Texas Panhandle CENTERS
Behavioral & Developmental Health
Making Lives Better

BENEFITS ENROLLMENT GUIDE

Plan Year September 1, 2026 – August 31, 2027

Presented by INSURICA DFB Insurance Services, LLC

INSURICA

TABLE OF CONTENTS

TEXAS PANHANDLE CENTERS BENEFITS OVERVIEW

PLAN YEAR 2026 - 2027

Texas Panhandle Centers offers a comprehensive and valuable Benefits package to you and your family. INSURICA wants to make sure you're getting the most out of your Benefits - that's why we've put together this Open Enrollment Guide.

WHO IS ELIGIBLE?

You are eligible to enroll if you are a full time employee working 30 hours or more per week. In addition the following family members are eligible for Medical, Dental, Vision and some other lines of coverage outlined in this booklet.

- Your legal spouse
- Eligible children up to age 26 (children are defined as your natural children, step-children, legally adopted children and children under your legal guardianship)
- Physically or mentally disabled children of any age incapable of self-support

WHEN TO ENROLL

New hires may elect Benefits after 60 days of employment with coverage effective the first of the following month.

All eligible employees may review and change their Benefit Elections during the Open Enrollment which runs from July 20th thru July 31st.

HOW DO I ENROLL?

If you are a new employee this guide will help you make your initial Benefits elections.

All eligible employees must actively make their benefit elections in ADP. Benefits will NOT rollover from last year.

Once you make your elections you will not be able to change them until the next Open Enrollment period, unless you have experienced one of the following qualifying events:

Marriage, Divorce or Legal Separation
Birth or adoption of a child
Change in a Child's Dependent status
Death of a "Qualified Dependent"
Loss or Gain of other group coverage
Change in employment status (i.e. part time, full time) of the employee
Medicare Eligibility
Employment termination

It is your responsibility to notify your HR Team within 30 days of the qualifying event, if any of these changes occur.

INSURANCE MANAGEMENT SERVICES

Welcome to our Website www.imstpa.com

The IMS website provides customer service at your convenience.

Available Features:

- Find a Provider
- Print Forms
- View ID Card
- Managed Care Services
- Our History & Services
- IMS Secure Mail
- Contact IMS via email

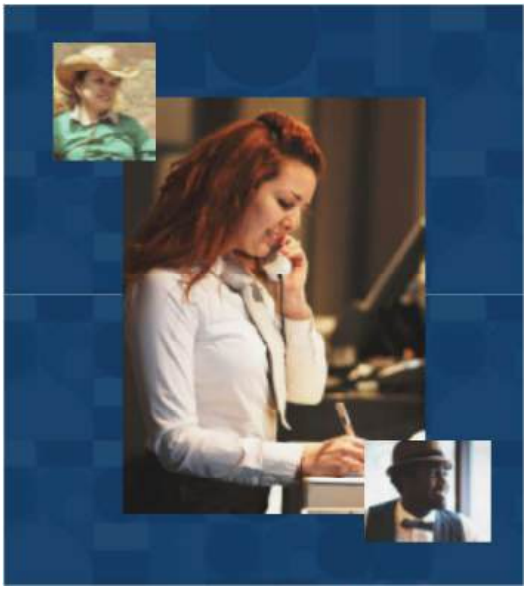
Personal Account:

- Change your password
- Change your profile
- Claims & Coverage inquiry
- Contact IMS via email
- Request Member Identification card via "Contact Us"
- Frequently asked questions

Follow the Steps below to Access the IMS Website

1. Go to www.imstpa.com
2. Click on Member
3. Click on Login
4. Click on New User Registration
5. Click on Register
6. Select your user type (either employee or dependent)
7. Enter your Group Number and any other additional information as required
8. Enter the username you would like to use. Employees will be asked to enter a password, dependents will be issued a password* when their account is approved.
9. Accept the "Terms" and click the "Submit" button

*We recommend that dependents change their password when they login for the first time.



CONTACT US

Customer Service
806.373.5944 or toll free 800.687.5944

Precertification
806.373.6666 or toll free 800.687.3020

Participant Advocate
Fayth Miller
800.687.5944 Ext. 234

INSURANCE MANAGEMENT SERVICES

Medical and Prescription Drug Coverage

	PPO - Standard Plan		HDHP	
Medical Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	$1,500	$3,000	$5,000	$10,000
Family	$6,000	$12,000	$8,000	$16,000
Out-of-Pocket Max				
Individual	$5,800	$11,600	$8,550	$17,100
Family	$10,000	$20,000	$12,000	$24,000
Coinsurance	20%	50%	20%	50%
Office Visit - Primary Care	$40 Co-Pay	50% after Ded	20% after Ded	50% after Ded
Office Visit - Specialist	$40 Co-Pay	50% after Ded	20% after Ded	50% after Ded
TelaDoc	$0 Co-Pay	N/A	$0 Co-Pay	N/A
Care Today Clinics	$10 Co-Pay		20% after Ded	
Preventive Care / Wellness Exams	0%, Waive Deductible		0%, Waive Deductible	
Urgent Care	$40 Co-Pay	50% after Ded	20% after Ded	50% after Ded
Emergency Room	20% after Ded		20% after Ded	
Inpatient / Outpatient	20% after Ded	50% after Ded	20% after Ded	50% after Ded
MaxCareRX Prescription Drug				
Generic	$15	Not Covered	20% after Ded	Not Covered
Preferred Brand	$30	Not Covered	20% after Ded	Not Covered
Non-Preferred Brand	$45	Not Covered	20% after Ded	Not Covered
Semi-Monthly Cost to Employee				
Employee Only	$40.00		$12.50	
Employee Spouse	$278.00		$178.00	
Employee Children	$250.00		$150.00	
Employee Family	$424.00		$250.00	

NOTE: If you choose the HDHP Medical plan Texas Panhandle Centers will contribute $25 monthly to your HSA bank account established at Amarillo National Bank.

MAXCARE RX
THE BENEFITS ARE CLEAR

INTRODUCING

MyMaxCareRx

Your new go-to resource for pharmacy benefits

When to use the MyMaxCareRx:

To Find Savings

Be alerted to cost-saving opportunities and act with a single click.

With Your Doctor

Search for meds and choose the best option while still at the Doctor's office.

Before the Pharmacy

Check pricing and verify coverage details to avoid surprises at the pharmacy counter.

To Stay Informed

Visit the Message Center to stay up-to-date.

Get it on the App Store

Get it on Google Play

Scan the QR Code to download or search **MyMaxCareRx** in your app store!

Need Help?

Contact **maxcarerx@levrx.com** or call **888-417-0677**

This is not a guarantee of savings.
The image shown is for illustrative purposes only.

Powered by: levrx

TELADOC.

How to set up your **Teladoc account**

Simply download the Teladoc app and follow the four steps you see below.

1 Confirm benefits

Provide some information about yourself to confirm your eligibility.

2 Benefit confirmation

We'll confirm that we found your benefits so you can finish creating your account.

3 Create account

Provide your contact information and preferred language.

4 Complete account

Create a username, password and pick security questions to ensure your account is secure.

Set up your Teladoc account today

Visit Teladoc.com

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

10E-161-1_313572610_07122021_EF

Texas Panhandle Centers is pleased to offer the option of a high deductible health plan (HDHP) in conjunction with a health savings account (HSA)! **You are only able to contribute to this bank account if you elect this plan.**

Why might an HSA be the right choice for you?

- **It saves you money.** For individuals with few regular health expenses, paying a traditional health plan premium can feel like throwing money out the window. HDHP's come with much lower premiums than traditional health plans, meaning less money gets deducted from your paychecks. Plus, HSA's are bascially "cash" accounts, so you may be able to negotiate pricing on many medical services.
- **It's portable.** Even if you change jobs, you get to keep your HSA.
- **It's a tax saver.** Contributions to your HSA are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes.
- It allows for an **improved retirement account.** Funds roll over at the end of each year and accumulate tax-free, as does the interest on the account. Also, once you reach the age of 55, you are allowed to make additional "catch-up" contributions to your HSA until age 65.
- It puts **money in your pocket!** You never lose unused HSA funds. They always roll over to the next year.

** Please note: State laws differ. Contributions made to your HSA may not be deductible from state income taxes.*

For more information about HSA's, contact Human Resources or INSURICA.

Type of Limit		2026	2027	Change
HSA Contribution Limit	*Self-only*	**$4,400**	**$4,500**	**Up $100**
	Family	**$8,750**	**$9,000**	**Up $250**
HSA Catch-up Contributions	*Age 55 or older*	**$1,000**	**$1,000**	**No change**

Using Your HSA...

You may use funds in your HSA to pay for any "IRS - Qualified Medical expenses" including Dental and Vision care. These expenses may include Co-Pays, Deductibles and Co-Insurance. Funds can be used for yourself or any qualifying relative as defined by the IRS and this relative does not have to be enrolled in the HDHP. The Medical Expenses must be incurred after your HSA was established and you do not have to submit receipts or show documentation of these expenses. However, it's important that you keep sufficient records in the event you are audited by the IRS.

If you choose to withdraw money from your HSA that is not considered eligible, the IRS could assess a 20% penalty.

FSA - Flexible Spending Accounts

Flexible spending accounts, or FSAs, provide you with an important tax advantage that can help you pay healthcare and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

Essentially, the Internal Revenue Service (IRS) set up FSAs as a means to provide a tax break to employees and their employers. As an employee, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to social security (FICA), federal, state or local income taxes–effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each plan year can be reduced significantly, depending on your tax bracket. As a result of the personal tax savings you incur, your spendable income will increase.

Eligible Expenses

Eligible health care expenses for the health care reimbursement FSA include more than just your deductible and copayments. You can also reimburse items such as prescription drugs, dental expenses, eye glasses and contacts, certain medical equipment and many more items. For more information about eligible medical expenses; please refer to IRS Publication 502, Medical and Dental Expenses, available at www.irs.gov/publications/p502/index.html. Over-the-counter drugs used to be eligible expenses, but a law effective Jan. 1, 2011, only allows claims for over-the-counter medication or drug expenses (other than insulin) to be reimbursed if the patient has a prescription. This new rule does not apply to items for medical care that are not considered medication or drugs. Equipment such as crutches, supplies such as bandages and diagnostic devices such as blood sugar test kits still qualify for reimbursement without a prescription.

Grace Period

You may be able to be reimbursed from unused amounts remaining in your Health FSA Account at the end of a Plan Year for Medical Care Expenses incurred during a "grace period" following the end of the Plan Year. Grace periods will begin on September 1 and will end two months and 15 days later.

The Dependent Care FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care. The annual maximum amount you may contribute is $5,000 (or $2,500 if married and filing separately) per calendar year.
If you elect to contribute to the dependent care FSA, you may be reimbursed for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

Eligible Expenses

In order for dependent care services to be eligible, they must be for the care of a tax-dependent child under age 13 who lives with you, or a tax-dependent parent, spouse or child who lives with you and is incapable of caring for himself or herself. The care must be needed so that you and your spouse (if applicable) can go to work. Care must be given during normal working hours (instances such as Saturday night babysitting does not qualify) and cannot be provided by another of your dependents.

Benefit	Medical FSA Medical, Dental & Vision	Dependent Care Reimbursement
Annual Max Contribution	**$3,350**	*(care for children under age 13 and adult daycare)* **$5,000**

Texas Panhandle CENTERS
Behavioral & Developmental Health
Making Lives Better

Non-Health Benefits

At TPC, passion and meaningful work are rewarded!
We offer employees:

- **501(c)(3) designation** – you can apply for the Public Service Student Loan Forgiveness

- **Retirement** – Staff are automatically enrolled into a 457 Retirement Account at 1% of their annual salary. Employer match, 1% higher than employees' contribution up to 6% in the 403(b) or 457 Retirement Savings Plan

- **Paid Time Off** - One (1) annual Mental Health Floating Holiday, one (1) annual Celebrate Diversity Floating Holiday, and one (1) annual A Day to Remember Floating Holiday available to staff after 90 days of employment

Bi-Weekly Accrual Maximum for Personal Time Off (PTO)

Tenure Level	Employment Month/Years	Hours Earned Bi-Weekly	Maximum Payoff	Maximum Carryover
Level I	1 day – 2 years (accrued from first day of full-time employment	5.54	20 % after 90 days of employment	250 Hours
Level II	2 – 5 years	6.46	40%	288 Hours
Level III	5 – 10 years	7.38	60%	300 Hours
Level IV	10 – 15 years	8.31	80%	336 Hours
Level V	15-20 years	9.23	100%	360 Hours
Level VI	20-25 years	10.15	100%	380 Hours
Level VII	25+ years	11.08	100%	400 Hours

Texas Panhandle CENTERS
Behavioral & Developmental Health
Making Lives Better

ADDITIONAL BENEFIT OPTIONS

DENTAL
Helps pay a portion of cost associated with Dental Care. (Partially paid by Employer.)

VISION
Benefits for Vision Exams, Glasses and Contacts

GROUP TERM LIFE
1.5X your salary, paid for by your Employer.

GROUP VOLUNTARY TERM LIFE AND AD&D
Provides financial protection in the event you and your dependents die while you are still working

TERM TO 100 LIFE INSURANCE

GROUP VOLUNTARY SHORT TERM DISABILITY
Protect your paycheck if injured or ill for a short period of time.

GROUP VOLUNTARY LONG TERM DISABILITY
Protect your paycheck if injured or ill for a period of time past 90 days.

SUPPLEMENTAL COVERAGES

CANCER INSURANCE
Coverage for a Cancer Diagnosis or 29 other Specified Diseases

IDENTITY THEFT BY AURA

PET INSURANCE BY NATIONWIDE

EMPLOYEE ASSISTANCE PROGRAM

What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Eligibility				
Eligible employees	All active, full-time employees			
	Calendar-year deductible		Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	$0	$0	100%	100%
Basic	$50	$50	80%	80%
Major	$50	$50	50%	50%
Orthodontia	$0	$0	50%	50%
Additional provisions				
Family deductible	3 times the per person deductible amount			
Combined deductible	Your in-network deductiblesfor basic and major services are combined. Your out-of-network deductibles for basic and major are combined. Your services applied to the in-network deductible will apply to the out-of-network deductible and vice versa.			
Combined maximum	Your calendar year maximum for preventive, basic, and major in-network services are combined. Your calendar year maximum for preventive, basic, and major out-of-network services are combined. In-network calendar year maximums are $2,500 per person or out-of-network calendar year maximums are $2,500 per person. Your services applied to the in-network maximum will apply to the out-of-network maximum and vice versa.			
Orthodontia lifetime maximum	$2,000 PPO in-network maximum / $2,000 PPO out-of-network maximum			
Maximum accumulation	Included			
Plan type	Unscheduled			

SEMI-MONTHLY PAYROLL DEDUCTIONS

Employee Only – $5.00

Employee Spouse – $27.00

Employee Children – $27.00

Employee Family – $28.50

What's available to me?

Vision insurance is offered through Principal® and VSP® Vision Care. It provides choice, flexibility and savings through a VSP doctor.

If you buy this coverage, an established network of VSP doctors will provide quality care for you and your dependents.

VSP choice network	
Exams	Every 12 months, one exam is covered in full after $10 copay
Prescription glasses Lenses - 1 pair covered every 12 months Frames - covered up to $150 every 24 months; 20% off amount over allowance[1]	$25 copay • Single lenses • Lined bifocal lenses • Lined trifocal lenses • Lenticular lenses • Polycarbonate lenses for dependent children under age 18
Lens enhancements	Standard progressive lenses covered once every 12 months with a $0 copay[1] Most other popular lens enhancements are covered after a copay, saving our members an average of 30%[1]
Elective contacts	Covered up to $150 every 12 months. Contact lenses can be chosen instead of glasses.
Contact fitting and evaluation	Up to $60 copay
Necessary contacts	Covered in full after $25 copay every 12 months Contact lenses can be chosen instead of glasses.

[1]This can vary based on state laws and provider location Savings may not apply at participating retail chains.

SEMI-MONTHLY PAYROLL DEDUCTIONS

Employee Only – $3.80

Employee Spouse – $6.70

Employee Children – $7.68

Employee Family – $11.36

What's available to me?

Protect what means the most to you – the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Minimum	Guaranteed issue[1]	Maximum	Benefit reduction[2]
You	150% of your annual salary , rounded to the next higher $1,000	$10,000	If you're under 70: $300,000 If you're 70 or older: The lesser of $300,000 or the amount with the prior carrier	$300,000	35% reduction at age 65, with an additional 15% reduction at age 70

[1]Amount of coverage you may buy within 31 days ofinitial eligibility for coverage without providing health information.
[2]As you get older, your life insurance benefit amount decreases. Age reductions apply to the benefit amount after providing health information.

Who receives coverage?

- You'll receive coverage if you’re an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - If you’re on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you’re still considered actively at work, as long as you’re fulfilling your regular duties and were working the day immediately prior to your time off.

What's available to me?

Protect what means the most to you – the people you love. If you passed away, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Minimum	Guaranteed issue[1]	Maximum	Benefit reduction[2]
You	Select a benefit in increments of $10,000	$10,000	If you're under 70: $150,000 If you're 70 or older: $10,000	$150,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your spouse[3]	Select a benefit in increments of $5,000	$5,000	If your spouse is under 70: $30,000 If your spouse is 70 or older: $10,000	$150,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your child(ren)[3]	Options[4]: • $2,000, or • $3,000, or • $4,000, or • $5,000, or • $10,000				

[1]Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.

[2]As you get older, your life insurance benefit amount decreases.

[3]Amount of coverage may not exceed 100% of your benefit.

[4]Dependent children under 14 days old receive a $1,000 benefit.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you may need to provide health information for review, or if you have a qualifying event.
  - If you and your spouse are both employed at Texas Panhandle Centers and are eligible for benefits, you're not eligible to have benefits as both an employee and a spouse.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above for you and your spouse may require you to provide health information.

May I increase my benefit later?

- You may be able to enroll for or increase your benefit and your dependent's benefit two increments per year during your open enrollment period without providing health information.
- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase your benefit up to the guaranteed issue amount within 31 days without having to provide health information.

Principal℠

Voluntary Term Life/AD&D - Employee

Estimated employee semi-monthly premium amounts
End of the rate guarantee period: 08/31/2027

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64
$10,000	$0.31	$0.31	$0.46	$0.76	$1.26	$1.86	$2.56	$4.46
$20,000	$0.60	$0.60	$0.90	$1.50	$2.50	$3.70	$5.10	$8.90
$30,000	$0.91	$0.91	$1.36	$2.26	$3.76	$5.56	$7.66	$13.36
$40,000	$1.20	$1.20	$1.80	$3.00	$5.00	$7.40	$10.20	$17.80
$50,000	$1.51	$1.51	$2.26	$3.76	$6.26	$9.26	$12.76	$22.26
$60,000	$1.80	$1.80	$2.70	$4.50	$7.50	$11.10	$15.30	$26.70
$70,000	$2.11	$2.11	$3.16	$5.26	$8.76	$12.96	$17.86	$31.16
$80,000	$2.40	$2.40	$3.60	$6.00	$10.00	$14.80	$20.40	$35.60
$90,000	$2.71	$2.71	$4.06	$6.76	$11.26	$16.66	$22.96	$40.06
$100,000	$3.00	$3.00	$4.50	$7.50	$12.50	$18.50	$25.50	$44.50
$110,000	$3.31	$3.31	$4.96	$8.26	$13.76	$20.36	$28.06	$48.96
$120,000	$3.60	$3.60	$5.40	$9.00	$15.00	$22.20	$30.60	$53.40
$130,000	$3.91	$3.91	$5.86	$9.76	$16.26	$24.06	$33.16	$57.86
$140,000	$4.20	$4.20	$6.30	$10.50	$17.50	$25.90	$35.70	$62.30
$150,000	$4.51	$4.51	$6.76	$11.26	$18.76	$27.76	$38.26	$66.76

Reduced benefit	65-69
$6,500	$4.78
$13,000	$9.55
$19,500	$14.33
$26,000	$19.12
$32,500	$23.89
$39,000	$28.67
$45,500	$33.44
$52,000	$38.22
$58,500	$43.00
$65,000	$47.77
$71,500	$52.55
$78,000	$57.34
$84,500	$62.11
$91,000	$66.89
$97,500	$71.66

Reduced benefit	70 & over
$5,000	$5.12
$10,000	$10.26
$15,000	$15.38
$20,000	$20.50
$25,000	$25.62
$30,000	$30.76
$35,000	$35.88
$40,000	$41.00
$45,000	$46.12
$50,000	$51.26
$55,000	$56.38
$60,000	$61.50
$65,000	$66.62
$70,000	$71.76
$75,000	$76.88

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Principal℠

Voluntary Term Life/AD&D - Spouse

Estimated spouse semi-monthly premium amounts
End of the rate guarantee period: 08/31/2027

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64
$5,000	$0.17	$0.17	$0.25	$0.40	$0.65	$0.95	$1.30	$2.30
$10,000	$0.36	$0.36	$0.51	$0.81	$1.31	$1.91	$2.61	$4.61
$15,000	$0.53	$0.53	$0.75	$1.20	$1.95	$2.85	$3.90	$6.90
$20,000	$0.70	$0.70	$1.00	$1.60	$2.60	$3.80	$5.20	$9.20
$25,000	$0.87	$0.87	$1.25	$2.00	$3.25	$4.75	$6.50	$11.50
$30,000	$1.06	$1.06	$1.51	$2.41	$3.91	$5.71	$7.81	$13.81
$35,000	$1.23	$1.23	$1.75	$2.80	$4.55	$6.65	$9.10	$16.10
$40,000	$1.40	$1.40	$2.00	$3.20	$5.20	$7.60	$10.40	$18.40
$45,000	$1.57	$1.57	$2.25	$3.60	$5.85	$8.55	$11.70	$20.70
$50,000	$1.76	$1.76	$2.51	$4.01	$6.51	$9.51	$13.01	$23.01
$55,000	$1.93	$1.93	$2.75	$4.40	$7.15	$10.45	$14.30	$25.30
$60,000	$2.10	$2.10	$3.00	$4.80	$7.80	$11.40	$15.60	$27.60
$65,000	$2.27	$2.27	$3.25	$5.20	$8.45	$12.35	$16.90	$29.90
$70,000	$2.46	$2.46	$3.51	$5.61	$9.11	$13.31	$18.21	$32.21
$75,000	$2.63	$2.63	$3.75	$6.00	$9.75	$14.25	$19.50	$34.50
$80,000	$2.80	$2.80	$4.00	$6.40	$10.40	$15.20	$20.80	$36.80
$85,000	$2.97	$2.97	$4.25	$6.80	$11.05	$16.15	$22.10	$39.10
$90,000	$3.16	$3.16	$4.51	$7.21	$11.71	$17.11	$23.41	$41.41
$95,000	$3.33	$3.33	$4.75	$7.60	$12.35	$18.05	$24.70	$43.70
$100,000	$3.50	$3.50	$5.00	$8.00	$13.00	$19.00	$26.00	$46.00
$105,000	$3.67	$3.67	$5.25	$8.40	$13.65	$19.95	$27.30	$48.30
$110,000	$3.86	$3.86	$5.51	$8.81	$14.31	$20.91	$28.61	$50.61
$115,000	$4.03	$4.03	$5.75	$9.20	$14.95	$21.85	$29.90	$52.90
$120,000	$4.20	$4.20	$6.00	$9.60	$15.60	$22.80	$31.20	$55.20
$125,000	$4.37	$4.37	$6.25	$10.00	$16.25	$23.75	$32.50	$57.50
$130,000	$4.56	$4.56	$6.51	$10.41	$16.91	$24.71	$33.81	$59.81
$135,000	$4.73	$4.73	$6.75	$10.80	$17.55	$25.65	$35.10	$62.10
$140,000	$4.90	$4.90	$7.00	$11.20	$18.20	$26.60	$36.40	$64.40
$145,000	$5.07	$5.07	$7.25	$11.60	$18.85	$27.55	$37.70	$66.70
$150,000	$5.26	$5.26	$7.51	$12.01	$19.51	$28.51	$39.01	$69.01

Reduced benefit	65-69
$3,250	$2.40
$6,500	$4.81
$9,750	$7.21
$13,000	$9.62
$16,250	$12.02
$19,500	$14.43
$22,750	$16.83
$26,000	$19.25
$29,250	$21.65
$32,500	$24.05
$35,750	$26.46
$39,000	$28.86
$42,250	$31.27
$45,500	$33.67
$48,750	$36.08
$52,000	$38.48
$55,250	$40.88
$58,500	$43.29
$61,750	$45.69
$65,000	$48.10
$68,250	$50.50
$71,500	$52.91
$74,750	$55.31
$78,000	$57.73
$81,250	$60.13
$84,500	$62.53
$87,750	$64.94
$91,000	$67.34
$94,250	$69.75
$97,500	$72.15

Reduced benefit	70 & over
$2,500	$2.57
$5,000	$5.15
$7,500	$7.72
$10,000	$10.31
$12,500	$12.88
$15,000	$15.45
$17,500	$18.03
$20,000	$20.60
$22,500	$23.17
$25,000	$25.75
$27,500	$28.32
$30,000	$30.91
$32,500	$33.48
$35,000	$36.05
$37,500	$38.63
$40,000	$41.20
$42,500	$43.77
$45,000	$46.35
$47,500	$48.92
$50,000	$51.51
$52,500	$54.08
$55,000	$56.65
$57,500	$59.23
$60,000	$61.80
$62,500	$64.37
$65,000	$66.95
$67,500	$69.52
$70,000	$72.11
$72,500	$74.68
$75,000	$77.25

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

Child(ren) premium amounts (per family) --*Child(ren) are covered until age 26*

$2,000	$0.20
$3,000	$0.30
$4,000	$0.40
$5,000	$0.50
$10,000	$1.00

Underwritten by: **American Heritage Life Insurance Company**

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. Product features and availability vary by state and are solely the responsibility of American Heritage Life Insurance Company.

Group Term to Age 100 Life Insurance

Financial protection for those you love most

Think About This

44% of people would feel a financial impact within six months of losing their household's primary wage earner. 28% said they would be affected within just one month†

More than 40% of Americans with life insurance coverage wish they had purchased their policies at a younger age†

Over half of U.S. households rely on dual incomes (54%), and, for many, losing one income could be devastating to household finances ††

Dealing with an unexpected death is difficult enough – you don't want to leave behind overwhelming financial obligations as well. With Group Term Life Insurance coverage, your family can still realize all the goals and dreams you shared together.

Here's How It Works

- Select the coverage that's right for you and your family
- Then if you pass away, your beneficiary files a claim
- A lump-sum cash benefit payable by direct deposit or check can be used however they wish*

Protecting Your Finances

With planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Consult with your tax advisor for specifics

Protecting insureds for over 60 years

Meeting Your Needs

- Guaranteed minimum death benefit is level for 5 years[1]
- Premiums are affordable and remain level to age 100 unless you make changes to your coverage
- Children may be covered*,[2]

†2020 Insurance Barometer Study, LIMRA. ††U.S. Bureau of Labor Statistics, *Consumer Expenditure Survey*, ibid. *Please refer to the Exclusions and Limitations section of this brochure. [1]Current non-guaranteed death benefit is projected to remain level to age 100. [2]Coverage for children may be limited to a percentage of the employee's face amount in some states.

GPTLPBTX ABJM48239

Meet Tiffany

Choose

Tiffany signs up for **Group Term to Age 100 Life Insurance** during her employer's Open Enrollment..

Use

Several months later, Tiffany suffers a heart attack and passes away. Her husband and children are devastated. Here's her story:

Traveling
Tiffany traveled out of town on a business trip to meet with a client

Collapsed
She was in a meeting, experienced a sharp pain and shortness of breath, and collapsed

Ambulance
An ambulance was taking her to the nearest hospital when her heart stopped

Doctors
Doctors and nurses worked tirelessly to revive her, but they could not save her

Notification
Her husband was notified of her passing

Claim

Tiffany's husband files a claim on his Term to Age 100 Life Insurance coverage along with the documentation needed to process the lump-sum death benefit claim (see How to File a Claim on page 4).

- Her husband's claim is received, processed, reviewed, and approved for payment by Allstate Benefits.
- The lump-sum death benefit is direct deposited into her husband's bank account. He accesses the funds to help pay for his wife's final burial expenses and any outstanding hospital medical bills.

Here are some of the ways the cash benefit can be used

Finances
Can help eliminate the need to deplete savings or retirement plans

Home
Can help pay the mortgage, continue rental payments, or perform needed home repairs

Expenses
Can help pay for your family's living expenses such as bills, electricity and gas

The examples above detail fictional thought processes and needs; your individual needs and reasons for coverage may vary.

Why Group Term to Age 100 Life Insurance might be right for you

Have you ever experienced a life-changing event and worried that you would not have the finances in place to handle it if you lost your spouse? It may have crossed your mind, but you put it off because you did not want to think about the unthinkable. However, if you have a spouse, children, or even grandchildren, that is reason enough to think about planning for their future today. Here are some additional reasons to consider:

- **You can't predict when you'll die, whether from a disease, accidental injury or natural causes.** Upon your death, our coverage can provide a lump-sum cash benefit directly to your designated beneficiary
- **You live on a budget, and purchasing traditional permanent life insurance would be costly.** Our coverage is affordably priced
- **You want a Term Life policy that offers coverage for more than 5, 10 or 20 years.** This coverage can be with you until age 100
- **You want affordable coverage that goes with you should you leave your employer.** You can take the coverage with you; see your Certificate of Insurance for details
- **Your family may need additional money to help with health care related bills after you die.** Our coverage provides a lump-sum death benefit that can be used to help cover these expenses
- **You're the primary wage earner and your family would have difficulty living without your income.** If you die before age 100, our coverage offers your designated beneficiary a lump-sum death benefit that is guaranteed for the first five years of coverage and is priced to remain level under current experience factors
- **You have recurring monthly debts such as a mortgage, car payment or credit cards.** Our coverage provides a lump-sum death benefit that can be used to help cover monthly expenses
- **You have children under 18, and they require money for daily living expenses such as food, clothing, school sports and college education.** Our coverage provides a lump-sum death benefit that can be used to help with daily living expenses

Benefits

Group Term to Age 100 Life Insurance Provides:

Term Life Insurance Death Benefit - a lump-sum death benefit is payable to your designated beneficiary when you die before the certificate anniversary on or after you reach age 100

Optional/Additional Rider Benefits

Accelerated Death Benefit for Terminal Illness - a lump-sum advance of 75% of the death benefit amount (not to exceed $100,000) when diagnosed terminally ill by a physician. The benefit payable is discounted using the current discount rate. Premiums are waived after the payment of the benefit

Total Disability Payor Waiver of Premium - we waive your premiums when you suffer a total disability.

Accidental Death Benefit - an additional death benefit is paid if death occurs as a result of an accidental bodily injury.

Children's Term - a death benefit is paid when a covered child dies.

The riders have exclusions and limitations, may vary in availability by issue or termination age, and may not be available to all covered dependents or in all states. Additional premiums may be required for the riders added to the coverage.

Protecting individuals & families for over 60 years

Beneficial insurance coverage to **help you and your family enjoy greater financial peace of mind** when the unexpected happens.

When you choose
Group Voluntary Insurance Coverage,
we can help give you financialpeace of mind.

We have been in the business of protecting America's families for over 60 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily – and get benefits deposited directly into your bank account (authorization required).

GPTLPBTX ABJM48239

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits payable	
Primary weekly benefit	60% of your earnings up to $1,500
Benefit amount	Your primary weekly benefit minus other income sources
Elimination period	Benefits begin on the 8th day for accidents and 8th day for sickness
Benefit payment period	Up to 12 weeks
Maternity	Pregnancy and childbirth are treated the same as any other disability
Limitations & exclusions	
Pre-existing conditions	3 months prior / 12 months insured
Other limitations	A complete list is included in your booklet

What's available to me?

Help protect one of your most valuable assets - the ability to earn an income. If you're temporarily disabled and can't work for a short amount of time, you can rely on short-term disability insurance to replace a portion of your weekly income.

Your primary weekly benefit is 60% of your earnings prior to your disability up to $1,500 minus other income sources. Other income sources could include but aren't limited to Social Security, other earnings, worker's compensation and state disability (if applicable), income from Paid Family and/or Medical Leave, and salary continuance.

Your benefits are determined by your base wage with bonus and commissions. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Texas Panhandle Centers

Short term disability

Estimated weekly benefit & semi-monthly deduction amount

End of rate guarantee period: 08/31/2027

To determine your estimated weekly benefit amount, multiply your weekly earnings by your benefit percentage. See your benefit summary for the definition of earnings.

Weekly earnings: $_____

If your weekly earnings are greater than $2,500 then use $2,500 as your earnings.

X Benefit percentage: 0.60

= Estimated weekly benefit amount: $_____

Age	Semi-Monthly rate
Age 24 & Under	0.0295
25-29	0.0455
30-34	0.0525
35-39	0.0395
40-44	0.0245
45-49	0.0205
50-54	0.0230
55-59	0.0280
60-64	0.0330
65-69	0.0365
70+	0.0440

To determine your estimated semi-monthly deduction, multiply your estimated weekly benefit amount by your age rate in the box at the right.

Estimated weekly benefit amount: $_____

X Age rate: $_____

X Employee Contribution Percent: 100%

= Employee's estimated semi-monthly deduction: $_____

Example

Age 30; weekly earnings: $1,000; age rate is 0.0525; Employee Contribution: 100%

Estimated weekly benefit amount : $1,000.00 X 0.60 = $600.00

Employee's estimated semi-monthly deduction : $600.00 X 0.0525 X 1.00 = $31.50

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits payable	
Primary monthly benefit	60% of your earnings up to $6,000
Benefit amount	Your primary monthly benefit minus other income sources
Elimination period	Benefits begin after 90 days
Own occupation period	2 year
Benefit payment period	Varies based on your age when you become disabled, see chart below
Limitations & exclusions	
Pre-existing conditions	3 months prior / 12 months insured
Other limitations	A complete list is included in your booklet

What's available to me?

Your income is important - you depend on it for almost everything. If you're too sick or hurt to work for a long period of time, you can rely on long-term disability insurance to replace a portion of your monthly income.

Your primary monthly benefit is 60% of your earnings prior to your disability up to $6,000 minus other income sources. Other income sources could include but aren't limited to Social Security for you and your dependents, other earnings, worker's compensation, state disability (if applicable) and salary continuance.

Your benefits are determined by your base wage with bonus and commissions. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

Texas Panhandle Centers

Long term disability

Estimated monthly benefit amount & semi-monthly deduction amount

End of rate guarantee period: 08/31/2027

To determine your estimated semi-monthly deduction, multiply your covered monthly earnings by your age rate in the box at the right. See your benefit summary for the definition of earnings.

Covered monthly earnings: $_____

If your monthly earnings are greater than $10,000.00 then use $10,000.00 as your earnings.

X Age rate: _____

X Employee Contribution Percent: 100%

= Employee's estimated semi-monthly deduction : $_____

Age	Semi-monthly rate
Under age 24	0.00125
25-29	0.00155
30-34	0.00215
35-39	0.00305
40-44	0.00600
45-49	0.00605
50-54	0.00800
55-59	0.00860
60-64	0.00795
65-69	0.00600
70+	0.00655

To determine your estimated monthly benefit amount, multiply your covered monthly earnings by your benefit percentage.

Covered monthly earnings: $_____

If your monthly earnings are greater than $10,000.00 then use $10,000.00 as your earnings.

X Benefit percentage: 0.60

= Estimated monthly benefit amount: $_____

Example

Age 30; covered monthly earnings: $5,000; age rate is 0.00215; Employee Contribution: 100%

Employee's estimated semi-monthly deduction : $5,000.00 X 0.00215 X 1.00 = $10.75
Estimated monthly benefit amount : $5,000.00 X 0.60 = $3,000.00

Underwritten by: **American Heritage Life Insurance Company**

Cancer Insurance

Protection for the treatment of cancer and 29 specified diseases

Think About This

Early detection, improved treatments and access to care are factors that influence cancer survival[†]

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030[††]

5 Years

The five-year relative cancer survival rate has improved over the past several decades for most cancer types[†]

After a cancer diagnosis, your life can become a whirlwind of doctor appointments and difficult decisions. Your finances don't need to be added to your list of worries. Cancer Insurance can help you rest a little easier.

Here's How It Works

- Select the coverage that's right for you and your family
- If diagnosed with cancer or a specified disease, you file a claim
- You may receive a lump-sum cash benefit via check or direct deposited that you can use however you wish*

Protecting Your Finances

You've worked hard for your savings – don't let a cancer diagnosis wipe them out.

- Protect your checking and savings
- Don't dip into your 401(k)

Protecting insureds for over 60 years

Meeting Your Needs

- Coverage can include your dependents
- Includes coverage for cancer and 29 specified diseases
- Waiver of premium after 90 days when disabled due to cancer (employee only)
- Coverage may be continued; refer to your certificate for details

[†]Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2021
[††]Cancer Treatment & Survivorship Facts & Figures, 2019-2021

GVCP3BTX ABJM48237

Meet TJ

Choose

TJ signs up for Cancer Insurance during his employer's Open Enrollment.

Use

A few months later, TJ learns that he has prostate cancer. Here's his treatment path:

Pre-Op Testing
TJ undergoes PSA testing at a hospital 300 miles from his home

Surgery
He is admitted to the hospital for laparoscopic prostate cancer surgery

Post-Surgery
After surgery, he spends several hours in the recovery waiting room

Hospital Stay
He's transferred to his room and visited by his doctor during a 2-day hospital stay

Recovery
TJ visits his doctor regularly during a 2 month recovery period

Claim

TJ files a claim on his Cancer Insurance coverage through the convenient web portal, MyBenefits. He receives cash benefits for:

- Wellness Benefit
- Cancer Initial Diagnosis
- Progressive Benefit Rider
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Medical Imaging
- Inpatient Drugs and Medicine
- Physician's Attendance
- Anti-Nausea

MyBenefits Claim Filing Portal

standard.com/ahl/mybenefits

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

Here are some of the ways TJ can use his cash benefits

Finances
Can help protect savings, retirement plans and 401(k)s from being depleted

Travel
Can help pay for expenses while receiving treatment in another city

Home
Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care

Expenses
Can help pay for his family's living expenses, such as bills, electricity, and gas

The example above details a fictional situation; your individual experience may vary.
For a listing of benefits and benefit amounts, see pages 3 and 4.

Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases

from **American Heritage Life Insurance Company**

Offered to the employees of:

Texas Panhandle Centers

Benefit Amounts

Hospital Confinement and Related Benefits	Plan 1	Plan 2
Continuous Hospital Confinement (daily)	$100	$200
Government or Charity Hospital (daily)	$100	$200
Private Duty Nursing Services (daily)	$100	$200
Extended Care Facility (daily)	$100	$200
At Home Nursing (daily)	$100	$200
Hospice Care Center (daily) or	$100	$200
Hospice Care Team (per visit)	$100	$200
Radiation/chemotherapy/related Benefits	**Plan 1**	**Plan 2**
Radiation/Chemotherapy for Cancer[1] (every 12 months)	$10,000	$15,000
Blood, Plasma, and Platelets[1] (every 12 months)	$10,000	$15,000
Hematological Drugs[1] (every 12 months)	$200	$300
Medical Imaging[1] (every 12 months)	$500	$750
Surgery and Related Benefits	**Plan 1**	**Plan 2**
Surgery[2]	$1,500	$3,000
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	$500	$1,000
2. Non-autologous (cancer or specified disease treatment)	$1,250	$2,500
3. Non-autologous (Leukemia)	$2,500	$5,000
Ambulatory Surgical Center (daily)	$250	$500
Second Opinion	$200	$400
Miscellaneous Benefits	**Plan 1**	**Plan 2**
Inpatient Drugs and Medicine (daily)	$25	$25
Physician's Attendance (daily)	$50	$50
Ambulance (per confinement)	$100	$100
Non-Local Transportation[1]		
(coach fare or amount shown per mile*)	0.40/Mile	0.40/Mile
Outpatient Lodging (daily; limit $2,000/12 mo. period)	$50	$50
Family Member Lodging (daily per trip; max. 60 days)	$50	$50
and Transportation (coach fare or amount shown per mile**)	0.40/Mile	0.40/Mile
Physical or Speech Therapy (daily)	$50	$50
New or Experimental Treatment[3] (every 12 months)	$5,000	$5,000
Prosthesis[3] (per amputation)	$2,000	$2,000
Hair Prosthesis (every 2 years)	$25	$25
Nonsurgical External Breast Prosthesis[1]	$50	$50
Anti-Nausea Benefit[1] (once per calendar year)	$200	$200
Waiver of Premium (employee only)	Yes	Yes
Optional/Additional Benefits/Rider	**Plan 1**	**Plan 2**
Cancer Initial Diagnosis (one-time benefit)	$4,000	$6,000
Intensive Care (ICU)		
ICU (daily)	$0	$200
Step-Down (daily)	$0	$100
Ambulance		Actual Charges
Wellness Benefit	$100	$100
Cancer Initial Diagnosis Progressive Benefit		
Rider*** (one-time benefit)	$400	$400

[1]Pays actual cost up to amount listed. [2]Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. [3]Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement. ***Multiplied by years in force at time of diagnosis.

Plan 1 Premiums

Mode	EE	EE + SP	EE + CH	F
Semi-Monthly	$13.71	$22.62	$18.32	$$27.49

Plan 2 Premiums

Mode	EE	EE + SP	EE + CH	F
Semi-Monthly	$19.65	$31.75	$26.88	$39.33

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;
EE + CH = Employee + Child(ren); F = Family

FOR HOME OFFICE USE ONLY - GVCP3

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

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

V.2026.06.30 FA Rate Insert Creation Date: 7/16/2026

For use in enrollments situsted in: TX. This rate insert is part of the approved brochure for Example and is not to be used on its own.

Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. This information highlights some features of the policy/certificate but is not the insurance contract. Only the actual policy/certificate provisions control.

ABJ30590-3 - Insert - 69444

Benefits (subject to maximums as listed on pages 3 and 4)

Hospital Confinement And Related Benefits

Continuous Hospital Confinement - inpatient admission and confinement

Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - within 14 days of a hospital stay; payable up to the number of days of the hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care Center or Team - terminal illness care in a facility or at home; one visit per day

Radiation/Chemotherapy And Related Benefits

Radiation/Chemotherapy for Cancer - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration charges, processing, procurement, cross matching

Hematological Drugs - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

Medical Imaging - initial diagnosis or follow-up evaluation based on covered imaging exam

Surgery And Related Benefits

Surgery - based on Certificate Schedule of Surgical Procedures. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Opinion - second opinion for surgery or treatment by a doctor not in practice with your doctor

Miscellaneous Benefits

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

Physician's Attendance - one inpatient visit by one physician

Ambulance - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit is paid

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation

Hair Prosthesis - wig or hairpiece every two years due to hair loss

Nonsurgical External Breast Prosthesis - initial prosthesis after a covered or partial mastectomy

Anti-Nausea Benefit - prescribed anti-nausea medication on outpatient basis

Waiver of Premium (employee only) - must be disabled 90 days in a row due to cancer, as long as disability lasts

Optional/Additional Benefits

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Intensive Care (ICU)

a. ICU Confinement (Illness or Accident) illness or accident confinements up to 45 days/continuous confinement

b. Step-down ICU Confinement confinements up to 45 days/continuous confinement

c. Ambulance licensed air or surface ambulance service to ICU

Wellness Benefit - once per year for one of 23 exams. Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Cervical Cancer Screening; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms

Cancer Initial Diagnosis Progressive Benefit Rider - for first-time diagnosis of cancer other than skin cancer; benefit amount increases each year the rider is in force

Specified Diseases

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

Definitions

Actual Charge - amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost - amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

Group Accident Insurance

Keep your finances on track when an accident happens.

Here's how Accident insurance works

1. You have an accident.	2. We pay you benefits.	3. You focus on getting better.
You submit a claim. Your health insurance covers some costs after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.	Once we approve your claim, we'll pay you directly, not your medical providers. You decide how you spend the money.	With extra financial support from The Standard, you can focus on your recovery instead of worrying about expenses.

Here's what it does:

- Pays you directly, so you can choose how to spend the money.
- Take it with you if you leave your employer.
- Provides coverage without answering any medical questions.
- Gives you the option to cover your spouse and children.
- Pays an additional 25% of the total benefits paid if your child, 18 or under, is injured playing an organized sport that requires a registration form — no annual limit.
- If you sustain multiple fractures and/or dislocations in a covered accident, you'll receive payment for each of those injuries.
- Critical Care Unit Admission and Daily Critical Care Unit Confinement benefits pay in addition to the Hospital Admission and Daily Hospital Confinement benefits.
- Pays $50 for a health maintenance screening once per insured per calendar year for receiving one covered health screening.
- Simplifies claim submission by paying some related benefits without additional documentation on select approved claims.
- Provides 24-hour coverage, including coverage for accidents that occur on and off the job.

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

Our Accident insurance includes 70+ benefits for covered injuries and treatment.

Emergency Care Benefits	Benefit Amounts
Air ambulance	$1,500
Blood, plasma and platelets - transfusion	$600
Emergency dental - crown	$350
Emergency dental - extraction	$150
Emergency room	$200
Ground ambulance	$600
Initial physician's visit[1]	$60
Major diagnostic exam	$300
Urgent care visit	$60
Outpatient X-ray	$60

1 Not payable if urgent care or emergency room visit benefits is payable.

Fracture Benefits Non-Surgical /Surgical	Benefit Amounts
Ankle, arm (shoulder to elbow), arm (elbow to wrist), collarbone, elbow, foot, hand, kneecap, lower jaw, shoulder blade, sternum, wrist	$650/ $1,300
Bones of face, coccyx, nose, vertebrae	$750/ $1,500
Finger, toe	$200/ $400
Hip	$3,000/ $6,000
Leg (hip to knee)	$3,000/ $6,000
Leg (knee to ankle), pelvis, vertebral column	$1,700/ $3,400
Rib	$500/ $1,000
Skull (depressed)	$5,250/ $10,500
Skull (non-depressed)	$2,000/ $4,000
Chip fracture (% of the non-surgical fracture amount)	25%

Specific Injury Benefits	Benefit Amounts
Burns, 2nd degree, <15%	$500
Burns, 2nd degree, >15%	$1,500
Burns, 3rd degree, <15%	$7,500
Burns, 3rd degree, >15%	$12,500
Coma	$15,000
Concussion	$200
Eye injuries: removal of foreign body or surgical repair	$300
Lacerations, <2"	$100
Lacerations, 2" - 6"	$400
Lacerations, >6"	$800
Skin grafts (% of burn benefit)	50%

Surgical Benefits	Benefit Amounts
Knee cartilage, repair[2]	$1,000
Knee cartilage, exploratory[2]	$250
Tendon, ligament, rotator cuff, repair of one[3]	$1,000
Tendon, ligament, rotator cuff, repair of two or more[3]	$1,500
Tendon, ligament, rotator cuff, exploratory[3]	$250
Ruptured disc, repair	$1,000
Abdominal/thoracic, exploratory[4]	$400
Abdominal/thoracic, laparoscopic[4]	$1,000
Abdominal/thoracic, open[4]	$2,000
Outpatient surgical facility	$500

2 Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount.
3 If two or more surgeries are required for the same covered accident, will pay the highest benefit amount.
4 If more than one surgery is required for the same covered accident, will pay the highest benefit amount.

Hospital Benefits	Benefit Amounts
Critical care unit admission	$1,000
Daily rehab facility (per day)	$150/up to 90 days
Daily critical care unit confinement (per day)	$200/up to 15 days
Daily hospital confinement (per day)	$400/up to 365 days
Hospital admission	$1,500

Dislocation Benefits Non-Surgical /Surgical	Benefit Amounts
Ankle, collarbone (sternoclavicular), elbow, foot (except toes), hand (except fingers), lower jaw, shoulder, wrist	$1,000/ $2,000
Collarbone (acromio/separation)	$500/ $1,000
Finger, rib, toe	$200/ $400
Hip	$3,500/ $7,000
Knee (not knee cap)	$1,000/ $2,000
Spine	$500/ $1,000
Partial dislocation (% of non-surgical amount)	25%

Follow-Up Care Benefits	Benefit Amounts
Medical appliance (e.g., cane, wheelchair or brace)	$200
Chiropractic care (per day)	$60/ up to 2 days
Accident follow-up care (per day)	$70/ up to 3 days
Hearing device	$600
Prosthesis (one)	$1,000
Prosthesis (two or more)	$2,000
Therapy services (per day)	$50/ up to 4 days

Additional Benefits	Benefit Amounts
Lodging (per day up to 30 days per accident)	$200
Transportation (per day up to 30 days per accident)	$200

Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

2 The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- **Covers children** at a 50% of your benefit amount at no additional cost
- Gives you the option to **cover your spouse**

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

Here's an example of what this benefit could cover:

Example Of Out-Of-Pocket Expenses

Medical plan	$1,400
Lost wages	$5,000
Alternate treatments and diets not covered by medical plan	$4,500
Total Out-Of-Pocket Expenses	**$10,900**

Example Of Benefits

Critical Illness Benefit Option	$10,000
Total Out-Of-Pocket Expenses	**$10,900**
Remaining Out-Of-Pocket Expenses	$900
Remaining Benefit For Other Expenses	**$0**

These are the benefit options you may elect:

Coverage for...	Coverage Amount...
You	Flat amount of $10,000 or $20,000
Your spouse	Flat amount of $5,000 or $10,000, as long as it's not more than 50 percent of your coverage amount
Your children	Automatically covered at 50% of your coverage amount

See the Important Details section for more information, including requirements, exclusions and definitions.

Affordable Group Rates

Because you'll be buying this insurance through Texas Panhandle Centers, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The semimonthly premiums you would pay for Critical Illness insurance benefits are below.

Employee Non-Tobacco Semimonthly Attained Age Premiums						
Coverage Amount	Employee's Age as of September 1					
	18-29	30-39	40-49	50-59	60-69	70+
$10,000	$1.95	$2.80	$5.50	$10.80	$19.15	$33.65
$20,000	$3.90	$5.60	$11.00	$21.60	$38.30	$67.30

Employee Tobacco Semimonthly Attained Age Premiums						
Coverage Amount	Employee's Age as of September 1					
	18-29	30-39	40-49	50-59	60-69	70+
$10,000	$2.05	$3.45	$8.20	$19.80	$40.30	$71.15
$20,000	$4.10	$6.90	$16.40	$39.60	$80.60	$142.30

Spouse Semimonthly Attained Age Premiums - Based on Employee's Age and Non-Tobacco status						
Coverage Amount	Employee's Age as of September 1					
	18-29	30-39	40-49	50-59	60-69	70+
$5,000	$0.98	$1.40	$2.75	$5.40	$9.58	$16.83
$10,000	$1.95	$2.80	$5.50	$10.80	$19.15	$33.65

Spouse Semimonthly Attained Age Premiums - Based on Employee's Age and Tobacco status						
Coverage Amount	Employee's Age as of September 1					
	18-29	30-39	40-49	50-59	60-69	70+
$5,000	$1.03	$1.73	$4.10	$9.90	$20.15	$35.58
$10,000	$2.05	$3.45	$8.20	$19.80	$40.30	$71.15

With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to $10,000, as long as it's not more than 50 percent of your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of $50 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- **Access a Health Advocate*.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's Disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

* Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

Payment of benefits is subject to the terms and conditions of the group critical illness policy and insurance certificate. These plan documents are the final arbiter of coverages.

Diagnosis and recommendation must occur after your coverage becomes effective.

Please see your certificate for full medical definitions that guide eligibility for payment, which may differ slightly from commonly used terms.

Group Hospital Indemnity Insurance

Keep your finances on track when you're in the hospital.

1 You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, including deductibles, copays, and other costs you couldn't predict.

2 We send you a check.

The Standard will send a check directly to you - not to your medical providers - upon approval of your claim. You decide how you spend the money.

3 You focus on recovering.

With The Standard helping you handle the costs of your hospital stay, you get to concentrate on what matters most - your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- Gives you the option to **cover your spouse and children**
- **Protects your HSA Account**
- Provides the convenience of having your **premium payments deducted directly from your paycheck**

This coverage from Standard Insurance Company (The Standard) can help protect your finances and provides you peace of mind.

Here's how it works:

Ruptured Ulcer: Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's spouse leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to $3,850.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amount
Hospital admission	$1,000
Hospital confinement (10 days)	$2,500
Critical care unit confinement (3 days)	$150
Total paid to you	**$3,650**

Here's what it would cost you:

Coverage for…	Semimonthly Premium
You	$9.18
You and your spouse	$15.58
You and your children	$13.18
You, your spouse and your children	$23.33

Here's what it covers:

Benefits Paid to You	Benefit Amount
Hospital Admission[1]	$1,000 Maximum 1 per calendar year
Daily Hospital Confinement [1]	$250 per day Maximum 30 days per stay
Daily Critical Care Unit Confinement[1,2]	$50 per day Maximum 30 days per stay

1 Defined as a stay for at least 20 consecutive hours in a hospital setting.

2 Payable in addition to the Hospital Admission and Daily Hospital Confinement benefit you may be eligible to receive.

Additional Benefits

Waiver of Premium – Premium waived if you are confined to a hospital for more than 30 days.

Health Maintenance Screening Benefit — Pays a $50 benefit once per insured per calendar year for receiving a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

Protect your HSA Account — Hospital Indemnity insurance provides financial protection while you are building your HSA assets. Contact your employer to determine if this Hospital Indemnity plan impacts the taxability of your contributions to an HSA. It's protection that's also convenient: Your premium payments can be deducted directly from your paycheck.

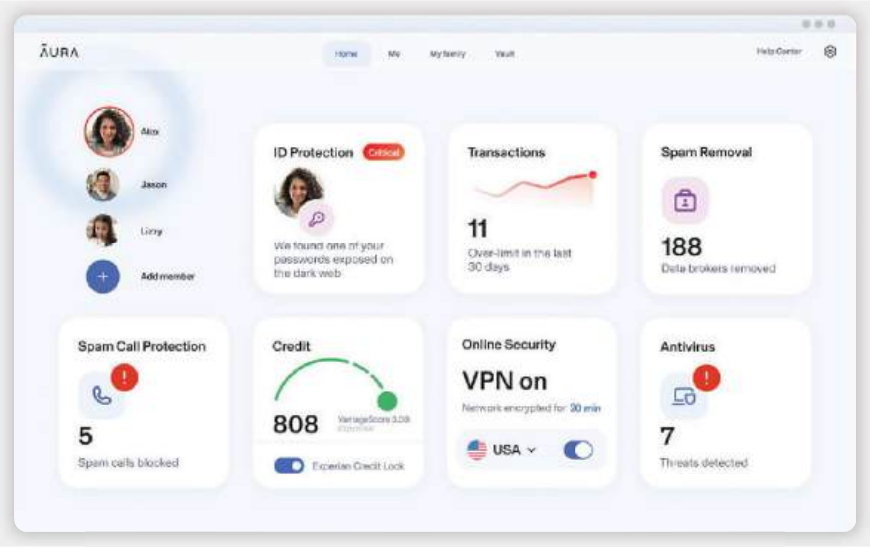
AURA | Plan Comparison

Smart, Simple Online Safety.

All-in-one protection from identity theft, scams, and online threats.

We use websites, connected devices, and apps to do nearly everything online. But as the digital world grows more complex and advanced, so do online scams, financial fraud, cybercriminals, and predators. **That's where Aura comes in.**

Get alerted if your SSN, online accounts, and other personal info are at risk. Stay a step ahead of financial fraud with credit monitoring and lock for you and your entire family. Keep hackers at bay and your online activity private. Stop phone scams and live spam-free. And more!



The features you receive depend on the plan you select.

- Financial Fraud Protection
- Identity Theft Protection
- Identity Theft Insurance
- VPN & Online Privacy
- Secure Document Storage
- Spam Call, Text & Email Protection
- Parental Controls
- Cyberbullying Protection

Choose a family plan to protect 10 additional adults, get powerful protection for kids, and keep aging loved ones safe from fraud.

★★★★★ 4.7 stars on Apple App Store USA TODAY Bloomberg Forbes WSJ

Nationwide®

My Pet Protection®

PLAN SUMMARY

Nationwide[1] pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible—without worrying about the cost.

My Pet Protection coverage highlights

My Pet Protection is available in two reimbursement options (50% and 70%) so you can find coverage that fits your budget. All plans have a $250 annual deductible and $7,500 annual benefit.

Coverage include[1]:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

My Pet Protection includes these additional benefits for cats and dogs:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

What makes My Pet Protection different?

My Pet Protection is available only through your employer, which includes preferred pricing and is guaranteed issuance. It also includes additional benefits like lost pet advertising, emergency boarding and more.

It's no surprise that My Pet Protection is the most paw-pular coverage plan from America's #1 pet insurer.

Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.

Nationwide offers more than great coverage

vethelpline®

- 24/7 access to veterinary experts
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

Nationwide PetRx*Express*℠

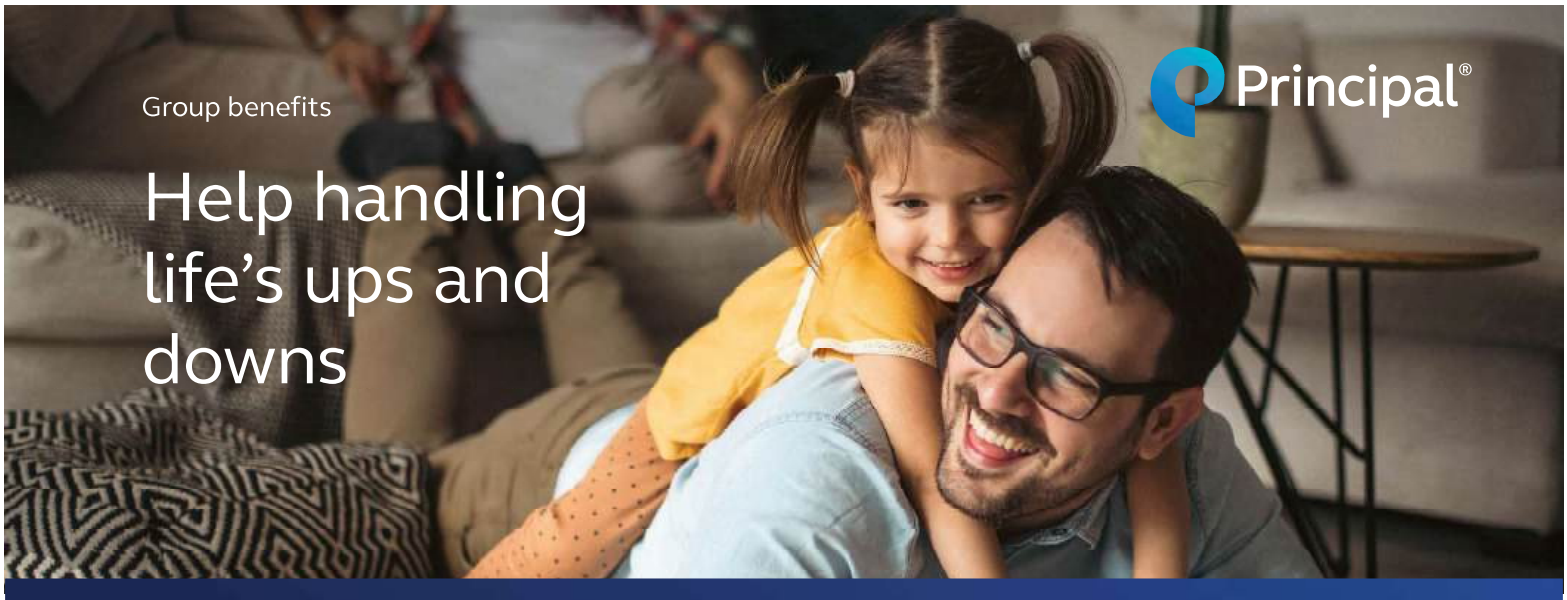
- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations

Learn more at http://www.petinsurance.com/AFAPets

Nationwide®

[1]These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

American Fidelity General Agency
a different opinion



Group benefits

Help handling life's ups and downs

Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the employee assistance program (EAP), provided by ComPsych®, is all about.

With an EAP, you and your family have access to **free, confidential** resources to help handle life's everyday—and not so everyday—challenges. You'll have **24/7 access** to support through phone consultations, a mobile app, online resources, and self-screening tools. You can connect with licensed professionals for counseling, coaching, and more—**in person, by text, live chat, video, or phone.**

You might use your EAP to help: manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more. Plus, your EAP gives you access to discounts on major brands and everyday needs.

Services for you and your family

In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. Individuals can call 24/7 to speak with a licensed professional or use GuidanceConnect® to schedule a time that works for them. Users are then matched with a local provider. Three counseling sessions per person, per issue, per year are included.

Work life services

You and your loved ones can receive support from licensed professionals with FamilySource®, FinancialConnect®, and LegalConnect® services.

- FamilySource provides employees and their families with an initial assessment and consultation, followed by customized, timely referrals for child and elder care, adoption, education, pet care, and other personal needs.
- FinancialConnect connects individuals with financial experts, including certified public accounts (CPAs), certified financial planners (CFPs), and experienced financial professionals, who can address a wide range of issues.
- LegalConnect connects users with attorneys for non-employment legal issues, plus tools for simple wills, legal forms, and resources on topics like estate planning, complaints, housing, and identity theft.

Coaching

Mental health, work-life challenges, and physical issues are often intertwined. Certified coaches understand this vital connection between mind, body, and lifestyle—they offer coaching services that address mental health, physical health, and overall well-being through one holistic solution. Coaches work one-on-one with participants to reduce personal roadblocks before they evolve into long-term, bigger challenges.

Computerized cognitive behavioral therapy (CCBT)

The EAP offers an interactive, multilingual digital program—accessible via app, tablet, or desktop—that addresses common behavioral health challenges. Guided modules are available to help reduce stress, overcome mental barriers, and improve well-being, with content covering topics such as depression, anxiety, mindfulness, sleep, self-esteem, and resilience.

Individuals can access EAP support anytime, anywhere—when and where it matters most.

GuidanceResources® online

ComPsych wants to meet people where they are, offering a digital experience as dynamic and comprehensive as live clinical care. The platform delivers personalized assessments, recommendations, and holistic care journeys tailored to each user's needs.

Through the GuidanceResources website, users can explore partner discounts—including Nationwide® Pet Insurance and TurboTax®—and the member-only Working Advantage portal for exclusive savings on movies, theme parks, travel, shopping, and more.

GuidanceNow℠ mobile app

The GuidanceResources mobile app, GuidanceNow℠, offers the same features as the website, letting members explore journey options, browse content (HelpSheets, assessments, Q&As, podcasts, and articles), and find local counseling, legal, childcare, and elder care providers.

24/7 live assistance

Visit **guidanceresources.com** or download the **GuidanceNow℠ app.**

Register for both using WebID: **PrincipalCore**

Call 844-869-2365 | **TTY** 711

Scan for **more resources.**


INSURICA