



Poquoson City Public  
Schools  
A Tradition of Excellence

# POQUOSON CITY PUBLIC SCHOOLS EMPLOYEE BENEFITS GUIDE

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September 1, 2022 – August 31, 2023 Plan Year



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Poquoson City Public Schools 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 Employee Benefits Center website, [www.benefits.ffga.com/poquosoncitypublicschools](http://www.benefits.ffga.com/poquosoncitypublicschools).

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 your First Financial Account Manager, Michael Shelly, or your Human Resources Coordinator, Debbie Bunting.

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Poquoson City Public Schools

500 City Hall Ave, Poquoson, VA 23662 | 757-868-3055

## ELIGIBILITY

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

## BENEFITS ENROLLMENT

### EMPLOYEE BENEFITS CENTER

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit [benefits.ffga.com/poquosoncitypublicschools](https://benefits.ffga.com/poquosoncitypublicschools) today!

### NEW EMPLOYEES

You have 31 days from your hire date to make benefit elections.

### EXISTING EMPLOYEES

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

## MID-YEAR BENEFIT CHANGES

You may add or cancel coverage during the plan year if you have a change in family status. You must notify your human resources coordinator 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 26 and losing coverage through a parent's plan

## DECLINING COVERAGE

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

## BENEFITS ENROLLMENT

### HOW TO ENROLL ONLINE

<https://ffga.benselect.com/Enroll>

#### LOGIN

- Login: Your Employee ID or Social Security Number (no dashes)
- PIN (first login only): The last four digits of your social and the last two digits of the year you were born (six digits total)
- New PIN: The first time you log in you will be required to change to a new PIN. Please note your new PIN because you will use the new PIN from that point forward.

#### 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.

#### BEGIN ELECTIONS

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



# Flexible Spending Accounts



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

## HEALTHCARE FSA

A Health Flexible Spending Account (Health FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. 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 ends will be forfeited under the use-it-or-lose-it rule.

	2022	2023
<b>HSA Contribution Limit</b>	<ul style="list-style-type: none"><li>Self Only: <b>\$3,650</b></li><li>Family: <b>\$7,300</b></li></ul>	<ul style="list-style-type: none"><li>Self Only: <b>\$3,850</b></li><li>Family: <b>\$7,750</b></li></ul>

## HIGHLIGHTS

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

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

## DEPENDENT CARE FSA

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

**You may allocate up to \$5,000 per tax year for reimbursement of dependent care services if you are single or married filing jointly. 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.

## FLEXIBLE SPENDING ACCOUNTS CONTINUED

- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Contributions are not loaded upfront. Funds become available as contributions are made to your account.

- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

## FSA RESOURCES

### BENEFITS CARD

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

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

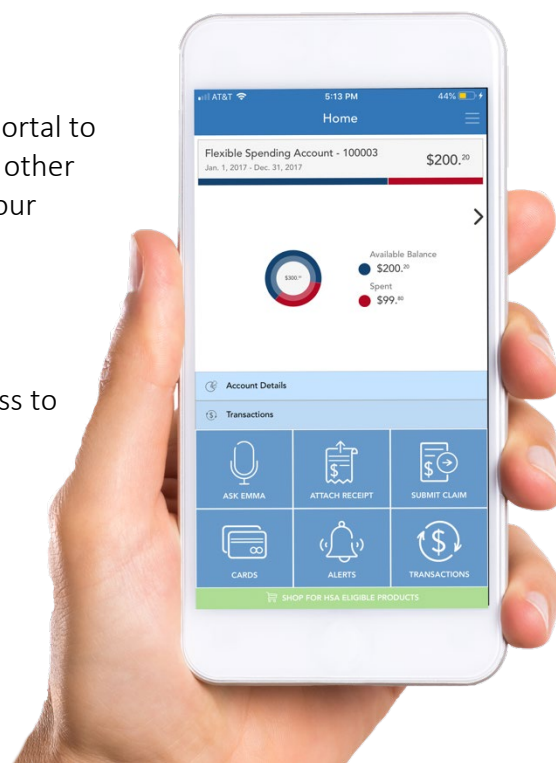
### ONLINE FSA PORTAL

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

### FF FLEX MOBILE APP

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

- Access account Information
- View card details and profile information
- Submit FSA claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Update direct deposit information



### FSA STORE

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

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

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



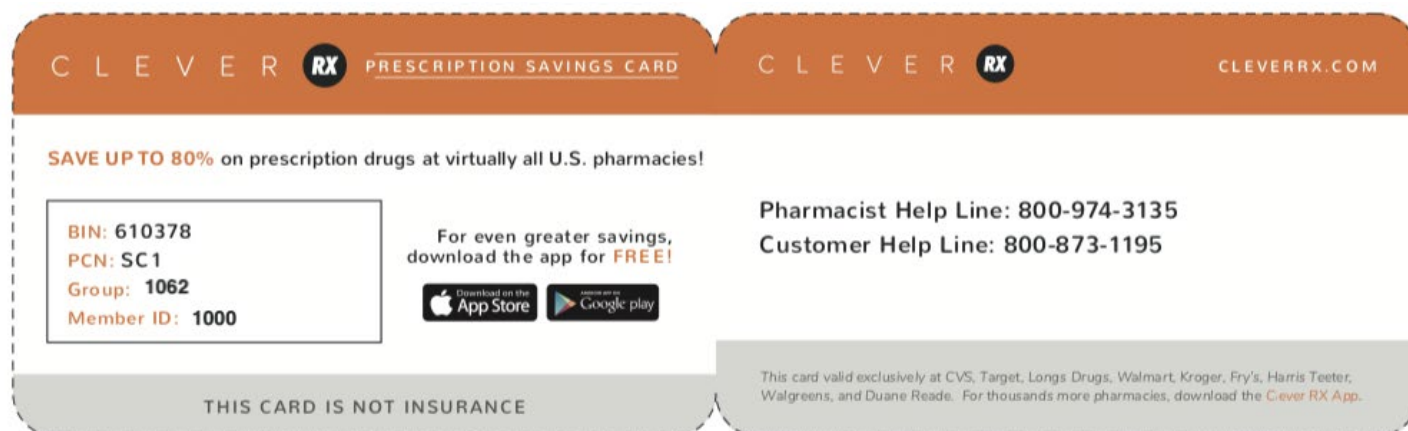
Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

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

## HIGHLIGHTS

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

Use Clever RX every time you pay for a medication for instant savings! Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.



### Focus® Plan Summary

	VSP Network	Out of Network
<b>Deductibles</b>	\$15 Exam \$15 Eye Glass Lenses or Frames* Covered in full	\$15 Exam \$15 Eye Glass Lenses or Frames Up to \$45
<b>Annual Eye Exam</b>		
<b>Lenses (per pair)</b>		
Single Vision	Covered in full	Up to \$35
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$70
Lenticular	Covered in full	Up to \$90
Progressive	See lens options	NA
<b>Contacts</b>		
Fit & Follow Up Exams	15% discount See Additional Focus Features.	No benefit
Elective	Up to \$105	Up to \$105
Medically Necessary	Covered in full	Up to \$210
<b>Frame Allowance</b>	\$120	Up to \$50
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

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

### Lens Options (member cost)\*

	VSP Network	Out of Network
<b>Progressive Lenses</b>	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
<b>Std. Polycarbonate</b>	Covered in full for dependent children \$25 adults	No benefit
<b>Solid Plastic Dye</b>	\$13 (except Pink I & II)	No benefit
<b>Plastic Gradient Dye</b>	\$15	No benefit
<b>Photochromatic Lenses</b> (Glass & Plastic)	\$27-\$76	No benefit
<b>Scratch Resistant Coating</b>	\$15-\$29	No benefit
<b>Anti-Reflective Coating</b>	\$39-\$75	No benefit
<b>Ultraviolet Coating</b>	\$14	No benefit

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

### Monthly Rates

<b>Employee Only (EE)</b>	\$9.70
<b>EE + Family</b>	\$23.76

### Additional Focus® Features

<b>Contact Lenses Elective</b>	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
<b>Additional Glasses</b>	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
<b>Frame Discount</b>	VSP offers 20% off any amount above the retail allowance.*
<b>Laser VisionCare</b>	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

### Rx Savings

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

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

### Eye Care Plan Member Service

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

VSP Call Center: 1-800-877-7195

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

Locate a VSP provider at: [ameritas.com](http://ameritas.com)

View plan benefit information at: [vsp.com](http://vsp.com)

### Section 125

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

### Worldwide Support

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

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

### Language Services

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

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



# LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees<sup>1</sup> that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:



**IT'S AFFORDABLE**  
You own it



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



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



**YOU CAN COVER YOUR**  
SPOUSE, CHILDREN AND  
GRANDCHILDREN, TOO<sup>2</sup>



**YOU CAN GET A LIVING**  
BENEFIT IF YOU BECOME  
TERMINALLY ILL<sup>3</sup>



**YOU CAN GET CASH TO COVER**  
LIVING EXPENSES IF YOU  
BECOME CHRONICALLY ILL<sup>4</sup>

## 3 QUICK QUESTIONS

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

### **DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:**

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

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

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

# WOW!

## LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS



**IT'S AFFORDABLE  
YOU OWN IT**



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



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



**YOU CAN COVER YOUR SPOUSE, CHILDREN  
AND GRANDCHILDREN, TOO<sup>1</sup>**



**YOU CAN GET A LIVING BENEFIT IF YOU  
BECOME TERMINALLY ILL<sup>2</sup>**



**YOU CAN GET CASH TO COVER  
LIVING EXPENSES IF YOU BECOME  
CHRONICALLY ILL<sup>3</sup>**



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

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19M004-C FFGA 1003 (exp0321)

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

**TEXASLIFE** INSURANCE  
COMPANY

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

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

Issue Age (ALB)	<b>Monthly Premiums for Life Insurance Face Amounts Shown</b> Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									<b>GUARANTEED PERIOD</b> Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										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)									<b>GUARANTEED PERIOD</b> 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".

## 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 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										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".

# Disability Income

Supplemental income protection



## Protect your financial well-being with Voluntary Disability

A Disability plan will help with day-to-day expenses – housing, food, car payments, even additional medical costs – if you become disabled from an accident or illness. You will not have to worry about using your savings or incurring additional debt to cover these costs and care for your family.

## Why do I need Disability coverage?

Most people can't afford to be disabled, even for a short time. Almost 90 percent of disabling accidents and illnesses are not work related, so you can't count on Workers Compensation to be there for you and your loved ones.

*National Safety Council, Injury Facts 2008 Ed.*

Because you can't know when a disabling illness or injury will impact your ability to bring home a paycheck, you can enroll in Disability coverage from ManhattanLife to help you and your family deal with the unexpected. You will be able to concentrate on your recovery after a sickness or accident and return to your job.

## Here's how it works

Benefits from your ManhattanLife plan are paid in addition to any Disability coverage you already have. Your monthly coverage, elimination period, benefit period and any optional benefits will depend on the plan design your employer selects. You will find the plan to be easy and economical – your premiums are conveniently paid through payroll deduction.

## Disability Income Coverage

Coverage type		Disability Income Plus provides a monthly disability income benefit as a result of Non-occupational accident or sickness.	
Product	Policy Type:	Group	
	Policy Name:	Disability Income Plus	
	Policy Form:	M-8014	
Eligibility	Issue Age:	Employee:	18 – 70
	Criteria:	<ul style="list-style-type: none"> <li>Employee is benefit eligible, actively at work full-time, working at least 30 hours per week. Employee only coverage.</li> </ul>	
	Termination Age:	<ul style="list-style-type: none"> <li>Age 70 unless actively at work, then on last day of active employment.</li> </ul>	
Underwriting Offer	Employees Other than County Managers:	Guaranteed Issue up to 65% of base salary to a max benefit of \$3,000.	
	County Managers:	Guaranteed Issue up to 65% of base salary to a max benefit of \$5,000.	
Target Participation	Minimum to Issue:	10 Employee applications or 1% of eligible Employees, whichever is greater.	
	Guarantee Issue:	Waived, expectation of 20% of all eligible enrolled by end of the enrollment	
Benefit Amounts	Employee:	Minimum benefit of \$300 and maximum benefit of \$5,000 per month, not to exceed 65% of base monthly income.	

### Plan Design

#### Accident & Sickness – Elimination Period/Duration

0 Day Accident/7 Day Sickness (Illness)/3-month Duration  
 0 Day Accident/7 Day Sickness (Illness)/6-month Duration  
 0 Day Accident/7 Day Sickness (Illness)/12-month Duration  
 0 Day Accident/14 Day Sickness (Illness)/3-month Duration  
 14 Day Accident/14 Day Sickness (Illness)/12-month Duration  
 30 Day Accident/30 Day Sickness (Illness)/12-month Duration

<b>Partial Disability</b>	50%, up to 6 months
<b>Recurrent Disability</b>	Recurrs within 180 days
<b>Pre-existing Provision</b>	12/12
<b>Pregnancy</b>	Treated as any other illness
<b>Waiver of Premium</b>	After 90 Days

## Benefit Definitions

**TOTAL DISABILITY:** For the first 24 months of a disability that the Employee/member is unable to perform the substantial and material duties of his or her regular occupation, not working in any other occupation, and under the care of a physician for the disability. After 24 months of total disability, totally disabled means that the Employee/member is unable to perform the duties of any occupation, and under the care of a physician for the disability.

**PARTIAL DISABILITY:** Because of a covered sickness or injury, the Employee/member is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician.

**RECURRENT DISABILITY:** Total and/or partial disability that is due to the same or related causes as a prior period of disability, follows a prior period for which a monthly benefit was paid, and occurs within 180 days after the end of a prior period for which a monthly benefit was paid. The elimination period is waived, and benefits are immediately available for up to the remaining benefit from the previous disability.

**OCCUPATIONAL INCOME:** The Eligible Persons' monthly rate of earnings from His Employer as of the day before the start of Total Disability. Occupational Income including commissions will be averaged over a period of time (see certificate of coverage). Occupational Income does not include overtime pay, bonuses, or extra compensation other than commissions.

**ACCIDENT & SICKNESS:** Provides coverage for disabilities caused by either an accidental injury or sickness.

**ELIMINATION PERIOD:** The number of continuous days, beginning with the first day of a total disability, before any monthly benefit amount is payable. Separate elimination periods apply to injury and illness.

**BENEFIT PERIOD:** The period of time for which Monthly Income Benefits are payable for disability due to the same cause.

**WAIVER OF PREMIUM:** Premium is waived if the Employee is totally disabled for more than 90 days or the elimination period, whichever is longer. Waiver of Premium will continue while the insured is receiving a Total Disability Income Benefit.

**PRE-EXISTING CONDITION LIMITATION:** If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations.

# Disability Income Plus Rates

## Rate Assumption Information

<b>Rate Structure:</b>	Issue Age
<b>Tobacco Status:</b>	Uni Tobacco
<b>Rate Guarantee Period:</b>	Two (2) Year
<b>Contributions:</b>	100% Employee Paid
<b>Takeover:</b>	Yes
<b>Commissions:</b>	Heaped
<b>Coverage Type:</b>	non-occupational
<b>Industry Class:</b>	Preferred; 0001
<b>Benefits Included:</b>	As shown above in the benefits and optional benefit sections
<b>Participation Expectation:</b>	Waived, expectation of 20% of all eligible enrolled by end of the enrollment.

## Product Qualifications and Contingencies

### PARTICIPATION EXPECTATION:

Participation requirement is the number of enrolled needed for Guaranteed Issue offer. When a percentage of all eligible insureds is listed, medical questions should be answered until that percentage has been met. Once that percentage has been met, then all applications will be Guarantee Issue up to the amount listed in the underwriting offer section of the proposal. If the participation requirement is waived, then all applications will be Guaranteed issue up to the amount listed in the Underwriting offer of the proposal, for the initial enrollment period. At the end of the enrollment period it will be expected that a minimum percentage of all eligible will be enrolled into the product. This participation percentage is in the participation section of the proposal.

### OTHER CONTINGENCIES

- Late enrollees will be accepted on an SI basis only, unless otherwise approved by underwriting.
- \*Where approved, Employees with State DI will be reduced accordingly to the following- CA & NJ maximum of 25% of benefit, and HI/NY/RI maximum of 40% benefit.
- This offer is contingent on no other disability coverage is quoted or inforce.
- Please refer to the certificate/policy for full benefit and limitation information.
- Takeover Expectations
  - The takeover/replacement policies will be underwritten on a Guarantee Issue basis.
  - The takeover/replacement policies will be underwritten based on the Employee's age as of the Effective Date of Coverage with ManhattanLife.
  - Takeover Provision – The Pre-Existing Conditions Clause will be reduced by a number of months equal to the number of months the replaced coverage was in force, when all of the following conditions are met:
    - ManhattanLife Assurance Company of America's coverage replaces a similar in force coverage;
    - The replaced coverage, including benefit amount and effective date, is submitted to ManhattanLife Assurance Company of America at the time of enrollment;
    - The replaced coverage was in force within 63 calendar days of the date of ManhattanLife Assurance Company of America's application;
    - The previous carrier's bill is submitted to ManhattanLife Assurance Company of America;
    - The applicant qualifies for coverage in accordance with ManhattanLife Assurance Company of America's underwriting offer.
    - The maximum amount of takeover coverage available is \$5,000.
- After the initial enrollment period is complete, takeover is no longer available

## Disability Income Plus Rates Virginia

3 Month Benefit Period, 0/7 Elimination Period

Displaying Semi-Monthly Premiums for Non-Occ Coverage

Age	Uni-Tobacco				
Benefit	18-35	36-45	46-55	56-65	66+
\$300	\$5.67	\$6.03	\$6.40	\$7.00	\$8.90
\$400	\$7.18	\$7.66	\$8.16	\$8.97	\$11.50
\$500	\$8.69	\$9.30	\$9.92	\$10.93	\$14.09
\$600	\$10.21	\$10.93	\$11.67	\$12.89	\$16.68
\$700	\$11.72	\$12.56	\$13.44	\$14.85	\$19.28
\$800	\$13.24	\$14.19	\$15.19	\$16.81	\$21.87
\$900	\$14.75	\$15.83	\$16.95	\$18.77	\$24.46
\$1,000	\$16.27	\$17.46	\$18.71	\$20.73	\$27.06
\$1,100	\$17.78	\$19.10	\$20.47	\$22.69	\$29.65
\$1,200	\$19.30	\$20.73	\$22.23	\$24.66	\$32.25
\$1,300	\$20.81	\$22.37	\$23.99	\$26.62	\$34.84
\$1,400	\$22.33	\$24.00	\$25.74	\$28.58	\$37.43
\$1,500	\$23.84	\$25.64	\$27.51	\$30.54	\$40.03
\$1,600	\$25.36	\$27.27	\$29.26	\$32.50	\$42.62
\$1,700	\$26.87	\$28.91	\$31.02	\$34.46	\$45.21
\$1,800	\$28.39	\$30.54	\$32.78	\$36.42	\$47.81
\$1,900	\$29.90	\$32.18	\$34.54	\$38.38	\$50.40
\$2,000	\$31.42	\$33.81	\$36.30	\$40.35	\$53.00
\$2,100	\$32.93	\$35.44	\$38.06	\$42.31	\$55.59
\$2,200	\$34.44	\$37.07	\$39.81	\$44.27	\$58.18
\$2,300	\$35.96	\$38.71	\$41.58	\$46.23	\$60.78
\$2,400	\$37.47	\$40.34	\$43.33	\$48.19	\$63.37
\$2,500	\$38.99	\$41.98	\$45.09	\$50.15	\$65.96
\$2,600	\$40.50	\$43.61	\$46.85	\$52.11	\$68.56
\$2,700	\$42.02	\$45.25	\$48.61	\$54.07	\$71.15
\$2,800	\$43.53	\$46.88	\$50.37	\$56.04	\$73.75
\$2,900	\$45.05	\$48.52	\$52.13	\$58.00	\$76.34
\$3,000	\$46.56	\$50.15	\$53.88	\$59.96	\$78.93
\$3,100	\$48.08	\$51.79	\$55.65	\$61.92	\$81.53
\$3,200	\$49.59	\$53.42	\$57.40	\$63.88	\$84.12
\$3,300	\$51.11	\$55.05	\$59.16	\$65.84	\$86.71
\$3,400	\$52.62	\$56.68	\$60.92	\$67.80	\$89.31
\$3,500	\$54.14	\$58.32	\$62.68	\$69.76	\$91.90
\$3,600	\$55.65	\$59.95	\$64.44	\$71.73	\$94.50
\$3,700	\$57.17	\$61.59	\$66.20	\$73.69	\$97.09
\$3,800	\$58.68	\$63.22	\$67.95	\$75.65	\$99.68
\$3,900	\$60.20	\$64.86	\$69.72	\$77.61	\$102.28
\$4,000	\$61.71	\$66.49	\$71.47	\$79.57	\$104.87
\$4,100	\$63.23	\$68.13	\$73.23	\$81.53	\$107.46
\$4,200	\$64.74	\$69.76	\$74.99	\$83.49	\$110.06
\$4,300	\$66.26	\$71.40	\$76.75	\$85.45	\$112.65
\$4,400	\$67.77	\$73.03	\$78.51	\$87.42	\$115.25
\$4,500	\$69.28	\$74.67	\$80.27	\$89.38	\$117.84
\$4,600	\$70.80	\$76.30	\$82.02	\$91.34	\$120.43
\$4,700	\$72.31	\$77.93	\$83.79	\$93.30	\$123.03
\$4,800	\$73.83	\$79.56	\$85.54	\$95.26	\$125.62
\$4,900	\$75.34	\$81.20	\$87.30	\$97.22	\$128.21
\$5,000	\$76.86	\$82.83	\$89.06	\$99.18	\$130.81



## Disability Income Plus Rates Virginia

6 Month Benefit Period, 0/7 Elimination Period

Displaying Semi-Monthly Premiums for Non-Occ Coverage

Age	Uni-Tobacco				
Benefit	18-35	36-45	46-55	56-65	66-70
\$300	\$6.54	\$6.97	\$7.83	\$8.90	\$11.61
\$400	\$8.34	\$8.92	\$10.06	\$11.50	\$15.10
\$500	\$10.15	\$10.87	\$12.31	\$14.09	\$18.60
\$600	\$11.95	\$12.82	\$14.54	\$16.68	\$22.10
\$700	\$13.76	\$14.77	\$16.78	\$19.28	\$25.59
\$800	\$15.56	\$16.72	\$19.01	\$21.87	\$29.09
\$900	\$17.37	\$18.67	\$21.25	\$24.46	\$32.58
\$1,000	\$19.17	\$20.63	\$23.48	\$27.06	\$36.08
\$1,100	\$20.98	\$22.58	\$25.72	\$29.65	\$39.58
\$1,200	\$22.78	\$24.53	\$27.95	\$32.25	\$43.07
\$1,300	\$24.59	\$26.48	\$30.19	\$34.84	\$46.57
\$1,400	\$26.39	\$28.43	\$32.42	\$37.43	\$50.06
\$1,500	\$28.20	\$30.38	\$34.67	\$40.03	\$53.56
\$1,600	\$30.00	\$32.33	\$36.90	\$42.62	\$57.06
\$1,700	\$31.81	\$34.28	\$39.14	\$45.21	\$60.55
\$1,800	\$33.61	\$36.23	\$41.37	\$47.81	\$64.05
\$1,900	\$35.42	\$38.18	\$43.61	\$50.40	\$67.54
\$2,000	\$37.23	\$40.13	\$45.84	\$53.00	\$71.04
\$2,100	\$39.03	\$42.08	\$48.08	\$55.59	\$74.54
\$2,200	\$40.84	\$44.03	\$50.31	\$58.18	\$78.03
\$2,300	\$42.64	\$45.98	\$52.55	\$60.78	\$81.53
\$2,400	\$44.45	\$47.93	\$54.78	\$63.37	\$85.02
\$2,500	\$46.25	\$49.88	\$57.03	\$65.96	\$88.52
\$2,600	\$48.06	\$51.83	\$59.26	\$68.56	\$92.02
\$2,700	\$49.86	\$53.78	\$61.50	\$71.15	\$95.51
\$2,800	\$51.67	\$55.73	\$63.73	\$73.75	\$99.01
\$2,900	\$53.47	\$57.68	\$65.97	\$76.34	\$102.50
\$3,000	\$55.28	\$59.64	\$68.20	\$78.93	\$106.00
\$3,100	\$57.08	\$61.59	\$70.44	\$81.53	\$109.50
\$3,200	\$58.89	\$63.54	\$72.67	\$84.12	\$112.99
\$3,300	\$60.69	\$65.49	\$74.91	\$86.71	\$116.49
\$3,400	\$62.50	\$67.44	\$77.14	\$89.31	\$119.98
\$3,500	\$64.30	\$69.39	\$79.39	\$91.90	\$123.48
\$3,600	\$66.11	\$71.34	\$81.62	\$94.50	\$126.98
\$3,700	\$67.92	\$73.29	\$83.86	\$97.09	\$130.47
\$3,800	\$69.72	\$75.24	\$86.09	\$99.68	\$133.97
\$3,900	\$71.53	\$77.19	\$88.33	\$102.28	\$137.46
\$4,000	\$73.33	\$79.14	\$90.56	\$104.87	\$140.96
\$4,100	\$75.14	\$81.09	\$92.80	\$107.46	\$144.46
\$4,200	\$76.94	\$83.04	\$95.03	\$110.06	\$147.95
\$4,300	\$78.75	\$84.99	\$97.27	\$112.65	\$151.45
\$4,400	\$80.55	\$86.94	\$99.50	\$115.25	\$154.94
\$4,500	\$82.36	\$88.89	\$101.75	\$117.84	\$158.44
\$4,600	\$84.16	\$90.84	\$103.98	\$120.43	\$161.94
\$4,700	\$85.97	\$92.79	\$106.22	\$123.03	\$165.43
\$4,800	\$87.77	\$94.74	\$108.45	\$125.62	\$168.93
\$4,900	\$89.58	\$96.69	\$110.69	\$128.21	\$172.42
\$5,000	\$91.38	\$98.65	\$112.92	\$130.81	\$175.92

## Disability Income Plus Rates Virginia

12 Month Benefit Period, 0/7 Elimination Period

Displaying Semi-Monthly Premiums for Non-Occ Coverage

Age	Uni-Tobacco				
Benefit	18-35	36-45	46-55	56-65	66-70
\$300	\$8.08	\$8.64	\$9.73	\$11.04	\$14.66
\$400	\$10.40	\$11.14	\$12.59	\$14.34	\$19.17
\$500	\$12.72	\$13.65	\$15.47	\$17.65	\$23.69
\$600	\$15.03	\$16.15	\$18.33	\$20.95	\$28.20
\$700	\$17.36	\$18.66	\$21.20	\$24.25	\$32.71
\$800	\$19.67	\$21.17	\$24.07	\$27.55	\$37.23
\$900	\$22.00	\$23.68	\$26.94	\$30.86	\$41.74
\$1,000	\$24.31	\$26.18	\$29.81	\$34.16	\$46.26
\$1,100	\$26.63	\$28.69	\$32.68	\$37.47	\$50.77
\$1,200	\$28.95	\$31.19	\$35.54	\$40.77	\$55.28
\$1,300	\$31.27	\$33.70	\$38.42	\$44.08	\$59.80
\$1,400	\$33.59	\$36.20	\$41.28	\$47.38	\$64.31
\$1,500	\$35.91	\$38.71	\$44.15	\$50.69	\$68.82
\$1,600	\$38.22	\$41.21	\$47.02	\$53.99	\$73.34
\$1,700	\$40.55	\$43.72	\$49.89	\$57.30	\$77.85
\$1,800	\$42.86	\$46.22	\$52.75	\$60.60	\$82.36
\$1,900	\$45.19	\$48.73	\$55.63	\$63.91	\$86.88
\$2,000	\$47.50	\$51.24	\$58.49	\$67.21	\$91.39
\$2,100	\$49.82	\$53.75	\$61.36	\$70.51	\$95.90
\$2,200	\$52.14	\$56.25	\$64.23	\$73.81	\$100.42
\$2,300	\$54.46	\$58.76	\$67.10	\$77.12	\$104.93
\$2,400	\$56.78	\$61.26	\$69.96	\$80.42	\$109.44
\$2,500	\$59.10	\$63.77	\$72.84	\$83.73	\$113.96
\$2,600	\$61.41	\$66.27	\$75.70	\$87.03	\$118.47
\$2,700	\$63.74	\$68.78	\$78.57	\$90.34	\$122.98
\$2,800	\$66.05	\$71.28	\$81.44	\$93.64	\$127.50
\$2,900	\$68.38	\$73.79	\$84.31	\$96.95	\$132.01
\$3,000	\$70.69	\$76.29	\$87.18	\$100.25	\$136.53
\$3,100	\$73.01	\$78.80	\$90.05	\$103.56	\$141.04
\$3,200	\$75.33	\$81.30	\$92.91	\$106.86	\$145.55
\$3,300	\$77.65	\$83.81	\$95.79	\$110.16	\$150.07
\$3,400	\$79.97	\$86.32	\$98.65	\$113.46	\$154.58
\$3,500	\$82.29	\$88.83	\$101.52	\$116.77	\$159.09
\$3,600	\$84.60	\$91.33	\$104.39	\$120.07	\$163.61
\$3,700	\$86.93	\$93.84	\$107.26	\$123.38	\$168.12
\$3,800	\$89.24	\$96.34	\$110.12	\$126.68	\$172.63
\$3,900	\$91.57	\$98.85	\$113.00	\$129.98	\$177.15
\$4,000	\$93.88	\$101.35	\$115.86	\$133.29	\$181.66
\$4,100	\$96.20	\$103.86	\$118.73	\$136.59	\$186.17
\$4,200	\$98.52	\$106.36	\$121.60	\$139.90	\$190.69
\$4,300	\$100.84	\$108.87	\$124.47	\$143.20	\$195.20
\$4,400	\$103.16	\$111.37	\$127.33	\$146.51	\$199.71
\$4,500	\$105.48	\$113.88	\$130.20	\$149.81	\$204.23
\$4,600	\$107.79	\$116.38	\$133.07	\$153.12	\$208.74
\$4,700	\$110.12	\$118.89	\$135.93	\$156.42	\$213.25
\$4,800	\$112.43	\$121.40	\$138.81	\$159.72	\$217.77
\$4,900	\$114.75	\$123.91	\$141.67	\$163.02	\$222.28
\$5,000	\$117.07	\$126.41	\$144.55	\$166.33	\$226.79

## Disability Income Plus Rates Virginia

3 Month Benefit Period, 0/14 Elimination Period

Displaying Semi-Monthly Premiums for Non-Occ Coverage

Age	Uni-Tobacco				
Benefit	18-35	36-45	46-55	56-65	66+
\$300	\$4.48	\$4.76	\$5.00	\$5.47	\$6.87
\$400	\$5.60	\$5.97	\$6.29	\$6.91	\$8.78
\$500	\$6.72	\$7.19	\$7.58	\$8.36	\$10.70
\$600	\$7.84	\$8.40	\$8.87	\$9.81	\$12.61
\$700	\$8.96	\$9.61	\$10.17	\$11.26	\$14.53
\$800	\$10.08	\$10.83	\$11.45	\$12.70	\$16.44
\$900	\$11.20	\$12.04	\$12.75	\$14.15	\$18.36
\$1,000	\$12.33	\$13.26	\$14.04	\$15.60	\$20.27
\$1,100	\$13.45	\$14.47	\$15.33	\$17.05	\$22.19
\$1,200	\$14.57	\$15.68	\$16.62	\$18.49	\$24.10
\$1,300	\$15.69	\$16.90	\$17.91	\$19.94	\$26.02
\$1,400	\$16.81	\$18.11	\$19.20	\$21.39	\$27.93
\$1,500	\$17.93	\$19.32	\$20.50	\$22.84	\$29.85
\$1,600	\$19.05	\$20.54	\$21.78	\$24.28	\$31.76
\$1,700	\$20.17	\$21.75	\$23.08	\$25.73	\$33.68
\$1,800	\$21.29	\$22.96	\$24.37	\$27.18	\$35.59
\$1,900	\$22.41	\$24.18	\$25.66	\$28.63	\$37.50
\$2,000	\$23.53	\$25.39	\$26.95	\$30.07	\$39.42
\$2,100	\$24.65	\$26.60	\$28.25	\$31.52	\$41.33
\$2,200	\$25.77	\$27.82	\$29.53	\$32.97	\$43.24
\$2,300	\$26.89	\$29.03	\$30.83	\$34.42	\$45.16
\$2,400	\$28.01	\$30.24	\$32.12	\$35.86	\$47.07
\$2,500	\$29.13	\$31.46	\$33.41	\$37.31	\$48.99
\$2,600	\$30.25	\$32.67	\$34.70	\$38.76	\$50.90
\$2,700	\$31.37	\$33.88	\$36.00	\$40.21	\$52.82
\$2,800	\$32.49	\$35.10	\$37.28	\$41.65	\$54.73
\$2,900	\$33.61	\$36.31	\$38.58	\$43.10	\$56.65
\$3,000	\$34.74	\$37.53	\$39.87	\$44.55	\$58.56
\$3,100	\$35.86	\$38.74	\$41.16	\$46.00	\$60.48
\$3,200	\$36.98	\$39.95	\$42.45	\$47.44	\$62.39
\$3,300	\$38.10	\$41.17	\$43.74	\$48.89	\$64.31
\$3,400	\$39.22	\$42.38	\$45.03	\$50.34	\$66.22
\$3,500	\$40.34	\$43.59	\$46.33	\$51.79	\$68.14
\$3,600	\$41.46	\$44.81	\$47.61	\$53.23	\$70.05
\$3,700	\$42.58	\$46.02	\$48.91	\$54.68	\$71.97
\$3,800	\$43.70	\$47.23	\$50.20	\$56.13	\$73.88
\$3,900	\$44.82	\$48.45	\$51.49	\$57.58	\$75.80
\$4,000	\$45.94	\$49.66	\$52.78	\$59.02	\$77.71
\$4,100	\$47.06	\$50.87	\$54.08	\$60.47	\$79.63
\$4,200	\$48.18	\$52.09	\$55.36	\$61.92	\$81.54
\$4,300	\$49.30	\$53.30	\$56.66	\$63.37	\$83.46
\$4,400	\$50.42	\$54.51	\$57.95	\$64.81	\$85.37
\$4,500	\$51.54	\$55.73	\$59.24	\$66.26	\$87.29
\$4,600	\$52.66	\$56.94	\$60.53	\$67.71	\$89.20
\$4,700	\$53.78	\$58.15	\$61.83	\$69.16	\$91.12
\$4,800	\$54.90	\$59.37	\$63.11	\$70.60	\$93.03
\$4,900	\$56.02	\$60.58	\$64.41	\$72.05	\$94.95
\$5,000	\$57.15	\$61.80	\$65.70	\$73.50	\$96.86

## Disability Income Plus Rates Virginia

12 Month Benefit Period, 14/14 Elimination Period

Displaying Semi-Monthly Premiums for Non-Occ Coverage

Age	Uni-Tobacco				
Benefit	18-35	36-45	46-55	56-65	66-70
\$300	\$5.76	\$6.13	\$7.09	\$8.27	\$11.02
\$400	\$7.30	\$7.80	\$9.07	\$10.65	\$14.32
\$500	\$8.85	\$9.47	\$11.06	\$13.03	\$17.62
\$600	\$10.39	\$11.14	\$13.04	\$15.41	\$20.92
\$700	\$11.94	\$12.81	\$15.03	\$17.79	\$24.22
\$800	\$13.48	\$14.48	\$17.02	\$20.17	\$27.51
\$900	\$15.03	\$16.15	\$19.01	\$22.56	\$30.81
\$1,000	\$16.58	\$17.82	\$20.99	\$24.93	\$34.11
\$1,100	\$18.12	\$19.49	\$22.98	\$27.32	\$37.41
\$1,200	\$19.67	\$21.16	\$24.96	\$29.70	\$40.71
\$1,300	\$21.21	\$22.83	\$26.96	\$32.08	\$44.01
\$1,400	\$22.76	\$24.50	\$28.94	\$34.46	\$47.31
\$1,500	\$24.30	\$26.17	\$30.93	\$36.84	\$50.61
\$1,600	\$25.85	\$27.84	\$32.91	\$39.22	\$53.91
\$1,700	\$27.39	\$29.51	\$34.90	\$41.61	\$57.21
\$1,800	\$28.94	\$31.18	\$36.89	\$43.98	\$60.51
\$1,900	\$30.48	\$32.85	\$38.88	\$46.37	\$63.81
\$2,000	\$32.03	\$34.52	\$40.86	\$48.75	\$67.11
\$2,100	\$33.58	\$36.19	\$42.85	\$51.13	\$70.41
\$2,200	\$35.12	\$37.86	\$44.83	\$53.51	\$73.70
\$2,300	\$36.67	\$39.53	\$46.83	\$55.89	\$77.00
\$2,400	\$38.21	\$41.20	\$48.81	\$58.27	\$80.30
\$2,500	\$39.76	\$42.87	\$50.80	\$60.66	\$83.60
\$2,600	\$41.30	\$44.54	\$52.78	\$63.03	\$86.90
\$2,700	\$42.85	\$46.21	\$54.77	\$65.42	\$90.20
\$2,800	\$44.39	\$47.88	\$56.76	\$67.80	\$93.50
\$2,900	\$45.94	\$49.55	\$58.75	\$70.18	\$96.80
\$3,000	\$47.49	\$51.22	\$60.73	\$72.56	\$100.10
\$3,100	\$49.03	\$52.89	\$62.72	\$74.94	\$103.40
\$3,200	\$50.58	\$54.56	\$64.70	\$77.32	\$106.70
\$3,300	\$52.12	\$56.23	\$66.70	\$79.71	\$109.99
\$3,400	\$53.67	\$57.90	\$68.68	\$82.08	\$113.29
\$3,500	\$55.21	\$59.57	\$70.67	\$84.47	\$116.59
\$3,600	\$56.76	\$61.24	\$72.65	\$86.85	\$119.89
\$3,700	\$58.30	\$62.91	\$74.64	\$89.23	\$123.19
\$3,800	\$59.85	\$64.58	\$76.63	\$91.61	\$126.49
\$3,900	\$61.39	\$66.25	\$78.62	\$93.99	\$129.79
\$4,000	\$62.94	\$67.92	\$80.60	\$96.37	\$133.09
\$4,100	\$64.49	\$69.59	\$82.59	\$98.76	\$136.39
\$4,200	\$66.03	\$71.26	\$84.57	\$101.13	\$139.69
\$4,300	\$67.58	\$72.93	\$86.57	\$103.52	\$142.99
\$4,400	\$69.12	\$74.60	\$88.55	\$105.90	\$146.29
\$4,500	\$70.67	\$76.27	\$90.54	\$108.28	\$149.59
\$4,600	\$72.21	\$77.94	\$92.52	\$110.66	\$152.89
\$4,700	\$73.76	\$79.61	\$94.51	\$113.04	\$156.18
\$4,800	\$75.30	\$81.28	\$96.50	\$115.42	\$159.48
\$4,900	\$76.85	\$82.95	\$98.49	\$117.81	\$162.78
\$5,000	\$78.40	\$84.62	\$100.47	\$120.18	\$166.08

## Disability Income Plus Rates Virginia

12 Month Benefit Period, 30/30 Elimination Period

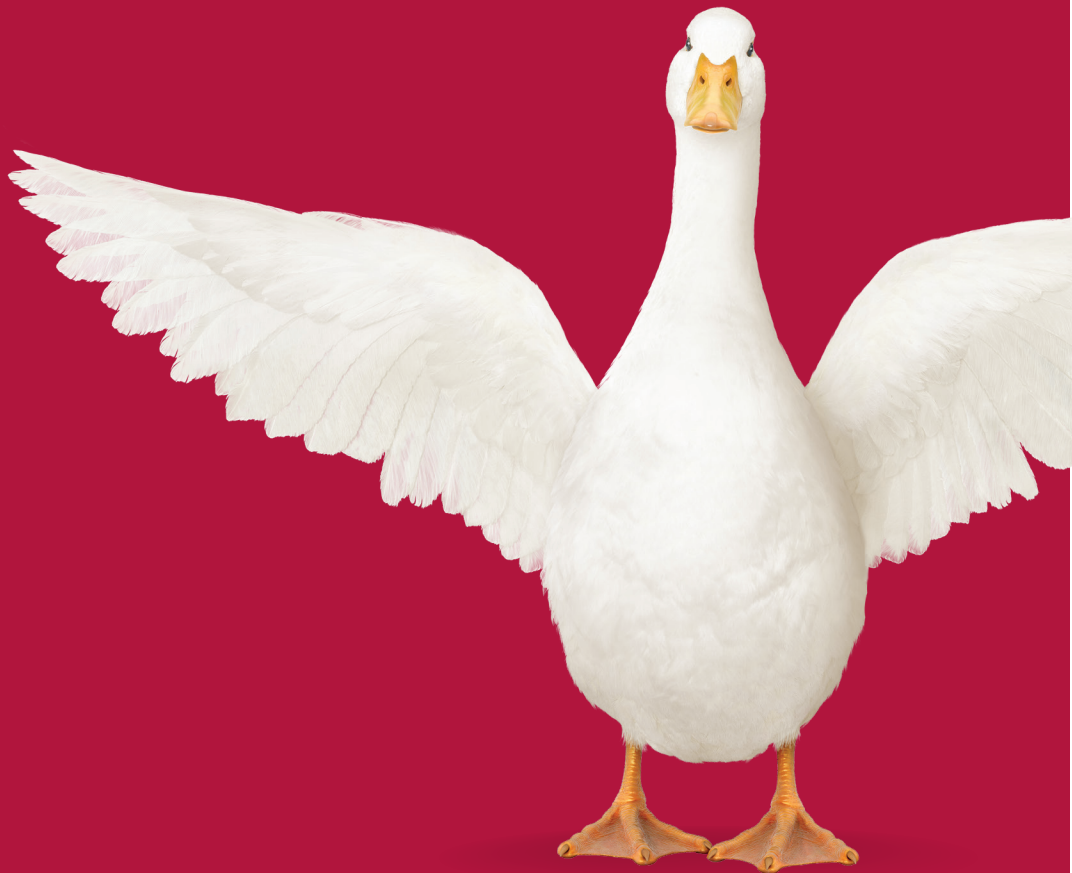
Displaying Semi-Monthly Premiums for Non-Occ Coverage

Age	Uni-Tobacco				
Benefit	18-35	36-45	46-55	56-65	66-70
\$300	\$4.22	\$4.44	\$5.19	\$6.15	\$8.27
\$400	\$5.25	\$5.54	\$6.54	\$7.82	\$10.64
\$500	\$6.28	\$6.65	\$7.89	\$9.50	\$13.03
\$600	\$7.31	\$7.75	\$9.24	\$11.17	\$15.40
\$700	\$8.35	\$8.86	\$10.60	\$12.85	\$17.79
\$800	\$9.37	\$9.96	\$11.95	\$14.53	\$20.16
\$900	\$10.41	\$11.07	\$13.31	\$16.21	\$22.55
\$1,000	\$11.44	\$12.18	\$14.66	\$17.88	\$24.93
\$1,100	\$12.47	\$13.29	\$16.02	\$19.56	\$27.31
\$1,200	\$13.50	\$14.39	\$17.37	\$21.23	\$29.69
\$1,300	\$14.54	\$15.50	\$18.72	\$22.91	\$32.07
\$1,400	\$15.56	\$16.60	\$20.07	\$24.58	\$34.45
\$1,500	\$16.60	\$17.71	\$21.43	\$26.26	\$36.83
\$1,600	\$17.63	\$18.81	\$22.78	\$27.93	\$39.21
\$1,700	\$18.66	\$19.92	\$24.14	\$29.61	\$41.59
\$1,800	\$19.69	\$21.02	\$25.49	\$31.28	\$43.97
\$1,900	\$20.73	\$22.13	\$26.85	\$32.96	\$46.35
\$2,000	\$21.76	\$23.23	\$28.20	\$34.64	\$48.73
\$2,100	\$22.79	\$24.34	\$29.55	\$36.32	\$51.12
\$2,200	\$23.82	\$25.44	\$30.90	\$37.99	\$53.49
\$2,300	\$24.85	\$26.55	\$32.26	\$39.67	\$55.88
\$2,400	\$25.88	\$27.65	\$33.61	\$41.34	\$58.25
\$2,500	\$26.92	\$28.76	\$34.97	\$43.02	\$60.64
\$2,600	\$27.95	\$29.86	\$36.32	\$44.69	\$63.01
\$2,700	\$28.98	\$30.97	\$37.68	\$46.37	\$65.40
\$2,800	\$30.01	\$32.07	\$39.03	\$48.04	\$67.77
\$2,900	\$31.05	\$33.18	\$40.38	\$49.72	\$70.16
\$3,000	\$32.07	\$34.29	\$41.73	\$51.39	\$72.54
\$3,100	\$33.11	\$35.40	\$43.09	\$53.07	\$74.92
\$3,200	\$34.14	\$36.50	\$44.44	\$54.74	\$77.30
\$3,300	\$35.17	\$37.61	\$45.80	\$56.42	\$79.68
\$3,400	\$36.20	\$38.71	\$47.15	\$58.10	\$82.06
\$3,500	\$37.24	\$39.82	\$48.51	\$59.78	\$84.44
\$3,600	\$38.26	\$40.92	\$49.86	\$61.45	\$86.82
\$3,700	\$39.30	\$42.03	\$51.21	\$63.13	\$89.20
\$3,800	\$40.33	\$43.13	\$52.56	\$64.80	\$91.58
\$3,900	\$41.36	\$44.24	\$53.92	\$66.48	\$93.96
\$4,000	\$42.39	\$45.34	\$55.27	\$68.15	\$96.34
\$4,100	\$43.43	\$46.45	\$56.63	\$69.83	\$98.73
\$4,200	\$44.45	\$47.55	\$57.98	\$71.50	\$101.10
\$4,300	\$45.49	\$48.66	\$59.34	\$73.18	\$103.49
\$4,400	\$46.52	\$49.76	\$60.69	\$74.85	\$105.86
\$4,500	\$47.55	\$50.87	\$62.04	\$76.53	\$108.25
\$4,600	\$48.58	\$51.97	\$63.39	\$78.20	\$110.62
\$4,700	\$49.62	\$53.08	\$64.75	\$79.88	\$113.01
\$4,800	\$50.64	\$54.18	\$66.10	\$81.56	\$115.38
\$4,900	\$51.68	\$55.29	\$67.46	\$83.24	\$117.77
\$5,000	\$52.71	\$56.40	\$68.81	\$84.91	\$120.15

# Aflac Group Critical Illness

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

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



Continental American Insurance Company, a wholly-owned subsidiary of Aflac Incorporated, is the insuring company.



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

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

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

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

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

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

## What you need, when you need it.

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



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

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

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

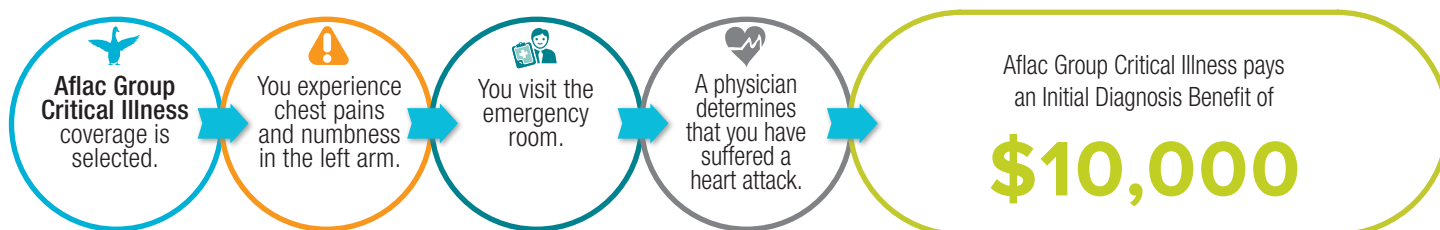
### The Aflac Group Critical Illness plan benefits include:

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

### Features:

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

### How it works



Amount payable based on \$10,000 Initial Diagnosis Benefit.



Benefits Overview

COVERED CRITICAL ILLNESSES:

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

**INITIAL DIAGNOSIS**  
We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

**ADDITIONAL DIAGNOSIS**  
We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

**REOCCURRENCE**  
We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

**CHILD COVERAGE AT NO ADDITIONAL COST**  
Each dependent child is covered at 50 percent of the primary insured’s benefit amount at no additional charge. Children-only coverage is not available.

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

\*This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.  
\*\*These benefits are payable for loss due to a covered underlying disease or a covered accident.  
The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

### WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

### SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

### HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$100 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

**This benefit is not paid for dependent children.**

### OPTIONAL BENEFITS RIDER

<b>BENIGN BRAIN TUMOR</b>	100%
<b>ADVANCED ALZHEIMER'S DISEASE</b>	25%
<b>ADVANCED PARKINSON'S DISEASE</b>	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

### PROGRESSIVE DISEASES RIDER

<b>AMYOTROPHIC LATERAL SCLEROSIS</b> (ALS or Lou Gehrig's Disease)	100%
<b>SUSTAINED MULTIPLE SCLEROSIS</b>	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

### SPECIFIED DISEASES RIDER

Percentage of Face Amount

Addison's Disease, Cerebrospinal Meningitis, Diphtheria, Huntington's Chorea, Legionnaire's Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis	25%
Benefits are payable if an insured is diagnosed with one of the diseases listed. These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis.	

CHILDHOOD CONDITIONS RIDER

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

One Time Benefit Amount

AUTISM SPECTRUM DISORDER (ASD)	\$3,000
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Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force. (In Indiana, diagnosis must not be specifically excluded by the plan.)

## LIMITATIONS AND EXCLUSIONS

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

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

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

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

### EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or

taking action that causes oneself to become injured

- **Suicide** – committing or attempting to commit suicide, while sane or insane
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job
- **Participation in Aggressive Conflict:**
  - War (declared or undeclared) or military conflict
  - Insurrection or riot
  - Civil commotion or civil state of belligerence
- **Illegal Substance Abuse:**
  - Abuse of legally-obtained prescription medication
  - Illegal use of non-prescription drugs

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

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

## TERMS YOU NEED TO KNOW

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

- Aplastic anemia
- Congenital neutropenia
- Severe immunodeficiency syndromes
- Sickle cell anemia
- Thalassemia
- Fanconi anemia
- Leukemia
- Lymphoma
- Multiple myeloma

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

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

A malignant tumor characterized by:

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

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

Cancer (internal or invasive) also includes:

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

The following are not considered internal or invasive cancers:

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

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

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

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

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

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

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

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

Cancer, Non-Invasive Cancer, or Skin Cancer must be diagnosed in one of two ways:

1. Pathological Diagnosis is a diagnosis based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This diagnosis must be made by a certified pathologist and conform to the American Board of Pathology standards.
2. Clinical Diagnosis is based only on the study of symptoms. A clinical diagnosis will be accepted only if:

- A doctor cannot make a pathological diagnosis because it is medically inappropriate or life-threatening,
- Medical evidence exists to support the diagnosis, and
- A doctor is treating you for cancer or carcinoma in situ

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

Severe Burn or Severely Burned means a burn resulting from fire, heat, caustics, electricity, or radiation. The burn must:

- Be a full-thickness or third-degree burn, as determined by a doctor. A Full-Thickness Burn or Third-Degree Burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues). This results in loss of fluid and sometimes shock.
- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.
- Be caused solely by or be solely attributed to a covered accident.

Coma means a state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Coma does not include a medically-induced coma.

To be payable as an Accident benefit, the coma must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm
- Diabetes
- Encephalitis
- Epilepsy
- Hyperglycemia
- Hypoglycemia
- Meningitis

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be payable as an Accident benefit, the paralysis must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, paralysis must be caused solely by or be solely attributed to one or more of the following diseases:

- Amyotrophic lateral sclerosis
- Cerebral palsy
- Parkinson's disease,
- Poliomyelitis

The diagnosis of paralysis must be supported by neurological evidence.

Loss of Sight means the total and irreversible loss of all sight in both eyes. To be payable as an Accident benefit, loss of sight must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of sight must be caused solely by or be solely attributed to one of the following diseases:

- Retinal disease
- Optic nerve disease
- Hypoxia

Loss of Speech means the total and permanent loss of the ability to speak. To be payable as an Accident benefit, loss of speech must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of speech must be caused solely by or be solely attributable to one of the following diseases:

- Alzheimer's disease
- Arteriovenous malformation

Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of hearing does not include hearing loss that can be corrected by the use of a hearing aid or device. To be payable as an Accident benefit, loss of hearing must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, loss of hearing must be caused solely by or be solely attributed to one of the following diseases:

- Alport syndrome
- Autoimmune inner ear disease
- Chicken pox
- Diabetes
- Goldenhar syndrome
- Meniere's disease
- Meningitis
- Mumps

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

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).

- Coma: The first day of the period for which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Loss of Sight, Speech, or Hearing: The date the loss due to one of the underlying diseases is objectively determined by a doctor to be total and irreversible.
- Paralysis: The date a doctor diagnoses an insured with paralysis due to one of the underlying diseases as specified in this plan, where such diagnosis is based on clinical and/or laboratory findings as supported by the insured's medical records.
- Severe Burn: The date the burn takes place.
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Major Organ Transplant: The date the surgery occurs.
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).

Dependent means your spouse or your dependent child. Spouse is your legal wife or husband, who is listed on your application. Dependent children are your or your spouse's natural children, step-children, legally adopted children, or children placed for adoption, who are younger than age 26. Newborn children are automatically covered from the moment of birth.

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

Diagnosis (Diagnosed) refers to the definitive and certain identification of an illness or disease that:

- Is made by a doctor and investigations, as supported by your medical records.

- Is based on clinical or laboratory

Doctor is a person who is:

- Legally qualified to practice medicine, where treatment is received, and
- Licensed to treat the type of condition for which a claim is made.

A doctor does not include you or any of your family members.

For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-family members and family-members-in-law.

Employee is a person who meets eligibility requirements and who is covered under the plan. The employee is the primary insured under the plan.

Heart Attack (Myocardial Infarction) is the death of a portion of the heart muscle (myocardium) caused by a blockage of one or more coronary arteries due to coronary artery disease or acute coronary syndrome.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac arrest not caused by a heart attack (myocardial infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart

- attack (myocardial infarction), and
  - Elevation of cardiac enzymes above generally accepted laboratory levels
- of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.)

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) means end-stage renal failure caused by end-stage renal disease, which results in the chronic, irreversible failure of both kidneys to function.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (end-stage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Maintenance Drug Therapy is a course of systemic medication given to a patient after a cancer goes into complete remission because of primary treatment. Maintenance Drug Therapy includes ongoing hormonal therapy, immunotherapy, or chemo-prevention therapy. Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

Major Organ Transplant means undergoing surgery as a recipient of a covered transplant of a human heart, lung, liver, kidney, or pancreas. A transplant must be caused by one or more of the following diseases:

- Bronchiectasis
- Cardiomyopathy
- Cirrhosis
- Chronic obstructive pulmonary disease
- Congenital Heart Disease
- Coronary Artery Disease
- Cystic fibrosis
- Hepatitis
- Interstitial lung disease
- Lymphangioleiomyomatosis.
- Polycystic liver disease
- Pulmonary fibrosis
- Pulmonary hypertension
- Sarcoidosis
- Valvular heart disease

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Pathologist is a doctor who is licensed:

- To practice medicine, and
- By the American Board of Pathology to practice pathologic anatomy.

A Pathologist also includes an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

Signs and/or symptoms are the evidence of disease or physical disturbance observed by a doctor or other medical professional. The doctor (or other medical professional) must observe these signs while acting within the scope of his license.

Stroke means apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. Stroke must be either:

- Ischemic: Due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain, or vascular embolism, or
- Hemorrhagic: Due to uncontrolled hypertension, malignant hypertension, brain aneurysm, or arteriovenous malformation.

The stroke must be positively diagnosed by a doctor based upon documented neurological deficits and confirmatory neuroimaging studies.

Stroke does not include:

- Transient Ischemic Attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Stroke will be covered only if the Insured submits evidence of the neurological damage by providing:

- Computed Axial Tomography (CAT scan) images, or

- Magnetic Resonance Imaging (MRI).

Sudden Cardiac Arrest is the sudden, unexpected loss of heart function in which the heart, abruptly and without warning, stops working as a result of an internal electrical system heart malfunction due to coronary artery disease, cardiomyopathy, or hypertension.

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction).

Total Disability or Totally Disabled means you are:

- Not working at any job for pay or benefits,
- Under the care of a doctor for the treatment of a covered critical illness, and
- Unable to Work, which means either:
  - During the first 365 days of total disability, you are unable to work at the occupation you were performing when your total disability began; or
  - After the first 365 days of total disability, you are unable to work at any gainful occupation for which you are suited by education, training, or experience.

Treatment or Medical Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

Treatment-Free From Cancer refers to the period of time without the consultation, care, or services provided by a doctor. This includes receiving diagnostic measures and taking prescribed drugs and medicines. Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

## OPTIONAL BENEFITS RIDER

Date of Diagnosis is defined as follows:

- Advanced Alzheimer's Disease: The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- Advanced Parkinson's Disease: The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- Benign Brain Tumor: The date a doctor determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

Optional Benefit is one of the illnesses defined below and shown in the rider schedule:

Advanced Alzheimer's Disease means Alzheimer's Disease that causes the insured to be incapacitated. Alzheimer's Disease is a progressive degenerative disease of the brain that is diagnosed by a psychiatrist or neurologist as Alzheimer's Disease.

To be incapacitated due to Alzheimer's Disease, the insured must:

- Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning, and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Advanced Parkinson's Disease means Parkinson's Disease that causes the insured to be incapacitated. Parkinson's Disease is a brain disorder that is diagnosed by a psychiatrist or neurologist as Parkinson's Disease. To be incapacitated due to Parkinson's Disease, the insured must:

- Exhibit at least two of the following clinical manifestations:
  - Muscle rigidity
  - Tremor
  - Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses), and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Benign Brain Tumor is a mass or growth of abnormal, noncancerous cells in the



brain. The tumor is composed of similar cells that do not follow normal cell division and growth patterns and develop into a mass of cells that microscopically do not have the characteristic appearance of a Cancer. Benign Brain Tumor must be caused by Multiple Endocrine Neoplasia, Neurofibromatosis, or Von Hippel-Lindau Syndrome.

- Multiple Endocrine Neoplasia is a genetic disease in which one or more of the endocrine glands are overactive or form a tumor.
- Neurofibromatosis is a genetic disease in which the nerve tissue grows tumors that may be benign and may cause serious damage by compressing nerves and other tissue.
- Von Hippel-Lindau Syndrome is a genetic disease that predisposes a person to have benign or malignant tumors.

Activities of Daily Living (ADLs) are activities used in measuring levels of personal functioning capacity. These activities are normally performed without assistance, allowing personal independence in everyday living. For the purposes of this plan, ADLs include the following:

- Bathing – the ability to wash oneself in a tub, shower, or by sponge bath. This includes the ability to get into and out of the tub or shower with or without the assistance of equipment;
- Dressing – the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;
- Toileting – the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;
- Transferring – the ability to move in and out of a bed, chair, or wheelchair with or without the assistance of equipment;
- Mobility – the ability to walk or wheel on a level surface from one room to another with or without the assistance of equipment;
- Eating – the ability to get nourishment into the body by any means once it has been prepared and made available with or without the assistance of equipment; and
- Continence – the ability to voluntarily maintain control of bowel and/or bladder function. In the event of incontinence, the ability to maintain a reasonable level of personal hygiene.

## PROGRESSIVE DISEASES RIDER

Date of Diagnosis is defined for each specified critical illness as follows:

- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease): The date a Doctor Diagnoses an Insured as having ALS and where such Diagnosis is supported by medical records.
- Sustained Multiple Sclerosis: The date a Doctor Diagnoses an Insured as having Multiple Sclerosis and where such Diagnosis is supported by medical records.

Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease) means a chronic, progressive motor neuron disease occurring when nerve cells in the brain and spinal cord that control voluntary movement degenerate, causing muscle weakness and atrophy, eventually leading to paralysis.

Sustained Multiple Sclerosis means a chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in the brain or spinal cord or both, interfering with the nerve pathways. Sustained Multiple Sclerosis results in one of the following symptoms for at least 90 consecutive days:

- Muscular weakness,
- Loss of coordination,
- Speech disturbances, or
- Visual disturbances.

## CHILDHOOD CONDITIONS RIDER

Date of Diagnosis is defined as follows:

- Cystic Fibrosis: The date a doctor diagnoses a dependent child as having Cystic Fibrosis and where such diagnosis is supported by medical records.

- Cerebral Palsy: The date a doctor diagnoses a dependent child as having Cerebral Palsy and where such diagnosis is supported by medical records.
- Cleft Lip or Cleft Palate: The date a doctor diagnoses a dependent child as having Cleft Lip or Cleft Palate and where such diagnosis is supported by medical records.
- Down Syndrome: The date a doctor diagnoses a dependent child as having Down Syndrome and where such diagnosis is supported by medical records.
- Phenylalanine Hydroxylase Deficiency Disease (PKU): The date a doctor diagnoses a dependent child as having PKU and where such diagnosis is supported by medical records.
- Spina Bifida: The date a doctor diagnoses a dependent child as having Spina Bifida and where such diagnosis is supported by medical records.
- Type I Diabetes: The date a doctor diagnoses a dependent child as having Type I Diabetes and where such diagnosis is supported by medical records.
- Autism Spectrum Disorder: The date a doctor diagnoses a dependent child as having Autism Spectrum Disorder and where such diagnosis is supported by medical records.

If a dependent child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.

A doctor must diagnose Phenylalanine Hydroxylase Deficiency Disease (PKU) based on a PKU test.

A doctor must diagnose Type I Diabetes based on one of the following diagnostic tests:

- Glycated hemoglobin (A1C) test
- Random blood sugar test
- Fasting blood sugar test

A doctor must diagnose Autism Spectrum Disorder based on DSM-V diagnostic criteria.

## SPECIFIED DISEASES RIDER

Date of Diagnosis is defined for each Specified Disease as follows:

Adrenal Hypofunction (Addison's Disease): The date a Doctor Diagnoses an Insured as having Adrenal Hypofunction and where such Diagnosis is supported by medical records.

Cerebrospinal Meningitis: The date a Doctor Diagnoses an Insured as having Cerebrospinal Meningitis and where such Diagnosis is supported by medical records.

Diphtheria: The date a Doctor Diagnoses an Insured as having Diphtheria based on clinical and/or laboratory findings as supported by medical records.

Huntington's Chorea: The date a Doctor Diagnoses an Insured as having Huntington's Chorea based on clinical findings as supported by medical records.

Legionnaire's Disease: The date a Doctor Diagnoses an Insured as having Legionnaire's Disease by finding Legionella bacteria in a clinical specimen taken from the Insured.

Malaria: The date a Doctor Diagnoses an Insured as having Malaria and where such Diagnosis is supported by medical records.

Muscular Dystrophy: The date a Doctor Diagnoses an Insured as having Muscular Dystrophy and where such Diagnosis is supported by medical records.

Myasthenia Gravis: The date a Doctor Diagnoses an Insured as having Myasthenia Gravis and where such Diagnosis is supported by medical records.

Necrotizing Fasciitis: The date a Doctor Diagnoses an Insured as having Necrotizing Fasciitis and where such Diagnosis is supported by medical records.

Osteomyelitis: The date a Doctor Diagnoses an Insured as having Osteomyelitis and where such Diagnosis is supported by medical records.

Poliomyelitis: The date a Doctor Diagnoses an Insured as having Poliomyelitis and where such Diagnosis is supported by medical records.

Rabies: The date a Doctor Diagnoses an Insured as having Rabies and where such Diagnosis is supported by medical records.

Sickle Cell Anemia: The date a Doctor Diagnoses an Insured as having Sickle Cell Anemia and where such Diagnosis is supported by medical records.

Systemic Lupus: The date a Doctor Diagnoses an Insured as having Systemic Lupus and where such Diagnosis is supported by medical records.

Systemic Sclerosis (Scleroderma): The date a Doctor Diagnoses an Insured as having Systemic Sclerosis and where such Diagnosis is supported by medical records.

Tetanus: The date a Doctor Diagnoses an Insured as having Tetanus by finding Clostridium tetani bacteria in a clinical specimen taken from the Insured.

Tuberculosis: The date a Doctor Diagnoses an Insured as having Tuberculosis by finding Mycobacterium tuberculosis bacteria in a clinical specimen taken from the Insured.

Adrenal Hypofunction (Addison's Disease) means a disease occurring when the body's adrenal glands do not produce sufficient steroid hormones.

Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

Cerebrospinal Meningitis means a disease resulting in the inflammation of the meninges of both the brain and spinal cord caused by infection from viruses, bacteria, or other microorganisms or from Cancer.

Diphtheria means an infectious disease caused by the bacterium Corynebacterium diphtheriae and characterized by the production of a systemic toxin and the formation of a false membrane lining of the mucous membrane of the throat and other respiratory passages, causing difficulty in breathing, high fever, and/or weakness.

Diphtheria can be Diagnosed either through laboratory tests that confirm Diphtheria through a culture obtained from the infected area or through clinical observation of visible symptoms.

Huntington's Chorea means a hereditary disease characterized by gradual loss of brain function and voluntary movement due to degenerative changes in the cerebral cortex and basal ganglia.

Legionnaire's Disease means an infectious lung disease caused by species of the aerobic bacteria belonging to the genus Legionella.

Malaria means an infectious disease characterized by cycles of chills, fever, and sweating, caused by the bite of an anopheles mosquito infected with a protozoan of the genus Plasmodium.

Muscular Dystrophy means a genetic disease that causes progressive weakness and degeneration in the musculoskeletal system and where such muscles are replaced by scar tissue and fat. Muscular Dystrophy is characterized by progressive

skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissues.

Myasthenia Gravis means a disease characterized by progressive weakness and exhaustibility of voluntary muscles without atrophy or sensory disturbance and caused by an autoimmune attack on acetylcholine receptors at the neuromuscular junction.

Necrotizing Fasciitis means a severe soft tissue infection by bacteria that is marked by edema and necrosis of subcutaneous tissues with involvement of adjacent fascia and by painful red swollen skin over the affected areas.

Osteomyelitis means an infectious inflammatory disease of the bone that typically results from a bacterial infection and may result in the death of bone tissue.

Poliomyelitis (Polio) means an acute infectious disease caused by the poliovirus and characterized by fever, motor paralysis, and atrophy of skeletal muscles. It often results in permanent disability and deformity, and marked by inflammation of nerve cells in the anterior gray matter in each lateral half of the spinal cord.

Rabies means an acute viral disease of the nervous system caused by a rhabdovirus, which is usually transmitted through the bite of a rabid animal. It is typically characterized by increased salivation, abnormal behavior, and eventual paralysis.

Sickle Cell Anemia means a hereditary disease caused by a genetic blood disorder. It is characterized by red blood cells that assume an abnormal, rigid, sickle shape due to a mutation on the hemoglobin gene.

Systemic Lupus means an autoimmune disease where the body's immune system attacks healthy tissue, leading to long-term inflammation. This disease is primarily characterized by joint pain and swelling.

Systemic Sclerosis (Scleroderma) means a progressive autoimmune disease characterized by the hardening and tightening of the skin and connective tissues.

Tetanus means a disease marked by rigidity and spasms of the voluntary muscles, caused by the bacterium Clostridium tetani.

Tuberculosis means an infectious disease caused by Mycobacterium tuberculosis bacteria. It is characterized by the growth of nodules in the bodily tissues, as well as by fever, cough, difficulty breathing, caseation, pleural effusions, and fibrosis.

#### **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.

### **NOTICES**

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

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



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 Form C21100VA.

## Poquoson City Public Schools - Monthly Critical Illness Rates

### Employee - Non-Tobacco

Age Band	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.19	\$7.46	\$9.72	\$11.99	\$14.25	\$16.52	\$18.78	\$21.05	\$23.31	\$25.58
30-39	\$6.45	\$9.96	\$13.48	\$17.00	\$20.51	\$24.03	\$27.55	\$31.06	\$34.58	\$38.10
40-49	\$9.53	\$16.12	\$22.72	\$29.31	\$35.91	\$42.51	\$49.10	\$55.70	\$62.30	\$68.89
50-59	\$14.84	\$26.75	\$38.66	\$50.57	\$62.47	\$74.38	\$86.29	\$98.20	\$110.11	\$122.02
60+	\$22.44	\$41.94	\$61.45	\$80.96	\$100.47	\$119.97	\$139.48	\$158.99	\$178.50	\$198.00

### Employee - Tobacco

Age Band	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.00	\$9.07	\$12.15	\$15.22	\$18.29	\$21.36	\$24.44	\$27.51	\$30.58	\$33.65
30-39	\$8.26	\$13.59	\$18.93	\$24.26	\$29.59	\$34.92	\$40.26	\$45.59	\$50.92	\$56.25
40-49	\$13.15	\$23.36	\$33.58	\$43.79	\$54.01	\$64.22	\$74.44	\$84.65	\$94.87	\$105.08
50-59	\$22.00	\$41.06	\$60.13	\$79.19	\$98.26	\$117.32	\$136.39	\$155.45	\$174.52	\$193.58
60+	\$33.24	\$63.56	\$93.87	\$124.19	\$154.50	\$184.82	\$215.13	\$245.45	\$275.76	\$306.08

### Spouse - Non-Tobacco

Age Band	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.92	\$6.91	\$8.91	\$10.90	\$12.89	\$14.88	\$16.88	\$18.87	\$20.86	\$22.85
30-39	\$6.17	\$9.42	\$12.66	\$15.91	\$19.15	\$22.40	\$25.64	\$28.89	\$32.13	\$35.38
40-49	\$9.25	\$15.58	\$21.90	\$28.23	\$34.55	\$40.87	\$47.20	\$53.52	\$59.84	\$66.17
50-59	\$14.58	\$26.23	\$37.88	\$49.54	\$61.19	\$72.84	\$84.49	\$96.14	\$107.79	\$119.45
60+	\$22.22	\$41.50	\$60.79	\$80.07	\$99.36	\$118.64	\$137.93	\$157.21	\$176.50	\$195.78

### Spouse - Tobacco

Age Band	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.73	\$8.53	\$11.33	\$14.13	\$16.93	\$19.73	\$22.53	\$25.33	\$28.13	\$30.93
30-39	\$7.99	\$13.05	\$18.11	\$23.17	\$28.23	\$33.29	\$38.35	\$43.41	\$48.47	\$53.53
40-49	\$12.87	\$22.82	\$32.76	\$42.70	\$52.65	\$62.59	\$72.53	\$82.47	\$92.42	\$102.36
50-59	\$21.74	\$40.55	\$59.35	\$78.16	\$96.97	\$115.78	\$134.59	\$153.39	\$172.20	\$191.01
60+	\$33.02	\$63.11	\$93.21	\$123.30	\$153.39	\$183.48	\$213.58	\$243.67	\$273.76	\$303.85

# C12M CANCER *Insurance Plan*

*Underwritten by American Fidelity Assurance Company*



**Limited Benefit Specified Disease Cancer Indemnity Insurance Policy**

# Cancer C12M Insurance

## Focus on the fight

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

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

## Cancer Insurance Benefits

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

**Example Cancer insurance benefits include:**



### Experimental Treatment

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



### Transportation and Lodging

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

## Plan Highlights

This plan is designed to help cover expenses, should you be diagnosed with cancer. With more than 25 built-in plan benefits, this plan provides benefits for the treatment of cancer, transportation, hospitalization, and more.

In addition, this is a portable plan, so you own the policy. You can take the coverage with you if you choose to leave your current job, and your premiums will not increase because you left your employment.

American Fidelity's Limited Benefit Cancer Insurance features:

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

### SCREENING BENEFIT<sup>+</sup>

Receive a benefit for your annual internal cancer screening test, including but not limited to Mammogram, PAP, Prostate-Specific Antigen Blood Test (PSA), Chest X-ray, Flexible Sigmoidoscopy, ThinPrep Pap test, and Colonoscopy.

#### DIAGNOSTIC AND PREVENTION BENEFIT (per calendar year)

**Basic**  
\$60

**Enhanced**  
\$75

## Plan Options

You can take advantage of the following options to extend coverage to your family:

- **Individual Plan**  
The Insured, age 18 through 70, at the date of policy issue, is the only Covered Person.
- **Single Parent Family Plan**  
The Insured, age 18 through 70, at the date of policy issue, and each Eligible Child, to age 26, or as defined in the policy.
- **Family Plan**  
The Insured and spouse age 18 through 70, at the date of policy issue, and Eligible Child, to age 26, or as defined in the policy.

<sup>+</sup>The premium and amount of benefits vary based upon the plan selected.

# Schedule of Benefits by Plan<sup>+</sup>

Marketed by: First Financial Group of America

	Basic	Enhanced
<b>SCREENING BENEFITS</b>		
<b>Diagnostic and Prevention Benefit</b> (one per calendar year)	\$60	\$75
<b>Cancer Screening Follow-Up Benefit</b> (one per calendar year)	\$60	\$75
<b>TREATMENT BENEFITS</b>		
<b>Radiation Therapy/Chemotherapy/Immunotherapy Benefit</b> (per calendar month) (no lifetime max)	\$1,500	\$2,000
<b>Medical Imaging Benefit</b> (per image - max 2 per calendar year)	\$200	\$300
<b>Hormone Therapy Benefit</b> (per image - max 12 treatments/calendar year)	\$50	\$50
<b>Administrative/Lab Work Benefit</b> (per calendar month)	\$75	\$100
<b>Blood, Plasma, and Platelets Benefit</b> (per day) (per calendar year max)	\$150 \$7,500	\$200 \$10,000
<b>Experimental Treatment Benefit</b>	Paid as any non-experimental benefit	
<b>Bone Marrow/Stem Cell Transplant Benefit</b> Autologous (Patient provided) (per calendar year) Non-autologous (Donor provided) (per calendar year)	\$1,000 \$3,000	\$1,500 \$4,500
<b>Donor Benefit</b>	\$1,000 per donation	
<b>Inpatient Special Nursing Services Benefit</b> (benefit per day while Hospital Confined)	\$150	\$150
<b>Dread Disease Benefit</b> (benefit per day for the first 30 days per Hospital Confinement) (benefit per day thereafter)	\$200 \$400	\$300 \$600
<b>HOSPITALIZATION BENEFITS</b>		
<b>Hospital Confinement Benefit*</b> (per day for the first 30 days) (per day after the first 30 days)	\$200 \$400	\$300 \$600
<b>Drugs &amp; Medicine Benefit</b> <b>Hospital Confinement</b> (per Confinement) <b>Outpatient</b> (per prescription - \$100 monthly max for Basic; \$150 for Enhanced) per calendar month	\$200 \$50	\$300 \$50
<b>Attending Physician Benefit</b> (per day while Hospital Confined)	\$40	\$50
<b>U.S. Government/Charity Hospital or HMO Benefit</b> (per day in lieu of most benefits) <b>Hospital Confinement</b> <b>Outpatient Services</b>	\$200 \$200	\$300 \$300
<b>AMBULANCE, TRANSPORTATION, &amp; LODGING BENEFITS</b>		
<b>Ambulance Benefit</b> (per trip - max 2 trips any combination per confinement) <b>Ground</b> <b>Air</b>	\$200 \$2,000	\$200 \$2,000
<b>Transportation &amp; Lodging Benefit (Patient and/or Family)</b> <b>Transportation</b> (\$1,500 max per round trip; max 12 trips/calendar year) <b>Outpatient Lodging</b> (per day up to 90 days per calendar year)	Coach fare or \$.50/mile by car  \$60	Coach fare or \$.50/mile by car  \$80

# Schedule of Benefits by Plan (continued)

	Basic	Enhanced
<b>SURGICAL TREATMENT BENEFITS</b>		
<b>Surgical Benefit</b> <i>Unit Dollar Amount (per surgical unit)</i> <i>Maximum Per Operation</i>	\$30 \$3,000	\$40 \$4,000
<b>Anesthesia Benefit</b>	25% of the amount paid for covered surgery	
<b>Outpatient Hospital or Ambulatory Surgical Center Benefit</b> <i>No lifetime maximum.</i>	\$400	\$600
<b>Second &amp; Third Surgical Opinion Benefit (per diagnosis)</b> <i>(Additional \$300 for 3rd if required)</i>	\$300	\$300
<b>CONTINUING CARE BENEFITS</b>		
<b>Prosthesis Benefit</b> <b>Non-Surgical</b> (per device - 1 per site, lifetime max of 3) <b>Surgical Implantation</b> (per device, includes surgical fee - 1 per site, lifetime max of 2) <b>Hair Prosthesis</b> (once per life)	\$150 \$1,500 \$150	\$200 \$2,000 \$200
<b>Extended Care Facility Benefit</b> <i>(per day for the first 30 days)</i> <i>(per day thereafter)</i> <i>up to 100 days per lifetime of the covered person.</i>	\$75 \$100	\$100 \$150
<b>Physical or Speech Therapy Benefit</b> <i>(per visit up to 4 per calendar month - lifetime max of \$1,000)</i>	\$25	\$25
<b>Hospice Care Benefit</b> <i>(per day - \$13,500 lifetime max for Basic; \$18,000 lifetime max for Enhanced)</i>	\$75	\$100
<b>Home Health Care Benefit</b> <i>(per day for the first 30 days)</i> <i>(per day thereafter)</i> <i>up to 100 days per lifetime of the covered person.</i>	\$75 \$100	\$100 \$150
<b>Waiver of Premium</b> <i>(as long as the primary insured remains disabled)</i>	pays 90 continuous days	

Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

## Enhance your plan<sup>++</sup>

### First Occurrence of Internal Cancer Benefit Rider

Thanks to medical technology more people are surviving illnesses, like Cancer, that were once considered fatal. This rider is designed to help with the cost associated in surviving Internal Cancer.

Schedule of Benefits	
<b>Cancer Benefit</b> <i>(per unit - maximum \$10,000)</i>	\$2,500

### Summary of First Occurrence of Internal Cancer Benefit Rider Benefits:

- Pays when diagnosed with Internal Cancer after 30-day Waiting Period depending upon the coverage elected at time of application.
- Pays the specified Maximum Benefit Amount, as defined under this rider.
- Each benefit is a one-time paid benefit.

<sup>+</sup>The premium and amount of benefits provided vary based upon the plan selected.

<sup>++</sup>Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.



## Plan Benefit Highlights

**Only loss for Cancer** The policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused or aggravated by Cancer or the treatment of Cancer. The policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically provided in the dread disease benefit.

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

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

**Diagnostic, Prevention and Cancer Screening Benefit** Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy, and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. This benefit is available without a diagnosis of Cancer.

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

**Radiation/Chemotherapy/Immunotherapy Benefit** Pays an indemnity amount when radiation therapy, chemotherapy, or immunotherapy is received as defined in the policy. We will pay only one Radiation/Chemotherapy/Immunotherapy benefit per calendar month regardless of the number of radioactive, chemotherapy or immunotherapy treatments received during the month.

This benefit does not cover other procedures related to Radiation/Chemotherapy/Immunotherapy as defined in the policy. This benefit does not include any drugs/ medicines covered under the drugs and medicine benefit or the hormone therapy benefit.

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

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

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

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

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

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

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

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

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

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

**Transportation and Lodging Benefits** Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging to receive radiation therapy, chemotherapy, or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. Travel must be within the United States or its Territories.

# Plan Benefit Highlights (continued)

**Surgical Benefit** Payable when a surgical operation is performed for covered diagnosed Cancer, skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current physician's relative value table, by the unit dollar amount shown in the policy. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, are not covered under this benefit.

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

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

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

**Prosthesis Benefit** Payable for a prosthetic device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. **Hair Prosthesis Benefit** is payable once per covered person per lifetime when a hair prosthesis is needed.

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

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

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

**Home Health Care Benefit** Pays for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy. The service must be provided by a nurse or home health nurse's aid and can not be a family member.

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

**Donor Benefit** Pays if a donor incurs expenses on behalf of a covered person for a covered surgery due to organ transplant or a bone marrow/ stem cell transplant. Blood donor expenses are not covered under this benefit. Benefits shall be provided to reimburse any medical expenses of a live donor to the extent that benefits remain and are available under this policy, after benefits for the Covered Person's expenses have been paid.

**Dread Disease Benefit** Covered dread diseases are: addison's disease; amyotrophic lateral sclerosis; cystic fibrosis; diphtheria; encephalitis; grand mal epilepsy; legionnaire's disease; meningitis; multiple sclerosis; muscular dystrophy; myasthenia gravis; niemann-pick disease; osteomyelitis; poliomyelitis; reye's syndrome; rheumatic fever; rocky mountain spotted fever; sickle cell anemia; systemic lupus erythematosus; tay-sach's disease; tetanus; toxic epidermal; toxic shock syndrome; tuberculosis; tularemia; typhoid fever; whipple's disease.

**Inpatient Special Nursing Services Benefit** Pays when Hospital confined and receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period. See your policy for more information regarding the benefits listed above.

**Eligibility** The policy/rider(s) will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. You, your lawful spouse and each natural, adopted or step child who is under 26 years of age are eligible to apply for coverage.

**Limitations and Exclusions** The policy does not cover any other disease, sickness or incapacity except for conditions specifically provided in the dread disease benefit.

**Pre-Existing Condition** No benefits are payable for any covered person for any loss incurred during the first year of the policy as a result of a Pre-Existing Condition. Pre-Existing Condition is a Specified Disease:

- (1) for which within 12 months prior to the Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession; or
- (2) that manifested itself within six months prior to the Covered Person's effective date of coverage.

Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. All benefits payable only up to the maximum amount listed in the Schedule of Benefits in the policy.

**Waiver of Premium** If the Primary Insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums due after the 90th day so long as the Primary Insured remains disabled. "Disabled" means the Primary Insured is:

- (1) unable to engage in any employment or occupation for which you are, or become, qualified by education, training, or experience; and
- (2) not engaged in any employment or occupation for wage or profit; and
- (3) under the care of a Physician for the treatment of Cancer.

This policy must be in force at the time disability begins and the Primary Insured must be under age 65.

**Termination of Insurance** Policy/rider(s) will terminate and coverage will end on the earliest of: the end of the grace period if the premium remains unpaid; or the date the Internal Cancer Maximum Benefit Amount has been paid for all covered persons under this rider; the date we receive a written request from you to terminate the policy/rider(s), or such later date as may be specified in the request; or the date of your death, if this is an Individual Plan. If the plan is other than individual the remaining covered persons may have the right to continue or convert their coverage. Coverage will terminate when they no longer meet the eligibility requirements. In the event of cancellation by you, we will return the unearned portion of any premium paid, pro rated.

For the spouse, policy/rider(s) will terminate and coverage will end on the earliest of: The date we receive a written request from you to delete the spouse from the policy/rider(s); the end of the premium term in which a divorce, annulment, legal separation is obtained; or upon their death. The date the rider terminates.

For the child(ren), policy/rider(s) will terminate and coverage will end the earliest of: The date we receive a written request from you to delete the child(ren) from the policy/rider(s); or upon their death. The date the rider terminates.

**Guaranteed Renewable** You are guaranteed the right to renew your policy/rider(s) during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.

**Limitations and Exclusions** Benefits will only be paid for a First Occurrence of Internal Cancer as shown on the Policy Schedule page in the policy. We will not pay benefits for any loss caused by or resulting from: a pre-existing condition during the 12 month period following the covered person's effective date; an internal Cancer when the date of Diagnosis occurs during the waiting period, if applicable.

**Pre-Existing Condition** As defined as any sickness or condition for which, within 12 months prior to the Effective Date of coverage under this rider, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or that manifested itself within six months prior to the Covered Person's effective date of coverage; or an internal Cancer when the Date of Diagnosis occurs during the Waiting Period, if applicable. If any Covered Person is diagnosed as having an Internal Cancer during the 30-day period immediately following the Effective Date, you may elect to void this rider from the beginning and receive a full refund of premium. Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: acquired immune deficiency syndrome (AIDS); or actinic keratosis; or myelodysplastic and non-malignant myeloproliferative disorders; or aplastic anemia; or atypia; or nonmalignant monoclonal gamopathy; or pre-malignant lesions, benign tumors or polyps; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or cancer in situ or any skin cancer, as defined in the policy, other than invasive malignant melanoma into the dermis or deeper.

**Waiting Period** Pays when diagnosed by a Physician after a 30 day waiting period with Internal Cancer or Heart Attack/Stroke, depending upon the coverage elected at time of application. If any Covered Person is diagnosed as having an Internal Cancer during the 30-day period immediately following the Effective Date, you may elect to void the rider from the beginning and receive a full refund of premium.

**Termination** Each Covered Person's coverage will terminate when the maximum benefit amount for the Covered Critical Illness(es) has been paid for him/her.

## *First Occurrence of Internal Cancer Benefit Rider*

**Pre-Existing Condition** As defined as any sickness or condition for which, within 12 months prior to the Effective Date of coverage under this rider, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession, or that manifested itself within six months prior to the Covered Person's effective date of coverage; or an internal Cancer when the Date of Diagnosis occurs during the Waiting Period, if applicable. If any Covered Person is diagnosed as having an Internal Cancer during the 30-day period immediately following the Effective Date, you may elect to void this rider from the beginning and receive a full refund of premium. Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: acquired immune deficiency syndrome (AIDS); or actinic keratosis; or myelodysplastic and non-malignant myeloproliferative disorders; or aplastic anemia; or atypia; or nonmalignant monoclonal gamopathy; or pre-malignant lesions, benign tumors or polyps; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or cancer in situ or any skin cancer, as defined in the policy, other than invasive malignant melanoma into the dermis or deeper.

# Cancer Insurance Premiums

## Base Plan Monthly Premiums\*

<b>Basic</b>	<b>18-40</b>	<b>41-50</b>	<b>51-60</b>	<b>61+</b>
Individual	16.70	24.40	35.00	49.30
1 Parent Family	24.90	36.30	52.10	73.60
2 Parent Family	32.50	47.20	67.80	95.80

<b>Enhanced</b>	<b>18-40</b>	<b>41-50</b>	<b>51-60</b>	<b>61+</b>
Individual	21.40	31.80	46.10	65.70
1 Parent Family	31.90	47.40	68.80	98.00
2 Parent Family	41.50	61.60	89.50	127.50

## Optional Benefit Rider Monthly Premiums\*

### First Occurrence of Internal Cancer Benefit Rider

Rates based on One Unit (One Unit = \$2,500; Two Units = \$5,000; Three Units = \$7,500; Four Units = \$10,000)

<b>Internal Cancer</b>												
<b>\$2,500</b>			<b>\$5,000</b>			<b>\$7,500</b>			<b>\$10,000</b>			
Individual	One Parent Family	Two Parent Family	Individual	One Parent Family	Two Parent Family	Individual	One Parent Family	Two Parent Family	Individual	One Parent Family	Two Parent Family	
<b>18-40</b>	1.50	2.20	2.90	3.00	4.40	5.80	4.50	6.60	8.70	6.00	8.80	11.60
<b>41-50</b>	3.00	4.50	5.80	6.00	9.00	11.60	9.00	13.50	17.40	12.00	18.00	23.20
<b>51-60</b>	4.90	7.30	9.40	9.80	14.60	18.80	14.70	21.90	28.20	19.60	29.20	37.60
<b>61+</b>	7.10	10.60	13.80	14.20	21.20	27.60	21.30	31.80	41.40	28.40	42.40	55.20

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

This product may contain limitations and exclusions. **This product is inappropriate for people who are eligible for Medicaid coverage.**



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## AF™ Accident Only Insurance

## Prepare for the unexpected.

You cannot plan for when an accident will happen, but you can plan for unexpected medical expenses. AF™ **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident expenses. Start providing financial protection today if an accident suddenly occurs.

*An **Accident** is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause.*

### EMERGENCY ACCIDENT

#### Hypothetical Example <sup>1</sup>

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

	BASIC	ENHANCED
Accident Emergency Treatment	\$150	\$200
Accident Follow-Up Treatment (4 visits)	\$200	\$200
Physical Therapy (8 treatments)	\$200	\$200
Medical Imaging	\$200	\$200
X-Ray	\$50	\$100
Appliances	\$100	\$100
Surgical Facility	\$150	\$250
Torn Knee Cartilage Repair	\$500	\$500
Anesthesia	\$150	\$200
<b>TOTAL</b>	<b>\$1,700</b>	<b>1,950</b>

Annual Wellness Benefit

BASIC

**\$50**

ENHANCED

**\$75**

**Paid directly to you!**

## Benefits for Policy and Enhancement Rider

### ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

BASIC	PRIMARY	SPOUSE	CHILD
Common Carrier	\$50,000	\$50,000	\$25,000
Other Accident	\$15,000	\$15,000	\$7,500
Dismemberment	\$1,000 to \$15,000	\$1,000 to \$15,000	\$500 to \$7,500
ENHANCED	PRIMARY	SPOUSE	CHILD
Common Carrier	\$100,000	\$100,000	\$50,000
Other Accident	\$30,000	\$30,000	\$15,000
Dismemberment	\$1,500 to \$30,000	\$1,500 to \$30,000	\$750 to \$15,000

<sup>1</sup>Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258 Series.

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a different opinion



EMPLOYER BENEFIT SOLUTIONS  
FOR EDUCATION

# Schedule of Benefits for Policy and Enhancement Rider

ACCIDENT BENEFITS	BASIC	ENHANCED
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## EMERGENCY ACCIDENT TREATMENT

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

## NON-EMERGENCY ACCIDENT TREATMENT

Non-Emergency Accident Initial Treatment	\$75	\$100
Non-Emergency Accident Follow-up Treatment (up to two treatments)	\$50	\$50

## MEDICAL IMAGING

MRI, CT, CAT, PET, US	\$200	\$200
X-Rays	\$50	\$100

## HOSPITAL CONFINEMENT

Hospital Admission	\$500	\$1,000
Intensive Care Unit (up to 15 days)	\$300	\$600
Hospital Confinement (up to 365 days)	\$100	\$200

## AMBULANCE

Ground	\$300	\$300
Air	\$1,500	\$1,500

## TREATMENT

Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250
Anesthesia	\$150	\$200

## TRANSPORTATION BENEFITS

Transportation Patient only, per round trip for up to 3 round trips per calendar year	\$300	\$300
Family Member Lodging and Meals Per day per accident; up to 30 days per confinement	\$100	\$100

MONTHLY PREMIUMS For Policy And Benefit Enhancement Rider**	BASIC	ENHANCED
Individual	\$19.90	\$26.10
Individual & Spouse	\$28.30	\$34.90
Individual & Child(ren)	\$31.50	\$41.00
Family	\$39.90	\$49.80

ACCIDENT INJURY BENEFITS	ALL COVERAGE LEVELS	
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## INJURY TREATMENT

<b>Fractures Benefit</b> Depending on open or closed reduction, bone involved, or chip fracture	\$25 to \$3,000	
<b>Lacerations Benefit</b> Not requiring sutures	\$25	
Sutured lacerations up to two inches	\$100	
Sutured lacerations totaling two to six inches	\$200	
Sutured lacerations totaling over six inches	\$400	
<b>Appliances Benefit</b> Crutches, leg braces, etc.	\$100	
<b>Torn Knee Cartilage or Ruptured Disc Benefit</b>	\$500	
<b>Eye Injury Benefit</b> Injury with surgical repair, for one or both eyes	\$250	
Removal of foreign body by a physician, for one or both eyes	\$50	
<b>Dislocations Benefit</b> Depending on open or closed reduction, with or without anesthesia and joint involved.	\$25 to \$3,000	
<b>Concussion Benefit</b>	\$200	
<b>2nd &amp; 3rd Degree Burns</b> Skin grafts are 25% of benefit	\$100 to \$10,000	
<b>Internal Injuries Benefit</b> Resulting in open abdominal or thoracic surgery	\$1,000	
<b>Paralysis Benefit: Paraplegia / Quadriplegia</b>	\$5,000 / \$10,000	
<b>Tendons, Ligaments, and Rotator Cuff Benefit</b> One tendon, ligament, or rotator cuff	\$500	
More than one tendon, ligament, or rotator cuff	\$750	
<b>Blood, Plasma, and Platelets Benefit</b>	\$250	
<b>Exploratory Surgery without Surgical Repair Benefit</b>	\$250	
<b>Physical Therapy Benefit</b> Per treatment up to eight treatments	\$25	
<b>Prosthesis Benefit</b>	\$500	
<b>Emergency Dental Work Benefit</b> Broken teeth repaired with crown	\$150	
Extraction of broken teeth (regardless of number)	\$50	

WELLNESS BENEFIT	BASIC	ENHANCED
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## WELLNESS

<b>Annual Routine Physical Exam</b> Requires a 12-month waiting period before use. One exam per policy per calendar year	\$50	\$75
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\*\*The premium and amount of benefits provided vary based upon the plan selected.



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

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

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

**Accidental Death and Dismemberment Benefit** The applicable benefits apply when an Accidental Death or Dismemberment occurs within 90 days of an Accident. In the event that Accidental Death and Dismemberment result from the same Accident, only the Accidental Death Benefit will be paid. If Accidental Death or Dismemberment occurs within one year from the date of the Accident and during a period of continuous total disability resulting from the Accident and commencing within 30 days of the date of the Accident, we will pay the amount shown in the schedule of benefits. The term "totally disabled" as used in this benefit means that Covered Person is: unable to work at any job for which you are qualified by education, training, or experience; and not working at any job for pay or benefits; and under the care of a Physician.

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

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

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

**Blood, Plasma and Platelets Benefit** Payable for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins.

**Burns Benefit** Payable for 2nd and 3rd degree burns when treated by a Physician within 72 hours.

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

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

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

**Exploratory Surgery without Surgical Repair Benefit** Payable when an exploratory surgical operation without surgical repair is performed.

**Eye Injury Benefit** Payable for one or both eyes requiring treatment by a Physician due to an Accident.

**Family Member Lodging and Meals Benefit** Payable for lodging and meals for a family member to be near a Person who is Hospital Confined in a non-local Hospital. The Hospital must be at least 50 miles away, one way from closer of the Covered Person's residence or site of the Accident.

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

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

**Hospital Confinement Benefit** Pays a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 days.

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

**Internal Injuries Benefit** Payable for an open abdominal or thoracic surgery performed within 72 hours.

**Lacerations Benefit** This benefit varies based on the severity of the laceration due to an Accident.

**Medical Imaging Benefit** Payable for a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, a Computed Axial Tomography (CAT) scan, a Positron Emission Tomography (PET) scan or an ultrasound due to an Accident.

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

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

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

## Plan Highlights (cont.)

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

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

**Prosthesis Benefit** Payable for the use of a Prosthesis. This benefit is not payable for hearing aids; dental aids; eyeglasses; false teeth; cosmetic aids such as wigs; or joint replacements such as artificial hips or knees.

**Tendons, Ligaments and Rotator Cuff Benefit** Payable for the repair of one or more tendons, ligaments, or rotator cuffs. The tendons, ligaments, or rotator cuff must be repaired through surgery performed by a Physician, as a result of an Accident.

**Torn Knee Cartilage or Ruptured Disc Benefit** Payable for surgical repair as a result of an Accident.

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

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

## Limitations and Exclusions For Policy and Benefit Enhancement Rider

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

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

Benefits will not be provided for medical treatment for an Accident received outside the United States or its territories. Benefits will not be paid for services rendered by a member of the immediate family of a Person.

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

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

Eligibility includes you, your lawful spouse and each unmarried natural, adopted or step child who is under 26 years of age.

### Guaranteed Renewable

You cannot be singled out for a rate increase for any reason. The Insurer has the right to increase premium rates only if rates for all policies in this class change.

### Termination Notice

Policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than Individual the remaining Covered Persons may have the right to continue or convert their coverage. Coverage for any Covered Person will terminate when they no longer meet the eligibility requirements.

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Refer to Plan Benefit Highlights section for more Benefit Descriptions on the Accident Only Insurance Policy and Benefit Enhancement Rider.

*This brochure contains a brief description of the coverage. For complete benefits, limitations, exclusions and other provisions, please refer to the policy, AO-03, and Accident Only Benefit Enhancement Rider, AMDI-258 series. This coverage does NOT replace Workers' compensation Insurance. Availability of riders may vary by employer. This product is inappropriate for people who are eligible for Medicaid coverage.*

# Aflac Group Hospital Indemnity

## INSURANCE

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

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



Continental American Insurance Company, a wholly-owned subsidiary of Aflac Incorporated, is the insuring company.



# AFLAC GROUP HOSPITAL INDEMNITY

Policy Form C80100VA



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

Does your major medical insurance cover all of your bills?

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

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

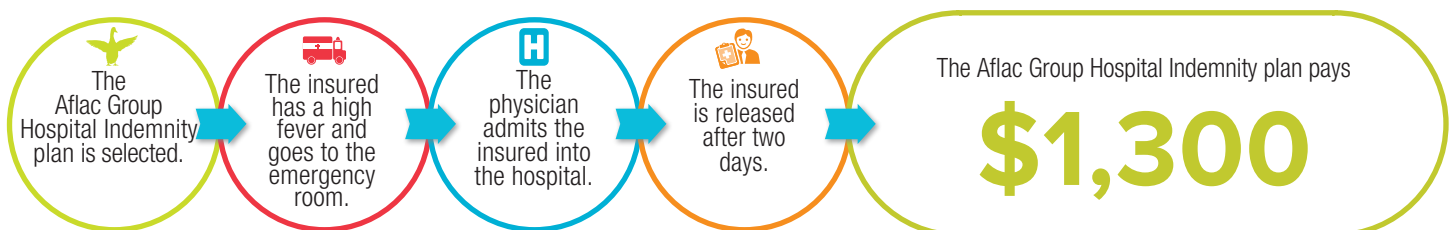
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time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

### The Aflac Group Hospital Indemnity plan benefits include the following:

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



### How it works



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

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

Benefits Overview

BENEFIT AMOUNT	
<p><b>HOSPITAL ADMISSION BENEFIT per confinement</b> (once per covered sickness or accident per calendar year for each insured)</p> <p>Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p> <p>We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	\$1,000
<p><b>HOSPITAL CONFINEMENT per day</b> (maximum of 31 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	\$150
<p><b>HOSPITAL INTENSIVE CARE BENEFIT per day</b> (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p><b>This benefit is payable in addition to the Hospital Confinement Benefit.</b></p>	\$150
<p><b>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day</b> (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time.</p> <p>Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p><b>This benefit is payable in addition to the Hospital Confinement Benefit.</b></p>	\$75
<p><b>SUCCESSOR INSURED BENEFIT</b></p> <p>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>	

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

LIMITATIONS AND EXCLUSIONS

EXCLUSIONS

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.

- Suicide – committing or attempting to commit suicide, while sane or insane.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
- Sports – participating in any organized sport in a professional or semi-professional capacity.

- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
  - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
  - Congenital defects in newborns.

## TERMS YOU NEED TO KNOW

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

Dependent means your spouse or domestic partner or dependent children, as defined in the applicable rider, who have been accepted for coverage. Spouse is your legal wife or husband. Domestic Partner is an unmarried same or opposite sex adult who resides with you and has registered in a state or local domestic partner registry with you. Refer to your certificate for details.

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

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

A Doctor does not include you or any of your Family Members. For the purposes of this definition, Family Member includes your spouse or domestic partner as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother.

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

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

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

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.

You May Continue Your Coverage

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

Termination of Coverage

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

## NOTICES

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

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

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

Continental American Insurance Company • Columbia, South Carolina

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

This brochure is subject to the terms, conditions, and limitations of Policy Form C80100VA.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).



# AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

Policy Series C80000



## TREATMENT BENEFITS

## BENEFIT AMOUNT

### OUTPATIENT DOCTOR'S OFFICE VISIT (maximum of 6 visits per calendar year for each insured)

We will pay the amount shown for each day that an insured visits a doctor's office. This benefit is not payable for visits to a chiropractor's office.

\$25

### TELEMEDICINE SERVICES (maximum of 6 per calendar year for each insured)

We will pay the benefit amount shown for each day that, because of a covered accidental injury or covered sickness, an insured seeks medical advice from a doctor via telemedicine services. The telemedicine services must be provided in lieu of an outpatient doctor's office visit.

\$15

### CHIROPRACTOR VISIT (maximum of 4 visits per calendar year for each insured)

We will pay the amount shown for each day that an insured receives services from a chiropractor for treatment of a covered accidental injury or because of a covered sickness. Visits to a chiropractor's office are not payable under the outpatient doctor's office visit benefit.

\$20

### MAJOR DIAGNOSTIC EXAMS (once per covered sickness or accident per calendar year)

We will pay the amount shown for each day that, due to a covered accidental injury or covered sickness, an insured requires one of the following exams:

- Computerized Tomography (CT/CAT scan)
- Magnetic Resonance Imaging (MRI)
- Electroencephalography (EEG)

\$150

### OUT OF HOSPITAL PRESCRIPTION DRUG (maximum of \$100 per calendar year for each insured)

We will pay the amount shown for each day an insured has a prescription filled. Prescription drugs must meet three criteria: (1) be ordered by a doctor; (2) be dispensed by a licensed pharmacist; and (3) be medically necessary for the care and treatment of the insured.

This benefit does not include benefits for: (a) therapeutic devices or appliances; (b) experimental drugs; (c) 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; (d) immunization agents, biological sera, blood or blood plasma; or (e) contraceptive materials, devices or medications or infertility medication, except where required by law.

\$20

### HOSPITAL EMERGENCY ROOM VISIT (maximum of 5 visits per calendar year for each insured)

We will pay the amount shown for each day that an insured visits a hospital emergency room due to a covered accidental injury or for treatment due to a covered sickness.

\$100

### EMERGENCY ROOM OBSERVATION (1 visit for each covered sickness or accident per calendar year, maximum of 5 total visits per calendar year for each insured)

We will pay the amount shown for each period of observation that, because of a covered accidental injury or covered sickness, an insured:

- Receives treatment in a hospital emergency room, and
- Is held in a hospital for observation without being admitted as an inpatient.

\$50  
Minimum 4  
hours  
\$100  
More than 24  
hours

### REHABILITATION FACILITY per day (maximum of 15 days per confinement, no more than 30 days total per calendar year for each insured)

We will pay the amount shown for each day that, due to a covered accidental injury or a covered sickness, 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.

\$75



Residents of Massachusetts are not eligible for these benefits.

#### **TERMS YOU NEED TO KNOW**

Chiropractor means a person, other than the insured or the insured's family member, who

- Is licensed as a chiropractor in the state in which treatment is received, and
- While working under the scope of his license, uses manual or mechanical means to detect or correct disorders of structural imbalance, distortion, or subluxation of the musculoskeletal system and the nervous system for the purpose of removing nerve interference and related effects. The interference must result from or relate to distortion, misalignment, or subluxation of or in the vertebral column.

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 (except in Vermont).

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

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

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

## Premium Rates

Monthly Premiums	
Coverage	Premium
Employee	\$41.67
Employee and Spouse	\$80.10
Employee and Child(ren)	\$69.06
Family	\$107.49

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

## HAVE YOU EVER?

- ☐ Worried about being a victim of identity theft
- ☐ Been concerned about your child's identity
- ☐ Lost your wallet
- ☐ Worried about entering personal information online
- ☐ Feared the security of your medical information
- ☐ Been pursued by a collection agency

## WHAT is iLOCK360?

In 2012, TCG Services developed iLOCK360 in order to protect its clients and their employees from the growing threat of identity theft.

Today, iLOCK360 helps educators, businesses, employees, and individuals Live Safely™, knowing their identities are monitored around the clock.



### Full Service Restoration

An iLOCK360 Certified Identity Theft Restoration Specialist will work diligently on your behalf to restore all aspects of your identity.



### CyberAlert Internet Surveillance

Our exclusive technology scours the web 24/7/365 to identify trading or selling of your personal information online.



### Social Security Number Tracing

Know if your SSN becomes associated with another individual's name or address.

## iLOCK360 MEMBERSHIP INCLUDES



### \$1 Million in Identity Theft Insurance

You are insured with a one million dollar insurance policy to cover identity theft restoration expenses.



### Credit Monitoring

Find out your credit score, analyze your credit report, and monitor your identity for credit-related activity.

Monthly Payroll Deduction	Individual	Family
iLOCK360	\$8.95	\$18.95

Plan	Cyber Alert <sup>SM</sup>	Credit Bureau Monitoring	SSN Trace	Court Records	Address Change	24/7 Support	\$1M Insurance
Plus	✓	✓	✓	✓	✓	✓	✓
Basic	✓						

All district employees can choose to receive free Basic coverage that includes only CyberAlert<sup>SM</sup>





Relax... you're covered.®

Be prepared when life happens, with the Legal Resources'

**LEGAL PLAN BENEFIT**



Legal Resources is an employee benefit that provides high-quality legal services to our members, helping them to lead lives free of major legal expenses.

**The plan covers you, your spouse, and qualifying dependent children.**

### LOW COST, GREAT VALUE

With Legal Resources, you get **comprehensive legal coverage on a broad range of services for an affordable monthly rate.** There are no co-pays and the cost of the plan does not change, no matter how often you use it.

### FULLY COVERED SERVICES

**The most often needed legal services are covered at 100%.** That means you, your spouse, and qualifying dependents pay no attorney fees when using these services.

### QUALITY ATTORNEYS

Members have access to a network of top-rated, full-service law firms locally, and **one of the largest national attorney networks in the country.**

## AGE

## LEGAL LIFE EVENTS

# 20s

Renting an apartment  
Traffic violations  
Courtroom representation  
Auto purchase agreement  
Advice and consultation



# 30s

Getting married  
Buying a home  
Preparing a will  
Power of attorney for spouse  
Contractor disputes



# 40s

Teenage drivers  
Home refinance  
Power of attorney for parents  
Elder Law advice  
Property disputes



# 50s

Estate planning  
Family issues  
Landlord disputes  
Insurance claims  
HOA hearings



# 60s

Revision or review of will  
Advance medical directive  
Estate advice  
Home sale or purchase  
Warranty disputes





# FULLY COVERED SERVICES

LEGAL RESOURCES COVERS 100% OF THE ATTORNEY FEES FOR FULLY COVERED LEGAL SERVICES<sup>1</sup>



## General Advice and Consultation

- Unlimited in-person or telephone advice and consultation for fully covered services



## Wills and Estate Planning

- Will preparation and periodic updates
- Advance medical directive
- Financial powers of attorney
- Contingent trust for minor children



## Preparation and Review of Routine Legal Documents

- Unlimited pages and occurrences



## Family Law

- Uncontested domestic adoption
- Uncontested divorce
- Uncontested name change



## Traffic Violations

- Traffic infractions and misdemeanors
  - Speeding
  - Reckless driving
  - Driving under the influence
- First Offense



## Real Estate

- Purchase, sale, or refinance of primary residence
- Deed preparation
- Tenant-Landlord matters
- Landlord-Tenant consultation



## Elder Law

- Estate advice
- Powers of attorney for members' parents



## Consumer Relations and Credit Protection

- Warranty disputes
- Billing disputes
- Collection agency harassment



## Criminal Matters<sup>2</sup>

- Defense of misdemeanor
- Misdemeanor defense of juveniles

Fully covered for first offense involving alcohol or illegal drugs



## Civil Actions

- Representation as defendant
- Representation as plaintiff
- Insurance matters
- Initial administrative hearing
- Small Claims Court advice



## Identity Theft

- Prevention assistance
- Education services
- Identity recovery assistance

Don't see your legal need listed?  
**You're Still Covered!**

The Legal Resources Plan offers a **25% discount**<sup>3</sup>  
on any less common legal needs, *including pre-existing legal matters!*

## HOW THE PLAN WORKS

**1** Choose a law firm that best suits your needs from our highly rated law firm network. Use our Law Firm Finder at [LegalResources.com](http://LegalResources.com) to find a firm near you.<sup>4</sup> If you need to transfer to another Plan Law Firm, call Member Services.

**2** Certified paralegals in our Member Services Department provide backup and support to assist you with any coverage or attorney-related questions.





## WHAT QUESTIONS ARE MEMBERS ASKING?

### Does the plan cover dependents?

Yes! Legal Resources defines a “covered person” as someone related to the participating employee, also called the “Primary Member”.

### Are pre-existing issues covered?

Yes! Pre-existing matters are covered at a significant discount off the hourly rate of the attorney. It is very important to join Legal Resources before you have a legal need to enjoy the maximum savings from the plan.

### Are there any out of pocket expenses?

The Legal Resources Plan covers all attorney fees for fully covered services. However, you are responsible for non-attorney expenses such as court costs, filing fees, or any fines assessed.

QUALITY

VALUE

SERVICE

PEACE OF MIND



Please call our Member Services Department with any questions. **We look forward to serving you and your family.**

800.728.5768

LegalResources.com



legalresources



LegalResources

**LEGAL<sup>®</sup>**  
**RESOURCES**

Relax... you're covered.<sup>®</sup>

1 Member is responsible for all non-attorney costs such as filing fees, fines, court costs, etc. The Plan covers the individual, spouse, and qualifying dependents. 12-month commitment required. Courtroom representation, when necessary, is fully covered through General District Court for claims in excess of \$400. The definition of General District Court may vary by state.

2 Offenses involving illegal drugs, alcohol (except first offense DUI), and firearms are covered at a 25% discount.

3 Since your employer is the participating sponsor, you may not use the Plan in a dispute with your employer.

4 Timing of selection may vary based on your location or your employer's enrollment procedures.

# Enrollment Information

**What's the cost?** \$18.50 per pay period.

**Who is covered?** The plan covers the employee, spouse and eligible dependent children up to age 19 and 26 if they are a full-time student. Parents and spouse parents may also use the Legal Resources network and receive a 25% savings.

**How to enroll?** Enroll online with your other benefits.

**Newly enrolled members** will receive membership cards mailed directly to their homes. Please call Member Services for replacement cards.

# 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](http://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](http://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](http://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](http://www.ffga.com).



# CONTACT INFORMATION

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CONTACTS			
BENEFIT	CARRIER	WEBSITE	PHONE
Eastern Region of FFGA	First Financial Administrators	<a href="http://www.ffga.com">www.ffga.com</a>	800.924.3539
Flexible Spending Accounts	First Financial Administrators	<a href="http://www.ffga.com">www.ffga.com</a>	866.853.3539

## EMPLOYEE BENEFITS CENTER

<https://benefits.ffga.com/poquosoncitypublicschools>

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details.

Visit <https://benefits.ffga.com/poquosoncitypublicschools> today!