



EMPLOYEE BENEFITS

2019 — 2020 PLAN YEAR

CONTACTS

If you have any questions regarding your 2019 – 2020 benefit elections, please contact Professional Enrollment Concepts' Benefits Services Center. You may also contact the providers at their given contact methods below.



BENEFITS SERVICES CENTER **(866) 332-1287**

Monday – Friday: 8:00am – 7:00pm CST
Saturday: 9:00am – 3:00pm CST



BROKER
FBMC Benefits Management
(800) 872-0345

MEDICAL

Aetna-TRS
(800) 222-9205
www.tractivecare.aetna.com

DENTAL

Humana
Group: #673256
(800) 233-4013
www.humana.com

VISION

Superior Vision
Group: #327500
(800) 507-3800
www.superiorvision.com

ACCIDENT

Guardian
Group: #552019
(800) 541-7846
www.guardiananytime.com

HSA / FSA / COBRA

Discovery Benefits
Group: #32649
(866) 451-3399
www.discoverybenefits.com

BASIC LIFE / AD&D VOLUNTARY LIFE DISABILITY

OneAmerica
Group: #618696
(800) 553-5318
www.employeebenefits.aul.com

HOSPITAL INDEMNITY

MetLife
Group: #174572
(800) 438-6388
www.metlife.com

UNIVERSAL LIFE CRITICAL ILLNESS

Trustmark
(866) 332-1287
www.trustmarksolutions.com

MASA

MASA Global
Emergency Assis.: (800) 643-9023
Customer Serv.: (800) 423-3226
www.masaglobal.com

LEGALSHIELD IDSHIELD

LegalShield
(903) 533-9123
www.mylegalshieldusa.com

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INTRODUCTION

Longview ISD will be utilizing Professional Enrollment Concepts' (PEC) services for our benefit communication and enrollment this year. PEC's Benefit Counselors will provide you with a detailed explanation of your entire benefit program. They will review your benefits with you on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.

Each year, we strive to offer comprehensive and competitive benefit plans to our employees. In the following pages, you will find a summary of our **benefit plan for September 1 to August 31**. Please read this Guidebook carefully as you prepare to make your elections for the 2019 – 2020 Plan Year.

This Benefits Guidebook describes the highlights of Longview ISD's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information in this guidebook. If there is any discrepancy between the description of the program elements as contained in this Benefits Guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Any and all elements of Longview ISD's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules or otherwise as decided by Longview ISD.

How to Enroll

To enroll in your benefits as a new hire or to make changes during open enrollment call PEC at (866) 332-1287 to speak with a Benefit Counselor.

Before you speak with a Benefit Counselor, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.



**Benefits Services Center
(866) 332-1287**

Monday – Friday: 8:00am – 7:00pm CST
Saturday: 9:00am – 3:00pm CST



ELIGIBILITY

HIPAA (Health Insurance Portability and Accountability Act) requires that we comply with certain privacy issues in order for us to assist you in the future with any claims issues, we will require written authorization from you on a carrier specific form.

Eligibility

Longview ISD provides Full-Time Team Members who work a minimum of 20 hours per week, and are at least age 18 the opportunity to purchase the following benefits for you and your eligible dependents: Medical, Dental, Vision, Basic and Voluntary Life, Accidental Death & Dismemberment (AD&D), Voluntary Short Term Disability (VSTD) and Voluntary Long Term Disability (VLTD). All part-time employees who are actively at work and are scheduled to work at least 5 hours weekly are eligible for the Basic Life and AD & D benefit.

Benefit Coverage

Benefits are available the first of the month following your date of hire.

Pre-Existing Conditions

Pre-existing conditions may apply to some lines of coverage. Pre-existing condition exclusions on enrollees of any age no longer apply to the medical plans.

Termination of Coverage

If you terminate your employment with Longview ISD all of your benefits will terminate the last day of the month employed.

Important!

Remember that you are “locked in” to your benefit election for the next plan year unless you have a change in family status. Some examples of this would include:

- **Marriage or Divorce**
- **Birth or Adoption**
- **Death of a Dependent**
- **Loss or Gain of Spouse’s Employment**
- **CHIPRA (Children’s Health Insurance Program Reauthorization Act)**

Changes may **NOT** be made during the year UNLESS there is a change in family status! Coverage will begin on the first of the month following the date the event occurs provided the completed enrollment form and applicable supporting documents are received by HR within 30 days of the event (except for CHIPRA—60 days to notify HR).



MEDICAL INSURANCE

Nobody plans on getting sick or hurt, but most people will need Medical Care at some point in their lives.



Longview ISD offers three choices for health insurance. These plans have different levels of copays, deductibles, and out-of-pocket maximums. To make an informed decision, please continue reading for brief descriptions of your coverage options.

The Medical program, administered by Aetna-TRS, provides the framework for your health and well-being. To better meet the varying needs of our employees, Longview ISD offers the following Medical plans.

2019–20 TRS-ActiveCare Plan Highlights

Effective Sept. 1, 2019 through Aug. 31, 2020 | In-Network Level of Benefits¹



| Medical Coverage | TRS-ActiveCare 1-HD | TRS-ActiveCare Select/ TRS-ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance) | TRS-ActiveCare 2 NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees. |
|--|--|---|--|
| Deductible (per plan year) | | | |
| In-Network | \$2,750 employee only/\$5,500 family | \$1,200 individual/\$3,600 family | \$1,000 individual/\$3,000 family |
| Out-of-Network | \$5,500 employee only/\$11,000 family | Not applicable. This plan does not cover out-of-network services except for emergencies. | \$2,000 individual/\$6,000 family |
| Out-of-Pocket Maximum (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum) | The individual out-of-pocket maximum only includes covered expenses incurred by that individual. | | |
| In-Network | \$6,750 individual/\$13,500 family | \$7,900 individual/\$15,800 family | \$7,900 individual/\$15,800 family |
| Out-of-Network | \$20,250 individual/\$40,500 family | Not applicable. This plan does not cover out-of-network services except for emergencies. | \$23,700 individual/\$47,400 family |
| Coinsurance | | | |
| In-Network Participant pays (after deductible) | 20% | 20% | 20% |
| Out-of-Network Participant pays (after deductible) | 40% of allowed amount unless otherwise noted | Not applicable. This plan does not cover out-of-network services except for emergencies. | 40% of allowed amount unless otherwise noted |
| Office Visit Copay Participant pays | 20% after deductible | \$30 copay for primary \$70 copay for specialist | \$30 copay for primary \$70 copay for specialist |
| Diagnostic Lab Participant pays | 20% after deductible | 20% after deductible (Kelsey Select-plan pays 100%) | 20% after deductible |
| Preventive Care See below for examples | Plan pays 100% | Plan pays 100% | Plan pays 100% |
| Teladoc® Physician Services | \$40 consultation fee (counts toward deductible and out-of-pocket maximum) | Plan pays 100% | Plan pays 100% |
| High-Tech Radiology (CT scan, MRI, nuclear medicine) Participant pays | 20% after deductible | \$100 copay plus 20% after deductible | \$100 copay plus 20% after deductible |
| Inpatient Hospital Facility Charges Only (preauthorization required) | | | |
| In-Network | 20% after deductible | \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission) | \$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year) |
| Out-of-Network | Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess over the \$500 per day cap | Not applicable. This plan does not cover out-of-network services except for emergencies. | Plan pays up to \$500 per day cap of covered charges after deductible; you pay the excess of over the \$500 per day cap |
| Urgent Care | 20% after deductible | \$50 copay per visit | \$50 copay per visit |
| Freestanding Emergency Room Participant pays | \$500 copay per visit plus 20% after deductible | \$500 copay per visit plus 20% after deductible | \$500 copay per visit plus 20% after deductible |
| Emergency Room (true emergency use) Participant pays | 20% after deductible | \$250 copay plus 20% after deductible (copay waived if admitted) | \$250 copay plus 20% after deductible (copay waived if admitted) |
| Outpatient Surgery Participant pays | 20% after deductible | \$150 copay per visit plus 20% after deductible | \$150 copay per visit plus 20% after deductible |
| Bariatric Surgery (only covered if performed at an IOQ facility) Physician charges; Participant pays | \$5,000 copay (does apply to out-of-pocket maximum) plus 20% after deductible | Not covered | \$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible |
| Annual Vision Examination (one per plan year; performed by an ophthalmologist or optometrist) Participant pays | 20% after deductible | \$70 copay for specialist | \$70 copay for specialist |
| Annual Hearing Examination Participant pays | 20% after deductible | \$30 copay for primary \$70 copay for specialist | \$30 copay for primary \$70 copay for specialist |

Preventive Care

Some examples of preventive care frequency and services:

- **Routine physicals** – annually age 12 and over
- **Mammograms** – one every year age 35 and over
- **Smoking cessation counseling** – eight visits per 12 months

- **Well-child care** – unlimited up to age 12
- **Colonoscopy** – one every 10 years age 45 and over
- **Healthy diet/obesity counseling** – unlimited to age 22; age 22 and over – 26 visits per 12 months

- **Well woman exam & pap smear** – annually age 18 and over
- **Prostate cancer screening** – one per year age 50 and over
- **Breastfeeding support** – six lactation counseling visits per 12 months

Note: Covered services under this benefit must be billed by the provider as “preventive care.” Non-network preventive care is not paid at 100%. If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the TRS-ActiveCare 1-HD and TRS-ActiveCare 2. There is no coverage for non-network services under the TRS-ActiveCare Select plan or TRS-ActiveCare Select Whole Health. For more information, please view the Benefits Booklet at www.tractivecareatna.com.

TRS-ActiveCare is administered by Aetna Life Insurance Company. Aetna provides claims payment services only and does not assume any financial risk or obligation with respect to claims. Prescription drug benefits are administered by Caremark.

2019–20 TRS-ActiveCare Plan Highlights

| Prescription Coverage | TRS-ActiveCare 1-HD | TRS-ActiveCare Select/ ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott and White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance) | TRS-ActiveCare 2 NOTE: If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan. However, as of Sept. 1, 2018, TRS-ActiveCare 2 is closed to new enrollees. |
|--|--|---|--|
| Drug Deductible (per person, per plan year) | Must meet plan-year deductible before plan pays. ² | \$0 generic; \$200 brand | \$0 generic; \$200 brand |
| Short-Term Supply at a Retail Location (up to a 31-day supply) | | | |
| Tier 1 – Generic | 20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%. ² | \$15 copay | \$20 copay |
| Tier 2 – Preferred Brand | 25% coinsurance after deductible ³ | 25% coinsurance (min. \$40 ⁴ ; max. \$80) ³ | 25% coinsurance (min. \$40 ⁴ ; max. \$80) ³ |
| Tier 3 – Non-Preferred Brand | 50% coinsurance after deductible ³ | 50% coinsurance ³ | 50% coinsurance (min. \$100 ⁴ ; max. \$200) ³ |
| Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location (60- to 90-day supply) ⁵ | | | |
| Tier 1 – Generic | 20% coinsurance after deductible | \$45 copay | \$45 copay |
| Tier 2 – Preferred Brand | 25% coinsurance after deductible ³ | 25% coinsurance (min. \$105 ⁴ ; max. \$210) ³ | 25% coinsurance (min. \$105 ⁴ ; max. \$210) ³ |
| Tier 3 – Non-Preferred Brand | 50% coinsurance after deductible ³ | 50% coinsurance ³ | 50% coinsurance (min. \$215 ⁴ ; max. \$430) ³ |
| Specialty Medications (up to a 31-day supply) | | | |
| Specialty Medications | 20% coinsurance after deductible | 20% coinsurance | 20% coinsurance (min. \$200 ⁴ ; max. \$900) |
| Short-Term Supply of a Maintenance Medication at Retail Location (up to a 31-day supply) | | | |
| The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy, they will be charged the coinsurance and copays in the rows below. Participants can save more over the plan year by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location. | | | |
| Tier 1 – Generic | 20% coinsurance after deductible | \$30 copay | \$35 copay |
| Tier 2 – Preferred Brand | 25% coinsurance after deductible ³ | 25% coinsurance (min. \$60 ⁴ ; max. \$120) ³ | 25% coinsurance (min. \$60 ⁴ ; max. \$120) ³ |
| Tier 3 – Non-Preferred Brand | 50% coinsurance after deductible ³ | 50% coinsurance ³ | 50% coinsurance (min. \$105 ⁴ ; max. \$210) ³ |

What is a maintenance medication?

Maintenance medications are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

When does the convenience fee apply?

For example, if you are covered under TRS-ActiveCare Select, the first time you fill a 31-day supply of a generic maintenance drug at a retail pharmacy you will pay \$15, then you will pay \$30 each month that you fill a 31-day supply of that generic maintenance drug at a retail pharmacy. A 90-day supply of that same generic maintenance medication would cost \$45, and you would save \$180 over the year by filling a 90-day supply.

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician.

¹ Illustrates benefits when in-network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the TRS-ActiveCare Select or TRS-ActiveCare Select Whole Health Plan; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which may be considerable.

² For TRS-ActiveCare 1-HD, certain generic preventive drugs are covered at 100%. Participants do not have to meet the deductible (\$2,750 – individual, \$5,500 – family) and they pay nothing out of pocket for these drugs. Find the list of drugs at info.caremark.com/trsactivecare.

³ If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

⁴ If the cost of the drug is less than the minimum, you will pay the cost of the drug.

⁵ Participants can fill 32-day to 90-day supply through mail order.

Medical Premiums

| | Per Paycheck Deductions: ActiveCare 1-HD | | |
|-----------------------|--|-----------|------------|
| | Monthly | Custodian | Café / Bus |
| Employee Only | \$153.00 | \$76.5 | \$102.00 |
| Employee + Spouse | \$841.00 | \$420.50 | \$560.67 |
| Employee + Child(ren) | \$497.00 | \$248.50 | \$331.33 |
| Family | \$1,190.00 | \$595.00 | \$793.33 |

| | Per Paycheck Deductions: ActiveCare Select | | |
|-----------------------|--|-----------|------------|
| | Monthly | Custodian | Café / Bus |
| Employee Only | \$331.00 | \$165.50 | \$220.67 |
| Employee + Spouse | \$1,142.00 | \$571.00 | \$761.33 |
| Employee + Child(ren) | \$677.00 | \$338.50 | \$451.33 |
| Family | \$1,493.00 | \$746.50 | \$995.33 |

| | Per Paycheck Deductions: ActiveCare 2 | | |
|-----------------------|---------------------------------------|------------|------------|
| | Monthly | Custodian | Café / Bus |
| Employee Only | \$627.00 | \$313.50 | \$418.00 |
| Employee + Spouse | \$1,795.00 | \$897.50 | \$1,196.67 |
| Employee + Child(ren) | \$1,042.00 | \$521.00 | \$694.67 |
| Family | \$2,164.00 | \$1,082.00 | \$1,442.67 |





HEALTH SAVINGS ACCOUNT (HSA)

EMPLOYEE HANDOUT

THE FASTEST-GROWING HSA ON THE MARKET



ONE ONLINE ACCOUNT, ONE MOBILE APP AND ONE DEBIT CARD FOR ALL OF YOUR BENEFITS



ABILITY TO CHECK BALANCE AND REQUEST DISTRIBUTIONS OR CONTRIBUTIONS ON THE GO



A LOW INVESTMENT THRESHOLD AND ENHANCED INVESTMENT EXPERIENCE



NO SURPRISE PARTICIPANT FEES



TOOLS AND RESOURCES FOR SPENDERS, SAVERS AND INVESTORS

Health Savings Account Overview

A Health Savings Account (HSA) lets you make the most of your earnings by setting aside tax-free dollars for medical, dental and vision expenses. HSAs are individually owned and provide a triple-tax advantage. You can deposit money tax-free, it will grow tax-free until you use it, and your withdrawals are tax-free when used on eligible expenses.

Eligibility

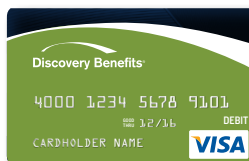
You must be enrolled in a High-Deductible Health Plan (HDHP) to get an HSA, which can be used to pay for out-of-pocket expenses until you've met your deductible, at which point your health plan kicks in. While you can't be enrolled in a general purpose Flexible Spending Account and an HSA at the same time, you can pair an HSA with a Limited FSA.

Spending

The HSA covers qualifying medical, dental and vision expenses. To find out which specific expenses are eligible, view our searchable eligibility list at www.DiscoveryBenefits.com/eligibleexpenses.

Discovery Benefits makes it easy to access your HSA funds with:

- The Discovery Benefits debit card, which can be used to pay for eligible expenses, so you'll reduce your out-of-pocket costs.
- Our mobile app, which provides a fast and secure way to check your balance, track expenses and move funds between your HSA and your bank account.



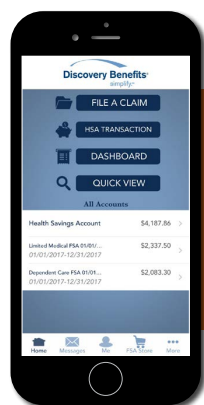
Saving

To take the guesswork out of election decisions, we offer a free savings calculator to help you decide how much to set aside. Calculate your savings today at www.DiscoveryBenefits.com/hsacalculator.

Investing

We make it easy to invest by offering a low HSA investment threshold of \$1,000. Once your HSA reaches that amount, you're able to invest in interest-bearing accounts or mutual funds without ever leaving your online account. View your investment options at www.DiscoveryBenefits.com/hsainvestments.

We also offer an Investment Guidance Tool on your online account to help you determine which investments are right for you. And, since all of your HSA dollars carry over from year to year, HSAs are a valuable long-term investment option.



DOWNLOAD THE APP FOR FREE
ON APPLE AND ANDROID DEVICES



RESOURCES



ELIGIBLE EXPENSE LIST

www.DiscoveryBenefits.com/eligibleexpenses



HSA CALCULATOR

www.DiscoveryBenefits.com/hsacalculator



MOBILE APP VIDEO

www.DiscoveryBenefits.com/mobileappvideo



HSA VIDEOS

www.DiscoveryBenefits.com/hsavideos

Discovery Benefits®

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01/23/18



FLEXIBLE SPENDING ACCOUNT (FSA)

EMPLOYEE HANDOUT

AN FSA THAT SIMPLIFIES SAVINGS

1

ONE ONLINE ACCOUNT, ONE
MOBILE APP AND ONE DEBIT
CARD FOR ALL OF YOUR
BENEFITS



AVERAGE DEBIT CARD
AUTO-SUBSTANTIATION
RATE OF MORE THAN
85 PERCENT



EASY DOCUMENTATION
UPLOADING USING OUR
MOBILE APP



THOUSANDS OF ELIGIBLE
EXPENSES FOR PURCHASE
AT THE FSA STORE

Flexible Spending Account Overview

A Flexible Spending Account (FSA) allows you to budget and save for qualified medical expenses incurred over the course of your plan year. Dollars invested in an FSA are tax-free, and the entire election amount is available on the first day of the plan year. That makes an FSA a great tool for saving money, especially when big expenses are anticipated.

Types of FSAs

Medical FSA

Pair a traditional health plan with a Medical FSA, which covers eligible medical, dental and vision expenses.

Limited FSA

If you have a High-Deductible Health Plan and a Health Savings Account, you're eligible to enroll in a Limited FSA alongside your HSA to maximize savings. These funds can be used for qualifying dental and vision expenses.

Dependent Care Account (DCA)

A DCA allows you to put money aside for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse.

You may receive reimbursement up to the current balance in your account at the time the request is made. To be eligible for a DCA, you and your spouse (if applicable) must work, be looking for work or be full-time students.



Using Funds

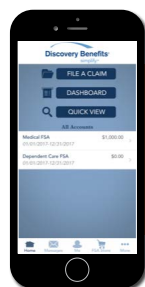
For easy access to your FSA funds, you can swipe your Discovery Benefits debit card and avoid out-of-pocket costs. If you use your card at a provider with an Inventory Information Approval System (IIAS), the expense will automatically be approved at the point of sale. If the card is swiped at a merchant that meets the IRS' 90% rule, you may need to provide documentation to show the expense is eligible.

Eligible Expenses

Common eligible expenses for a Medical FSA are prescriptions, hearing aids, orthopedic goods, doctor visits and dentist visits, while a Limited FSA is limited to dental and vision expenses. A DCA covers expenses such as work-related daycare and elderly care costs. To find out which specific expenses are eligible, view our searchable eligibility list at www.DiscoveryBenefits.com/eligibleexpenses.

Substantiation

The IRS requires FSA participants to provide documentation (e.g. an Explanation of Benefits) to show that an expense is FSA-eligible. You can easily upload documentation to a claim by logging in to your online account or taking a photo of your documentation with your phone's camera and uploading it through the Discovery Benefits mobile app.



DOWNLOAD THE APP FOR FREE
ON APPLE AND ANDROID DEVICES



Discovery Benefits®

www.DiscoveryBenefits.com

RESOURCES



ELIGIBLE EXPENSE LIST

www.DiscoveryBenefits.com/eligibleexpenses



FSA CALCULATOR

www.DiscoveryBenefits.com/fsacalculator



MOBILE APP VIDEO

www.DiscoveryBenefits.com/mobileappvideo



FSA 101 VIDEO

www.DiscoveryBenefits.com/fsa101



FSA STORE

www.DiscoveryBenefits.com/fsastore



01/23/18

HOW IT WORKS

MEDICAL FSA



Pair a traditional health plan with a Medical FSA, which covers eligible medical, dental and vision expenses. The medical expenses must primarily alleviate or prevent a physical or mental defect or illness. **Note:** If you're enrolled in a Health Savings Account (HSA), you're not eligible for a Medical FSA.

Examples of eligible expenses include doctor visits, physical therapy, speech therapy, surgeries, hearing aids, ambulance costs, acupuncture and all Limited FSA eligible expenses.

LIMITED FSA



If you're participating in a High-Deductible Health Plan and an HSA, you're eligible to enroll in a Limited FSA alongside your HSA to maximize savings. These funds can be used for qualifying dental and vision expenses.

Examples of eligible expenses include dental exams, vision exams, prescription glasses, laser-eye surgeries, contact lenses, orthodontics and dentures.

DEPENDENT CARE ACCOUNT (DCA)



A DCA allows you to put money aside for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse. To be eligible for a DCA, you and your spouse (if applicable) must work, be looking for work or be full-time students. You can be enrolled in both an HSA and DCA.

Examples of eligible expenses include preschool and after-school care, daycare providers and summer day camps.

Only those enrolled in an HDHP are eligible to contribute to an HSA, while those with traditional health plans can sign up for a Medical FSA. However, HSA participants can maximize their tax-free savings by combining their HSA with a Limited FSA, which covers dental and vision expenses.

| | HSA | FSA |
|------------------------------|--|---|
| Owner | Employee-owned | Employer-owned |
| Eligibility | Must be enrolled in an HDHP | Anyone is eligible, although you can't be enrolled in both an HSA and a Medical FSA |
| Carryover | All funds can carry over from year to year | Depending on your employer's plan, you may be eligible to carry over up to \$500 per year. Beyond that, any unused funds are forfeit at the end of the plan year |
| Portability | The HSA is portable, so the funds in the account stay with you wherever you go | FSAs are employer-owned accounts, so the funds are forfeit if you change jobs |
| Investment Options | You can invest HSA funds | You cannot invest FSA funds |
| Maximum Contributions (2019) | Self: \$3,500 Self (age 55+): \$4,500 Family: \$7,000 Family (age 55+): \$8,000 | FSA Maximum Reduction: \$2,700 DCFSA Maximum Reduction (single): \$5,000 DCFSA Maximum Reduction (joint): \$5,000 DCFSA Maximum Reduction (married filing separate): \$2,500 |
| Substantiation | You will want to keep all documentation in case you are ever subject of an IRS audit | The IRS requires substantiation for some FSA expenses to show the eligibility of the expense |
| Availability of Funds | Only the funds that have been contributed are available to cover expenses | All funds for the plan year are available on the first day |



EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they **DO NOT!**

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. **ONLY MASA** offers comprehensive coverage since MASA is a **PAYER** and not a **PROVIDER!**

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS** of which provider transports them.

Members are covered **ANYWHERE** in all 50 states and Canada!

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.

Please note: Family coverage includes dependent children up to the age of 21 and dependent children who are student up to the age of 23.



**Any Ground. Any Air.
Anywhere.™**

OUR BENEFITS

| Benefit * | Emergent Plus \$14/Month | Emergent Ground \$9/Month |
|---------------------------------|-----------------------------|------------------------------|
| Emergent Ground Transportation | U.S./Canada | U.S./Canada |
| Emergent Air Transportation | U.S./Canada | |
| Non-Emergent Air Transportation | U.S./Canada | |
| Repatriation | U.S./Canada | |



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the **entire family**
- **NO** deductibles
- **NO** health questions
- **Easy** claims process

EVERY FAMILY DESERVES A MASA MEMBERSHIP

* Please refer to the MSA for a detailed explanation of benefits and eligibility.



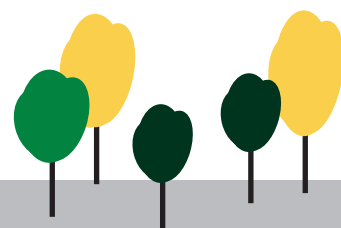
DENTAL

Humana gives you the freedom to choose whether you would like to visit a participating dentist or an out-of-network dentist. There are considerable cost savings when using a dentist who is in the Humana Network. The following is a summary of the major plan provisions.

| | Dental Traditional Plus 09 | |
|---|----------------------------------|----------------------------------|
| | In-Network | Out-of-Network ¹ |
| Annual Deductible | \$50 indiv.; \$150 family | \$50 indiv.; \$150 family |
| Annual Maximum | \$1,000 | \$1,000 |
| Preventive Services oral exams, cleanings, X-rays sealants, fluoride treatments | 100% | 100% |
| Basic Services fillings, periodontal maintenance, space maintainers, basic extractions | 80% after deductible | 80% after deductible |
| Major Services crowns, dentures, bridges, root canals, extractions | 50% after deductible | 50% after deductible |
| Orthodontia | 50% (up to \$1,500 lifetime max) | 50% (up to \$1,500 lifetime max) |

1. Members are responsible for coinsurance, co-payments, and any charges above the allowable amounts.

| | Monthly Deductions |
|------------------------------|--------------------|
| Employee Only | \$31.04 |
| Employee + Spouse | \$61.00 |
| Employee + Child(ren) | \$66.84 |
| Family | \$99.90 |





VISION

Your vision health is an important part of complete wellness. Superior Vision is pleased to present to you vision benefits designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health. This plan encourages yearly exams along with the frames and lenses you want.

| | Vision PPO | |
|-------------------------------------|-----------------|-----------------|
| | In-Network | Out-of-Network |
| Copays | | |
| Exam | | \$10 |
| Materials | | \$25 |
| Exams (yearly) | Covered in full | \$35 allowance |
| Lenses (yearly) | | |
| Single Vision | | \$25 allowance |
| Bifocals | Covered in full | \$40 allowance |
| Trifocals | | \$45 allowance |
| Lenticular | | \$80 allowance |
| Frames (once every 2 years) | \$125 allowance | \$70 allowance |
| Contacts¹ | | |
| Non-Elective | Covered in full | \$150 allowance |
| Elective | \$150 allowance | \$80 allowance |
| Lasik Correction² | \$200 allowance | |

1. Contact lenses are in lieu of eyeglasses and frames

2. Lasik Vision Correction is in lieu of eyewear benefit

| | Monthly Deductions |
|------------------------------|--------------------|
| Employee Only | \$8.33 |
| Employee + Spouse | \$12.49 |
| Employee + Child(ren) | \$14.39 |
| Family | \$21.58 |





LIFE / AD&D

You do everything you can for your loved ones—not because you have to but because you want to. Whether you're looking for coverage for a specific period or a lifetime, with the right Life / AD&D Insurance coverage, you can rest knowing your loved ones will be able to live out their dreams—no matter what the future holds.

BASIC TERM

Longview ISD provides all full-time and part-time employees who are actively at work and are scheduled to work at least 5 hours weekly are eligible for Basic Life and Accidental Death and Dismemberment (AD&D) insurance (coverage is based on class category). **This \$10,000 coverage is at no charge to you and is active for the duration of your employment.**

Please note: The benefit reduces to 65% at age 65, to 40% at age 70, and to 25% at age 75.



Employee

Coverage: Increments of \$10,000 to a maximum of the lesser of 5 times pay or \$500,000.

Minimum Benefit: \$10,000
Guaranteed Issuance: \$150,000



Spouse

Coverage: Increments of \$5,000 to a maximum of \$100,000 (not to exceed 50% of employee's Voluntary Life Benefit)

Minimum Benefit: \$5,000
Guaranteed Issuance: \$25,000



Child – 6 months to age 26

Minimum Benefit: \$5,000
Guaranteed Issuance: \$10,000
Limiting Age: 26

VOLUNTARY

With One America's Voluntary Life and AD&D Insurance, Longview ISD gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse, and your dependent children — all at affordable group rates.

| Monthly Deductions (per \$10,000) | | |
|------------------------------------|----------|---------|
| Age | Employee | Spouse |
| 0-19 | \$0.64 | \$0.73 |
| 20-24 | \$0.64 | \$0.73 |
| 25-29 | \$0.64 | \$0.73 |
| 30-34 | \$0.72 | \$0.76 |
| 35-39 | \$0.80 | \$0.89 |
| 40-44 | \$1.20 | \$1.23 |
| 45-49 | \$1.60 | \$2.01 |
| 50-54 | \$2.50 | \$3.57 |
| 55-59 | \$4.32 | \$6.15 |
| 60-64 | \$6.56 | \$13.73 |
| 65-69 | \$10.88 | \$23.91 |
| 70-74 | \$17.20 | \$41.76 |
| 75+ | \$17.20 | \$41.76 |
| Child Coverage: Monthly Deductions | | |
| \$10,000 | \$1.99 | |

If employee enrolls in \$10k this year only, they can add an additional 1 step increment of \$10k each year with no Medical questions.

Please speak with a Benefits Counselor for personalized rates.



Call Your ComPsych® GuidanceResources® program anytime for confidential assistance.

Call: **855.387.9727**

Go online: **guidanceresources.com**

TDD: 800.697.0353

Your company Web ID: **ONEAMERICA3**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

Confidential Counseling

3 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultantsSM—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- › Stress, anxiety and depression
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › Substance abuse

Financial Information and Resources

Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Credit card or loan problems
- › Tax questions
- › Retirement planning
- › Estate planning
- › Saving for college

Legal Support and Resources

Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter.

Call about:

- › Divorce and family law
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › Contracts

Work-Life Solutions

Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › Moving and relocation
- › Making major purchases
- › College planning
- › Pet care
- › Home repair

OneAmerica is the marketing name for American United Life Insurance Company(R) (AUL). AUL markets ComPsych services. ComPsych Corporation is not an affiliate of AUL and is not a OneAmerica company.

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GuidanceResources® Online

Knowledge at your fingertips.

GuidanceResources Online is your one stop for expert information on the issues that matter most to you...relationships, work, school, children, wellness, legal, financial, free time and more.

- › Timely articles, HelpSheetsSM, tutorials, streaming videos and self-assessments
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Get peace of mind.

EstateGuidance® lets you quickly and easily write a will on your computer. Just go to www.guidanceresources.com and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing your will are included. You can:

- › Name an executor to manage your estate
- › Choose a guardian for your children
- › Specify your wishes for your property
- › Provide funeral and burial instructions

Just call or click to access your services.



Your ComPsych® GuidanceResources® Program

CALL ANYTIME

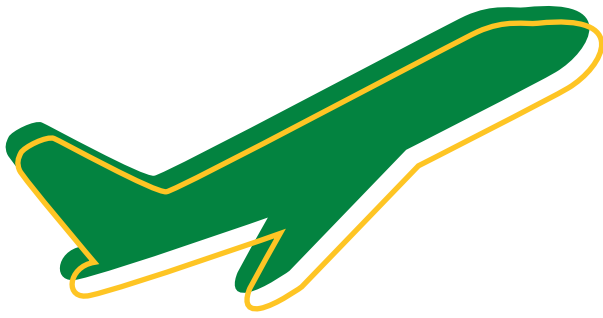
Call: **855.387.9727**

TDD: 800.697.0353

Online: **guidanceresources.com**

Your company Web ID: **ONEAMERICA3**

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TRAVEL ASSISTANCE

Note: Free benefit!

Providing you peace of mind when traveling

Emergencies happen, but help is now only a phone call or email away. Generali Global Assistance® offers a suite of services to help you in your time of need — from small inconveniences like losing your medication to life-threatening situations — all delivered with a caring, human touch.

Find comfort in knowing you and your loved ones are protected by the Travel Assistance benefit when traveling more than 100 miles from home on a trip that lasts 90 days or less for business or pleasure. The Travel Assistance benefit protects you when covered under a OneAmerica® group life insurance contract. It also extends coverage to your spouse, domestic partner and children, even when they are traveling without you. The Travel Assistance benefit requires no additional premium; however, exclusions do apply.

Medical assistance services

Medical and dental referral to assist in finding physicians, dentists and medical facilities.

Replacement of medication or eyeglasses that have been lost or stolen, with guarantee of reimbursement by you.

Medical monitoring and review of documentation utilizing professional case managers and medical professionals to ensure appropriate care is received.

Visitation with a family member or a friend if you are traveling alone and must be hospitalized for at least seven days or are listed as in critical condition.

Dependent children assistance in the event you are hospitalized, including payment for their trip home and a qualified escort to accompany them.

Traveling companion assistance in the event they must cancel their travel arrangements due to medical emergencies.

Emergency evacuation in the event you must be transported to a medical facility or home under medical supervision.

Repatriation or cremation of remains in the event of death while traveling.

Trip interruption to arrange alternate transportation and accommodations necessary due to a medical emergency.

Emergency medical payment to cover medical and dental care expenses in the case of sudden, unexpected illness or injury during your trip, with guarantee of reimbursement by you.

Personal assistance services

Pre-trip informational services including: visa, passport, immunization requirements, weather conditions, travel advisories and more.

Language interpretation for all major languages.

Location or replacement of lost or stolen items such as luggage, documents and personal possessions.

Emergency cash advance subject to guarantee of reimbursement by you.

Emergency travel arrangements when appropriate, such as airline changes or hotel and car rental reservations.

Legal assistance and advanced bail bond will be arranged, where permitted by law, with guarantee of reimbursement by you.

Emergency message relay via tollfree, direct or collect access.

Vehicle return arranged and paid for if you become physically unable to operate a non-commercial vehicle due to a medical emergency.

Pet return home coordinated if covered traveler is hospitalized.

Upon verification of coverage, Generali Global Assistance will arrange and cover the cost of the following services, subject to policy limits and eligibility:

- Emergency evacuation: \$1,000,000 Combined Single Limit (CSL)
- Medically necessary repatriation: Included in CSL
- Repatriation or cremation of remains: Up to \$25,000

If traveling alone:

- Visit of family member or friend: Up to \$5,000
- Return of minor children: Up to \$5,000
- Traveling companion transportation: Up to \$5,000
- Vehicle return: Up to \$2,500
- Bereavement transportation: Up to \$2,500
- Pet return: Up to \$1,000



For assistance call:

1-866-294-2469 (US/Canada)

+1-240-330-1509 (call collect from other locations)

or email **ops@europassistance-usa.com**



UNIVERSAL LIFE WITH LONG-TERM CARE

Trustmark's fully-portable Universal Life solutions address differing employee needs for permanent life insurance. This is available for employees, their spouse, and their children. This plan offers flexible, comprehensive benefits and enables you to adjust your death benefit, cash value, and premiums as your financial needs change.

Benefit Range: \$5,000 – \$300,000



You

- **Age range:** 18 to 64
- **Guaranteed Issuance:** \$200,000



Spouse / Domestic Partner

- **Age range:** 18 to 64
- **Guaranteed Issuance:** \$20,000



Dependent Children/Grandchildren

- **Age range:** <23 for children; <19 years for grandchildren
- **Guaranteed Issuance:** Amount of coverage purchased by \$4.31 per week

Plan Highlights

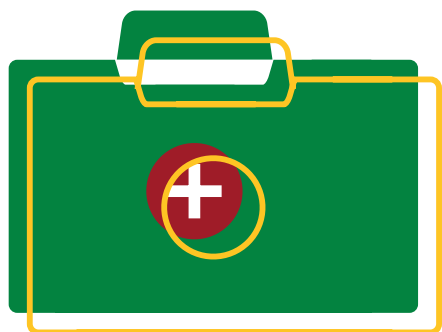
- **Accelerated Death Benefit or (Terminal Illness Benefit):** Accelerates 75% of death benefit when life expectancy is 24 months or fewer.
- **Long-Term Care (LTC):** Death benefit accelerates 4% per month up to 25 months when receiving assisted living, home healthcare, adult day care, or skilled nursing home care. Payments proportionately reduce the death benefit. Subject to a 90-day waiting period and pre-existing condition limitation of 12/12 (meaning benefits are not payable for a loss due to a pre-existing condition that starts during the first 12 months after the effective date of this feature).
- **Death Benefit Restoration:** Fully restores the death benefit reduced by Long-Term Care.

Please note: The benefit reduces by 66.67% at age 70.

| Issue Age | Non-Smoker Monthly Premiums (Defined Benefit) | | | |
|-----------|--|----------|-----------|-----------|
| | \$25,000 | \$50,000 | \$100,000 | \$150,000 |
| 35 | \$17.35 | \$31.20 | \$58.91 | \$86.62 |
| 45 | \$27.38 | \$51.15 | \$98.69 | \$146.23 |
| 55 | \$45.03 | \$86.44 | \$169.28 | \$252.11 |

| Issue Age | Smoker Monthly Premiums (Defined Benefit) | | | |
|-----------|--|----------|-----------|-----------|
| | \$25,000 | \$50,000 | \$100,000 | \$150,000 |
| 35 | \$23.47 | \$43.45 | \$83.41 | \$123.37 |
| 45 | \$40.65 | \$77.69 | \$151.78 | \$225.86 |
| 55 | \$76.48 | \$149.36 | \$295.11 | \$440.86 |

Please speak with a Benefits Counselor for personalized rates.



SHORT-TERM DISABILITY

One America's Short-Term Disability Insurance is designed to maximize flexibility and simplicity. Non-occupational coverage will provide benefits to you when unable to work due to a covered illness or injury (including pregnancy). You can receive payments for up to 12 weeks for as long as you remain disabled and would suffer monetarily as a result. The Maximum Benefit will vary based on the waiting period chosen.

Benefit Amount: 60% of weekly salary (up to \$1,750 per week)

Elimination Period: Your choice between 7, 14, or 30 days following injury or illness

Benefit Duration: Please speak with a benefits counselor for benefit duration period.

Pre-Existing Conditions: 3-month look-back / 12-month waiting

You can use the money however you choose, be it for groceries, out-of-pocket expenses, or anything else. The cost is based on your age upon coverage and will not increase when moving into the next age bracket.

Please speak with a Benefits Counselor for personalized rates.



LONG-TERM DISABILITY

Long-Term Disability Insurance provides income replacement benefits for you and your family in the unfortunate event you are unable to work due to injury, illness, or pregnancy. This covers injuries and illnesses from both on- or off-the-job.

Benefit Amount: 60% of monthly salary (up to \$7,500)

Elimination Period: 90 days following injury or illness

Benefit Duration: Please speak with a benefits counselor for benefit duration period.

Pre-Existing Conditions: 3-month look-back / 12-month waiting

Please speak with a Benefits Counselor for personalized rates.



HOSPITAL INDEMNITY

MetLife's Hospital Indemnity Insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. No medical questions need to be answered to receive this benefit. Hospital Indemnity lump-sum benefits are paid directly to the employee based on the amount of coverage listed (regardless of the actual cost of treatment). This also includes a **Health Screening Benefit of \$100 per person per year**.

Please note: The benefit reduces to 75% at age 65, and to 50% at age 70.

| Hospital Indemnity Schedule of Benefits | | | |
|---|------------------|---|---------|
| | Benefit Name | Benefit Limits | Payout |
| Admission Benefit | Admission | Once per calendar year | \$1,000 |
| | ICU Admission | Once per calendar year | \$1,000 |
| Confinement Benefit | Confinement | 3 days per year | \$200 |
| | ICU Confinement | 3 days per year | \$200 |
| Health Screening Benefit | Health Screening | Once per calendar year per insured person | \$100 |

| Monthly Deductions | |
|-----------------------|---------|
| Employee Only | \$23.58 |
| Employee + Spouse | \$43.87 |
| Employee + Child(ren) | \$38.85 |
| Family | \$59.13 |

Please see full Benefit Plan documents for covered Health Screening Benefits.



CRITICAL HEALTHEVENTS

Trustmark's Critical HealthEvents plan protects you and your family in the event of a serious illness or other medical condition with portable coverage. Payments are made directly to the employee and can be applied to claims, household bills, or other expenses as needed. In addition, the Benefit Pool available to you refills at the first day of the year.

Maximum Total Benefit: 100% of up to \$50,000

Pre-Existing Condition Limitation¹:
12 months prior; excluded for 12 months

Health Screening Benefit²: \$50

1. If you are presently covered by Unum for Critical Illness, the Pre-Existing Condition Limitation will be waived and the current benefit amounts will be honored by Trustmark. New enrollees are subject to the Pre-Existing Condition Limitation.

2. Eligible screenings include: Follow-up diagnostics; Mammography; Pap smear; Flexible sigmoidoscopy; Hemocult analysis; Colonoscopy; PSA; Doppler carotid screening; EKG / ECG; CT colonography; HP Vaccine; CA125 test; and Skin cancer screening



Employee:

\$10,000 – \$50,000
Guaranteed Issuance: \$20,000



Spouse / Domestic Partner:

50% of the employee's Initial Benefit
Guaranteed Issuance: \$10,000



Dependent Child(ren):

10% of the employee's Initial Benefit
Guaranteed Issuance: \$2,000

10% of Initial Benefit

- Invasive basal / squamous cell skin cancer
- In situ cancer
- Benign brain, spinal cord, and cranial nerve tumors
- Myelodysplastic syndrome
- Initial diagnosis of coronary artery disease (following assessment and treatment)
- Transient Ischemic Attack (including RIND)

50% of Initial Benefit

- Stage 1 melanoma
- Stage 1 and 2 cancers (no involvement of lymph nodes)
- Coronary artery obstruction
- Clinically-diagnosed heart attack
- Stroke with <30 days impairment
- Clinically-diagnosed stroke

100% of Initial Benefit

- Stage 3 or higher cancer
- Stage 2 (with involvement of lymph nodes)
- Stage 2 melanoma
- Stage 1 or higher³
- Heart attack
- Stroke with >30 days impairment
- Amyotrophic Lateral Sclerosis

3. Including: pancreas, liver, lung, esophagus, leukemia, biliary tract, head and neck, lymphoma, and multiple myeloma

Please speak with a Benefits Counselor for personalized rates.



ACCIDENT INSURANCE

You do everything you can to keep your family safe, but accidents do happen. Take comfort knowing you have help to manage the medical costs associated with accidental injuries that occur **both on- and off-the-job**. Guardian's Accident Insurance provides additional coverage to help cover medical expenses and living costs when you unexpectedly get hurt. In addition, Accident Insurance provides a **Health Screening Benefit of \$50 per insured person per calendar year**.

Please speak with a Benefits Counselor and refer to the Schedule of Benefits provided by Guardian for the full list of coverages.

| | Accident Insurance - Benefit Amounts |
|--|---|
| Accident Follow-Up Treatment | \$75 (up to 6 treatments) |
| Accidental Death Benefit Rider | Employee: \$50,000 Spouse: \$25,000 Child(ren): \$5,000 |
| Accidental Death Benefit Rider: Common Carrier | Employee: \$100,000 Spouse: \$50,000 Child(ren): \$10,000 |
| Ambulance: Ground | \$200 |
| Ambulance: Air | \$1,500 |
| Appliance | \$125 |
| Blood, Plasma, and Platelets | \$300 |
| Burns | Up to \$12,000 |
| Concussion | \$100 |
| Dislocation | Up to \$4,800 |
| Doctor's Office Visit | \$100 |
| Emergency Dental | \$100 – \$400 |
| Emergency Room Treatment | \$200 |
| Eye Injury | \$300 |
| Fractures | Up to \$6,000 |
| Health Screening Benefit | \$50 per year |
| Herniated Disc | \$750 |
| Hospital Admission | \$1,250 |
| Hospital Confinement | \$250 per day (up to 365 days) |
| Hospital ICU Admission | \$2,500 |
| Hospital ICU Confinement | \$500 per day (up to 15 days) |
| Laceration | Up to \$500 |
| Lodging | \$150 per day (up to 30 days) |
| Physical Therapy | \$35 per day (up to 10 days) |
| Prosthetic Devices | |
| Single | \$750 |
| Multiple | \$1,500 |
| Tendon / Ligament / Rotator Cuff | |
| Single | \$750 |
| Multiple | \$1,500 |
| Transportation | \$600 (3 times per accident) |

| | Monthly Deductions |
|-----------------------|--------------------|
| Employee Only | \$17.42 |
| Employee + Spouse | \$29.69 |
| Employee + Child(ren) | \$30.82 |
| Family | \$43.09 |




LegalShield


IDShield

2019

Have You Ever?

☐ Needed your Will prepared or updated
☐ Been overcharged for a repair or paid an unfair bill
☐ Had trouble with a warranty or defective product
☐ Signed a contract
☐ Received a moving traffic violation
☐ Had concerns regarding child support

☐ Worried about being a victim of Identity theft
☐ Been concerned about your child's identity
☐ Lost your wallet
☐ Worried about entering personal information online
☐ Feared the security of your medical information
☐ Been pursued by a collection agency

The LegalShield Membership Includes:

- Dedicated Law Firm
- Legal Advice/Consultation on unlimited personal issues
- Letters/Calls made on your behalf
- Contracts/Documents Reviewed up to 15 pages
- Lawyers prepare your Will/Living Will/Health Care Power of Attorney/Financial Power of Attorney
- Speeding Ticket Assistance (available 15 days after enrollment)
- IRS Audit Assistance
- Trial Defense (if named defendant/respondent in a covered civil action suit)
- 25% Preferred Member Discount (bankruptcy, criminal charges, DUI, personal injury, etc.)
- 24/7 Emergency Access for covered situations

The IDShield Membership Includes:

NEW!

Privacy & Security Monitoring
High risk account monitoring.
 Comprehensive identity protection service and financial account number monitoring that leaves nothing to chance by monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver's license, passport numbers and medical ID numbers (up to 10). Additionally, we'll give you peace of mind with credit score tracking, financial activity alerts and sex offender searches. With the family plan, Minor Identity Protection is included and provides monitoring for up to 10 children under the age of 18 for no additional cost.

Social Media Monitoring
 Allows you to monitor multiple social media accounts and content feeds for privacy and reputational risks.

Credit Monitoring
 Gain access to continuous credit monitoring through TransUnion that you can access immediately via the service portal dashboard on myidshield.com or through the free IDShield mobile app. Credit activity will be reported promptly via an email alert and mobile push notification.

Credit Inquiry Alerts

NEW!

Instant hard inquiry alerts.
 Receive alerts when a creditor requests your TransUnion credit file for the purposes of opening a new credit account or when a creditor requests a credit file for changes that would result in a new financial obligation.

Consultation
 Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited consultation, identity alerts, data breach notifications and lost wallet protection.

Full Service Restoration
 If your identity is stolen, our complete recovery services from our Licensed Private Investigators will ensure that it will be restored to its pre-theft status.




Put your law firm and Identity Theft Protection in the Palm of your hand with the LegalShield and IDShield mobile apps

LegalShield legal plans cover the member; member's spouse; never married dependent children under 21 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 23 if a full-time college student; or physically or mentally disabled dependent children.

IDShield plans are available at individual or family rates. A family rate covers the member, the member's spouse and 10 dependents up to the age of 26.

This is general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

| | Legal + Individual IDShield | Legal + Family IDShield |
|-------------|--------------------------------|----------------------------|
| LegalShield | \$15.95 | \$15.95 |
| IDShield | \$8.95 | \$18.95 |
| Combined | \$24.90 | \$30.90 |

LegalShield Service Definition Listing



Advice & Consultation

Provider Network

Attorney Advice & Consultation

Covered

LegalShield gives the member the ability to talk to an attorney on any of his/her legal matters without worrying about high hourly rates. The monthly membership fee provides access to legal advice on any legal matter, no matter how traumatic or trivial the issue.

Under this service, an attorney from the Provider Law Firm will discuss the situation with the member, explain the member's rights and options and recommend a course of action.

Letters and Phone Calls Written/Made on the Member's Behalf

Covered

If, after researching the member's legal situation, the Provider Law Firm handling the matter feels the best course of action to resolve the issue is to make a phone call or write a letter on the member's behalf the Provider Law Firm will do so at no additional cost to the member.

Personal Document Review

Covered

Our document review service provides members access to the Provider Law Firm for review of any legal documents that are 10 pages in length or less to include, but not limited to:

- Affidavits
- Deeds
- Demand letters
- Mortgages
- Notes
- Leases
- Contracts

Business Document Review

Covered

The Provider Law Firm will also review one business legal document of 10 pages or less per membership year that the member is signing on behalf of a business so long as the business is a sole proprietorship owned by the member.

Trial Defense

Covered

This membership provides representation to a member who is a defendant in a covered civil action or covered criminal action. The Provider Law Firm will provide advice and consultation regarding criminal and civil litigation matters and answer general questions. More specific services including representation in court and negotiation of settlement will be provided under the preferred member discount.

The Provider Law Firm will provide representation to the member or member's spouse as a defendant for a covered civil action or covered job related criminal action.

Please note the time required to give notice to courts to file an answer varies by state. You should consult with your Provider Law Firm as soon you are aware of a legal matter. This is a general overview of your legal plan coverage for illustration purposes only. See a plan contract for complete terms, coverage, amounts, conditions and exclusions. Some of the benefits are not available in New York and Washington and are not available in Canada.

If additional legal services are necessary beyond the amount of coverage provided based on the contract provisions then the member is entitled to the preferred member discount. The Provider Law Firm is the law firm designated by LegalShield to represent its members in your geographic area, and the Provider Law Firm may designate other law firms to provide covered services.

Marketed by: Pre-Paid Legal Services, Inc. dba LegalShieldSM and subsidiaries; Pre-Paid Legal CasualtySM, Inc.; Pre-Paid Legal Access, Inc.; In FL: Pre-Paid Legal Services, Inc. of Florida; In VA: Legal Service Plans of Virginia; and PPL Legal Care of Canada Corporation

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IDShield Services and Features for Employee Benefit Members

Identity Consultation Services

As a member, you will have unlimited access to identity consultation services provided from our Licensed Private Investigators. The investigator will advise on best practices for identity management tailored to your specific situation. If an identity theft event is discovered, the investigator will recommend that a case be opened for restoration and you'll have 24/7/365 access to Member Support for emergency situations. Our Licensed Private Investigators will be available to answer additional questions regarding identity theft and fraud issues from 7 a.m. to 7 p.m. CT, Monday through Friday excluding major holidays. You will also receive the following consultative services:

- Discuss tactics and best practices while shopping and communicating online.
- Give you the knowledge to help protect your identity by knowing your rights under federal and state laws.
- Help interpret and analyze your credit report.
- Take steps to reduce pre-approved credit card offers.
- Consult on issues regarding a public record inquiry or background search.
- Credit Freeze consultation.
- Consultation on common scams and schemes, including email and social media.

Privacy and Security Best Practice

- Consult on best practices for the use and protection of your Social Security number and Personal Identifying Information (PII).
- Provide consultation on current trends related to identity theft and fraud issues.
- Discuss best practices for financial transactions.
- Consult on best practices for consumer privacy.

Event-Driven Consultation Support

- Lost/Stolen wallet assistance.
- Data exposure/Data breach safeguards.
- With your permission, facilitate the placement of a 90-day fraud security alerts with credit monitoring agencies. If permission is not given, we can still provide you with a list of phone numbers for placing fraud alerts.



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



LONGVIEW ISD

2019 — 2020 PLAN YEAR