

EMPLOYEE BENEFITS OVERVIEW GUIDE

PLAN YEAR:
SEPTEMBER 1, 2018 –
AUGUST 31, 2019

LACKLAND ISD



WHAT'S INSIDE?

EMPLOYEE BENEFITS CENTER

HOW TO ENROLL

S125 PLAN INFORMATION

FLEXIBLE SPENDING ACCOUNTS

AVAILABLE RESOURCES

BENEFITS AT A GLANCE

CONTACT INFORMATION

EMPLOYEE BENEFITS CENTER

[HTTP://BENEFITS.FFGA.COM/LACKLANDISD](http://benefits.ffga.com/lacklandisd)

THOMAS MARROQUIN, ACCOUNT MANAGER

2009 RR 620 N STE 123, AUSTIN TX 78734

OFFICE: 800-672-9666 | CELL: 210-849-2088

EMAIL: THOMAS.MARROQUIN@FFGA.COM



This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail. For a more detailed explanation of benefits you may contact your Account Manager or First Financial Administrators at 1-800-523-8422 or visit <http://benefits.ffga.com>.

EMPLOYEE BENEFITS CENTER

NEW EMPLOYEE BENEFITS CENTER – YOUR GUIDE TO YOUR BENEFITS!

We've created a custom site just for you! Find detailed information about current and upcoming benefits, voluntary product offerings and employer programs, Section 125 & Flex Information, important contact numbers and links, and downloadable forms and brochures.

<http://benefits.ffga.com/lacklandisd>



HOW TO ENROLL

Your First Financial Account Manager will be on site to assist you in enrolling in your benefits. To find out when your Account Manager will be at your location, view the schedule online or contact your site director. You also have the option to enroll online 24/7 through FFenroll during your enrollment period.

To prepare for your enrollment, visit your Employee Benefits Center at <http://benefits.ffga.com/lacklandisd>. Once you have reviewed available benefits for the upcoming plan year, visit FFenroll, <https://ffga.benselect.com/enroll>, to review currently enrolled benefits and dependent information.

ON SITE ENROLLMENT

- What to have ready for your enrollment:
- Social Security Numbers for all dependents
- Any Status/Life Event or address changes
- Questions about available benefits

ONLINE ENROLLMENT

To enroll online, log in to FFenroll (<https://ffga.benselect.com/enroll>).

For detailed information on how to enroll, visit the how to enroll tab on your Employee Benefits Center

LOGIN AND PIN

Your login is your social security number (no dashes) and your PIN is the last four digits of your social security number and the last two digits of your birth year (678977)

Once you login you will arrive at the Welcome Screen. Click "Next", then:

Verify your personal information

Verify all dependent information (ssn/date of birth) ****Very Important****

View employment information

USEFUL INFORMATION TO KNOW

- Write your PIN number down
- Contact First Financial at 855-523-8422 with any technical questions
- No changes will be permitted until annual enrollment, unless you have an IRS S125 qualified event

ENROLLMENT BEGINS
AUGUST 15, 2018



SECTION 125 PLAN INFORMATION AND RULES

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

HERE'S HOW IT WORKS

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

IS IT RIGHT FOR ME?

The savings you may experience with a Section 125 Plan are outlined below. By utilizing the Section 125 Plan, you would have \$70 more every month to apply toward insurance benefits or other needs. That's a savings of \$840 a year!



NEED TO MAKE CHANGES?

You're able to change your election each year during your annual benefits enrollment, but the only time Internal Revenue Code regulations allow you to make a change during the plan year itself is if you experience a qualified event. Some examples 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

FLEXIBLE SPENDING ACCOUNTS

MEDICAL FSA

Medical Flexible Spending Accounts (FSA) allow you to set aside pre-tax payroll deductions each paycheck to pay for out of pocket medical, dental and vision expenses for you and your family. During open enrollment you will estimate the amount you think you will need during the year. This amount will be taken out of each paycheck. Your full annual election will be available to you at the beginning of the plan year.

Your employer has chosen the 2.5 month grace period for your plan. This option allows you the opportunity to continue to incur eligible expenses if you have unused funds in your account on the plan year end date for an additional 2.5 months. If the money is not used during the 2.5 months it will be forfeited.

FSA PLAN YEAR IS: September 1, 2018 – August 31, 2019

FSA MAX: The maximum you can set aside each year is **\$2,650**.

DEPENDENT CARE FSA

With a Dependent Care Flexible Spending Account (FSA), you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses, such as:

- Day Care Centers
- Before/After School Care
- Mothers-Day-Out Program
- Nursery Schools
- Babysitters
- Nanny
- Au Pair
- Day Camps



This account allows you to pay for day care expenses for your qualifying dependent/child with pre-tax dollars while you (and your spouse) are working, seeking employment, and/or attending school as a full time student (for at least five months of the year).

Eligible dependents must be children under the age of 13 when care is provided or be an adult dependent incapable of self-care and be claimed as an exemption on your tax return. For full plan details, view the FSA Booklet available on the Employee Benefit Center.

FSA RESOURCES



BENEFITS CARD

The Benefits Card is available to all employees that participate in Medical FSA, HSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and eligible dependents that are at least 18 years old. To request a card for your spouse or dependent, login to our secure portal at www.ffga.com.

The IRS requires validation of most transactions. 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.

ONLINE PORTAL

Get account information from our easy-to-use online portal. View your Flex Account balance, find claim forms and view claim status and history. See your HSA account and investment balances in real time and request distributions. Visit www.ffga.com to set up your online account.

FF FLEX MOBILE APP

With the FF Flex Mobile App you can submit claims, view account balance & history, see claim status, view alerts, upload receipts and documentation and more! The FF Flex Mobile App is available for Apple® or Android™ devices on the App StoreSM or the Google Play StoreTM.

Your Employer ID Number is FFA554. *You must have this number or your Flex Benefits Card number to register your account on the FF Flex Mobile App.*

FSA STORE

First Financial has partnered with the FSA Store to bring you an easy to use online store to better understand and manage your FSA. For Flex, visit <http://www.ffga.com/fsaextras> for more details & special deals!

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



BENEFITS AT A GLANCE

VISIT [HTTP://BENEFITS.FFGA.COM/LACKLANDISD](http://benefits.ffga.com/lacklandisd) FOR RATES AND BENEFIT INFORMATION.

MEDICAL— TRS ACTIVECARE

Aetna is the plan administrator for the TRS-ActiveCare plans.

First Financial Group of America enrolls this product for your district however any product questions or concerns need to be directed to Aetna or your district benefit administrator.

Aetna offers:

- A variety of plan and network options to suit your individual needs
- A Health Concierge available by phone for answers and guidance on care and benefits
- Online services and mobile apps for easy access to health information and tools, wherever you travel.

To get the best view of Aetna resources and plan information, visit www.tractivecareetna.com. Please learn about your Aetna medical plan and take advantage of all it offers for your health and well-being.

DENTAL — METLIFE

Oral care can be a significant financial expense. Having dental insurance can help cover the costs. Help keep your family's smiles healthy with dental insurance.

VISION — AVESIS

Vision insurance is a way to help cover expenses incurred for eye care services from eye care professionals such as optometrists and ophthalmologists. Regular eye exams can offer more than just measuring your eye sight! They can identify serious eye diseases early, allowing time for treatment. Most people don't realize that eye exams can also reveal the early signs of serious illnesses like diabetes, heart disease and high blood pressure.

DISABILITY — AMERICAN FIDELITY

Disability insurance pays a cash benefit and is designed to help protect you if you can't work due to a covered injury or sickness. It pays a monthly benefit amount based on a percentage of your gross income, so you may continue to pay for everyday living expenses.

CANCER INSURANCE — AMERICAN FIDELITY

If cancer touches someone in your family, this plan may help ease the impact on your finances. Benefit payments are made directly to you, allowing you to pay for expenses like copayments, hospital stays, and house and car payments.

ACCIDENT INSURANCE — AMERICAN FIDELITY

Accidents are inevitable. Even though you can't always prepare for unforeseen events, you can plan ahead. Accident Insurance is designed to help cover some of the expenses that can result from a covered accident, and benefit payments are made directly to you.

PERMANENT, PORTABLE LIFE INSURANCE — TEXAS LIFE

Ensuring your family is financially covered in the event of a loss is an important way of showing them you care about their needs. Life Insurance can help. Portable, Individual Life Insurance policies may help your family in the event of your death. The application process is simple. You only have to answer three health questions, and there are no medical exams required.

GROUP LIFE INSURANCE — METLIFE

Group life insurance allows you to purchase affordable life insurance on yourself, spouse and dependent children. This is term insurance, available as long as you are employed by district. Employees enrolling in the coverage after the first 31 days of their employment will be subject to insurability and must complete a health questionnaire prior to coverage being issued.

**LACKLAND INDEPENDENT SCHOOL DISTRICT
GROUP HEALTH, DENTAL AND GROUP TERM LIFE
2018-2019**

Note. The \$460 per month district contribution for group health coverage was approved as part of the 2018-2019 budget. The Employee Cost rates are noted below:

Name of Company	TRC ActiveCare	
Type of Coverage	Group Health Insurance	
District Contribution for participating employees = \$460.00 per month		
PLAN I-HD	Premium Amt	Employee Cost
Employee Only	\$ 367.00	\$0.00
Employee/Child(ren)	\$ 701.00	\$ 241.00
Employee/Spouse	\$ 1,035.00	\$ 575.00
Employee/Family	\$ 1,374.00	\$ 914.00
Select	Premium Amt	Employee Cost
Employee Only	\$ 540.00	\$ 80.00
Employee/Child(ren)	\$ 876.00	\$ 416.00
Employee/Spouse	\$ 1,327.00	\$ 867.00
Employee/Family	\$ 1,668.00	\$ 1,208.00
PLAN 2	Premium Amt	Employee Cost
Employee Only	\$ 782.00	\$ 322.00
Employee/Child(ren)	\$ 1,163.00	\$ 703.00
Employee/Spouse	\$ 1,855.00	\$ 1,395.00
Employee/Family	\$ 2,194.00	\$ 1,734.00
Employees that select the Plan I HD will receive \$93 per month (or \$1,116.00 per year) deposited in a flexible spending account (FSA)		
Name of Company	MET-LIFE	
Type of Coverage	Dental Insurance Plan	
District Contribution for participating employees =		\$37.72 per month
	Premium Amt	Employee Cost
Employee Only	\$37.72	\$0.00
Employee/Spouse	\$50.52	\$12.80
Employee/Child	\$ 55.46	\$17.74
Employee/Family	\$ 83.08	\$45.36
Name of Company	MET-LIFE	
Type of Coverage	Group Term Life Insurance	
District Contribution for participating employees =		\$6.40 per month
	Premium Amt	Employee Cost
Employee Only	\$ 6.40	\$0

Note. Total District contribution for participating employees is noted below:

**Up to \$504.12 per month
Annual Total of \$6,049.44**

2018-19 TRS-ActiveCare Plan Highlights

Effective Sept. 1, 2018 through Aug. 31, 2019 | In-Network Level of Benefits¹



Medical Coverage	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	ActiveCare 2 NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.
Deductible (per plan year)			
In-Network	\$2,750 employee only/\$5,500 family	\$1,200 individual/\$3,600 family	\$1,000 individual/\$3,000 family
Out-of-Network	\$5,500 employee only/\$11,000 family	Not applicable. This plan does not cover out-of-network services except for emergencies.	\$2,000 individual/\$6,000 family
Out-of-Pocket Maximum (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum)	The individual out-of-pocket maximum only includes covered expenses incurred by that individual.		
In-Network	\$6,650 individual/\$13,300 family	\$7,350 individual/\$14,700 family	\$7,350 individual/\$14,700 family
Out-of-Network	\$13,300 individual/\$26,600 family	Not applicable. This plan does not cover out-of-network services except for emergencies.	\$14,700 individual/\$29,400 family
Coinsurance			
In-Network Participant pays (after deductible)	20%	20%	20%
Out-of-Network Participant pays (after deductible)	40% of allowed amount	Not applicable. This plan does not cover out-of-network services except for emergencies.	40% of allowed amount
Office Visit Copay Participant pays	20% after deductible	\$30 copay for primary \$70 copay for specialist	\$30 copay for primary \$70 copay for specialist
Diagnostic Lab Participant pays	20% after deductible	20% after deductible	20% after deductible
Preventive Care See below for examples	Plan pays 100%	Plan pays 100%	Plan pays 100%
Teladoc[®] Physician Services	\$40 consultation fee (counts toward deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
High-Tech Radiology (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
Inpatient Hospital (preauthorization required) (facility charges) Participant pays	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
Freestanding Emergency Room	\$500 copay per visit plus 20% after deductible	\$500 copay per visit plus 20% after deductible	\$500 copay per visit plus 20% after deductible
Emergency Room (true emergency use) Participant pays	20% after deductible	\$250 copay plus 20% after deductible (copay waived if admitted)	\$250 copay plus 20% after deductible (copay waived if admitted)
Outpatient Surgery Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
Bariatric Surgery Physician charges (only covered if performed at an IOQ facility) Participant pays	\$5,000 copay (does apply to out-of-pocket maximum) plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
Annual Vision Examination (one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments) Participant pays	20% after deductible	\$70 copay for specialist	\$70 copay for specialist
Annual Hearing Examination Participant pays	20% after deductible	\$30 copay for primary \$70 copay for specialist	\$30 copay for primary \$70 copay for specialist

Preventive Care

Some examples of preventive care frequency and services:

- **Routine physicals** – annually age 12 and over
- **Mammograms** – one every year age 35 and over
- **Smoking cessation counseling** – eight visits per 12 months

- **Well-child care** – unlimited up to age 12
- **Colonoscopy** – one every 10 years age 50 and over
- **Healthy diet/obesity counseling** – unlimited to age 22; age 22 and over – 26 visits per 12 months

- **Well woman exam & pap smear** – annually age 18 and over
- **Prostate cancer screening** – one per year age 50 and over
- **Breastfeeding support** – six lactation counseling visits per 12 months

Note: Covered services under this benefit must be billed by the provider as “preventive care.” Non-network preventive care is not paid at 100%. If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the ActiveCare 1-HD and ActiveCare 2. There is no coverage for non-network services under the ActiveCare Select plan or ActiveCare Select Whole Health.

For a listing of preventive care services, please view the Benefits Booklet at www.trsactivecare.aetna.com for the latest list of covered services.

TRS-ActiveCare is administered by Aetna Life Insurance Company. Aetna provides claims payment services only and does not assume any financial risk or obligation with respect to claims. Prescription drug benefits are administered by Caremark.

2018-19 TRS-ActiveCare Plan Highlights

Prescription Coverage	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	ActiveCare 2 NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees.
Drug Deductible (per person, per plan year)	Must meet plan-year deductible before plan pays. ²	\$0 generic; \$200 brand	\$0 generic; \$200 brand
Short-Term Supply at a Retail Location (up to a 31-day supply) Tier 1 – Generic	20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%. ²	\$20 for a 1- to 31-day supply	\$20 for a 1- to 31-day supply
Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	20% coinsurance after deductible 50% coinsurance after deductible	\$40 for a 1- to 31-day supply ³ 50% coinsurance for a 1- to 31-day supply ³	\$40 for a 1- to 31-day supply ³ 50% coinsurance (Min. \$65 ⁴ ; Max. \$130) ³
Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location (60- to 90-day supply) ⁵ Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	20% coinsurance after deductible 20% coinsurance after deductible 50% coinsurance after deductible	\$45 for a 60- to 90-day supply \$105 for a 60- to 90-day supply ³ 50% coinsurance for a 60- to 90-day supply ³	\$45 for a 60- to 90-day supply \$105 for a 60- to 90-day supply ³ 50% coinsurance (Min. \$180 ⁴ ; Max. \$360) ³
Specialty Medications (up to a 31-day supply)	20% coinsurance after deductible	20% coinsurance	20% coinsurance (Min. \$200 ⁴ ; Max. \$900)

Short-Term Supply of a Maintenance Medication at Retail Location (up to a 31-day supply)

The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy, they will pay a convenience fee. They will be charged the coinsurance and copays in the row below the second time they fill a short-term supply of a maintenance medication. Participants can avoid paying the convenience fee by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location.

Tier 1 – Generic	20% coinsurance after deductible	\$35 for a 1- to 31-day supply	\$35 for a 1- to 31-day supply
Tier 2 – Preferred Brand		\$60 for a 1- to 31-day supply ³	\$60 for a 1- to 31-day supply ³
Tier 3 – Non-Preferred Brand		50% coinsurance for a 1- to 31-day supply ³	50% coinsurance (Min. \$90 ⁴ ; Max. \$180) ³

What is a maintenance medication?

Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

When does the convenience fee apply?

For example, if you are covered under TRS-ActiveCare Select, the first time you fill a 31-day supply of a generic maintenance drug at a retail pharmacy you will pay \$20, then you will pay \$35 each month that you fill a 31-day supply of that generic maintenance drug at a retail pharmacy. A 90-day supply of that same generic maintenance medication would cost \$45, and you would save \$225 over the year by filling a 90-day supply.

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician.

¹ Illustrates benefits when in-network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the ActiveCare Select or ActiveCare Select Whole Health Plan; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which may be considerable.

² For ActiveCare 1-HD, certain generic preventive drugs are covered at 100%. Participants do not have to meet the deductible (\$2,750 - individual, \$5,500 - family) and they pay nothing out of pocket for these drugs. Find the list of drugs at info.caremark.com/trsactivecare.

³ If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

⁴ If the cost of the drug is less than the minimum, you will pay the cost of the drug.

⁵ Participants can fill 32-day to 90-day supply through mail order.

Monthly Premiums

TRS-ActiveCare Monthly Premium	TRS-ActiveCare 1-HD			TRS-ActiveCare Select/ ActiveCare Select Whole Health			TRS-ActiveCare 2		
	Full monthly premium*	Premium with min. state/district contribution**	Your monthly premium***	Full monthly premium*	Premium with min. state/district contribution**	Your monthly premium***	Full monthly premium*	Premium with min. state/district contribution**	Your monthly premium***
Individual	\$367	\$460	\$0.00	\$540	\$460	\$80	\$782	\$460	\$322
+Spouse	\$1,035	\$460	\$575	\$1,327	\$460	\$867	\$1,855	\$460	\$1,395
+Children	\$701	\$460	\$241	\$876	\$460	\$416	\$1,163	\$460	\$703
+Family	\$1,374	\$460	\$914	\$1,668	\$460	\$1,208	\$2,194	\$460	\$1,734

* If you are not eligible for the state/district subsidy, you will pay the full monthly premium. Please contact your Benefits Administrator for your monthly premium.

** The premium after state, \$75 and district, \$150 contribution is the maximum you may pay per month. Ask your Benefits Administrator for your monthly cost. (This is the amount you will owe each month after all available subsidies are applied to your premium.)

*** Completed by your benefits administrator. The state/district contribution may be greater than \$225.

Disability - American Fidelity Enhanced Plan

1. Locate your current salary and review the monthly benefit offered based on your income.
2. Review Elimination Period and Premium columns to choose the one that best fits your needs.
3. See your First Financial Representative to enroll in your plan!

SALARY		BENEFIT		ELIMINATION PERIOD/MONTHLY PREMIUM				
Annual Salary	Monthly Salary*	Monthly Disability Benefit**	Accidental Death Benefit	14 day Elimination Period	30 day Elimination Period	60 day Elimination Period	90 day Elimination Period	150 day Elimination Period
\$3,432.00 - \$5,147.99	\$286.00 - \$428.99	\$200.00	\$20,000.00	\$7.28	\$5.80	\$4.92	\$4.16	\$3.12
\$5,148.00 - \$6,863.99	\$429.00 - \$571.99	\$300.00	\$20,000.00	\$10.92	\$8.70	\$7.38	\$6.24	\$4.68
\$6,864.00 - \$8,579.99	\$572.00 - \$714.99	\$400.00	\$20,000.00	\$14.56	\$11.60	\$9.84	\$8.32	\$6.24
\$8,580.00 - \$10,295.99	\$715.00 - \$857.99	\$500.00	\$20,000.00	\$18.20	\$14.50	\$12.30	\$10.40	\$7.80
\$10,296.00 - \$11,999.99	\$858.00 - \$999.99	\$600.00	\$20,000.00	\$21.84	\$17.40	\$14.76	\$12.48	\$9.36
\$12,000.00 - \$13,715.99	\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$25.48	\$20.30	\$17.22	\$14.56	\$10.92
\$13,716.00 - \$15,431.99	\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$29.12	\$23.20	\$19.68	\$16.64	\$12.48
\$15,432.00 - \$17,147.99	\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$32.76	\$26.10	\$22.14	\$18.72	\$14.04
\$17,148.00 - \$18,863.99	\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$36.40	\$29.00	\$24.60	\$20.80	\$15.60
\$18,864.00 - \$20,579.99	\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$40.04	\$31.90	\$27.06	\$22.88	\$17.16
\$20,580.00 - \$22,295.99	\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$43.68	\$34.80	\$29.52	\$24.96	\$18.72
\$22,296.00 - \$23,999.99	\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$47.32	\$37.70	\$31.98	\$27.04	\$20.28
\$24,000.00 - \$25,715.99	\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$50.96	\$40.60	\$34.44	\$29.12	\$21.84
\$25,716.00 - \$27,431.99	\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$54.60	\$43.50	\$36.90	\$31.20	\$23.40
\$27,432.00 - \$29,147.99	\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$58.24	\$46.40	\$39.36	\$33.28	\$24.96
\$29,148.00 - \$30,863.99	\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$61.88	\$49.30	\$41.82	\$35.36	\$26.52
\$30,864.00 - \$32,579.99	\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$65.52	\$52.20	\$44.28	\$37.44	\$28.08
\$32,580.00 - \$34,295.99	\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$69.16	\$55.10	\$46.74	\$39.52	\$29.64
\$34,296.00 - \$35,999.99	\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$72.80	\$58.00	\$49.20	\$41.60	\$31.20
\$36,000.00 - \$37,715.99	\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$76.44	\$60.90	\$51.66	\$43.68	\$32.76
\$37,716.00 - \$39,431.99	\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$80.08	\$63.80	\$54.12	\$45.76	\$34.32
\$39,432.00 - \$41,147.99	\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$83.72	\$66.70	\$56.58	\$47.84	\$35.88
\$41,148.00 - \$42,863.99	\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$87.36	\$69.60	\$59.04	\$49.92	\$37.44
\$42,864.00 - \$44,579.99	\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$91.00	\$72.50	\$61.50	\$52.00	\$39.00
\$44,580.00 - \$46,295.99	\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$94.64	\$75.40	\$63.96	\$54.08	\$40.56
\$46,296.00 - \$47,999.99	\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$98.28	\$78.30	\$66.42	\$56.16	\$42.12
\$48,000.00 - \$49,715.99	\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$101.92	\$81.20	\$68.88	\$58.24	\$43.68
\$49,716.00 - \$51,431.99	\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$105.56	\$84.10	\$71.34	\$60.32	\$45.24
\$51,432.00 - \$53,147.99	\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$109.20	\$87.00	\$73.80	\$62.40	\$46.80
\$53,148.00 - \$54,863.99	\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$112.84	\$89.90	\$76.26	\$64.48	\$48.36
\$54,864.00 - \$56,579.99	\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$116.48	\$92.80	\$78.72	\$66.56	\$49.92
\$56,580.00 - \$58,295.99	\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$120.12	\$95.70	\$81.18	\$68.64	\$51.48
\$58,296.00 - \$59,999.99	\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$123.76	\$98.60	\$83.64	\$70.72	\$53.04
\$60,000.00 - \$61,715.99	\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$127.40	\$101.50	\$86.10	\$72.80	\$54.60
\$61,716.00 - \$63,431.99	\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$131.04	\$104.40	\$88.56	\$74.88	\$56.16
\$63,432.00 - \$65,147.99	\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$134.68	\$107.30	\$91.02	\$76.96	\$57.72
\$65,148.00 - \$66,863.99	\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$138.32	\$110.20	\$93.48	\$79.04	\$59.28
\$66,864.00 - \$68,579.99	\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$141.96	\$113.10	\$95.94	\$81.12	\$60.84
\$68,580.00 - \$70,295.99	\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$145.60	\$116.00	\$98.40	\$83.20	\$62.40

* Higher benefit amounts available up to a maximum Monthly Disability Benefit of \$7,500. Ask your First Financial Representative for details.

** Not to exceed 70% of your covered monthly compensation.

Cancer Insurance

AMERICAN FIDELITY
a different opinion



A Limited Benefit Cancer Expense Insurance Policy

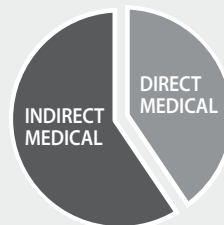
Cancer can be a costly disease.

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

The financial impact of a cancer diagnosis can affect anyone's financial situation. American Fidelity Assurance Company's Limited Benefit Cancer Insurance may offer a solution to help you and your family focus on fighting the disease. This plan may assist with the expenses that may not be covered by other medical insurance.



Over 1.6 million new cases of cancer will be diagnosed this year.*



Did You Know?

Non-medical expenses, such as travel, lodging, and meals, may not be covered by medical policies. Only 40% of the overall medical cost of cancer is for direct

expenses, while 60% of cancer treatment costs are indirect medical costs.** It is essential to have a plan set in place that could help if you were diagnosed.

How It Works

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

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

American Fidelity's Limited Benefit Cancer Insurance features:

- Benefits paid directly to you, to be used however you see fit.
- Policy is guaranteed renewable for as long as premiums are paid as required.
- The company has the right to change premium rates by class.
- Employee, Single Parent, and Family plans are available.

SCREENING BENEFIT⁺

Receive a benefit for your annual internal cancer screening test, including but not limited to Mammogram, PAP, PSA, and Colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT (per calendar year)

Basic
\$60

Enhanced
\$75

Plan Options

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

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

*American Cancer Society: Cancer Facts and Figures 2016, pg. 1. **American Cancer Society: Cancer Facts and Figures 2014, pg. 3.

⁺The premium and amount of benefits vary based upon the plan selected.

Schedule of Benefits by Plan⁺

	Basic	Enhanced
SCREENING BENEFITS		
Diagnostic and Prevention Benefit <i>(one per calendar year)</i>	\$60	\$75
Cancer Screening Follow-Up Benefit <i>(one per calendar year)</i>	\$60	\$75
TREATMENT BENEFITS		
Radiation Therapy/Chemotherapy/Immunotherapy Benefit <i>(per 12-month period) (Actual Charges)</i>	up to \$15,000	up to \$20,000
Medical Imaging Benefit <i>(per image - max 2 per calendar year)</i>	\$200	\$300
Hormone Therapy Benefit <i>(per treatment - max 12 treatments/calendar year)</i>	\$50	\$50
Administrative/Lab Work Benefit <i>(per calendar month)</i>	\$75	\$100
Blood, Plasma, and Platelets Benefit <i>(per day)</i> <i>(per calendar year max)</i>	\$150 \$7,500	\$200 \$10,000
Bone Marrow/Stem Cell Transplant Benefit Autologous <i>(Patient provided) (per calendar year)</i> Non-autologous <i>(Donor provided) (per calendar year)</i>	\$1,000 \$3,000	\$1,500 \$4,500
HOSPITALIZATION BENEFITS		
Hospital Confinement Benefit*** <i>(per day for the first 30 days)</i> <i>(per day after the first 30 days of Hospital Confinement)</i>	\$200 \$400	\$300 \$600
Drugs & Medicine Benefit Hospital Confinement <i>(per Confinement)</i> Outpatient <i>(per prescription - \$100 monthly max for Basic; \$150 for Enhanced)</i>	\$200 \$50	\$300 \$50
Attending Physician <i>(per day while Hospital Confined)</i>	\$40	\$50
U.S. Government/Charity Hospital or HMO <i>(per day In lieu of most benefits)</i> Hospital Confinement Outpatient Services	\$200 \$200	\$300 \$300
AMBULANCE, TRANSPORTATION, & LODGING BENEFITS		
Ambulance Benefit <i>(per trip - max 2 trips any combination per confinement)</i> Ground Air	\$200 \$2,000	\$200 \$2,000
Transportation & Lodging Benefit (Patient and/or Family) Transportation <i>(\$1,500 max per round trip; max 12 trips/calendar year)</i> Outpatient Lodging <i>(per day up to 90 days per calendar year)</i>	Coach fare or \$.50/mile by car \$60	Coach fare or \$.50/mile by car \$80
SURGICAL TREATMENT BENEFITS		
Surgical Benefit <i>(per surgical unit - \$3,000 max for Basic; \$4,000 max for Enhanced)</i>	\$30	\$40
Anesthesia Benefit	25% of the amount paid for covered surgery	
Outpatient Hospital or Ambulatory Surgical Cancer Benefit <i>(per day)</i>	\$400	\$600
Second & Third Surgical Opinion Benefit <i>(per diagnosis)</i> <i>(Additional \$300 for 3rd)</i>	\$300	\$300

Schedule of Benefits by Plan⁺ (continued)

	Basic	Enhanced
CONTINUING CARE BENEFITS		
Prosthesis Benefit Non-Surgical (per device - 1 per site, lifetime max of 3) Surgical Implantation (per device, includes surgical fee - 1 per site, lifetime max of 2) Hair Prosthesis (once per life)	\$150 \$1,500 \$150	\$200 \$2,000 \$200
Extended Care Facility Benefit (per day for up to the same number of days of paid Hospital Confinement)	\$75	\$100
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$25	\$25
Hospice Care Benefit (per day - \$13,500 lifetime max for Basic; \$18,000 lifetime max for Enhanced)	\$75	\$100
Home Health Care Benefit (per day for up to the same number of days of paid Hospital Confinement)	\$75	\$100

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

Enhance your plan⁺⁺

Critical Illness Rider

Thanks to medical technology, more people are surviving critical illnesses. This rider is designed to help with the cost associated with surviving these types of illnesses.

Schedule of Benefits	
Cancer Benefit (per unit - maximum \$10,000)	\$2,500
Heart Attack/Stroke Benefit (per unit - maximum \$10,000)	\$2,500

Summary of Critical Illness Rider Benefits:

- Pays when diagnosed after 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke depending upon the Critical Illness coverage elected at time of application.
- Pays the specified Maximum Benefit Amount per Covered Critical Illness, as defined under this rider.
- Each benefit is a one-time paid benefit.
- All Critical Illness amounts reduce by 50% at age 70.

Hospital Intensive Care Unit Rider

This rider can provide a benefit to help by paying for each day a Covered Person is confined in an Intensive Care Unit (ICU), as defined in the rider.

Schedule of Benefits	
ICU Confinement Benefit (per day up to 30 days)	\$600
Ambulance Benefit (per admission in an ICU)	\$100

Summary of Hospital ICU Rider Benefits:

- Confinement must be due to an accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.
- Under age 70, pays \$100 per admission for ambulance charges, or age 70 or older, \$50 for transportation to a Hospital where the Covered Person is admitted to an ICU within 24 hours of arrival.
- All ICU amounts reduce by 50% at age 70.

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

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

Cancer Insurance Premiums

Base Plan Monthly Premiums*

	BASIC PLAN			ENHANCED PLAN		
	Individual	One Parent Family	Two Parent Family	Individual	One Parent Family	Two Parent Family
18-40	16.30	24.40	31.80	21.00	31.40	40.80
41-50	23.60	35.20	45.70	30.80	45.80	59.50
51-60	32.60	48.70	63.30	42.40	63.30	82.30
61+	44.20	65.90	85.80	57.30	85.60	111.30

Optional Benefit Rider Monthly Premiums*

Critical Illness Rider Monthly Premiums

	CANCER ONLY											
	\$2,500			\$5,000			\$7,500			\$10,000		
	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family
18-40	1.50	2.20	2.90	3.00	4.40	5.80	4.50	6.60	8.70	6.00	8.80	11.60
41-50	3.00	4.50	5.80	6.00	9.00	11.60	9.00	13.50	17.40	12.00	18.00	23.20
51-60	4.90	7.30	9.40	9.80	14.60	18.80	14.70	21.90	28.20	19.60	29.20	37.60
61+	7.10	10.60	13.80	14.20	21.20	27.60	21.30	31.80	41.40	28.40	42.40	55.20

	HEART ATTACK/STROKE ONLY											
	\$2,500			\$5,000			\$7,500			\$10,000		
	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family
18-40	0.80	1.20	1.50	1.60	2.40	3.00	2.40	3.60	4.50	3.20	4.80	6.00
41-50	2.10	3.10	4.10	4.20	6.20	8.20	6.30	9.30	12.30	8.40	12.40	16.40
51-60	3.10	4.60	6.00	6.20	9.20	12.00	9.30	13.80	18.00	12.40	18.40	24.00
61+	4.60	6.90	8.90	9.20	13.80	17.80	13.80	20.70	26.70	18.40	27.60	35.60

Hospital Intensive Care Unit Rider Monthly Premiums

	ICU RIDER		
	Individual	One Parent Family	Two Parent Family
18-40	3.40	5.10	6.60
41-50	4.20	6.30	8.20
51-60	5.50	8.20	10.70
61+	7.10	10.60	13.80

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



View and print your policies or file a claim at americanfidelity.com

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

This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. These products are inappropriate for people who are eligible for Medicaid Coverage.

AMERICAN FIDELITY
a different opinion



9000 Cameron Parkway
Oklahoma City, Oklahoma 73114
800-654-8489
americanfidelity.com

LIMITED BENEFIT ACCIDENT ONLY *Insurance Plan*

Underwritten by American Fidelity Assurance Company



Wellness Benefit • Benefits Paid Directly to You • Excellent Customer Service • Learn More » »



Marketed by:

First Financial Capital Corporation

P.O. Box 670329 • Houston, TX 77267-0329

Local (281) 847-8422 | Toll Free (800) 523-8422

www.ffga.com

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

Accident Only Insurance

Life Provides the Accidents, *First Financial Offers a Solution!*

Whether you're a weekend warrior with an active lifestyle or just a busy family, accidents can happen to you anytime, anywhere without warning. First Financial is pleased to offer American Fidelity Assurance Company's Limited Benefit Accident Only Insurance. Accident Only policy and rider Insurance can offer a solution to help you and your family prepare for those rising medical costs if you have to receive medical treatment for an Accidental injury.

Think It Couldn't Happen to You? Consider this...

Know The Facts:

Total costs of accidental injuries averaged
\$20,707 per injury in 2013.

National Safety Council, Injury Facts, 2015 Edition, p. 2-6.

\$20,707

How Would You Cover Your Out-of-Pocket Costs?

Just going for a walk around the block or heading to your driveway could lead to a twisted knee and torn meniscus, one of the more common claims submitted under this plan.



EMERGENCY ACCIDENT - Hypothetical Example¹

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

ENHANCED PLAN BENEFITS

Accident Emergency Treatment	\$200
Accident Follow-Up Treatment (4 visits)	\$200
Physical Therapy (8 treatments)	\$200
Medical Imaging	\$200
X-Ray	\$100
Appliances	\$100
Surgical Facility	\$250
Torn Knee Cartilage Repair	\$500
Anesthesia	\$200

**Paid Directly
To You!**

Total

\$1,950

¹Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258.

Solutions For Life's Accidents...

The Accident Only Plan is the insurance policy that provides payments direct to you. It can help protect you and your family from some of the expenses brought about by injuries suffered in an Accident, regardless of any additional coverage you may have. It's guaranteed renewable for as long as you pay your premiums.

Accident Only Insurance Features:

- » No medical questions.
- » Benefits paid directly to you, to be used however you see fit.
- » Benefits regardless of other coverage.
- » Coverage for you and each covered family member 24 hours a day, 7 days a week.
- » Available conveniently through your employer with payroll deduction.
- » Policy is guaranteed renewable at the option of the primary insured for life as long as premiums are paid as required. Any additional insureds must meet eligibility as outlined in the policy. The company has the right to change premium rates by class.



Currently participating in, or possibly moving to a High Deductible Health Plan? Enrollment in health savings accounts (HSA) linked to high-deductible health plans increased by more than 13 percent in 2015.²

The Choice is Yours:

Be prepared with either of American Fidelity's two plan options (Basic and Enhanced) that provide the benefit amounts you require. Plus, American Fidelity supplies the coverage you need with four choices of coverage including individual, individual and spouse, individual and child(ren), and family.

Ready To Learn More?

Contact your First Financial Account Representative for more details or to schedule a one-on-one appointment.



First Financial Group of America
11811 N. Freeway, Suite 900 Houston, TX 77060
Local: (281) 847-8422 / Toll Free: (800) 523-8422
www.ffga.com

²AHIP: 2015 Census of Health Savings Account - High Deductible Health Plans; November 2015

Schedule of Benefits For Policy ³ and Benefit Enhancement Rider

Emergency Accident Benefits

Basic

Enhanced

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

Accident Injury Benefits

Benefit amounts for the following Benefits are the same for Basic and Enhanced Plans for all Persons: Primary, Spouse, and Child(ren).

Basic / Enhanced

Injury Treatment	
Fractures Benefit (Depending on open or closed reduction, bone involved, or chip fracture).	\$25 to \$3,000
Lacerations Benefit	
Not requiring sutures	\$25
Sutured lacerations up to two inches	\$100
Sutured lacerations totaling two to six inches	\$200
Sutured lacerations totaling over six inches	\$400
Appliances Benefit (crutches, leg braces, etc.)	\$100
Torn Knee Cartilage or Ruptured Disc Benefit	\$500
Eye Injury Benefit	
Injury with surgical repair, for one or both eyes.	\$250
Removal of foreign body by a Physician, for one or both eyes.	\$50
Dislocations Benefit	
Depending on open or closed reduction, with or without anesthesia and joint involved. No other amount will be paid under this benefit.	\$25 to \$3,000
Concussion Benefit	\$200
2nd & 3rd Degree Burns (Skin grafts are 25% of benefit)	\$100 to \$10,000
Internal Injuries Benefit	
Resulting in open abdominal or thoracic surgery	\$1,000
Paralysis Benefit: Paraplegia / Quadriplegia	\$5,000 / \$10,000
Tendons, Ligaments and Rotator Cuff Benefit	
One Tendon, Ligament or Rotator Cuff	\$500
More than One Tendon, Ligament or Rotator Cuff	\$750
Blood, Plasma and Platelets	\$250
Exploratory Surgery without Surgical Repair	\$250
Physical Therapy (per treatment up to eight treatments)	\$25
Prosthesis	\$500
Emergency Dental Work	
Broken teeth repaired with crown	\$150
Extraction of broken teeth (regardless of number)	\$50

Refer to Plan Benefit Highlights for complete Benefit Descriptions and limits on the Accident Only Insurance Plan.

A Highlight of Benefits Available Under The Plan

Wellness Benefit

Basic

Enhanced

Wellness		
Annual Routine Physical Exam <i>(Requires a 12-month waiting period before use and one exam per policy per calendar year.)</i>	\$50	\$75

Accidental Death & Dismemberment Benefit

Accidental Death & Dismemberment			
Basic	Primary	Spouse	Child
Common Carrier	\$50,000	\$50,000	\$25,000
Other Accident	\$15,000	\$15,000	\$7,500
Dismemberment	\$1,000 to \$15,000	\$1,000 to \$15,000	\$500 to \$7,500
Enhanced	Primary	Spouse	Child
Common Carrier	\$100,000	\$100,000	\$50,000
Other Accident	\$30,000	\$30,000	\$15,000
Dismemberment	\$1,500 to \$30,000	\$1,500 to \$30,000	\$750 to \$15,000

Additional Accident Benefits For Policy/ Benefit Enhancement Rider

Basic

Enhanced

Non-Emergency Accident Treatment		
Non-Emergency Accident Treatment	\$75	\$100
Non-Emergency Follow-up Treatment <i>(up to two visits)</i>	\$50	\$50
Hospital Confinement		
Hospital Admission	\$500	\$1,000
Intensive Care Unit <i>(up to 15 days)</i>	\$300	\$600
Hospital Confinement <i>(up to 365 days)</i>	\$100	\$200
Medical Imaging		
MRI, CT, CAT, PET, US	\$200	\$200
X-Rays	\$50	\$100
Ambulance		
Ground	\$300	\$300
Air	\$1,500	\$1,500
Treatment		
Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250
Anesthesia	\$150	\$200
Transportation Benefits		
Transportation (Patient Only) <i>(per round trip for up to three round trips per calendar year)</i>	\$300	\$300
Family Member Lodging and Meals <i>(per day per Accident; up to 30 days per confinement)</i>	\$100	\$100

Plan Benefit Highlights for Policy and Benefit Enhancement Rider

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

Accident Emergency Treatment Benefit

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

Accident Follow-up Treatment Benefit

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

Accidental Death and Dismemberment Benefit

The applicable benefits apply when an Accidental Death or Dismemberment occurs within 90 days of an Accident. In the event that Accidental Death and Dismemberment result from the same Accident, only the Accidental Death Benefit will be paid.

Ambulance Benefit

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

Anesthesia Benefit

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

Appliances Benefit

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

Blood, Plasma and Platelets Benefit

Payable for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins.

Burns Benefit

Payable for burns when treated by a Physician within 72 hours.

Concussion Benefit

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

Dislocations Benefit

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

Emergency Dental Work Benefit

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

Exploratory Surgery Benefit

Payable when an exploratory surgical operation without surgical repair is performed.

Eye Injury Benefit

Payable for one or both eyes requiring treatment.

Family Member Lodging and Meals Benefit

Payable for lodging and meals for a family member to be near a Person who is Confined in a non-local Hospital. The Hospital must be at least 50 miles one way from the Person's residence or site of the Accident.

Fractures Benefit

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

Hospital Admission Benefit

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

Hospital Confinement Benefit

Payable for a one-time Hospital Admission Benefit due to accidental Injuries (does not include emergency room and outpatient treatment). You will also receive a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 days and an additional daily benefit for Confinement in an Intensive Care Unit up to 15 days.

Intensive Care Unit Benefit

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

Internal Injuries Benefit

Payable for an open abdominal or thoracic surgery performed within 72 hours.

Lacerations Benefit

This benefit varies based on the severity of the laceration.

Medical Imaging Benefit

Payable for a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, a Computed Axial Tomography (CAT) scan, a Positron Emission Tomography (PET) scan or an ultrasound.

Non-Emergency Accident Initial Treatment Benefit

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

Non-Emergency Accident Follow-up Treatment Benefit

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

Outpatient Hospital or Ambulatory Surgical Center Benefit

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

Paralysis Benefit

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

Physical Therapy Benefit

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

Prosthesis Benefit

Payable for the use of a Prosthesis. This benefit is not payable for hearing aids; dental aids; eyeglasses; false teeth; or for cosmetic aids such as wigs.

Tendons, Ligaments and Rotator Cuff Benefit

Payable for the repair of one or more tendons, ligaments, or rotator cuffs. The tendons, ligaments, or rotator cuff must be repaired through surgery.

Torn Knee Cartilage or Ruptured Disc Benefit

Payable for surgical repair.

Transportation Benefit

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

Wellness Benefit

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

Limitations and Exclusions

Base Policy and Benefit Enhancement Rider

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

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

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

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

You cannot be singled out for a rate increase for any reason. The Insurer has the right to change premium rates by class at the time of renewal of the policy. This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy, AO-03, and Accident Only Benefit Enhancement Rider, AMDI-258TX.R613 Series, and AMDI388 Amendment Rider. This coverage does NOT replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.**

Accident Only Insurance Premiums

Monthly Premiums for Base Plan and Benefit Enhancement Rider

	Basic	Enhanced
Individual	\$19.90	\$26.10
Individual & Spouse	\$28.30	\$34.90
Individual & Child(ren)	\$31.50	\$41.00
Family	\$39.90	\$49.80

³The premium and amount of benefits provided vary based upon the plan selected.

Plan Options

» Individual Plan

The Insured, age 18 through 64, at the date of policy issue, is the only Person.

» Individual and Lawful Spouse Plan

Covers you and your Lawful Spouse (ages 18 to 64 at Policy Issue).

» Individual and Child(ren) Plan

Covers you (ages 18 to 64 at Policy Issue) and each Eligible Child, as defined in the policy.

» Family Plan

Covers you, your Lawful Spouse (ages 18 to 64 at Policy Issue) and each Eligible Child, as defined in the policy.

Underwritten and administered by:



9000 Cameron Parkway • Oklahoma City, Oklahoma 73114 • 800-654-8489 • www.americanfidelity.com

Dental Benefits

Savings, flexibility and service. For healthier smiles.



MetLife

Overview of Benefits for: LACKLAND ISD

Date Prepared: 07-26-2018

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type	In-Network: % of Negotiated Fee	Out-of-Network: % of R&C Fee ¹
Type A	100%	100%
Type B	80%	80%
Type C	50%	50%
Orthodontia	50%	50%
Deductible: Individual/Family*	\$50 (Type B & C)	\$50 (Type B & C)
Annual Maximum Benefit: Per Individual	\$1000	\$1000
Orthodontia Lifetime Maximum: Per Individual	\$1000	\$1000
Ortho applies to Child Only (up to age 19)		

Understanding Your Dental Benefits Plan

With the MetLife Preferred Dentist Program you can visit the dentist of your choice – an “in-network” dentist (a participating MetLife dentist) or an “out-of-network” dentist.

- Plan benefits for in-network services are based on the percentage of the Negotiated fee –the fee that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefit maximums. Negotiated fees are subject to change.
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be higher, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service. Please refer to the Selected Covered Services and Frequency Limitations page of this document for details regarding how R&C charges are defined under this plan.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to www.metlife.com/mybenefits and follow the easy registration instructions.

Certain plan benefits are based on a percentage of the negotiated fee. This is the amount that participating dentists have agreed to accept as payment in full. If your plan benefits are based on a percentage of the Reasonable and Customary (R&C) charges, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

* If you are enrolled for dependent coverage, a maximum family deductible may apply.

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

Selected Covered Services and Frequency Limitations*

Type A	
• Oral Examinations	1 in 6 months.
• Cleanings	1 in 6 months.
• Fluoride	Children to age 14 / 1 in 12 months.
• Bitewing X-rays	Adult - 1 in 1 period / Children - 2 in 1 period separated by six months.
• Full Mouth X-rays	1 in 60 months.
• Periodontal Maintenance	4 in 1 year less the number of teeth cleanings.
• Space Maintainers	
• Sealants (1st & 2nd permanent molars)	1 per tooth in 14 years of a dependent child up to 14 th birthday.
Type B	
• Emergency Palliative Treatment	
• Periodontal Root Planing & Scaling	1 per quadrant in any 24 months period.
• Periodontal Surgery	1 in 36 months.
• Amalgam & Composite Fillings	No Limit. Composites covered on anterior teeth Only.
• Simple Extractions	
• Root Canal	
• Surgical Extractions	
• Repairs (Crowns)	
Type C	
• Crowns	1 in 60 months.
• Dentures	1 in 10 years.
• Bridges	1 in 10 years.
Orthodontia	
- Dependent children are covered up to their 19th birthday. - All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. - Payments are on a repetitive basis. 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary. - Orthodontic benefits end at cancellation of coverage.	

The service categories and plan limitations shown in this document represent an overview of your plan benefits, but are not a complete description of the plan. Before making any purchase or enrollment decision you should review the certificate of insurance which is available through MetLife or your employer. In the event of a conflict between this overview and your certificate of insurance, your certificate of insurance governs. Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. The certificate of insurance sets forth all plan terms and provisions, including all exclusions and limitations.

***Alternate Benefits:** Your dental plan provides that if there are two or more professionally acceptable dental treatment alternatives for a dental condition, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Lackland Independent School District

An In-Depth Look

Reliable & Dependable

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country. The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

Employee Paid Rates Per Month

Employee	\$7.99
Employee + Dependent	\$13.99
Employee + Family	\$20.79

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
Policy #: VC-16, Form M-9059

Vision Care Services	In-Network Member Benefits	Out-of-Network Reimbursement
Eye Examination	Covered in full after \$10	Up to \$35.00
Materials: \$25 copayment	(Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance*	Members receive a \$50 wholesale allowance Up to \$150 retail value†	Up to \$45.00
Standard Spectacle Lenses		
Single Vision	Covered in full after materials copay	Up to \$25.00
Bifocal	Covered in full after materials copay	Up to \$40.00
Trifocal	Covered in full after materials copay	Up to \$50.00
Lenticular	Covered in full after materials copay	Up to \$80.00
Standard Progressives	Covered up to \$50, plus 20% off retail	up to \$40.00
Other Lens Options‡		
Lens Options are discounted up to 20% off retail		
Contact Lenses§ (in lieu of frame and spectacle lenses)		
Elective	\$130 allowance	\$130.00
Medically Necessary	Covered in full	\$250.00
Refractive Laser Surgery	Provider discount up to 25% One-time/lifetime allowance of \$150	\$150.00
Frequency		
Eye Examination	Once every 12 Months	Once every 12 Months
Lenses or contact lenses	Once every 12 Months	Once every 12 Months
Frame	Once every 24 Months	Once every 24 Months

‡ Discounts are not insured benefits

§ Prior authorization is required for medically necessary contacts.

How can we help you?

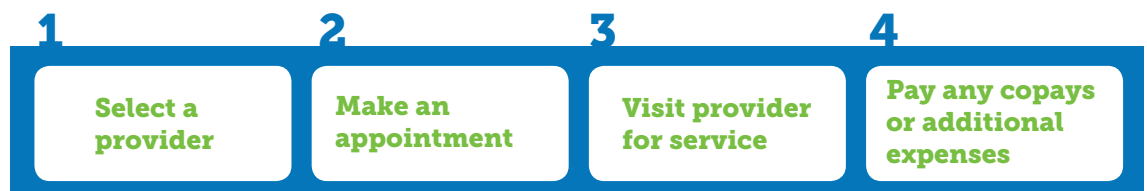
Avēsis Website:
www.avesis.com

Customer Service:
800-828-9341
7 a.m. - 8 p.m. EST

LASIK Provider:
877-712-2010

Here's How It Works

When you need to see an eye care professional, simply visit www.avesis.com or contact Avēsis' Customer Service Monday through Friday, 7 a.m. to 8 p.m. (EST) at 800-828-9341 to receive a listing of providers in your area.



† Values provided may be more or less depending on the providers retail pricing.

* At participating Walmart locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$54.99.

Using Out-of-Network Providers

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avēsis provider. Out-of-network claim forms can be obtained by contacting Avēsis' Customer Service Center or your group administrator, or by visiting www.avesis.com.

Limitations and Exclusions

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avēsis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1) Orthoptics or vision training;
- 2) Subnormal vision aids and any supplemental testing, aniseikonic lenses;
- 3) Plano (non-prescription) lenses, sunglasses;
- 4) Two pair of glasses in lieu of bifocal lenses;
- 5) Any medical or surgical treatment of eye or supporting structures;
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
- 8) Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether Federal, State, or subdivision thereof.
- 9) Services or materials provided by any other group benefit plan providing vision care.

Refractive Surgery Vision Benefit Exclusions:

Benefits are not payable for any of the following:

- 1) Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
- 2) Medical or surgical procedures, services, or treatments:
 - a. not specifically covered under this Rider;
 - b. provided free of charge in the absence of insurance
 - c. payable under any Workers' Compensation law or similar statutory authority
 - d. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

Termination Provisions

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

Notes and Disclaimers

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only, or both contact lenses and professional services (fitting fees). Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery.

Insured benefits are administered by Avēsis Third Party Administrators, Inc., Phoenix, AZ

TEXASLIFE INSURANCE COMPANY

EMPLOYEE MONTHLY PREMIUMS

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) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-10		8.38	15.25							75
11-16		8.65	15.80							70
17-20		10.65	19.80	28.95	38.10	56.40	74.70	93.00	111.30	66
21		10.93	20.35	29.78	39.20	58.05	76.90	95.75	114.60	66
22		10.93	20.35	29.78	39.20	58.05	76.90	95.75	114.60	65
23-25		11.20	20.90	30.60	40.30	59.70	79.10	98.50	117.90	63
26		11.48	21.45	31.43	41.40	61.35	81.30	101.25	121.20	63
27		11.75	22.00	32.25	42.50	63.00	83.50	104.00	124.50	63
28		11.75	22.00	32.25	42.50	63.00	83.50	104.00	124.50	62
29		12.03	22.55	33.08	43.60	64.65	85.70	106.75	127.80	62
30-31		12.30	23.10	33.90	44.70	66.30	87.90	109.50	131.10	60
32		12.85	24.20	35.55	46.90	69.60	92.30	115.00	137.70	61
33		13.40	25.30	37.20	49.10	72.90	96.70	120.50	144.30	62
34		13.95	26.40	38.85	51.30	76.20	101.10	126.00	150.90	62
35		14.78	28.05	41.33	54.60	81.15	107.70	134.25	160.80	64
36		15.33	29.15	42.98	56.80	84.45	112.10	139.75	167.40	64
37		15.88	30.25	44.63	59.00	87.75	116.50	145.25	174.00	64
38		16.70	31.90	47.10	62.30	92.70	123.10	153.50	183.90	65
39		17.80	34.10	50.40	66.70	99.30	131.90	164.50	197.10	66
40	8.46	18.90	36.30	53.70	71.10	105.90	140.70	175.50	210.30	67
41	9.01	20.28	39.05	57.83	76.60	114.15	151.70	189.25	226.80	68
42	9.78	22.20	42.90	63.60	84.30	125.70	167.10	208.50	249.90	70
43	10.55	24.13	46.75	69.38	92.00	137.25	182.50	227.75	273.00	72
44	11.32	26.05	50.60	75.15	99.70	148.80	197.90	247.00	296.10	73
45	12.20	28.25	55.00	81.75	108.50	162.00	215.50	269.00	322.50	74
46	13.08	30.45	59.40	88.35	117.30	175.20	233.10	291.00	348.90	75
47	13.85	32.38	63.25	94.13	125.00	186.75	248.50	310.25	372.00	76
48	14.73	34.58	67.65	100.73	133.80	199.95	266.10	332.25	398.40	77
49	15.72	37.05	72.60	108.15	143.70	214.80	285.90	357.00	428.10	78
50	16.93	40.08	78.65	117.23	155.80					79
51	18.36	43.65	85.80	127.95	170.10					80
52	20.12	48.05	94.60	141.15	187.70					82
53	21.88	52.45	103.40	154.35	205.30					83
54	23.64	56.85	112.20	167.55	222.90					85
55	25.18	60.70	119.90	179.10	238.30					86
56	26.28	63.45	125.40	187.35	249.30					85
57	27.05	65.38	129.25	193.13	257.00					84
58	27.93	67.58	133.65	199.73	265.80					84
59	29.03	70.33	139.15	207.98	276.80					84
60	29.88	72.45	143.40	214.35	285.30					84
61	32.41	78.78	156.05	233.33	310.60					85
62	35.49	86.48	171.45	256.43	341.40					87
63	38.90	95.00	188.50	282.00	375.50					89
64	43.41	106.28	211.05	315.83	420.60					93
65	46.60	114.25	227.00	339.75	452.50					94
66	49.68									95
67	52.43									96
68	55.29									96
69	58.37									96
70	61.67									95

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 Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-10										75
11-16		8.65	15.80							70
17-20		15.33	29.15	42.98	56.80	84.45	112.10	139.75	167.40	66
21		15.88	30.25	44.63	59.00	87.75	116.50	145.25	174.00	66
22		15.88	30.25	44.63	59.00	87.75	116.50	145.25	174.00	65
23-25		16.70	31.90	47.10	62.30	92.70	123.10	153.50	183.90	63
26		16.98	32.45	47.93	63.40	94.35	125.30	156.25	187.20	63
27		17.25	33.00	48.75	64.50	96.00	127.50	159.00	190.50	63
28		17.53	33.55	49.58	65.60	97.65	129.70	161.75	193.80	62
29		17.80	34.10	50.40	66.70	99.30	131.90	164.50	197.10	62
30-31		20.00	38.50	57.00	75.50	112.50	149.50	186.50	223.50	60
32		20.55	39.60	58.65	77.70	115.80	153.90	192.00	230.10	61
33		20.83	40.15	59.48	78.80	117.45	156.10	194.75	233.40	62
34		21.10	40.70	60.30	79.90	119.10	158.30	197.50	236.70	62
35		22.48	43.45	64.43	85.40	127.35	169.30	211.25	253.20	64
36		23.30	45.10	66.90	88.70	132.30	175.90	219.50	263.10	64
37		24.68	47.85	71.03	94.20	140.55	186.90	233.25	279.60	64
38		25.50	49.50	73.50	97.50	145.50	193.50	241.50	289.50	65
39		27.15	52.80	78.45	104.10	155.40	206.70	258.00	309.30	66
40	12.75	29.63	57.75	85.88	114.00	170.25	226.50	282.75	339.00	67
41	13.52	31.55	61.60	91.65	121.70	181.80	241.90	302.00	362.10	68
42	14.51	34.03	66.55	99.08	131.60	196.65	261.70	326.75	391.80	70
43	16.05	37.88	74.25	110.63	147.00	219.75	292.50	365.25	438.00	72
44	16.93	40.08	78.65	117.23	155.80	232.95	310.10	387.25	464.40	73
45	18.14	43.10	84.70	126.30	167.90	251.10	334.30	417.50	500.70	74
46	19.24	45.85	90.20	134.55	178.90	267.60	356.30	445.00	533.70	75
47	20.34	48.60	95.70	142.80	189.90	284.10	378.30	472.50	566.70	76
48	21.44	51.35	101.20	151.05	200.90	300.60	400.30	500.00	599.70	77
49	23.20	55.75	110.00	164.25	218.50	327.00	435.50	544.00	652.50	78
50	24.41	58.78	116.05	173.33	230.60					79
51	26.28	63.45	125.40	187.35	249.30					80
52	28.59	69.23	136.95	204.68	272.40					82
53	30.46	73.90	146.30	218.70	291.10					83
54	32.77	79.68	157.85	236.03	314.20					85
55	34.42	83.80	166.10	248.40	330.70					86
56	35.85	87.38	173.25	259.13	345.00					85
57	36.95	90.13	178.75	267.38	356.00					84
58	38.93	95.08	188.65	282.23	375.80					84
59	40.58	99.20	196.90	294.60	392.30					84
60	41.76	102.15	202.80	303.45	404.10					84
61	44.62	109.30	217.10	324.90	432.70					85
62	48.25	118.38	235.25	352.13	469.00					87
63	51.99	127.73	253.95	380.18	506.40					89
64	56.06	137.90	274.30	410.70	547.10					93
65	58.81	144.78	288.05	431.33	574.60					94
66	61.89									95
67	64.97									96
68	68.38									96
69	71.90									96
70	75.75									95

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".

Supplemental Term Life

MetLife



Plan Design for: Lackland ISD

Date Prepared: September 01, 2018

For All Active Full Time Employees excluding Superintendent - All Active Full Time Superintendent working at least 20 hours per week

Build Your Benefit With MetLife's Supplemental Term Life insurance, your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children -- all at affordable group rates.

	Employee	Spouse & Child	
		Spouse ¹	Child
Life Coverage: provides a benefit in the event of death Schedules:	Increments of \$10,000	Increments of \$5,000	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
Non Medical Maximum	\$100,000	\$25,000	\$10,000
Overall Benefit Maximum	The lesser of 5 times Your Basic Annual Earnings, or \$500,000	\$100,000	\$10,000
AD&D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules:	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
AD&D Maximum	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage
Employee Contribution	100%	100%	100%

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to the approval of MetLife.

To request coverage:

1. Choose the amount of employee coverage that you want to buy.
2. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
3. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below.
Note: Premiums are based on your age, not your spouse's.
4. Choose the amount of coverage you want to buy for your dependent children. The premium costs for each coverage option are shown below.
5. Fill in the enrollment form with the amounts of coverage you are selecting. (To request coverage over the non-medical maximum, please see your Human Resources representative for a medical questionnaire that you will need to complete.) Remember, you must purchase coverage for yourself in order to purchase coverage for your spouse or children.

Employee Age	Employee & Spouse Coverage -- Monthly Premium For:						
	\$1,000	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000	
Under 30	\$0.07	\$0.70	\$1.40	\$2.80	\$3.50	\$7.00	
30-34	\$0.08	\$0.80	\$1.60	\$3.20	\$4.00	\$8.00	
35-39	\$0.09	\$0.90	\$1.80	\$3.60	\$4.50	\$9.00	
40-44	\$0.13	\$1.30	\$2.60	\$5.20	\$6.50	\$13.00	
45-49	\$0.19	\$1.90	\$3.80	\$7.60	\$9.50	\$19.00	
50-54	\$0.37	\$3.70	\$7.40	\$14.80	\$18.50	\$37.00	
55-59	\$0.53	\$5.30	\$10.60	\$21.20	\$26.50	\$53.00	
60-64	\$0.68	\$6.80	\$13.60	\$27.20	\$34.00	\$68.00	
65-69	\$1.01	\$10.10	\$20.20	\$40.40	\$50.50	\$101.00	
70+	\$1.62	\$16.20	\$32.40	\$64.80	\$81.00	\$162.00	

Due to rounding, your actual payroll deduction amount may vary slightly.

Dependent Child Coverage ² Monthly Premium For:	
\$1,000	\$0.26
\$2,000	\$0.52
\$4,000	\$1.04
\$5,000	\$1.30
\$10,000	\$2.60

Features available with Supplemental Life

Grief Counseling³: You, your dependents, and your beneficiaries access to grief counseling sessions and funeral related concierge services to help cope with a loss – at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.³ In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling 1-1-888-319-7819 or log on to www.metlifegc.lifeworks.com (Username: metlifeassist; Password: support).

Funeral Discounts and Planning Services⁴: As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services - either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you and your family in making confident decisions when planning ahead as well as bereavement travel services - available 24 hours, 7 days a week, 365 days a year - to assist with time-sensitive travel arrangements to be with loved ones.

Will Preparation⁵: Like life insurance, a carefully prepared Will is important. With a Will, you can define your most important decisions such as who will care for your children or inherit your property. By enrolling for Supplemental Term Life coverage, you will have in person access to Hyatt Legal Plans' network of 14,000+ participating attorneys for preparing or updating a will, living will and power of attorney. When you enroll in this plan, you may take advantage of this benefit at no additional cost to you if you use a participating plan attorney. To obtain the legal plan's toll-free number and your company's group access number, contact your employer or your plan administrator for this information.

MetLife Estate Resolution Services (ERS)⁵: is a valuable service offered under the group policy. A Hyatt Legal Plan attorney will consult with your beneficiaries by telephone or in person regarding the probate process for your estate. The attorney will also handle the probate of your estate for your executor or administrator.. This can help alleviate the financial and administrative burden upon your loved ones in their time of need.

Portability⁶: If your present employment ends, you can choose to continue your current life benefits.

What Is Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance do not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota or Colorado) of an increase in coverage. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally

sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and your employer and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the certificate.

If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

1. Spouse amount cannot exceed 50% of the employee's Supplemental Life benefit.
2. Child benefits for children under 6 months old are limited.
3. Grief Counseling services are provided through an agreement with LifeWorks US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.
4. Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.
5. Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Will Preparation and Estate Resolution Services are subject to regulatory approval and currently available in all states. For New York sitused cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Please note that certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.
6. Subject to state availability. To take advantage of this benefit, coverage of at least \$20,000 must be elected.

IMPORTANT CONTACTS

THOMAS MARROQUIN, ACCOUNT MANAGER

2009 RR 620 N STE 123, AUSTIN TX 78734

OFFICE: 800-672-9666 | CELL: 210-849-2088 | EMAIL: THOMAS.MARROQUIN@FFGA.COM

BENEFIT	VENDOR	PHONE	WEBSITE
Medical	TRS ActiveCare Aetna	800-222-9205	www.trsactivecare.aetna.com
Dental	Metlife	800-438-6388	www.metlife.com
Vision	Avesis	800-828-9341	www.avesis.com
Disability	American Fidelity	800-654-8489	www.americanfidelity.com
Cancer	American Fidelity	800-654-8489	www.americanfidelity.com
Accident	American Fidelity	800-654-8489	www.americanfidelity.com
Permanent Life	Texas Life	800-283-9233	www.texaslife.com
Group Life	Metlife	800-438-6388	www.metlife.com
Medical Reimbursement	First Financial	800-523-8422	www.ffga.com
Dependent Care	First Financial	800-523-8422	www.ffga.com