



# Rome City Schools Employee Benefit Guide



# Rome City Schools



Dear Rome City Employee,

As an eligible employee, you are entitled to enroll in the Section 125 plan, an IRS approved program designed to help you save money on taxes. Certain insurance products are available for purchase on a pre-tax basis, under Section 125. You have the option of deducting your premiums before tax, resulting in increased take-home pay and reduced income taxes.

Flexible Spending Accounts are also available under Section 125. Each year, you can elect a portion of your paycheck into an account (on a pre-tax basis) to gain reimbursement for out-of-pocket medical and dependent day care expenses.

For 2026, American Fidelity will also be offering the following voluntary benefits:

- Disability Income Insurance
- Accident Insurance
- Cancer Insurance
- Life Insurance
- Critical Illness Insurance
- GAP Choice Insurance
- Hospital Indemnity
- Dental/Vision/Group Life/AD&D

Enrollment counselors will be available throughout the open enrollment process to assist you in enrolling in all of your benefits and to answer any questions you may have. To see this years enrollment dates please see page 5.

Rome City Schools has developed the following benefit guide to provide you with information about your benefit options for the new plan year, explain the enrollment process, and serve as a valuable resource for information about all the benefits available to you. It's a good idea to take some time to read this guide before attending open enrollment and/or completing your enrollment forms.

Thank you in advance for taking the time to review this benefit guide and we look forward to seeing you during this year's open enrollment.

Sincerely,

Buffi Murphy  
Director of Staff Development and Human Resources

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## About this Guide

This benefit guide is a compilation guide of Rome City Schools-sponsored Human Resources. It is intended for informational purposes only. The actual benefits available and the full descriptions of these benefits are governed in all cases by the relevant plan document, insurance contracts, and Ordinances and Resolutions of Rome City Schools, and where applicable, collective bargaining agreements. If there are discrepancies between the benefit guide and the actual plan documents, insurance contracts, and Ordinances and Resolutions, the documents, contracts, and Ordinances and Resolutions will govern.

The background of the slide is a photograph of a school building with a brick facade and a dark roof. In the foreground, there is a grassy area with a sign that reads "WELSON-GOLDEN" and "WELSON-GOLDEN". A red car is parked on the right side of the image. The sky is overcast with grey clouds.

# 2026 BENEFITS ENROLLMENT

**Annual Enrollment  
How to Enroll  
Section 125 Cafeteria Plan**

# Your Annual Enrollment

## Fall Open Enrollment

### Annual Open Enrollment

Year Open Enrollment provides you an opportunity to change plans and modify dependent coverage. Your election deductions begin in December and will remain in effect through the plan year (January 1, 2026 - December 31, 2026) for your Voluntary benefits.

NOTE: If eligibility changes during the year you must notify Human Resources within 31 days of the qualifying event.

Before you meet with your American Fidelity Representative, take time to evaluate your current coverage and decide how well it serves the needs of you and your family.

### Important Points To Consider

- Figure an estimate of out-of-pocket medical expenses. Remember that over-the-counter drugs and medicines now require a prescription to be reimbursed.
- Figure an estimate of child care expenses.
- Review your beneficiaries.
- Review American Fidelity's options of portable insurance plans that you can keep if your employment changes.
- Evaluate your need for life insurance.
- Consider increasing your Disability Income Insurance policy amount to match your current salary.

# Your Section 125 Plan

### Save Money With Section 125

If there was a program available that could dramatically save money on your taxes, would you take advantage of it? That's exactly what the Section 125 Plan does—reduces your taxes and increases your spendable income! Plus, the Plan is available to you at no cost\* and you're already eligible, all you have to do is enroll.

The Plan works like this: You are allowed to deduct needed benefits from gross earnings before taxes are computed. This means that current after-tax expenses, such as insurance products and benefits, can be paid for with pre-tax dollars.

The advantage of this Plan is simple: The eligible premiums you pay under the Plan are paid on a pre-tax basis. You could be on your way to increased savings, just by signing up and taking advantage of this Plan!

### Benefits Eligible For The Section 125 Cafeteria Plan

- Group Medical, Dental and Vision Insurance
- Accident Insurance
- Cancer Insurance
- Flexible Spending Accounts

### How Can This Plan Help Me?

The sample paycheck below shows the benefits under the Section 125 Plan compared to benefits outside of the Plan. In this example, the employee gained \$55 more spendable income per month!

| Pre-Tax Example |                                | After-Tax Example |
|-----------------|--------------------------------|-------------------|
| \$1,500.00      | Monthly Gross Salary           | \$1,500.00        |
| - \$150.00      | Pre-Tax Medical Insurance      | \$0.00            |
| - \$25.00       | Pre-Tax Disability Insurance   | \$0.00            |
| - \$25.00       | Pre-Tax Accident Insurance     | \$0.00            |
| \$1,300.00      | Adjusted Monthly Gross Salary  | \$1,500.00        |
| - \$260.00      | Estimated Federal Tax (20%)    | - \$300.00        |
| - \$99.45       | Estimated FICA (7.65%)         | - \$114.75        |
| \$0.00          | After-Tax Medical Insurance    | - \$150.00        |
| \$0.00          | After-Tax Disability Insurance | - \$25.00         |
| \$0.00          | After-Tax Accident Insurance   | - \$25.00         |
| <b>\$940.55</b> | <b>Take-Home Pay</b>           | <b>\$885.25</b>   |

\* Taxes are a sample average of State, Federal and FICA taxes. Your own average tax rate may vary.

# How to Enroll

Rome City makes it easy for you to enroll in your 2026 benefits. Employees can enroll on-site with your American Fidelity representative.

## Enroll On-site during Open Enrollment

- Employees must meet with an American Fidelity Assurance Company Representative. During Fall Open Enrollment all employees **must** see an American Fidelity Representative to sign a new election form for next year.
- For Health Insurance, you must enroll online: [www.myshbpga.adp.com](http://www.myshbpga.adp.com).

## What To Bring To Your Appointment

- Driver’s license.
- Bank account information (to sign up for direct deposit)
- Spouse and children’s DOB and Social Security number if considering coverage for them.
- Beneficiary information, including (if a trust) full name and date of trust.

## Don’t Miss It!

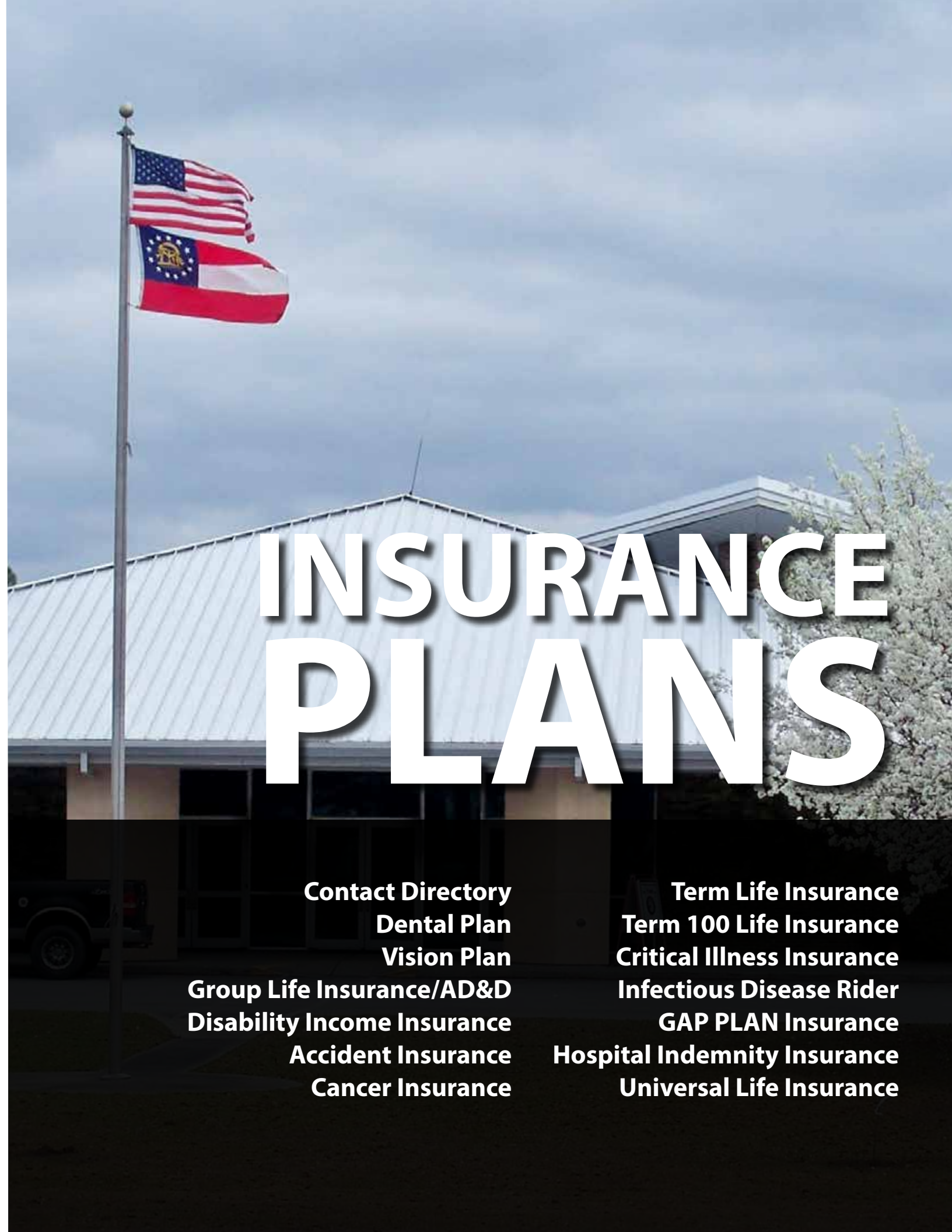
- Have you recently received a pay increase?
- Have you or are you planning on getting married, having children, or buying a home?
- What would happen if you were suddenly ill or disabled?

These questions and others will be addressed during your benefit consultation to make sure you are properly covered. It takes just a few moments to review your coverage and protect the welfare of you and your family.

| By enrolling on-site you can enroll in: |                                |
|-----------------------------------------|--------------------------------|
| • Dental Insurance                      | • Accident Only Insurance      |
| • Vision Insurance                      | • Life Insurance               |
| • Group Life Insurance/AD&D             | • Health Flex Spending Account |
| • Disability Income Insurance           | • Dependent Care FSA           |
| • Cancer Insurance                      | • GAP Insurance                |

*Point your smart phone camera at the QR code to schedule your appointment or copy in your browser <https://enroll.americanfidelity.com/CB479869>:*





# INSURANCE PLANS

**Contact Directory  
Dental Plan  
Vision Plan  
Group Life Insurance/AD&D  
Disability Income Insurance  
Accident Insurance  
Cancer Insurance**

**Term Life Insurance  
Term 100 Life Insurance  
Critical Illness Insurance  
Infectious Disease Rider  
GAP PLAN Insurance  
Hospital Indemnity Insurance  
Universal Life Insurance**

# Health Plan Benefits

## State Health Benefit Plan (SHBP)

### Contact Directory

| Vendor                                                                                                           | Member Services | Website                                                                            |
|------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------|
| <b>Anthem Blue Cross Blue Shield of Georgia (BCBSGa)</b><br>Member Services: Mon - Fri 8:00 a.m. to 8:00 p.m. ET | 855-641-4862    | <a href="http://www.bcbsga.com/shbp">www.bcbsga.com/shbp</a>                       |
| <b>UnitedHealthcare</b><br>Member Services: Mon - Fri 8:00 a.m. to 8:00 p.m. ET<br>TTY 711                       | 888-364-6352    | <a href="http://www.welcometouhc.com/shbp">www.welcometouhc.com/shbp</a>           |
| <b>SHBP Eligibility</b><br>Member Services: Mon - Fri 8:30 a.m. to 5:00 p.m. ET                                  | 800-610-1863    | <a href="http://www.dch.georgia.gov/shbp">www.dch.georgia.gov/shbp</a>             |
| <b>SHBP</b><br>Call Center                                                                                       | 1-800-610-1863  | <a href="http://www.dch.georgia.gov/shbp">www.dch.georgia.gov/shbp</a>             |
| <b>Healthways</b><br>Member Services: Mon - Fri 8:00 a.m. to 8:00 p.m. ET                                        | 888-646-6411    | <a href="http://www.bewellshbp.com">www.bewellshbp.com</a>                         |
| Additional Information                                                                                           | Member Services | Website                                                                            |
| <b>CVS Caremark</b><br>Member Services: 24 hours a day/7 days a week                                             | 1-844-345-3241  | <a href="http://www.caremark.com">www.caremark.com</a>                             |
| <b>TRICARE Supplemental Plan</b><br>Member Services 8:30 a.m. to 5 p.m. ET<br>Monday – Friday                    | 866-637-9911    | <a href="http://www.asicorporation.com/ga_shbp">www.asicorporation.com/ga_shbp</a> |
| <b>PeachCare for Kids</b>                                                                                        | 877-427-3224    | <a href="http://www.peachcare.org">www.peachcare.org</a>                           |

Information will be communicated and included in this benefits guide when it is available.

To learn more about our Health Plan options, please review the following guides here:

<https://myshbpga.adp.com/shbp/>

2026 SHBP [Active Rates](#) Jan 1 - Dec 31

2026 SHBP [Frequently Asked Questions](#)

2026 SHBP [Enrollment Portal](#)

2026 SHBP [Active Employee Decision Guide](#)

2026 SHBP [Retiree Decision Guide](#)

2026 SHBP [Plan Documents](#)

2026 SHBP [Telemedicine](#)

2026 SHBP [Wellness](#)

# Dental - Base Plan

Guardian

## Your dental coverage

**Option 1 or 2: Low or High plan**, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on a percentile of the prevailing fee data for the dentist's zip code.

| Your Dental Plan                                     | Option 1: Low                          |                | Option 2: High                       |                |
|------------------------------------------------------|----------------------------------------|----------------|--------------------------------------|----------------|
|                                                      | Tier 1                                 | Tier 2         | Tier 1                               | Tier 2         |
| <b>Your Network is</b> DentalGuard Preferred Network | In-Network                             | Out-of-Network | In-Network                           | Out-of-Network |
| <b>Calendar year deductible</b>                      | <i>Tier 1</i>                          | <i>Tier 2</i>  | <i>Tier 1</i>                        | <i>Tier 2</i>  |
| Individual                                           | \$0                                    | \$0            | \$0                                  | \$0            |
| Family limit                                         | 3 per family (applies to all levels)   |                | 3 per family (applies to all levels) |                |
| Waived for                                           | Not applicable                         | Not applicable | Not applicable                       | Not applicable |
| <b>Charges covered for you (co-insurance)</b>        | <i>Tier 1</i>                          | <i>Tier 2</i>  | <i>Tier 1</i>                        | <i>Tier 2</i>  |
| Preventive Care                                      | 100%                                   | 100%           | 100%                                 | 100%           |
| Basic Care                                           | 80%                                    | 80%            | 75%                                  | 75%            |
| Major Care                                           | 0%                                     | 0%             | 50%                                  | 50%            |
| Orthodontia                                          | Not Covered (applies to all levels)    |                | 50%                                  | 50%            |
| <b>Annual Maximum Benefit</b>                        | \$750 (applies to all levels)          |                | \$1500 (applies to all levels)       |                |
| <b>Lifetime Orthodontia Maximum</b>                  | Not Applicable (applies to all levels) |                | \$1500 (applies to all levels)       |                |
| <b>Dependent Age Limits</b>                          | 26 (applies to all levels)             |                | 26 (applies to all levels)           |                |

### Guardian Dental Buy-Up/High Plan

| Tier | EE Cost  | ER Cost | Total Cost |
|------|----------|---------|------------|
| EO   | \$27.17  | \$16.33 | \$43.50    |
| ES   | \$61.92  | \$16.33 | \$78.25    |
| EC   | \$78.28  | \$16.33 | \$94.61    |
| FA   | \$117.52 | \$16.33 | \$133.85   |

### Guardian Dental Base/Low Plan

| Tier | EE Cost | ER Cost | Total Cost |
|------|---------|---------|------------|
| EO   | \$0.00  | \$16.33 | \$16.33    |
| ES   | \$21.33 | \$16.33 | \$37.66    |
| EC   | \$32.70 | \$16.33 | \$49.03    |
| FA   | \$43.59 | \$16.33 | \$59.92    |



## Your dental coverage

### A Sample of Services Covered by Your Plan:

|                 |                                                    | Option 1: Low<br>Plan pays (on average)     |        | Option 2: High<br>Plan pays (on average)    |        |
|-----------------|----------------------------------------------------|---------------------------------------------|--------|---------------------------------------------|--------|
| Preventive Care | Cleaning (prophylaxis)                             | Tier 1                                      | Tier 2 | Tier 1                                      | Tier 2 |
|                 | Frequency:                                         | 100%                                        | 100%   | 100%                                        | 100%   |
|                 | Fluoride Treatments                                | Once Every 6 Months (applies to all levels) |        | 2 in 12 Months (applies to all levels)      |        |
|                 | Limits:                                            | 100%                                        | 100%   | 100%                                        | 100%   |
|                 | Oral Exams                                         | Under Age 14 (applies to all levels)        |        | Under Age 14 (applies to all levels)        |        |
|                 | Sealants (per tooth)                               | 100%                                        | 100%   | 100%                                        | 100%   |
| Basic Care      | X-rays                                             | 100%                                        | 100%   | 100%                                        | 100%   |
|                 | Fillings‡                                          | 80%                                         | 80%    | 75%                                         | 75%    |
|                 | Repair & Maintenance of Crowns, Bridges & Dentures | 80%                                         | 80%    | 75%                                         | 75%    |
|                 | Simple Extractions                                 | 80%                                         | 80%    | 75%                                         | 75%    |
| Major Care      | Surgical Extractions                               | 80%                                         | 80%    | 75%                                         | 75%    |
|                 | Anesthesia*                                        | 0%                                          | 0%     | 50%                                         | 50%    |
|                 | Bridges and Dentures                               | 0%                                          | 0%     | 50%                                         | 50%    |
|                 | Inlays, Onlays, Veneers**                          | 0%                                          | 0%     | 50%                                         | 50%    |
|                 | Perio Surgery                                      | 0%                                          | 0%     | 75%                                         | 75%    |
|                 | Periodontal Maintenance                            | 0%                                          | 0%     | 75%                                         | 75%    |
|                 | Frequency:                                         | Once Every 6 Months (applies to all levels) |        | 2 in 12 months (applies to all levels)      |        |
|                 | Root Canal                                         | 0%                                          | 0%     | 75%                                         | 75%    |
|                 | Scaling & Root Planing (per quadrant)              | 0%                                          | 0%     | 75%                                         | 75%    |
| Orthodontia     | Single Crowns                                      | 0%                                          | 0%     | 50%                                         | 50%    |
|                 | Orthodontia                                        | Not Covered                                 |        | 50%                                         | 50%    |
| Limits:         |                                                    | (applies to all levels)                     |        | Adults & Child(ren) (applies to all levels) |        |

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit [www.Guardianlife.com](http://www.Guardianlife.com) to confirm your Dentist's tiered participation.

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



### Rome City Schools BUY-UP



**40% OFF**

additional complete pair of prescription eyeglasses

**20% OFF**

non-covered items, including non-prescription sunglasses

#### Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

#### Heads Up

You may have additional benefits. Log into [eyemed.com/member](https://eyemed.com/member) to see all plans included with your benefits.

#### SUMMARY OF BENEFITS

| VISION CARE SERVICES                         | IN-NETWORK MEMBER COST                                    | OUT-OF-NETWORK MEMBER REIMBURSEMENT           |
|----------------------------------------------|-----------------------------------------------------------|-----------------------------------------------|
| <b>EXAM SERVICES</b>                         |                                                           |                                               |
| Exam                                         | \$10 copay                                                | Up to \$40                                    |
| Retinal Imaging                              | Up to \$39                                                | Not covered                                   |
| <b>CONTACT LENS FIT AND FOLLOW-UP</b>        |                                                           |                                               |
| Fit and Follow-up - Standard                 | Up to \$40; contact lens fit and two follow-up visits     | Not covered                                   |
| Fit and Follow-up - Premium                  | 10% off retail price                                      | Not covered                                   |
| <b>FRAME</b>                                 |                                                           |                                               |
| Frame                                        | \$0 copay; 20% off balance over \$130 allowance           | Up to \$70                                    |
| <b>STANDARD PLASTIC LENSES</b>               |                                                           |                                               |
| Single Vision                                | \$15 copay                                                | Up to \$30                                    |
| Bifocal                                      | \$15 copay                                                | Up to \$50                                    |
| Trifocal                                     | \$15 copay                                                | Up to \$70                                    |
| Lenticular                                   | \$15 copay                                                | Up to \$70                                    |
| Progressive - Standard                       | \$80 copay                                                | Up to \$50                                    |
| Progressive - Premium Tier 1 - 3             | \$100 - 125 copay                                         | Up to \$50                                    |
| Progressive - Premium Tier 4                 | \$80 copay; 20% off retail price less \$120 allowance     | Up to \$50                                    |
| <b>LENS OPTIONS</b>                          |                                                           |                                               |
| Anti Reflective Coating - Standard           | \$45                                                      | Not covered                                   |
| Anti Reflective Coating - Premium Tier 1 - 2 | \$57 - 68                                                 | Not covered                                   |
| Anti Reflective Coating - Premium Tier 3     | 20% off retail price                                      | Not covered                                   |
| Photochromic - Non-Glass                     | \$75                                                      | Not covered                                   |
| Polycarbonate - Standard                     | \$40                                                      | Not covered                                   |
| Scratch Coating - Standard Plastic           | \$15                                                      | Not covered                                   |
| Tint - Solid and Gradient                    | \$15                                                      | Not covered                                   |
| UV Treatment                                 | \$15                                                      | Not covered                                   |
| All Other Lens Options                       | 20% off retail price                                      | Not covered                                   |
| <b>CONTACT LENSES</b>                        |                                                           |                                               |
| Contacts - Conventional                      | \$0 copay; 15% off balance over \$130 allowance           | Up to \$100                                   |
| Contacts - Disposable                        | \$0 copay; 100% of balance over \$130 allowance           | Up to \$100                                   |
| Contacts - Medically Necessary               | \$0 copay; paid in full                                   | Up to \$210                                   |
| <b>OTHER</b>                                 |                                                           |                                               |
| Hearing Care from Amplifon Network           | Up to 64% off hearing aids; call 1.877.203.0675           | Not covered                                   |
| LASIK or PRK from U.S. Laser Network         | 15% off retail or 5% off promo price; call 1.800.988.4221 | Not covered                                   |
| <b>FREQUENCY</b>                             | <b>ALLOWED FREQUENCY - ADULTS</b>                         | <b>ALLOWED FREQUENCY - KIDS</b>               |
| Exam                                         | Once every 12 months from the date of service             | Once every 12 months from the date of service |
| Frame                                        | Once every 24 months from the date of service             | Once every 24 months from the date of service |
| Lenses                                       | Once every 12 months from the date of service             | Once every 12 months from the date of service |
| Contact Lenses                               | Once every 12 months from the date of service             | Once every 12 months from the date of service |

(Plan allows member to receive either contacts and frame, or frames and lens services)

#### Vision High-Option Rates

| Tier | EE Cost | ER Cost | Total Cost |
|------|---------|---------|------------|
| EO   | \$3.08  | \$3.77  | \$6.85     |
| FA   | \$13.65 | \$3.77  | \$17.42    |



### Rome City Schools



**40% OFF**

additional complete pair of prescription eyeglasses

**20% OFF**

non-covered items, including non-prescription sunglasses

#### Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

#### Heads Up

You may have additional benefits. Log into [eyemed.com/member](http://eyemed.com/member) to see all plans included with your benefits.

#### SUMMARY OF BENEFITS

| VISION CARE SERVICES                         | IN-NETWORK MEMBER COST                                    | OUT-OF-NETWORK MEMBER REIMBURSEMENT           |
|----------------------------------------------|-----------------------------------------------------------|-----------------------------------------------|
| <b>EXAM SERVICES</b>                         |                                                           |                                               |
| Exam                                         | \$20 copay                                                | Up to \$40                                    |
| Retinal Imaging                              | Up to \$39                                                | Not covered                                   |
| <b>CONTACT LENS FIT AND FOLLOW-UP</b>        |                                                           |                                               |
| Fit and Follow-up - Standard                 | Up to \$40; contact lens fit and two follow-up visits     | Not covered                                   |
| Fit and Follow-up - Premium                  | 10% off retail price                                      | Not covered                                   |
| <b>FRAME</b>                                 |                                                           |                                               |
| Frame                                        | \$0 copay; 20% off balance over \$100 allowance           | Up to \$70                                    |
| <b>STANDARD PLASTIC LENSES</b>               |                                                           |                                               |
| Single Vision                                | \$20 copay                                                | Up to \$30                                    |
| Bifocal                                      | \$20 copay                                                | Up to \$50                                    |
| Trifocal                                     | \$20 copay                                                | Up to \$70                                    |
| Lenticular                                   | \$20 copay                                                | Up to \$70                                    |
| Progressive - Standard                       | \$85 copay                                                | Up to \$50                                    |
| Progressive - Premium Tier 1 - 3             | \$105 - 130 copay                                         | Up to \$50                                    |
| Progressive - Premium Tier 4                 | \$85 copay; 20% off retail price less \$120 allowance     | Up to \$50                                    |
| <b>LENS OPTIONS</b>                          |                                                           |                                               |
| Anti Reflective Coating - Standard           | \$45                                                      | Not covered                                   |
| Anti Reflective Coating - Premium Tier 1 - 2 | \$57 - 68                                                 | Not covered                                   |
| Anti Reflective Coating - Premium Tier 3     | 20% off retail price                                      | Not covered                                   |
| Photochromic - Non-Glass                     | \$75                                                      | Not covered                                   |
| Polycarbonate - Standard                     | \$40                                                      | Not covered                                   |
| Scratch Coating - Standard Plastic           | \$15                                                      | Not covered                                   |
| Tint - Solid and Gradient                    | \$15                                                      | Not covered                                   |
| UV Treatment                                 | \$15                                                      | Not covered                                   |
| All Other Lens Options                       | 20% off retail price                                      | Not covered                                   |
| <b>CONTACT LENSES</b>                        |                                                           |                                               |
| Contacts - Conventional                      | \$0 copay; 15% off balance over \$100 allowance           | Up to \$100                                   |
| Contacts - Disposable                        | \$0 copay; 100% of balance over \$100 allowance           | Up to \$100                                   |
| Contacts - Medically Necessary               | \$0 copay; paid in full                                   | Up to \$210                                   |
| <b>OTHER</b>                                 |                                                           |                                               |
| Hearing Care from Amplifon Network           | Up to 64% off hearing aids; call 1.877.203.0675           | Not covered                                   |
| LASIK or PRK from U.S. Laser Network         | 15% off retail or 5% off promo price; call 1.800.988.4221 | Not covered                                   |
| <b>FREQUENCY</b>                             | <b>ALLOWED FREQUENCY - ADULTS</b>                         | <b>ALLOWED FREQUENCY - KIDS</b>               |
| Exam                                         | Once every 12 months from the date of service             | Once every 12 months from the date of service |
| Frame                                        | Once every 24 months from the date of service             | Once every 24 months from the date of service |
| Lenses                                       | Once every 12 months from the date of service             | Once every 12 months from the date of service |
| Contact Lenses                               | Once every 12 months from the date of service             | Once every 12 months from the date of service |

(Plan allows member to receive either contacts and frame, or frames and lens services)

#### Vision Low-Option Rates

| Tier | EE Cost | ER Cost | Total Cost |
|------|---------|---------|------------|
| EO   | \$0.00  | \$3.77  | \$3.77     |
| FA   | \$5.82  | \$3.77  | \$9.59     |

# Group Life/AD&D Insurance

*The Standard*

## Your Basic and Supplemental Life Insurance Coverages:

### Basic Life Coverage - 100% employer paid & automatically enrolled

|                                |                                                       |                                                                                                                                          |
|--------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Basic term life</b>         | <b>1x annual earnings</b><br>Maximum <b>\$250,000</b> | <ul style="list-style-type: none"> <li>✓ Includes a matching AD&amp;D benefit</li> <li>✓ Coverage reduces beginning at age 65</li> </ul> |
| <b>Basic Dependent Package</b> | Spouse <b>\$1,000</b> and Child <b>\$1,000</b>        | <ul style="list-style-type: none"> <li>✓ Includes all eligible children live birth to age 26</li> </ul>                                  |

### Supplemental Life Coverage - 100% employee paid

|                               |                                                                 |                                                                                                                                                                                 |
|-------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Supplemental term life</b> | Elect in <b>\$10,000</b> increments<br>Maximum <b>\$750,000</b> | <ul style="list-style-type: none"> <li>✓ Includes a matching AD&amp;D benefit</li> <li>✓ Elect or increase coverage as a new hire or during annual enrollment period</li> </ul> |
| <b>Spouse term life</b>       | Elect in <b>\$5,000</b> increments<br>Maximum <b>\$250,000</b>  | <ul style="list-style-type: none"> <li>✓ Includes a matching AD&amp;D benefit</li> </ul>                                                                                        |
| <b>Child term life</b>        | <b>\$10,000, \$15,000, or \$20,000</b>                          | <ul style="list-style-type: none"> <li>✓ Includes a matching AD&amp;D benefit</li> <li>✓ Includes 1st newborn child benefit</li> </ul>                                          |

If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible.

## Monthly Cost:

| Employee or Spouse Supplemental Life and AD&D |                  |
|-----------------------------------------------|------------------|
| Employee's Age                                | Rate per \$1,000 |
| <25                                           | \$0.065          |
| 25-29                                         | \$0.065          |
| 30-34                                         | \$0.107          |
| 35-39                                         | \$0.107          |
| 40-44                                         | \$0.149          |
| 45-49                                         | \$0.222          |
| 50-54                                         | \$0.348          |
| 55-59                                         | \$0.569          |
| 60-64                                         | \$0.674          |
| 65-69                                         | \$1.062          |
| 70-74                                         | \$1.892          |
| 75+                                           | \$3.286          |

**Note:** Spouse rates are based on employee's age. Rates increase with age and all rates are subject to change.

### Here's how to calculate your monthly premium:

|                                              |                 |
|----------------------------------------------|-----------------|
| Total supplemental term life coverage amount | \$ _____        |
| ÷ 1,000                                      | \$ _____        |
| × your rate (based on your age)              | \$ _____        |
| <b>= Monthly premium</b>                     | <b>\$ _____</b> |

### Here's how Riley calculated their monthly premium:

|                                                                 |                |
|-----------------------------------------------------------------|----------------|
| Riley elected a total supplemental term life coverage amount of | \$150,000      |
| ÷ 1,000                                                         | \$150.00       |
| × Riley's rate (based on their age of 42)                       | \$0.149        |
| <b>= Riley's monthly premium</b>                                | <b>\$22.35</b> |

| Child Life and AD&D |          |          |
|---------------------|----------|----------|
| \$10,000            | \$15,000 | \$20,000 |
| \$2.49              | \$3.735  | \$4.98   |

One premium covers all eligible children from live birth to age 26.

# Long-Term Disability Income Insurance

American Fidelity Assurance Company

How do you pay for your mortgage, bills, food and other monthly expenses? If your paycheck stopped today, could you maintain your current lifestyle?

American Fidelity Assurance Company’s Long-Term Disability Income Insurance is designed to help protect you if you become disabled and cannot work due to a covered Accidental Injury or Sickness.

## How the Plan Works

If you become disabled due to a covered accident or sickness, Long-Term Disability Income Insurance will pay the disability benefit once you have satisfied the elimination period. Your benefit amount is dependent on your salary and the amount you select at the time of application. Disability benefits will be payable up to the benefit period stated in your policy.

## Optional Riders

Enhance your base plan with the following riders:

- **Critical Illness Rider**
- **Accident Only Spousal Rider**
- **Hospital Indemnity Benefit Rider**
- **COBRA Premium Rider**
- **Survivor Benefit Rider**

| Coverage Feature                                           | What It Means To You                                                                                                                               |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Accidental Injury and Sickness Coverage                    | You are covered in the case of a covered accident that occurs away from work or a covered sickness that causes you to be disabled.                 |
| Benefit Paid Directly to You, Regardless of Other Coverage | Use the money however best fits your financial needs, regardless of other insurance.                                                               |
| Waiver of Premium                                          | Premiums are not required while you are disabled based on the length of your disability.                                                           |
| Age at Entry                                               | Your premiums will be based on the date your policy becomes effective.                                                                             |
| Accidental Death Benefit                                   | Receive a benefit if you die as the direct result of an Accidental Injury and death occurs within 90 days after the date of the Accidental Injury. |
| Competitive Premiums                                       | Your monthly premiums could be paid with only one hour of a week’s paycheck.                                                                       |
| Payroll Deducted                                           | Enjoy the convenience of having your premiums deducted straight from your paycheck.                                                                |

Limitations, exclusions, and waiting periods apply. Refer to your policy for complete details.

Learn more at [americanfidelity.com/info/disability](http://americanfidelity.com/info/disability)

# Accident Only Insurance

Limited Benefit Accident Only Insurance

From weekend warriors to active families and those of us just living everyday life, accidents can happen without warning anytime, anywhere. As healthcare expenses continue to rise, are you financially prepared for the unexpected costs resulting from an injury?

**Limited Benefit Accident Only Insurance** may help manage out-of-pocket expenses to treat injuries resulting from a covered accident. This plan pays benefits directly to you, and may help you with unplanned accident medical expenses. And, for some policies, the Accident Screening Benefit pays annually for routine physical exams, preventive testing and more.

## How the Plan Works

Our Accident Only Insurance policy pays according to a wide-ranging schedule of benefits. In addition, the policy provides 24-hour coverage for accidents that occur both on and off the job.

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. All benefits are paid once per Covered Person per Covered Accident unless otherwise specified in the Limitations and Exclusions section. Twenty-four-hour (24-hour) coverage not applicable on Non-Occupational policies. Refer to your brochure and/or policy for details.

## Features

- Benefits paid directly to you
- A policy you own—take the policy with you if you leave your employer or retire
- Coverage for you, your spouse and children under age 26

Learn more at [americanfidelity.com/info/accident](http://americanfidelity.com/info/accident).

## American Fidelity Assurance Company

| Coverage Feature                                                                             | What It Means For You                                                                                                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Options: Levels 1, 2, 3, 4                                                              | Choose the plan to meet your financial needs.                                                                                                                            |
| Four Choices of Coverage: Individual, Individual and Spouse, Individual and Child, or Family | Choose the coverage that fits your lifestyle.                                                                                                                            |
| Wide-Ranging Schedule of Benefits                                                            | Benefits for many types of covered injuries.                                                                                                                             |
| Accident Screening Benefit                                                                   | The plan pays an annual Accident Screening Benefit for one Covered Person to receive a covered screening including routine physical exams, preventive testing, and more. |
| Initial Treatment Benefit                                                                    | Receive a benefit when treatment is received by a Physician or Medical Professional within 30 days of a covered accident.                                                |
| Benefit Paid Directly to You, to use as you see fit                                          | Use the benefit however best fits your financial needs.                                                                                                                  |
| Guaranteed Renewable                                                                         | Keep your coverage as long as premiums are paid as required.                                                                                                             |
| 24-Hour Coverage                                                                             | You are covered on or off the job. Twenty-four-hour (24-hour) coverage not applicable on Non-Occupational policies. Refer to your brochure and/or policy for details.    |
| Portable                                                                                     | You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.                                              |
| Payroll Deducted                                                                             | Enjoy the convenience of having your premiums deducted straight from your paycheck.                                                                                      |

Limitations, exclusions and waiting periods apply. Refer to your policy for complete details, AO22. **This product is inappropriate for people who are eligible for Medicaid coverage.** The premium and amount of benefits provided vary dependent upon the plan selected. The company has the right to change premiums by class. The Accident Screening Benefit is not available in all states.

# Cancer Insurance

## Limited Benefit Cancer Insurance Policy

## American Fidelity Assurance Company

A cancer diagnosis may be overwhelming. Even with a good major medical plan, the out-of-pocket costs of cancer treatment, such as travel, childcare, and loss of income, are considerable and may not be covered.

American Fidelity Assurance Company's Limited Benefit Individual Cancer Insurance offers a solution to help you focus your attention on fighting cancer. We offer plans that can help assist with out-of-pocket costs often associated with a cancer diagnosis.

### How the Plans Work

Our plans are designed to help cover expenses if you are diagnosed with a covered Cancer. With over 20 benefits available to you, these plans can provide benefits for the treatment of cancer, transportation, hospitalization and more. We provide the benefit directly to you, to be used however you see fit.

### Optional Riders

Enhance your base plan with the following riders:

- **Critical Illness Rider**

May include option to choose lump sum benefit for diagnosis of internal cancer only, heart attack/stroke (first to occur) only or both.

- **Hospital Intensive Care Unit Rider**

Learn more at [americanfidelity.com/info/cancer](http://americanfidelity.com/info/cancer).

| Coverage Feature                                                       | What It Means For You                                                                                                       |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Plan Options: Basic, Enhanced and Enhanced Plus                        | Choose the plan option to meet your financial needs.                                                                        |
| Three Choices of Coverage: Individual, Single Parent Family, or Family | Choose the coverage that fits your lifestyle.                                                                               |
| Wide-Ranging Schedule of Benefits                                      | Covers a wide range of treatments.                                                                                          |
| Benefit Paid Directly to You                                           | Use the money however best fits your financial needs.                                                                       |
| Guaranteed Renewable                                                   | Policy is guaranteed renewable as long as premiums are paid as required.                                                    |
| Diagnostic and Prevention Benefit                                      | Receive a benefit for visiting your doctor for a cancer screening test, which helps with early detection.                   |
| Transportation and Lodging                                             | Receive benefits if you travel more than 50 miles from your home using the most direct route for covered treatment.         |
| Portable                                                               | You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same. |
| Additional Coverage Options                                            | Enhance the base plan by choosing from a selection of optional riders.                                                      |
| Payroll Deducted                                                       | Enjoy the convenience of having your premiums deducted straight from your paycheck.                                         |

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage.** The company has the right to change premiums by class. The premium and amount of benefits provided vary dependent upon the plan selected. Availability of riders may vary by state. Diagnostic and Prevention Benefit is not available in all states.

# Individual Term Life Insurance

**American Fidelity Assurance Company**

Life insurance is an important factor to any family. It serves as a foundation to help in the case of a loved one's premature death. Plan today to make the right move for your loved ones.

American Fidelity Assurance Company offers a Term Life Insurance policy to help with your financial needs for your short-term and long-term goals.

## How the Plan Works

Individual Term Life Insurance has a death benefit with no cash accumulation feature. The policy is initially written for a 10, 20 or 30-year term period, but may be renewed at the insured's option for the same level renewal period depending upon the term chosen.

The last level renewal period is no later than age 70 for the 10-year term policy and age 60 for the 20-year term policy. Thereafter, premiums are renewable annually up to age 90. The 30-year term policy is renewable annually after the initial 30-year term period up to age 90. Renewal rates will be based on the insured's age at the time of renewal.<sup>1</sup>

## Optional Riders

Enhance your base plan with the following riders:

- **Spouse Term**
- **Children's Term**
- **Waiver of Premium**
- **Accidental Death & Dismemberment**
- **Accelerated Benefit for Long Term Illness (30 Year Term Only)**

**Learn more at [americanfidelity.com/info/life](http://americanfidelity.com/info/life).**

| Coverage Feature                                           | What It Means To You                                                                                                                        |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Three Plan Options: 10, 20 and 30-Year Level Term Coverage | Choose the coverage period to meet your financial needs.                                                                                    |
| Guaranteed Death Benefit                                   | Your death benefit is guaranteed as long as the policy is active.                                                                           |
| Accelerated Death Benefit for Terminal Condition           | Receive a portion of the chosen death benefit if you are diagnosed with a covered Terminal Condition. Limitations and exclusions may apply. |
| Conversion Benefit                                         | Turn your policy into a permanent plan any time up to age 70. The rate for your new plan will be based on your attained age.                |
| Guaranteed Renewable                                       | Renew your policy up to age 90 regardless of your health. <sup>1</sup>                                                                      |
| Interim Coverage for Death                                 | Death benefit coverage starts when the life insurance application has been signed and underwriting guidelines have been met.                |
| Express Issue Application                                  | Only 3 express issue health questions are required to issue coverage. <sup>2</sup>                                                          |
| Portable                                                   | You own the policy. Take the coverage with you if you choose to leave your current job.                                                     |
| Payroll Deducted                                           | Enjoy the convenience of having your premiums deducted straight from your paycheck.                                                         |

<sup>1</sup>Premiums are subject to increase upon renewal. <sup>2</sup>Issuance of the policy may depend on the answer to these questions.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, Policy Form Series ICC14 RCTL14. Not generally qualified benefits under Section 125 Plans.

# Individual Whole Life Insurance

American Fidelity Assurance Company

It's important to prepare for the unexpected and help ensure your loved ones will be financially protected in the event of a tragedy. Your life insurance benefit can help replace your income and help your family meet important financial needs like funeral expenses, everyday living costs, and college.

American Fidelity Assurance Company's Whole Life Insurance provides protection for your entire life. It's an individual policy, which means you own it and can take it with you when you leave employment or when you retire to age 121. The premium and amount of protection stay the same as long as the policy is in force, provided premiums are paid as required.

## Discontinue Your Premium While Keeping Your Coverage Active

- **Same Amount of Coverage - Shorter Length of Time:** Under the **Extended Term Insurance Provision**, your policy's original face amount (minus outstanding loans or accelerated benefit payments) will be guaranteed for a specific term of time. In addition, your premium is "paid in full" until your new extended term period expires, terminating your policy.
- **Coverage to Age 121 - Smaller Guaranteed Benefit Amount.** You can rest easy knowing you are covered for your entire life by utilizing the **Reduced Paid-Up Provision** and reducing your original death benefit to a smaller amount. Enjoy being premium-free while having the security of guaranteed lifetime coverage, just at a reduced benefit amount. Plus your cash value will continue to accumulate.

## Optional Riders

Enhance your base plan with the following riders:

- **Waiver of Premium Rider**
- **Accidental Death and Dismemberment Rider**
- **Children's Term Rider**
- **Accelerated Benefit Rider for Long Term Illness**
- **Accelerated Benefit Rider for Critical Illness**

## Flexibility when you need it

By choosing a Whole Life Policy, you have flexibility to adjust your benefits when needed. Cash value flexibility features include:

|                   | What It Means To You                                                                                                                                                                       |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cash Surrender    | If you choose to terminate your policy, you will receive a check equal to your plan's current available cash value. In many situations, cash surrenders may be paid tax free. <sup>1</sup> |
| Partial Surrender | You can withdraw a small portion of the policy's cash value in the form of cash, in exchange for a proportional reduction to the policy's available cash value and the face amount.        |
| Loans             | You can borrow against your cash value at a competitive 8% loan interest rate.                                                                                                             |

<sup>1</sup>As long as the cash surrender does not exceed the total premiums received under the policy since inception. Please consult your tax consultant for your specific situation.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, ICC14 WL14 series. **Individual life plans do not qualify under Section 125.**

Learn more at [americanfidelity.com/info/life](http://americanfidelity.com/info/life).

# Individual Term 100 Life Insurance

**American Fidelity Assurance Company**

Have you considered what would happen to your family's financial stability if you were no longer there to provide for them? Life insurance may help provide a financial safety net for your loved ones if the unexpected occurs.

American Fidelity Assurance Company offers a Term 100 Life Insurance policy to help with your financial needs for your short-term and long-term goals.

## How the Plan Works

Term 100 Life Insurance provides coverage until age 100 with long-lasting protection at budget-friendly rates. The benefit amount remains the same as long as the policy is active and premiums are paid.

During your working years, when expenses are typically at their highest and budgeting is necessary, Term 100 Life Insurance may be a great option. It may help ensure your family's financial security by assisting with funeral costs, supporting daily expenses, and future education expenses. It's important to carefully consider your stage of life and financial situation when buying life insurance.

## Optional Riders

Enhance your base plan with the following riders:

- **Children's Term**
- **Waiver of Premium**
- **Accidental Death & Dismemberment**
- **Accelerated Benefit for Long Term Illness**
- **Accelerated Benefit for Critical Illness**

Learn more at [americanfidelity.com/info/life](https://americanfidelity.com/info/life).

| Coverage Feature                                 | What It Means To You                                                                                                                        |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Guaranteed Death Benefit                         | Your death benefit is guaranteed as long as the policy is active.                                                                           |
| Accelerated Death Benefit for Terminal Condition | Receive a portion of the chosen death benefit if you are diagnosed with a covered Terminal Condition. Limitations and exclusions may apply. |
| Guaranteed Renewable                             | Renew your policy to age 100 with premiums guaranteed for 30 years or up to age 85, whichever comes first. <sup>1</sup>                     |
| Interim Coverage for Death                       | Death benefit coverage starts when the life insurance application has been signed and underwriting guidelines have been met.                |
| Express Issue Application                        | Only 3 express issue health questions are required to issue coverage. <sup>2</sup>                                                          |
| Portable                                         | You own the policy. Take the coverage with you if you choose to leave your current job.                                                     |
| Payroll Deducted                                 | Enjoy the convenience of having your premiums deducted straight from your paycheck.                                                         |

<sup>1</sup>After this initial guarantee, premiums may stay the same, increase, or decrease but will never exceed the guaranteed maximums shown in the policy. <sup>2</sup>Issuance of the policy may depend on the answer to these questions.

Limitations and exclusions apply. Please refer to your policy for complete details, Policy Form Series ICC24 ITL7001/ITL7001. Not generally qualified benefits under Section 125 Plans.

# Group Critical Illness Insurance

Limited Benefit Group Critical Illness Insurance Policy

American Fidelity Assurance Company

Surviving a critical illness, such as a heart attack or stroke, can come at a high price. With advances in technology to treat these diseases, the cost of treatment rises more and more every year. Even with major medical insurance, the out-of-pocket expenses associated with a critical illness can affect anyone's finances.

American Fidelity Assurance Company's Limited Benefit Critical Illness Insurance can be the solution that helps you and your family focus on recovery, and may help you with paying bills. Our plan can assist with the expenses that may not be covered by major medical insurance. You may also have the option to add an infectious disease rider to this policy in select states.

## How the Plan Works

If you are diagnosed with a covered Critical Illness, such as a heart attack or stroke, this plan is designed to pay a lump sum benefit amount to help cover expenses. Also, this plan offers a Recurrent Diagnosis Benefit for certain specified Critical Illnesses that provides an additional 50% of the Critical Illness benefit amount after the second occurrence date. Covered Critical Illness events include Heart Attack, Permanent Damage Due to a Stroke, and Major Organ Failure.

## Guaranteed Renewable

You are guaranteed the right to renew your base policy until age 75 as long as you pay premiums when due or within the premium grace period. The insurer has the right to increase premium rates if the policy so provides.

Learn more at [americanfidelity.com/info/critical-illness](http://americanfidelity.com/info/critical-illness).

| Coverage Feature             | What It Means For You                                                                                                                            |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Options                 | Choose from three lump sum benefit amounts: \$10,000, \$20,000 or \$30,000.                                                                      |
| Coverage Option              | Children are automatically covered under the Employee base plan. If elected, Spousal Benefit Amounts will be 50% of the Employee Benefit Amount. |
| Wellness Benefit             | Receive a benefit for your annual health screening test.                                                                                         |
| Benefit Paid Directly to You | Use the benefit however best fits your financial needs.                                                                                          |
| Portable                     | You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.                      |
| Additional Coverage Options  | Enhance the base plan by adding an optional rider.                                                                                               |
| Payroll Deducted             | Enjoy the convenience of having your premiums deducted straight from your paycheck.                                                              |

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage.**

# Group Critical Illness Insurance Infectious Disease Rider

American Fidelity Assurance Company

## Infectious Disease Benefit Rider



## Protection for the Unexpected

Being diagnosed with an infectious disease can be unsettling, but you might rest a little easier knowing you have coverage with the **Infectious Disease Benefit Rider**. Benefits are paid directly to you and may help ease the financial pressures from a diagnosis.

### How It Works

If diagnosed with one of the covered infectious diseases below and hospitalized for a minimum of 7 days with that disease, the following benefits may be payable:

- Your Infectious Disease Benefit is **50%** of your Critical Illness Benefit. Coverage extends to your eligible children at **25%** of your Infectious Disease Benefit amount.
- Your spouse's Infectious Disease Benefit, if covered, will be **50%** of their Critical Illness Benefit amount.

### What's Covered

This benefit is paid to you based on a diagnosis of any of the following infectious diseases:

- |                                                      |                                |                    |                                      |
|------------------------------------------------------|--------------------------------|--------------------|--------------------------------------|
| • Anthrax                                            | • Cholera                      | • Encephalitis     | • Human Immunodeficiency Virus (HIV) |
| • Methicillin-Resistant Staphylococcus Aureus (MRSA) | • Poliomyelitis                | • Sepsis           | • Tularemia                          |
| • Bacterial Cerebrospinal Meningitis                 | • COVID-19                     | • Hansen's Disease | • Legionnaire's Disease              |
| • Osteomyelitis                                      | • Q Fever                      | • Tetanus          | • Typhoid Fever                      |
| • Botulism                                           | • Dengue Fever                 | • Hepatitis B or C | • Malaria                            |
| • Pertussis (Whooping Cough)                         | • Rabies                       | • Trichinosis      |                                      |
|                                                      | • Diphtheria                   | • Histoplasmosis   |                                      |
|                                                      | • Rocky Mountain Spotted Fever | • Tuberculosis     |                                      |

### Did you know?



**47,039,749 COVID cases** were reported in the U. S. during 2022.<sup>1</sup>

<sup>1</sup> CDC Centers for Disease Control and Prevention: COVID Data Tracker; Accessed from [covid.cdc.gov](https://covid.cdc.gov) on January 5, 2023.

Availability of this rider may vary by state. Refer to your policy for complete details. This flyer must be used in conjunction with a G925 brochure. The rider will terminate on the same date as the policy or certificate to which it is attached.

**AMERICAN FIDELITY**   
a different opinion

# Hospital GAP PLAN Choice®

Hospital Limited Benefit Medical Expense Insurance

**American Fidelity Assurance Company**

Limited Benefit Hospital GAP PLAN Choice® Insurance from American Fidelity Assurance Company can help policyholders pay for their out-of-pocket expenses. Supplementing their major medical insurance with gap insurance can help cover their expenses so they can focus on getting well.

## Three Primary Benefits

- **In-Hospital\*\***
- **Outpatient**
- **Physician Outpatient Treatment**

\*\*"Hospital" shall not include any institution used 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.

Learn more at [americanfidelity.com/info/gap-insurance](http://americanfidelity.com/info/gap-insurance)

| Coverage Feature                       | What It Means for the Policyholder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In-Hospital Benefit                    | This is payable for covered for out-of-pocket expenses up to the maximum benefit selected per confinement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Outpatient Benefit                     | The plan covers qualified out-of-pocket expenses for injury or sickness (depending upon the plan selected) up to a maximum outpatient benefit of: <ul style="list-style-type: none"><li>• \$400, \$800 or \$1,200 for outpatient surgery or treatment performed in a Hospital or a Free-Standing Outpatient Surgery Center;</li><li>• \$100, \$200 or \$300 for outpatient diagnostic testing procedure performed in a hospital or a Free-Standing Magnetic Resonance Imaging (MRI) Facility; or</li><li>• \$50, \$100 or \$150 for outpatient treatment in a Hospital Emergency Room, without the covered person subsequently being considered an inpatient.</li></ul> |
| Physician Outpatient Treatment Benefit | This is payable for Physician visits. This benefit pays up to \$25.00 per visit, for up to five visits (\$125.00) per family per calendar year, for outpatient treatment due to Sickness, or outpatient emergency care for an injury due to an Accident, provided the Covered Person is covered by Another Medical Plan when such charges are incurred, at a Hospital outpatient clinic, free-standing emergency care clinic, or Physician office for out-of-pocket Covered Charges.                                                                                                                                                                                    |

THIS IS A LIMITED POLICY. This highlights the important features of the policy. Limitations, exclusions, and waiting periods apply. Refer to the policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage.** If the policyholder resides in a state other than their employer's state of domicile, where required by law, policy provisions and benefits may vary.

# Group Hospital Indemnity Insurance

Limited Benefit Group Hospital Indemnity Insurance

American Fidelity Assurance Company

If you experienced a medical emergency, would you be prepared to cover the out-of-pocket medical expenses? And, what about everything else that adds up—like bills, groceries, and housing?

Major medical insurance plans are designed to pay a large portion of your medical costs. But with a high deductible plan, you must pay out of your own pocket until you meet your deductible and plan maximum. That's where AF Hospital Assist™ can help.

## How the Plan Works

Limited Benefit Group Hospital Indemnity Insurance, or AF Hospital Assist™, is a Health Savings Account (HSA)-qualified plan designed to help pay for out-of-pocket expenses, like a hospital stay, while also allowing the tax benefit and potential savings from an HSA.

This plan provides benefits paid directly to you if you're hospitalized or suffer injuries resulting from an accident.

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 geriatric ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

| Coverage Feature                                               | What It Means For You                                                    |
|----------------------------------------------------------------|--------------------------------------------------------------------------|
| Simplified underwriting                                        | No medical exams or health questions are required to apply               |
| Health Savings Account compatible                              | Help offset your high deductible while allowing your HSA savings to grow |
| Multiple plan options: Basic, Enhanced, Enhanced Plus          | Choose the plan to meet your financial needs                             |
| Three choices of coverage: You, your spouse, and your children | Choose the coverage that best fits your lifestyle                        |
| Benefits paid directly to you                                  | Use the money however best fits your needs                               |
| Guaranteed renewable                                           | Keep the policy as long as premiums are paid                             |
| Portable                                                       | Take the policy with you even if you change employers                    |

This product may contain limitations, exclusions and waiting periods. **This product is inappropriate for people who are eligible for Medicaid coverage.** The insurer has the right to increase premiums.

Learn more at [americanfidelity.com/info/hospital-indemnity](http://americanfidelity.com/info/hospital-indemnity)

# Universal Life Insurance

**Texas Life Insurance Company**

It is impossible for life insurance to emotionally compensate for a loss, but it may help ease the financial obligations placed on your loved ones. Individual life insurance products can help.

## Universal Life Insurance

### (PureLife-Plus)

A voluntary permanent<sup>1</sup> life insurance product that guarantees life insurance to age 121. *(Underwritten by Texas Life Insurance Company)*

## Did You Know?

More than 100 million individuals in the United States don't have sufficient coverage to provide their families with financial security in case of a tragedy.<sup>2</sup>

Voluntary permanent life insurance can be an ideal complement to the Group Life Insurance coverage provided by your employer. Ask your AFES or AWD representative about the benefits of owning voluntary permanent life, the coverage you can keep after your employment ends.

## Consider a PureLife-Plus Contract!

Ask your Employer or American Fidelity Representative how you can secure your permanent<sup>7</sup> life insurance with a product that provides:

- Guaranteed death benefit to age 121.<sup>1</sup>
- Minimal cash value – premiums dedicated primarily to the purchase of life insurance.
- Long premium guarantees.<sup>3</sup>
- Limited right to partial refund of premium if future premium required to continue coverage increases.<sup>3</sup>  
(Conditions apply)
- Take it with you when you leave employment.
- Coverage available for employee, spouse, children and grandchildren.<sup>4</sup>

<sup>1</sup>Provided required premiums are paid timely.

<sup>2</sup>Insurance Barometer Study, 2021. Life Happens & LIMRA, p8.

<sup>3</sup>After the guaranteed period, premiums may go down, stay the same or go up.

<sup>4</sup>Coverage not available in WA on children or on grandchildren in WA or MD. In MD, child must reside with the applicant to be eligible for coverage.

<sup>5</sup>Some limitations apply. See brochure for details.

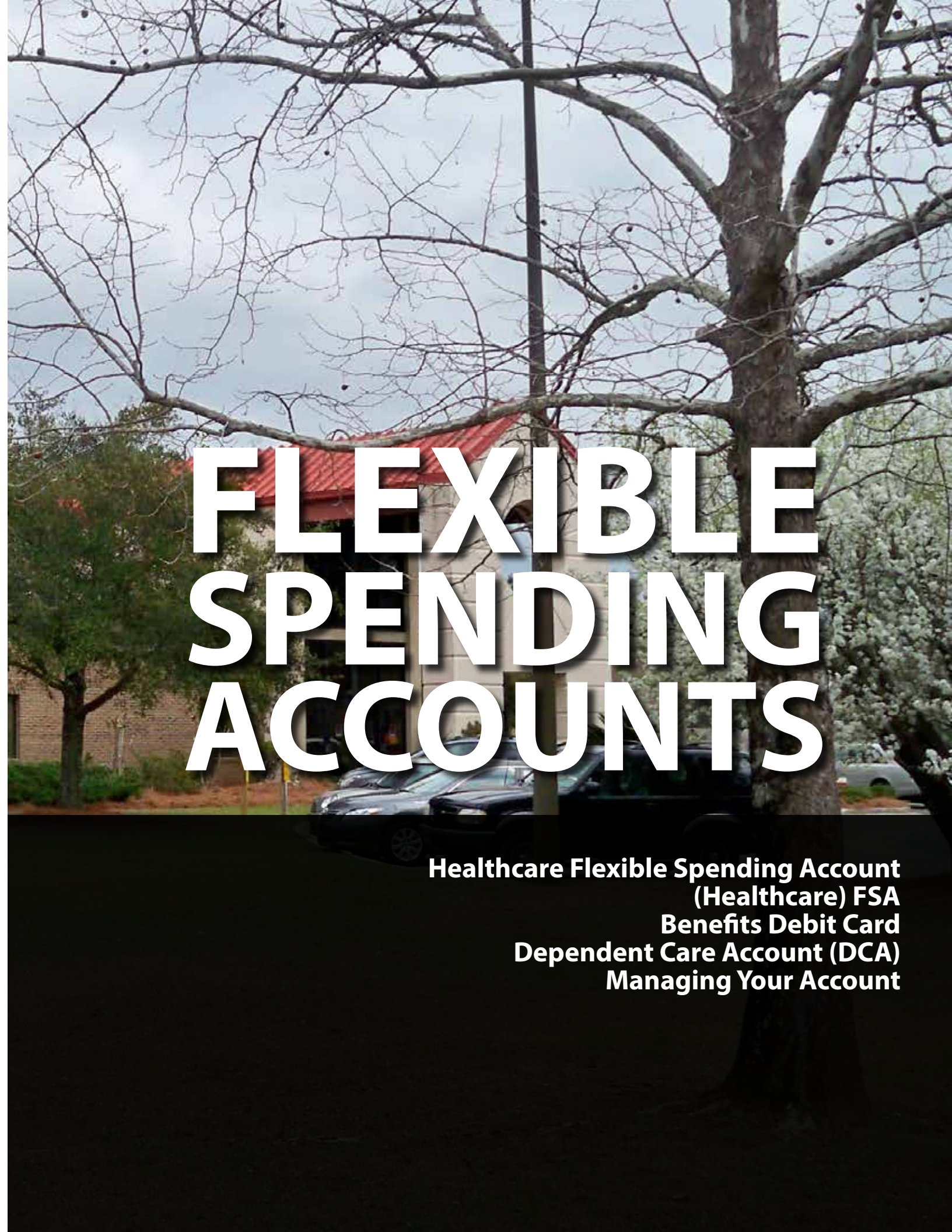
<sup>6</sup>Conditions apply. In Kansas, Temporary Insurance applies. Form 16M050.

<sup>7</sup>Issuance of this policy may depend on the answer to these questions.

| Coverage Feature                      | What It Means To You                                                                                                                                                                                              |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Several Product Options               | Choose the coverage to meet your financial needs.                                                                                                                                                                 |
| Guaranteed Premium <sup>3</sup>       | Your premiums are guaranteed for each applicable period.                                                                                                                                                          |
| Guaranteed Death Benefit <sup>5</sup> | Your death benefit is guaranteed for the life of the contract provided premiums are paid when due.                                                                                                                |
| Interim Coverage <sup>6</sup>         | Coverage normally begins when you complete the application and the authorization for your employer to deduct premiums from your paycheck. Two year suicide and contestability provisions apply. (one year in ND). |
| Enhance Your Coverage                 | Additional riders may be available on certain products to expand your policy.                                                                                                                                     |
| Easy Application                      | No medical exams and minimal health questions. <sup>7</sup>                                                                                                                                                       |
| Portable                              | You own the policy. Take the coverage with you if you choose to leave your current job.                                                                                                                           |
| Payroll Deducted                      | Enjoy the convenience of having your premiums deducted straight from your paycheck.                                                                                                                               |

This product is not available in NY and is not generally qualified under Section 125 Plans. Underwritten by Texas Life Insurance Company. Not affiliated with American Fidelity Assurance Company.

As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please see product summaries for costs and complete details. Flexible Premium Adjustable Life Insurance to age 121. PureLife-plus is underwritten and issued by Texas Life Insurance Company, 900 Washington Avenue, Waco, Texas 76701. Texas Life is licensed to do business in the District of Columbia and every state but NY. See the PureLife-plus brochure for details. Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO.

The background of the slide is a photograph of a building with a red roof and a large tree with bare branches in the foreground. The text is overlaid on this image.

# **FLEXIBLE SPENDING ACCOUNTS**

**Healthcare Flexible Spending Account  
(Healthcare) FSA  
Benefits Debit Card  
Dependent Care Account (DCA)  
Managing Your Account**

# Flexible Spending Accounts

**American Fidelity Assurance Company**

Flexible Spending Accounts are great cost savings tools to help with common medical expenses not covered by your major medical insurance and/or dependent care expenses. You can elect a portion of your pay to be deducted, on a pre-tax basis, from each paycheck to use for reimbursement of qualified out-of-pocket expenses throughout the plan year. A flexible spending account (FSA) allows you to use tax-free money for eligible medical or dependent care expenses. While FSAs must adhere to the "use-or-lose" rule, employers may offer one of two options to help you avoid having to forfeit your unused funds:

A grace period of up to 2.5 months (ex. January 1 to March 15) to spend the remaining funds Carrying over a maximum of \$660 of unused funds at the end of the year (as of 2025). However, employers cannot offer both, and some plans may not allow either option. This is why it's important to plan carefully and not put more money in your FSA than you think you'll spend within a year.

## Flexible Spending Account Savings Example

| With FSA                                                                          |                                 | Without FSA     |
|-----------------------------------------------------------------------------------|---------------------------------|-----------------|
| \$30,000                                                                          | Annual Gross Income             | \$30,000        |
| - \$2,400                                                                         | Healthcare FSA Election         | \$0             |
| - \$2,500                                                                         | Dependent Care Account Election | \$0             |
| \$25,100                                                                          | Taxable Gross Income            | \$30,000        |
| - \$5,020                                                                         | Estimated Tax (20%)*            | - 6,000         |
| - \$1,920.15                                                                      | Estimated FICA (7.65%)          | - 2,295         |
| \$18,159.85                                                                       | Annual Net Income               | \$21,705        |
| \$0                                                                               | Cost of Medical Expenses        | - \$2,400       |
| \$0                                                                               | Cost of Dependent Care Expenses | - \$2,500       |
| <b>\$18,159.85</b>                                                                | <b>Spendable Income</b>         | <b>\$16,805</b> |
| <b>With an FSA, potential annual savings in this example is: \$1,354.85</b>       |                                 |                 |
| By using an FSA to pay for eligible expenses, you can reduce your taxable income. |                                 |                 |

\* Estimated state 5% and federal 15%.

## Healthcare Flexible Spending Account (Healthcare FSA)

A Healthcare FSA allows you to allocate money on a pre-tax basis to reimburse yourself for qualified medical expenses for you and your family. Qualified expenses include anything from co-payments, medical deductibles, prescriptions and much more.

**Minimum Annual Election:** Determined by your employer.

**Maximum Annual Election:** Internal Revenue Code allows up to \$3,300 per plan year, the employer may set the maximum equal to or lower than this amount.

### Examples of Eligible Expenses for Healthcare FSA

Copays/coinsurance

Deductibles

Dental treatments

Diabetic supplies

Prescription drugs and medicines

Eye exams, eyeglasses, contact lenses, contact lens solution and enzyme

Flu shots

Immunizations

Lab fees

Laser/Lasik/RK surgery

Medical exams

Orthodontia

Psychiatric care

Wheelchair

X-rays

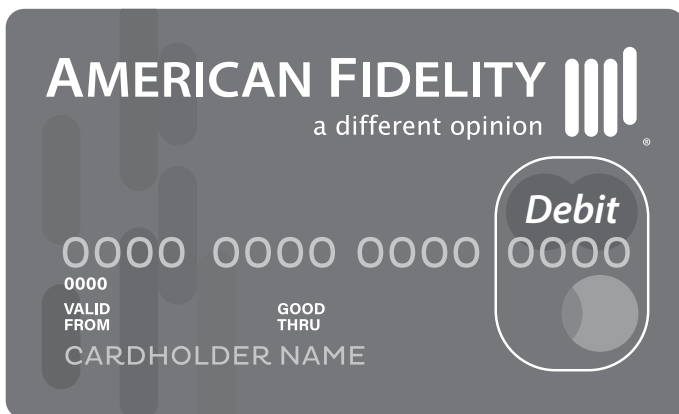
**For a complete list of eligible expenses,  
please visit:  
<https://americanfidelity.com/claims/fsa-hsa-eligibility-list/>**

# Flexible Spending Accounts

## Benefits Debit Card

### Benefits Debit Card

American Fidelity will provide a Benefits Debit Card to all employees who elect to participate in a Healthcare FSA (where offered by your employer). The debit card gives immediate, convenient access to Healthcare FSA funds at the point of sale for prescriptions, copays, and other common qualified medical expenses. The card can only be used for the Healthcare FSA and is not available for the DCA.



### Using Your Benefits Debit Card

Simply swipe your card like you would with any other credit card. Whether at the doctor's office or the dentist, the amount of your eligible expenses will be automatically deducted from your Healthcare FSA. Save ALL receipts!

Cards for Healthcare FSAs can be used at:

- Health care related facilities which include: hospitals, physician offices, dental offices, vision offices; and,
- Merchants participating in the Inventory Information Approval System (IIAS).
- The card is for medical expenses only; dependent day care expenses are not eligible.

### Snap. Submit. And Go!

When using your Benefits Debit Card to pay for an eligible expense, you may need to retain documentation to verify the expense. The AFmobile® app makes this easy.

- **Snap** a photo of the itemized receipt\* with your phone.
- **Submit** the photo of the itemized receipts within the app when you receive notification that a receipt is needed to verify your expense.
- **Go!** After submitting your verification and its review, you will be able to view the status of your reimbursement within the app.

\*The Internal Revenue Code (IRC) requires proof of the eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.

### Activating Your Card

You will receive your card at your home address and may begin using your card on the first day of your plan year. Your card will be automatically activated when you use it for the first time for an eligible expense.

# Flexible Spending Accounts

American Fidelity Assurance Company

## Dependent Care Account (DCA)

A Dependent Care Account allows you to allocate money on a pre-tax basis to reimburse yourself for dependent care expenses that allow you (and your spouse) to work. Reimbursement is permitted only after the services have been provided and the expense has been paid. As dependent care contributions are withheld from your paycheck and placed into the account, these funds become available for reimbursement requests. Submit the entire amount of your dependent care expense after the care is provided, even if it exceeds your monthly contribution amount, to maximize reimbursement opportunities. This allows you to build up a “pool” of submitted expenses, with pending amounts ready for reimbursement as soon as your next contribution is received and deposited into your account.

**Minimum Annual Election:** Determined by your employer.

**Maximum Annual Election:** While the IRC allows a maximum of \$5,000 per year, the employer may set the maximum equal to or lower than this amount.

Examples of Eligible Dependent Care Expenses

After-school care or extended day programs

Nanny expenses

Baby-sitter inside or outside participant’s household

Custodial or elder care expenses if the qualifying individual still spends at least 8 hours each day in the employee’s household

Dependent Day Care center\* expenses/pre-kindergarten/nursery school expense

Expenses paid to a non-dependent relative of participant to care for the child

Summer day camp if the primary purpose of the expense is custodial in nature and not educational

For a more complete list of eligible expenses, please visit [www.americanfidelity.com](http://www.americanfidelity.com).

\*A Dependent Care Center is a place that provides care for more than six persons (other than persons who live there) and receives a fee, payment or grant for providing services for any of those persons, regardless of whether the center is run for profit.

Regardless of whether you participate in the Dependent Care Account under the Section 125 Plan or claim the Dependent Care credit on your income tax return, you must provide the Internal Revenue Service with the name, address and taxpayer identification number (TIN) or Social Security number of your dependent care provider(s) by completing either Schedule 2 of Form 1040A or Form 2441 and

attaching it to your annual income tax return. Be sure that you follow the current instructions given by the IRS for preparing your annual income tax return. Failure to provide this information to the IRS could result in loss of the pre-tax treatment of your Dependent Day Care FSA contributions or loss of the Dependent Care Tax Credit.

## FSA Funds Availability

### Healthcare FSA

Your full annual election is available to you on the first day of the plan year.

### Dependent Care Account

Unlike the Healthcare FSA, the entire elected amount is not available on the first day of the plan year, but rather as contributions are received.

## Important FSA Notes:

- Participants are generally allowed a 90-day run-off period after the plan year ends to submit claims for expenses that occurred during the plan year but were not yet submitted.
- If you are a new employee entering the FSA during a plan year, reimbursement is only available for expenses and services provided after you begin your participation in the FSA.
- FSAs are “use or lose” meaning any unused amounts will be forfeited at the end of the plan year and run-off period.
- If you are enrolled in the Healthcare FSA and take a leave of absence during the plan year, you may (subject to your employer’s plan):
  1. Prepay the contributions on a pre-tax basis; or
  2. Continue the contributions by remitting them to your employer. Pre-tax contributions may continue if you continue to receive enough pay, or
  3. Prorate the unpaid contributions over the remaining pay periods when you return to work.
- Failure to make all elected contributions will result in termination of your account as of the date contributions ceased.
- Healthcare FSAs must comply with COBRA and generally must offer COBRA continuation rights to qualified beneficiaries who lose Healthcare FSA coverage due to certain qualifying events. For most Healthcare FSAs, COBRA may be offered upon a qualifying event only if you have a balance remaining in your Healthcare FSA. The balance is generally calculated by subtracting the reimbursements made prior to the qualifying event from the annual election. If eligible, you may choose to continue your contributions by either sending your contributions to your employer on an after-tax basis each pay period, or, you may choose to make a pre-tax contribution for your remaining elections for the plan year from your final pay or severance pay. Expenses incurred while contributions are being made are eligible for reimbursement. Coverage generally may not continue beyond the current plan year. If you do not elect COBRA, only expenses incurred during the period of employment are reimbursable. Coverage under the Healthcare FSA ceases when the contributions cease.

# Flexible Spending Accounts

## Managing Your Account

### File a Claim

Three Easy Ways

#### 1. On your mobile device using AFmobile®

Use AFmobile to manage your reimbursement accounts and insurance benefits.

#### 2. Online at americanfidelity.com

#### 3. By mail or fax

Insurance Claim

American Fidelity Assurance Company, Attn: Benefits Department

P.O. Box 268898, Oklahoma City, OK 73125

Fax: 800-818-3453

FSA and HRA Claim

American Fidelity Assurance Company

Attn: Flex Account Administration

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

Fax # 844-319-3668

\*Obtain a claim form for your insurance claim at [www.americanfidelity.com/fileaclaim](http://www.americanfidelity.com/fileaclaim).

### Manage Your Reimbursement Account With AFmobile®

AFmobile® allows FSA and HRA participants to submit reimbursement account claims while on the go.

- Access accounts - check balances, view transaction history, and more.
- Manage claims - submit new claims, upload receipts, and check claims status.
- Receive account alerts - choose to receive account updates by text and push notifications.
- Submit documentation - tie receipts and other documentation to a pending card swipe to expedite adjudication.

### Getting Started:

Download AFmobile. To register, you will need:

- Your email address - this should be the same email address provided at time of enrollment.
- Your Social Security Number.

### Using Our Online Portal

Our online portal provides all the same great features as mobile, plus powerful self-service account access and education resources to help put you in the driver's seat.

Getting started:

- Register at [americanfidelity.com](http://americanfidelity.com)
- Register using your email address and Social Security Number
- Once completed, access your reimbursement accounts and insurance benefits.

### Direct Deposit

By enrolling in direct deposit, you can ensure a timely reimbursement! You will no longer need to worry about having to wait on checks or make any more trips to the bank.

#### Three ways to sign up for direct deposit:

1. Through your mobile app.
2. Online through your account at [americanfidelity.com](http://americanfidelity.com)
3. By downloading a direct deposit request form

# Retirement Information

## *TRS and PSERS*

### **PSERS**

One of the benefits included with your employment as a bus driver, custodian, or school nutrition employee is membership in the Public School Employees Retirement System (PSERS). Enrollment in the Retirement System is a mandatory condition of your employment and requires you to contribute to the Retirement System through payroll deduction beginning immediately.

As a member of the Public School Employees Retirement System, your contribution is equal to \$10 per month from September through May of each school year. More information about your contributions and the benefits provided by the Retirement System are available in the Employee Handbook. You can access the Handbook online at [www.ers.ga.gov](http://www.ers.ga.gov) by choosing "PSERS" under "Pension Plans" in the left hand menu, then clicking on "Handbook" in the right hand menu.

### **TRS**

All personnel in a TRS covered permanent position, not less than half-time are required to be members as a condition of employment. Members of TRS currently contribute 6% of earnable compensation. Contributions are made on a before-federal tax basis. In addition to your contributions, Rome City Schools contributes to TRS. You can receive more information about TRS by visiting [www.trsga.com](http://www.trsga.com) or calling 1-800-352-0650. Or you can contact the school by visiting [www.ers.ga.gov](http://www.ers.ga.gov) or calling 1-800-805-4609.

# Benefit Contact Information

## Medical Benefits

### **Anthem Blue Cross Blue Shield of Georgia**

855-641-4862  
[www.bcbsga.com/shbp](http://www.bcbsga.com/shbp)

### **UnitedHealthcare**

888-364-6352  
[www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp)

### **SHBP Eligibility**

800-610-1863  
[www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp)

### **TRICARE Supplemental Plan**

866-637-9911  
<https://dch.georgia.gov/tricare-supplement>

### **PeachCare for Kids**

877-427-3224  
[www.peachcare.org](http://www.peachcare.org)

## Dental Insurance

### **Guardian**

[www.guardianlife.com/dental-insurance](http://www.guardianlife.com/dental-insurance)

## Vision Insurance

### **EyeMed**

Customer Service  
866-804-0982  
[www.eyemed.com](http://www.eyemed.com)

## Voluntary Insurance Benefits

### **American Fidelity Assurance Company Disability Income, Cancer, Accident, GAP PLAN, Life, Universal Life Insurance**

900 Circle 75 Parkway S.E., Suite 1340  
Atlanta, GA 30339-3095  
1-800-639-0850 / 770-575-2468  
[www.americanfidelity.com](http://www.americanfidelity.com)

## Section 125 Services & Flexible Spending Accounts

### **American Fidelity Assurance Company**

900 Circle 75 Parkway S.E., Suite 1340  
Atlanta, GA 30339-3095  
1-800-639-0850 / 770-575-2468  
[www.americanfidelity.com](http://www.americanfidelity.com)

## Other Contact Information

### **Rome City School District**

#### **Human Resources**

508 East Second Street Rome, GA 30161  
706-236-5050  
[hr@rcs.rome.ga.us](mailto:hr@rcs.rome.ga.us)

#### **Misti Mobbs**

#### **Human Resources Specialist**

Rome City Schools  
Phone: 706-236-5050 ext. 5021  
Fax: 706-236-5062  
[misti.mobbs@rcs.rome.ga.us](mailto:misti.mobbs@rcs.rome.ga.us)

#### **Buffi Murphy**

#### **Director of Staff Development & Human Resources**

Rome City Schools  
Phone: 706-236-5050 ext. 5025  
Fax: 706-236-5062  
[bmurphy@rcs.rome.ga.us](mailto:bmurphy@rcs.rome.ga.us)

#### **Ana Ramos**

#### **Human Resources Coordinator**

Rome City Schools  
Phone: 706-236-5050 ext. 5020  
Fax: 706-236-5062  
[ana.ramos@rcs.rome.ga.us](mailto:ana.ramos@rcs.rome.ga.us)

#### **American Fidelity**

#### **Assurance Company**

Georgia Branch Office  
900 Circle 75 Parkway S.E., Suite 1340  
Atlanta, GA 30339-3095  
1-800-639-0850  
[www.americanfidelity.com](http://www.americanfidelity.com)