

Galena Park ISD 2022

2022 – 2023 Plan Year
September 1, 2022 – August 31, 2023

BENEFITS GUIDE



Joe Quijada, Sr. Account Administrator
First Financial Group of America
Joe.Quijada@ffga.com

Holli Sherrard, Director for Employee Benefits
Galena Park Independent School District
Benefits@galenaparkisd.com

TABLE OF CONTENTS

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/page/9994.

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 by email at benefits@galenaparkisd.com.

TABLE OF CONTENTS

■ ELIGIBILITY & ENROLLMENT INFORMATION	3
■ FREQUENTLY ASKED QUESTIONS	6
■ MEDICAL	0
■ TELEHEALTH	0
■ FLEXIBLE SPENDING & DEPENDENT CARE ACCOUNTS	1
■ HEALTH SAVINGS ACCOUNTS & HSA RESOURCES	1
■ DENTAL	3
■ VISION	3
■ EMPLOYEE ASSISTANCE PROGRAM	6
■ VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS	
○ EMPLOYER-PAID LIFE INSURANCE	7
○ TERM LIFE INSURANCE	9
○ PERMANENT LIFE INSURANCE	1
○ LONG TERM DISABILITY	39
○ CANCER	5
○ CRITICAL ILLNESS	1
○ HOSPITAL INDEMNITY	6
○ ACCIDENT	
○ LEGAL PLAN	
■ VOLUNTARY RETIREMENT	
○ 403(b) RETIREMENT PLANS	80
○ 457(b) RETIREMENT PLAN	84
■ BENEFIT CONTACT INFORMATION	89

This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail. For a more detailed explanation of benefits you may contact Employee Benefits Department by emailing: benefits@galenaparkisd.com.

ELIGIBILITY & ENROLLMENT

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.

ONLINE ENROLLMENT (July 5 – August 18, 2022)

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

LOGIN

- Login: Your Employee ID or Social Security Number (no dashes)
- PIN: The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)

VIEW CURRENT BENEFITS

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

VIEW/ADD DEPENDENTS

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their social security numbers and birth dates. 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.** Remember, no changes to your elections can be made after open enrollment ends, unless you have either a qualified mid-year change under Section 125 or a qualifying life event.

ON-SITE ENROLLMENT (Various Dates July 11 – August 18, 2022)

When it’s time to enroll in your benefits, your Employee Benefits and First Financial Account representatives will be on-site to assist you with making your elections. No appointment necessary. View the on-site enrollment schedule below:

2022 ON-SITE ENROLLMENT		
Administration Building, Room Q106, 8:00am – 4:00pm		
July 11, 2022	July 13, 2022	July 14, 2022
July 18, 2022	July 20, 2022	July 21, 2022
August 2, 2022	August 3, 2022	August 9, 2022
August 10, 2022	August 11, 2022	August 15, 2022
August 17, 2022	August 18, 2022	

ELIGIBILITY & ENROLLMENT

MID-YEAR BENEFIT CHANGES

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

QUALIFYING LIFE EVENTS INCLUDE:

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

Know your options.

Galena Park ISD provides a wide array of valuable benefits, from medical coverage to life insurance, dental plans and wellness programs.

Take your time. Study your options.

Everyone has different needs, health challenges, budgets, and goals. By choosing your options carefully, you and your family can get the coverage that fits your needs.

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

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

HERE'S HOW IT WORKS

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

IS IT RIGHT FOR ME?

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

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

IRS specified changes in family status include:

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

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

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

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

FREQUENTLY ASKED QUESTIONS

WHAT IS GUARANTEE ISSUE (GI)?

Also referred to as Guaranteed Acceptance, 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 you "PLAN YEAR" starts over. For example, if your plan has a \$1000 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, if you have 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 is to be covered by insurance. Giving that permission is called preauthorization or referral. Your plan's overview of benefits lists what care needs to be preauthorized. If you don't get the preauthorization when it's required, your health plan will not pay its part of the costs.

2022-23 TRS-ActiveCare Plan Highlights for Galena Park I.S.D. Sept. 1, 2022 – Aug. 31, 2023



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

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> Lowest premium of all three plans Copays for doctor visits before you meet your deductible Statewide network Primary Care Provider (PCP) referrals required to see specialists Not compatible with a Health Savings Account (HSA) No out-of-network coverage 	<ul style="list-style-type: none"> Lower deductible than the HD and Primary plans Copays for many services and drugs Higher premium Statewide network PCP referrals required to see specialists Not compatible with a Health Savings Account (HSA) No out-of-network coverage 	<ul style="list-style-type: none"> Compatible with a Health Savings Account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care

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
<ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many services and drugs Nationwide network with out-of-network coverage No requirement for PCPs or referrals

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans.
See the benefits guide for more details.

SEMI-MONTHLY PREMIUM	TOTAL PREMIUM PER PAYCHEK	TOTAL PREMIUM PER PAYCHECK	TOTAL PREMIUM PER PAYCHECK
Employee Only	\$35.00	\$85.50	\$41.00
Employee and Spouse	\$366.50	\$416.00	\$382.50
Employee and Children	\$183.50	\$228.00	\$194.50
Employee and Family	\$476.00	\$571.50	\$495.00

TOTAL PREMIUM PER PAYCHECK
\$344.00
\$1,011.00
\$582.50
\$1,230.50

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

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

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

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

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

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

Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 brand deductible	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred 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	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices through different providers.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

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

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 and log in using your Blue Access for Members username 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 and log in using your Blue Access for Members username 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

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 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. They are currently available M-F 7AM-6PM.

24/7 NURSE LINE

Staffed by registered nurses, the 24/7 Nurse line 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 Preventative Drug list by visiting 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.

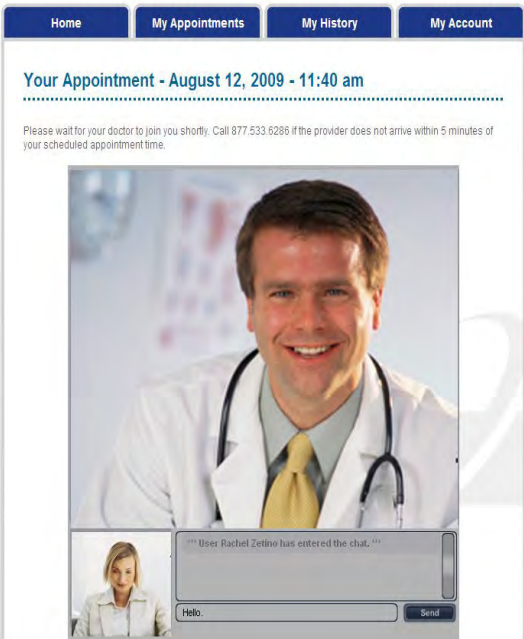
PRUDENT RX

Specialty Medication co-pay program for those enrolled in Primary, Primary+ and AC 2 plans. Out-of-pocket cost for prescriptions covered under the PrudentRx Co-Pay Program will be \$0. Enrollment is required to receive the benefit.

DIGITAL MENTAL HEALTH PROGRAM

This new digital mental health program is now included in TRS-ActiveCare health plans at no added cost. Conditions treated include stress, anxiety, worry, depression, insomnia, social anxiety, substance use and others. The program won't share personal details with employers.

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



RediMD gives you the option to have a regular doctor's visit online or by phone. No Copay Required. Visit us at :

www.redimd.com

- ***Any time you need to see or speak with a doctor***
 - ***We are "Always Open"***
- RediMD provides primary medical care online via webcam, smart phone, or by telephone. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.

RediMD service is available for you to use

- At your home during days, nights, and weekends **for you and your family**
- **If you and your dependents are covered under TRS ActiveCare Primary, Primary+ or ActiveCare 2 medical insurance then you have free access to RediMD.**
- **If you are covered under TRS ActiveCare HD, you can have access to RediMD with a cost of \$30/visit.**

REDIMD TREATS MOST PRIMARY CARE AILMENTS INCLUDING, BUT NOT LIMITED TO:

<i>Cold</i>	<i>Cough</i>	<i>Flu</i>	<i>Sore Throat</i>
<i>Allergies</i>	<i>Skin Issues</i>	<i>Blood Pressure</i>	<i>Headaches</i>
<i>Diabetes</i>	<i>Sinus Infection</i>	<i>Stress Problems</i>	<i>Stomach Problems</i>

- RediMD is available for you and your dependents, if covered under TRS ActiveCare medical insurance, to use at home. Only one account is necessary per household.
 - A computer with internet connection and web camera, or a smart phone with internet connection and a skype account (free download from apps store) is required for all face-to-face visits.
 - If you forget your password. RediMD uses the highest encryption possible. We will not send out passwords to unsecured emails for your protection. Please call the RediMD number below to have it reset.
 - Visit us at www.RediMD.com for more information and to register

For help, call RediMD at 866-989-CURE, option 3



RediMD visits available from work or home
 8:00 am – 6:00 pm CT Mon-SAT
 24/7 by phone call 281-633-0148.

When you need a doctor, access one **anytime, anywhere**



Skip the trip to the waiting room. With Teladoc, you can talk with a doctor within an hour by phone or app from wherever you are.

Know your care options:



Teladoc

For non-emergency conditions like the flu, allergies, infections, and much more. Our doctors can also prescribe medicine if necessary.



Family doctor

For annual exams and ongoing medical conditions needing regular monitoring.



Urgent care/ER

For severe conditions like chest pain, sprains, cuts, burns, or broken bones.



Feel better when you need to

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

Call 1-800-TELADOC (835-2362) | Download the app

FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539

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

MEDICAL FSA

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

Your maximum contribution amount for 2022 is \$2,850.

HIGHLIGHTS

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

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

DEPENDENT CARE FSA

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

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

HIGHLIGHTS

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

FSA RESOURCES

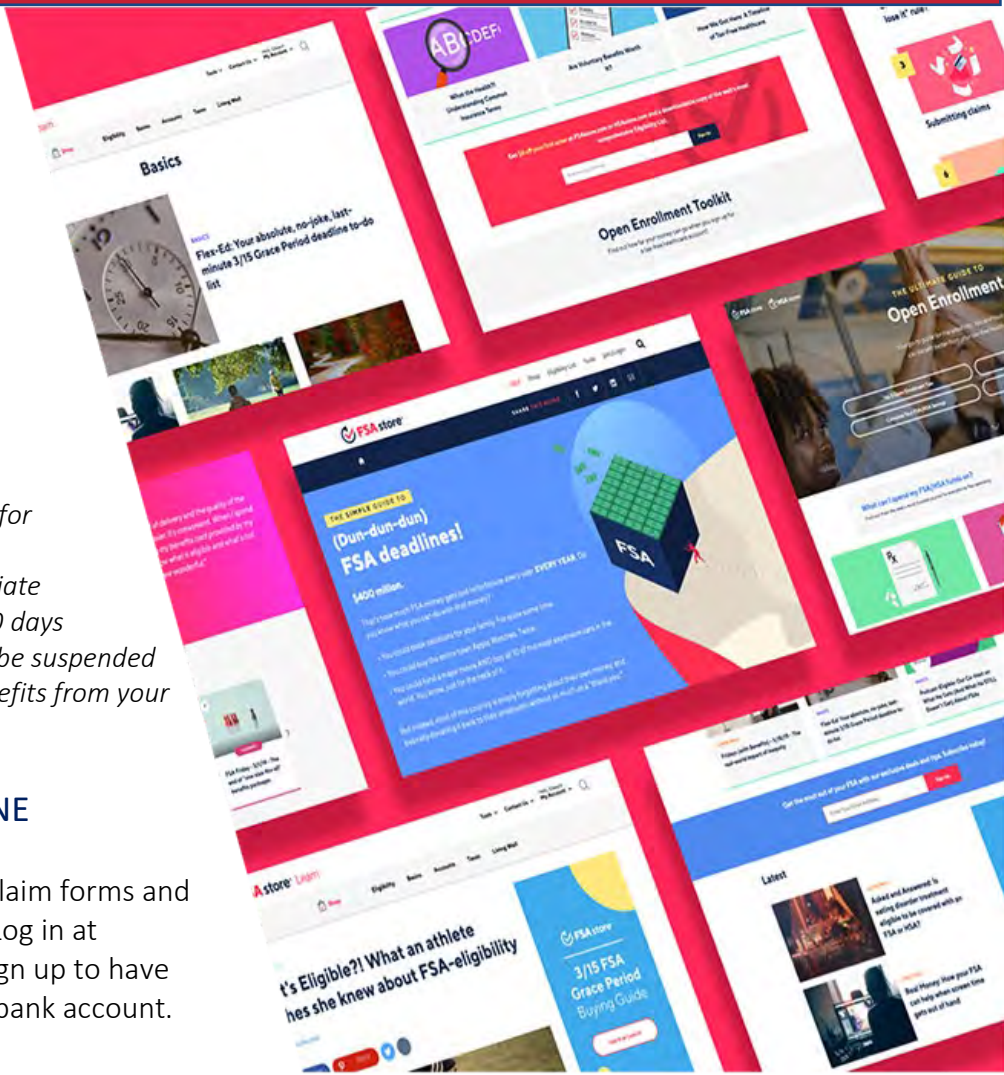
BENEFITS CARD

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

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

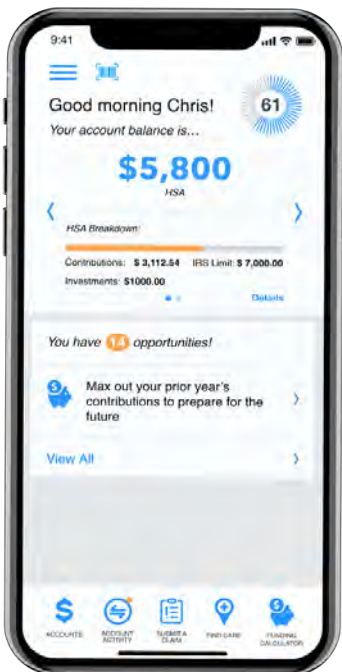
VIEW YOUR ACCOUNT DETAILS ONLINE

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



FF MOBILE ACCOUNT APP

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



FSA STORE

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



HEALTH SAVINGS ACCOUNTS

First Financial Administrators, Inc. | 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.

2022	
HSA Contribution Limit	<ul style="list-style-type: none">• Self Only: \$3,650• Family: \$7,300
<i>\$1,000 catch-up contributions (age 55 or older)</i>	

HIGHLIGHTS

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

WHO CAN PARTICIPATE IN AN HSA?

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

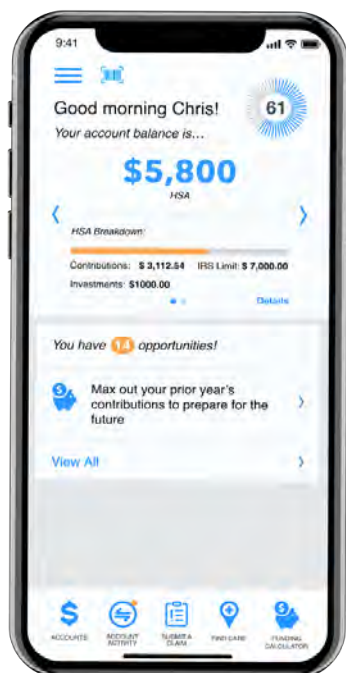
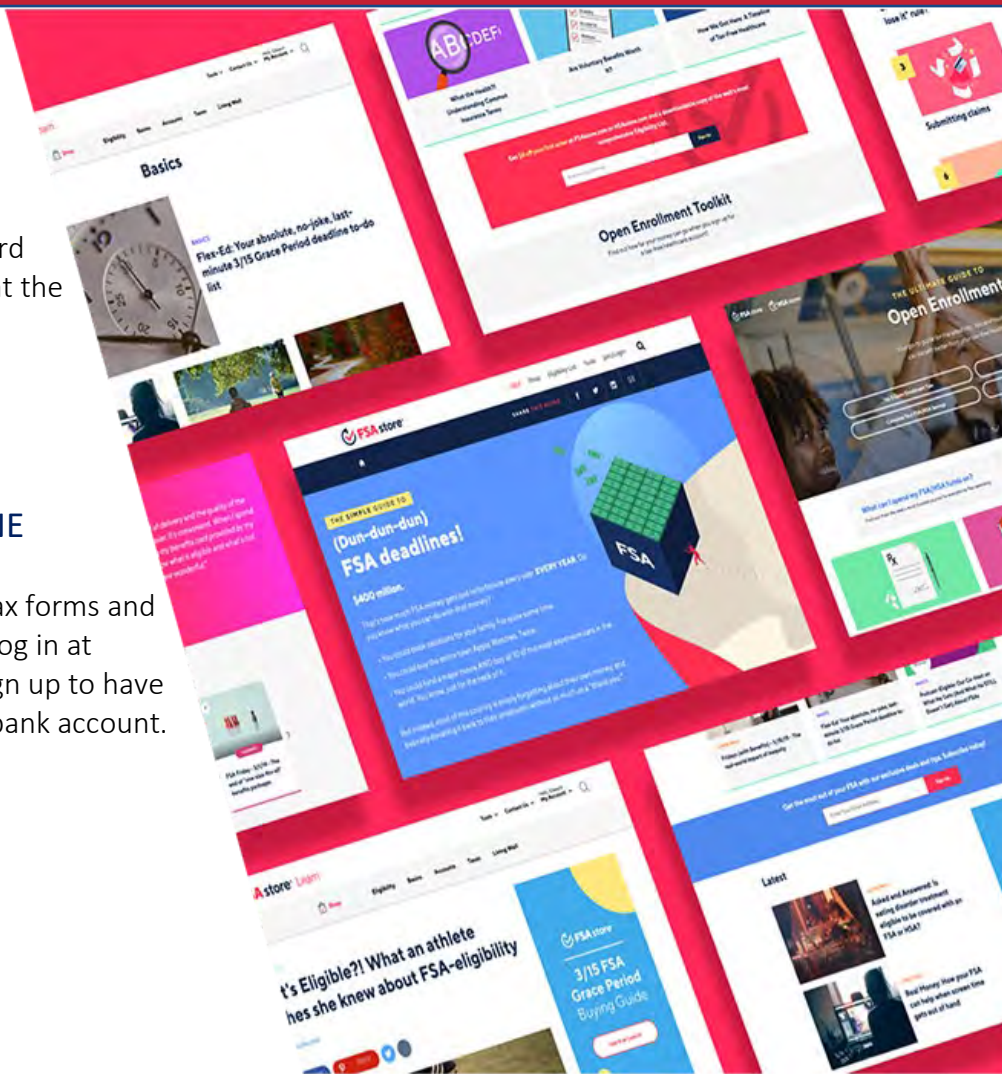
HSA RESOURCES

BENEFITS CARD

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

VIEW YOUR ACCOUNT DETAILS ONLINE

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



FF MOBILE ACCOUNT APP

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

HSA STORE

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



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
ELIGIBILITY REQUIREMENTS	
<p>Must have qualified HDHP and no other disqualified health plan.</p> <p>Cannot be covered under a traditional FSA or spouses traditional health plan.</p> <p>Can not be enrolled in MediCare.</p>	<p>No FSA specific eligibility requirements.</p>
YEARLY CONTRIBUTION AMOUNTS	
<p>\$3,650 Individual, \$7,300 Family (2022).</p>	<p>IRS limit of \$2,850 Per FSA (2022).</p>
AVAILABILITY OF FUNDS	
<p>Funds are available as contributions are made.</p>	<p>The full election amount is available on the first day of the plan year.</p>
CHANGING CONTRIBUTION AMOUNTS	
<p>Contributions can be changed at any time.</p>	<p>May be adjusted at open enrollment or with a qualifying life event in employment or family status.</p>
ROLLOVER	
<p>Any unused balance always rolls over to the next plan year.</p>	<p>FSAs are “use it or lose it” and you forfeit any unused balance at the end of the plan year. There is a 2 -1/2 month grace period after the plan year ends. You can receive services through November 15th and submit receipts by November 30th for reimbursement.</p>

HSA	FSA
PORTABILITY	
It's your account. You can take it with you wherever you go.	You will lose your FSA with a change in employment.
EFFECT ON TAXES	
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. Tax deduction on taxes at end of year.	Contributions are taken out of your paycheck pre-tax. Distributions are tax free for qualified expenses.
DOCUMENTATION	
You are responsible to maintain documentation in case of an IRS audit.	You will be requested to provide documentation to substantiate the expense.
TAX DOCUMENTS	
1099-SA distributions will be sent to you by January 31.	Reported on W-2.
INVESTMENTS	
Investment options available once you have accumulated over \$1,000. Investments can be made online by logging into the secure portal at www.ffga.com .	No investment options
DISTRIBUTIONS	
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.

Dental Plans



Option 1: **DHMO** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

Option 2: **PPO LOW** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

Option 3: **PPO HIGH** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: DHMO	Option 2: PPO LOW		Option 3: PPO HIGH	
Network	Managed DentalGuard	DentalGuard Preferred		DentalGuard Preferred	
Your Semi-monthly premium	\$1.21	\$6.85		\$16.62	
You and spouse/domestic partner	\$5.42	\$16.85		\$36.54	
You and child(ren)	\$6.47	\$16.34		\$35.52	
You, spouse/domestic partner and child(ren)	\$11.09	\$24.59		\$51.96	
Plan year deductible	No deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual		\$50	\$50	\$50	\$50
Family limit		3 per family		3 per family	
Waived for		Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Network only</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	You pay a copay for each covered procedure. See	100%	100%	100%	100%
Basic Care	□ Plan Details □, for	60%	60%	80%	80%
Major Care	more information.	40%	40%	50%	50%
Orthodontia		Not Covered (applies to all levels)		50%	50%
Annual Maximum Benefit		\$750	\$750	\$1500	\$1500
Preventive Services Exempt from Maximum	Not Applicable	No		Yes	
Maximum Rollover	Maximum Rollover is not applicable for this plan type.	Yes		Yes	
Rollover Threshold		\$300		\$700	
Rollover Amount		\$150		\$350	
Rollover Account Limit		\$500		\$1250	
Lifetime Orthodontia Maximum	Not Applicable	Not Applicable		\$1500	
Office visit copay	\$5	None		None	
Dependent Age Limits	26	26		26	

YOUR GUARDIAN PLAN OFFERS:

Maximum rollover If a member submits at least one claim and stays under the claims threshold, a part of the unused maximum will be rolled over for use in future years.

Great selection of dentists convenient to you - yours is likely in our network!

Reliable claims payment four days on average

Find out if your dentist is in Guardian's network at www.Guardianlife.com

Let Guardian put its 30-plus years of dental benefits experience to work for you and your family.

CATEGORY	PLAN DETAILS	Option 1: DHMO	Option 2: PPO LOW		Option 3: PPO HIGH	
		<i>You Pay</i>	<i>Plan pays (on average)</i>		<i>Plan pays (on average)</i>	
		<i>Network only</i>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	\$0	100%	100%	100%	100%
	Frequency:	2 in 12 months	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	\$0	100%	100%	100%	100%
	Limits:	Under Age 18	Under Age 14		Under Age 14	
	Oral Exams	\$0	100%	100%	100%	100%
	Sealants (per tooth)	\$8	100%	100%	100%	100%
	X-rays	\$0	100%	100%	100%	100%
Basic Care	Fillings [□]	\$8-28	60%	60%	80%	80%
	Simple Extractions	\$15	60%	60%	80%	80%
	Surgical Extractions	\$40-140	60%	60%	80%	80%
Major Care	Anesthesia*	\$98	40%	40%	50%	50%
	Bridges and Dentures	\$443-575	40%	40%	50%	50%
	Dental Implants	N/A	40%	40%	50%	50%
	Inlays, Onlays, Veneers**	\$235-420	40%	40%	50%	50%
	Perio Surgery	\$125-380	40%	40%	50%	50%
	Periodontal Maintenance	\$27	40%	40%	50%	50%
	Frequency:	Once every 3 to 6 months (applies to all tiers) (Standard)	Once Every 6 Months		Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	\$16-120	40%	40%	50%	50%
	Root Canal	\$120-180	40%	40%	50%	50%
	Scaling & Root Planing (per quadrant)	\$30-50	40%	40%	50%	50%
Single Crowns	\$375	40%	40%	50%	50%	
Orthodontia	Orthodontia	\$1895-2195	Not Covered		50%	50%
	Limits:	Adults & Child(ren)			Adults & Child(ren)	
Cosmetic Care	Bleaching	\$165	Not Covered (applies to all tiers)		Not Covered (applies to all tiers)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia - restrictions apply. □For PPO and or Indemnity members, Fillings-restrictions may apply to composite fillings.

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. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Please note: The plan details listed here are some of the most common services related to dental coverage. The co-insurance percentages for the PPO plan options correspond to the coverage categories of Preventive, Basic, Major and Orthodontia listed in the table above.

Some services may be paid under a different category than listed. The actual co-insurance shown reflects your plan's coverage.



Our oral health rewards program

Help encourage good oral care

The connection between oral and overall wellness is clear. Visiting the dentist regularly can help prevent and detect early stages of many diseases and conditions. Help your clients promote good oral care with our Maximum Rollover Oral Health Rewards Program — a unique tool that encourages and rewards members who visit the dentist.

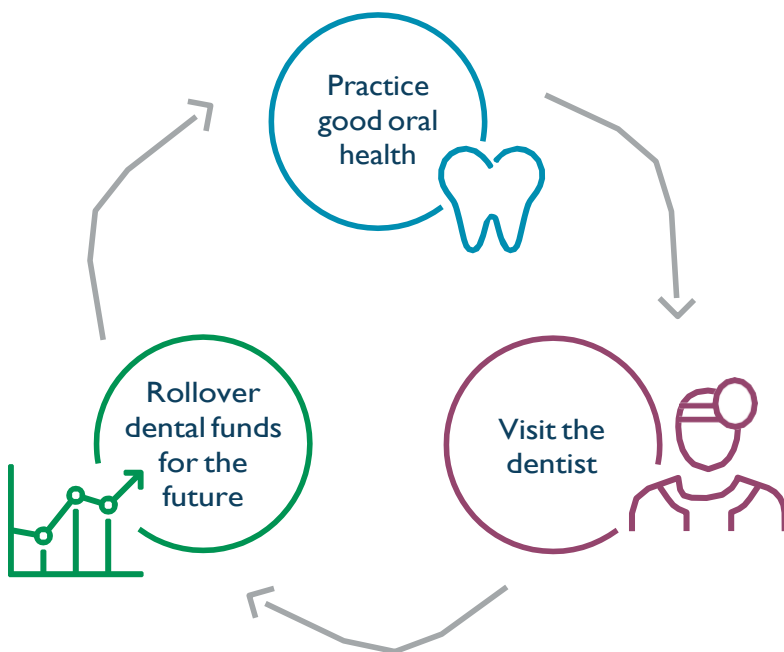
Helping employees maintain good health

- Members simply submit a claim without exceeding the paid claims threshold during the benefit year.
- Guardian will reward them by rolling over a portion of their unused annual dental maximum into their own personal Maximum Rollover Account (MRA) for future use.
- The reward can be used to supplement dental care costs in the future beyond the plan's normal annual maximum.
- Plus! If they use the services of in-network dentists exclusively during the benefit year, we'll increase the amount credited to the MRA!



How maximum rollover works

Guardian will roll over a portion of the unused annual dental maximum into a personal Maximum Rollover Account, which can be used in future years if the plan's annual maximum is reached. As an added advantage, additional money is rolled over if in-network dentists are used exclusively during the benefit year.



Continue to see how Max Rollover works

How maximum rollover works: \$750 annual example**

Depending on the plan's annual maximum, if claims dollars for the year don't exceed a certain threshold, the set Maximum Rollover Amount (pre-determined based on the annual maximum) can be rolled over.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$750	\$300	\$150	\$200	\$500
Maximum Claims Reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	The Maximum Rollover Account cannot exceed \$500

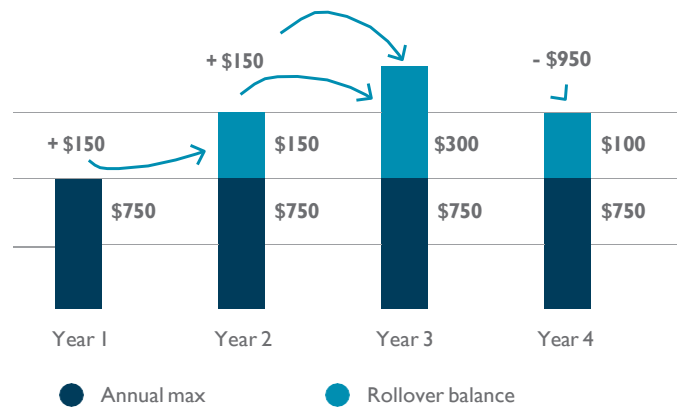
Sample plan: \$750 annual maximum

Year one: Jane starts with a \$750 Plan Annual Maximum. She submits \$200 in dental claims. Since she did not exceed the \$300 Threshold, she receives a \$150 rollover that will be applied to Year Two.

Year two: Jane now has an increased Plan Annual Maximum of \$900. This year, she submits \$250 in claims and receives an additional \$150 rollover added to her Plan Annual Maximum.

Year three: Jane now has an increased Plan Annual Maximum of \$1,050. This year, she submits \$950 in claims. All claims are paid due to the Maximum Rollover Amount accumulated.

Year four: Jane's Plan Annual Maximum is \$850 (\$750 Plan Annual Maximum + \$100 remaining Maximum Rollover Amount accumulated).



The Guardian Life Insurance
Company of America
New York, NY
guardianlife.com

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, \$500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states. **This example has been created for illustrative purposes only. Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

How maximum rollover works: \$1,500 annual example**

Depending on the plan's annual maximum, if claims dollars for the year don't exceed a certain threshold, the set Maximum Rollover Amount (pre-determined based on the annual maximum) can be rolled over.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1,500	\$700	\$350	\$500	\$1,250
Maximum Claims Reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	The Maximum Rollover Account cannot exceed \$1,250

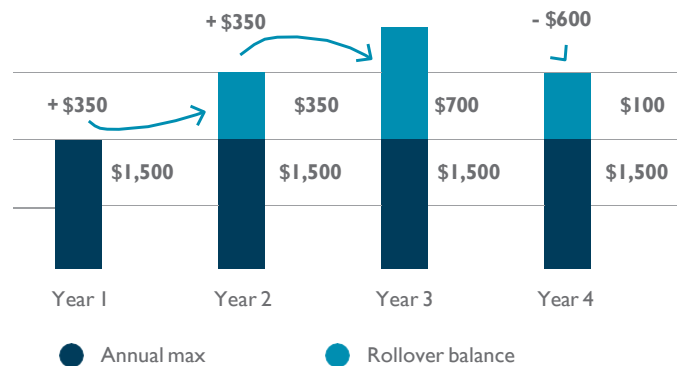
Sample plan: \$1,500 annual maximum

Year one: Jane starts with a \$1,500 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not exceed the \$700 Threshold, she receives a \$350 rollover that will be applied to Year Two.

Year two: Jane now has an increased Plan Annual Maximum of \$1,850. This year, she submits \$500 in claims and receives an additional \$350 rollover added to her Plan Annual Maximum.

Year three: Jane now has an increased Plan Annual Maximum of \$2,200. This year, she submits \$2,100 in claims. All claims are paid due to the Maximum Rollover Amount accumulated.

Year four: Jane's Plan Annual Maximum is \$1,600 (\$1,500 Plan Annual Maximum + \$100 remaining Maximum Rollover Amount accumulated).



**The Guardian Life Insurance
Company of America**
New York, NY
guardianlife.com

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states. **This example has been created for illustrative purposes only. Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America ® ©Copyright 2019 The Guardian Life Insurance Company of America.

Galena Park Independent School District



Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.800.999.5431.

Employee rates	Semi - Monthly	Monthly
Employee	\$3.51	\$7.02
Employee + Spouse	\$6.32	\$12.64
Employee + Child(ren)	\$6.67	\$13.34
Employee + Family	\$10.53	\$21.06

Make an appointment. Tell your provider you are a Davis Vision member with coverage through Galena Park Independent School District. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of

the rest!



Your Davis Vision Designer Plan Benefits

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	September 1	\$10	Covered in full. <i>Includes dilation when professionally indicated.</i>
Spectacle Lenses	September 1	\$25	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)
Frame	September 1	\$0	<p>Covered in Full Frames: Any Fashion or Designer level frame from Davis Vision's Collection² (retail value, up to \$160).</p> <p>OR, Frame Allowance: \$150 toward any frame from provider plus 20% off any balance.¹ No copay required.</p> <p>OR, Visionworks Frame Allowance: \$200 allowance plus 20% off any balance toward any frame from a Visionworks family of store locations.⁵ No copay required.</p>
Contact Lens Evaluation, Fitting & Follow Up Care	September 1	\$25	<p>Davis Vision Collection Contacts: After copay, covered in full.</p> <p>Non Collection Contacts³: \$60 allowance less copay plus 15% off balance¹.</p>
Contact Lenses (in lieu of eyeglasses)	September 1	\$0	<p>Covered in Full Contacts: From Davis Vision's Collection², up to: Planned Replacement Four boxes/multi-packs* Disposable Eight boxes/multi-packs*</p> <p>OR, Contact Lens Allowance: \$150 allowance toward any contacts from provider's supply plus 15% off balance.¹ No copay required.</p> <p>OR, Visually Required Contacts: Covered in full with prior approval.</p> <p><small>*Number of contact lens boxes may vary based on manufacturer's packaging.</small></p>

Significant savings on optional frames, lens types and coatings!

Member Price

Davis Vision Collection Frames: Fashion Designer Premier.....	\$0 \$0 \$25
Tinting of Plastic Lenses	\$0
Scratch-Resistant Coating	\$0
Premium Scratch-Resistant Coating	\$30
Ultraviolet Coating.....	\$12
Anti-Reflective Coating: Standard Premium Ultra Ultimate.....	\$35 \$48 \$60 \$85
Polycarbonate Lenses	\$0 ⁴ -\$30
High-Index Lenses 1.67 1.74.....	\$55 \$120
Progressive Lenses: Standard Premium Ultra Ultimate	\$50 \$90 \$140 \$175
Polarized Lenses	\$75
Photochromic Lenses (i.e. Transitions®, etc.) ⁶	\$65
Scratch Protection Plan: Single Vision Multifocal Lenses	\$20 \$40
Trivex Lenses	\$50
Blue Light Filtering	\$15

¹ Some limitations apply to additional discounts, discounts not applicable at all in-network providers.
² The Davis Vision Collection is available at most participating independent provider locations.
³ Including, but not limited to toric, multifocal and gas permeable contact lenses.
⁴ For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.
⁵ Enhanced frame allowance available at all Visionworks Locations nationwide.
⁶ Transitions® is a registered trademark of Transitions Optical Inc.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

Additional Savings!

Retinal Imaging.....	\$39
----------------------	------

DavisVision™
 ID #:
 Name:
 Affiliation:

Galena Park
 Independent
 School District

DavisVision™
 ID #:
 Name:
 Affiliation:

Galena Park
 Independent
 School District

Frequently Asked Questions

How can I contact Member Services?

Call 1.800.999.5431 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2847.)

What frames are in Davis Vision's Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. Log on to our member Web site at davisvision.com and take a look!

When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

Can I split my benefits?

You may split your benefits by receiving your eye examination and eyeglasses or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider.

Can I use an out-of-network provider?

Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - \$40 | single vision lenses - \$40 | bifocal - \$60 | trifocal - \$80 | lenticular - \$100 | frame - \$50 | elective contacts - \$105 | visually required contacts - \$225.

Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

DAVIS VISION EXTRAS!

One Year Breakage Warranty Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

Greater Benefits Access a higher frame allowance by visiting a Visionworks family of store locations⁷.

Additional Savings Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.⁸

Mail Order Contact Lenses Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

Laser Vision Correction Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit www.davisvision.com.

Low Vision Services Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

Eye Health & Wellness Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

For more details... about your vision benefits, patient rights and responsibilities, or more information about Davis Vision, please log on to our member Web site or contact us at 1.800.999.5431.

Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail.

⁷ Enhanced frame allowance available at all Visionworks Locations nationwide.

⁸ Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

Fully insured product Underwritten by HM Life Insurance Company. Administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California.



Options & upgrades

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
Trivex Lenses.....	\$50
Blue Light Filtering.....	\$15

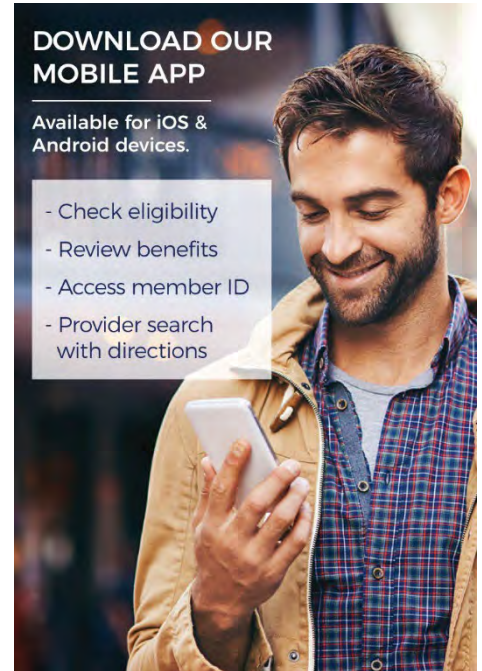
Additional savings

Retinal imaging (Member charge).....	\$39
Additional pairs of eyeglasses.....	30% discount ²

DOWNLOAD OUR MOBILE APP

Available for iOS & Android devices.

- Check eligibility
- Review benefits
- Access member ID
- Provider search with directions



Employee rates	Semi - Monthly
Employee	\$3.51
Employee + Spouse	\$6.32
Employee + Child(ren)	\$6.67
Employee + Family	\$10.53

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.



Contact Us... Anytime, Anywhere
No-cost, confidential solutions to life's challenges.

Curby C. Rogers

Galena Park I.S.D.

Licensed Mental Health and Student Support
Specialist

ccrogers@galenaparkisd.com

832-386-1319

Holli L. Sherrard

Galena Park I.S.D.

Director of Employee Benefits

hsherrard@galenaparkisd.com

832-386-1507

Confidential Emotional Support



Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions



Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance



Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources



Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Online Support



GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

COMPSYCH®
GuidanceResources® Worldwide

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 800.272.7255

TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: COM589

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information

**Contact Your
GuidanceResources® Program**

Call: 800.272.7255

TTY: 800.697.0353

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: COM589



**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

Eligibility	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.
Group Term Life/AD&D Benefit:	\$25,000
Guarantee Issue Amount – Employee	\$25,000
Age Reduction Schedule	Life and AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Definition of Disability	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

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

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



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.

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.



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

SUPPLEMENTAL GROUP TERM LIFE/AD&D

Eligibility	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.
Group Term Life/AD&D Benefit: Employee	\$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.
Guarantee Issue Amount – Employee	\$200,000, not to exceed 3 times Annual Earnings
Group Term Life Benefit: Spouse (Includes Domestic Partners)	\$5,000 - \$50,000, in increments of \$5,000, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount – Spouse	\$30,000
Group Term Life Benefit: Child(ren)	Live Birth to 14 Days - \$100; 15 Days to Age 26 - \$5,000 or \$10,000
Age Reduction Schedule	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.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)	Included. (Employee)
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

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

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.



Galena Park ISD / TEEBC Trust F021842 - 19135

Eligibility **Effective November 1, 2021**

All Active Full Time Employees who regularly work 20 hours per week are eligible for insurance on the first day of the month following or coinciding with the date of hire.

Supplemental Life/AD&D Insurance

Employee Benefit: **\$10,000 - \$300,000 in \$10,000 increments**
 During an Annual Enrollment Period current coverage can be increased by \$20,000 but not to exceed the Guarantee Issue Amount.

Spouse Benefit: **\$5,000 - \$50,000 in \$5,000 increments, but not to exceed (Life Only) 50% of the employee benefit.**

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

Guarantee Issue For New Hires Only:

Employee: \$200,000 not to exceed 3 times Annual Earnings

Spouse: \$30,000

Child Coverage (Life Only)

Live Birth to 14 Days: **\$100**

15 Days to Age 26: **Choice of \$5,000 or \$10,000**

Employee Life and AD&D benefits and Spouse Life benefits reduce by 50% of the original amount at age 70. All benefits terminate at retirement.

Rate Table	
EMPLOYEE	
Supplemental Life/AD&D	
<u>Monthly rates per \$1,000</u>	
\$0.236	
SPOUSE	
Supplemental Life Only	
<u>Monthly rates per \$1,000</u>	
\$0.296	
Dependent Life (Children)	
Supplemental Life Only	
<u>Monthly rates per \$1,000</u>	
\$0.056	

****Employees who are currently enrolled in the Supplemental Life Plan can increase their coverage by \$20,000 during the Annual Enrollment not to exceed the Guarantee Issue Amount.**

Employee Supplemental Life/AD&D Insurance

Semi- Monthly Premium Cost (Based on 24 payroll deductions per year)

Benefit Amount	Semi Monthly	Benefit Amount	Semi Monthly
\$10,000	\$1.18	\$110,000	\$12.98
\$20,000	\$2.36	\$120,000	\$14.16
\$30,000	\$3.54	\$130,000	\$15.34
\$40,000	\$4.72	\$140,000	\$16.52
\$50,000	\$5.90	\$150,000	\$17.70
\$60,000	\$7.08	\$160,000	\$18.88
\$70,000	\$8.26	\$170,000	\$20.06
\$80,000	\$9.44	\$180,000	\$21.24
\$90,000	\$10.62	\$190,000	\$22.42
\$100,000	\$11.80	\$200,000	\$23.60

Spouse Supplemental Life Insurance

Semi-Monthly Premium Cost

Benefit Amount	Semi Monthly
\$5,000	\$0.74
\$10,000	\$1.48
\$15,000	\$2.22
\$20,000	\$2.96
\$25,000	\$3.70
\$30,000	\$4.44

Child(ren) Supplemental Life

Semi-Monthly Cost

Benefit Amount	Semi Monthly
\$5,000	\$0.14
\$10,000	\$0.28

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. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.



WOW!

LIFE INSURANCE YOU CAN KEEP!

LIFE INSURANCE HIGHLIGHTS

For the employee



IT'S AFFORDABLE
YOU OWN IT



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



YOU CAN COVER YOUR SPOUSE, CHILDREN
AND GRANDCHILDREN, TOO¹



YOU CAN GET A LIVING BENEFIT IF YOU
BECOME TERMINALLY ILL²



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



YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU BECOME
CHRONICALLY ILL³



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

During the last six months, has the proposed insured:

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



TEXASLIFE INSURANCE COMPANY

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

ADDITIONAL POLICY BENEFITS

Accelerated Death Benefit Due to Chronic Illness Rider

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

Here's how it works:

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

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

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. See rider for details. Form ICC07-ULABR-07 or Form Series ULABR-07.

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

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



Accidental Death Benefit Rider

Included in the contract at the option of your employer, the Accidental Death Benefit Rider covers all employees and spouses between the ages of 17-59.⁶ This rider costs \$0.08 per thousand of the face amount per month and pays the insured's beneficiary double the death benefit if the insured dies within 180 days of an accident from injuries incurred in that accident (90 days in DE, FL, ND, and SD).⁷ The benefit is payable through the insured's age 65. Maximum in-force limits and exclusions apply. See the complete list of exceptions to coverage on the following page.

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

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

⁶ Available to children and grandchildren at issue age 17-26.

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

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

ACCIDENTAL DEATH BENEFIT RIDER EXCEPTIONS TO COVERAGE

The following exceptions to coverage apply to these states: AK, AL, AR, AZ, CO, CT, DC, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV, WY

- | | |
|---|---|
| <ul style="list-style-type: none"> a) war or any act attributable to war, whether or not the Insured is in military service; b) participating or engaging in a riot; c) suicide or any attempt to commit suicide, while sane or insane; d) bodily or mental infirmity or illness or disease of any kind; e) participation in an illegal occupation or activity; f) any cause, if death occurred while the Insured is incarcerated; g) an accident caused or contributed to by intoxication as defined by the jurisdiction in which death occurred; | <ul style="list-style-type: none"> h) taking of any poison, drug, or sedative, unless such drug or sedative was taken as prescribed for occurred; i) asphyxiation from inhalation of gas, except the accidental inhalation of gas in the course of Insured's employment; j) operating or riding in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kind of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom. |
|---|---|

In SD, this provision does not cover death which results from any of the following causes:

- | | |
|--|--|
| <ul style="list-style-type: none"> a) war or any act attributable to war, whether or not the insured is in military service; b) suicide or any attempt to commit suicide, while sane; c) bodily illnesses or disease of any kind; d) committing a felony | <ul style="list-style-type: none"> e) operating in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kid of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom. |
|--|--|

In DE, FL, ND, this provision does not cover death which results from any of the following causes:

- | | |
|---|--|
| <ul style="list-style-type: none"> a) an accidental bodily injury occurring, outside the United States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, Panama Canal Zone, the Republic of Panama, and Canada, while in the military service for any country at war; b) war or any act attributable to war, whether or not the Insured is in military service; c) participating or engaging in a riot; d) suicide or any attempt to commit suicide, while sane or insane; e) bodily or mental infirmity or illness or disease of any kind | <ul style="list-style-type: none"> f) committing or attempting to commit a felony; g) taking of any poison, drug, or sedative, unless such drug or sedative was taken as prescribed for the Insured by a physician; h) asphyxiation from inhalation of gas, except the accidental inhalation of gas in the course of the Insured's employment; i) operating or riding in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kind of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom. |
|---|--|

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

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									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59)									
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				17.25	20.25	23.25	26.25	29.25	32.25	71
21-22				18.00	21.15	24.30	27.45	30.60	33.75	71
23				18.75	22.05	25.35	28.65	31.95	35.25	72
24-25				19.25	22.65	26.05	29.45	32.85	36.25	71
26				19.75	23.25	26.75	30.25	33.75	37.25	72
27-28				20.25	23.85	27.45	31.05	34.65	38.25	71
29				20.50	24.15	27.80	31.45	35.10	38.75	71
30-31				23.00	27.15	31.30	35.45	39.60	43.75	72
32				23.75	28.05	32.35	36.65	40.95	45.25	72
33				24.00	28.35	32.70	37.05	41.40	45.75	72
34				24.25	28.65	33.05	37.45	41.85	46.25	71
35		16.50	21.25	26.00	30.75	35.50	40.25	45.00	49.75	72
36		16.95	21.85	26.75	31.65	36.55	41.45	46.35	51.25	72
37		18.00	23.25	28.50	33.75	39.00	44.25	49.50	54.75	73
38		18.45	23.85	29.25	34.65	40.05	45.45	50.85	56.25	73
39		19.65	25.45	31.25	37.05	42.85	48.65	54.45	60.25	74
40	14.95	21.30	27.65	34.00	40.35	46.70	53.05	59.40	65.75	76
41	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	77
42	16.95	24.30	31.65	39.00	46.35	53.70	61.05	68.40	75.75	78
43	18.35	26.40	34.45	42.50	50.55	58.60	66.65	74.70	82.75	80
44	19.05	27.45	35.85	44.25	52.65	61.05	69.45	77.85	86.25	80
45	20.05	28.95	37.85	46.75	55.65	64.55	73.45	82.35	91.25	81
46	20.85	30.15	39.45	48.75	58.05	67.35	76.65	85.95	95.25	81
47	21.85	31.65	41.45	51.25	61.05	70.85	80.65	90.45	100.25	82
48	22.75	33.00	43.25	53.50	63.75	74.00	84.25	94.50	104.75	82
49	24.05	34.95	45.85	56.75	67.65	78.55	89.45	100.35	111.25	83
50	25.15	36.60	48.05	59.50						83
51	26.25	38.25	50.25	62.25						83
52	27.85	40.65	53.45	66.25						84
53	29.25	42.75	56.25	69.75						85
54	30.55	44.70	58.85	73.00						85
55	31.95	46.80	61.65	76.50						85
56	33.55	49.20	64.85	80.50						85
57	35.15	51.60	68.05	84.50						86
58	36.85	54.15	71.45	88.75						86
59	38.55	56.70	74.85	93.00						86
60	39.55	58.20	76.85	95.50						86
61										86
62										87
63										87
64										87
65										87
66										88
67										88
68										88
69										88
70										89

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 – Non-Tobacco – Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

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 – 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	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1				9.25					16.25	81
2-4				9.50					16.75	80
5-8				9.75					17.25	79
9-10				10.00					17.75	79
11-16				10.25					18.25	77
17-20				12.25	14.25	16.25	18.25	20.25	22.25	75
21-22				12.50	14.55	16.60	18.65	20.70	22.75	74
23				12.75	14.85	16.95	19.05	21.15	23.25	75
24-25				13.00	15.15	17.30	19.45	21.60	23.75	74
26				13.50	15.75	18.00	20.25	22.50	24.75	75
27-28				13.75	16.05	18.35	20.65	22.95	25.25	74
29				14.00	16.35	18.70	21.05	23.40	25.75	74
30-31				14.25	16.65	19.05	21.45	23.85	26.25	73
32				15.00	17.55	20.10	22.65	25.20	27.75	74
33				15.50	18.15	20.80	23.45	26.10	28.75	74
34				16.25	19.05	21.85	24.65	27.45	30.25	75
35		11.25	14.25	17.25	20.25	23.25	26.25	29.25	32.25	76
36		11.55	14.65	17.75	20.85	23.95	27.05	30.15	33.25	76
37		12.00	15.25	18.50	21.75	25.00	28.25	31.50	34.75	77
38		12.45	15.85	19.25	22.65	26.05	29.45	32.85	36.25	77
39		13.20	16.85	20.50	24.15	27.80	31.45	35.10	38.75	78
40	10.05	13.95	17.85	21.75	25.65	29.55	33.45	37.35	41.25	79
41	10.75	15.00	19.25	23.50	27.75	32.00	36.25	40.50	44.75	80
42	11.55	16.20	20.85	25.50	30.15	34.80	39.45	44.10	48.75	81
43	12.25	17.25	22.25	27.25	32.25	37.25	42.25	47.25	52.25	82
44	12.95	18.30	23.65	29.00	34.35	39.70	45.05	50.40	55.75	83
45	13.65	19.35	25.05	30.75	36.45	42.15	47.85	53.55	59.25	83
46	14.45	20.55	26.65	32.75	38.85	44.95	51.05	57.15	63.25	84
47	15.15	21.60	28.05	34.50	40.95	47.40	53.85	60.30	66.75	84
48	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	85
49	16.75	24.00	31.25	38.50	45.75	53.00	60.25	67.50	74.75	85
50	17.75	25.50	33.25	41.00						86
51	18.95	27.30	35.65	44.00						87
52	20.25	29.25	38.25	47.25						88
53	21.25	30.75	40.25	49.75						88
54	22.25	32.25	42.25	52.25						88
55	23.35	33.90	44.45	55.00						89
56	24.35	35.40	46.45	57.50						89
57	25.55	37.20	48.85	60.50						89
58	26.65	38.85	51.05	63.25						89
59	27.85	40.65	53.45	66.25						89
60	28.55	41.70	54.85	68.00						90
61										90
62										90
63										90
64										90
65										90
66										90
67										91
68										91
69										91
70										91

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

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

AMERICAN FIDELITY 
a different opinion [®]

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

Long-Term Disability Income Insurance

Disability income insurance is here for you.

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

Choose the Right Plan for You

Benefits Begin

- Plan I** - On the 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.

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

Policy Provisions and Plan Features

Eligibility

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

When Coverage Begins

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

Physician Expense Benefit

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

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

Accidental Death Benefit

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

Hospital Confinement Benefit

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

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

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

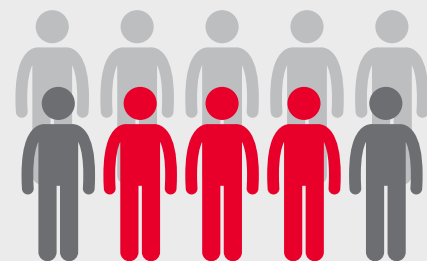
Exclusions

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	\$7.84	\$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

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**

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

Underwritten and administered by:

Marketed by:



800-654-8489 • americanfidelity.com



**Long-Term Disability
Income Insurance**
Galena Park
Enhanced (SSNRA/3Y) Plans

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

AMERICAN FIDELITY 
a different opinion[®]

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

Long-Term Disability Income Insurance

Disability income insurance is here for you.

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

Choose the Right Plan for You

Benefits Begin

- Plan I -** On the 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

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

Policy Provisions and Plan Features

Eligibility

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

When Coverage Begins

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

Physician Expense Benefit

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

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

Accidental Death Benefit

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

Hospital Confinement Benefit

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

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

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

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

Underwritten and administered by:

Marketed by:

AMERICAN FIDELITY 
a different opinion


First in Service and Expertise

800-654-8489 • americanfidelity.com



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

- 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. **Practical benefits for everyday living.**[®]

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.

¹Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017.

²Cancer Treatment & Survivorship Facts & Figures, 2019-2021

DID YOU KNOW ?



Early detection, improved treatments and access to care are factors that influence cancer survival¹

22.1 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030²

Offered to the employees of:

Galena Park ISD

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; Hemoccult 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

OPTIONAL/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

Cancer Insurance (GVCP3)
Includes coverage for 29 Specified Diseases
 from Allstate Benefits

Offered to the employees of:
Galena Park ISD

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	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
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$5,000	\$15,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$5,000	\$15,000
Hematological Drugs ¹ (every 12 months)	\$100	\$300
Medical Imaging ¹ (every 12 months)	\$250	\$750
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Surgery ²	\$1,500	\$3,000
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	\$500	\$1,000
2. Non-autologous (cancer or specified disease treatment)	\$1,250	\$2,500
3. Non-autologous (Leukemia)	\$2,500	\$5,000
Ambulatory Surgical Center (daily)	\$250	\$500
Second Opinion	\$200	\$400
MISCELLANEOUS BENEFITS	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 ¹ (coach fare or amount shown per mile*)	0.40/Mile	0.40/Mile
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/Mile	\$50 0.40/Mile
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000	\$5,000
Prosthesis ³ (per amputation)	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis ¹	\$50	\$50
Anti-Nausea Benefit ¹ (once per calendar year)	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
OPTIONAL/ADDITIONAL BENEFITS	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	Actual Charges	Actual Charges
Wellness Benefit	\$100	\$100

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays 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 HOME OFFICE USE ONLY - GVCP3

Opt 1-2Hosp; 2Rad; 1Surg; 1Misc; 5Init; 3ICU; 4Well; 0Prog

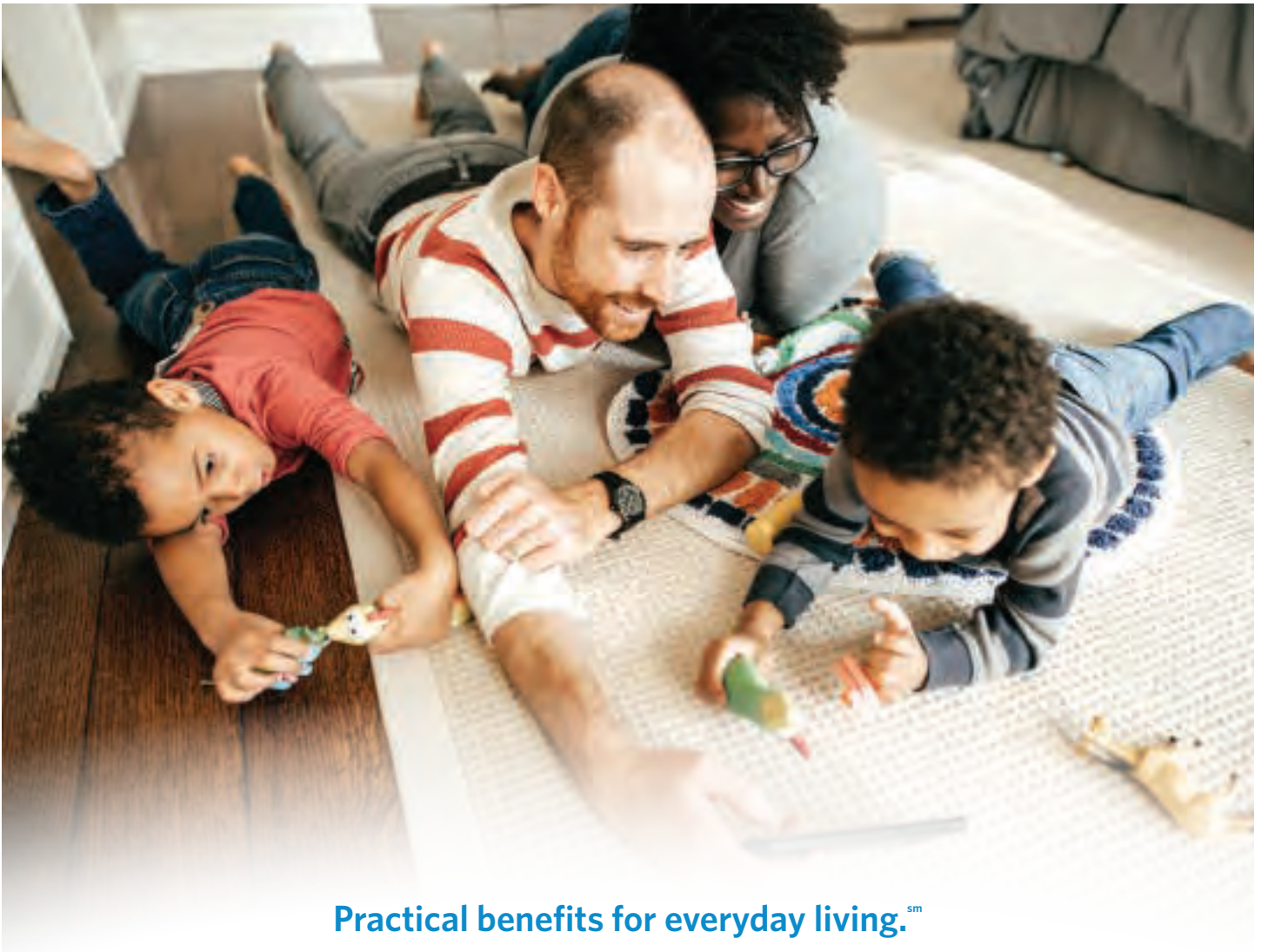
Opt 2-3Hosp; 6Rad; 2Surg; 1Misc; 3Init; 3ICU; 4Well; 0Prog

V.2022.05.31 FA Rate Insert Creation Date: 6/13/2022



For use in enrollments situated in: TX. This rate insert is part of the approved brochure for Galena Park ISD 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 June 13, 2025. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2022 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.



Practical benefits for everyday living.sm

When you choose Allstate Benefits, you receive more than just coverage that helps you protect your finances when faced with life's uncertainties; you also get the support of the Good Hands[®] promise.

We've been insuring and protecting families for over 50 years with the name that America knows and trusts. Our affordable and valuable coverage options help empower hard-working individuals and their families to make the best decisions for their care and finances.

After you've elected coverage, register with our website, MyBenefits, for anytime access to your coverage and benefit information. Plus, MyBenefits allows you to file fast and easy claims that we'll deposit right into your bank account (direct deposit authorization required).

Allstate Benefits. We can help give you and your family financial peace of mind. Are you in good hands?[®]

DEFINITIONS

Actual Charges 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 medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date.

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. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than June 13, 2025.
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. ©2022 Allstate Insurance Company.
www.allstate.com or
allstatebenefits.com



AF™ Limited Benefit Critical Illness Insurance
with Cancer Benefit

Surviving a critical illness may come at a high price.

If you experience a critical illness—like a heart attack or stroke—you shouldn't have to worry about the financial impact. But co-pays, transportation expenses, out-of-pocket medical costs, and lost income can add up quickly.

AF™ **Limited Benefit Critical Illness Insurance** can help provide financial protection so you can focus on recovery.



Approximately every 39 seconds, an American will have a heart attack.¹

How It Works

If you're diagnosed with a covered critical illness, 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.

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
- Coverage extended to dependent children at no additional cost*
- Compatible with a Health Savings Account
- Option to add an infectious disease rider in select states

Coverage is available for you, your children, and your lawful spouse at determined benefit amounts.

HEALTH 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
- Neuroimaging Studies

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.

¹AHA 2021 Heart Disease and Stroke Statistics Update Fact Sheet At-a-Glance; January 26, 2021, p2



Group Critical Illness Insurance

Schedule of Benefits

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. Eligible children will be automatically covered at 25% of the employee's benefit amount at no additional cost.* 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
Heart Attack Benefit Pays full lump sum benefit amount.	100%	50%
Coronary Artery Bypass Surgery Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit.	25%	-
Stroke Benefit (Permanent damage due to a stroke) Pays full lump sum benefit amount.	100%	50%
Paralysis Benefit (Permanent due to a covered accident) Pays full lump sum benefit amount.	100%	-
Major Organ Failure Benefit Pays full lump sum benefit amount.	100%	50%
End Stage Renal Failure Benefit Pays full lump sum benefit amount.	100%	-
Early Stage Cancer (Carcinoma In Situ) Benefit Pays 25% of the benefit amount. Payment will reduce any invasive cancer benefit.	25%	-
Invasive Cancer Benefit Pays full lump sum benefit amount.	100%	-

EMPLOYEE MONTHLY RATES**										
AGE	\$5,000		\$10,000		\$15,000		\$20,000		\$25,000	
	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
AGE	\$30,000		\$35,000		\$40,000		\$45,000		\$50,000	
	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

Group Critical Illness Insurance

SPOUSE MONTHLY RATES**

AGE	\$2,500		\$5,000		\$7,500		\$10,000		\$12,500	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$4.48	\$5.70	\$5.02	\$7.44	\$5.56	\$9.22	\$6.08	\$11.02	\$6.66	\$12.76
30-39	\$5.60	\$7.80	\$7.30	\$11.68	\$8.96	\$15.60	\$10.66	\$19.48	\$12.32	\$23.38
40-49	\$8.18	\$12.54	\$12.42	\$21.16	\$16.66	\$29.78	\$20.92	\$38.42	\$25.18	\$47.06
50-59	\$12.30	\$20.22	\$20.68	\$36.52	\$29.08	\$52.86	\$37.46	\$69.14	\$45.88	\$85.44
60-69	\$18.64	\$31.98	\$33.36	\$60.00	\$48.06	\$88.06	\$62.80	\$116.08	\$77.50	\$144.14
AGE	\$15,000		\$17,500		\$20,000		\$22,500		\$25,000	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$7.20	\$14.52	\$7.74	\$16.30	\$8.28	\$18.10	\$8.86	\$19.86	\$9.38	\$21.62
30-39	\$14.04	\$27.26	\$15.72	\$31.18	\$17.40	\$35.04	\$19.08	\$38.94	\$20.74	\$42.84
40-49	\$29.42	\$55.64	\$33.68	\$64.28	\$37.96	\$72.92	\$42.18	\$81.52	\$46.44	\$90.16
50-59	\$54.24	\$101.76	\$62.64	\$118.06	\$71.02	\$134.36	\$79.42	\$150.66	\$87.80	\$166.98
60-69	\$92.24	\$172.16	\$106.94	\$200.18	\$121.68	\$228.24	\$136.40	\$256.28	\$151.10	\$284.34

Plan Benefit Highlights

Health 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.

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.

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 reduce 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 on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.

*This product may contain limitations, exclusions, and waiting periods. **This product is inappropriate for people who are eligible for Medicaid coverage.** This brochure highlights important features of the policy. Please refer to your certificate for complete details.*

Marketed by:



Underwritten and Administered by:
American Fidelity Assurance Company
800-662-1113 • americanfidelity.com

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	\$1,000
2 day ICU stay	\$600
3 day inpatient hospital stay	\$450
10 day rehabilitation unit stay	\$500

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
Hospital admission	\$1,000	\$2,000
Hospital daily*	\$150	\$200
Intensive care unit (ICU) daily*	\$300	\$400
Newborn routine care	\$100	\$200
Observation unit	\$100	\$200
Substance abuse daily*	\$100	\$150
Mental disorder daily*	\$100	\$150
Rehabilitation unit daily*	\$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
Low Plan	\$9.97	\$21.18	\$15.63	\$25.20
High Plan	\$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. 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.

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.

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. 2021



Aflac Group Accident Insurance

Accident protection made for you.



Underwritten by:
Continental American Insurance Company (CAIC)

In California, coverage is underwritten by
Continental American Life Insurance Company.



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

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

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

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

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

Plan Features

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

What you need, when you need it.

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



GROUP ACCIDENT INSURANCE

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

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

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

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

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

<p>FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident) Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:</p> <ul style="list-style-type: none"> • The insured must be confined to a hospital for treatment of a covered accidental injury; • The hospital and motel/hotel must be more than 100 miles from the insured's residence; and • The treatment must be prescribed by the insured's treating doctor. 	\$200 per day	\$100 per day
---	---------------	---------------

LIFE CHANGING EVENTS BENEFITS	HIGH	LOW
--------------------------------------	-------------	------------

<p>DISMEMBERMENT (once per accident, within 6 months after the accident) Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident. Dismemberment means:</p> <ul style="list-style-type: none"> • Loss of a hand -The hand is removed at or above the wrist joint; • Loss of a foot -The foot is removed at or above the ankle; • Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or • Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable). <p>If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.</p>		
--	--	--

LOSS OF ONE OR MORE FINGERS OR TOES		
Employee	\$1,250	\$500
Spouse	\$1,250	\$500
Child(ren)	\$1,250	\$500

PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)		
Employee	\$125	\$62.50
Spouse	\$125	\$62.50
Child(ren)	\$125	\$62.50

<p>PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident) Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.</p> <p>Paraplegia</p> <p>Quadriplegia</p>	\$5,000 \$10,000	\$2,500 \$5,000
---	---------------------	--------------------

<p>PROSTHESIS (once per accident, up to 2 prosthetic devices and one replacement per device per insured)* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements.</p> <p>* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.</p>	\$1,500	\$500
---	---------	-------

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

WELLNESS RIDER**HIGH****LOW****WELLNESS BENEFIT** (once per calendar year)

Payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

\$50
First year of certificate and thereafter\$30
First year of certificate and thereafter**ORGANIZED ATHLETIC ACTIVITY RIDER****BOTH PLANS****ORGANIZED ATHLETIC ACTIVITY BENEFIT**

We will pay an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event.

20%

Premium Rates: LOW PLAN

Semi-Monthly Premiums	
Coverage	Premium
Employee	\$2.27
Employee and Spouse	\$3.89
Employee and Child(ren)	\$4.84
Family	\$6.46

Premium Rates: HIGH PLAN

Semi-Monthly Premiums	
Coverage	Premium
Employee	\$4.61
Employee and Spouse	\$7.90
Employee and Child(ren)	\$9.77
Family	\$13.06

INITIAL ACCIDENT EXCLUSIONS EXCLUSIONS

Plan exclusions apply to all riders unless otherwise noted.

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

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
 - In California: voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection or riot.
 - In Idaho: participating in any war or act of war, declared or undeclared, or participating or serving in the armed forces or units auxiliary thereto. War also includes participation in a riot or an insurrection.
 - In Illinois: the statement “war does not include acts of terrorism” is deleted.
 - In Michigan: voluntarily participating in war or any act of war. War also includes voluntary felonious participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
 - In North Carolina: War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes civil participation in an active riot. War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
 - In Montana: committing or attempting to commit suicide, while sane
 - In Illinois, Michigan and Minnesota: this exclusion does not apply
- Sickness – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for:
 - Allergic reactions
 - Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid or other arthropod bites or stings. In Illinois: any bacterial infection, except an infection which results from an accidental injury or an infection which results from accidental, involuntary or unintentional ingestion of a contaminated substance; any viral or microorganism infection or infestation; or any condition resulting from insect, arachnid or other arthropod bites or stings. In North Carolina: any viral or microorganism infestation or any condition resulting from insect, arachnid or other arthropod bites or stings
 - An error, mishap or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness
 - Any related medical/surgical treatment or diagnostic procedures for such illness
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
 - In Idaho: intentionally self-inflicting injury.
 - In Montana: injuring or attempting to injure oneself intentionally, while sane
 - In Michigan: this exclusion does not apply
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
 - In Idaho: this exclusion does not apply
- Illegal Occupation – voluntarily participating in, committing or attempting to commit a felony or illegal act or activity, or voluntarily working at or being engaged in, an illegal occupation or job.
 - In California, Nebraska and Tennessee: voluntarily participating in,

committing, or attempting to commit a felony; or voluntarily working at, or being engaged in, an illegal occupation or job.

- In Illinois and Pennsylvania: committing or attempting to commit a felony or being engaged in an illegal occupation
 - In Michigan: voluntarily participating in, committing or attempting to commit a felony, or being engaged in an illegal occupation
 - In Idaho and South Dakota: this exclusion does not apply
- Sports – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
 - In California and Idaho: participating in any organized sport in a professional capacity for pay or profit
 - Cosmetic Surgery – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.
 - In Alaska, Massachusetts and Montana: having cosmetic surgery, other elective procedures or dental treatment except as a result of a covered accident.
 - In California: having cosmetic surgery or other elective procedures that are not medically necessary (“cosmetic surgery” does not include reconstructive surgery when the service is related to or follows surgery resulting from a covered accident); or having dental treatment except as a result of a covered accident.
 - In Idaho: having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident. Cosmetic surgery shall not include reconstructive surgery because of a Congenital Anomaly of a covered dependent child.
 - Felony (In Idaho only) – participation in a felony
For 24-Hour Coverage, the following exclusions will not apply:
An injury arising from any employment.
An injury or sickness covered by worker’s compensation.
In North Carolina: services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina workers’ compensation act only to the extent such services or supplies are the liability of the employee, employer, or workers’ compensation insurance carrier according to a final adjudication under the North Carolina Workers’ Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers’ Compensation Act.
**“Contributed to” language doesn’t apply in Illinois

DEFINITIONS

Accidental Injury means accidental bodily damage to an insured resulting from an unforeseen and unexpected traumatic event. This must be the direct result of an accident and not the result of disease or bodily infirmity. A Covered Accidental Injury is an accidental injury that occurs while coverage is in force. A Covered Accident is an accident that occurs on or after an insured’s effective date while coverage is in force, and that is not specifically excluded by the plan.

Ambulatory Surgical Center is defined as a licensed surgical center consisting of an operating room; facilities for the administration of general anesthesia; and a post-surgery recovery room in which the patient is admitted and discharged within a period of less than 24 hours.

Dependent Child or Dependent Children means your or your spouse’s natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26 (and in Louisiana, unmarried). Newborn children may be automatically covered from the moment of birth for 60 days. Newly adopted children (and foster children in North Carolina and Florida) may also be automatically covered for 60 days. See certificate for details.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified

medical practitioner according to the laws and regulations in the state in which treatment is made.

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

A Doctor does not include the insured or an insured's family member. In South Dakota however, a doctor who is an employee's family member may treat the insured if that doctor is the only doctor in the area and acts within the scope of his practice. For the purposes of this definition, family member includes the employee's spouse as well as the following members of the employee's immediate family son, daughter, mother, father, sister, and brother. This includes step-family members and family-members-in-law.

The term Hospital specifically excludes any facility not meeting the definition of hospital as defined in this plan, including but not limited to:

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A rehabilitation facility,
- A facility for the treatment of alcoholism or drug addiction, or
- An assisted living facility.

Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Telemedicine Service means a medical inquiry with a doctor via audio or video communication that assists with a patient's assessment, diagnosis, and consultation.

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

Urgent Care is a walk-in clinic that delivers ambulatory, outpatient care in a dedicated medical facility for illnesses or injuries that require immediate care but that are not serious enough to require a visit to an emergency room.

HOSPITALIZATION BENEFITS

Hospital Intensive Care Unit means a place that meets all of the following criteria:

- Is a specifically designated area of the hospital called a hospital intensive care unit;
- Provides the highest level of medical care;
- Is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- Is permanently equipped with special life-saving equipment for the care of the critically ill or injured;
- Is under close observation by a specially trained nursing staff assigned exclusively to the hospital intensive care unit 24 hours a day; and
- Has a doctor assigned to the hospital intensive care unit on a full-time basis.

The term Hospital Intensive Care Unit specifically excludes any type of facility not meeting the definition of hospital intensive care unit as defined in this plan, including but not limited to private monitored rooms, surgical recovery rooms, observation units and the following step-down units:

- A progressive care unit;
- A sub-acute intensive care unit; or
- An intermediate care unit.

Intermediate Intensive Care Step-Down Unit means any of the following:

- A progressive care unit;
- A sub-acute intensive care unit;
- An intermediate care unit; or
- A pre- or post-intensive care unit.

An intermediate intensive care step-down unit is not a hospital intensive care unit as defined in this plan.

AFTER CARE BENEFITS

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

Psychologist is a clinical, mental health professional who works with patients.

A psychologist is not a doctor of medicine who typically provides medical interventions and drug therapies, but provides analysis and counseling.

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

ORGANIZED ATHLETIC ACTIVITY RIDER EXCLUSIONS

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

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

DEFINITION

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

YOU MAY CONTINUE YOUR COVERAGE

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

TERMINATION OF COVERAGE

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

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

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

aflacgroupinsurance.com | 1.800.433.3036

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

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies. This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. This brochure is subject to the terms, conditions, and limitations of Policy Series C70000. In Arkansas, C70100AR. In Idaho, C70100ID. In Oklahoma, C70100OK. In Oregon, C70100OR. In Pennsylvania, C70100PA. In Texas, C70100TX. In Virginia, C70100VA.

Be fully prepared and confident with Legal Benefits

Plan proudly offered to
Galena Park ISD 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 in the LegalEASE
Benefits Plan.

To learn more:

Call: 1(800) 248-9000

Visit: www.legaleaseplan.com/galena

The logo for LegalEASE features a stylized column icon to the left of the word "LEGAL EASE" in a bold, sans-serif font. The word "LEGAL" is on the top line and "EASE" is on the bottom line, with a horizontal line underlining the entire word "LEGAL EASE".

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

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

Plan Details:

**\$7.88 semi-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

*Based on a 24 pay-period deduction schedule.

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, Mail Order/Internet Purchase Dispute, Bank Fee Dispute, Cell Phone Contract Dispute, Warranty Dispute, Financial Advisor



AUTO & TRAFFIC

Traffic Ticket, Serious Traffic Matters (Resulting in Suspension or Revocation of License), Administrative Proceeding (Regarding Suspension or Revocation of License), First-time Vehicle Buyer, Vehicle Repair and Lemon Law Litigation



FAMILY

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



ESTATE PLANNING & WILLS

Will or Codicil, Living Will and/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, Discounted Contingency Fees, 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 ISD"



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. Group legal plans are administered by The LegalEASE Group. Please contact LegalEASE for complete details. ©2022 LegalEASE All rights reserved. LASG_INS_Enroll_1PG_GalenaParkISD_2022-06

Universal Availability Notice

First Financial Group of America

Act Now to Maximize Your 403(b) Contributions

In compliance with the requirements of IRC §403(b)(12)(A)(ii) this Notice will advise you of the voluntary 403(b) Program established and maintained for the benefit of all employees.

Now is the time to act if you wish to maximize your pre-tax contributions to the 403(b) Plans or make changes for this calendar (taxable) year. Go to "[Find Your Employer Plan and Provider Information](#)" on www.ffga.com to view your employers' retirement plan options and availability.

Eligibility - All employees who are employed by the Employer, including full and part-time employees.

Contributions - When you enroll in the program, the amounts you designate as salary deferrals are withheld from your wages and forwarded to an investment provider of your choice. Several types of contributions may be available in your plan:

Pre-Tax Salary Deferrals: These are amounts contributed into a 403(b) Plan that are deferred from your paycheck before federal income taxes are applied.

Roth Salary Deferrals: (If your plan allows) These amounts are also deferred from your paycheck, but are subject to federal income taxes. When you withdraw monies from a Roth plan the funds may be excluded from taxation. Special rules apply to Roth contributions and you should contact your tax advisor before electing this option.

For 2022, you may defer from your wages, a maximum of \$20,500 to all 403(b) plans unless you will reach 50 years of age during the year. In that case, you would be eligible to contribute an additional \$6,500 (\$27,000 in total). Deferrals may not exceed 100% of your wages.

Rollovers: (If your plan allows) You may also rollover funds from another employer's plan if you receive an eligible rollover distribution.

Plan Investment Options - Your contributions to the 403(b) Plan must be made to an investment provider approved by your Employer. Before enrolling in the plan, you must first establish an account with one of the Providers listed. Once you have executed an investment contract and established an account, you can begin making contributions.

Assistance - You may enroll in the plan or receive assistance with these provisions by contacting the plan's Third Party Administrator, First Financial Administrator, Inc. or a representative for one of the plan's Investment Companies listed on www.ffga.com.

Additional information about the provisions and options in your plan are available by contacting First Financial Administrators at [\(800\) 523-8422](tel:8005238422), option 2 or from the plan's web site, www.ffga.com.

Universal Availability Notice

First Financial Group of America

403(b) Retirement Plan

The tax structure of a 403(b) is similar to 401k. As you make contributions through your salary, on a pre-tax basis, they attract interest. It is when you start receiving monthly payments from the plan on maturity that you are required to pay taxes, just like any other ordinary income. This is why 403(b) is also known as Tax Sheltered Annuity (TSA). This plan is popular among non-profit organizations, and employers opt for it, as it is exempt from Employer Retirement Income Security Act which allows the employer to offer this plan to all employees.

Questions? Contact First Financial at
[\(800\) 523-8422](tel:8005238422), option 2 or visit us at www.ffga.com.



403(b) FAQ



Sometimes areas of the financial realm such as retirement savings can be confusing. So, we wanted to provide you the answers to some of the more frequent questions we are asked. You will find answers to questions ranging from opening an account to reaching retirement and withdrawing your funds.

FREQUENTLY ASKED QUESTIONS

WHAT IS A 403(b) AND WHY IS IT A GOOD IDEA TO CONTRIBUTE TO ONE?

403(b) retirement plans are a great way to start saving for your retirement. 403(b) is a supplemental retirement plan, much like the public sector's 401(k), that allows you to save additional funds in conjunction with your state retirement. Each pay period, contributions are withheld from your paycheck (amount elected by you) and submitted into your 403(b) account. This allows your investment earnings to grow tax-deferred until withdrawal and also allows you to take advantage of a savings tax credit. You do not pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after you retire or have reached a certain age to withdraw funds. Allowable contributions to a 403(b) plan are either excluded or deducted from your income.

HOW DO I OPEN A 403(b) ACCOUNT?

Good news, you can enroll with a 403(b) year-round! The best way to start is by visiting our website at www.ffga.com. From the homepage, click "View Employer Retirement Plans" then enter employer name. This will allow you to:

- View a list of available investment providers in your employer's plan and their phone numbers
- Search for 403(b) agents
- Locate the FFGA Salary Reduction Agreement (SRA) and other forms
- View employer plan options regarding transactions, contributions, contacts, etc.

Steps to open an account and start contributions

1. **Decide what investment company from the list of authorized providers, you would like to contribute to.** Contact the company for instruction or if you are unsure, use the agent search tool on our website to find an agent that can help you decide.
2. **Establish an account with a provider** with the help of your agent.
3. **Complete the Salary Reduction Agreement**, once your account is established, and fax the form to 866-265-4594. This form allows your employer to withhold 403b contributions from your paycheck, which will be sent to the investment company of your choice.

Please note: Completing a Salary Reduction Agreement does not open your retirement account; you must also contact the vendor to establish an account prior to completing a Salary Reduction Agreement.

First Financial Administrators, as your employer's Third-Party Administrator, has Retirement Specialists that can help you at any point in your process, just give us a call at 1-800-523-8422 and we will be happy to help.

HOW MUCH MAY I CONTRIBUTE PER YEAR?

2022 contribution limits allow you to max out at \$20,500.00 if you are 49 years or younger. If you are age 50 and older, you are eligible to make “catchup contributions” making your maximum amount per calendar year \$27,000.00.

MAY I ROLLOVER/TRANSFER FUNDS FROM AN OLD EMPLOYER’S PLAN TO MY 403(b)?

Yes, if your employer’s plan allows for rollovers and transfers into the plan. Check our website to see what your employer offers on the plan.

MAY I ROLLOVER/TRANSFER MY FUNDS TO ANOTHER ACCOUNT SUCH AS A 401(k), IRA, 457, ETC.?

Yes, if your employer’s plan allows for rollovers and transfers, and you have met a qualifying event, you may move your funds to another qualified plan. Check our website to see what your employer offers on the plan.

MAY I STOP OR CHANGE MY CONTRIBUTIONS?

In order to make changes to your contributions, you will need to fill out and submit a Salary Reduction Agreement (the same form used to start contributions). You may stop, increase, or decrease at any time during the year according to your employer’s payroll schedule and the date changes are due for each pay date. You may give us a call at 1-800-523-8422 or visit our website at www.ffga.com to determine the due dates for your employer.

MAY I WITHDRAW MONEY IN THE CASE OF A FINANCIAL HARDSHIP?

Hardship distributions allow you to withdraw funds from your 403(b) (if allowed in your employer’s plan) if you have a financial need that cannot be met by other reasonably available resources for the following reasons:

- Medical Bills
- College Tuition for you or a qualified dependent
- Purchase of a Primary Residence
- Eviction/Foreclosure
- Funeral Expenses for spouse, child, dependent, or parents

These expenses must be unpaid at the time of request in order to be approved for a Hardship Distribution. Your expenses cannot be reimbursed.

WHEN MAY I RECEIVE A DISTRIBUTION?

Keep in mind that 403(b) plans are intended as a savings for retirement and should not be viewed as a simple savings account. For this reason, the IRS has certain “qualifying events” in order to withdraw your funds from a 403(b), like many other retirement accounts. However, if your employer’s plan allows, you may take a loan or a hardship distribution (IRS guidelines apply), if the need arises. Please be sure to seek advice from your tax advisor before proceeding with any transaction.

QUALIFYING EVENTS

1. Severance from employment
2. Over age 59 ½
3. Disability
4. Death
5. Hardship (guidelines apply)



16945 Northchase Dr, Ste. 1800 | Houston, TX 77060 | <https://ffga.com>
PHONE: 800-523-8422 | FAX: 866-265-4594 | EMAIL: retirement@ffga.com



FFInvest 457 Retirement Plan

Dear Galena Park ISD Employee,

Right now, you have an opportunity to make a real difference in the future of your retirement. How? By joining the FFINvest 457(b) Plan!

The Plan we offer is a valuable benefit to help you save for the future. Saving now can help you have the income you'll need at retirement. Participating in the Plan is easy. You contribute a portion of your pay to your Plan account each payday through convenient payroll deduction. Contributions are then allocated to the Plan's investment options you select.

There are significant tax advantages, too. For example, if you elect pre-tax deductions, your qualifying contributions and all earnings on your account are not subject to current federal income tax (or, where applicable, state or local taxes) until you take them out of the Plan. This tax deferral gives your retirement savings ability to grow under the most favorable terms possible. Your district's retirement plan also offers Roth (after-tax) deductions. By combining convenience with these special tax benefits, your retirement savings plan offers you one of the best ways to fund your future.

You may contribute \$20,500 or \$27,000 annually if you are age 50 and over.

We are excited to offer you this worthwhile benefit and we hope you will use it to help make your retirement dreams a reality. As with any investment, there are risks involved but FFINvest offers a wide range of choices that allow you to tailor your investments to match your risk tolerance. Get started today and take the first step toward a brighter future.

More information may also be found online at <http://ffinvest.my457account.com> or <http://benefits.ffga.com/galenaparkisd> and select "[FFInvest](#)" under "Benefit Plan & Premiums/[2022-2023 Plan Year](#)."

Michele Noboa
Investment Director
Registered Representative
1-800-523-8422, ext. 7437
ffinvest@ffga.com



"All securities are offered for sale or purchase by First Financial Securities of America, Inc."

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
- » Personalized Benefit Projections
- » Loan Option
- » [Blog / Calculators](#)
- » [Quarterly Newsletter](#)
- » Quarterly eStatement

Contribution Limits for 2022

\$20,500 – under age 50

\$27,000 – age 50
(on or before 12/31) or older

ENROLL NOW

Enroll Online Now!

- » Go to 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 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.

When May I Join?

Eligible employees may join the Plan (Entry date) on the first day of the month coinciding with or next following the date on which the eligibility requirement is met, generally Date of Hire (“DOH”).

How Do I Contribute To The Plan?

» Through payroll deduction, you may make elective deferrals up to the maximum allowed by law. The dollar limit is **\$20,500** for calendar year 2022.

» You may also designate your salary deferrals to a Plan account that accepts Roth after-tax contributions. In 2022, you may contribute as much as **\$20,500**, in total, to all accounts (Roth after-tax contributions and pre-tax deferrals). Roth contributions will be included as taxable income to the employee. Earnings on the Roth contribution will accumulate tax free, and retirement withdrawals may be exempt from federal income tax.

» If you have an existing qualified retirement plan (pre-tax), 403(b) tax deferred arrangement or governmental 457 plan with a prior employer or hold a taxable IRA account, you may transfer or roll over that account into the Plan anytime.

May I Make Catchup Contributions To The Plan?

If you are **age 50 or older** (or will be age 50 on or before December 31st) and make the maximum allowable deferral to your Plan, you are entitled to contribute an additional amount as a "catchup contribution." The catchup contribution is intended to help eligible employees make up for smaller (or no contributions) made earlier in their career. The maximum catchup contribution is **\$6,500** for calendar year 2022. See your Benefits Administrator for more details.

May I Stop Or Change My Contributions?

» You may stop your contributions anytime online or by signing a new agreement. Once you discontinue contributions, you may start again at the next available pay period.

» You may increase or decrease the amount of your pre-tax and/or Roth contribution(s) at the next available pay period.

How Do I Become “Vested” In My Plan Account?

Vesting refers to your "ownership" of a benefit from the Plan. You are always 100% vested in your Plan contributions and your rollover contributions, plus any earnings they generate.

How Are Plan Contributions Invested?

You give investment directions for your 457(b) Plan account by selecting from investment choices provided under the Plan, as determined by FFIInvest 457(b) Plan.

Investment Options		
Money Market and Fixed Income	Symbol	Expense
Invesco Treasury Portfolio Shrt-Trm Inv Trust (Instl)	TRPXX	0.18
Vanguard GNMA Fund (Admiral (Adm))	VFIJX	0.11
Vanguard Total Bond Market Index (Adm)	VBTLX	0.05
Large Cap Equity		
American Funds American Mutual Fund (R6)	RMFGX	0.28
Delaware Value (R6)	DDZRX	0.58
American Funds Growth Fund of America (R6)	RGAGX	0.30
Harbor Capital Appreciation Fund (Retirement)	HNACX	0.59
Vanguard 500 Index Fund (Adm)	VFIAX	0.04
Mid Cap Equity / Small Cap Equity		
Vanguard Mid-Cap Index Fund (Adm)	VIMAX	0.05
Vanguard Small Cap Value Index Fund (Adm)	VSIAX	0.07
Vanguard Small Cap Growth Index (Adm)	VSGAX	0.07
International Equity		
Harbor International Fund (Retirement Class)	HNINX	0.69
Brandes International Equity (R6)	BIERX	0.75
Artisan International Fund (Institutional)	APHIX	0.97
American Funds EuroPacific Growth Fund (R6)	RERGX	0.46
Asset Allocation Funds / Balanced		
Vanguard Target Retirement Income Fund (Inv)	VTINX	0.12
Vanguard Target Retirement 2015 Fund (Inv)	VTXVX	0.13
Vanguard Target Retirement 2025 Fund (Inv)	VTTVX	0.13
Vanguard Target Retirement 2035 Fund (Inv)	VTTHX	0.14
Vanguard Target Retirement 2045 Fund (Inv)	VTIVX	0.15
Vanguard Target Retirement 2055 Fund (Inv)	VFFVX	0.15
Vanguard Target Retirement 2065 Fund (Inv)	VLXVX	0.15
American Funds American Balanced (R6)	RLBGX	0.26

» If you do not choose investment option(s), your account will be invested in the fund listed below most applicable to your current age. You may change investment options at any time.

Investment Option Name	From Age	To Age
Vanguard Target Retirement Income Fund (Inv)	68	99
Vanguard Target Retirement 2015 Fund (Inv)	58	67
Vanguard Target Retirement 2025 Fund (Inv)	48	57
Vanguard Target Retirement 2035 Fund (Inv)	38	47
Vanguard Target Retirement 2045 Fund (Inv)	28	37
Vanguard Target Retirement 2055 Fund (Inv)	23	27
Vanguard Target Retirement 2065 Fund (Inv)	18	22

When May Money Be Withdrawn From My 457(b) Account?

Money may be withdrawn from your Plan account in these events:

- Death
- Termination of Employment
- The Participant's attaining age 70 1/2.

To receive favorable tax treatment, distributions of Roth contributions must be made after the participant reaches age 59½, or on account of the participant's death or disability, and must be made at least 5 years after the date the first Roth contribution was made. Be sure to talk with your tax advisor before withdrawing any money from your Plan account.

May I Withdraw Money In Case of Unforeseeable Emergency?

If you have an immediate and heavy financial need created by an unforeseeable emergency and you lack other reasonably available resources to meet that need, you may be eligible to receive an unforeseeable emergency withdrawal from your account. If you feel you are facing an unforeseeable emergency as defined by the Plan (Reg. Section 1.457-6(c)(2)), you should contact an InvesTrust Retirement Plan Specialist at 1-866-848-0258, M-F 8 a.m. to 5 p.m. for more details.

May I Borrow Money From My Account?

The Plan is intended to help you put aside money for your retirement; however, the FFIInvest 457(b) Plan includes a Plan feature that lets you borrow money from the Plan.

» The amount the Plan may loan to you is limited by rules under the tax law. In general, all loans will be limited to the **lesser** of: one-half of your vested account balance or \$50,000.

» The minimum loan amount is \$1,000.

» All loans must generally be repaid within five years.

» A longer term may be available if the loan is to be used to purchase your principal residence.

» You may have 1 loan outstanding at a time.

» **You pay interest back to your account.** The interest rate on your loan will be the Prime Rate plus 2.00%.

» A \$50 processing fee for all new loans is charged to your account.

Other requirements and limits must be met, and certain fees may apply. Please contact an InvesTrust Retirement Plan Specialist at 1-866-848-0258, Monday-Friday, 8 a.m.- 5 p.m. for more details about this participant loan feature.

What are the Plan Administration Fees?

Fee Description	Amount
Annual Per Participant Fee*	\$18 (\$4.50 per quarter)
Annual Market Value Fee	0.85%
QDRO (Divorce) Processing	\$100/each
Loan Processing	\$50/each

*Inclusive of participants with balances

How Do I Obtain Information About my Account?

» You will receive a quarterly email notification that your personalized account eStatement is available online. The eStatement shows your account balance as well as any contributions and earnings credited to your account during the reporting period.

» You will also have access to an Internet Site (www.my457account.com)/Retirement Plan Login which is designed to give you current information about your Plan account. You may get up-to-date information about your account balance, contributions, investment choices, and other Plan data. You will receive additional information on how to use the Internet Site.

As a Plan participant, you may request certain information from **InvesTrust Retirement Specialists**,

5100 N. Classen Blvd. Suite 620

Oklahoma City, OK 73118

Phone: 1-866-848-0258, M-F 8:00 a.m.—5:00 p.m.

This information includes: annual operating expenses of the Plan investments; copies of prospectuses, financial statements, reports, or other materials relating to Plan investments provided to the Plan; a list of assets contained in each Plan investment portfolio; the value of those assets and fund units or shares; and the past and current performance of each Plan investment. More information may also be found online at <http://ffinvest.my457account.com>

How Do I Enroll? Simply complete the enrollment forms provided and return them to the person designated or fax to First Financial Group of America: **1-855-300-7454**

May I Enroll Online?

Yes! Go to 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 during online enrollment, Please contact InvesTrust: 1-866-848-0258.



Step 1 – *Enroll Online Today*– Go to www.my457account.com, click on [Retirement Plan Login](#) (above the InvesTrust logo), click on "[New User](#)" when enrolling for the first time and enter Plan Password (case sensitive): **Galena**
Follow the instructions to Enroll Today! Call an InvesTrust Retirement Plan Specialist if you need assistance at 1-866-848-0258, Monday – Friday, 8:00 a.m. to 5:00 p.m.

Step 2 – Decide how much to invest and enter your contribution per pay period – 10%, is often a good start.
You may contribute up to the IRS maximum contribution limit of \$20,500. If you are age 50 and above you may contribute an additional \$6,500 (\$27,000 total).

Step 3 – Select how you want to invest your contributions among the investment options available in the plan.

Get started today!



Your decision to start now could help you accumulate more at retirement. And look at the difference you can make in your total potential account value by putting away just a few dollars more of your pay on a pre-tax basis.

Start Today!	Contribute \$25 of your semi-monthly salary	Contribute \$50 of your semi-monthly salary
Potential account value in 10 years	\$8,289	\$16,579
Potential account value in 25 years	\$37,949	\$75,898

This hypothetical illustration is based on the following assumptions:

The indicated contribution rate remains constant throughout the periods shown. Your account increases at the hypothetical annual rate of return of 7% compounded annually. You make neither withdrawals nor loans. All earnings are reinvested. IRS limits on compensation and pretax contributions apply. Current limits are indexed and adjusted for cost of living increases using a hypothetical inflation rate of 3% annually. All calculations assume contributions are made the last day of the year.

Investment performance and fund descriptions are available online at:
<http://ffinvest.my457account.com>

Retirement Plan Calculators are available online at:
www.investrust.com/financial-calculators-2/



[Galena Park ISD 457\(b\) Plan](#)

CONTACT INFORMATION

GALENA PARK ISD EMPLOYEE BENEFITS DEPARTMENT

14705 Woodforest Blvd. | Houston, TX 77015

www.galenaparkisd.com/page/9994

benefits@galenaparkisd.com

FIRST FINANCIAL GROUP OF AMERICA

Joe Quijada, Sr. Account Administrator

281.690.9198 / joe.quijada@ffga.com

EMPLOYEE BENEFIT CONTACTS

BENEFITS CONTACT	NAME	PHONE	EMAIL
Benefits Specialist	Jenny Bernabe	832-386-1276	jbernabe@galenaparkisd.com
Benefits Specialist	Valerie Guajardo	832-386-1245	vguajardo@galenaparkisd.com
Director for Employee Benefits	Holli Sherrard	832-386-1507	hsherrard@galenaparkisd.com

PROVIDER CONTACTS

BENEFIT	NAME	PHONE	WEBSITE
Medical	TRS ActiveCare	866.355.5999	www.bcbstx.com/trsactivecare
Prescription Benefits	CVS Caremark	866.355.5999	https://info.caremark.com/oe/trsactivecare
Telehealth	Teladoc	800.835.2362	www.teladoc.com
Telehealth	RediMD	866.989.2873	redimd.com/trsactivecare
FSA/HSA/DCA	First Financial Administrators, Inc.	866.853.3539	www.ffga.com
Dental	Guardian	800.541.7846	www.guardiananytime.com
Vision	Davis Vision	800.999.5431	www.davisvision.com
Employee Assistance Program	ComPsych	800.272.7255	www.guidanceresources.com
Term Life	Blue Cross Blue Shield	877.442.4207	www.bcbstx.com/ancillary/employees
Permanent Life	Texas Life	800.283.9233	www.texaslife.com
Disability	American Fidelity	800.654.8489	www.americanfidelity.com
Cancer	Allstate	800.521.3535	www.allstateatwork.com
Critical Illness	American Fidelity	800.654.8489	www.americanfidelity.com
Hospital Indemnity	Aetna	800.607.3366	www.aetnavoluntarylogin.com
Accident	Aflac	800.433.3036	www.aflacgroupinsurance.com
Legal	Legal Ease	800.248.9000	www.legaleaseplan.com/content/galena
403(b) Retirement Plans	FFGA	800.523.8422	www.ffga.com
457(b) Retirement Plans	Investrust	800.523.8422	http://ffinvest.my457account.com