

EMPLOYEE Benefits Guide

2024-2025 Plan Year
Jacksboro ISD



Jacksboro

Independent School District

www.jacksboroisd.net



Employee Benefits
Services Group.

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WELCOME

Jacksboro Independent School District's 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:

August 1st – August 16th

In-Person Open Enrollment:

August 14th 9 a.m. - 4 p.m. Location: JHS - Library Computer Lab.

WHAT'S NEW IN 2024!

1. In-person enrollers are back!
2. TRS ActiveCare medical Insurance rate changes.
3. Group Life and AD&D benefit is increasing from \$10,000 to \$20,000!

HOW TO ENROLL

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

Step 1 - LOGIN PORTAL

Go to: <https://app.thebeaconselect.com/JacksboroISD>

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

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 of the date of the event. If you submit a qualifying event more than 30 days after the event, the change is subject to carrier approval.

Medical Plan: ACTIVECARE PRIMARY



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	\$117
Employee + Spouse	\$954
Employee + Children	\$462
Employee + Family	\$1,298

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 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	\$202
Employee + Spouse	\$1,126
Employee + Children	\$606
Employee + Family	\$1,530

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



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	\$121	
Employee + Spouse	\$965	
Employee + Children	\$469	
Employee + Family	\$1,312	

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



* 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	\$638	
Employee + Spouse	\$2,027	
Employee + Children	\$1,132	
Employee + Family	\$2,466	

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.

Telemedicine

HealthJoy

With telemedicine services, you get the health care you need anytime, anywhere, through a nationwide network of U.S. Board Certified Doctors & Pediatricians.

Telemedicine services make it fast and easy to visit a doctor. Telemedicine is not a replacement for your primary care physician or specialist, but it's great for non-emergency care, especially when the doctor's office is closed, or you can't get to an urgent care center.

Common Conditions Treated

Abrasions	Sore Throat	Nausea
Allergies	Fever	Pinkeye
Asthma	Cold & Flu	Earache

CONTACT

Carrier	HealthJoy
Phone	877-500-3212
Website	HelthJoy.com

Online Medical Consultations

Simple. Convenient. Affordable.

HealthJoy is an easy and trusted way for adults and children to request visits with board-certified medical providers on demand for minor illnesses and injuries.

Get the care you need, when and where you need it by using the HealthJoy app- 24/7/365.

When to use HealthJoy Online Medical Consultations:

IT'S THE MIDDLE OF THE NIGHT.

Illness and injury often happen at inconvenient times, so HealthJoy offers care 24/7/265.

YOU'RE TRAVELING.

Get diagnosed and have a prescription sent to a local pharmacy nearby. Wherever life takes you.

YOU'RE NOT FEELING YOUR BEST.

Their medical team can diagnose common medical concerns and offer personalized care.

YOU NEED A SHORT-TERM PERSCRIPTION.

HealthJoy providers can send new prescriptions and short-term refills to your pharmacy.

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.

How to Download and Activate HealthJoy



To get started, just download the app and activate your account. HealthJoy is the first stop for all your healthcare and employee benefits needs.

1. Download the App

Download, install, and log into the HealthJoy app. The app is available for Android, iPhone, and iPad. Just click the download button at the end of the setup process and you'll be taken to our app within your smartphone's app store.

2. Sign Up

To activate, click "Sign Up" within the HealthJoy app. Type in your work email address to receive a new activation email. Open the email and click the "Get Started" button.

3. Create Password

You'll be taken to a web page asking you to create a password that is at least eight characters.

4. Add Family Members

Adding family members is free, and we encourage you to invite all members of your immediate family who are over 18 years old. They will get access to all the same services including free healthcare concierges and medical professionals.

5. Log In

Log into the app with your email address and the password you created. JOY, your virtual healthcare assistant, will welcome you to the app. You can start using the app within seconds.

If you have any other issues with activation or logging into the Healthjoy system, you can call or email at:

(877)-500-3212

support@healthjoy.com

HEALTH SAVINGS ACCOUNT

EECU

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.

Health Savings Account

EECU

An EECU Health Savings Account (HSA) enables you to save and conveniently pay for qualified medical expenses while you earn tax-free interest and pay no monthly service fees.

Opening an HSA provides both immediate and long-term benefits. The money in your HSA is yours even if you change jobs, switch your health plan, or retire. Your unused HSA balance rolls over from year to year. And, best of all, HSAs allow for tax-free deposits, tax-free earnings and tax-free withdrawals (for qualified medical expenses). Also, after age 65, you can withdraw funds from your HSA penalty-free.

- **Benefits**
- **Save money tax-free for healthcare expenses** - contributions are not subject to federal income taxes and can be made by you, your employer or a third party
- **No monthly service fee** - so you can save more
- **Competitive Dividends** paid on your entire HSA balance, so you can earn more
- **Free EECU HSA Debit Mastercard®** to conveniently pay for your qualified healthcare expenses. (HSA checks are also available upon request.)
- **Free Online & Mobile Banking and Free Bill Pay & Mobile Deposit** to manage your account from anywhere, at anytime
- **Comprehensive service and support** – to assist you in optimizing your healthcare saving and spending
- **Federally insured by NCUA** – to at least \$250,000

Have a question?

Online/Mobile: Log in for 24/7 account access to check your balance, pay bills and more.

Call/Text: (817) 882-0800. Our dedicated member service representatives are available to assist you with any questions. Our hours of operation are Monday through Friday from 8:00 a.m. to 7:00 p.m. CT, Saturday 9:00 a.m. – 1:00 p.m. CT and closed on Sunday.

Lost/Stolen Debit Card: Call our 24/7 debit card hotline at (800) 333-9934.

Stop by: a local EECU financial center for in-person assistance; find EECU locations & service hours at

www.eecu.org/locations.

- ✓ Requires a qualifying high deductible health plan (HDHP)
- ✓ Used to pay for qualified medical expenses
- ✓ Account funds belong to you

FLEXIBLE SPENDING ACCOUNT



TASC

WHAT ARE THE BENEFITS OF AN FSA?

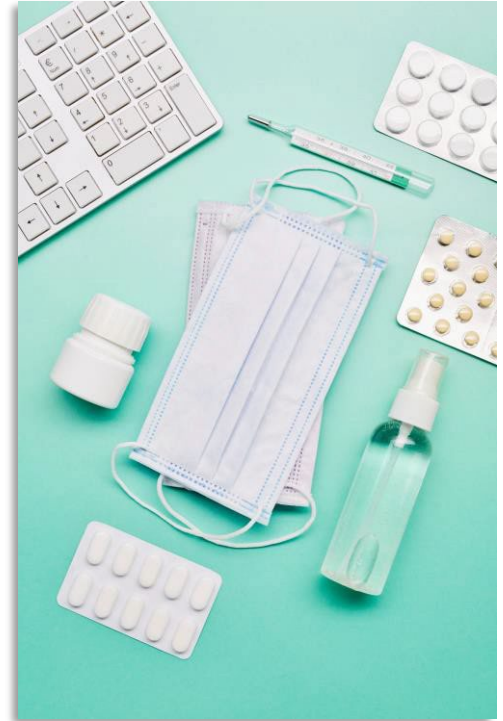
Flexible Spending Accounts are pre-tax, payroll deductions for healthcare reimbursement and/or Dependent Care reimbursement plans, which do NOT rollover from year to year.

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 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.

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



MetLife

MetLife	High Plan	
	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)	Single \$50	Family \$150
Annual Maximum Benefit (per Individual)	\$1,750	
Orthodontia Lifetime Maximum (Child to age 19)	\$1,000	
Employee Monthly Cost		
Employee	\$33.13	
Employee + Spouse	\$63.33	
Employee + Children	\$80.64	
Employee + Family	\$110.93	

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



MetLife

MetLife	Low Plan	
	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	90% Covered	90% Covered
Basic Services	50% Covered	50% Covered
Major Services	50% Covered	50% Covered
Orthodontia Services	50% Covered	50% Covered
Cost Sharing Highlights		
Deductible (Preventative Waived)	Single \$50	Family \$150
Annual Maximum Benefit (per Individual)	\$1,750	
Orthodontia Lifetime Maximum (Child to age 19)	\$1,000	
Employee Monthly Cost		
Employee	\$19.10	
Employee + Spouse	\$36.57	
Employee + Children	\$46.39	
Employee + Family	\$63.96	

Once you're enrolled you may take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

To register, just go to www.metlife.com/mybenefits and follow the easy registration instructions.

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 150	
	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	
Vision Services		
Eye Exam	\$10 Copay	Up to \$30
Provider Frames	Up to \$150 + 20% off Balance	Up to \$80
Standard Plastic Lenses	\$10 Copay	Up to \$25-\$100
Elective Contact Lenses	Up to \$150 + 15% off Balance	Up to \$128
Medically Necessary Contact Lenses	Covered in Full	Up to \$210
Vision Service Frequency		
Eye Exam	Once Every 12 Months	
Frames	Once Every 12 Months	
Contacts	Once Every 12 Months	
Employee Monthly Cost		
Employee	\$8.54	
Employee + Spouse	\$14.58	
Employee + Children	\$15.43	
Family	\$23.14	

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, **Jacksboro ISD** pays the full cost of the coverage. In addition, you may designate anyone as your beneficiary.

Lincoln	Basic Life / AD&D Plan
General Plan Information	
Eligibility	All Full-Time Employees
Who Pays For Coverage	Employer
Basic Life Benefit	
Benefit Amount	\$20,000
Benefit Age Reduction	
At Age 70	50%

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE Voluntary Life/AD&D Insurance Plan

While **Jacksboro 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 \$10,000, \$20,000, \$30,000, \$40,000, \$50,000 up to \$500,000. 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 \$250,000 (cannot exceed 50% 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	Lincoln - rates per \$1,000	
Age	Employee	Spouse
Age 25-29	\$0.090	\$0.090
Age 30-34	\$0.110	\$0.110
Age 35-39	\$0.130	\$0.130
Age 40-44	\$0.180	\$0.180
Age 45-49	\$0.280	\$0.280
Age 50-54	\$0.440	\$0.440
Age 55-59	\$0.700	\$0.700
Age 60-64	\$0.870	\$0.870
Age 65-69	\$1.490	\$1.490
Dependent Child	\$0.100, per \$1,000 - \$10,000 Benefit	

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: \$150,000 (Employee) and \$50,000 (Spouse)

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%) 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 62	60 Months	Age 66	21 Months
Age 63	36 Months	Age 67	18 Months
Age 64	30 Months	Age 68	15 Months
Age 65	24 Months	Age 69 & Over	12 Months

Disability Insurance Premium Costs (Rates per \$200 of Monthly Benefit)

Benefit Elimination Period (Accident/Sickness)						
	0/7	14/14	30/30	60/60	90/90	180/180
Benefits become Payable	1st Day Hospitalization Benefit			N/A	N/A	N/A
	\$6.74	\$5.96	\$5.04	\$3.28	\$2.82	\$2.06

- Coverage is available in increments of \$100 from \$200 to \$8,000. Benefits are paid year-round, regardless of employee's summer or holiday breaks, Maternity is covered the same as illness.
- **PRE-EXISTING CONDITION WAIVER:** Benefits may be paid up to 90 days even if you have a preexisting condition on elections of \$300 or more and have elected the 0-, 14- or 30-day period. See preexisting condition exclusion and waiver for more information.

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



Accident

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.

MetLife	MetLife		
General Plan Information			
Who Pays For Coverage	Employees		
Dependent Age Limit	26		
Accident Benefit			
Accident Death Benefit Amount	Employee \$60,000	Spouse \$30,000	Child \$12,000
Plan Type	High Plan		
Sample of Covered Services			
Hospital Admission	\$1,500		
Intensive Care Unit Admission	\$1,500		
Air Ambulance	\$2,000		
Ambulance	\$600		
Accident Emergency Treatment	\$300		
Concussion	\$500		
Rib Fracture	\$2,000		
Employee Monthly Cost			
Employee	\$15.02		
Employee + Spouse	\$22.29		
Employee + Children	\$30.10		
Employee + Family	\$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

Colonial

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



Cancer Screening/Wellness Benefit

\$100 Benefit on the high plan and a \$75 benefit on the low plan

Cancer screening test is defined as:



- Biopsy of skin lesion;
- Bone marrow aspiration/biopsy;
- Breast ultrasound;
- CA 15-3 (blood test for breast cancer);
- CA 125 (blood test for ovarian cancer);
- CEA (blood test for colon cancer);
- Chest X-ray;
- Colonoscopy;

- Flexible sigmoidoscopy;
- Hemocult stool analysis;
- Mammography;
- Pap smear;
- PSA (blood test for prostate cancer);
- Serum Protein Electrophoresis (blood test for myeloma);
- Thermography;
- ThinPrep Pap test;
- Virtual Colonoscopy.

Low Cancer	Monthly Premium
Employee Only	\$22.55
Employee and Family	\$37.50

High Cancer	Monthly Premium
Employee Only	\$29.15
Employee and Family	\$48.45

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CRITICAL ILLNESS COVERAGE



MetLife

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.

WHO IS ELIGIBLE FOR CRITICAL ILLNESS INSURANCE?

- **You** – Active Full-Time Employees
- **Your Spouse** – Coverage available only if employee coverage elected
- **Your Child(ren)** – To age 26. Coverage is available only if employee coverage is elected.

MetLife			
General Plan Information			
Who Pays For Coverage	Employee		
Critical Illness Benefit	Employee	Spouse	Child(ren)
Benefit Amount	\$5,000 \$10,000 \$15,000 up to \$40,000	100% of the Employee's Initial Benefit	100% of the Employee's Initial Benefit
Conditions	1st Occurrence		2nd Occurrence
Cancer (Invasive)	100%		50%
Heart Attack	100%		50%
Kidney Failure	100%		0%
Stroke	100%		50%
Cancer (Non-Invasive)	100%		50%
Major Organ Transplant	100%		0%
Severe Burn	100%		50%


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CRITICAL ILLNESS COVERAGE

MetLife

WHO IS ELIGIBLE FOR CRITICAL ILLNESS INSURANCE?

- **You** – Active Full-Time Employees
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MetLife				
Monthly Rates	Per \$1,000 of Coverage			
Attained Age:	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
Under 30	\$0.57	\$1.14	\$0.89	\$1.45
30-39	\$0.79	\$1.53	\$1.10	\$1.85
40-49	\$1.35	\$2.62	\$1.67	\$2.94
50-59	\$2.23	\$4.60	\$2.55	\$4.92
60-69	\$3.43	\$7.44	\$3.74	\$7.75
70+	\$5.48	\$12.08	\$5.79	\$12.39
Health Screening Benefit \$50				

❖ Health Screening Benefit

Your Accident, Critical Illness, and Hospital Indemnity Insurance coverage from MetLife provides a health screening benefit for covered screenings and tests. Everyone who's enrolled – you, your spouse, and dependent children can earn a benefit just for taking care of his or her health.

Claiming your Health Screening Benefit is as simple as 1-2-3.

1. Call **1-800-GET-MET8**. (800-438-6388)
2. **Provide a few details**, including:
 - The healthcare provider's name, address, and phone number
 - The screening/test and the date it was completed
 - Address where the test/screening was performed
3. **Receive your HSB payment.** (Checks are typically issued within a few business days once your claim has been processed)

You can submit multiple claims for your spouse or dependent children, all on one call.

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HOSPITAL INDEMNITY



MetLife

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.

With MetLife, you'll have a choice of a comprehensive plan which provides lump sum cash payments for covered events regardless of any other payments you may receive from your medical plan.

Benefit	
Intensive Care Confinement Benefit	\$200/Day – 30 days per Year
Daily Hospital Confinement Benefit	\$100/Day – 30 days per Year
Hospital Admission Benefit	\$1,000 – 4 Admission per Year
Wellness Benefit	\$50 per Year per Participant

Plan 1	Monthly Premium
Employee Only	\$19.13
Employee & Spouse	\$34.42
Employee and Child(ren)	\$29.05
Employee and Family	\$44.35



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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

- Available to employees on a **guaranteed issue** basis up to \$215,000 (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 a doctor determines your life expectancy is 12 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.

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	
Escort Transportation	Worldwide	

Review the summary plan for complete list of benefits



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.

IDENTITY THEFT PROTECTION

Aura

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

COMPREHENSIVE IDENTITY PROTECTION

- Safe browsing: Anti-ransomware & anti-malware
- \$5M Insurance Policy
- 401k & HSA reimbursement
- Compromised credentials
- Auto-on monitoring
- High-risk transaction alerts
- Bank account transaction monitoring
- Address monitoring
- Criminal record monitoring
- Fictitious identity monitoring
- Home title monitoring
- Sex offender monitoring
- Dark web monitoring
- Human-sourced intelligence
- Lost Wallet protection
- Risk Management score

POWERFUL FINANCIAL TOOLS

- 1-Bureau credit monitoring. 3-Bureau credit monitoring for Premier
- Monthly credit score
- Credit score tracker
- Security freeze assistance
- Near real-time alerts
- Student loan activity alerts

BEST-IN-CLASS CUSTOMER CARE

- 24/7/365 100% US-based Customer Care
- End-to-end remediation
- Online Resolution Tracker
- Mobile App

Monthly Premiums

Plan	Individual	Family
Total	\$7.90	\$13.90
Premier	\$9.85	\$17.85

̄URA | IDENTITY
GUARD

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.

CARRIER CONTACTS

CARRIER	BENEFIT	PHONE	WEBSITE
TRS ActiveCare - BCBS	Medical	1-866-355-5999	trs.texas.gov
HealthJoy	Telemedicine	877-500-3212	www.healthjoy.com
EECU	Health Savings Account	817-882-0800	eeecu.org
TASC	Flexible Spending Account	1-800-422-4661	www.tasconline.com
MetLife	Dental	1-800-942-0854	www.metlife.com
MetLife	Accident, Critical Illness, and Hospital Indemnity	1-800-438-6388	www.metlife.com
Humana	Vision	1-800-233-4013	humana.com
Lincoln	Voluntary Life	877-275-5462	lincolnfinancial.com
Lincoln	Employer Paid Group Life	877-275-5462	lincolnfinancial.com
Colonial	Cancer	800-325-4368	coloniallife.com
The Standard	Disability	1.800.368.1135	www.standard.com
Chubb	Permanent Life Insurance and Long-Term Care	1-866-324-8222	chubb.com
Masa	Medical Transport	954-758-9833	www.masamts.com
Aura	Identity Protection	1-844-931-2872	www.aura.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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