

EMPLOYEE Benefits Guide

2024-2025 Plan Year
Wichita Falls ISD



Employee Benefits
Services Group.

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WELCOME

Wichita Falls ISD

goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits package.

These programs are **reviewed annually** to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family. Please read this guide carefully so that you may make informed enrollment decisions.

This guide is designed to highlight your benefit options. It is not a complete Summary Plan Description. For more details including covered expenses, exclusions, and limitations, please refer to individual Summary Plan Descriptions or request information directly from the insurance carrier. If any discrepancy exists between this guide and the official documents, the Summary Plan Description will prevail.



OPEN ENROLLMENT

OPEN ENROLLMENT FOR THE 2024 PLAN YEAR

Open Enrollment is the window of opportunity to review your benefit enrollments and determine if you want to make any changes for the following plan year. It is important to remind you that decisions made during Open Enrollment are generally binding for the entire plan year and cannot be changed until next year's Open Enrollment unless there is a qualified change in status (see Eligibility page for details).

Open Enrollment Dates

Monday, July 8th – Sunday, July 28th

In Person Open Enrollment Dates

July 9th, 11th, 16th, and 18th Location: CEC 8am – 4pm

July 10th, and 17th Location: Admin Center 8am – 4pm

WHAT'S NEW IN 2024

1. In-person enrollers are back!
2. TRS ActiveCare Medical insurance premium rate changes.
3. Dental Insurance premium rate changes.
4. TRS has discontinued all Baylor Scott & White plans.

HOW TO ENROLL

You must complete your elections online via The BEACON, even if you are waiving benefits.

Step 1 - LOGIN PORTAL

Go to: <https://app.thebenefitsbeacon.com/WichitaFallsISD>

Under User ID: Enter your full SSN (without dashes)

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

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.

ELIGIBILITY

INITIAL ELIGIBILITY PERIOD

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date. If your enrollment is not completed on or before the end of your initial eligibility period, you will have to wait until the next Open Enrollment period to change your benefit elections (unless there is a qualifying event outlined below).

DEPENDENTS

You can enroll your eligible dependents for medical, dental, vision, voluntary life insurance, critical illness, and accident coverage. For benefit purposes, your eligible dependents are defined as:

- Your spouse (unless legally separated) or domestic partner.
- Your children, including:
 - Your naturally born children;
 - Your legally adopted child. An adopted child is considered a dependent from the moment the child is placed in the custody of the adoptive parents.
 - A stepchild, foster child, or any child of whom you have legal custody, who resides in your household in a regular parent-child relationship and is principally dependent on you for his/her support and maintenance and is named as an exemption on your most recent federal income tax return (proof may be required).
 - Any child whom you are required to provide health care coverage for under a Qualified Medical Child Support Order.

Eligible children (as defined above) are covered for medical, dental, and vision purposes until the end of the month following their 26th birthday.

QUALIFIED CHANGE IN STATUS:

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in service area
- Change in employment status or a change in coverage under another employer-sponsored plan

Requests for a qualifying event must be received within 30 days of the event date. The change will be added to your coverage as the event date allows. If you submit a qualifying event more than 30 days after the event, the change is subject to carrier approval.



ACTIVECARE

MEDICAL PLAN: ACTIVECARE PRIMARY

TRS

TRS ActiveCare Primary	At-a-Glance
General Plan Information	
Deductible	Individual \$2,500 Family \$5,000
Coinsurance	30% after Deductible
Out-of-pocket Maximum	Individual \$8,050 Family \$16,100
Prescription Coverage	
Generics (31/90 Day Supply)	\$15 / \$45 Copay
Preferred	30% after Deductible
Non-preferred	50% after Deductible
Specialty (31-Day Max)	30% after Deductible
Covered Medical Highlights	
Preventive Routine Care	Covered in Full
Primary Office Visit	\$30 Copay
Specialist Office Visit	\$70 Copay
Outpatient Costs	30% after Deductible
Emergency Care	30% after Deductible
Urgent Care	\$50 Copay
Employee Monthly Cost	
Employee Only	\$0
Employee + Spouse	\$837
Employee + Children	\$345
Employee + Family	\$1,181

Plan Highlights:

- ☐ Lowest premium of all three plans
- ☐ Copays for doctor visits before you meet your deductible
- ☐ Statewide network
- ☐ Primary Care Provider referrals required to see specialists
- ☐ Not compatible with a Health Savings Account
- ☐ No out-of-network coverage

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

MEDICAL PLAN: ACTIVECARE PRIMARY+



TRS

TRS ActiveCare Primary+	At-a-Glance
General Plan Information	
Deductible	Individual \$1,200 Family \$2,400
Coinsurance	20% after Deductible
Out-of-pocket Maximum	Individual \$6,900 Family \$13,800
Prescription Coverage	
Generics (31/90 Day Supply)	\$15 / \$45 Copay
Preferred	25% after Deductible
Non-preferred	50% after Deductible
Specialty (31-Day Max)	30% after Deductible
Covered Medical Highlights	
Preventive Routine Care	Covered in Full
Primary Office Visit	\$15 Copay
Specialist Office Visit	\$70 Copay
Outpatient Costs	\$20% after Deductible
Emergency Care	\$20% after Deductible
Urgent Care	\$50 Copay
Employee Monthly Cost	
Employee Only	\$85
Employee + Spouse	\$1,009
Employee + Children	\$489
Employee + Family	\$1,413

Plan Highlights:

- ☐ Lower deductible than the HD and Primary plans
- ☐ Copays for many services and drugs
- ☐ Higher premium
- ☐ Statewide network
- ☐ Primary Care Provider referrals required to see specialists
- ☐ Not compatible with a Health Savings Account
- ☐ No out-of-network coverage

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

MEDICAL PLAN: ACTIVECARE HD

TRS

TRRS ActiveCare HD	At-a-Glance	
	In-Network	Out-of-Network
Health Savings Account (HSA) Qualified		
General Plan Information		
Deductible	Single \$3,200 Family \$6,400	Single \$6,400 Family \$12,800
Coinsurance	30% after Deductible	50% after Deductible
Out-of-pocket Maximum	Single \$8,050 Family \$16,100	Single \$20,250 Family \$40,500
Prescription Coverage		
Generics (31/90 Day Supply)	20% after Deductible. \$0 Coinsurance for Certain Generics	20% after Deductible. \$0 Coinsurance for Certain Generics
Preferred	25% after Deductible	25% after Deductible
Non-preferred	50% after Deductible	50% after Deductible
Specialty (31-Day Max)	20% after Deductible	20% after Deductible
Covered Medical Highlights		
Preventive Routine Care	Covered in Full	50% after Deductible
Primary Office Visit	30% after Deductible	50% after Deductible
Specialist Office Visit	30% after Deductible	50% after Deductible
Outpatient Costs	30% after Deductible	50% after Deductible
Emergency Care	30% after Deductible	30% after Deductible
Urgent Care	30% after Deductible	50% after Deductible
Employee Monthly Cost		
Employee Only	\$4	
Employee + Spouse	\$848	
Employee + Children	\$352	
Employee + Family	\$1,195	

Plan Highlights:

- ☐ Compatible with a Health Savings Account
- ☐ Nationwide network with out-of-network coverage
- ☐ No requirement for Primary Care Providers or referrals
- ☐ Must meet your deductible before plan pays for non-preventive care

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

MEDICAL PLAN: ACTIVECARE 2



TRS

* This plan is closed and not accepting new enrollees. If you are currently enrolled in TRS-ActiveCare2, you can remain in this plan.

TRS ActiveCare 2	At-a-Glance	
	In-Network	Out-of-Network
General Plan Information		
Deductible	Single \$1,000 Family \$3,000	Single \$2,000 Family \$6,000
Coinsurance	20% after Deductible	40% after Deductible
Out-of-pocket Maximum	Single \$7,900 Family \$15,800	Single \$23,700 Family \$47,400
Prescription Coverage		
Generics (31/90 Day Supply)	\$20 / \$45 Copay	\$20 / \$45 Copay
Preferred	25% after Deductible	25% after Deductible
Non-preferred	50% after Deductible	50% after Deductible
Specialty (31-Day Max)	30% after Deductible	30% after Deductible
Covered Medical Highlights		
Preventive Routine Care	Covered in Full	40% after Deductible
Primary Office Visit	\$30 Copay	40% after Deductible
Specialist Office Visit	\$70 Copay	40% after Deductible
Outpatient Costs	20% after Deductible	40% after Deductible
Emergency Care	\$250 Copay plus 20% after Deductible	\$250 Copay plus 20% after Deductible
Urgent Care	\$50 Copay	400% after Deductible
Employee Monthly Cost		
Employee Only	\$521	
Employee + Spouse	\$1,910	
Employee + Children	\$1,015	
Employee + Family	\$2,349	

Plan Highlights:

- ☐ Closed to new enrollees
- ☐ Current enrollees can choose to stay in plan
- ☐ Lower deductible
- ☐ Copays for many services and drugs
- ☐ Nationwide network with out-of-network coverage
- ☐ No requirement for Primary Care Providers or referrals

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

HEALTH SAVINGS ACCOUNT

HSA Bank

HEALTH SAVINGS ACCOUNT (HSA) OVERVIEW

A Health Savings Account (HSA) is a tax-favored savings account for individuals and families covered by a High Deductible Health Plan (HDHP) created for the purpose to set aside pre-tax dollars to pay for qualified medical expenses.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

To obtain the benefits of an HSA, the law requires that the savings account be combined with a qualified High Deductible Health Plan (HDHP). The minimums and maximums on HDHP's are determined annually by the Internal Revenue Service (IRS) and are subject to change. For 2024, the minimum annual deductible and maximum out-of-pocket requirements are:

Type of Coverage	Minimum Annual Deductible	Maximum Out-of-Pocket
Single	\$1,600	\$8,050
Family	\$3,200	\$16,100

QUALIFIED MEDICAL EXPENSES

Funds you withdraw from your HSA are tax-free when used to pay for qualified medical expenses as described in Section 213(d) of the Internal Revenue Service Tax Code. A list of these expenses is available on the IRS website, www.irs.gov in [IRS Publication 502](#), "Medical and Dental Expenses." Any funds you withdraw for non-qualified medical expenses will be taxed at your income tax rate plus 20% tax penalty, unless you are 65 or older, disabled or deceased. Remember, the IRS may modify its list of eligible expenses from time to time. As always, consult your tax advisor should you require tax advice.

CONTRIBUTING TO AN HSA

Individuals and families are offered the opportunity to save for current and future health care with a Health Savings Account (HSA). Contributions to an HSA are 100% tax-deductible from your gross income. The Internal Revenue Service (IRS) annually reviews and sets the contribution limits for HSA's. For 2024, the combined employer/employee maximum contribution limits are:

Type of Coverage	Maximum Contribution Limit
Single	\$4,150
Family	\$8,300
Catch-Up Contribution (Age 55+)	Additional \$1,000

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

FLEXIBLE SPENDING ACCOUNT

TASC



WHAT ARE THE BENEFITS OF AN FSA?

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.

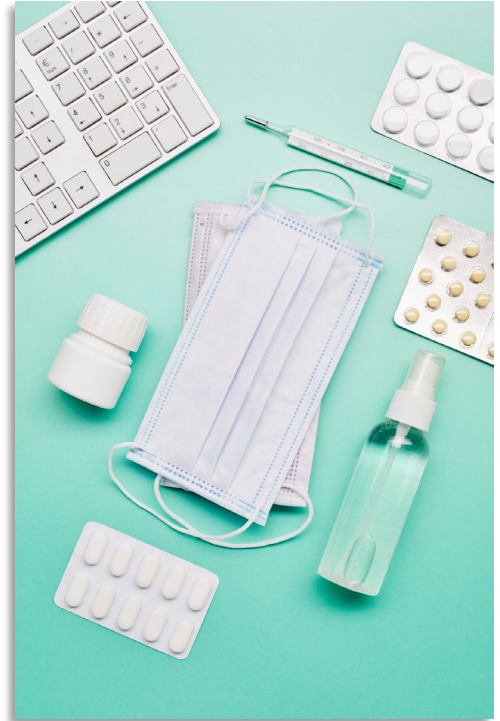
FSA - MEDICAL

Allows for a tax savings on most medical, dental, and vision out-of-pocket expenses. Noncovered expenses apply to all dependent family members even if not covered by a particular insurance plan. The maximum contribution amount for calendar year 2024 is **\$3,200** - 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. A MasterCard debit card will be issued to you to pay for most expenses incurred.

Please visit [carrier website] for a list of eligible expenses.

FSA Rules & Regulations Tip • *The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, they will request itemized receipts.*

****Always save your itemized receipts!***



FSA - DEPENDENT CARE

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately). Dependent Care Eligible for Reimbursement:

- Care at a licensed nursery school, day camp, or day care center
- Services from individuals who provide dependent care in or outside your home, unless the provider is your spouse, your own children under the age of 19, or any other dependent. *Important note: To qualify for reimbursement, the childcare provider must claim services on their taxes, or the employee must complete a Dependent Care Application that must be signed by the provider, or receipts provided by the provider and sent to TASC for review.
- After-school care for children under age 13
- Household services related to the care of an elderly or disabled adult who lives with you
- Any other services that qualify as dependent care expenses under IRS regulations.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



FLEXIBLE SPENDING ACCOUNT

TASC

Eligible Medical Expenses:

- Acupuncture
- Artificial limbs
- Bandages & dressings
- Birth control, contraceptive devices
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles & co-insurance
- Personal Protective Equipment (PPE; facial masks, hand sanitizer, sanitizing wipes)*
- Physical exams
- Pregnancy tests
- Diabetic care & supplies
- Feminine care products
- Eye exams
- First aid kits & supplies
- Hearing aids & hearing aid batteries
- Heating pad
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK

Child & Dependent Care Eligible Expenses

- Babysitting, in your home or someone else's
- Babysitting by your relative who is not a tax dependent
- Before or after school program
- Child care
- Day Camp
- Extended care that is a supervised program before or after regular school hours
- Nanny
- Late pickup fees when attributed to care of a child
- Preschool
- Summer Day Camp
- Sick child care
- Transportation to and from eligible care provided by your care provider
- Nursery School



Use your TASC Card® to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.



Please visit www.tasconline.com for a full list of eligible expenses.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

DENTAL PLAN

Humana

Humana

Preventative Plus	In-Network	Out-of-Network
General Plan Information		
Eligibility	All Full-Time Employees	
Who Pays For Coverage	Employee	
Dependent Coverage		
Dependent Age Limit	To Age 26	
Dental Services		
Preventive Services	100% Covered	100% Covered
Basic Services	80% Covered	80% Covered
Major Services	N/A	N/A
Orthodontia Services	N/A	N/A
Cost Sharing Highlights		
Deductible (Preventative Waived)	Individual \$50	Family \$150
Calendar-year Annual Max	\$1,000	
Employee Monthly Cost		
Employee	\$22.02	
Employee + Spouse	\$49.86	
Employee + Children	\$58.52	
Employee + Family	\$92.14	
Preventive Services		
Routine Oral Examinations	3 per Year	
Routine Cleanings	3 per Year	
Periodontal Cleanings	4 per Year	
Fluoride Treatment	1 per Year (through age 16)	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

DENTAL PLAN

Humana

Humana

Traditional Plus	In-Network	Out-of-Network
General Plan Information		
Eligibility	All Full-Time Employees	
Who Pays For Coverage	Employee	
Dependent Coverage		
Dependent Age Limit	To Age 26	
Dental Services		
Preventive Services	100% Covered	100% Covered
Basic Services	80% Covered	80% Covered
Major Services	50% Covered	50% Covered
Orthodontia Services	50% Covered	50% Covered
Cost Sharing Highlights		
Deductible (Preventative Waived)	Individual \$50 Family \$150	
Orthodontia Lifetime Maximum	\$1,500	
Calendar-year Annual Maximum	\$1,250 + 30% extended annual maximum	
Employee Monthly Cost		
Employee	\$32.60	
Employee + Spouse	\$71.38	
Employee + Children	\$88.90	
Employee + Family	\$140.88	

Find a Dentist:


With Humana Dental plans, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental Traditional Preferred Network. To find a dentist in Humana Dental's Preferred Network, log on to **Humana.com** or call **1-800-233-4013**.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

VISION PLAN

Humana

Humana

Vision Plan 150	In-Network	Out-Of-Network
General Plan Information		
Eligibility	All Full-Time Employees	All Full-Time Employees
Who Pays For Coverage	Employee	Employee
Dependent Coverage		
Dependent Age Limit	To Age 26	To Age 26
Vision Services		
Eye Exam	\$10 Copay Up to \$39	Up to \$30 Copay
Provider Frames	Up to \$150 + 20% off Balance	Up to \$80 Allowance
Standard Plastic Lenses	\$10 Copay	Up to \$25-\$100
Elective Contact Lenses	Up to \$150 + 15% off Balance	Up to \$128 Allowance
Medically Necessary Contact Lenses	Covered in Full	Up to \$210 Allowance
Vision Service Frequency		
Eye Exam	Once Every 12 Months	Once Every 12 Months
Frames	Once Every 12 Months	Once Every 12 Months
Lenses or Contacts	Once Every 12 Months	Once Every 12 Months
Employee Monthly Cost		
Employee Only	\$8.90	Questions? Check out Humana.com Call 1-866-995-9316 
Employee + Spouse	\$15.95	
Employee + Child(ren)	\$16.92	
Employee + Family	\$25.33	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

BASIC LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Basic Life/AD&D Insurance Plan



Basic Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there.

As an eligible employee, **Wichita Falls ISD** pays the full cost of the coverage. In addition, you may designate anyone as your beneficiary.

Lincoln Financial Group	Basic Life / AD&D Plan
General Plan Information	
Eligibility	All Full-Time Employees
Who Pays For Coverage	Employer
Basic Life Benefit	
Guarantee Issue Amount	\$10,000
Benefit Age Reduction	
At Age 65	35%
At Age 70	55%
At age 75	70%

VOLUNTARY LIFE



Lincoln

While **Wichita Falls ISD** offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through a post-tax payroll deduction. You can purchase coverage for yourself in the amounts of \$5,000, \$10,000, \$15,000, \$20,000, \$25,000 up to \$200,000. If you purchase coverage for yourself, you can also purchase coverage for your spouse in the amounts of \$5,000, \$10,000, \$15,000, \$20,000, \$25,000 up to \$100,000 (cannot exceed 100% of employee's election). You can elect coverage for your child(ren) at a flat amount of \$10,000 (you only pay premium for one, no matter the number of children). The chart below outlines the monthly costs of purchasing additional coverage.

Voluntary Life Insurance	Rates per \$1,000	
Age	Employee	Spouse
Age 25-29	\$0.032	\$0.032
Age 30-34	\$0.053	\$0.053
Age 35-39	\$0.063	\$0.063
Age 40-44	\$0.095	\$0.095
Age 45-49	\$0.150	\$0.150
Age 50-54	\$0.230	\$0.230
Age 55-59	\$0.400	\$0.400
Age 60-64	\$0.579	\$0.579
Age 65-69	\$1.021	\$1.021
Age 70+	\$1.642	\$1.642
Dependent Child	\$10,000 Benefit \$0.250 per \$1,000	

IMPORTANT NOTE: You have a one-time true open enrollment during your new hire period to elect up to the Guaranteed Issue (GI) Amounts without submitting any Evidence of Insurability (EOI). If you waive coverage during your new hire enrollment window and would like to elect coverage during a future open enrollment window, any amount elected at that time would be subject to EOI submission.

Guaranteed Issue (GI) Amounts for New Hires: \$200,000 (Employee) and \$30,000 (Spouse)

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

VOLUNTARY AD&D



Lincoln

With [Voluntary AD&D](#) life insurance, you are responsible for paying the full cost of coverage through a post-tax payroll deduction. You can purchase coverage for yourself up to one, two, three, four, five, six, seven, eight, nine or ten times your annual earnings rounded up to the nearest \$10,000. Maximum coverage amount may not exceed \$500,000. If you purchase coverage for yourself, you can also purchase coverage for your Spouse and Children under the family AD&D plan. The spouse and children family AD&D coverage is a percentage of the employee coverage amount and is based on the employee's dependents. The chart below outlines the monthly costs of purchasing coverage.

[Accidental Death and Dismemberment Insurance](#) provides a cash benefit to your loved ones if you die in an accident as well as provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight.

Voluntary AD&D Insurance	Lincoln Financial Group
Coverage	Rates
Employee Only	\$0.020 per \$1,000
Family	\$0.030 per \$1,000

Family AD&D	
Spouse coverage without children	50% of your coverage amount
Spouse coverage with children	40% of your coverage amount
Children coverage without spouse	15% of your coverage amount for each dependent child
Children coverage with spouse	10% of your coverage amount for each dependent child

IMPORTANT NOTE: Your employee and family AD&D coverage amount will reduce by 50% when you reach age 75. Benefits end when you retire.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

LONG TERM DISABILITY



The Standard

Long Term Disability (LTD) insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion (66 2/3%) of your income if you become physically unable to work due to an illness or injury.

How long will my disability benefits continue if I elect the premium benefit?

Age	Benefits Payable	Age	Benefits Payable
Less than age 63	To normal retirement age or 42 months if greater	Age 66	21 Months
Age 63	To normal retirement age or 36 months if greater	Age 67	18 Months
Age 64	30 Months	Age 68	15 Months
Age 65	24 Months	Age 69 & Over	12 Months

Elimination Period (Accident/Sickness)	Monthly Benefit per \$100
0/3	\$5.45
14/14	\$4.35
30/30	\$3.26
60/60	\$2.45
90/90	\$2.13
180/180	\$1.64
First Day Hospitalization Benefit for Options 0/3, 14/14, and 30/30	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

ACCIDENT COVERAGE

CHUBB

Chubb

Accident Protection coverage allows you to protect yourself financially by ensuring you are covered for specific services and care associated with an injury. The plan provides you with the financial resources to make getting back to your regular routine as easy as possible when you or a covered family member is accidentally injured.

Chubb	Plan 1	Plan 2
General Plan Information		
Who Pays For Coverage	Employee	Employee
Dependent Age Limit	26	26
Accident Benefit		
Accident Death Benefit Amount	Employee \$40,000 Spouse \$20,000 Child \$10,000	Employee \$60,000 Spouse \$30,000 Child \$15,000
Sample of Covered Services		
Hospital Admission	\$1,000	\$1,500
Intensive Care Unit Admission	\$1,000	\$1,500
Air Ambulance	\$600	\$900
Ambulance	\$200	\$300
Emergency Room	\$200	\$300
Employee Monthly Cost		
Employee Only	\$10.34	\$15.02
Employee + Spouse	\$15.28	\$22.29
Employee + Child(ren)	\$20.74	\$30.10
Employee + Family	\$25.91	\$37.65

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

CANCER COVERAGE

Prosperity Life Group

Cancer insurance is designed to provide supplemental insurance that is designed to help reduce out-of-pocket expenses and bridge the gap between what your primary insurance does and does not cover.

BENEFITS ARE PAYABLE FOR:

- Cancer Screening
- Wellness Test Benefit
- Inpatient Benefits
- Treatment Benefits
- Transportation/Lodging Benefit



Low Cancer	Monthly Premium
Employee Only	\$21.13
Employee & Spouse	\$33.81
Employee and Child(ren)	\$24.89
Employee and Family	\$37.56

High Cancer	Monthly Premium
Employee Only	\$32.59
Employee & Spouse	\$52.15
Employee and Child(ren)	\$38.15
Employee and Family	\$57.71

CRITICAL ILLNESS COVERAGE

Chubb

Critical Illness pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness is a limited-benefit policy.

Chubb	Critical Illness		
General Plan Information			
Who Pays For Coverage	Employee		
Critical Illness Benefit	Employee	Spouse	Child(ren)
Benefit Amount	\$10,000	\$5,000	\$5,000
	\$20,000	\$10,000	\$10,000
	\$30,000	\$15,000	\$15,000
Guarantee Issue (New Hire)	\$30,000	\$15,000	\$15,000
Conditions	1st Occurrence	2nd Occurrence	
Cancer (except skin cancer)	100%	N/A	
Non-Melanoma Skin Cancer	\$250	Payable once per year	
Sudden Cardiac Arrest	100%	50%	
Major Organ Failure	100%	50%	
Stroke	100%	50%	
Heart Attack	100%	50%	
Paralysis or Dismemberment	100%	N/A	
Benign Brain Tumor	100%	50%	
Benefit Limitations			
Pre-Existing Limitation	None		
Wellness Benefit	\$100		

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

CRITICAL ILLNESS RATES

Chubb

Benefit Amount: EE - \$10,000 Spouse - \$5,000 Child - \$5000

Issue Age	Employee Only	EE + Spouse	EE + Children	EE + Family
18-30	\$9.64	\$16.02	\$10.71	\$17.08
31-40	\$13.68	\$22.08	\$14.75	\$23.14
41-50	\$23.35	\$36.61	\$24.42	\$37.66
51-60	\$40.53	\$62.36	\$41.60	\$63.42
61-69	\$72.81	\$110.77	\$73.87	\$111.82
70+	\$118.52	\$179.34	\$119.59	\$180.39

Benefit Amount: EE - \$20,000 Spouse - \$10,000 Child - \$5,000

Issue Age	Employee Only	EE + Spouse	EE + Children	EE + Family
18-30	\$12.18	\$19.82	\$13.69	\$21.33
31-40	\$20.26	\$31.94	\$21.77	\$33.45
41-50	\$39.60	\$61.00	\$41.11	\$62.49
51-60	\$73.96	\$112.50	\$75.47	\$114.01
61-69	\$138.52	\$209.32	\$140.01	\$210.81
70+	\$229.94	\$346.46	\$231.45	\$347.95

Benefit Amount: EE - \$30,000 Spouse - \$15,000 Child - \$15,000

Issue Age	Employee Only	EE + Spouse	EE + Children	EE + Family
18-30	\$14.72	\$23.62	\$16.67	\$25.58
31-40	\$26.84	\$41.80	\$28.79	\$43.76
41-50	\$55.85	\$85.39	\$57.80	\$87.32
51-60	\$107.39	\$162.64	\$109.34	\$164.60
61-69	\$204.23	\$307.87	\$206.15	\$309.80
70+	\$341.36	\$513.58	\$343.31	\$515.51

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

HOSPITAL INDEMNITY

beazley

Beazley

The Hospital Indemnity insurance policy is designed to help you with certain medical expenses, providing a direct benefit in the event of hospitalization. The plan provides a benefit amount for select benefits such as inpatient hospitalization.

Benefit	Plan 1	Plan 2
Intensive Care Confinement Benefit	\$400/Day – per insured, 5 days per year	\$400/Day – per insured, 5 days per year
Daily Hospital Confinement Benefit	\$200/Day – per insured, 10 days per year	\$200/Day – per insured, 10 days per year
Hospital Admission Benefit	\$1,500 per insured – 1 admission per insured, per year	\$2,500 per insured – 1 admission per insured, per year

Plan 1	Monthly Premium
Employee Only	\$21.60
Employee & Spouse	\$40.60
Employee and Child(ren)	\$32.60
Employee and Family	\$52.60

Plan 2	Monthly Premium
Employee Only	\$36.50
Employee & Spouse	\$73.00
Employee and Child(ren)	\$58.50
Employee and Family	\$94.50



Claims, how does it work?



This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

PERMANENT LIFE INSURANCE + LONG TERM CARE

Chubb

Two important coverages for when you need them the most.

Permanent Life + Long-Term Care (LTC) is two-in-one security. It combines **permanent life insurance** with benefits that can help with the high costs of **long-term care services**. It helps protect your family from the financial impact of losing a loved one or needing extended care. You select a benefit amount that works for you, and you **"lock in" a rate** that is designed to last a lifetime and doesn't increase due to age.

Universal Life adjusts to your changing needs as you age. It provides a **higher death benefit** during your working years, when you may need the protection most. The death benefit then reduces after age 70, while your benefit for long-term care remains at the same high level.

Example of how LifeTime Benefit Term can be used:

LifeTime Benefit Term + LTC	Life Situation	Death Benefit	Long Term Care	Total Benefits
Life Insurance	You lead a full life and do not need (LTC)	\$100,000	————	\$100,000
Long Term Care (LTC) insurance	You lead a full life and need assisted living or nursing home care	————	\$100,000	
Split your Death Benefit for LTC & life insurance	You lead a full life but also need some LTC funds(Example: 4% of \$100,000 for 12 months)	\$52,000	\$48,000	
Additional Death Benefits				
Restore your Death Benefit	If you deplete your entire Death Benefit due to LTC, Chubb restores your Death Benefit to 50% of your original death benefit	\$50,000	————	\$50,000

Benefits for long-term care begin to pay after 90 days of confinement or services; to qualify you must meet the conditions of eligibility for benefits. Availability and names for long-term care, restoration, and extension of benefits for long-term care may vary by state. The benefit amounts shown are for sample plans and are not a guarantee.

MORE FLEXIBLE UNIVERSAL LIFE FEATURES

- Available to employees on a **guaranteed issue** basis up to \$250,000 (age 70 max).
- **Cover all children** with a term life insurance rider. They can later simply convert coverage to permanent Universal Life.
- EZ Value option: provides **automatic annual benefit increases** without additional underwriting.
- Once you have a policy, your rate is locked in and **will not increase due to age**.
- Accelerate **up to 50% of your death benefit** if you are diagnosed as terminally ill.
- **No medical exams** or blood work to apply – just answer a few simple questions.
- Fully **portable** – keep your coverage, at the same rate and benefits, if you change jobs or retire.
- Pay for coverage via **convenient payroll deduction**, as long as you stay with your employer.
- **Apply for family members** as well as for yourself.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

MEDICAL TRANSPORT

MASA

Two different medical emergency transport plans 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/domestic partners and dependents up to age 26

Benefit Coverage	Platinum \$39/Month	Emergent Plus \$14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergency Air Transportation	U.S./Canada	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	

Review the summary plan for complete list of benefits



Global Coverage*₁



24/7 Live Customer Support

IDENTITY THEFT PROTECTION

Lifelock

Service Features	Standard	Ultimate
LifeLock Identity Alert System	X	X
Lost Wallet Protection	X	X
Address Change Verification	X	X
Black Market Website Surveillance	X	X
Reduced Pre-Approved Credit Card Offers	X	X
Live Member Support 24/7/365	X	X
Certified Resolution Support	X	X
\$1 Million Total Service Guarantee	X	X
Fictitious Identity Monitoring		X
Court Records Scanning		X
Data Breach Notification		X
Credit Card, Checking & Savings Account Activity Alerts		X
Online Annual Credit Report		X
Online Annual Credit Score		X
Checking & Savings Account Application Alerts		X
Bank Account Takeover Alerts		X
Investment Account Activity Alerts [†]		X
Credit Inquiry Alerts		X
Online Annual Credit Reports		X
Online Annual Credit Scores		X
Monthly Credit Score Tracking		X
File-Sharing Network Searches		X
Sex Offender Registry Reports		X
Priority Live Member Support 24/7/365		X

The digital risks you face constantly increase. Each year, more than 14 million people are victims of identity theft, and – in the COVID era – those numbers are going up; fraud and ID theft cost Americans \$100 million in damages between March and July 2020 alone.

Why do you need Identity Theft?

- Nearly **90% of employees** who used an employer-offered Cyber Wellness solution to aid in identity theft report a higher quality of life
- Employees with access to identity theft solutions are **3 times more likely** to be aware of suspicious activity -- empowering them to take control faster
- **Almost 93% of employees** with an employer-offered remediation solution said it lessened the negative impacts of ID theft
- **91% of employees** who leveraged the employer-offered service after an ID theft recommended the solution to co-workers

Monthly Premiums		
Plan	Standard	Ultimate
Employee Only	\$8.50	\$21.25
Employee + Spouse	\$17.00	\$42.50
Employee + Children	\$14.88	\$30.81
Employee + Family	\$23.38	\$52.06

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

EMPLOYEE CONTACT LIST

CARRIER	BENEFIT	PHONE	WEBSITE
Medical	TRS ActiveCare - BCBS	1-866-355-5999	www.bcbstx.com/trsactivecare
Health Savings Account	HSA Bank	1-800-357-6246	www.hsabank.com
Flexible Spending Account	TASC	1-800-422-4661	www.tasconline.com
Dental	Humana	1-800-233-4013	www.humana.com
Vision	Humana	1-800-233-4013	www.humana.com
Employer Paid Group Life	Lincoln Financial	877-275-5462	lincolnfinancial.com
Voluntary Life	Lincoln Financial	877-275-5462	lincolnfinancial.com
Long Term Disability	The Standard	1-800-368-1135	www.standard.com
Accident	Chubb	1-855-241-9891	www.chubb.com
Cancer	Prosperity	1-800-845-7519	www.bbadmin.com
Critical Illness	Chubb	1-855-241-9891	www.chubb.com
Hospital Indemnity	Beazley	1-866-218-6020	www.beazleybenefits.com
Permanent Life Insurance + Long Term Care	Chubb	1-855-241-9891	www.chubb.com
Medical Transport	MASA	954-758-9833	www.masamts.com
Identity Theft	Norton LifeLock	800-607-9174	my.norton.com

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit summaries. While every effort was taken to accurately summarize your benefits, discrepancies, or errors are always possible. In case of discrepancy between this guide and the official plan documents, the official plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

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