed counselor
- Review a summary of the program

#### Web

- Secure video counseling through the eConnect® Portal
- Discounted fitness center memberships
- Library of online seminars and eLearning modules
- Bilingual content (English and Spanish)
- Thousands of helpful articles and tip sheets for personal and work related topics
- Search engines and directories for child care, elder care, education, legal, financial, and convenience services

### Access eConnect® Mobile App

Username: americanfidelity



## Allstate BENEFITS

Protection for the  
treatment of cancer and  
29 specified diseases

## Cancer Insurance

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

### Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

### Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer at initial enrollment
- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. Are you in Good Hands? You can be.

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.

<sup>1</sup>Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017

<sup>2</sup>Cancer Treatment & Survivorship Facts & Figures, 2016-2017

## DID YOU KNOW?



*Early detection, improved treatments and access to care are factors that influence cancer survival<sup>1</sup>*

## 20.3 million

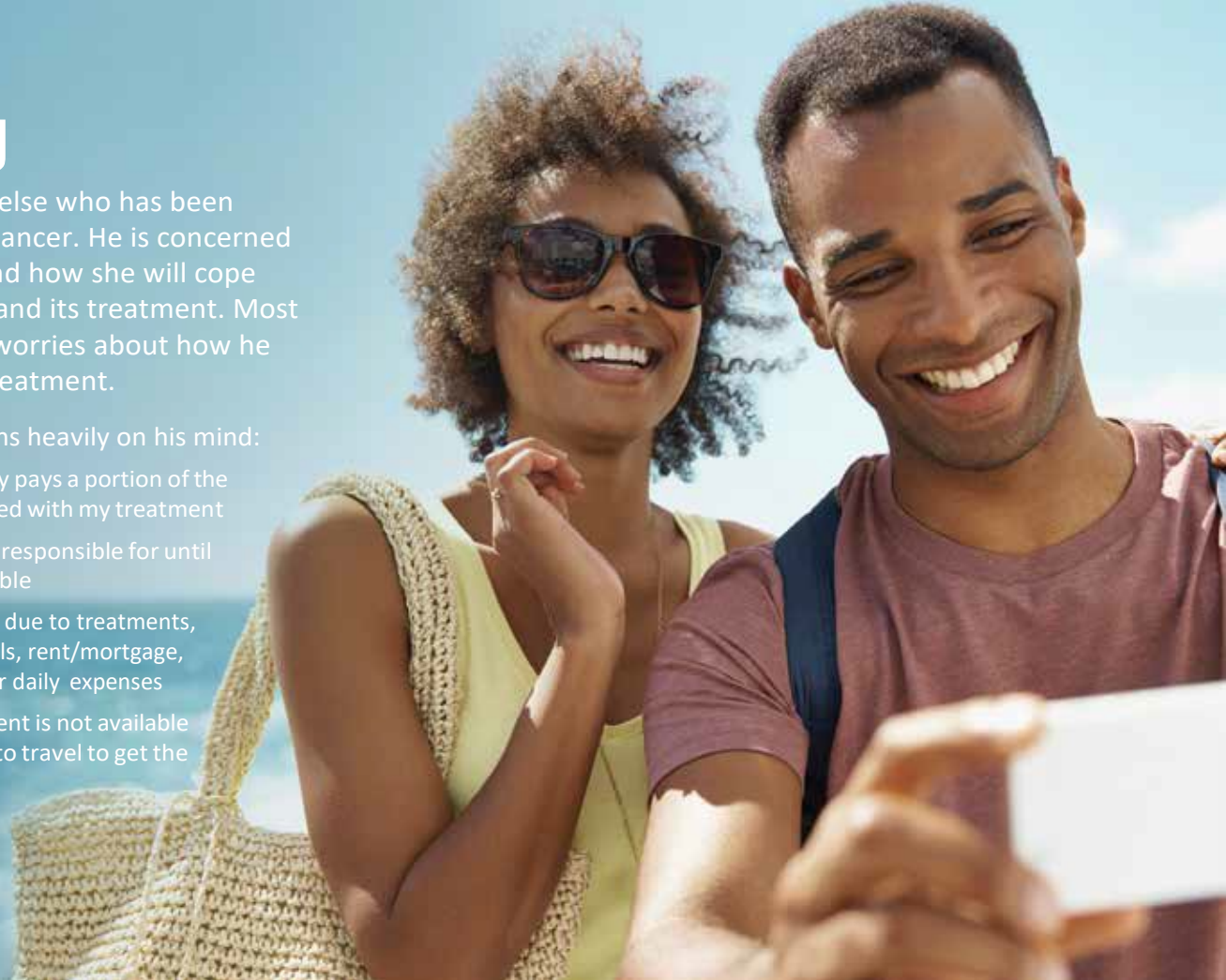
*The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 20.3 million by 2026<sup>2</sup>*

# Meet TJ

TJ is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Here's how TJ's story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.



## CHOOSE

TJ chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease



## USE

TJ undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.

Here's TJ's treatment path:

- TJ travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
- He is admitted to the hospital for laparoscopic prostate cancer surgery
- TJ undergoes surgery and spends several hours in the recovery waiting room
- He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
- TJ is released under doctor required treatment and care during a 2-month recovery period

TJ continues to fight his cancer and follow his doctor recommended treatments.



## CLAIM

TJ's Cancer claim paid him cash benefits for the following:

- Wellness
- Cancer Initial Diagnosis
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Medical Imaging
- Inpatient Drugs and Medicine
- Physician's Attendance
- Anti-Nausea

For a listing of benefits and benefit amounts, see your company's rate insert.

Using your cash benefits  
Cash benefits provide you with options, because you decide how to use them.



**Finances**  
Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



**Travel**  
Can help pay for expenses while receiving treatment in another city.



**Home**  
Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



**Expenses**  
Can help pay your family's living expenses such as bills, electricity, and gas.



**MyBenefits: 24/7 Access**  
allstatebenefits.com/mybenefits  
An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

**Wellness Benefit**  
Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

## Benefits (subject to maximums as listed on the attached rate insert)

### HOSPITAL CONFINEMENT AND RELATED BENEFITS

Continuous Hospital Confinement - inpatient admission and confinement

Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - within 14 days of a hospital stay; payable up to the number of days of the hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care Center or Team - terminal illness care in a facility or at home; one visit per day

### RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration, processing, procurement, cross matching

Hematological Drugs - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

Medical Imaging - initial diagnosis or follow-up evaluation based on covered imaging exam

### SURGERY AND RELATED BENEFITS

Surgery\* - based on Certificate Schedule of Surgical Procedures

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Opinion - second opinion for surgery or treatment by a doctor not in practice with your doctor

### MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

Physician's Attendance - one inpatient visit by one physician

Ambulance - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit is paid

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation

Hair Prosthesis - wig or hairpiece every two years due to hair loss

Nonsurgical External Breast Prosthesis - initial prosthesis after a covered mastectomy

Anti-Nausea Benefit - prescribed anti-nausea medication administered on outpatient basis

Waiver of Premium\*\* - must be disabled 90 days in a row due to cancer, as long as disability lasts

### ADDITIONAL BENEFITS

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Intensive Care (ICU)

a. ICU Confinement - illness or accident confinements up to 45 days/stay

b. Step-down ICU Confinement - confinements up to 45 days/stay

c. Ambulance - licensed air or surface ambulance service to ICU

Wellness Benefit - once per year for one of 23 exams. See left for list of wellness tests

### SPECIFIED DISEASES

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

\*Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits \*\*Premiums waived for employee only

## DEFINITIONS

Actual Charge vs. Actual Cost

Actual Charge – Amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost – Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

## CERTIFICATE SPECIFICATIONS

Eligibility

Coverage may include you, your spouse or domestic partner, and children under age 26.

Termination of Coverage

Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible.

Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death.

Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Portability Privilege

Coverage may be continued under the Portability Provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

## LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation

We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or condition for which symptoms existed within the 12-month period prior to the effective date, or medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

Exclusions and Limitations

We do not pay for any loss except for losses due to cancer or a specified disease. Benefits are not paid for conditions caused or aggravated by cancer or a specified disease. Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

Hospice Care Team Limitation: Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

Blood, Plasma and Platelets Limitation: Does not include immunoglobulins or blood replaced by donors.

For the Surgery, New or Experimental Treatment and Prosthesis benefits, we pay 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

For the Radiation/Chemotherapy for Cancer benefit, we do not pay for: any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

Intensive Care Exclusions and Limitations

Benefits are not paid for attempted suicide or intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms; emergency, labor or delivery rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. Children born within 10 months of the effective date are not covered for confinement occurring or beginning during the first 30 days of the child's life. We do not pay for ambulance if paid under the Cancer and Specified Disease Ambulance benefit.

This brochure is for use in enrollments situated in TX and is incomplete without the accompanying rate insert.

Rev. 7/19. This material is valid as long as information remains current, but in no event later than July 15, 2022.

Group Cancer benefits are provided under policy form GVCP3 or state variations thereof.

The coverage provided is limited benefit supplemental cancer and specified disease insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

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

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2019 Allstate Insurance Company.  
[www.allstate.com](http://www.allstate.com) or  
[allstatebenefits.com](http://allstatebenefits.com)

# Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases from Allstate Benefits

## BENEFIT AMOUNTS

	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	\$200	\$300
Government or Charity Hospital (daily)	\$200	\$300
Private Duty Nursing Services (daily)	\$200	\$300
Extended Care Facility (daily)	\$200	\$300
At Home Nursing (daily)	\$200	\$300
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$200 \$200	\$300 \$300
	PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer <sup>1</sup> (every 12 months)	\$5,000	\$15,000
Blood, Plasma, and Platelets <sup>1</sup> (every 12 months)	\$5,000	\$15,000
Hematological Drugs <sup>1</sup> (every 12 months)	\$100	\$300
Medical Imaging <sup>1</sup> (every 12 months)	\$250	\$750
	PLAN 1	PLAN 2
Surgery <sup>2</sup>	\$1,500	\$3,000
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	1. \$500	1. \$1,000
2. Non-autologous (cancer or specified disease treatment)	2. \$1,250	2. \$2,500
3. Non-autologous (Leukemia)	3. \$2,500	3. \$5,000
Ambulatory Surgical Center (daily)	\$250	\$500
Second Opinion	\$200	\$400
	PLAN 1	PLAN 2
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation <sup>1</sup> (coach fare or amount shown per mile*)	\$0.40/mi	\$0.40/mi
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile**)	\$50 \$0.40/mi	\$50 \$0.40/mi
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment <sup>3</sup> (every 12 months)	\$5,000	\$5,000
Prosthesis <sup>3</sup> (per amputation)	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis <sup>1</sup>	\$50	\$50
Anti-Nausea Benefit <sup>1</sup> (once per calendar year)	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
	PLAN 1	PLAN 2
Cancer Initial Diagnosis (one-time benefit)	\$5,000	\$3,000
Intensive Care (ICU)		
ICU (daily)	\$300	\$300
Step-down (daily)	\$150	\$150
Ambulance Charges	Charges	Charges
Wellness Benefit	\$100	\$100

<sup>1</sup>Pays actual cost up to amount listed. <sup>2</sup>Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. <sup>3</sup>Pays actual charges up to amount listed. \*At least 70 miles away, up to 700 miles. \*\*Transportation up to 700 miles per continuous hospital confinement.

## PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$10.17	\$16.33	\$14.25	\$20.40

## PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$16.34	\$25.44	\$23.11	\$32.21

Issue ages: 18 and over if actively at work

EE = Employee; EE + SP = Employee + Spouse;  
EE + CH = Employee + Child(ren); F = Family



For use in enrollments situated in: TX

This rate insert is part of form ABJ30180X-2 and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than July 15, 2022. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2019 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.



**Group Critical Illness Insurance**  
Limited Benefit Group Critical Illness  
with Cancer Benefit

**AMERICAN FIDELITY**  
a different opinion



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

# Group Critical Illness Insurance

## Critical Illness insurance is here for you.

Surviving a critical illness, such as a heart attack or stroke, is becoming increasingly common with new medical technology. However, with advances in technology to treat these diseases, the cost of treatment rises more and more every year. Although many medical plans provide coverage for hospital stays and medical expenses arising from a critical illness, there are still out-of-pocket expenses that can affect anyone's finances.

Co-pays, transportation expenses, and lost income should be the last thing you or your family worries about if a critical illness were to occur. American Fidelity Assurance Company's Limited Benefit Group Critical Illness Insurance can help cover your out-of-pocket medical expenses and allow your family to focus on recovery.



**1 in 3 Americans have one or more types of cardiovascular disease.<sup>1</sup>**

**About every 19 seconds someone in the United States will be diagnosed with cancer.<sup>2</sup> American Fidelity's Group Critical Illness Insurance can help with the rising cost of treatment for a covered Critical Illness such as heart attack or stroke.**



### How It 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. In addition, certain specified Critical Illnesses that reoccur will allow for an additional benefit.

American Fidelity's Critical Illness Insurance features:

- Benefits paid directly to you, to be used however you see fit.
- No required medical exams as part of the application process.
- Guaranteed Issue benefit amounts may be available for first time eligible employees and spouse.
- Extends coverage to dependent children at no additional cost.
- Compatible with a Health Savings Account.

Coverage is available for you and your lawful spouse at determined benefit amounts and for your eligible child(ren), as defined in the policy, at 25% of the employees benefit amount.

### WELLNESS SCREENING BENEFIT

This benefit covers several qualified tests, including, but not limited to,

- Pap Smear
- Prostate Test
- Skin Biopsy
- Colonoscopy
- Stress Test
- Echocardiogram
- Electrocardiogram (EKG)
- Blood Glucose Testing

### HEALTH SCREENING BENEFIT

*(per calendar year per Covered Employee and Covered Spouse)*

**\$100**

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

<sup>1</sup>"The Real Risk That You'll Have A Critical Illness." American Association for Critical Illness Insurance. n.d. Web. 4 Apr. 2014.

<sup>2</sup>American Cancer Society: Cancer Facts and Figures 2015, pg. 4.



# Group Critical Illness Insurance

## Schedule of Benefits

Knowing everyone's financial situation is different, American Fidelity offers multiple lump sum benefit amounts. Depending on the plan selected by your employer, the following Benefit Amounts may be available. The Employee Benefit Amounts can range from \$5,000 to \$50,000 in \$5,000 increments. If elected, Spousal Benefit Amounts will be 50% of the Employee Benefit Amount.

### Critical Illness Benefits

Pays once per Covered Person for each Critical Illness shown below.

	Benefit Percentage	Recurrent Diagnosis Benefit
<b>Heart Attack Benefit</b> Pays full lump sum benefit amount.	100%	50%
<b>Coronary Artery Bypass Surgery</b> Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit.	25%	-
<b>Stroke Benefit (Permanent damage due to a Stroke)</b> Pays full lump sum benefit amount.	100%	50%
<b>Paralysis Benefit (Permanent due to a Covered Accident)</b> Pays full lump sum benefit amount.	100%	-
<b>Major Organ Failure Benefit</b> Pays full lump sum benefit amount.	100%	50%
<b>End Stage Renal Failure Benefit</b> Pays full lump sum benefit amount.	100%	-
<b>Early Stage Cancer (Carcinoma In Situ) Benefit</b> Pays 25% of the benefit amount. Payment will reduce any Invasive Cancer Benefit.	25%	-
<b>Invasive Cancer Benefit</b> Pays full lump sum benefit amount.	100%	-

## Plan Benefit Highlights

### Wellness Screening Benefit

Pays \$100 when a Covered Employee or Covered Spouse receives a covered Health Screening Test. This benefit covers several qualified tests, including, but not limited to: Pap Smear, Prostate test, Skin Biopsy, Colonoscopy, Blood test for triglycerides, Doppler ultrasound, Echocardiogram, Electrocardiogram (EKG), Fasting blood glucose test, Serum cholesterol test to determine HDL and LDL levels, Exercise or Pharmacologic stress test, and Neuroimaging studies. This policy pays for one test per Covered Employee and one test per Covered Spouse per Calendar Year regardless of the number of tests received during the Calendar Year. This benefit is available without a diagnosis of a Critical Illness. This benefit does not reduce the Critical Illness lump sum benefit amount.

### Critical Illness Benefit

Pays once per Covered Person for each Critical Illness. Each Critical Illness must be separated by at least 90 days following the first Critical Illness Occurrence Date.

### Heart Attack

Pays following a Heart Attack due to Coronary Artery Disease. Any previous amounts paid for a Coronary Artery Bypass Surgery will be deducted from the amount payable under this benefit.

A Heart Attack is not congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other disease or injury involving the cardiovascular system.

### Coronary Artery Bypass Surgery

Pays following open heart surgery performed by a Physician to correct Coronary Artery Disease with bypass grafts. Coronary Artery Bypass Surgery does not include balloon angioplasty, laser angioplasty, stenting, valve replacement surgery, or procedures other than Coronary Artery Bypass Surgery.

### Stroke (Permanent Damage Due To A Stroke)

Pays following permanent neurological damage to the brain due to a Stroke which results from an acute or sub-acute interruption of blood flow to brain tissue as defined in the policy. Permanent Damage due to a Stroke does not include Transient Ischemic Attacks (TIA).

### Paralysis (Permanent Due To A Covered Accident)

Injuries to the spinal cord due to a Covered Accident, which result in the loss of use of two or more limbs. Paralysis must be diagnosed as permanent, total, and irreversible.

### Major Organ Failure

Pays following the date the Covered Person is placed on the United Network for Organ Sharing (UNOS) list for a transplant of the heart, liver, lung, or entire pancreas.

### End Stage Renal Failure

Pays following the Occurrence Date of End Stage Renal Failure resulting in irreversible failure of both kidneys to function and which requires regular dialysis or renal transplantation to sustain life.

# Group Critical Illness Insurance

## Plan Benefit Highlights, continued

### Effective Date

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

### Eligibility

All permanent employees in the subscribing group working 20 hours or more per week.

### Cancer Critical Illness Benefit

#### Early Stage Cancer (Carcinoma In Situ)

Pays 25% of the Critical Illness Cancer benefit amount following diagnosis of early stage of internal cancer in which the tumor or tumor cells are confined to the organ or tissue where it first developed without having invaded neighboring tissue. Carcinoma in Situ does not include Skin Cancer. Some examples of covered early stage cancer include prostate cancer, breast cancer, or colon cancer meeting certain diagnosis requirements. Partial payments for Carcinoma in Situ reduces the Invasive Cancer benefit. At no time will combined payments for any Cancer related benefits exceed 100% of the Cancer Critical Illness Benefit amount.

#### Invasive Cancer

Pays a Cancer Critical Illness benefit amount following the Occurrence Date and diagnosis of Invasive Cancer with uncontrolled growth, function, or spread of cells in any part of the body. The documented staging will be used to determine if the cancer meets the Invasive Cancer definition.

#### Recurrent Diagnosis Benefit

Upon a second Occurrence of certain specified Critical Illnesses, this benefit pays 50% of the amount previously paid under the policy. Covered Critical Illness events include Heart Attack, Permanent Damage Due To a Stroke, and Major Organ Failure. The second Occurrence Date must be separated by at least 180 days following the first Occurrence Date of that same Critical Illness. Once a Recurrent Diagnosis Benefit has been paid for a Critical Illness, no further benefits for that same Critical Illness will be payable.

#### Portability

Upon becoming no longer eligible for coverage, you will have 30 days to request continuation of coverage. Providing you pay premiums when due, you may continue your coverage provided in this certificate upon leaving employment until the earliest of these dates: a) your 75th birthday, b) 10 years from the portability effective date, c) the date the policy is terminated, or d) the date you fail to pay the required premium. You must have been continuously covered for 12 consecutive months prior to the date your coverage under the Policy ends.

## Limitations and Exclusions

### Pre-Existing Condition Limitation

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness Occurrence Date occurs before a Covered Person has been

continuously covered under the Policy for 12 consecutive months. Pre-Existing Condition means a disease, Accident, Sickness, physical condition or mental illness for which a Covered Person has experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advice from a Physician, during the 12-month period immediately before the Covered Person's Effective Date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Accident, Sickness, physical condition or mental illness.

A Heart Attack is an acute Myocardial Infarction due to Coronary Artery Disease resulting in death of a portion of the heart muscle. Diagnosis must be supported by onset of new symptoms and any of the following: EKG changes, elevation of biochemical markers, or imaging studies, consistent with an acute myocardial infarction. In the event of death, an autopsy, medical examiner's confirmation or death certificate identifying Heart Attack will be acceptable.

Heart attack does not include congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other disease or injury involving the cardiovascular system.

### Exclusions

We will not pay benefits for any Critical Illness resulting from or caused, whether directly or indirectly, by: (a) An intentionally self-inflicted Accident or Sickness. (b) Suicide or attempted suicide, while sane or insane. (c) Participating in a riot, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority. (d) Being intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions. Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the Critical Illness occurred. (e) Committing, or attempting to commit a felony. (f) Being incarcerated in any type of penal institution. (g) Alcoholism or drug addiction. (h) A diagnosis received outside the United States, or its territories, that cannot be confirmed by a Physician licensed and practicing in the United States.

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

This product is only offered on an after-tax basis. **This product is inappropriate for people who are eligible for Medicaid coverage.**



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

American Fidelity's Online Service Center provides you convenient, secure access to manage your account.

**AMERICAN FIDELITY**   
a different opinion

9000 Cameron Parkway  
Oklahoma City, Oklahoma 73114  
800-654-8489  
[americanfidelity.com](http://americanfidelity.com)



# Group Critical Illness Insurance

## Limited Benefit Group Critical Illness With Cancer Benefit

Extends coverage to dependent children at no additional cost.

### EMPLOYEE MONTHLY RATES

	\$5,000		\$10,000		\$15,000		\$20,000		\$25,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$5.60	\$7.44	\$7.28	\$10.92	\$8.98	\$14.42	\$10.66	\$17.90	\$12.34	\$21.40
30-39	\$7.72	\$11.04	\$11.48	\$18.20	\$15.32	\$25.32	\$19.10	\$32.46	\$22.90	\$39.62
40-49	\$12.38	\$19.12	\$20.82	\$34.34	\$29.28	\$49.54	\$37.72	\$64.74	\$46.16	\$79.94
50-59	\$19.96	\$32.44	\$35.98	\$60.90	\$52.04	\$89.40	\$68.06	\$117.86	\$84.10	\$146.38
60&Over	\$31.50	\$52.58	\$59.10	\$101.22	\$86.68	\$149.90	\$114.28	\$198.56	\$141.88	\$247.22

	\$30,000		\$35,000		\$40,000		\$45,000		\$50,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$14.02	\$24.90	\$15.72	\$28.40	\$17.40	\$31.90	\$19.10	\$35.40	\$20.78	\$38.92
30-39	\$26.68	\$46.74	\$30.48	\$53.88	\$34.28	\$61.02	\$38.06	\$68.16	\$41.86	\$75.32
40-49	\$54.60	\$95.16	\$63.06	\$110.38	\$71.50	\$125.60	\$79.94	\$140.80	\$88.40	\$156.02
50-59	\$100.14	\$174.84	\$116.18	\$203.34	\$132.20	\$231.82	\$148.24	\$260.34	\$164.30	\$288.82
60&Over	\$169.48	\$295.86	\$197.06	\$344.52	\$224.64	\$393.18	\$252.24	\$441.86	\$279.84	\$490.50

### SPOUSE MONTHLY RATES

	\$5,000		\$7,500		\$10,000		\$12,500		\$15,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$5.02	\$7.44	\$5.56	\$9.22	\$6.08	\$11.02	\$6.66	\$12.76	\$7.20	\$14.52
30-39	\$7.30	\$11.68	\$8.96	\$15.60	\$10.66	\$19.48	\$12.32	\$23.38	\$14.04	\$27.26
40-49	\$12.42	\$21.16	\$16.66	\$29.78	\$20.92	\$38.42	\$25.18	\$47.06	\$29.42	\$55.64
50-59	\$20.68	\$36.52	\$29.08	\$52.86	\$37.46	\$69.14	\$45.88	\$85.44	\$54.24	\$101.76
60&Over	\$33.36	\$60.00	\$48.06	\$88.06	\$62.80	\$116.08	\$77.50	\$144.14	\$92.24	\$172.16

	\$17,500		\$20,000		\$22,500		\$25,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$7.74	\$16.30	\$8.28	\$18.10	\$8.86	\$19.86	\$9.38	\$21.62
30-39	\$15.72	\$31.18	\$17.40	\$35.04	\$19.08	\$38.94	\$20.74	\$42.84
40-49	\$33.68	\$64.28	\$37.96	\$72.92	\$42.18	\$81.52	\$46.44	\$90.16
50-59	\$62.64	\$118.06	\$71.02	\$134.36	\$79.42	\$150.66	\$87.80	\$166.98
60&Over	\$106.94	\$200.18	\$121.68	\$228.24	\$136.40	\$256.28	\$151.10	\$284.34

This insert must be used in conjunction with SB-32243(F) and any state specific deviations thereof.



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G925 Series AFES

Marketed by American Fidelity Assurance Company



## A Solution for Your Medical Questions

**Best Doctors** is an employer-provided service dedicated to making sure our members are confident in their diagnoses, treatments and understanding of their medical conditions – no matter the complexity.

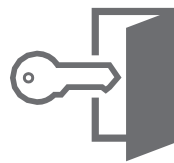
Best Doctors, in partnership with IBM’s Watson for Oncology, harnesses the power of analytics and machine learning to provide oncologists with the most up-to-date information in their field.

For More Information  
about Best Doctors services,  
call **866-904-0910**  
or visit  
**members.bestdoctors.com**

### Membership Highlights

1. Provided by American Fidelity Assurance Company with our Group Critical Illness coverage.
2. Eligibility includes the policyholder and their spouse/eligible dependents
3. Review your case 24/7 via our member app and member portal or speak with a Best Doctors representative by email or phone Monday - Friday from 8 am - 9 pm EST
4. Virtual service eliminates any conflict with PPO/ HMO networks
5. Best Doctors collects all the medical records. Member simply signs a release allowing us access

#### YOU HAVE FREE\* ACCESS TO:



- Expert second opinions
- Answers to medical questions
- Confidence in your diagnosis and treatment

*\*As permitted by law.*



**An estimated 12 million Americans are affected each year by diagnostic errors, with one in three errors leading to serious patient injuries, including disability or death.**

*John Hopkins Medicine: A Method to Measure Diagnostic Errors from Big Data Could be Key to Preventing Disability and Death from Misdiagnosis; January 22, 2018*

# Be prepared for the road ahead

## An Aetna Hospital Indemnity Plan can help

**“A hospital stay after a car accident didn’t put a dent in my finances.”**

Whether or not it’s unexpected or planned, a hospital stay can create a lot of additional expenses. The Aetna Hospital Indemnity Plan can put cash in your pocket to help. Rates start at **\$9.97 semi-monthly for employees only**. And, if you buy coverage for yourself, you can also buy coverage for your family.

### Sean’s story\*

"I wasn't ready for the car accident and the hospital stay that followed — who is? But I'm really glad I had the hospital plan available through work.

Then, wham (literally) — the accident. The road to recovery was long and rough. And those bills! Even with medical insurance, my out-of-pocket costs:

**\$2,250**

But with my plan, I got a check paid directly to me to use however I wanted. The cash helped cover part of my medical bills, rent and even day care for my little guy. And filing a claim was easy — right on Aetna’s website.”

### Sean’s hospital benefits

Initial hospital admission	<b>\$1,000</b>
2 day ICU stay	<b>\$600</b>
3 day inpatient hospital stay	<b>\$450</b>
10 day rehabilitation unit stay	<b>\$500</b>

### Sean's total benefits from the Low Plan:



**\$2,550**

\*Here’s an example sharing some common things covered by the Low Plan. But check out the benefit summary for more details. It shows what the plan covers, including exclusions and limitations that apply.



## Highlights of the Aetna Hospital Indemnity Plan

The Aetna Hospital Indemnity Plan pays benefits related to an inpatient hospital stay. Below are some of the benefits available. Benefits are payable once per member during a plan year unless otherwise specified. For more details, including exclusions and limitations that apply, review your benefit summary.

Aetna Hospital Indemnity Plan	Low Plan	High Plan
<b>Hospital admission</b>	\$1,000	\$2,000
<b>Hospital daily*</b>	\$150	\$200
<b>Intensive care unit (ICU) daily*</b>	\$300	\$400
<b>Newborn routine care</b>	\$100	\$200
<b>Observation unit</b>	\$100	\$200
<b>Substance abuse daily*</b>	\$100	\$150
<b>Mental disorder daily*</b>	\$100	\$150
<b>Rehabilitation unit daily*</b>	\$50	\$75

\*Inpatient stay benefits are combined for a shared maximum of 30 days per plan year.

## Semi-Monthly Rates

Plan Option	Yourself only	Yourself and spouse/domestic partner	Yourself plus dependent child(ren)	Yourself and family
<b>Low Plan</b>	\$9.97	\$21.18	\$15.63	\$25.20
<b>High Plan</b>	\$17.22	\$35.87	\$26.93	\$43.18

## We make it simple

If you're eligible to enroll and apply for coverage, your acceptance is guaranteed. We don't ask you any questions about your health. Cash benefits are paid directly to you and are not reduced by other insurance benefits you may have. And there's more:

- You get access to negotiated group rates.
- You'll enjoy the convenience of payroll deduction to pay premiums.
- If you leave your company, you can take your plan with you.

**Questions? Need assistance?** Call us at 1-800-607-3366 with questions about the plan.

**Filing a claim couldn't be easier** After you become a member, you can review your benefits and file claims on our member portal at [myaetnasupplemental.com](http://myaetnasupplemental.com). If you're an Aetna medical plan member, you don't typically need to provide medical paperwork to process a claim. Not an Aetna medical plan member? No problem. Just fill out the online form and upload your medical paperwork.

## THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

This plan provides limited benefits. It pays fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

This material is for information only. Insurance plans contain exclusions and limitations. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features, rates, eligibility and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [aetna.com](http://aetna.com).

**Hospital Indemnity Plan Policy form numbers issued in Oklahoma include:** GR-96172, GR-96173.

**Hospital Indemnity Plan Policy form numbers issued in Idaho include:** GR-96172, AL VOL HPOL-Hosp 01.

**Hospital Indemnity Plan Policy form numbers issued in Missouri include:** GR-96172 01.

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### Hospital Indemnity Exclusions & Limitations

This plan has exclusions and limitations. Refer to the actual policy and booklet certificate to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. **However, the plan may contain exceptions to this list based on state mandates or the plan design purchased. Benefits will not be paid for any service for an illness or accidental injury related to the following:**

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving
2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment
3. Act of war, riot, war
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not
5. Assault, felony, illegal occupation or other criminal act
6. Care provided by a spouse, parent, child, sibling or any other household member
7. Cosmetic services and plastic surgery, with certain exceptions
8. Custodial care
9. Hospice services, except as specifically provided in the benefits under your plan section of the certificate
10. Self-harm, suicide, except when resulting from a diagnosed disorder
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle
12. Care or services received outside the United States or its territories
13. Education, training or retraining services or testing
14. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant
15. Exams except as specifically provided in the Benefits under your plan section of the certificate
16. Dental and orthodontic care and treatment
17. Family planning services
18. Any care, prescription drugs and medicines related to infertility
19. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins
20. Outpatient cognitive rehabilitation, physical therapy, occupational therapy or speech therapy for any reason
21. Vision-related care

Galena Park I.S.D. 2020



# Be fully prepared and confident with Legal Benefits

Legal Benefits Plan proudly offered to Galena Park I.S.D. Employees

Protect your family's future with LegalEASE.

LegalEASE offers valuable benefits to shield your family and savings from unexpected personal legal issues.

What you get with a LegalEASE plan:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In- and out-of-network coverage
- Concierge help navigating common individual or family legal issues

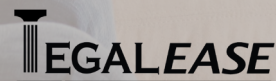
Enroll now in the LegalEASE Benefits Plan.

To learn more:

Call: 1(800) 248-9000

Visit: [www.legaleaseplan.com/galena](http://www.legaleaseplan.com/galena)

Member Services: 1(888) 416-4313





# A legal benefits plan can ease the biggest stresses - finding and paying for legal expertise when you need it most.

LegalEASE offers a benefits plan that provides support and protection from unexpected personal legal issues.

## Plan Details:

**\$15.77 monthly,  
via payroll deduction**

**Who's covered:**

Employee

Spouse

**Dependent Children**

Up to age 19; Age 19-26 enrolled full-time at an accredited university

**Parents**

Elder Benefits designed for Plan member's and Spouse's parents

## The value of a LegalEASE Benefits Plan.

Being a member saves costly legal fees and provides coverage for:



### HOME & RESIDENTIAL

Purchase/Sale/Refinancing of Primary Residence, Vacation or Investment Home Sale/Purchase/Refinancing, Tenant Dispute, Foreclosure



### FINANCIAL & CONSUMER

Debt Collection Defense, Bankruptcy (Chapter 7 or 13), Tax Audit, Document Preparation, Consumer Dispute, Small Claims Court, Financial Advisor, Mail Order or Internet Purchase Dispute, Bank Fee Dispute, Cell Phone Contract Dispute, Warranty Dispute



### AUTO & TRAFFIC

Serious Traffic Matters (resulting in suspension or revocation of license), License Suspension (Administrative Proceeding), Traffic Ticket Defense, First-Time Vehicle Buyer, Vehicle Repair & Lemon Law Litigation



### FAMILY

Name Change, Guardianship/Conservatorship, Adoptions, Juvenile Court Proceedings, Prenuptial Agreement, Immigration Assistance, Elder Law



### ESTATE PLANNING & WILLS

Will or Codicil, Complex Will, Living Will or Health Care Power of Attorney, Probate of Small Estate



### GENERAL

Civil Litigation Defense, Incompetency Defense, Initial Law Office Consultation, Review of Simple Documents, Mediation, Misdemeanor Defense, Identity Theft Assistance

Limitations apply. Please visit <https://www.legaleaseplan.com/galena> for specific plan benefits.



**For more information, visit:**

<https://www.legaleaseplan.com/galena>



**To learn more, call:**

1(800) 248-9000, and reference "Galena Park I.S.D."

Member Services: 1(888) 416-4313

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. This legal plan may not be regulated as insurance in some states, but is available in all states. Plans are underwritten by insurance carrier partners in states where required. Please contact LegalEASE for complete details. ©2020 LegalEASE All rights reserved. Enroll\_1PG\_GalenaParkISD\_2020-05

Introducing...



## FFInvest 457(b) Retirement Plan

We are excited to announce the FFINvest Retirement Plan that is now available. The FFINvest 457(b) Retirement Plan is a comprehensive plan funded by Net Asset Value Mutual Funds. It is a competitive & simple, yet flexible plan with a 401(k) type of approach.

### Plan Highlights:

#### • Multiple Investment Options

The plan provides 21 different investment options to take advantage of changing investment market conditions, including American Funds, Vanguard, Harbor, and Delaware. There are also Bond Funds and Target Date Retirement Funds to choose from.

#### • Roth (After-Tax) Deduction Option Available

#### • Rollovers/Transfers

Rollovers/Transfers are accepted into the plan from other retirement plans, including IRA's

#### • Retirement Savings Contributions Credit (Saver's Credit)

An individual may be able to take a tax credit of up to \$1,000 (\$2,000 if filing jointly) for making eligible contributions to an employer-sponsored retirement plan.

#### • NO IRS Penalty

NO 10% IRS penalty for withdrawals prior to age 59 ½

#### • NO Front-End Sales Charge

There are NO sales charges taken from contributions. This means that 100% of all contributions are invested and start working for you.

#### • NO Deferred Sales Charge

#### • Client Friendly Technology & Communication

- » Retirement Education Center: <http://ffinvest.my457account.com>
- » Toll-free telephone number: 1-866-848-0258
- » Interactive website: [www.my457account.com](http://www.my457account.com)
- » Personalized Benefit Projections
- » Loan Option
- » [Blog / Calculators](#)
- » [Quarterly Newsletter](#)
- » [Quarterly eStatement](#)

#### Contribution Limits for 2020

\$19,500 – under age 50

\$26,000 – age 50 and over

ENROLL NOW

#### Enroll Online Now!

- » Go to [www.my457account.com](http://www.my457account.com)
- » Select "[Retirement Plan Login](#)"  
(upper left hand corner, above InvesTrust logo)
- » Select "[New User](#)"
- » Enter Plan Password (case sensitive): Galena

If you have questions, please contact an InvesTrust Retirement Plan Specialist at 1-866-848-0258, Monday-Friday, 8:00 a.m. to 5:00 p.m. CST.

*For Questions or Information on how to enroll in the FFINvest 457(b) Retirement Plan, please contact [ffinvest@ffga.com](mailto:ffinvest@ffga.com) or 1-800-523-8422.*



IT IS VERY IMPORTANT THAT YOU READ AND UNDERSTAND THE FOLLOWING: All investments involve some degree of risk. The funds are offered by prospectus, which contains more complete information regarding the investment objectives, risks, charges and expenses associated with an investment in the fund. Please be sure and review the prospectus at <http://ffinvest.my457account.com> before deciding to invest.

# 403(b) Newsletter



FIRST FINANCIAL ADMINISTRATORS, INC. | 2020- 2021

## Reasons to Consider a 403(b) Plan

A 403(b) plan is a type of tax-sheltered retirement plan for the employees of nonprofit entities, such as schools, charities, and religious organizations. It has much in common with the more widely recognized 401(k) plan, but with some key differences. If you are eligible to participate in a 403(b) plan at work, you'll find it has numerous benefits.

**1. Tax-Deductible Contributions.** Contributions to a traditional 403(b) plan are deductible for federal income tax purposes. In effect, the money comes out of your salary and goes into the 403(b) plan without your having to pay any taxes on it. The tax deduction is valuable because it reduces the amount of income tax an individual owes.

**2. Taxes Waived Until Retirement.** If you make pretax contributions to a traditional 403(b) plan, you won't have to pay taxes on that money, or its investment earnings over the years, until you take distributions in retirement. The good news is that most people are in a lower tax bracket after they retire.

**3. Possible 403(b) Roth Option.** Since 2006, employers have had the option to allow Roth contributions to 403(b) plans. Unlike a traditional 403(b), contributions to a Roth 403(b) are not eligible for a tax deduction. However, when you make withdrawals from the Roth portion of your plan, those withdrawals are not taxable. Not all 403(b) plans have a Roth option, but if yours does, it's worth considering. Visit [www.ffga.com](http://www.ffga.com) to verify if your plan offers the Roth option.

**4. Tax-Free Growth.** A huge advantage of a 403(b) plan, as with a 401(k), is that you don't have to pay taxes on the dividends, interest, or capital gains your investments earn until you eventually take out that money. (With a Roth 403(b) account, you won't even be taxed then.) By contrast, if you hold your retirement investments in taxable accounts, you'll be taxed on their earnings every year.

Since you don't have to worry about tax effects in your 403(b), you can rebalance your portfolio more often without losing anything except possible trading fees. You also don't have to worry about the tax efficiency of any mutual funds you hold, so you can focus on funds with high returns and low expenses.

**5. Loan Provisions.** Depending on the rules of your 403(b) plan, you may be entitled to take a loan from your account. This can be helpful in certain situations, such as buying a home. However, many financial advisors caution against borrowing because it leaves less money in the 403(b) plan invested for your retirement.

**6. Access to Low-Cost Funds.** Because a 403(b) plan may control many millions of dollars in assets, it can often get you a better deal on your investments than you could get on your own. To entice big clients like retirement plans, financial institutions sometimes waive their high minimum investment requirements so that employees can invest in "institutional" funds with extremely low expenses.

**7. Higher Contribution Limits.** A 403(b) plan also allows you to set aside more money each year than some other types of retirement accounts. As an employee, you can put up to \$19,500 into a 403(b) in 2020. If you're 50 or older, you may be eligible to make an additional catch-up contribution of up to \$6,500, for a total of \$26,000. By contrast, the limit on IRAs in 2020 is \$6,000, plus a \$1,000 catch-up contribution, for a maximum of \$7,000.

The Bottom Line As you can see, there are many things to like about 403(b) plans. Still another plus comes from making regular, automatic contributions. One of the features of a workplace retirement plan like a 403(b) is the way it invests a set dollar amount determined by the employee, regardless of whether the market is up or down.

The right financial advisor can help you reach your long-term financial goals. Visit [www.ffga.com](http://www.ffga.com) to view the authorized investment companies as well as financial advisors in your area.

Please call First Financial Administrators, Inc. for additional information regarding your employer's plan.

First Financial Administrators, Inc.

P.O. Box 670329 Houston, Texas 77267-0329

(800) 523-8422

Retirement Services Department

# ADDITIONAL RESOURCES



## WELL ONTARGET

The Well onTarget portal is where you will start engaging in wellness activities that are personalized for you. Download the AlwaysOn app or visit [www.wellontarget.com](http://www.wellontarget.com) and log in using your Blue Access for Members user name and password.

## BLUE POINTS REWARDS

Earn and redeem points at the Online Shopping Mall when you participate in eligible wellness activities on the portal. Visit [www.wellontarget.com](http://www.wellontarget.com) and log in using your Blue Access for Members user name and password.

## FITNESS PROGRAM NETWORK

Access to a nationwide network of leading national, regional and local fitness centers for \$25 monthly membership fee. Log in to your Blue Access for Members account and click the Fitness Program link found in the left-hand menu bar or call (888) 762-2583, Monday through Friday, 8 a.m. – 9 p.m., in any U.S. time zone.

## WOMEN'S AND FAMILY HEALTH

Beginning September 1, 2020 you can download any of the Ovia Health mobile apps in the Apple or Google store. Enter your BCBSTX ID number when you set up your account. Visit [www.wellontarget.com](http://www.wellontarget.com) for online courses. First Time Users, when prompted, enter Teacher Retirement System of Texas.

## PERSONAL HEALTH GUIDES (PHGs)

Answers questions about benefits, explains health care costs and options for care, helps you use self-service tools and connects you to other resources. Call 1-866-355-5999. A BCBSTX Personal Health Guide is available to assist you 24/7 beginning on 9/1/2020. They are currently available M-F 7AM-6PM.

## 24/7 NURSELINE

Staffed by registered nurses, the 24/7 Nurseline provides answers to general health questions and guides you to providers and facilities for care. Call 1-866-355-5999.

## PHARMACY RESOURCES

Download the CVS Caremark app on Google Play or the App Store. Check drug cost tool and find the Generic Preventive Drug list by visiting [www.info.caremark.com/trsactivecare](http://www.info.caremark.com/trsactivecare). The CVS Caremark Diabetic Meter Program is available for no cost diabetic meter and supplies call 1-800-588-4456 for more information.

# CONTACT INFORMATION

Galena Park I.S.D. Employee Benefits Department  
 14705 Woodforest Blvd.,  
 Houston, TX 77015



## EMPLOYEE BENEFIT CONTACTS

BENEFITS CONTACT	NAME	PHONE	EMAIL
Benefits Specialist	Jenny Bernabe	832-386-1245	<a href="mailto:jbernabe@galenaparkisd.com">jbernabe@galenaparkisd.com</a>
Lead Benefits Specialist	Valerie Guajardo	832-386-1276	<a href="mailto:vguajardo@galenaparkisd.com">vguajardo@galenaparkisd.com</a>
Director of Employee Benefits	Holli Sherrard	832-386-1507	<a href="mailto:hsherrard@galenaparkisd.com">hsherrard@galenaparkisd.com</a>
First Financial – Sr. Account Manager	Rosalyn Punch	713-882-1015	<a href="mailto:rosalyn.punch@ffga.com">rosalyn.punch@ffga.com</a>

## PROVIDER CONTACTS

BENEFIT	NAME	PHONE	WEBSITE
Medical	TRS ActiveCare	866.355.5999	<a href="http://www.bcbstx.com/trsactivecare">www.bcbstx.com/trsactivecare</a>
Prescription Benefits	CVS Caremark	866.355.5999	<a href="http://www.caremark.com">www.caremark.com</a>
Telehealth	Teladoc	855.835.2362	<a href="http://www.teladoc.com">www.teladoc.com</a>
Telehealth	RediMD	866.989.2873	<a href="http://redimd.com/trsactivecare">redimd.com/trsactivecare</a>
FSA/HSA/DCA	First Financial Administrators, Inc.	866.853.3539	<a href="http://www.ffga.com">www.ffga.com</a>
Dental DHMO	Guardian	800.541.7846	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Dental PPO	Ameritas	800.659.2223	<a href="http://www.ameritas.com">www.ameritas.com</a>
Vision	Davis Vision	877.923.2847	<a href="http://www.davisvision.com">www.davisvision.com</a>
Term Life	Blue Cross Blue Shield	877.442.4207	<a href="http://www.bcbstx.com/ancillary">www.bcbstx.com/ancillary</a>
Permanent Life	Texas Life	800.283.9233	<a href="http://www.texaslife.com">www.texaslife.com</a>
Disability	American Fidelity	800.654.8489	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
Cancer	Allstate	800.521.3535	<a href="http://www.allstateatwork.com">www.allstateatwork.com</a>
Critical Illness	American Fidelity	800.654.8489	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
Hospital Indemnity	Aetna	800.607.3366	<a href="http://www.aetnavoluntarylogin.com">www.aetnavoluntarylogin.com</a>
Legal	Legal Ease	800.248.9000	<a href="http://www.legalease.com">www.legalease.com</a>
Retirement Plans	FFGA	800.523.8422	<a href="http://www.ffga.com">www.ffga.com</a>