

Wichita Falls ISD  
PLAN YEAR 2023-2024

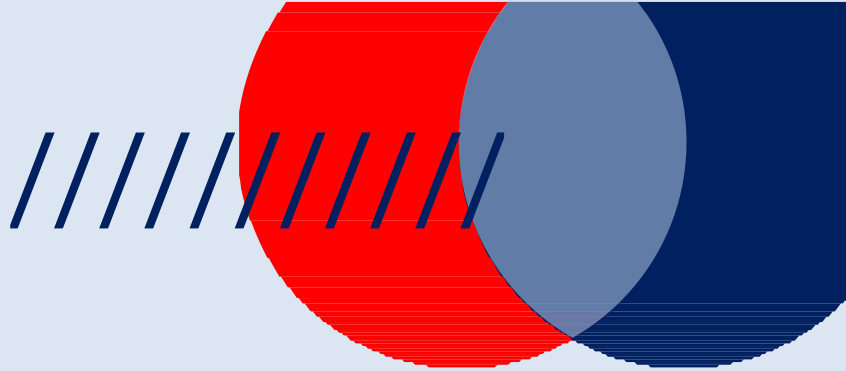
# EMPLOYEE BENEFITS GUIDE



Benefits

Lisa Bean- 940-235-1012 ext. 21014

Erika Espinoza- 940-235-1012 ext. 21009



## WELCOME

Our District is proud to have the most dedicated, passionate, and valuable employees, which is why we offer a variety of quality benefit programs to best fit you and your family's needs. On behalf of the entire Employee Benefits team, we would like to welcome you to begin your benefits enrollment.

This booklet is designed to highlight your benefits options. It is not a Summary Plan Description (SPD). Official Plan and insurance documents actually govern your rights and benefits under each plan. For more details including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions. If any discrepancy exists between this booklet and the official documents, Summary Plan Descriptions will prevail.

If you have any questions concerning this employee guide, please contact an Employee Benefits Team Member.

## CONTACT

### WICHITA FALLS ISD Employee Benefits

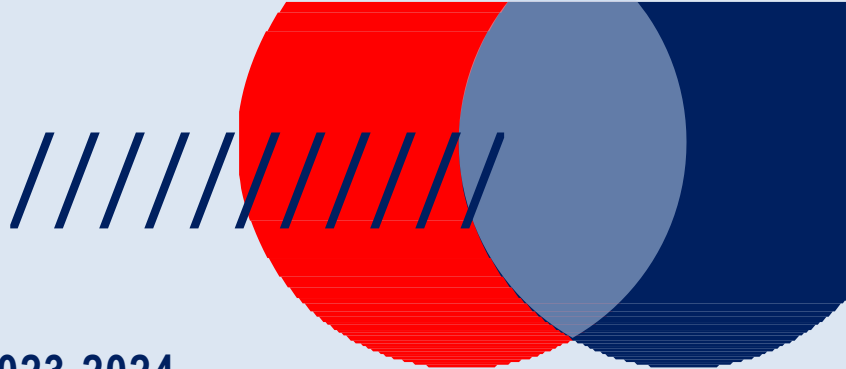
1104 Broad Street  
Wichita Falls, TX 76301

PHONE: 940-235-1012  
FAX: 940-235-1363  
lbean@wfsd.net  
erespinoza@wfsd.net

HOURS:  
8:00 AM to 5:00 PM Monday thru Thursday  
8:00 AM to 3:00 PM Friday

SUMMER HOURS:  
7:00 AM to 5:00 PM Monday thru Thursday





## IMPORTANT THINGS TO KNOW FOR 2023-2024

- Wichita Falls ISD Cafeteria Plan year runs from September 1st through August 31st each year. We will automatically pre-tax all your eligible health insurance premiums as allowed by the Cafeteria Plan. Remember once the plan year starts you cannot make any changes to your coverage mid-year unless it's due to a Qualified Life Event (QLE). The QLE's are due to marriage, divorce, Medicaid/Medicare eligibility, birth/adoption of a child and involuntary loss of other coverage. You have 31 days from the event date to make any change. Please contact the Employee Benefits office right away to report the event along with supporting documents.
- Lincoln Financial Group will be the new Employer Paid Life carrier as well as the new Voluntary Life and Voluntary AD&D carrier. They are allowing all employees a one-time open enrollment on the Voluntary Life to enroll up to the guaranteed issued amount of \$200,000 for employees and \$30,000 for spouses without answering any health questions. Please be sure to review and update beneficiaries.
- TASC: New limits for the Healthcare Flexible Spending Accounts. You can now elect up to \$3,050 per year to utilize on out-of-pocket medical expenses.
- HSA Bank: New Limits on both Employee only and Family maximum contributions for Health Savings Accounts. Employee only can elect up to \$3,850 and Family up to \$7,750. If you are age 55 and up, you are eligible to contribute a "catch up" contribution up to an additional \$1,000.



This icon alerts you of tips and new changes on a particular topic.

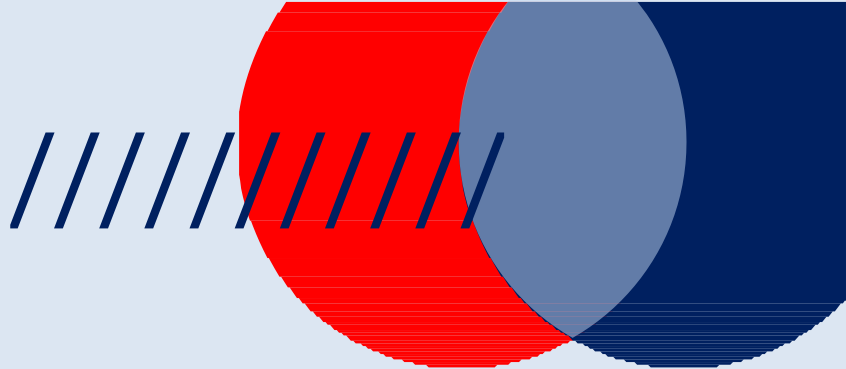
## ELIGIBILITY AND EFFECTIVE DATES

- All full and part time WFISD employees, working at least 19 hours per week and are TRS contributing members, are eligible for all benefit offerings through the district.
- Depending upon your election, TRS ActiveCare medical coverage is effective either on your employment start date, or the first of the month following.
- The district provides these employees a Basic Life Insurance policy for \$10,000, at no cost.
- Supplemental Insurance coverage is effective the first day of the month following the employment start date.
- All newly eligible employees will have 30 days from date of employment (start date) to enroll in benefits.
- Changes made to all insurance plans during annual open enrollment are deducted from the first payroll check in September, and the insurance coverage is effective September 1, 2023.



-Please ensure you enter or update a beneficiary within the enrollment portal for the **Basic Group Life Insurance** policy.

-Don't forget to update your contact information with the **Employee Benefits Team**, as well as, **The Beacon**, benefits enrollment system.



## SECTION 125 CAFETERIA PLAN

### PURPOSE

Wichita Falls ISD has adopted this Plan to allow you to pay for benefit options (called Qualified Benefit Plans) for yourself, your spouse, and your dependents via pre-taxed salary reduction contributions. You may choose from these “tax free” Qualified Benefit Plans in lieu of receiving taxable compensation. The Plan is intended to qualify as a “Cafeteria Plan” within the meaning of Section 125(d) of the Internal Revenue Code. This Plan allows you to reduce your taxable income in direct proportion to (a) your contribution to the cost of your elected Qualified Benefit Plans and (b) your contribution to any Account Plan.

### HOW IT WORKS

Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. This plan is available to you at no cost, no action is needed from you except to enroll in benefits!

## QUALIFYING FAMILY STATUS CHANGES

Cafeteria plans, also known as Section 125 plans (the IRS code that covers them), allow you to deduct certain amounts for benefits from your gross earnings before federal withholding taxes are figured.

Benefit elections will remain in effect for the plan year and cannot be revoked or changed unless you experience one of the following qualifying family status changes:

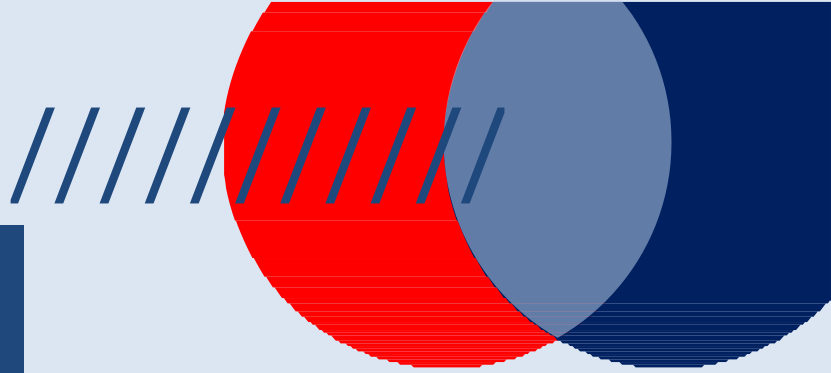
- Birth & adoption
- Marriage
- Change in spouses' employment
- Divorce
- Death
- Change in dependent eligibility
- Exhausted COBRA coverage
- Loss of coverage
- Involuntary loss of coverage

#### ELIGIBLE BENEFITS UNDER SECTION 125:

- Accident
- Cancer
- Critical Illness
- Dental
- FSA
- Hospital Indemnity
- HSA
- Medical
- Vision

All required documentation must be submitted to the Benefits office within 30 days from the event date.





## ANNUAL ENROLLMENT DATES:

MONDAY, JULY 10, 2023 – FRIDAY, JULY 21, 2023

- **Enrollers will be available to meet with Employees for assistance with enrolling!**
- **Employees are welcome to attend any enroll site &/or presentations listed below.**

## ENROLLMENT BENEFIT SCHEDULE

**Annual Enrollment Period: 7/10/2023 – 7/31/2023**

### WAYS TO ENROLL

- Online via Benefits Enrollment Portal – THE BEACON (Live Chat Feature Available)
- In-Person at the CEC on Hatton Road or District Sites Listed Below. All district employees are welcome to meet with an enroller at any of the locations listed below. Note: We will have bilingual English/Spanish enrollers.
- By Phone – Call an Enrollment Representative at (888) 572-5857. Number will only be active during Open Enrollment Period.
- Additional Phone help: US Employee Benefit Services Group 877-730-7780.

### JULY 2023 ON-SITE ENROLLER DAYS

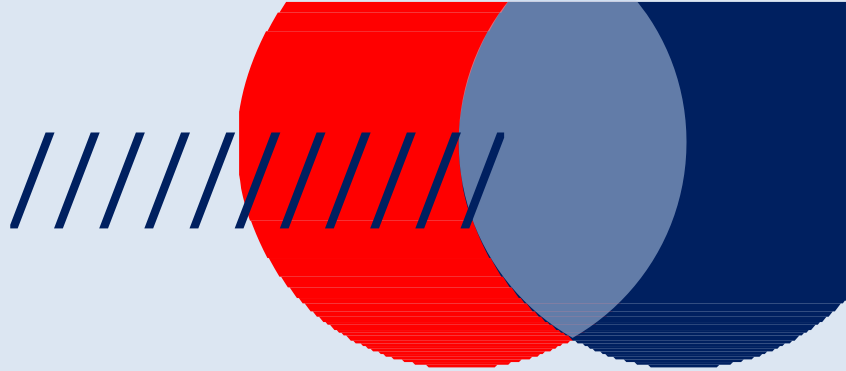
- July 11, 2023: CEC on Hatton Road- 8:00 AM to 4:00 PM
- July 12, 2023: Ed Center Board Room- 8:00 AM to 4:00 PM
- July 13, 2023: CEC on Hatton Road- 8:00 AM to 4:00 PM
- July 18, 2023: CEC on Hatton Road- 8:00 AM to 4:00 PM
- July 19, 2023: Ed Center Room 301-8:00 AM to 4:00 PM
- July 20, 2023: CEC on Hatton Road- 8:00 AM to 4:00 PM

### BENEFITS PRESENTATIONS

- May 2, 2023: Education Center Room 302- 4:30 PM to 6:00 PM
- May 11, 2023: Education Center Room 302- 4:30 PM to 6:00 PM







# HOW TO ENROLL

## BENEFITS ENROLLMENT PORTAL - THE BEACON

**THE BEACON**  
Benefits Education Administration & Communication ONline

**ENROLLMENT SITE**

**Your Benefits Enrollment**

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department.

Employee ID or SSN:

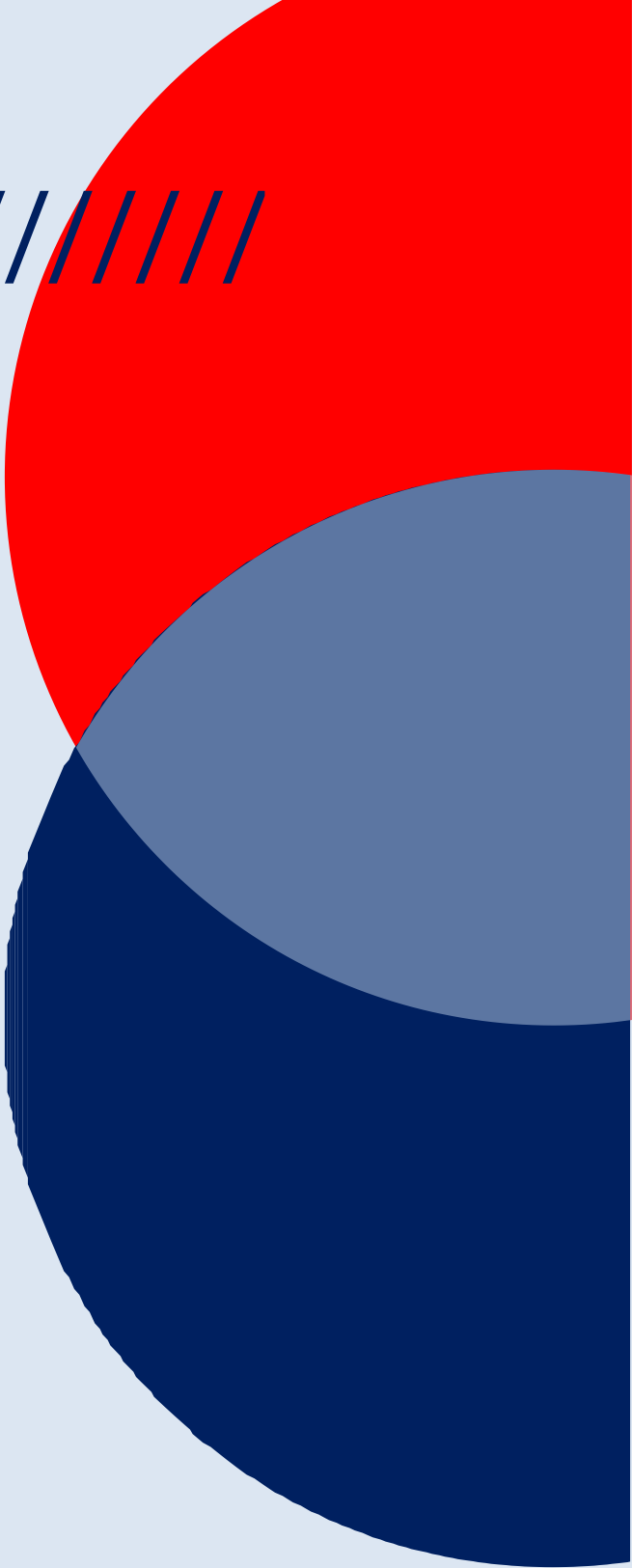
PIN:

By entering your user ID and Personal Identification Number, you are agreeing to the [Terms of Use and Privacy Notice](#).

[FORGOT PASSWORD](#) [Login](#)

- ▶ **Step 1 - LOGIN PORTAL**
  - Go to: [app.thebenefitsbeacon.com/wichitafallsisd](http://app.thebenefitsbeacon.com/wichitafallsisd)
  - Under User ID: Enter your Employee ID or SSN
  - Under PIN: Enter last 4 of SSN and the last two of your birth year
- .....
- ▶ **Step 2 - REVIEW PERSONAL INFORMATION**
  - Review and update your personal and dependent information.
- .....
- ▶ **Step 3 - REVIEW PLAN OPTIONS AND MAKE ELECTIONS**
  - Complete the "Decision Support Tool," a support tool that provides recommendations based on unique needs of you and your family.
  - Elect or decline each offer of coverage for you and your family.
- .....
- ▶ **Step 4 - SIGN AND APPROVE ELECTIONS**
  - Sign and approve benefit elections.
  - Review ALL elections within the Confirmation Statement for accuracy.

WICHITA FALLS ISD  
2023-2024



# MEDICAL PLANS



*The falls in Region 9 might be small, but your TRS-ActiveCare network is the largest in the state.*



## TRS-ActiveCare Plan Highlights 2023-24



### Learn the Terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.



# 2023-24 TRS-ActiveCare Plan Highlights

Sept. 1, 2023 – Aug. 31, 2024



All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"><li>Lowest premium of all three plans</li><li>Copays for doctor visits before you meet your deductible</li><li>Statewide network</li><li>Primary Care Provider (PCP) referrals required to see specialists</li><li>Not compatible with a Health Savings Account (HSA)</li><li>No out-of-network coverage</li></ul>	<ul style="list-style-type: none"><li>Lower deductible than the HD and Primary plans</li><li>Copays for many services and drugs</li><li>Higher premium</li><li>Statewide network</li><li>PCP referrals required to see specialists</li><li>Not compatible with a Health Savings Account (HSA)</li><li>No out-of-network coverage</li></ul>	<ul style="list-style-type: none"><li>Compatible with a Health Savings Account (HSA)</li><li>Nationwide network with out-of-network coverage</li><li>No requirement for PCPs or referrals</li><li>Must meet your deductible before plan pays for non-preventive care</li></ul>

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$462	\$ 0	\$542	\$ 80	\$465	\$ 3
Employee and Spouse	\$1,248	\$ 786	\$1,410	\$ 948	\$1,256	\$ 794
Employee and Children	\$786	\$ 324	\$922	\$ 460	\$791	\$ 329
Employee and Family	\$1,571	\$ 1,109	\$1,789	\$ 1,327	\$1,581	\$ 1,119

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

Doctor Visits				
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible

Immediate Care				
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RediMD (TM)	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation	
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation	

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2
<ul style="list-style-type: none"><li>Closed to new enrollees</li><li>Current enrollees can choose to stay in plan</li><li>Lower deductible</li><li>Copays for many services and drugs</li><li>Nationwide network with out-of-network coverage</li><li>No requirement for PCPs or referrals</li></ul>

Total Premium	Your Premium
\$1,013	\$ 551
\$2,402	\$ 1,940
\$1,507	\$ 1,045
\$2,841	\$ 2,379

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

## How to Calculate Your Monthly Premium

Total Monthly Premium

— Your District and State Contributions

— Your Premium

Ask your Benefits Administrator for your district's specific premiums.

## Wellness Benefits at No Extra Cost\*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

\*Available for all plans.  
See the benefits guide for more details.

## New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

# What's New and What's Changing



This table shows you the changes between 2022-23 premium price and this year's 2023-24 regional price for your Education Service Center.

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$417	\$462	<b>\$45</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500.</li> <li>Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.</li> <li>Teladoc virtual mental health visit copay decreased from \$70 to \$0.</li> </ul>
	Employee and Spouse	\$1,176	\$1,248	<b>\$72</b>	
	Employee and Children	\$751	\$786	<b>\$35</b>	
	Employee and Family	\$1,405	\$1,571	<b>\$166</b>	
<b>TRS-ActiveCare HD</b>	Employee Only	\$422	\$465	<b>\$43</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500.</li> <li>Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000.</li> </ul> <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$1,187	\$1,256	<b>\$69</b>	
	Employee and Children	\$757	\$791	<b>\$34</b>	
	Employee and Family	\$1,419	\$1,581	<b>\$162</b>	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$527	\$542	<b>\$15</b>	<ul style="list-style-type: none"> <li>Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.</li> <li>Primary care provider and mental health copays decreased from \$30 to \$15.</li> <li>Teladoc virtual mental health visit copay decreased from \$70 to \$0.</li> </ul>
	Employee and Spouse	\$1,288	\$1,410	<b>\$122</b>	
	Employee and Children	\$848	\$922	<b>\$74</b>	
	Employee and Family	\$1,620	\$1,789	<b>\$169</b>	
<b>TRS-ActiveCare 2 (closed to new enrollees)</b>	Employee Only	\$1,013	\$1,013	<b>\$0</b>	<ul style="list-style-type: none"> <li>No changes.</li> <li>This plan is still closed to new enrollees.</li> </ul>
	Employee and Spouse	\$2,402	\$2,402	<b>\$0</b>	
	Employee and Children	\$1,507	\$1,507	<b>\$0</b>	
	Employee and Family	\$2,841	\$2,841	<b>\$0</b>	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2023

## Compare Prices for Common Medical Services

### REMEMBER:

Call a Personal Health Guide (PHG) any time 24/7 to help you find the best price for a medical service. Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible


\*Pre-certification for genetic and specialty testing may apply. Contact a PHG at **1-866-355-5999** with questions.

[www.trs.texas.gov](http://www.trs.texas.gov)

## 2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

**REMEMBER:** Remember that when you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options. HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	<b>You can choose this plan if you live in one of these counties:</b> Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	<b>You can choose this plan if you live in one of these counties:</b> Cameron, Hidalgo, Starr, Willacy	<b>You can choose this plan if you live in one of these counties:</b> Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	N/A	\$	N/A	\$	\$865.00	\$
Employee and Spouse	N/A	\$	N/A	\$	\$2,103.16	\$
Employee and Children	N/A	\$	N/A	\$	\$1,361.42	\$
Employee and Family	N/A	\$	N/A	\$	\$2,233.34	\$

Plan Features			
Type of Coverage	N/A	N/A	In-Network Coverage Only
Individual/Family Deductible	N/A	N/A	\$950/\$2,850
Coinurance	N/A	N/A	You pay 25% after deductible
Individual/Family Maximum Out of Pocket	N/A	N/A	\$7,450/\$14,900

Doctor Visits			
Primary Care	N/A	N/A	\$20 copay
Specialist	N/A	N/A	\$70 copay

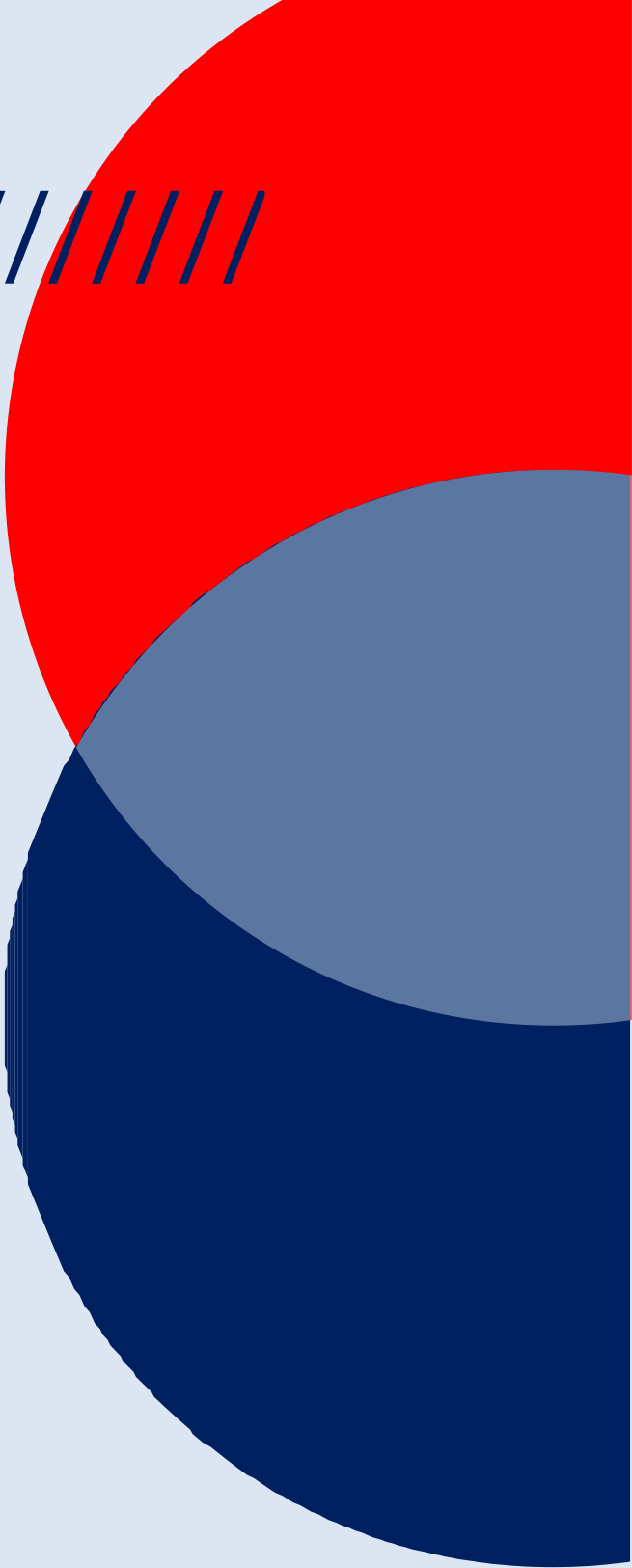
Immediate Care			
Urgent Care	N/A	N/A	\$50 copay
Emergency Care	N/A	N/A	\$500 copay before deductible + 25% after deductible

Prescription Drugs			
Drug Deductible	N/A	N/A	\$150
Days Supply	N/A	N/A	30-Day Supply/90-Day Supply
Generics	N/A	N/A	\$5/\$12.50 copay; \$0 for certain generics
Preferred Brand	N/A	N/A	You pay 30% after deductible
Non-preferred Brand	N/A	N/A	You pay 50% after deductible
Specialty	N/A	N/A	You pay 15%/25% after deductible (preferred/non-preferred)

[www.trs.texas.gov](http://www.trs.texas.gov)



# Supplemental Benefits







## 2023-2024 SUPPLEMENTAL BENEFITS

### Dental Insurance- Humana

Two plan options: Preventative Plus and Traditional Plus

- Both the Preventative and Traditional plans offer 3 annual exams and cleanings, as well as 4 periodontal cleaning per year!
- The Traditional plan has an extended maximum of 30%. This means once you have met your annual maximum, the plan continues to pay a 30% coinsurance.
- Extended annual maximum is available immediately after the annual maximum for a plan is reached, and there’s no cap on the dollars paid in a year. That’s an attractive advantage over traditional rollover options.
- Extended annual maximum helps employees save money by ensuring they have access to network discounts and 30% coinsurance, even after they have reached their annual maximum.
- Preventative services on both plans do not count towards the annual maximums.

#### Preventative Plan Monthly Rates

Employee Only	\$ 20.40
Employee & Spouse	\$ 46.20
Employee & Child(ren)	\$ 54.22
Employee & Family	\$ 85.37

#### Traditional Plan Monthly Rates

Employee Only	\$ 30.20
Employee & Spouse	\$ 66.15
Employee & Child(ren)	\$ 82.37
Employee & Family	\$ 130.54

	<u>PREVENTATIVE PLAN</u>	<u>TRADITIONAL PLAN</u>
CALENDAR YEAR DEDUCTIBLE	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
ANNUAL MAXIMUM	\$1,000	\$1,250 + exended max
PREVENTATIVE SERVICES	Plan pays 100%	Plan pays 100%
BASIC SERVICES	Plan pays 80%	Plan pays 80%
MAJOR SERVICES	Not covered	Plan pays 50%
LIFETIME ORTHDONTIC MAX	Not covered	\$1,500

Please review the plan summaries at <https://wfisd.mybenefitsinfo.com> for additional information.



## 2023-2024 SUPPLEMENTAL BENEFITS

### Vision Insurance- Humana

**One vision plan is available to cover your individual and family needs:**

- Humana is the carrier.
- Additional covered diabetic eye exam at a \$0 copay
- Simple copays for services and fixed cost on premium lenses and coatings. This equals a huge savings at the cash register for glasses.
- Nationwide vision network with over 109,000 access points.

#### Vision Plan Highlights

- \$10/\$10 COPAY \$150 FRAME ALLOW \$150 CONTACT ALLOW
- If you use an IN-NETWORK Provider (member cost): Exam/Lens/Contact Lens Frequency (Every 12 months) Exam with Dilation \$10
- Retinol Imaging Up to \$39 Contact lens exam options:
- Standard contact lens fit and follow-up Up to \$40 Premium contact lens fit and follow-up 10% off retail
- Frames \$150 allowance; 20% off balance over \$150

#### **Standard plastic lenses (single, bifocal/trifocal/lenticular \$10 Covered lens options:**

- UV coating, Tint (solid and gradient), Standard scratch- resistance \$15
- Standard polycarbonate - adults, children <19 \$40 Standard anti- reflective coating \$25
- Premium anti-reflective coating: Tiers 1 \$37, 2 \$48, & 3 80% of charge less \$20 allowance
- Standard progressive (add-on to bifocal) \$10
- Premium progressive: Tiers 1 \$75, 2 \$85, 3 \$100, & 4 \$55 copay, 80% of charge less \$120 allowance
- Photochromatic/plastic transitions \$75/Polarized 80% of charge

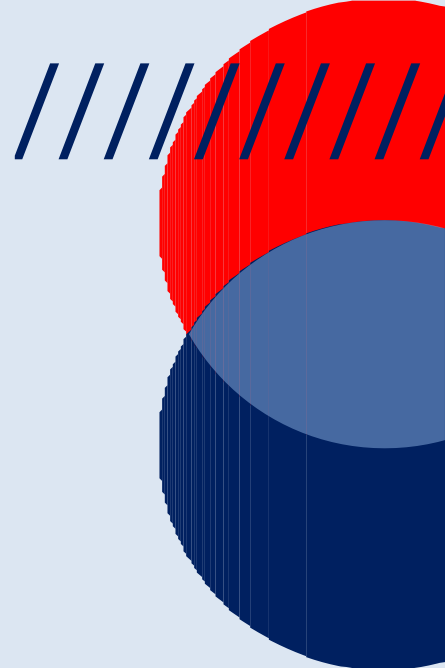
#### **Contact Lens (applies to materials only):**

- Conventional \$150 allowance, 15% off balance over \$150 Disposable \$150 allowance
- Medically necessary \$0 Diabetic Eye Care \$0:
- Examination - Up to (2) services per year Retinal Imaging - Up to (2) services per year
- Extended Ophthalmoscopy - Up to (2) services per year Gonioscopy - Up to (2) services per year
- Scanning Laser - Up to (2) services per year

**(See Plan Summary for Out-of-Network Costs).**

#### Rates

<b>Employee Only</b>	<b>\$ 8.90</b>
<b>Employee &amp; Spouse</b>	<b>\$ 15.95</b>
<b>Employee &amp; Children</b>	<b>\$ 16.92</b>
<b>Employee &amp; Family</b>	<b>\$ 25.33</b>



## 2023-2024 SUPPLEMENTAL BENEFITS

### Hospital Indemnity (HI)- Beazley

This benefit is available without enrolling in any other benefit!

HI insurance provides a direct benefit in the event of hospitalization, regardless of treatment cost or other insurance coverage. You have a Low and a High Plan option to choose from.

#### LOW PLAN

- Hospital Confinement: \$200 per day- 10 days per year, per insured
- Hospital Admission: \$1,500 per admission- 1 admission per insured
- Hospital Intensive Care: \$400 per day- max 5 days per year , per insured

#### Low Plan Monthly Rates

Employee Only	\$ 21.60
Employee & Spouse	\$ 40.60
Employee & Child(ren)	\$ 32.60
Employee & Family	\$ 52.60

#### HIGH PLAN

- Hospital Confinement: \$200 per day- 10 days per year, per insured
- Hospital Admission: \$2,,500 per admission- 1 admission per insured
- Hospital Intensive Care: \$400 per day- max 5 days per year , per insured

#### High Plan Monthly Rates

Employee Only	\$ 36.50
Employee & Spouse	\$ 73.00
Employee & Child(ren)	\$ 58.50
Employee & Family	\$ 94.50

## 2023-2024 SUPPLEMENTAL BENEFITS

### Health Savings Account (HSA)- HSA BANK

- You **MUST** be enrolled in the TRS HDHP Medical plan in order to qualify to enroll in a HSA plan through WFISD.
- The maximum annual contribution amount for calendar year 2023 is \$3,850 individually, and \$7,300 for family.
- Did you know: If you're 55 or older at the end of the year, you can put in an extra \$1,000 in "catch up" contributions.
- You do not need a qualifying event to make changes to your HSA account outside of the annual enrollment period. You can start, change or stop contributions at anytime throughout the plan year, by notifying the Benefits Team.

### Health Savings Account for WFISD Employees

Every pay period, a small portion of your check will be deposited pre-tax into an interest-bearing Health Savings Account at HSA Bank. You will receive a debit card so that you can use your saved funds on out-of-pocket medical expenses, such as your deductible, co-payments for medical care and prescription drugs, or vision and dental care bills.

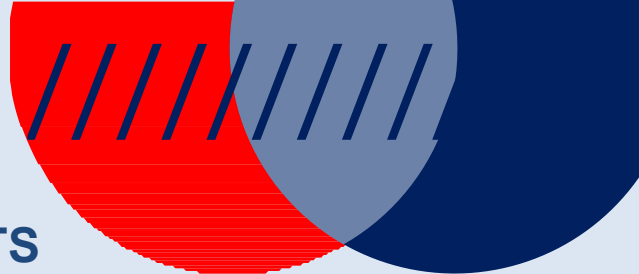
#### Benefits of an HSA:

- **The ability to make deposits via payroll deductions**
- **Issued a debit card to access your money**
- **Investment opportunities for your HSA funds**
- **Online portal and mobile app to monitor your savings and spending**

### HSA vs FSA

Unlike FSAs, HSAs have no “use it or lose it” stipulation, so your money rolls over each year tax-free. You can also invest these funds to earn even more money. The best part, you might ask, is that you do not have to pay any federal taxes on your earning as long as the funds are used to pay for qualified medical expenses.

These funds are 100% yours, so even if you leave WFISD, you will still have full access to your HSA funds.



## 2023-2024 SUPPLEMENTAL BENEFITS

### Flexible Spending Accounts- TASC

Flexible Spending Accounts are pre-tax, payroll deductions for healthcare reimbursement and/or Dependent Care reimbursement plans, which do NOT rollover from year to year.

#### FSA - MEDICAL

Allows for a tax savings on most medical, dental, and vision out-of-pocket expenses. Non-covered expenses apply to all dependent family members even if not covered by a particular insurance plan. The maximum contribution amount for calendar years 2023 & 2024 is \$3,050 - this amount is deducted in equal amounts from each paycheck, before taxes are calculated, and then set aside for the employee in a special account. Please visit [www.tasconline.com](http://www.tasconline.com) for a list of eligible expenses.

FSA Rules & Regulations · *The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, we will request itemized receipts. \*Always save your itemized receipts!*

#### FSA - DEPENDENT CARE

This account is an alternative to the Dependent Care Tax Credit and covers dependent and certain elder care expenses while you are at work (special requirements apply). If you work and have children, a disabled spouse, or qualifying dependent parents, you know how important it is to have reliable and affordable care for them while you are at work. A Dependent Care Account allows you to pay for these expenses and get a tax break at the same time. Expenses must be for qualifying dependents. See IRS Publication 503 child and dependent Care Expenses. Typical expenses under this account include charges for day care, nursery school, and certain elder care (unless it is for medical care) for your legal dependents. See the list of Eligible Expenses included in this guide for more details at [www.tasconline.com](http://www.tasconline.com).

The annual election amount is deducted in equal amounts from each paycheck, before taxes are calculated, and then set aside in a special account for the employee. As expenses are incurred, the employee submits a claim, and the money is reimbursed to the employee from the employee's account as the monies come in from each paycheck. The IRS does not allow the Dependent Care Account (DCA) to be pre-funded. Where accepted, the debit card may be used for payment of dependent care expenses. The maximum annual election amount is \$5,000 per household.

Please review the plan summaries at <https://wfisd.mybenefitsinfo.com> for additional information.



## 2023-2024 SUPPLEMENTAL BENEFITS

### Disability- The Standard

Disability insurance helps to supplement your salary if you become disabled

Disability insurance is designed to protect your salary, up to 66%, should you become disabled as a result of a covered accident or illness. The plan has various waiting periods depending on your own personal needs. Coverage is guaranteed issue and requires no medical underwriting.

- Coverage is available in increments of \$100 from \$300 to \$8,000.
- Benefits are paid year-round, regardless of employee's summer or holiday breaks, Maternity is covered the same as illness.
- Benefits are payable regardless if the employee continues to receive paychecks from the district

Benefit Waiting Period	Monthly Premium Per \$300
0	\$ 16.35
14	\$ 13.05
30	\$ 9.78
60	\$ 7.35
90	\$ 6.39
180	\$ 4.92

#### BENEFIT WAITING PERIOD:

The benefit waiting period is the period that you must be continuously disabled before benefits become payable. 0-, 14-, 30-, 60-, 90-, and 180-day waiting periods are available.

1ST DAY HOSPITAL BENEFIT: If you are hospitalized on the first date of disability for at least 4 hours, charged room & board, and have elected 0-, 14- or 30-day period, benefits are payable on the first day of hospitalization.

#### Changes in Insurance

If you are insured and elect to make a change in your insurance, you may apply for a change only during the Annual Enrollment Period.

1. Increases- Insurance increases mean an election increase in the amount of your LTD Benefit, decrease in the length of your Benefit Waiting Period and an increase in your Maximum Benefit Period.

**The Preexisting Condition will apply to your elected increases described below:**

- A. Your LTD Benefit will be subject to the Preexisting condition Limitation if you elect:
- An increase of more than \$300 in the amount of your LTD Benefit;
  - A decrease of more than one level in the length of your Benefit Waiting Period; or
  - An increase in the length of your Maximum Waiting Period.

B. Your eligibility for the First Day Hospital Benefit will be subject to the Preexisting Condition Limitation if you elect a decrease of more than one level in your Benefit Waiting Period and that change adds First Day Hospital Benefit to your increase.

2. Decreases- Insurance decreases mean an elective decrease in the amount of your LTD Benefit, increase in the length of your Benefit Waiting Period, or decrease in your Maximum Benefit Period.

## 2023-2024 SUPPLEMENTAL BENEFITS

### Cancer- Prosperity Life Group

Two different coverage levels (Low and High) are available to cover your individual and family needs.

- Cancer insurance is designed to provide supplemental insurance that pays for many of the costs not covered by your major medical plan and it pays in addition to other coverage you may have.

Benefits are payable for:

- Cancer Screening/Wellness Test(\$75 Low & \$125 High)
- Treatments Benefit
- Transportation/Lodging Benefit

#### Low Plan Monthly Rates

Employee Only	\$ 21.13
Employee & Spouse	\$ 33.81
Employee & Child(ren)	\$ 24.89
Employee & Family	\$ 37.56

#### High Plan Monthly Rates

Employee Only	\$ 32.59
Employee & Spouse	\$ 52.15
Employee & Child(ren)	\$ 38.15
Employee & Family	\$ 57.71

### Critical Illness- Chubb

Critical Illness insurance provides cash benefits if you or a covered family member are diagnosed with a critical illness or event while insured under this plan.

#### Critical Illness help cover expenses for:

- Heart Attack
- Stroke
- Invasive Cancer
- Major Organ Failure
- Arterial/Vascular Disease
- Transplant
- End Stage Renal Failure
- Benign Brain Tumor
- ALS/Alzheimer
- Advanced Parkinson's
- Traumatic Brain Injury
- Severe Burns
- Permanent Paralysis
- Additional Childhood Conditions

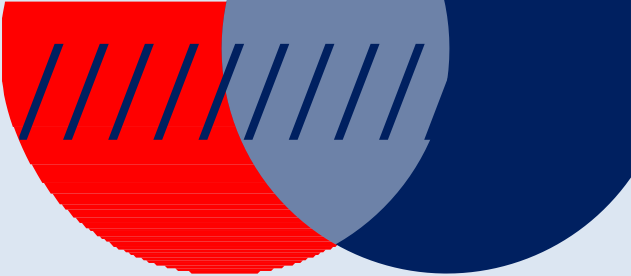
Critical Illness benefits are paid out in a lump sum.

- No waiting periods
- Coverage is guaranteed issue
- Premium will not increase due to aging up

Employee Age Range	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
18-30	\$ 3.04	\$ 4.56	\$ 3.57	\$ 5.10
31-40	\$ 7.89	\$ 11.83	\$ 8.42	\$ 12.37
41-50	\$ 19.50	\$ 29.26	\$ 20.02	\$ 29.79
51-60	\$ 40.11	\$ 60.16	\$ 40.65	\$ 60.70
61-69	\$ 78.85	\$ 118.26	\$ 79.36	\$ 118.78
70+	\$ 133.70	\$ 200.54	\$ 134.23	\$ 201.07

\*Rates are reflecting \$10,000 lump sum options.

Employees can elect \$10,000; \$20,000, or a \$30,000 benefit.



2023-2024 SUPPLEMENTAL BENEFITS

Accident- Chubb

Accident insurance provides cash benefits if you or a covered family member is accidentally injured.

Accident Insurance helps cover expenses for:

- Emergency Treatment
- Fractures and Dislocations
- Hospital and Ongoing Care
- & many more expenses!

Low Plan Monthly Rates

Employee Only	\$ 10.34
Employee & Spouse	\$ 15.28
Employee & Child(ren)	\$ 20.74
Employee & Family	\$ 25.91

High Plan Monthly Rates

Employee Only	\$ 15.02
Employee & Spouse	\$ 22.29
Employee & Child(ren)	\$ 30.10
Employee & Family	\$ 37.65

Medical Transport Services- MASA MTS

Two difference medical emergency transport plan are available to cover you and your family.

The Medical Transport Services plan provides access to vital emergency medical transportation for a low monthly Cost.

- One low fee for peace of mind for emergent transport costs
- No deductibles
- Easy claim process
- No health questions
- Coverage available for spouses and dependents up to age 26

BENEFIT COVERAGE	PLATINUM \$39/Month	EMERGENT PLUS \$14/Month
Emergency Ground Transportation	U.S./Canada	U.S./Canada
Emergency Air Transportation	U.S./Canada	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Non-Emergency Air Transportation	Worldwide	n/a
Escort Transportation	Worldwide	n/a

## 2023-2024 SUPPLEMENTAL BENEFITS

### Voluntary Term Life Insurance and Accidental Death & Dismemberment (AD&D)- Lincoln

Wichita Falls ISD provides \$10,000 in Basic Group Term Life Insurance to all full-time, active employees at no cost.

Voluntary term life is also available to all full-time, active employees in increments of \$5,000 with a maximum of \$200,000 for employee, \$100,000 for spouse, and \$10,000 for child.

Guarantee Issued is offered to all new employees and eligible dependents (no health questions). However, if you chose to not enroll in coverage the first year of eligibility, or request to increase coverage more than two increment levels, you will need to medically qualify during subsequent enrollments.

- New employees have a guaranteed issue amount up to \$200,000.
- Spouses have a guaranteed issue amount of \$30,000.
- **IMPORTANT NOTE:** This OE **ALL ELIGIBLE EMPLOYEES** will be allowed to elect up the guaranteed issue amount without having to answer health questions!

Employee Age Range	Monthly AD&D Rate Per \$1,000
0-19	\$ 0.04
20-24	\$ 0.04
25-29	\$ 0.04
30-34	\$ 0.07
35-39	\$ 0.08
40-44	\$ 0.12
45-49	\$ 0.19
50-54	\$ 0.29
55-59	\$ 0.50
60-64	\$ 0.72
65-69	\$ 1.28
70-74	\$ 2.05
75-79	\$ 2.05
80+	\$ 2.05

\*Spouse rates based off employee's age.

Child(ren) Age Range	\$10,000
0-26	\$2.50

### Accident Death & Dismemberment (AD&D)

Coverage can be elected separately for an employee and any dependents. Monthly premiums are \$0.020 per \$1,000 of coverage for employee only and then \$0.030 per \$1,000 of coverage for family.

The maximum allowed to elect for AD&D coverage is 10 times the employee's earnings or \$500,000, whichever is less.

## 2023-2024 SUPPLEMENTAL BENEFITS

### Permanent Life with Long Term Care- Chubb

Permanent life insurance offers coverage with locked in premiums guaranteed for life.

Employees have the opportunity to purchase individual permanent life insurance with long term care coverage for employee, spouse, and children.

- Plan is portable with locked rates.
- Guaranteed acceptance for Life Insurance and Long-Term Care Insurance.
- Long-Term coverage worth same amount as death benefits.
- Long-Term will pay you 4% of your death benefit for 25 months.
- Automatically restores to 50% of death benefit if you use Long-Term Care benefits.
- Earns Paid-Up benefits

\*Reminder: Old Fidelity Life policies have been renamed to Chubb LifeTime Benefit Term.

\*If you were grandfathered in the Texas Life plan, please reach out to Texas Life. You will continue to be deducted unless you cancel or change your policy(ies) with them directly.

### Identity Protection- LifeLock

Enroll in Proactive Identity Theft Protection  
You have a home security system that alerts you if someone tries to rob your house. To be protected, you need an alarm system for your identity. When LifeLock detects suspicious activity within their network†, they notify members before the damage is done. LifeLock detection is different than traditional credit monitoring and offers a comprehensive set of features to protect against identity theft. Legal and remediation services only help after identity theft has occurred. As the industry leader, LifeLock provides proactive protection.

#### Plan Options:

LifeLock Standard™ identity theft protection uses innovative monitoring technology and alert tools to help proactively safeguard your credit and finances.†

LifeLock Ultimate® service provides peace of mind knowing you have the most comprehensive identity theft protection available. Enhanced services include bank account application and takeover alerts, online credit reports and credit scores

Tier	LifeLock Standard	LifeLock Ultimate
Employee Only	\$ 8.50	\$ 21.25
Employee & Spouse	\$ 17.00	\$ 42.50
Employee & Child(ren)	\$ 14.88	\$ 30.81
Employee & Family	\$ 23.38	\$ 52.06

Please review the plan summaries at <https://wfid.mybenefitsinfo.com> for additional information.



Carrier Information

BENEFIT	VENDOR	PHONE	WEBSITE
Medical	TRS ActiveCare- BCBS	1.866.355.5999	www.bcbs.com/trsactivecare
Dental	Humana	1.877.877.1051	www.humana.com
Vision	Humana	1.877.877.1051	www.humana.com
Hospital Indemnity	Beazley	1.877.503.7064	www.beazleybenefits.com
Health Savings Account	HSA Bank	1.866.355.5999	www.hsabank.com
Flexible Spending Account	TASC	1.800.422.4661	www.tasconline.com
Disability	The Standard	1.800.368.1135	www.standard.com
Cancer	Prosperity	1.800.845.7519	www.bbadmin.com
Critical Illness	Chubb	1.800.241.9891	www.chubb.com
Accident	Chubb	1.800.241.9891	www.chubb.com
Medical Transport Services	MASA MTS	1.877.503.0585	www.masamts.com
Employer Paid Life	Lincoln	1.800.423.2465	www.lfg.com
Voluntary Term Life	Lincoln	1.800.423.2465	www.lfg.com
Voluntary AD&D	Lincoln	1.800.423.2465	www.lfg.com
Permanent Life with LTC	Chubb	1.800.241.9891	www.chubb.com
ID Protection	LifeLock	1.844.698.8640	www.nortonlifelock.com



## US Employee Benefits Services Group- USEBSG

U.S. Employee Benefits Service Group (USEBSG) is the nation's leading independent provider and administrator of employer-sponsored benefits and retirement plans in the school district marketplace. We serve over 400 ISDs in Texas and are endorsed by TACS. Our focus is on developing comprehensive programs providing affordable solutions for benefits, online enrollment and retirement plan needs. We have 25 years of experience and over 1,000,000 clients across the nation.

