

*Livingston Parish School Board*

*2024 Plan Year*

# BENEFITS GUIDE



Stephen Martin, Account Manager

First Financial Group of America

<https://ffbenefits.ffga.com/livingstonparishschoolboard>

Insurance Department

225.686.4230

[LPPS\\_insurance@lpsb.org](mailto:LPPS_insurance@lpsb.org)

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*This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.*

# CONTACT INFORMATION

## LIVINGSTON PARISH BENEFITS OFFICE

13909 Florida Blvd | Livingston, LA 70754

225.686.7044

[www.lpsb.org](http://www.lpsb.org)

## FIRST FINANCIAL GROUP OF AMERICA

Stephen Martin, Account Manager

866.541.5096 | 985.893.5519

Rebecca Hanagriff, Client Services Specialist

866.541.5096 | 985.893.5519

## CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Flexible Spending Accounts	First Financial Administrators, Inc.	<a href="http://www.ffga.com">www.ffga.com</a>	866.853.3539
Dependent Care Accounts	First Financial Administrators, Inc.	<a href="http://www.ffga.com">www.ffga.com</a>	866.853.3539
Retirement Plans	First Financial Administrators, Inc.	<a href="http://www.ffga.com">www.ffga.com</a>	800.523.8422 x2
COBRA	First Financial Administrators, Inc.	<a href="http://www.cobrapoint.benaissance.com">www.cobrapoint.benaissance.com</a>	800.523.8422 x4
Dental	Delta Dental	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	800.521.2651
Vision	Ameritas (VSP)	<a href="http://www.ameritas.com">www.ameritas.com</a>	800.877.7195
Short Disability Insurance	Manhattan Life	<a href="http://www.manhattanlife.com">www.manhattanlife.com</a>	855-448-6982
Long Disability Insurance	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800.323.3748
Group Cancer Insurance	Guardian	<a href="http://www.guardianlife.com">www.guardianlife.com</a>	888.600.1600
Individual Cancer	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800.323.3748
Critical Illness Insurance	Guardian	<a href="http://www.guardianlife.com">www.guardianlife.com</a>	888.600.1600
Permanent Life Insurance	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	800.283.9233
Accident Insurance	Manhattan Life	<a href="http://www.manhattanlife.com">www.manhattanlife.com</a>	855-448-6982

Louisiana Branch Office:

Toll Free: 866.541.5096

Local: 985.893.5519

Fax: 985.893.7663

Email: [covington@ffga.com](mailto:covington@ffga.com)

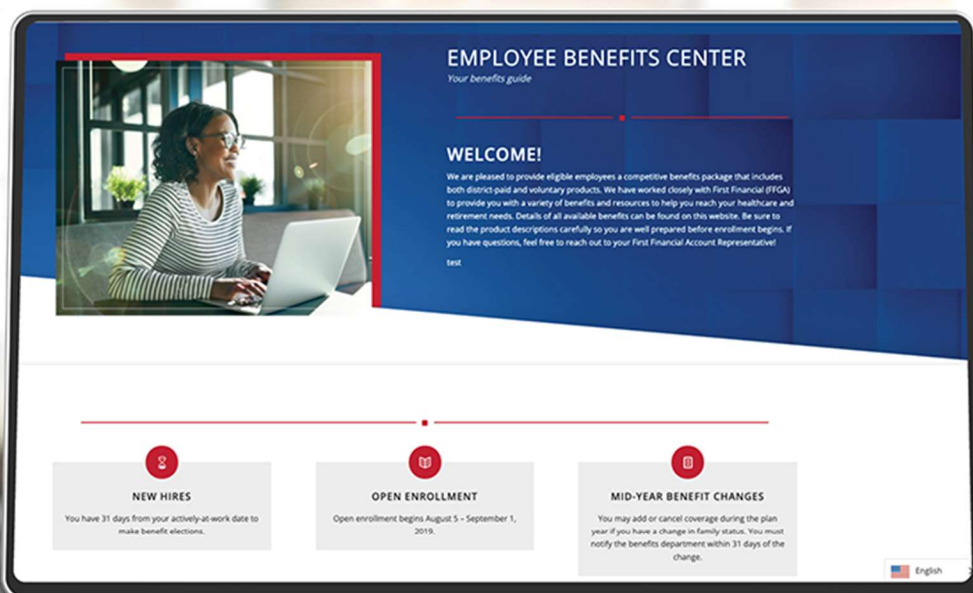
# EMPLOYEE BENEFITS CENTER

## YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Livingston Parish and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer, as well as find claims, important phone number, and enrollment information.

There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.

<https://ffbenefits.ffga.com/livingstonparishschoolboard>



# HOW TO VIEW BENEFITS

## LOGIN

- Visit <https://ffga.benselect.com/Enroll/login.aspx>
- Login: Your Employee ID or Social Security Number (no dashes)
- PIN (first login only): The last four digits of your Social Security Number 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.

# HOW TO ENROLL

## ON-SITE ENROLLMENT

When it's time to enroll in your benefits, First Financial Account Representatives will be on-site at each location to assist you with making your elections. Visit your EBC to view the on-site enrollment schedule. Please reach out to your Principal / Administrator to see when First Financial will be at your location.

## DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, you still need to sit with a First Financial Representative to "waive" benefits.

## NEW EMPLOYEE ENROLLMENT

You have 30 days from your actively-at-work date to make benefit elections. Please reach out to First Financial Louisiana Branch Office to have a First Financial Representative contact you regarding benefits.

Louisiana Branch Office:  
Toll Free: 866.541.5096  
Local: 985.893.5519  
Fax: 985.893.7663  
Email: [covington@ffga.com](mailto:covington@ffga.com)

# ELIGIBILITY

## ELIGIBILITY

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

### NEW EMPLOYEES

You have 30 days from your actively-at-work date to make benefit elections.

### EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative will be available at each location to assist you with making your elections. 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 the benefits department within 30 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

# SECTION 125 PLANS

## SECTION 125 PLAN INFORMATION AND RULES

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

### HERE'S HOW IT WORKS

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

### IS IT RIGHT FOR ME?

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

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

IRS specified changes in family status include:

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

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

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

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



# DENTAL INSURANCE

Delta | [www.deltadentalins.com](http://www.deltadentalins.com) | 1.800.521.2651

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family's dental needs. A range of procedures may be covered, such as:

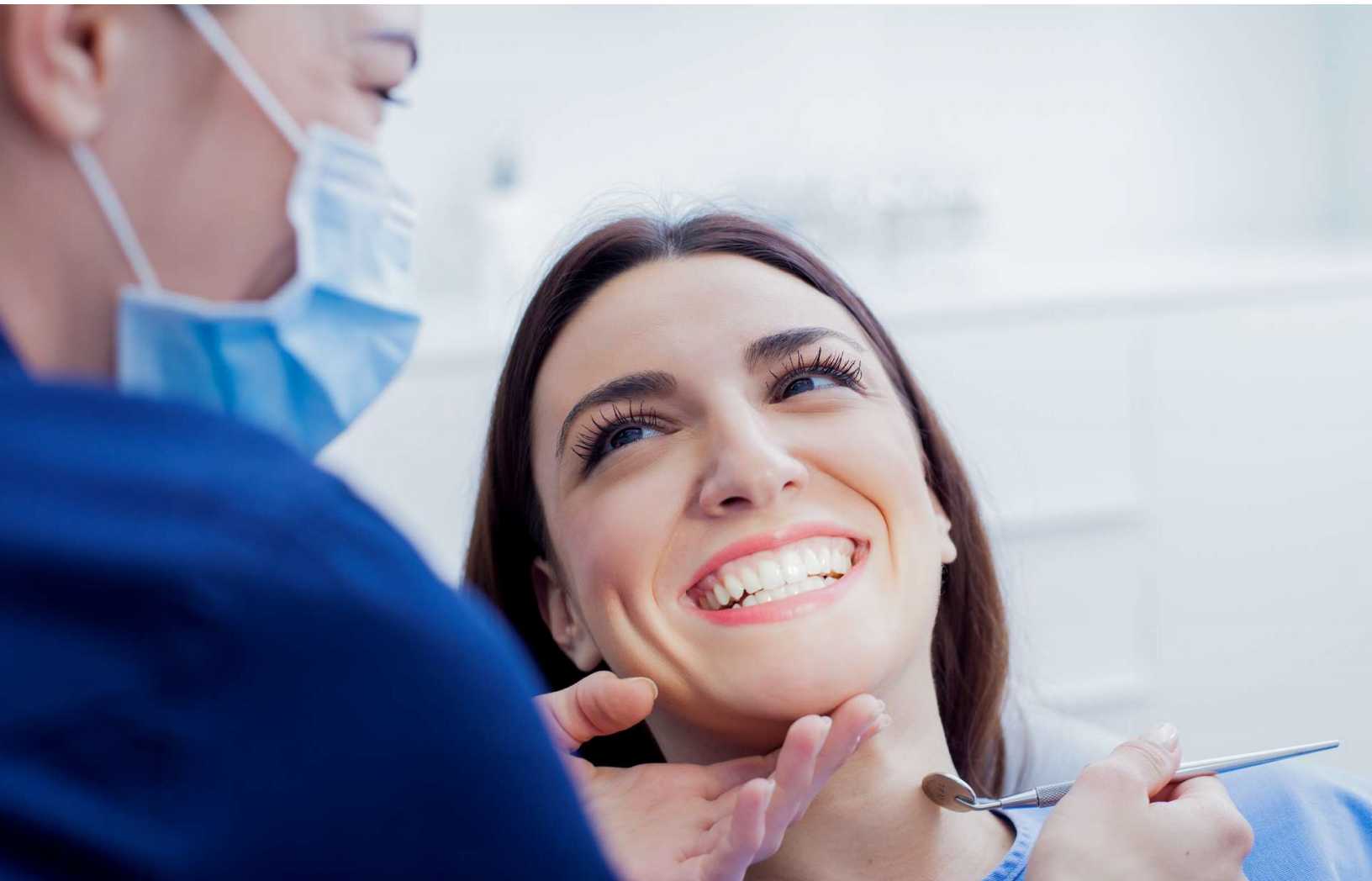
- Comprehensive Exams
- Cleanings
- X-Rays
- Fillings
- Tooth Extractions
- General Anesthesia
- Crowns
- Root Canals

## Low Plan

30.39 Enrollee  
66.38 Enrollee + Spouse  
60.69 Enrollee + Children  
96.67 Family

## High Plan

43.39 Enrollee  
94.28 Enrollee + Spouse  
85.54 Enrollee + Children  
136.43 Family



# Keep Smiling

## Delta Dental PPO™



### Save with PPO

Visit a dentist in the PPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](https://deltadentalins.com).

### Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com](https://deltadentalins.com).

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

### Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.<sup>4</sup> Log in to your online account to find this date.

### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care<sup>5</sup>, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

## Save with a PPO dentist



<sup>1</sup> In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

<sup>4</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

<sup>5</sup> Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

**Plan Benefit Highlights for:** Livingston Parish School Board

**Group No:** 19994

<b>Eligibility</b>	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
<b>Deductibles</b> Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics, if applicable?	\$50 per person / \$150 per family each calendar year			
	Yes			
<b>Maximums</b> D & P counts toward maximum?	<b>Low Plan:</b> \$1,000 per person each calendar year <b>High Plan:</b> \$1,250 per person each calendar year			
	No			
<b>Waiting Period (s)</b>	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services**	Low Plan		High Plan	
	Delta Dental PPO dentists <sup>†</sup>	Non-Delta Dental PPO dentists <sup>†</sup>	Delta Dental PPO dentists <sup>†</sup>	Non-Delta Dental PPO dentists <sup>†</sup>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings and x-rays	100 %	100 %	100 %	100 %
<b>Basic Services</b> Fillings, sealants and simple extractions	80 %	80 %	80 %	80 %
<b>Endodontics</b> (root canals) Covered Under Major Services	50 %	50 %	50 %	50 %
<b>Periodontics</b> (gum treatment) Covered Under Major Services	50 %	50 %	50 %	50 %
<b>Oral Surgery</b> Covered Under Major Services	50 %	50 %	50 %	50 %
<b>Major Services</b> Crowns, inlays, onlay and cast restorations	50 %	50 %	50 %	50 %
<b>Prosthodontics</b> Bridges, dentures and implants	50 %	50 %	50 %	50 %
<b>Orthodontic Benefits</b> Adults and dependent children	0 %	0 %	50 %	50 %
<b>Orthodontic Maximums</b>	N/A		\$1,000 Lifetime	

\*\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

† Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

<b>Delta Dental Insurance Company</b> 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	<b>Customer Service</b> 800-521-2651	<b>Claims Address</b> P.O. Box 1809 Alpharetta, GA 30023-1809
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**deltadentalins.com**

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

# VISION INSURANCE

Ameritas (VSP) | [www.ameritas.com](http://www.ameritas.com) | 1.800.877.7195

Proper vision care is essential to your overall wellbeing. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Your employer provides you with a vision plan to take care of you and your family's needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. Here are just a few of the areas where you will save money with your plan:

- Eye exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction

## Monthly Rates

Employee Only (EE)	\$11.32
EE + Spouse	\$21.84
EE + Children	\$18.36
EE + Spouse & Children	\$28.88



# LIVINGSTON PARISH SCHOOL BOARD

## Eye Care Highlight Sheet



### 010-350536 Focus® Plan Summary

Effective Date: 1/1/2024

	VSP Network	Out of Network
<b>Deductibles</b>		
	\$10 Exam	\$10 Exam
	\$10 Eye Glass Lenses or Frames*	\$10 Eye Glass Lenses or Frames
	Covered in full	Up to \$52
<b>Annual Eye Exam</b>		
<b>Lenses (per pair)</b>		
Single Vision	Covered in full	Up to \$55
Bifocal	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$95
Lenticular	Covered in full	Up to \$125
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 \$45
<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	No benefit
	\$25 adults	
<b>Solid Plastic Dye</b>	\$13	No benefit
	(except Pink I & II)	
<b>Plastic Gradient Dye</b>	\$15	No benefit
<b>Photochromatic Lenses</b>	\$27-\$76	No benefit
(Glass & Plastic)		
<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>	\$11.32
<b>EE + Spouse</b>	\$21.84
<b>EE + Children</b>	\$18.36
<b>EE + Spouse &amp; Children</b>	\$28.88

### 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. Locate a VSP provider at: [ameritas.com](http://ameritas.com) or View plan benefit information at: [vsp.com](http://vsp.com)

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

### 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.**

# 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

## MEDICAL FSA

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

**Your maximum contribution amount for 2023 is \$3,050.**

## HIGHLIGHTS

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

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

## DEPENDENT CARE FSA

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

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

## HIGHLIGHTS

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

# FSA RESOURCES

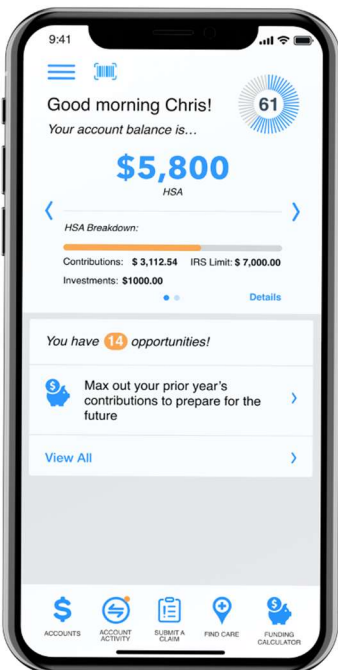
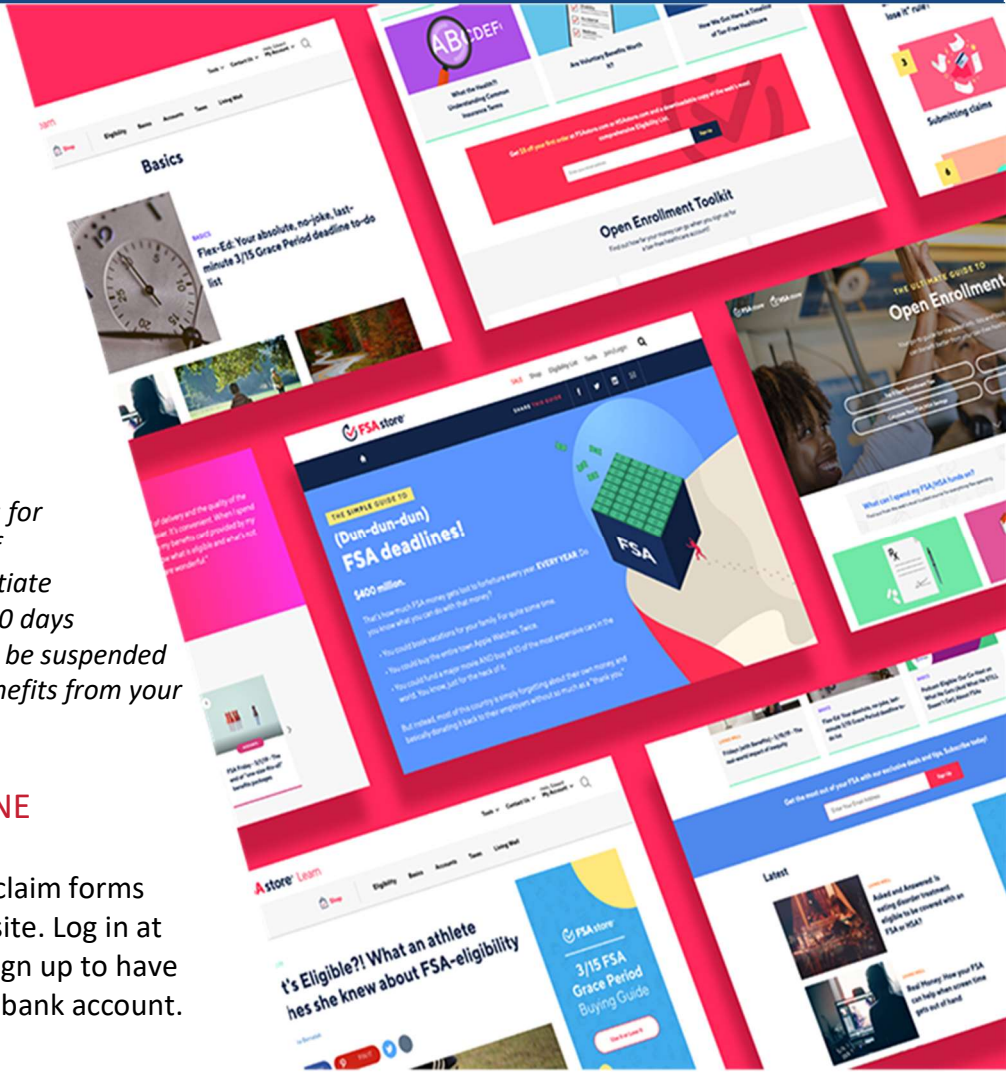
## BENEFITS CARD

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

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

## VIEW YOUR ACCOUNT DETAILS ONLINE

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



## FF MOBILE ACCOUNT APP

### Livingston Parish Employer Flex ID: FFA388

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

## FSA STORE

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





# TEXAS LIFE – PERMANENT LIFE

Texas Life | [www.texaslife.com](http://www.texaslife.com) | 1.800.283.9233

## TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

### HIGHLIGHT

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.

Underwritten By

**TEXASLIFE** INSURANCE  
COMPANY

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

**PURELIFE-PLUS**

*Flexible Premium Life Insurance  
to Age 121*

*Portable, Permanent Individual Life Insurance for the Employee and Family*

*Policy Form: ICC18-PRFNG-NI-18*

**Product Highlights**

Permanent Life Insurance  
to Age 121

Minimal Cash Value  
Premiums Dedicated Primarily  
to Purchase Life Insurance

Level Premium Guarantees  
Coverage for a Significant  
Period of Time

Unique Limited Right to Partial  
Refund of Premium if Future  
Premium Required to  
Continue Coverage Increases

No Surrender Charges Apply

Accelerated Death Benefit Due  
to Terminal Illness Included

Convenient Premium Payments  
Through Payroll Deduction

Portable When You Leave  
Employment

Accidental Death Benefit  
Included for Selected Ages

Accelerated Death Benefit Due  
to Chronic Illness Included  
**For Employee and  
Spouse Only**

*Marketed by*



*Application for Life Insurance*

**Express Issue | Monthly Pay**

**FOR USE ONLY IN**  
*Louisiana*

## *Portable, Permanent, Individual Life Insurance for Employees and Their Families*

As an employee, you can apply for valuable life insurance protection on you and your family under eligibility guidelines established for your employer. Your employer has conveniently agreed to permit you to pay premiums through payroll deduction. This is a summary only. Policy provisions prevail. This brochure is not a contract or an offer to contract.

**Minimal Cash Values** Buy this policy for its life insurance protection, not its cash value. The primary benefit is life insurance. Payment of the Table Premium produces a small cash value (Benchmark Cash Value).

**Permanent Life Insurance Coverage** Unlike group term life insurance, PureLife-plus is a personally owned, permanent individual life insurance policy to age 121 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

**Guaranteed Period** Continuous, timely, and uninterrupted payment of the Table Premium guarantees coverage for the Guaranteed Period shown. Texas Life (We) cannot legally predict the premium required to continue coverage after the Guaranteed Period. It may be lower, the same, or higher than the Table Premium. However, if the premium to continue coverage is ever higher, We guarantee a limited right to a partial refund of premium (described below).

**Guaranteed Limited Right to Partial Refund of Premium** If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to:

- a. Pay the higher premium(s) required to continue coverage; or,
- b. Surrender the policy and receive a partial refund of premium equal to 120 times the minimum monthly premium due at issue (ten years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders.

**Portable** Once issued, continued employment is not a condition to continue coverage. Coverage is guaranteed as long as required premiums are paid, even after you retire or terminate employment. When employment ends, you can pay equivalent monthly premiums directly or by bank draft (for monthly direct payments we add a monthly fee not to exceed \$2.00). Other modes are available.

**Accelerated Death Benefit Due to Terminal Illness Rider** This policy includes, at no additional premium, an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICC07-ULABR-07). See details on next page.

**Individual and Family Coverage is Easy to Apply For** Subject to age and amount restrictions, you may apply for an individual policy on your life or your spouse's life (see chart next page for spouse's minimum/maximum amounts). An individual policy is

also available on each of your children ages 15 days — 26, and even on each of your grandchildren ages 15 days — 18. Proof of insurability is required. Most policies are issued based upon the answers to three work and health related application questions.

**Optional Benefits** According to the guidelines established for your employer, your application will include the following benefit for an additional cost depending upon your issue age.

**Accidental Death Benefit** This benefit to age 65 (Issue Ages 17-59) doubles the coverage when death occurs by accidental bodily injury within 180 days of an accident. Maximum in-force limits and exclusions apply. (Form ICC07-ULCL-ADB-07).

**Accelerated Death Benefit Rider For Chronic Illness For Employee and Spouse Only** This benefit provides an accelerated death benefit if an insured becomes chronically ill as defined in the rider. (Form ICC15-ULABR-CI-15). See details on next page.

**Interim Insurance:** Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through payroll deduction; (2) the Salary Deduction Authorization is signed; and, (3) the proposed insured is insurable at standard rates under Our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date We decline the application; (c) the date We notify the applicant that s/he is ineligible for interim insurance; or, (d) the 180th day after the application date.

**Policy Mechanics and Other Important Details** Premiums are flexible. However, we highly recommend payment of the Table Premium during the Guaranteed Period, and no partial surrenders or policy loans. Table Premium produces a small cash value (Benchmark Cash Value). Paying a lesser premium results in an actual cash value which is less than Benchmark Cash Value, causing the policy to lapse. Premiums less a premium load create cash value to pay monthly administrative loads and cost of insurance. Cash value is currently credited at the guaranteed interest rate of 2.00% per year. We may, at any time, credit higher than the guaranteed interest rate. Likewise, We may charge cost of insurance rates which are less than the policy's maximum rates, but only when actual cash value equals or exceeds Benchmark Cash Value. No surrender charges apply. Loads include 10.00% of premium, \$2.03 per month and monthly administrative loads. Two year suicide and contestable clauses apply. The policy loan rate is 7.40% in advance. Surrenders and loans may be deferred for up to six months.

## A Summary of the Accelerated Death Benefit Rider

### **Terminal Illness - included at no additional cost**

The policy includes an Accelerated Death Benefit Due to Terminal Illness Rider. If the Insured has a terminal illness, in lieu of the insurance proceeds otherwise payable at death, you may elect to claim an accelerated benefit while the Insured is still alive. The single sum benefit is 92% of the insurance proceeds less an administrative fee of the lesser of \$150 or 7% of the insurance proceeds. Terminal Illness is an injury or sickness diagnosed and certified by a qualifying physician that, despite the appropriate medical care, is reasonably expected to result in death within 12 months. This benefit is intended to qualify for favorable income tax treatment and may not be subject to federal income tax. (See Important Notices below.)

### **Chronic Illness - included with an additional premium**

For an additional premium of 10% of the base policy premium, this policy may include an Accelerated Death Benefit Due to Chronic Illness Rider. If the Insured has a chronic illness, in lieu of the insurance proceeds otherwise payable at death, you may elect to claim an accelerated benefit while the Insured is still alive. The single sum benefit is 92% of the insurance proceeds less an administrative fee of the lesser of \$150 or 7% of the insurance proceeds. Chronic Illness means the Insured permanently: (a) is unable to perform, without substantial assistance from another individual, at least two Activities of Daily Living due to a loss of functional capacity and will need services for the rest of his or her life; or (b) requires substantial supervision to protect the Insured from threats to health and safety due to severe cognitive impairment and will need services for the rest of his or her life. Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe cognitive impairment means deterioration or loss of intellectual capacity that: (1) places the Insured in jeopardy of harming himself or herself or others, and therefore, the Insured requires substantial supervision by another person; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

This benefit will be calculated and paid as a lump sum only. This lump sum is intended to serve as a per diem accelerated death benefit as described under Section 101(g) of the Internal Revenue Code. You may be able to exclude certain portions of this accelerated death benefit (specifically, the greater of: (a) the lump sum equivalent of the per diem amount; or (b) the actual cost incurred for Services provided in the year the Accelerated Death Benefit is paid) from your taxable income. Your benefit for Chronic Illness will be calculated in accordance with the rider and you may, in some circumstances, be paid more than the excludable per diem amount.

### **Important Notices**

Tax laws related to the acceleration of life insurance benefits are complex. The information presented in this Summary is general in nature. You should consult a qualified tax or legal advisor to determine the effect of receiving this benefit. Texas Life Insurance Company and its agents do not provide tax or legal advice.

Receipt of any accelerated death benefit under your policy may affect your, your spouse's and your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplemental Social Security Income (SSI), and drug assistance programs. You should consult with a qualified tax or legal advisor and the relevant social service agencies to determine how receiving the benefit may affect your, your spouse's, and your family's eligibility for public assistance.

An accelerated death benefit is not long term care insurance. This summary provides a general description of any accelerated death benefit under your policy. Your policy and riders contain certain exclusions, limitations, and exceptions. Please refer to your policy and rider for details. The right to accelerate benefits under any accelerated death benefit does not extend to any Child Term Life Insurance Rider. However, if the accelerated death benefit under any rider is paid, any coverage provided under the Child Term Life Insurance Rider attached to this policy becomes a paid up term insurance policy on each covered child.

This paid up coverage on each child will terminate on each covered child's 25th birthday. Payment under any accelerated death benefit rider terminates the policy and all other optional benefits/riders and reduces all insurance proceeds, cash values and loan values to zero.

**Representation of benefit payable - Terminal or Chronic Illness**

The following chart shows the effect of exercising an accelerated benefit on the base policy. This example is using a \$50,000 policy with a \$2,000 policy loan balance and all premiums are current. This chart is for representation purposes only. Your benefits may be higher or lower, depending on your face amount of coverage, any unpaid policy loan balance, and any overdue premiums.

	<b>Terminal Illness</b>	<b>Chronic Illness</b>
Death Benefit	\$50,000	\$50,000
Policy Loan Balance	- \$2,000	- \$2,000
Available for Acceleration	= \$48,000	= \$48,000
Acceleration Percentage	x 92%	x 92%
Gross Benefit	= \$44,160	= \$44,160
Administration Fee	- \$150	- \$150
Overdue Premiums	- \$0	- \$0
Accelerated Benefit Payable	= \$44,010	= \$44,010

**Note: The benefit will be paid for either Terminal Illness or Chronic Illness. In no instance will benefits be paid under both riders.**

**OPTIONAL BENEFITS MONTHLY COST:**

Accidental Death Benefit ..... \$0.08 per \$1,000 of Face Amount  
Accelerated Death Benefit Rider For Chronic Illness ..... 10% of Base Plan Table Premium

**EXPRESS ISSUE AMOUNTS OF COVERAGE AVAILABLE ON SPOUSE**

Spouse's Issue Age	Minimum Face Amount	Maximum Face Amount
17-34	\$25,000	\$50,000
35-39	15,000	50,000
40-49	10,000	50,000
50-60	10,000	25,000
61 & Older	N/A	N/A

**MONTHLY ADMINISTRATIVE LOADS PER \$1,000 OF FACE AMOUNT FOR ISSUE AGES SHOWN  
(NON-TOBACCO CLASS)**

Issue Age →	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Highest Load	0.2417	0.2425	0.2517	0.2517	0.2525	0.2617	0.2617	0.2617	0.2617	0.2700	0.2692	0.2767	0.2725	0.2659	0.2559
Lowest Load	0.1117	0.1075	0.0750	0.0825	0.0900	0.0625	0.0717	0.0825	0.0950	0.0734	0.0934	0.0825	0.1184	0.1659	0.2225
Zero After Year	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5

Issue Age →	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Highest Load	0.2459	0.2334	0.2284	0.2267	0.2275	0.2275	0.2375	0.2450	0.2584	0.2684	0.2700	0.2884	0.2984	0.2984	0.3075
Lowest Load	0.0434	0.0884	0.1200	0.1375	0.1534	0.1675	0.1392	0.1442	0.1017	0.0600	0.0625	0.2717	0.2542	0.2767	0.2675
Zero After Year	6	6	6	6	6	6	6	6	6	6	6	5	5	5	5

Issue Age →	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
Highest Load	0.3134	0.3100	0.3309	0.3409	0.3575	0.3842	0.3900	0.4084	0.4292	0.4700	0.5084	0.5650	0.6300	0.6892	0.7475
Lowest Load	0.2675	0.0175	0.2650	0.2575	0.2225	0.1492	0.1492	0.1025	0.0575	0.4134	0.3359	0.2075	0.0542	0.6325	0.5659
Zero After Year	5	6	5	5	5	5	5	5	5	4	4	4	4	3	3

Issue Age →	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59
Highest Load	0.8059	0.8717	0.9275	0.9817	1.0534	1.1334	1.2250	1.3242	1.3934	1.4625	1.5400	1.6109	1.6992	1.7775	1.8592
Lowest Load	0.5009	0.4242	0.3692	0.3225	0.2434	0.1584	0.0517	1.2900	1.3067	1.3275	1.3459	1.3767	1.3959	1.4334	1.4750
Zero After Year	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2

Issue Age →	60	61	62	63	64	65	66	67	68	69	70
Highest Load	1.9625	2.0392	2.1359	2.2250	2.3200	2.4275	2.5492	2.6817	2.8242	2.9534	3.0742
Lowest Load	1.5034	1.5684	1.6225	1.6950	1.7725	1.8500	1.9267	2.0075	2.0142	1.8775	1.7492
Zero After Year	2	2	2	2	2	2	2	2	2	2	2

**MONTHLY ADMINISTRATIVE LOADS PER \$1,000 OF FACE AMOUNT FOR ISSUE AGES SHOWN  
(TOBACCO CLASS)**

Issue Age →	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Highest Load	0.4084	0.4059	0.4042	0.4025	0.4175	0.4242	0.4475	0.4650	0.4659	0.4850	0.4934	0.5017	0.5092	0.5950	0.5892
Lowest Load	0.1700	0.1967	0.2242	0.2525	0.2300	0.2359	0.1884	0.1642	0.1917	0.1642	0.1692	0.1759	0.1892	0.5725	0.0217
Zero After Year	4	4	4	4	4	4	4	4	4	4	4	4	4	3	4

Issue Age →	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
Highest Load	0.6092	0.6100	0.6092	0.6625	0.6775	0.7284	0.7400	0.7925	0.8725	0.9342	1.0142	1.1242	1.1750	1.2500	1.3034
Lowest Load	0.0025	0.0417	0.0884	0.6484	0.6600	0.6217	0.6575	0.6092	0.5092	0.4475	0.3492	0.1934	0.1659	0.0942	0.0692
Zero After Year	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3

Issue Age →	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
Highest Load	1.3734	1.4325	1.5242	1.5942	1.6609	1.7675	1.8542	1.9250	1.9992	2.0842	2.1617	2.2392	2.3067	2.3700	2.4659
Lowest Load	0.0159	1.4175	1.4642	1.4984	1.5425	1.5534	1.5909	1.6517	1.7184	1.7825	1.8634	1.9542	2.0659	2.1934	2.2992
Zero After Year	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2

Issue Age →	62	63	64	65	66	67	68	69	70
Highest Load	2.5392	2.6009	2.6484	2.7000	2.7609	2.8300	2.8967	2.9625	3.0192
Lowest Load	2.3167	2.2509	2.2000	2.1442	2.0800	2.0059	1.9350	1.8642	1.8034
Zero After Year	2	2	2	2	2	2	2	2	2

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

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

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



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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1				9.25					16.25	81
2-4				9.50					16.75	80
5-8				9.75					17.25	79
9-10				10.00					17.75	79
11-16				10.25					18.25	77
17-20				12.25					22.25	75
21-22				12.50					22.75	74
23				12.75					23.25	75
24-25				13.00					23.75	74
26				13.50					24.75	75
27-28										74
29										74
30-31										73
32										74
33										74
34										75
35										76
36										76
37										77
38										77
39										78
40										79
41										80
42										81
43										82
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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 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					32.25	71
21-22				18.00					33.75	71
23				18.75					35.25	72
24-25				19.25					36.25	71
26				19.75					37.25	72
27-28										71
29										71
30-31										72
32										72
33										72
34										71
35										72
36										72
37										73
38										73
39										74
40										76
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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".

# SHORT TERM DISABILITY

Manhattan Life | [www.manhattanlife.com](http://www.manhattanlife.com) | 1.855.448.6982

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons. You can choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?

# Livingston Parish School Board

## Disability Income Plus



### A Disability Plan:

- Provides monthly disability income benefit as a result of off-the-job injury or sickness
- Pays benefits directly to you, in addition to any other coverage you may have, unless otherwise designated

### What does disability coverage do?

Benefit	Description
Disability Benefit Amount	<ul style="list-style-type: none"> <li>• Minimum \$300 and a maximum benefit of \$5,000 per month, Guaranteed Issue up to \$3,000</li> <li>• Not to exceed 67% of base monthly benefit</li> </ul>
Plan Design	<ul style="list-style-type: none"> <li>• Injury &amp; Sickness – Provides coverage for disability caused by either an accidental injury or sickness</li> </ul>
Benefit Period	<ul style="list-style-type: none"> <li>• Six Month</li> </ul>
Elimination Period	<ul style="list-style-type: none"> <li>• Non-occupational coverage for off-the-job injuries and off the job sicknesses after 14 or 30 days of total disability. The number of continuous days, beginning with the first day of a total disability, before any monthly benefit is payable.</li> </ul>
Recurrent Disability	<ul style="list-style-type: none"> <li>• Recurs within 180 days of returning to work, elimination period will be waived</li> </ul>
Partial Disability	<ul style="list-style-type: none"> <li>• A 50% benefit for up to 6 months if the employee is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician.</li> </ul>
Pre-Existing	<ul style="list-style-type: none"> <li>• 12/12 – 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</li> </ul>
Waiver of Premium	<ul style="list-style-type: none"> <li>• Premium is waived if the employee is totally disabled for more than 90 days or the elimination period, whichever is longer.</li> </ul>
Pregnancy	<ul style="list-style-type: none"> <li>• Treated as any other illness</li> </ul>
Portability	<ul style="list-style-type: none"> <li>• Portable after six months of continuous coverage, if group master policy remains in force and the insured is less than 70, not Totally Disabled, and no longer Actively at work for the Employer.</li> </ul>
Issue Age	<ul style="list-style-type: none"> <li>• 18 - 69</li> </ul>

**IMPORTANT NOTICE:** This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The benefits provided depend on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

Underwritten by ManhattanLife Assurance Company of America

Policy M-8014



**ManhattanLife**  
Standing By You. Since 1850.

**Disability Income Plus rates**

Standard Industry Classification Code: Custom Rates

14/14 6 months

Uni-Tobacco coverage, monthly payroll deductions including Portability.

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$9.05	\$11.31	\$13.58	\$15.84	\$18.11	\$20.37	\$22.64	\$24.90	\$27.17	\$29.43
36-45	\$9.53	\$11.96	\$14.38	\$16.81	\$19.23	\$21.66	\$24.09	\$26.51	\$28.94	\$31.37
46-55	\$10.74	\$13.57	\$16.39	\$19.22	\$22.05	\$24.88	\$27.71	\$30.54	\$33.37	\$36.20
56-65	\$12.08	\$15.36	\$18.64	\$21.91	\$25.19	\$28.47	\$31.75	\$35.02	\$38.30	\$41.58
66+	\$15.39	\$19.78	\$24.16	\$28.54	\$32.92	\$37.30	\$41.68	\$46.06	\$50.44	\$54.83
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$31.70	\$33.97	\$36.23	\$38.50	\$40.76	\$43.03	\$45.29	\$47.56	\$49.82	\$52.09
36-45	\$33.79	\$36.22	\$38.65	\$41.07	\$43.50	\$45.93	\$48.35	\$50.78	\$53.20	\$55.63
46-55	\$39.03	\$41.85	\$44.68	\$47.51	\$50.34	\$53.17	\$56.00	\$58.83	\$61.66	\$64.49
56-65	\$44.86	\$48.13	\$51.41	\$54.69	\$57.97	\$61.24	\$64.52	\$67.80	\$71.07	\$74.35
66+	\$59.21	\$63.59	\$67.97	\$72.35	\$76.73	\$81.11	\$85.50	\$89.88	\$94.26	\$98.64
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$54.35	\$56.62	\$58.89	\$61.15	\$63.42	\$65.68	\$67.95	\$70.21	\$72.45	\$74.71
36-45	\$58.06	\$60.48	\$62.91	\$65.34	\$67.76	\$70.19	\$72.62	\$75.04	\$77.48	\$79.90
46-55	\$67.31	\$70.14	\$72.97	\$75.80	\$78.63	\$81.46	\$84.29	\$87.12	\$89.95	\$92.77
56-65	\$77.63	\$80.91	\$84.18	\$87.46	\$90.74	\$94.02	\$97.29	\$100.57	\$103.86	\$107.14
66+	\$103.02	\$107.40	\$111.78	\$116.16	\$120.55	\$124.93	\$129.31	\$133.69	\$138.10	\$142.48
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$76.98	\$79.24	\$81.51	\$83.77	\$86.03	\$88.30	\$90.56	\$92.83	\$95.09	\$97.36
36-45	\$82.33	\$84.76	\$87.18	\$89.61	\$92.04	\$94.46	\$96.89	\$99.32	\$101.74	\$104.17
46-55	\$95.60	\$98.43	\$101.26	\$104.09	\$106.92	\$109.75	\$112.58	\$115.41	\$118.23	\$121.06
56-65	\$110.42	\$113.69	\$116.97	\$120.25	\$123.53	\$126.81	\$130.08	\$133.36	\$136.64	\$139.92
66+	\$146.86	\$151.25	\$155.63	\$160.01	\$164.39	\$168.77	\$173.16	\$177.54	\$181.92	\$186.30
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$99.62	\$101.89	\$104.15	\$106.41	\$108.68	\$110.94	\$113.21	\$115.47		
36-45	\$106.60	\$109.02	\$111.45	\$113.88	\$116.30	\$118.73	\$121.16	\$123.58		
46-55	\$123.89	\$126.72	\$129.55	\$132.38	\$135.21	\$138.04	\$140.87	\$143.69		
56-65	\$143.19	\$146.47	\$149.75	\$153.03	\$156.31	\$159.58	\$162.86	\$166.14		
66+	\$190.69	\$195.07	\$199.45	\$203.83	\$208.21	\$212.60	\$216.98	\$221.36		

**Disability Income Plus rates**

Standard Industry Classification Code: Custom Rates

30/30 6 months

Uni-Tobacco coverage, monthly payroll deductions including Portability.

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$6.84	\$8.37	\$9.90	\$11.43	\$12.96	\$14.49	\$16.01	\$17.54	\$19.07	\$20.60
36-45	\$7.22	\$8.87	\$10.53	\$12.19	\$13.84	\$15.50	\$17.15	\$18.81	\$20.47	\$22.12
46-55	\$8.29	\$10.30	\$12.31	\$14.32	\$16.34	\$18.35	\$20.36	\$22.37	\$24.39	\$26.40
56-65	\$9.60	\$12.05	\$14.50	\$16.95	\$19.40	\$21.85	\$24.29	\$26.74	\$29.19	\$31.64
66+	\$12.36	\$15.73	\$19.10	\$22.47	\$25.84	\$29.20	\$32.57	\$35.94	\$39.31	\$42.68
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$22.13	\$23.66	\$25.19	\$26.72	\$28.25	\$29.78	\$31.31	\$32.84	\$34.37	\$35.90
36-45	\$23.78	\$25.43	\$27.09	\$28.74	\$30.40	\$32.06	\$33.71	\$35.37	\$37.02	\$38.68
46-55	\$28.41	\$30.42	\$32.44	\$34.45	\$36.46	\$38.47	\$40.49	\$42.50	\$44.51	\$46.52
56-65	\$34.09	\$36.54	\$38.99	\$41.44	\$43.89	\$46.34	\$48.79	\$51.24	\$53.69	\$56.14
66+	\$46.05	\$49.42	\$52.79	\$56.16	\$59.53	\$62.90	\$66.27	\$69.64	\$73.01	\$76.38
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$37.43	\$38.96	\$40.49	\$42.02	\$43.54	\$45.07	\$46.60	\$48.13	\$49.65	\$51.17
36-45	\$40.34	\$41.99	\$43.65	\$45.30	\$46.96	\$48.62	\$50.27	\$51.93	\$53.57	\$55.23
46-55	\$48.54	\$50.55	\$52.56	\$54.57	\$56.59	\$58.60	\$60.61	\$62.62	\$64.63	\$66.64
56-65	\$58.59	\$61.04	\$63.48	\$65.93	\$68.38	\$70.83	\$73.28	\$75.73	\$78.17	\$80.61
66+	\$79.75	\$83.11	\$86.48	\$89.85	\$93.22	\$96.59	\$99.96	\$103.33	\$106.69	\$110.05
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$52.70	\$54.23	\$55.76	\$57.29	\$58.82	\$60.35	\$61.88	\$63.41	\$64.93	\$66.46
36-45	\$56.88	\$58.54	\$60.19	\$61.85	\$63.51	\$65.16	\$66.82	\$68.47	\$70.13	\$71.78
46-55	\$68.65	\$70.67	\$72.68	\$74.69	\$76.70	\$78.71	\$80.73	\$82.74	\$84.75	\$86.76
56-65	\$83.06	\$85.51	\$87.96	\$90.41	\$92.86	\$95.31	\$97.76	\$100.21	\$102.65	\$105.10
66+	\$113.42	\$116.79	\$120.16	\$123.53	\$126.90	\$130.27	\$133.64	\$137.01	\$140.37	\$143.74
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$67.99	\$69.52	\$71.05	\$72.58	\$74.11	\$75.64	\$77.17	\$78.69		
36-45	\$73.44	\$75.09	\$76.75	\$78.41	\$80.06	\$81.72	\$83.37	\$85.03		
46-55	\$88.78	\$90.79	\$92.80	\$94.81	\$96.82	\$98.84	\$100.85	\$102.86		
56-65	\$107.55	\$110.00	\$112.45	\$114.90	\$117.35	\$119.80	\$122.25	\$124.69		
66+	\$147.11	\$150.48	\$153.85	\$157.22	\$160.59	\$163.96	\$167.33	\$170.69		

# LONG TERM DISABILITY

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 1.800.323.3748

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons. You can choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?





# AF™ Long-Term Disability Income Insurance

Livingston Parish

Marketed by:



EMPLOYER BENEFIT SOLUTIONS  
FOR YOUR INDUSTRY

## Focus on Recovery, Not Expenses

How would you cover your everyday expenses if you experienced an Injury or Sickness and couldn't work for a period of time? AF™ Long-Term Disability Income Insurance provides a steady benefit to cover everyday expenses while you are unable to work due to a covered Disability.

### Plan Highlights



#### Benefits are Payable Directly to You

You have the freedom to use the funds for your daily expenses such as: groceries, mortgage, daycare, etc.



#### Customized to Meet Your Individual Needs

You can select a benefit amount and elimination period that best meets your financial needs.



#### Return-to-Work Benefit

Employees may receive a partial benefit for going back to work part-time while still on Disability.

### Choose the Right Plan for You

**BENEFITS BEGIN** on the day of Disability due to a covered Injury or Sickness.

Plan I	On the 61st day
Plan II	On the 91st day
Plan III	On the 151st day
Plan IV	On the 181st day



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



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



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



**Disability** or disabled for the first 12 months of Disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, Disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience and which provides you with substantially the same earning capacity as your former earning capacity prior to the start of the Disability.

# Benefit Policy Schedule

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

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums			
			Plan I (61st)	Plan II (91st)	Plan III (151st)	Plan IV (181st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$5.32	\$4.48	\$3.36	\$3.24
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$7.98	\$6.72	\$5.04	\$4.86
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$10.64	\$8.96	\$6.72	\$6.48
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$13.30	\$11.20	\$8.40	\$8.10
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$15.96	\$13.44	\$10.08	\$9.72
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$18.62	\$15.68	\$11.76	\$11.34
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$21.28	\$17.92	\$13.44	\$12.96
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$23.94	\$20.16	\$15.12	\$14.58
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$26.60	\$22.40	\$16.80	\$16.20
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$29.26	\$24.64	\$18.48	\$17.82
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$31.92	\$26.88	\$20.16	\$19.44
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$34.58	\$29.12	\$21.84	\$21.06
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$37.24	\$31.36	\$23.52	\$22.68
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$39.90	\$33.60	\$25.20	\$24.30
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$42.56	\$35.84	\$26.88	\$25.92
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$45.22	\$38.08	\$28.56	\$27.54
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$47.88	\$40.32	\$30.24	\$29.16
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$50.54	\$42.56	\$31.92	\$30.78
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$53.20	\$44.80	\$33.60	\$32.40
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$55.86	\$47.04	\$35.28	\$34.02
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$58.52	\$49.28	\$36.96	\$35.64
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$61.18	\$51.52	\$38.64	\$37.26
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$63.84	\$53.76	\$40.32	\$38.88
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$66.50	\$56.00	\$42.00	\$40.50
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$69.16	\$58.24	\$43.68	\$42.12
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$71.82	\$60.48	\$45.36	\$43.74
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$74.48	\$62.72	\$47.04	\$45.36
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$77.14	\$64.96	\$48.72	\$46.98
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$79.80	\$67.20	\$50.40	\$48.60
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$82.46	\$69.44	\$52.08	\$50.22
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$85.12	\$71.68	\$53.76	\$51.84
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$87.78	\$73.92	\$55.44	\$53.46
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$90.44	\$76.16	\$57.12	\$55.08
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$93.10	\$78.40	\$58.80	\$56.70
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$95.76	\$80.64	\$60.48	\$58.32
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$98.42	\$82.88	\$62.16	\$59.94
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$101.08	\$85.12	\$63.84	\$61.56

# Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums			
			Plan I (61st)	Plan II (91st)	Plan III (151st)	Plan IV (181st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$103.74	\$87.36	\$65.52	\$63.18
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$106.40	\$89.60	\$67.20	\$64.80
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$109.06	\$91.84	\$68.88	\$66.42
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$111.72	\$94.08	\$70.56	\$68.04
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$114.38	\$96.32	\$72.24	\$69.66
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$117.04	\$98.56	\$73.92	\$71.28
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$119.70	\$100.80	\$75.60	\$72.90
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$122.36	\$103.04	\$77.28	\$74.52
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$125.02	\$105.28	\$78.96	\$76.14
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$127.68	\$107.52	\$80.64	\$77.76
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$130.34	\$109.76	\$82.32	\$79.38
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$133.00	\$112.00	\$84.00	\$81.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$135.66	\$114.24	\$85.68	\$82.62
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$138.32	\$116.48	\$87.36	\$84.24
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$140.98	\$118.72	\$89.04	\$85.86
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$143.64	\$120.96	\$90.72	\$87.48
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$146.30	\$123.20	\$92.40	\$89.10
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$148.96	\$125.44	\$94.08	\$90.72
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$151.62	\$127.68	\$95.76	\$92.34
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$154.28	\$129.92	\$97.44	\$93.96
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$156.94	\$132.16	\$99.12	\$95.58
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$159.60	\$134.40	\$100.80	\$97.20
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$162.26	\$136.64	\$102.48	\$98.82
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$164.92	\$138.88	\$104.16	\$100.44
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$167.58	\$141.12	\$105.84	\$102.06
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$170.24	\$143.36	\$107.52	\$103.68
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$172.90	\$145.60	\$109.20	\$105.30
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$175.56	\$147.84	\$110.88	\$106.92
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$178.22	\$150.08	\$112.56	\$108.54
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$180.88	\$152.32	\$114.24	\$110.16
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$183.54	\$154.56	\$115.92	\$111.78
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$186.20	\$156.80	\$117.60	\$113.40
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$188.86	\$159.04	\$119.28	\$115.02
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$191.52	\$161.28	\$120.96	\$116.64
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$194.18	\$163.52	\$122.64	\$118.26
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$196.84	\$165.76	\$124.32	\$119.88
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$199.50	\$168.00	\$126.00	\$121.50

# Plan Benefit Highlights

## Maximum Benefit Period

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

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

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

## Social Security Filing Assistance

If you are a candidate for social security Disability benefits, we can assist you with the application and appeal process.

## When Coverage Begins

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

## Physician Expense Benefit

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

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

## Accidental Death Benefit

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

## Hospital Confinement Benefit

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

## Waiver of Premium

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

## Donor Benefit

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



## Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Workers' Compensation law, occupational disease law or any similar act or law.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 90 (Plans I & II), 150 (Plan III), and 180 (Plan IV) calendar days from the date of Disability.

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

## Minimum Disability Benefit

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

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

Your disability payment will be calculated as follows: For the first 36 months disability payments are provided, the disability payment will be the lesser of: (a) the disability benefit described in the benefit schedule; or (b) 70% of your monthly compensation, less any deductible sources of income you receive or are entitled to receive. After 36 months your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No Disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

## Return To Work Incentives: Disabled and Working

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

### • Family Care Benefit

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

### • Worksite Accommodation

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

## Mental Illness Limited Benefit

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

## Alcoholism and Drug Addiction Limited Benefit

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

## Pre-Existing Condition Limitation

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

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

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us. If you leave employment to perform Service in the Uniformed Services and reapply for coverage after release from the uniformed services, including all of your family members and dependents previously covered, shall be reinstated with coverage under the group policy without any restriction because of a pre-existing condition.

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

**Service in the Uniformed Services** means the performance of duty on a voluntary or involuntary basis in a uniformed service under competent authority and includes active duty, active duty for training, initial active duty for training, inactive duty training, full-time national guard duty, and a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform any such duty; service in the armed forces of the United States pursuant to authorization by the United States Congress or presidential proclamation pursuant to the War Powers Resolution; or state active duty by members of the national guard who are activated pursuant to a call of the governor of this state or of any other state as provided for by law.

# Benefit Riders and Limitations

## Hospital Indemnity Limited Benefit Rider

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

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

Daily Benefit	Monthly Premium
\$100.00	\$6.00
\$150.00	\$9.00



## Spousal Accident Only Disability Benefit Rider

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

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

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

## COBRA Funding Rider

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

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

Monthly Benefit Amount	Monthly Premium
\$300.00	\$4.50
\$400.00	\$6.00
\$500.00	\$7.50
\$600.00	\$9.00

## Survivor Benefit Rider

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

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

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

## Critical Illness Benefit Rider

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

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions heart attack, stroke, kidney failure, paralysis, or major organ failure. In the case of heart attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

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

# Benefit Rider Limitations and Exclusions

## Hospital Indemnity Limited Benefit Rider

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

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

## Critical Illness Benefit Rider

The Critical Illness Benefit rider will not be payable for any loss caused by or resulting from: a Critical Illness when the date of diagnosis occurs during the waiting period; a Critical Illness diagnosed outside of the United States; or a Sickness or Injury not specifically defined in this Rider.

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

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

## COBRA Funding Benefit Rider

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

## Spousal Accident Only Disability Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or

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

Spouse means the person you are lawfully married to who is less than age 70. Your spouse must be engaged in Full Time Employment for benefits to be payable. Full Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your spouse is working while self-employed. No benefits are payable for your Spouse under this rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from Spousal abuse.

## Survivor Benefit Rider

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

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

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

## Policy Exclusions

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

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

Your coverage may be extended for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 60 days advance notice. If premium rates are increased we will provide a 45 day advance notice.



### Your benefits, all in one place.

Manage your American Fidelity benefits and reimbursement accounts through your online account or the AFmobile® app.

*Pre-Existing Conditions may apply.*

*This brochure highlights important features of the policy.  
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# CANCER INSURANCE

Guardian Life | [www.guardianlife.com](http://www.guardianlife.com) | 1. 888.600.1600

Thousands of Americans are diagnosed with cancer each day. No doubt, the news is devastating, both personally and financially. It's impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a cancer insurance plan.

It is likely that your major medical coverage will not cover all the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.



**Watch our video**  
How cancer insurance can ease the financial burden of a cancer diagnosis.

# Cancer insurance

If you're diagnosed with cancer, the last thing you need to think about is the cost. Cancer insurance helps ease the financial burden.

Every year, more and more people are diagnosed with cancer. Unfortunately, in addition to bearing the physical and emotional toll of this disease, patients are often saddled with added financial expenses.

## Who is it for?

Cancer insurance is for people who want added financial protection, in addition to their regular health insurance. It comes into play if you are diagnosed with cancer—providing additional financial support to help keep the focus on your cancer treatment and recovery.

## What does it cover?

Cancer insurance benefits can help you handle medical plan deductibles, co-pays and other out-of-pocket costs by providing benefits when you receive radiation or chemotherapy treatment, or are hospitalized for surgery to treat cancer. These benefits can be used for non-medical expenses such as transportation to treatment facilities, and even everyday living expenses like groceries, rent, and mortgage payments.

## Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. The unexpected out-of-pocket expenses of cancer recovery, including transportation, co-pays, and deductibles, can add up fast. What's more, some of the costs you may incur during recovery are non-medical, such as covering a mortgage, childcare, and household expenses. Cancer insurance can help you pay for all of them.

Plus, cancer insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



## Extra support

Sarah's diagnosed with kidney cancer after a screening test and decides to undergo kidney removal surgery.

Average surgical expense: **\$25,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Sarah's still responsible for 20%: **\$4,700**

Total out-of-pocket amount for Sarah (deductible + coinsurance): **\$6,200**

Sarah has Guardian's Cancer Advantage policy, which pays her **\$2,500** as an initial diagnosis benefit and **\$2,100** for a 7-day hospital stay.

This gives her a total of **\$4,600** to help cover a portion of her out-of-pocket amount.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your cancer coverage

## CANCER

COVERAGE - DETAILS	Option 1	Option 2
<b>Your Monthly premium</b>	\$22.98	\$31.64
You and Spouse	\$42.41	\$59.26
You and Child(ren)	\$28.08	\$39.40
You, Spouse and Child(ren)	\$47.51	\$67.02

**INITIAL DIAGNOSIS BENEFIT** - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.

<b>Benefit Amount(s)</b>	Employee \$2,500 Spouse \$2,500 Child \$2,500	Employee \$5,000 Spouse \$5,000 Child \$5,000
<b>Benefit Waiting Period</b> - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days	30 Days

### CANCER SCREENING

<b>Benefit Amount</b>	\$75; \$75 for Follow-Up screening	\$150; \$150 for Follow-Up screening
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### RADIATION THERAPY OR CHEMOTHERAPY

<b>Benefit</b>	Schedule amounts up to a \$15,000 benefit year maximum.	Schedule amounts up to a \$20,000 benefit year maximum.
<b>Pre-Existing Conditions Limitation:</b> A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 month look back period, 12 month exclusion period.	12 month look back period, 12 month exclusion period.
<b>Portability:</b> Allows you to take your Cancer coverage with you if you terminate employment.	Included	Included
<b>Child(ren) Age Limits</b>	Children age birth to 26 years	Children age birth to 26 years

### FEATURES

Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement	\$1,500/trip, limit 2 trips per hospital confinement
Ambulance	\$200/trip, limit 2 trips per hospital confinement	\$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit	25% of surgery benefit
Anti-Nausea	\$50/day up to \$150 per month	\$50/day up to \$150 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year	\$100/day up to \$5,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month	\$100/day up to \$1,000/month



# Your cancer coverage

FEATURES (Cont.)	Option 1	Option 2
Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year	\$100/day up to 90 days per year
Government or Charity Hospital	\$300 per day in lieu of all other benefits	\$300 per day in lieu of all other benefits
Home Health Care	\$50/visit up to 30 visits per year	\$50/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year	\$25/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime	\$50/day up to 100 days/lifetime
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Rider	Pays a daily amount of \$600/day up to 45 days per year if the insured is confined to the ICU for any reason OTHER than Cancer treatment. ICU confinements due to Cancer treatment are covered under our standard Cancer plan.	
Immunotherapy	\$500 per month, \$2500 lifetime max	\$500 per month, \$2500 lifetime max
Inpatient Special Nursing	\$100/day up to 30 days per year	\$100/day up to 30 days per year
Medical Imaging	\$100/image up to 2 per year	\$100/image up to 2 per year
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	\$75/day, up to 90 days per year	\$75/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure	\$250/day, 3 days per procedure
Physical or Speech Therapy	\$25/visit up to 4 visits per month, \$400 lifetime max	\$25/visit up to 4 visits per month, \$400 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max
Reconstructive Surgery	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500
Second Surgical Opinion	\$200/surgery procedure	\$200/surgery procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600

**Specified Disease Rider**

This rider pays for any of the schedule benefits within our standard Cancer plan for a specific list of diseases. The rider only pays for one specified disease on the list during an insured's lifetime. The covered specified diseases are Addison's Disease, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Brucellosis, Cerebrospinal Meningitis (bacterial), Cystic Fibrosis, Diphtheria, Encephalitis, Hansen's Disease, Hepatitis (Chronic B or Chronic C with liver failure or hepatoma), Legionnaire's Disease (confirmation by culture or sputum), Lyme Disease, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Osteomyelitis, Poliomyelitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Rabies, Reye's Syndrome, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Systemic Lupus Erythematosus, Tetanus, Thalassemia, Tuberculosis, Tularemia, or Typhoid Fever



# Your cancer coverage

FEATURES (Cont.)	Option 1	Option 2
Surgical Benefit	Schedule amount up to \$4,125	Schedule amount up to \$4,125
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included	Included

## UNDERSTANDING YOUR BENEFITS :

- Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.
- Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

## LIMITATIONS AND EXCLUSIONS:

### A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue underwriting is required on those enrolling outside of the initial enrollment period or annual open enrollment period.

This plan will not pay benefits for: Services or treatment not included in the Features. Services or treatment provided by a family member. Services or treatment rendered for hospital confinement outside the United States. Any cancer diagnosed solely outside of the United States. Services or treatment provided primarily for cosmetic purposes. Services or treatment for premalignant conditions. Services or treatment for conditions with malignant potential. Services or treatment for non-cancer sicknesses.

Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country.

*If Cancer insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.*

Contract # GP-I-CAN-IC-12

Guardian's Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form # GP-1-CAN-IC-12, et al, GP-1-LAH-12R



# Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

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## Important information



### **Notice Informing Individuals about Nondiscrimination and Accessibility Requirements**

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.

Visit <https://www.guardiananytime.com/notice48> to read more.

### **No Cost Language Services**

Guardian provides language assistance in multiple languages for members who have limited English proficiency.

Visit <https://www.guardiananytime.com/notice46> to read more.

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# CRITICAL ILLNESS INSURANCE

Guardian Life | [www.guardianlife.com](http://www.guardianlife.com) | 1. 888.600.1600

**\*\*\* NEW FOR 2024 PLAN YEAR \*\*\***

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.



# Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

## Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

## What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

## Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments for the first and second time you're diagnosed with a covered illness.

Plus, critical illness insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



## Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **\$53,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **\$10,300.**

Total out-of-pocket amount for John (deductible + coinsurance): **\$11,800.**

John has a **\$10,000** Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.





# Your critical illness coverage

	Option 1		Option 2	
<b>Benefit Amount(s)</b>	Employee may choose a lump sum benefit up to \$30,000. Please see your cost illustration for a full list of available benefit amounts.		Employee may choose a lump sum benefit up to \$30,000. Please see your cost illustration for a full list of available benefit amounts.	
<b>CONDITIONS</b>				
<b>Cancer</b>	<b>1st OCCURRENCE</b>	<b>2nd OCCURRENCE</b>	<b>1st OCCURRENCE</b>	<b>2nd OCCURRENCE</b>
Invasive Cancer	Not Applicable	Not Applicable	100%	100%
Carcinoma In Situ	Not Applicable	Not Applicable	30%	0%
Benign Brain or Spinal Tumor	Not Applicable	Not Applicable	100%	0%
Skin Cancer	Not Applicable	Not Applicable	\$250	\$0
BRCA 1 & BRCA 2	Not Applicable	Not Applicable	30%	Not Covered
Bone Marrow Failure (including Stem Cells)	Not Applicable	Not Applicable	100%	100%
<b>Lung and Vascular Disorder</b>				
Aneurysm	10%	0%	10%	0%
Pulmonary Embolism	30%	0%	30%	0%
Stroke – Moderate	50%	50%	50%	50%
Stroke – Severe	100%	100%	100%	100%
Transient Ischemic Attack (TIA)	10%	0%	10%	0%
<b>Heart Conditions</b>				
Coronary Artery Disease	10%	0%	10%	0%
Coronary Artery Disease – bypass needed	50%	0%	50%	0%
Heart Attack	100%	100%	100%	100%
Heart Failure	100%	100%	100%	100%
Pacemaker	10%	0%	10%	0%
<b>Additional Conditions</b>				
Kidney Failure	100%	100%	100%	100%
Major Organ Failure	100%	100%	100%	100%
	<b>1st OCCURRENCE ONLY</b>		<b>1st OCCURRENCE ONLY</b>	
Addison's Disease		30%		30%
Coma		100%		100%
Loss of Hearing		100%		100%
Loss of Sight		100%		100%
Loss of Speech		100%		100%
Permanent Paralysis		100% for 1 or more limbs		100% for 1 or more limbs
Severe Burns		100%		100%
<b>Chronic Disorders</b>				
Crohn's Disease		30%		30%
Epilepsy		10%		10%
Lupus		30%		30%
Ulcerative Colitis		30%		30%



# Your critical illness coverage

	Option 1	Option 2
<b>Neurological Disorders</b>		
Alzheimer's Disease – Early	50%	50%
Alzheimer's Disease – Advanced	100%	100%
ALS (Lou Gehrig's Disease)	100%	100%
Dementia – other causes	100%	100%
Huntington's Disease	30%	30%
Multiple Sclerosis – Early	50%	50%
Multiple Sclerosis – Advanced	100%	100%
Myasthenia Gravis	30%	30%
Parkinson's Disease – Early	50%	50%
Parkinson's Disease – Advanced	100%	100%
<b>Childhood Illnesses and Disorders</b>		
Autism Spectrum Disorder	100%	100%
Cerebral Palsy	100%	100%
Cleft Lip/Cleft Palate	100%	100%
Club Foot	100%	100%
Congenital Heart Defect	100%	100%
Cystic Fibrosis	100%	100%
Diabetes – Type I	100%	100%
Down Syndrome	100%	100%
Hemophilia	100%	100%
Multisystem Inflammatory Disease (MLS)	100%	100%
Muscular Dystrophy	100%	100%
Spina Bifida	100%	100%
<b>Spouse/Domestic Partner Benefit</b>	May choose a lump sum benefit up to \$15,000. Please see your cost illustration for a full list of available benefit amounts.	May choose a lump sum benefit up to \$15,000. Please see your cost illustration for a full list of available benefit amounts.
<b>Child Benefit-</b> children age Birth to 26 years	50% of employee's lump sum benefit	50% of employee's lump sum benefit
<b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We Guarantee Issue up to: \$30,000  For a spouse: \$15,000  For a child: All Amounts	We Guarantee Issue up to: \$30,000  For a spouse: \$15,000  For a child: All Amounts
	<b>Health questions are required if the elected amount exceeds the Guarantee Issue.</b>	<b>Health questions are required if the elected amount exceeds the Guarantee Issue.</b>



# Your critical illness coverage

	Option 1	Option 2
<b>Portability:</b> Allows you to take your Critical Illness coverage with you if you terminate employment.	Included	Included
<b>Pre-Existing Condition Limitation:</b> A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable	Not Applicable
<b>Waiver of Premium:</b> If you become disabled due to a covered critical illness that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included	Included
<b>Health Screening Benefit</b>	Not Applicable	\$100 Employee, \$100 Spouse, \$100 Child per year limit.

## Condition Definitions

- **BRCA1 or BRCA2 Mutation:** occurs the date you're scheduled to undergo a mastectomy, or ovary or fallopian tube removal prior to a breast or ovarian cancer diagnosis as a preventive measure.
- **Stroke - Moderate:** requires clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage.
- **Stroke - Severe:** a permanent neurological deficit which persists at least 30 days after the event.
- **Coronary Artery Disease:** requires a diagnosis and severity level that requires one or more of the following procedures: atherectomy (rotation or laser), balloon angioplasty, laser angioplasty, stent implantation, thrombectomy (angiojet).
- **Coronary Artery Disease - requiring a bypass:** requires a diagnosis to be of such a severity that it requires one or more coronary artery bypass grafts.
- **Heart Failure:** requires a heart valve replacement or acceptance into the heart transplant waiting list.
- **Kidney Failure:** occurs on the earlier date of when renal or peritoneal dialysis begins, or the date you're accepted onto the kidney transplant waiting list of a recognized kidney transplant program in the United States.
- **Major Organ Failure:** occurs on the date you're accepted onto the liver, pancreas or lung transplant waiting list of a recognized transplant program in the United States.
- **Crohn's Disease:** benefit is available for the initial diagnosis of the disease, not the periodic flare-ups that may occur after the initial diagnosis.
- **Epilepsy:** requires initial diagnosis after at least two seizures, which are 24 hours apart and have no known trigger.
- **Lupus:** requires at least four symptoms be present at time of diagnosis. The benefit is available for initial diagnosis of the disease, not for periodic flare-ups that may occur after the initial diagnosis.
- **Ulcerative Colitis:** benefit is available for the initial diagnosis based on the results of a colonoscopy, not for periodic flare-ups that may occur after the initial diagnosis.
- **Early-Stage Alzheimer's Disease:** occurs on the date a physician diagnoses the progression which causes a loss of cognitive ability and functioning.
- **Advanced Alzheimer's Disease:** occurs on the date a physician diagnoses the cognitive decline to have progressed to the point that there's permanent inability to perform 2 or more Activities of Daily Living.
- **Early-Stage Multiple Sclerosis (MS):** must be diagnosed by a physician and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.



## Your critical illness coverage

- Advanced Stage Multiple Sclerosis (MS): requires neurological deficits for at least six months and confirmed by neurological exams, imaging studies, and analysis of cerebrospinal fluid.
- Early-Stage Parkinson's Disease: occurs on the date diagnosed by a physician with at least 1 symptom(s) affecting movement and the central nervous system.
- Advanced Parkinson's Disease: occurs on the date diagnosed by a physician and requires at least 3 or more symptom(s) affecting movement and the central nervous system.

## Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Your premium will not increase as you age.

Spouse/DP coverage premium is based on Employee age

Child cost is included with employee election.

### Option 1

Benefit Amount	Issue Age	Monthly Premiums Displayed Election Cost Per Age Bracket					
		< 30	30-39	40-49	50-59	60-69	70+
Employee							
\$10,000	Non-tobacco	\$2.50	\$2.80	\$8.40	\$18.90	\$22.50	\$50.90
	Tobacco	\$3.00	\$4.40	\$13.90	\$30.90	\$57.50	\$76.10
\$15,000	Non-tobacco	\$3.75	\$4.20	\$12.60	\$28.35	\$33.75	\$76.35
	Tobacco	\$4.50	\$6.60	\$20.85	\$46.35	\$86.25	\$114.15
\$20,000	Non-tobacco	\$5.00	\$5.60	\$16.80	\$37.80	\$45.00	\$101.80
	Tobacco	\$6.00	\$8.80	\$27.80	\$61.80	\$115.00	\$152.20
\$30,000	Non-tobacco	\$7.50	\$8.40	\$25.20	\$56.70	\$67.50	\$152.70
	Tobacco	\$9.00	\$13.20	\$41.70	\$92.70	\$172.50	\$228.30
<b>Benefit Amount Up To 50% of Employee Amount to a Maximum of \$15,000</b>							
Spouse							
\$5,000	Non-tobacco	\$1.25	\$1.40	\$4.20	\$9.45	\$11.25	\$25.45
	Tobacco	\$1.50	\$2.20	\$6.95	\$15.45	\$28.75	\$38.05
\$7,500	Non-tobacco	\$1.88	\$2.10	\$6.30	\$14.18	\$16.88	\$38.17
	Tobacco	\$2.25	\$3.30	\$10.43	\$23.18	\$43.13	\$57.08
\$10,000	Non-tobacco	\$2.50	\$2.80	\$8.40	\$18.90	\$22.50	\$50.90
	Tobacco	\$3.00	\$4.40	\$13.90	\$30.90	\$57.50	\$76.10
\$15,000	Non-tobacco	\$3.75	\$4.20	\$12.60	\$28.35	\$33.75	\$76.35
	Tobacco	\$4.50	\$6.60	\$20.85	\$46.35	\$86.25	\$114.15

### Option 2

Benefit Amount	Issue Age	Monthly Premiums Displayed Election Cost Per Age Bracket					
		< 30	30-39	40-49	50-59	60-69	70+
Employee							
\$10,000	Non-tobacco	\$6.40	\$8.40	\$18.20	\$37.10	\$44.00	\$79.10
	Tobacco	\$7.40	\$12.60	\$29.70	\$61.10	\$72.60	\$137.40
\$15,000	Non-tobacco	\$9.60	\$12.60	\$27.30	\$55.65	\$66.00	\$118.65
	Tobacco	\$11.10	\$18.90	\$44.55	\$91.65	\$108.90	\$206.10
\$20,000	Non-tobacco	\$12.80	\$16.80	\$36.40	\$74.20	\$88.00	\$158.20
	Tobacco	\$14.80	\$25.20	\$59.40	\$122.20	\$145.20	\$274.80
\$30,000	Non-tobacco	\$19.20	\$25.20	\$54.60	\$111.30	\$132.00	\$237.30
	Tobacco	\$22.20	\$37.80	\$89.10	\$183.30	\$217.80	\$412.20
<b>Benefit Amount Up To 50% of Employee Amount to a Maximum of \$15,000</b>							
Spouse							
\$5,000	Non-tobacco	\$3.20	\$4.20	\$9.10	\$18.55	\$22.00	\$39.55
	Tobacco	\$3.70	\$6.30	\$14.85	\$30.55	\$36.30	\$68.70

	Issue Age	< 30	30-39	40-49	50-59	60-69	70+
\$7,500	<b>Non-tobacco</b>	<b>\$4.80</b>	<b>\$6.30</b>	<b>\$13.65</b>	<b>\$27.83</b>	<b>\$33.00</b>	<b>\$59.33</b>
	Tobacco	\$5.55	\$9.45	\$22.28	\$45.83	\$54.45	\$103.05
\$10,000	<b>Non-tobacco</b>	<b>\$6.40</b>	<b>\$8.40</b>	<b>\$18.20</b>	<b>\$37.10</b>	<b>\$44.00</b>	<b>\$79.10</b>
	Tobacco	\$7.40	\$12.60	\$29.70	\$61.10	\$72.60	\$137.40
\$15,000	<b>Non-tobacco</b>	<b>\$9.60</b>	<b>\$12.60</b>	<b>\$27.30</b>	<b>\$55.65</b>	<b>\$66.00</b>	<b>\$118.65</b>
	Tobacco	\$11.10	\$18.90	\$44.55	\$91.65	\$108.90	\$206.10

## EXCLUSIONS AND LIMITATIONS

### A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 6 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a doctor. If one illness causes or contributes to another illness, we'll pay benefits for only one of these illnesses. We'll pay for the illness that has the larger benefit. If the benefit amounts for the illness are the same, we'll let you choose which one we pay.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

*The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..*

*If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..*

Contract # CI – 23 - P

Guardian's Critical Illness Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form # GP-1-LAH-12R; CI – 23 - P

# ACCIDENT INSURANCE

Manhattan Life | [www.manhattanlife.com](http://www.manhattanlife.com) | 1.855.448.6982

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit

# Accident

Protection that surrounds you and your family



## Accident coverage can protect your whole family

An Accident plan offers coverage for accidents, injuries, ambulance services, and accidental death in addition to your primary medical insurance. It is also available to your spouse and children – a plan that can protect your whole family.

## Why do I need Accident coverage?

Here are a few facts to consider from the National Center for Health Statistics:

- Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during sports or leisure activities, and 44 percent occurred in or around the home.
- Where the external cause of nonfatal injuries is specified, falls are the leading cause of inpatient and outpatient care in emergency rooms, outpatient clinics and doctors' offices.
- Injuries due to motor vehicle traffic accidents and striking against or being struck accidentally by objects also make up a large portion of injuries.

## Here's how it works

When you or a covered family member has an Accident, you may seek treatment from a physician, urgent care or hospital. Based on the Accident plan you choose, you will receive a benefit paid directly to you to assist with medical plan deductibles and bills from your provider.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife's New Business Department.



## Accident Reimbursement Coverage

<b>Coverage type</b>	Accident Insurance provides expense reimbursement for actual charges up to policy maximum. Coverage is for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness.		
<b>Product</b>	<b>Policy Type:</b>	Group	
	<b>Policy Name:</b>	Accident Reimbursement Insurance	
	<b>Policy Form:</b>	M-8016	
<b>Eligibility</b>	<b>Issue Ages:</b>	Employee:	18 – 70
		Spouse:	18 – 70
		Child:	Under age 26
	<b>Criteria:</b>	<ul style="list-style-type: none"> <li>Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage.</li> <li>Spouse includes domestic partner where allowed by state and Employer.</li> </ul>	
	<b>Termination Age:</b>	<ul style="list-style-type: none"> <li>Employee: Age 70 unless actively at work, then on last day of active employment.</li> <li>Spouse: Age 70, or when Employee terminates, whichever is earlier.</li> <li>Child: Age 26, or when Employee terminates, whichever is earlier.</li> </ul>	
	<b>Guarantee Issue</b>		
<b>Underwriting Offer</b>	<b>Employee:</b>	Guarantee Issue	
	<b>Spouse:</b>	Guarantee Issue	
	<b>Child(ren):</b>	Guarantee Issue	
<b>Target Participation</b>	<b>Minimum to Issue:</b>	2 Employees enrolled	
	<b>Participation Expectation:</b>	2 Employees enrolled	

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife's New Business Department.

## Benefits and Features

	Level One	Level Two
<b>*Accident Medical Expense</b>	\$500	\$1,000
<b>*Ground Ambulance</b>	\$75	\$150
<b>*Air Ambulance</b>	\$150	\$300
<b>Hospital Indemnity</b>	\$75	\$150
<b>First Hospitalization Benefit</b>	\$250	\$500
<b>**Fracture and Dislocation Benefit</b>	\$750	\$1,500

<b>Accidental Death, Dismemberment and Loss of Sight (AD&amp;D)</b>	Level One	Level Two
<b>Loss of Life</b>	\$25,000	\$50,000
<b>Any Combination of Two or More Hands, Feet, or Eyes</b>	\$25,000	\$50,000
<b>Loss of Single Hand, Foot or Eye</b>	\$12,500	\$25,000
<b>Multiple Fingers and/or Toes</b>	\$2,500	\$5,000
<b>Single Finger or Toe</b>	\$1,250	\$2,500
<b>Common Carrier Accidental Death, Dismemberment and Loss of Sight</b>	\$50,000	\$100,000

Spouses benefit 50% and Dependent Child(ren) benefit 25% of the Employee amounts.

\*Actual expenses up to the amount listed.

\*\*Pays percentage of the benefit listed depending on location of Fracture or Dislocation.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife's New Business Department.

## Fractures and Dislocation Benefits

Covered Conditions		Percent Payment
<b>Fractures</b>	Hip Bone (pelvis) or Femur:	100%
	Vertebra:	75%
	Skull (depressed or ping-pong fracture):	65%
	Leg (tibia or fibula):	50%
	Bones of Foot, Ankle, Kneecap, Hand, Wrist, or Forearm (radius or ulna):	40%
	Lower Jaw, Shoulder Blade, Collar Bone:	35%
	Upper Arm, Upper Jaw, Skull (simple, non-depressed fracture):	25%
	Facial Bones (or nose):	20%
	Finger, Toe, Rib, Coccyx:	6%
<b>Dislocations</b>	Hip:	100%
	Knee (except patella):	50%
	Foot (except toes):	35%
	Ankle, Shoulder:	35%
	Hand (except fingers):	20%
	Lower Jaw, Wrist, Elbow:	20%
	Finger, Toe:	6%
<b>Total Disability Premium Waiver</b>	Included	
<b>Portability</b>	Included	

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife's New Business Department.

## Benefit Definitions

**ACCIDENT MEDICAL EXPENSE:** Pays the actual expenses up to the amount selected for diagnosis or treatment by a physician or in an emergency room. Emergency room visits are limited to three per calendar year.

**GROUND AMBULANCE:** Pays actual expenses up to the amount selected if injury requires ground ambulance transportation. The benefit is limited to one trip per accident.

**AIR AMBULANCE:** Pays actual expenses up to the amount selected if injury requires air ambulance transportation. Limit one trip per accident.

**HOSPITAL INDEMNITY:** Pays a benefit equal to the amount selected if an injury requires inpatient hospital confinement, including a room charge that starts within 30 days after the accident. The benefit is limited to 30 days per accident.

**FIRST HOSPITALIZATION BENEFIT:** Once per year for an accident; must be admitted for at least 24 hours.

**FRACTURE AND DISLOCATION BENEFIT:** Pays a percentage of the benefit selected based upon the fracture or dislocation.

**TOTAL DISABILITY PREMIUM WAIVER:** If the insured becomes disabled before age 65, and as results of injuries suffered in an accident, premiums will be waived after 90 days of total and continuous disability. Limit 12 months per disability.

**FULL PORTABILITY:** Employee is able to continue their coverage if they leave their Employer. Coverage is portable assuming the following parameters are met:

- Employee is less than 70;
- Insured is not totally disabled;
- Is no longer Actively at Work as an Employee.
- Master Policy must be in force on the date insured ports the coverage. In force ported policies may continue beyond the termination date of the master policy.

Employees on ported coverage terminate at age 70. Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25, or when the primary insured's insurance terminates.

## Accident Rates

### Rate Assumption Information

<b>Rate Structure:</b>	Composite
<b>Tobacco Status:</b>	Uni-Tobacco
<b>Rate Guarantee Period:</b>	One (1) Year
<b>Contributions:</b>	100% Employee paid
<b>Commissions:</b>	Heaped
<b>Coverage Type:</b>	non-occupational
<b>Benefits Included:</b>	As shown above in the Benefits and Optional Benefits sections.
<b>Participation Expectation:</b>	2 Employees enrolled

Benefit:	Monthly (12) premium			
	Employee	Employee/Spouse	Employee/Child(ren)	Family
<b>Level 1</b>	\$10.15	\$20.30	\$24.15	\$34.30

Note: Final implementation rate may vary slightly due to rounding

Benefit:	Monthly (12) premium			
	Employee	Employee/Spouse	Employee/Child(ren)	Family
<b>Level 2</b>	\$12.60	\$25.20	\$30.00	\$42.60

Note: Final implementation rate may vary slightly due to rounding

## PRODUCT QUALIFICATIONS AND CONTINGENCIES

- If benefit is elected, they are included on all covered lives.
- Group may elect a maximum of two coverage plans.
- Riders apply to all accident plans chosen.
- If spouse is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If both parents are Employees of the company, then the child(ren) may be covered under only one parent, not both.
- Offer is based on no other accident plans are in force.
- Please refer to certificate/policy for full benefit and limitation information.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company, and ManhattanLife Insurance Company for FL, NJ, & NY. Applications will not be accepted under this offer until written acceptance of this offer, the Employer Agreement and minimum Participation Requirements are received in ManhattanLife's New Business Department.

# 403(b) RETIREMENT PLANS

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) |  
1.800.523.8422, option 2 | [retirement@ffga.com](mailto:retirement@ffga.com)

The 403(b) can be an excellent way to save money for retirement. It can serve as a supplement to a traditional pension plan or other retirement plan(s), or as a stand-alone plan. The 403(b) is a tax deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. The 403(b) is named after the section of the IRS code governing it.

## HOW A 403(B) WORKS

Employees enroll and participate through their employer. Contributions to a 403(b) are made on a pre-tax basis through a Salary Reduction Agreement. This is an arrangement where the participating employee agrees to take a reduction in salary. The amount by which the salary is reduced is directed to investments offered through the employer and selected by the employee. These contributions are called elective deferrals and are excluded from the employee's taxable income. Contributions grow tax-deferred until the time of retirement when withdrawals are taxed as ordinary income.

## BENEFITS

- Tax deferred growth: no annual taxation on earnings
- Investment options: fixed annuities, variable annuities, or mutual funds
- Competitive interest rates
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan.
- Receive periodic account statements

## CONTRIBUTION LIMITS

Participants may contribute up to \$23,000 for year 2024 Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500 in 2024, for a total of \$30,500.

# 457(b) RETIREMENT PLANS

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) |  
1.800.523.8422, option 2 | [retirement@ffga.com](mailto:retirement@ffga.com)

A 457(b) plan is a Tax Deferred Retirement Plan available to employees of state and local governmental agencies, including public school employees. They are similar to 401(k) plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on what you contribute or your earnings made until you withdraw the money.

## BENEFITS

- Investment options: fixed annuities, variable annuities, or mutual funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan
- Receive periodic account statements
- No 10% federal penalty on interest or earnings for early withdrawal
- No current federal income taxes on the money you put into the plan until it is time to take withdrawals

## CONTRIBUTION LIMITS

Participants may contribute up to \$23,000 for year 2024. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500 in 2024, for a total of \$30,500.

# LIFE/LONG TERM CARE INSURANCE

Combined | [www.combinedinsurance.com](http://www.combinedinsurance.com) | 1.855.241.9891

To fully equip yourself for the future, consider adding a long term care plan to your insurance portfolio. Most health insurance plans will not cover long term care services such as skilled in-home care, nursing home facilities, assisted living centers or adult day care. If you had a long term care insurance plan in place, you would have peace of mind knowing that these costs are covered.

A long term care insurance plan is there for you whenever you need it as long as the premiums are paid and the policy is still in force. And while we usually think of senior citizens being the ones who need a long term care plan, the truth is that any person at any age can claim benefits when it's necessary.

A long term care plan allows your loved ones to be there for you as a family member, not a caretaker. Plus, it helps preserve your assets so you can continue building your nest egg. Benefits are paid through payroll deduction, and the plan may be converted to an individual policy if you leave your employer.

Sit down with your First Financial Account Manager to discuss your group long-term care plan and choose the coverage the works best for you and your family.



## LifeTime Benefit Term



### Life Insurance— Valuable protection for your loved ones



You work hard to provide a good life for your family. However, what if something happened to you? Would your family be able to continue covering expenses you may have today like mortgage payments, childcare, credit card payments, college tuition and other household expenses? What about burial expenses or expenses for long term care like nursing home or assisted living care?

Many families would struggle, especially if the primary wage earner died. And few families are able to afford nursing home care without some type of financial assistance.

LifeTime Benefit Term can help.

52% of people  
turning age 65 will  
need some type of  
Long Term Care.<sup>1</sup>

\$85,775  
median annual  
nursing home cost,  
semi-private room  
in 2017.<sup>1</sup>

35% of households  
would feel the  
financial impact...  
if the primary wage  
earner died.<sup>2</sup>

## LifeTime Benefit Term Provides You with the Protection Your Family Needs

LifeTime Benefit Term helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses.

Cash benefits can also be paid directly to you while you are living for long term care expenses.

## You Decide How You Want to Use LifeTime Benefit Term Benefits

When you make the promise to protect your family with LifeTime Benefit Term, there are several ways it can work.

### As Life Insurance

LifeTime Benefit Term protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses.

### For Long Term Care\* (LTC)

If you become chronically ill, LifeTime Benefit Term will pay you 4% of your death benefit each month you receive Long Term Care. You can use this money any way you choose, and your life insurance premiums will be waived.

- Your death benefit will reduce proportionately each month as you receive benefit payments for Long Term Care. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero.
- With Extension of Benefits\*, if you continue to need LTC after you have exhausted your Death Benefits, you can receive up to 50 more months of benefits, for a total of 75 months of LTC benefits.

### Restoration of Your Death Benefit

Ordinarily, accelerating your life coverage for Long Term Care benefits can reduce your death benefit to \$0. While in force, this rider restores your life coverage to not less than 50% of the death benefit on which your LTC benefits were based, not to exceed \$50,000. This rider assures there will be a death benefit available for your beneficiary until you reach age 121.



How LifeTime Benefit Term Can Be Used					
Three Options	Life Situation	Death Benefit	Long Term Care	Long Term Care Extension	Total Benefits
<b>1. Life Insurance</b>	You lead a full life and do not need Long Term Care (LTC)	\$100,000	---	---	\$100,000
<b>2. Long Term Care (LTC) insurance</b>	You lead a full life and need assisted living or nursing home care	---	\$100,000	---	
<b>3. Split your Death Benefit for LTC &amp; life insurance</b>	You lead a full life but also need some LTC funds (Example: 4% of \$100,000 for 12 months)	\$52,000	\$48,000	---	
Additional Coverage for Long Term Care and Death Benefits					
<b>Extra Long Term Care for up to 50 additional months</b>	You lead a full life and need extended benefits for assisted living or nursing home care	---	---	\$200,000	\$200,000
<b>Restore your Death Benefit</b>	If you deplete your entire Death Benefit due to LTC, we restore your Death Benefit to 50% of your original death benefit	\$50,000	---	---	\$50,000
<b>Option 1, 2 or 3 + Extra LTC Coverage + Restoration of Death Benefit = TOTAL COVERAGE</b>					<b>\$350,000</b>

## Term Life Insurance Built for Today

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### Guaranteed Premiums\*

Life insurance premiums will never increase and are guaranteed to age 100. Thereafter no additional premium is due while the coverage can continue to age 121.

### Guaranteed Benefits During Working Years

Death Benefit is guaranteed 100% when it is needed most—during your working years when your family is relying on your income. While the policy is in force, the death benefit is 100% guaranteed for the longer of 25 years or age 70.

### Guaranteed Benefits After Age 70

After age 70, when income is less relied upon, the benefit is guaranteed to never be less than 50% of the original death benefit. And based on current interest rates and mortality assumptions, the full death benefit is designed to last a lifetime.

### Paid-up Benefits

After 10 years, paid up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.

### Long Term Care (LTC)\*

If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid.

### Extension of Benefits\*

Extends the monthly Long Term Care benefit for up to an additional 50 months, after 100% of the base death benefit has been used for LTC.

### Terminal Illness

After your coverage has been in force for 30 days, you can receive 50% of your death benefit, up to \$100,000, if you are diagnosed as terminally ill.



Good things happen every day, and unfortunately hardship happens too. Let us help you protect everything you value.

## Additional Benefit Options *(additional premiums required)*

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### Accidental Death

Doubles the death benefit if death results from an accident.

### Waiver of Premium

Waives premium if you become totally disabled.

### Payor Waiver of Premium

Waives premium of your spouse, if you become totally disabled.

\* LTC and Extension of Benefits premiums may be adjusted based upon the experience of the group or other group characteristics that may affect results. Premiums will not be increased solely because of an independent claim. New premiums will be based on the insured's age and premium class on the rider's coverage date.

## LifeTime Benefit Term Features

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### Affordable Financial Security

Lifelong protection with premiums beginning as low as \$3 per week.

### Dependable Guarantees

Guaranteed life insurance premium and death benefits last a lifetime.

### Highly Competitive Rates

For the same premium, LifeTime Benefit Term provides higher benefits than permanent life insurance and lasts to age 121.

### Fully Portable and Guaranteed Renewable for Life

Your coverage cannot be cancelled as long as premiums are paid as due.

### Family Coverage

Coverage is available for your spouse, children and dependent grandchildren.

## LifeTime Benefit Term Exclusions

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If the insured commits suicide, while sane or insane, within two years (one year in some states) from the Date of Issue, and while this Coverage is in force, We will pay in one sum to the Beneficiary, the amount of premiums paid for this Coverage.

### Long Term Care Exclusions

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We will not pay Long Term Care benefits for care that is received or loss incurred as a result of: 1) an intentionally self-inflicted injury, or attempted suicide; or 2) war or any act of war, declared or undeclared, or service in the armed forces of any country; or 3) the Insured's participation in a felony, riot or insurrection.

We will not pay Long Term Care benefits if the Confinement, Home Health Care services, or Adult Day Care service: 1) is for alcoholism or drug addiction; or 2) is received outside the United States and its territories; or 3) is provided by ineligible providers; or 4) is rendered by members of the Certificateholder's or the Insured's Immediate Family.

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If you have questions about this product contact (855) 241-9891.

This document is a brief description of Form Nos. C34544LA and P34544LA and riders: Accidental Death Benefit=34545, Waiver of Premium=34551, Payor Waiver of Premium=34549, Restoration of Death Benefits=34559, Accelerated Death Benefit for Terminal Illness=34550, Long Term Care=34553 and Extension of Benefits=34554). Refer to your policy for specific details about benefits, exclusions and limitations.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

1. Long-Term Support and Services Fact Sheet. AARP Public Policy Institute, March 2017, [www.aarp.org](http://www.aarp.org)
2. The 2018 Insurance Barometer Study. Life Happens, LIMRA

**Chubb. Insured.<sup>SM</sup>**

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. This insurance product is underwritten by Combined Insurance Company of America, Chicago, IL, a Chubb company.

**CHUBB Workplace Benefits**

**Defined Benefit (OPTIONAL AMOUNTS)**

**Lifetime Benefit Term Quotes, Page 1 of 1**

**Monthly (12 times)**

Generated from Quote System (...035\_170518.xls)

**RIDERS INCLUDED(\*): TI, LTC75 RR50%,**

**Prepared For: Sample rates**

**Class: M30\_NS\_LA**

Riders	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	
Iss Age	\$ 10,000	\$ 25,000	\$ 50,000	\$ 75,000	\$ 100,000	\$ 125,000	\$ 150,000	
19	N/A	N/A	22.75	34.12	45.50	56.87	68.25	
20	N/A	N/A	22.75	34.12	45.50	56.87	68.25	
21	N/A	N/A	23.17	34.75	46.33	57.91	69.50	
22	N/A	N/A	23.58	35.37	47.16	58.96	70.75	
23	N/A	N/A	24.04	36.06	48.08	60.10	72.12	
24	N/A	N/A	24.54	36.81	49.08	61.35	73.62	
25	N/A	N/A	25.04	37.56	50.08	62.60	75.12	
26	N/A	N/A	25.92	38.87	51.83	64.79	77.75	
27	N/A	13.44	26.87	40.31	53.75	67.18	80.62	
28	N/A	13.94	27.87	41.81	55.75	69.68	83.62	
29	N/A	14.44	28.87	43.31	57.75	72.18	86.62	
30	N/A	14.94	29.87	44.81	59.75	74.68	89.62	
31	N/A	15.57	31.15	46.72	62.30	77.87	93.45	
32	N/A	16.27	32.55	48.82	65.10	81.37	97.65	
33	N/A	16.95	33.91	50.86	67.81	84.77	101.72	
34	N/A	17.67	35.35	53.02	70.70	88.37	106.05	
35	N/A	18.50	37.00	55.50	74.00	92.50	111.00	
36	N/A	19.49	38.98	58.47	77.96	97.45	116.95	
37	N/A	20.52	41.05	61.57	82.10	102.62	123.15	
38	N/A	21.60	43.20	64.80	86.40	108.00	129.59	
39	N/A	22.78	45.56	68.33	91.11	113.89	136.67	
40	N/A	23.96	47.91	71.87	95.83	119.79	143.74	
41	N/A	25.25	50.51	75.76	101.01	126.27	151.52	
42	N/A	26.61	53.22	79.83	106.45	133.06	159.67	
43	N/A	28.01	56.02	84.03	112.05	140.06	168.07	
44	N/A	29.49	58.99	88.48	117.98	147.47	176.97	
45	N/A	31.06	62.12	93.18	124.25	155.31	186.37	
46	13.25	33.13	66.26	99.38	132.51	165.64	198.77	
47	14.14	35.34	70.68	106.02	141.36	176.70	212.04	
48	15.08	37.70	75.40	113.10	150.79	188.49	226.19	
49	16.06	40.14	80.28	120.42	160.56	200.70	240.84	
50	17.14	42.85	85.70	128.56	171.41	214.26	257.11	
51	18.17	45.43	90.85	136.28	181.71	227.14	272.56	
52	19.26	48.15	96.30	144.44	192.59	240.74	288.89	
53	20.39	50.97	101.95	152.92	203.89	254.86	305.84	
54	21.59	53.99	107.97	161.96	215.94	269.93	323.91	
55	22.85	57.12	114.25	171.37	228.49	285.61	342.74	
56	24.71	61.78	123.56	185.34	247.12	308.90	370.69	
57	26.70	66.75	133.50	200.25	267.01	333.76	400.51	
58	28.80	71.99	143.99	215.98	287.97	359.96	431.96	
59	30.99	77.46	154.93	232.39	309.85	387.32	464.78	
60	33.30	83.25	166.49	249.74	332.99	416.23	499.48	
61	36.25	90.63	181.26	271.89	362.52	453.15	543.78	
62	39.31	98.26	196.53	294.79	393.05	491.31	589.58	
63	42.56	106.40	212.79	319.19	425.58	531.98	638.37	
64	45.94	114.84	229.68	344.52	459.36	574.21	689.05	
65	49.50	123.75	247.49	371.24	494.98	618.73	742.47	
66	55.14	137.84	275.69	413.53	551.38	689.22	827.07	
67	61.04	152.61	305.22	457.83	610.44	763.05	915.66	
68	67.26	168.15	336.29	504.44	672.59	840.74	1,008.88	
69	73.81	184.52	369.04	553.55	738.07	922.59	1,107.11	
70	80.76	201.91	403.82	605.73	807.63	1,009.54	1,211.45	

Actual premiums may vary slightly due to administrative system rounding.

(\*) Rider Keys: TI=Terminal Illness Accelerated Benefit: All ages, LTC75 RR50%=LTC Accelerated Benefit (excluding term riders) up to 25 months PLUS Extension of Benefits to 75 months, Restoration rider restores up to 50% of death benefits: Ages 18-70 (No EOB ages 71-80),

Initial death benefit is guaranteed to later of 25 years or age 70. After this period, death benefit is projected level to age 121. Guarantees are based upon 2.00% interest and guaranteed insurance charges. Non-guaranteed benefits include credits based upon 3.5% interest and current insurance charges. The Age Paid Up is the attained age where the initial base death benefit (excluding death benefit provided by term rider) is projected to be fully paid-up under current assumptions. The plan has no cash surrender or loan values. Underwritten by Combined Insurance Company of America.

**CHUBB Workplace Benefits**

**Defined Benefit (OPTIONAL AMOUNTS)**

**Lifetime Benefit Term Quotes, Page 1 of 1**

**Monthly (12 times)**

Generated from Quote System (...035\_170518.xls)

**RIDERS INCLUDED(\*): TI, LTC75 RR50%,**

**Prepared For: Sample rates**

**Class: M30\_SM\_LA**

Riders	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	TI, LTC75 RR50%	
Iss Age	\$ 10,000	\$ 25,000	\$ 50,000	\$ 75,000	\$ 100,000	\$ 125,000	\$ 150,000	
19	N/A	14.50	29.00	43.50	58.00	72.50	87.00	
20	N/A	14.50	29.00	43.50	58.00	72.50	87.00	
21	N/A	14.85	29.71	44.56	59.41	74.27	89.12	
22	N/A	15.21	30.42	45.62	60.83	76.04	91.25	
23	N/A	15.60	31.21	46.81	62.41	78.02	93.62	
24	N/A	16.04	32.08	48.12	64.16	80.21	96.25	
25	N/A	16.46	32.92	49.37	65.83	82.29	98.75	
26	N/A	17.08	34.17	51.25	68.33	85.41	102.50	
27	N/A	17.75	35.50	53.25	71.00	88.75	106.50	
28	N/A	18.40	36.79	55.19	73.58	91.98	110.37	
29	N/A	19.04	38.08	57.12	76.16	95.20	114.25	
30	N/A	19.71	39.42	59.12	78.83	98.54	118.25	
31	N/A	20.60	41.20	61.80	82.40	103.00	123.60	
32	N/A	21.57	43.15	64.72	86.30	107.87	129.44	
33	N/A	22.49	44.97	67.46	89.95	112.43	134.92	
34	N/A	23.48	46.96	70.45	93.93	117.41	140.89	
35	N/A	24.48	48.96	73.43	97.91	122.39	146.87	
36	N/A	25.67	51.35	77.02	102.70	128.37	154.04	
37	N/A	26.99	53.99	80.98	107.98	134.97	161.97	
38	N/A	28.32	56.63	84.95	113.26	141.58	169.89	
39	N/A	29.87	59.73	89.60	119.46	149.33	179.19	
40	N/A	31.33	62.66	94.00	125.33	156.66	187.99	
41	13.31	33.27	66.55	99.82	133.09	166.37	199.64	
42	14.13	35.32	70.64	105.96	141.28	176.60	211.92	
43	14.97	37.43	74.86	112.28	149.71	187.14	224.57	
44	15.86	39.64	79.28	118.92	158.56	198.20	237.84	
45	16.83	42.08	84.16	126.24	168.33	210.41	252.49	
46	17.97	44.92	89.84	134.76	179.68	224.60	269.51	
47	19.19	47.99	95.97	143.96	191.94	239.93	287.91	
48	20.49	51.22	102.44	153.66	204.88	256.09	307.31	
49	21.84	54.60	109.20	163.79	218.39	272.99	327.59	
50	23.29	58.23	116.45	174.68	232.91	291.13	349.36	
51	24.80	62.00	124.00	186.01	248.01	310.01	372.01	
52	26.42	66.05	132.09	198.14	264.19	330.24	396.28	
53	28.09	70.22	140.44	210.65	280.87	351.09	421.31	
54	29.83	74.58	149.15	223.73	298.30	372.88	447.46	
55	31.66	79.14	158.29	237.43	316.57	395.71	474.86	
56	34.14	85.35	170.71	256.06	341.42	426.77	512.13	
57	36.80	92.00	184.01	276.01	368.02	460.02	552.03	
58	39.55	98.86	197.73	296.59	395.45	494.31	593.18	
59	42.45	106.14	212.27	318.41	424.55	530.69	636.82	
60	45.49	113.72	227.45	341.17	454.90	568.62	682.35	
61	49.45	123.63	247.27	370.90	494.53	618.16	741.80	
62	53.54	133.85	267.71	401.56	535.41	669.26	803.12	
63	57.91	144.78	289.56	434.35	579.13	723.91	868.69	
64	62.39	155.98	311.96	467.94	623.93	779.91	935.89	
65	67.14	167.85	335.69	503.54	671.39	839.24	1,007.08	
66	74.72	186.79	373.59	560.38	747.17	933.96	1,120.76	
67	82.66	206.65	413.31	619.96	826.62	1,033.27	1,239.93	
68	91.02	227.56	455.12	682.67	910.23	1,137.79	1,365.35	
69	99.84	249.61	499.21	748.82	998.43	1,248.03	1,497.64	
70	109.18	272.95	545.89	818.84	1,091.79	1,364.74	1,637.68	

Actual premiums may vary slightly due to administrative system rounding.

(\*) Rider Keys: TI=Terminal Illness Accelerated Benefit: All ages, LTC75 RR50%=LTC Accelerated Benefit (excluding term riders) up to 25 months PLUS Extension of Benefits to 75 months, Restoration rider restores up to 50% of death benefits: Ages 18-70 (No EOB ages 71-80),

Initial death benefit is guaranteed to later of 25 years or age 70. After this period, death benefit is projected level to age 121. Guarantees are based upon 2.00% interest and guaranteed insurance charges. Non-guaranteed benefits include credits based upon 3.5% interest and current insurance charges. The Age Paid Up is the attained age where the initial base death benefit (excluding death benefit provided by term rider) is projected to be fully paid-up under current assumptions. The plan has no cash surrender or loan values. Underwritten by Combined Insurance Company of America.

This quote sheet intended for enrollment use by agent only. A detailed illustration explaining all guaranteed and non-guaranteed benefits and premiums will be provided to Certificateholder upon delivery of the coverage certificate or earlier upon request.

# COBRA

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.800.523.8422, option 4

Life is full of unexpected events that may impact your health insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your group health coverage such as medical, dental, vision insurance and flexible spending accounts for a limited period of time.

## HIGHLIGHTS

- Temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work, divorce, death or a child no longer qualifying as a dependent. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
- Either you or your family member are responsible for notifying your employer of a divorce, legal separation or child losing dependent status within 60 days of the event. In the case of termination, death or reduction in hours, your employer will be responsible for letting the provider know that you have the right to continue coverage under COBRA.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

# CLEVER RX

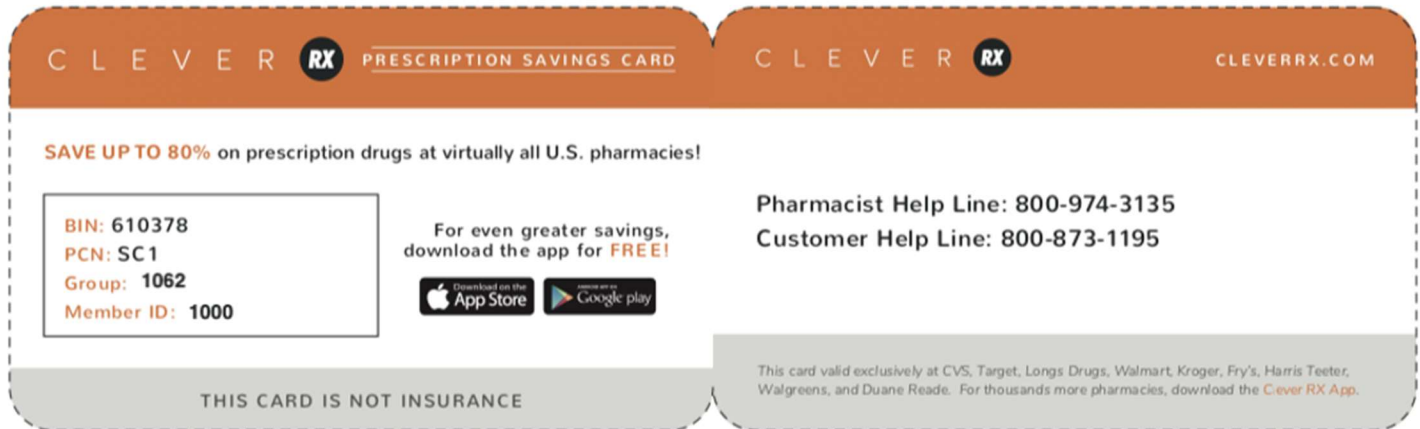
Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

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>.



The image shows a Clever RX Prescription Savings Card. The card has an orange header with the Clever RX logo and the text 'PRESCRIPTION SAVINGS CARD' and 'CLEVERRX.COM'. Below the header, it says 'SAVE UP TO 80% on prescription drugs at virtually all U.S. pharmacies!'. On the left, there is a box containing the following information: BIN: 610378, PCN: SC1, Group: 1062, Member ID: 1000. In the center, there is a message: 'For even greater savings, download the app for FREE!' with icons for the App Store and Google Play. On the right, there are two phone numbers: Pharmacist Help Line: 800-974-3135 and Customer Help Line: 800-873-1195. At the bottom, there is a grey bar with the text 'THIS CARD IS NOT INSURANCE' and a disclaimer: 'This card valid exclusively at CVS, Target, Longs Drugs, Walmart, Kroger, Fry's, Harris Teeter, Walgreens, and Duane Reade. For thousands more pharmacies, download the Clever RX App.'

C L E V E R **RX** PRESCRIPTION SAVINGS CARD

C L E V E R **RX** CLEVERRX.COM

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Download on the App Store | GET IT ON Google play

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