

Employee Benefits Guide

2025 - 2026 Plan Year

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Welcome!

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

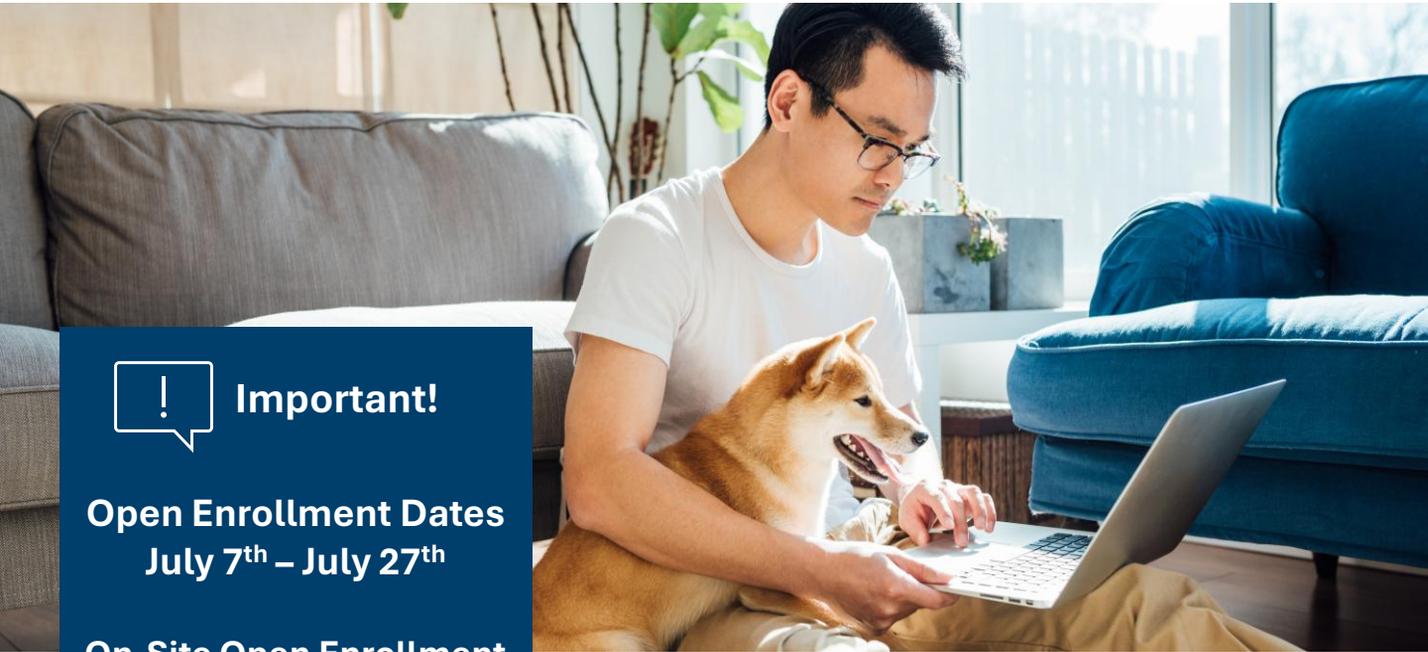
These programs are **reviewed annually** to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the 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 2025 Plan Year



Important!

Open Enrollment Dates
July 7th – July 27th

On-Site Open Enrollment

- 7/8: 8 – 4pm, CEC
- 7/9: 8 – 4pm, CEC
- 7/10: 8 – 4pm, CEC
- 7/15: 8 – 4pm, CEC
- 7/16: 8 – 4pm, CEC
- 7/17: 8 – 4pm, CEC

What's new for 2025?

- New carrier – Sunlife
- FSA/HSA Max Increase
- Accident and Critical Illness rate decrease
- Vision frame allowance increased to \$170

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.



Call Center: (888) 572-5857

The Call Center will be available during annual open enrollment 8 a.m. to 7 p.m.

Eligibility



Dependents

You can enroll your eligible dependents for medical, dental, vision, voluntary life insurance, critical illness, hospital indemnity, cancer and accident coverage. Eligible dependents are defined as:

Your spouse (unless legally separated).

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) can be covered until the end of the month following their 26th birthday.

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.

Qualifying Events

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 first of the month following the event date.

Medical Plan Options: Summary

TRS-ActiveCare



TRS – ActiveCare Primary	Monthly Cost	Plan Highlights
Employee Only	\$0.00	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Not compatible with a Health Savings Account • No out-of-network coverage
Employee and Spouse	\$910.00	
Employee and Children	\$375.00	
Employee and Family	\$1,284.00	

TRS – ActiveCare Primary +	Monthly Cost	Plan Highlights
Employee Only	\$93.00	<ul style="list-style-type: none"> • Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Primary Care Provider referrals to see specialist • Not compatible with a Health Savings Account • No out-of-network coverage
Employee and Spouse	\$1,098.00	
Employee and Children	\$533.00	
Employee and Family	\$1,538.00	

TRS – ActiveCare HD	Monthly Cost	Plan Highlights
Employee Only	\$3.00	<ul style="list-style-type: none"> • 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-preventative care
Employee and Spouse	\$918.00	
Employee and Children	\$380.00	
Employee and Family	\$1,295.00	

Medical Plan: ActiveCare Primary

TRS



TRS	In-Network
General Plan Information	
Deductible	Single \$2,500; Family \$5,000
Coinsurance	30% Coinsurance after Deductible
Out-of-Pocket Maximum	Single \$8,050; Family \$16,100
Prescription Coverage	
Drug Deductible	Integrated with medical
Generic (31-Day Supply/ 90-Day Supply)	\$15 / \$45 Copay \$0 Copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	30% Coinsurance after deductible
Non-preferred	50% Coinsurance after deductible
Specialty (31-Day Max)	30% Coinsurance after deductible \$0 if SaveOnSP eligible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61–90 day supply
Covered Medical Highlights	
Preventive Routine Care	Covered in Full
Primary Office Visit	\$30 Copay
Specialist Office Visit	\$70 Copay
Inpatient Hospital	30% Coinsurance after Deductible
Outpatient Surgical Procedure (facility)	30% Coinsurance after Deductible
Emergency Room	30% Coinsurance after Deductible
Urgent Care Center	\$50 Copay

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	In-Network
General Plan Information	
Deductible	Single \$1,200; Family \$2,400
Coinsurance	20% Coinsurance after Deductible
Out-of-Pocket Maximum	Single \$6,900; Family \$13,800
Prescription Coverage	
Drug Deductible	\$200 deductible per participant (brand drugs only)
Generic (31-Day Supply/ 90-Day Supply)	\$15 / \$45 copay
Preferred (Max does not apply if brand is selected and generic is available)	25% coinsurance after deductible (\$100 max) 25% coinsurance after deductible (\$265 max)
Non-preferred	50% Coinsurance after deductible
Specialty (31-Day Max)	30% Coinsurance after deductible \$0 if SaveOnSP eligible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61–90 day supply
Covered Medical Highlights	
Preventive Routine Care	Covered in Full
Primary Office Visit	\$15 Copay
Specialist Office Visit	\$70 Copay
Inpatient Hospital	20% Coinsurance after Deductible
Outpatient Surgical Procedure (facility)	20% Coinsurance after Deductible
Emergency Room	20% Coinsurance after Deductible
Urgent Care Center	\$50 Copay

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



TRS	In-Network	Out-of-Network
General Plan Information		
Deductible	Single \$3,300; Family \$6,600	Single \$6,600; Family \$13,200
Coinsurance	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Out-of-Pocket Maximum	Single \$8,300; Family \$16,600	Single \$20,500; Family \$41,000
Prescription Coverage		
Drug Deductible	Integrated with medical	Integrated with medical
Generic (31-Day Supply/ 90-Day Supply)	20% Coinsurance after deductible; \$0 for certain generics	20% Coinsurance after deductible; \$0 for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	25% coinsurance after deductible	25% coinsurance after deductible
Non-preferred	50% Coinsurance after deductible	50% Coinsurance after deductible
Specialty (31-Day Max)	20% Coinsurance after deductible	20% Coinsurance after deductible
Insulin Out-of-Pocket Costs	25% after deductible	25% after deductible
Covered Medical Highlights		
Preventive Routine Care	Covered in Full	50% Coinsurance after Deductible
Primary Office Visit	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Specialist Office Visit	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Hospital	30% Coinsurance after Deductible	50% Coinsurance after Deductible (\$500 facility per day maximum)
Outpatient Surgical Procedure (facility)	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Emergency Room	30% Coinsurance after Deductible	30% Coinsurance after Deductible
Urgent Care Center	30% Coinsurance after Deductible	50% Coinsurance after Deductible

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



Closed to new enrollees		
TRS	In-Network	Out-of-Network
General Plan Information		
Deductible	Single \$1,000; Family \$3,000	Single \$2,000; Family \$6,000
Coinsurance	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Out-of-Pocket Maximum	Single \$7,900; Family \$15,800	Single \$23,700; Family \$47,400
Prescription Coverage		
Drug Deductible	\$200 brand deductible	\$200 brand deductible
Generic (31-Day Supply/ 90-Day Supply)	\$20 / \$45 copay	\$20 / \$45 copay
Preferred (Max does not apply if brand is selected and generic is available)	25% coinsurance after deductible	25% coinsurance after deductible
Non-preferred	50% Coinsurance after deductible	50% Coinsurance after deductible
Specialty (31-Day Max)	30% Coinsurance after deductible	30% Coinsurance after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61–90 day supply	Insulin Out-of-Pocket Costs
Covered Medical Highlights		
Preventive Routine Care	Covered in Full	40% Coinsurance after Deductible
Primary Office Visit	\$30 copay	40% Coinsurance after Deductible
Specialist Office Visit	\$70 copay	40% Coinsurance after Deductible
Inpatient Hospital	20% Coinsurance after Deductible (\$150 facility copay per day)	40% Coinsurance after Deductible (\$500 facility copay per incident)
Outpatient Surgical Procedure (facility)	20% Coinsurance after Deductible (\$150 facility copay per incident)	40% Coinsurance after Deductible (\$150 facility copay per incident)
Emergency Room	\$250 copay plus 20% after deductible	\$250 copay plus 20% after deductible
Urgent Care Center	\$50 Copay	40% Coinsurance after Deductible

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 IRS and are subject to change. For 2025, the minimum annual deductible and maximum out-of-pocket requirements are:

Level of Coverage	Minimum Annual Deductible	Maximum Out-of-Pocket
Single	\$1,650	\$8,300
Family	\$3,300	\$16,600

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 HSAs. For 2025, the combined employer/employee maximum contribution limits are:

Type of Coverage	Maximum Annual Contribution Limit
Single	\$4,300
Family	\$8,550
Catch-Up Contribution (Age 55+)	Additional \$1,000

Flexible Spending Account

TASC



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 2025 is \$3,300 - 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 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
- 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.

Dental Plan

Sun Life



Basic Plan	In-Network	Out-of-Network
	Plan Information	Plan Information
Eligibility	All Eligible Employees	All Eligible Employees
Calendar Year Deductible (Single / Family)	\$50 Single / \$150 Family (Waived for Preventive Services)	\$50 Single / \$150 Family (Waived for Preventive Services)
	Annual Maximum	Annual Maximum
Annual Maximum Per Person	\$1,000	\$1,000
	Dependent Coverage	Dependent Coverage
Dependent Age Limit	To Age 26	To Age 26
	Dental Services	Dental Services
Preventive Services <ul style="list-style-type: none"> • Oral Exam – 2 per calendar year • Cleanings – 2 per calendar year • Bitewing X-rays – 1 per calendar year • Fluoride for Children – under age 16 	Covered at 100% (deductible waived)	Covered at 100% (deductible waived)
Basic Services <ul style="list-style-type: none"> • Fillings • Simple Extractions 	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible
Major Services	None	None
Orthodontia	None	None
Tier	Monthly Cost	
Employee	\$25.51	
Employee + Spouse	\$57.07	
Employee + Children	\$67.00	
Family	\$105.45	

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

Sun Life



Enhanced Plan	In-Network	Out-of-Network
	Plan Information	Plan Information
Eligibility	All Eligible Employees	All Eligible Employees
Calendar Year Deductible (Single / Family)	\$50 Single / \$150 Family (Waived for Preventive and Ortho Services)	\$50 Single / \$150 Family (Waived for Preventive and Ortho Services)
	Annual Maximum	Annual Maximum
Calendar Year Maximum Per Person	\$1,250 (Includes RollMax)	\$1,250 (Includes RollMax)
Calendar Year Maximum Per Person (Ortho Service)	\$1,500 lifetime child and adult	\$1,500 lifetime child and adult
	Dependent Coverage	Dependent Coverage
Dependent Age Limit	To Age 26	To Age 26
	Dental Services	Dental Services
Preventive Services <ul style="list-style-type: none"> • Oral Exam – 2 per calendar year • Cleanings – 2 per calendar year • Bitewing X-rays – 1 per calendar year • Fluoride for Children – under age 16 	Covered at 100% (deductible waived)	Covered at 100% (deductible waived)
Basic Services <ul style="list-style-type: none"> • Fillings • Surgical Extractions 	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible
Major Services <ul style="list-style-type: none"> • Dentures and Bridges 	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible
Orthodontia	Covered at 50%	Covered at 50%
Tier	Monthly Cost	
Employee	\$37.31	
Employee + Spouse	\$81.70	
Employee + Children	\$101.74	
Family	\$161.24	

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

Sun Life



VSP	In-Network	Out-of-Network
General Plan Information		
Eligibility	All Eligible Employees	All Eligible Employees
Who Pays for Coverage	Employee	Employee
Dependent Coverage		
Dependent Age Limit	To Age 26	To Age 26
Vision Services		
Eye Exam	\$10 Co-Pay	Up to \$45
Frames Allowance	\$170 + 20% Off Balance	Up to \$70
Lenses	\$10 Co-pay	\$30 up to \$100
<ul style="list-style-type: none">• Single• Bifocal• Trifocal• Lenticular		
Elective Contact Lenses	\$170	Up to \$105
Medically Necessary Contact Lenses	\$10 Co-pay	Up to \$210
Vision Service Frequency		
Eye Exam	One per 12 months	One per 12 months
Frames	One per 12 months	One per 12 months
Contacts	One per 12 months	One per 12 months
Tier Monthly Cost		
Single	\$8.90	
Employee + Spouse	\$15.95	
Employee + Child(ren)	\$16.92	
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.

Life & AD&D

Lincoln Financial



Basic Life & Accidental Death & Dismemberment Insurance

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.

Basic Life / AD&D Plan	Lincoln Financial
General Plan Information	
Eligibility	All Eligible 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 Financial



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 increments of \$5,000 with a minimum of \$10,000 and a maximum of \$200,000.

If you purchase coverage for yourself, you can also purchase coverage for your spouse in increments of \$5,000 with a minimum of \$5,000 and a maximum of \$100,000. 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.

Basic Life / AD&D Plan	Lincoln Financial	
	Employee Rates per \$1,000	Spouse Rates per \$1,000
Age		
25-29	\$0.032	\$0.032
30-34	\$0.053	\$0.053
35-39	\$0.063	\$0.063
40-44	\$0.095	\$0.095
45-49	\$0.150	\$0.150
50-54	\$0.230	\$0.230
55-59	\$0.400	\$0.400
Age 60-64	\$1.579	\$1.579
Age 65-69	\$1.021	\$1.021
Age 70+	\$1.642	\$1.642
Dependent Child	\$0.250 per \$1,000; \$10,000 Benefit	

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

IMPORTANT NOTE: If you are currently enrolled in this plan and would like to increase your coverage (up to Plan Maximum) you can elect up to two increments of coverage during Open Enrollment, with no Evidence of Insurability (EOI). An EOI will be required for an increase in coverage greater than two increments.

Voluntary AD&D

Lincoln Financial



With **Voluntary AD&D** 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 family AD&D coverage is a percentage of the employee coverage amount and is based on employee’s dependents. The chart below outlines the monthly cost 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		Lincoln Financial
Coverage	Rates per \$1,000	
Employee Only	\$0.020	
Family	\$0.030	
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	
Children coverage with spouse	10% of your coverage amount	

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

Educator Disability

The Standard



Disability 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?

Educator Disability		The Standard	
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

Sun Life



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.

Accident (Off the Job)	Standard Plan	Enhanced Plan
General Plan Information		
Who Pays for Coverage	Employee	Employee
Dependent Age Limit	26	26
Accident Benefit		
Accident Death Benefit Amount	Employee \$50,000 Spouse \$25,000 Child \$12,500	Employee \$75,000 Spouse \$37,500 Child \$18,750
Sample of Covered Services		
Hospital Admission	\$1,000	\$1,500
Intensive Care Unit Admission	\$1,500 (once per benefit year)	\$1,500 (once per benefit year)
Air Ambulance	\$750	\$1,000
Emergency Room Admission	\$100	\$300
Open Surgery	\$1,000	\$2,000
Hip Dislocation	\$4,000 (surgery) \$2,000 (no surgery)	\$6,000 (surgery) \$3,000 (no surgery)
Shoulder Dislocation	\$1,000 (surgery) \$500 (no surgery)	\$2,000 (surgery) \$1,000 (no surgery)
Leg Fracture	\$2,000 (surgery) \$1,000 (no surgery)	\$3,000 (surgery) \$1,500 (no surgery)
Concussion	\$300	\$500
Monthly Cost		
Single	\$9.31	\$13.52
Employee + Spouse	\$13.76	\$20.06
Employee + Child(ren)	\$18.67	\$27.09
Family	\$23.12	\$33.63

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

Sun Life



What is Hospital Indemnity Insurance?

The Hospital Indemnity insurance policy is designed to help you with certain medical expenses. Coverage is based on a set schedule of benefits for a specified number of days.

*Note: Group Limited Indemnity is NOT major medical insurance

Benefits	Low Plan	High Plan
Hospital In-Patient Admission	\$1,500 / First Day (1 day per year)	\$3,000 / First Day (1 day per year)
ICU Admission	\$1,500 / First Day (2 days per year)	\$3,000 / First Day (2 days per year)
Hospital Confinement Benefit	\$200 / Day (10 days, per year)	\$200 / Day (10 days, per year)
Intensive Care Unit Confinement Benefit	\$300 / Day (5 days, per year)	\$300 / Day (5 days, per year)
Newborn Nursery Confinement	N/A	\$100 / Day (3 days per year)
Wellness Screening Benefit (1 day per insured per year)	\$100	\$100

Monthly Premium	Low Plan	High Plan
Employee Only	\$21.60	\$36.50
Employee & Spouse	\$40.60	\$73.00
Employee and Child(ren)	\$32.60	\$58.50
Employee and Family	\$52.60	\$95.00

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 Coverage

Sun Life



Critical Illness Coverage 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.

What benefits are available?

Critical Illness Insurance provides a benefit payment for illnesses and conditions reflected in the chart below.

Who is eligible for Critical Illness Insurance?

- You –All Eligible Full-Time Employees.
- Your Spouse –Coverage available only if employee coverage elected
- Your Child(ren)–to age 26. Coverage available only if employee coverage elected

Conditions	Employee Benefit Amount: \$10,000-\$40,000	
	Spouse Benefit Amount: \$10,000-\$40,000	
	Child(ren) Benefit Amount: \$5,000 - \$20,000	
	1st Occurrence	2nd Occurrence
Cancer		
Invasive Cancer	100%	100%
Non-Invasive Cancer	25%	25%
Other Conditions		
Major Organ Failure	100%	100%
Benign Brain or Spinal Cord Tumor	100%	N/A
Coma	100%	N/A
Cardiac Conditions		
Heart Attack (STEMI)	100%	100%
Heart Attack (NSTEMI)	25%	25%
Sudden Cardiac Arrest	100%	100%
Organ Failure		
End Stage Kidney Failure	100%	100%
Major Organ Failure	100%	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

Sun Life



Monthly premiums are calculated based on age. No underwriting required; you can enroll in this coverage without completing an Evidence of Insurability.

Employee	\$10,000	\$20,000	\$30,000	\$40,000
<25	\$4.50	\$9.00	\$13.50	\$18.00
25-29	\$4.50	\$9.00	\$13.50	\$18.00
30-34	\$5.50	\$11.00	\$16.50	\$22.00
35-39	\$6.90	\$13.80	\$20.70	\$27.60
40-44	\$9.50	\$19.00	\$28.50	\$38.00
45-49	\$12.90	\$25.80	\$38.70	\$51.60
50-54	\$17.80	\$35.80	\$53.70	\$71.60
55-59	\$24.20	\$48.40	\$72.60	\$96.80
60-64	\$29.50	\$59.00	\$88.50	\$118.00
65-69	\$39.10	\$78.20	\$117.30	\$156.40
70-74	\$51.60	\$103.20	\$154.80	\$206.40
75+	\$51.60	\$103.20	\$154.80	\$206.40
Spouse	\$10,000	\$20,000	\$30,000	\$40,000
<25	\$4.50	\$9.00	\$13.50	\$18.00
25-29	\$4.50	\$9.00	\$13.50	\$18.00
30-34	\$5.50	\$11.00	\$16.50	\$22.00
35-39	\$6.90	\$13.80	\$20.70	\$27.60
40-44	\$9.50	\$19.00	\$28.50	\$38.00
45-49	\$12.90	\$25.80	\$38.70	\$51.60
50-54	\$17.80	\$35.80	\$53.70	\$71.60
55-59	\$24.20	\$48.40	\$72.60	\$96.80
60-64	\$29.50	\$59.00	\$88.50	\$118.00
65-69	\$39.10	\$78.20	\$117.30	\$156.40
70-74	\$51.60	\$103.20	\$154.80	\$206.40
75+	\$51.60	\$103.20	\$154.80	\$206.40
Child(ren)	\$5,000	\$10,000	\$15,000	\$20,000
	\$0.35	\$0.70	\$1.05	\$1.40

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

Transamerica



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

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



Low Cancer

	Monthly Premium
Employee Only	\$21.37
Employee & Spouse	\$38.15
Employee and Child(ren)	\$24.03
Employee and Family	\$38.15

High Cancer

	Monthly Premium
Employee Only	\$32.30
Employee & Spouse	\$58.10
Employee and Child(ren)	\$36.58
Employee and Family	\$58.10

Identity Theft Protection

LifeLock



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

Ultimate Identity Protection Includes:

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

Standard Identity Protection Includes:

- LifeLock Identity Alert System
- Lost Wallet Protection
- Address Chage Verification
- Black Market Website Surveillance
- Reduced Pre-Approved Credit Card Offers
- Live Member Support 24/7/365
- Certified Resolution Support
- \$1 Million Total Service Guarantee

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.

Permanent Life & 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 Benefits for Long-Term Care

For a \$50,000 policy, your benefits might pay like this:

\$50,000	You can collect 4% of your benefit amount per month for up to 25 months to help pay for long-term care services.
+\$50,000	Plus, if you collect benefits for LTC, your full death benefit can still be paid to beneficiaries.
+\$50,000	Plus, you can extend your benefits for LTC an extra 25 months, up to 50 total months.
\$150,000	Total Maximum Benefit!

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

- Coverage up to \$250,000
- **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 a doctor determines your life expectancy is 24 months or less.
- **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.

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 Deductible
- Easy Claim Process
- No Health Questions
- Coverage available for Spouses and Dependents 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	

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.

Contacts

Benefit	Carrier	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	Sun Life	800-247-6875	www.sunlife.com/us
Vision	Sun Life	800-247-6875	www.sunlife.com/us
Group Life	Lincoln Financial	877-275-5462	lincolnfinancial.com
Voluntary Life	Lincoln Financial	877-275-5462	lincolnfinancial.com
Educators Disability	The Standard	1-800-368-1135	www.standard.com
Accident	Sun Life	800-247-6875	www.sunlife.com/us
Cancer	Transamerica	888-763-7474	www.transamerica.com
Critical Illness	Sun Life	800-247-6875	www.sunlife.com/us
Hospital Indemnity	Sun Life	800-247-6875	www.sunlife.com/us
Permanent Life + Long Term Care	Chubb	1-855-241-9891	www.chubb.com
Identity Theft Protection	LifeLock	1-800-607-9174	My.norton.com
Medical Transport	MASA	954-758-9833	www.masamts.com

Benefit Website <https://wichitafallsisd.mybenefitsinfo.com>

Wichita Falls ISD
Lisa Bean | Benefit Administrator
lbean@wfid.net



Wichita Falls ISD

Benefits Guide 2025 - 2026

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 a 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.

