

## 2023-2024 Employee Benefits Guide



*Improving  
our wellness  
together!*

# CONTACTS

If you have any questions regarding your 2023 – 2024 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

Scan QR code to  
view electronic  
benefit guide.



## **MEDICAL**

TRS ActiveCare  
Blue Cross Blue Shield  
Group: 385000 TRS AC HD  
Group: 385003 TRS AC Primary  
Group: 385001 TRS AC Primary +  
Group: 385002 TRS AC 2  
(866) 355-5999  
[www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare)

## **DENTAL & VISION**

Humana  
Group: 673256  
(800) 233-4013  
[www.humana.com](http://www.humana.com)

## **DISABILITY**

The Standard  
Group: 760828  
(281) 517-5466 Pre-claim  
(866) 757-4717 Post-claim

## **UNIVERSAL LIFE**

Trustmark  
Group: 0443300000  
(800) 918-8877  
[www.trustmarksolutions.com](http://www.trustmarksolutions.com)

## **HSA / FSA / COBRA**

NBS  
Group Number: NBS367674  
(800) 274-0503  
[www.nbsbenefits.com](http://www.nbsbenefits.com)

## **ACCIDENT CRITICAL ILLNESS HOSPITAL INDEMNITY**

The Standard  
Group: 760828  
(866) 851-2429  
[www.standard.com](http://www.standard.com)

## **MASA**

MASA Global  
Group: B2BLVISD  
Emergency Assis.: (800) 643-9023  
Customer Serv.: (800) 423-3226  
[www.masaglobal.com](http://www.masaglobal.com)

## **LEGAL**

ARAG Legal  
Group Number: 10938  
(800) 255-3352  
[www.araglegal.com](http://www.araglegal.com)

## **IDENTITY PROTECTION**

Allstate  
Group Number: 9419  
(800) 789-2720  
[www.allstate.com/aip](http://www.allstate.com/aip)

## **CANCER GUARDIAN**

Genomic Life  
Group Number:  
LONG-GL-2023-3624  
(844) 694-3666  
[www.genomiclife.com](http://www.genomiclife.com)

## **BASIC LIFE / AD&D VOLUNTARY LIFE**

The Standard  
Group: 760828  
(800) 628-8600  
[www.standard.com](http://www.standard.com)

## **WELLNESS**

VirginPulse  
(888) 671-9395  
[www.virginpulse.com](http://www.virginpulse.com)

## **EAP**

Health Advocate  
(888) 293-6948  
[www.healthadvocate.com/standard3](http://www.healthadvocate.com/standard3)

## **TELEHEALTH**

Recuro Health  
(855) 673-2876  
[www.recurohealth.com](http://www.recurohealth.com)

## **TRAVEL ASSISTANCE**

AssistAmerica  
Group: 01-AA-STD-5201  
888.937.4783  
[www.assistamerica.com](http://www.assistamerica.com)

## **CANCER**

MetLife (BBA)  
Group Number: 3476  
(800) 845-7519  
[www.bbadmin.com](http://www.bbadmin.com)

# CONTENTS

**Note:** This PDF is interactive, you may click on the TOC page titles and numbers listed below to jump to the desired section.

Introduction .....	4
Eligibility.....	5
Wellness .....	6
Basic Life / AD&D .....	7
EAP .....	8
Travel Assistance.....	9
Universal Life .....	10
Medical.....	11
Dental.....	15
Vision.....	16
MASA.....	17
Telehealth .....	18
Health Savings Account.....	21
Flexible Spending Account .....	23
Disability.....	29
Hospital Indemnity.....	30
Critical Illness.....	31
Accident.....	32
Cancer .....	34
Cancer Guardian.....	35
Legal Plan .....	37
Identity Protection.....	38

# 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, 2023 to August 31, 2024**. Please read this Benefits Guidebook carefully as you prepare to make your elections for the 2023 – 2024 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 benefits 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 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

## Online Benefits

For your convenience, you may enroll online by visiting [trustmark.benselect.com/enroll](https://trustmark.benselect.com/enroll)

Follow the login format listed here to access your online benefit enrollment.

**For online enrollment, use the following format as your login information:**

**Employee ID or SSN:** Your social security number

**PIN:** Last four of your social followed by last two of your birth year

### Example:

John Smith

SSN: 123-45-6789 | DOB: 01-27-1993

**Emp. ID or SSN:** 123456789

**PIN:** 678993

# 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 enroll in the following benefits for you and your eligible dependents: Medical, Dental, Vision, Voluntary Life and AD&D, Universal Life, Educator Disability, Telehealth, Hospital Indemnity, Critical Illness with Cancer, Accident, Medical Transport, Identity Theft, Legal Services, Flexible Spending Accounts, and Health Savings Account. Employer Paid benefit of Basic Life and AD&D in the amount of \$10,000 is also provided.

All Part-Time Team Members who are actively at work and are scheduled to work at least 5 hours weekly are eligible for the Employer Paid benefit of Basic Life and AD&D in the amount of \$10,000.

## 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

Life, Long Term Disability, EAP and FSA coverage ends as of the date an employee terminates. All other benefits will stay in effect until the last day of the month in which termination occurs.

## 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 Business Office within 30 days of the event (except for CHIPRA—60 days to notify the Business Office).



### What's in it for me?

- **Create your own wellness journey!** Build healthy habits, track your physical activity, take advantage of digital coaching (Journeys) and much more!
- **Feeling up for a challenge?** Invite your co-workers or friends and family members to participate in a personal challenge
- **Get a picture of your health.** Take the **Health Check survey** and get recommendations specific to your wellbeing
- **Invite your spouse:** Did you know your spouse is eligible to join the wellness program? Invite your spouse to join and create their own personal account like yours.

Join today! Get the Virgin Pulse mobile app or go to [join.virginpulse.com](https://join.virginpulse.com)



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# 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 employees working at least 20+ hours weekly a flat coverage amount for Basic Life and Accidental Death and Dismemberment (AD&D) insurance. **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.

## VOLUNTARY

With The Standard'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. New hires enrolling in coverage during the first 31 days of employment can enroll up to the Guarantee Issue amounts listed below with no medical questions and no EOI for both you and your spouse. Employee's currently enrolled in coverage have the opportunity to increase coverage an additional \$10,000 on yourself and \$5,000 on your spouse (up to the guarantee issue limit below) without completing EOI.

Please note: The benefit reduces to 65% at age 65, to 40% at age 70, and to 25% at age 75. Members may not be covered as both a Member and a Dependent. A child may not be insured by more than one Member.



### Employee

**Coverage:** Increments of \$10,000 to a maximum of the lesser of 8 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 100% of employee's Voluntary Life Benefit)

**Minimum Benefit:** \$5,000

**Guaranteed Issuance:** \$25,000



### Child – 6 months to age 26

**Minimum Benefit:** \$10,000

**Guaranteed Issuance:** \$10,000

**Limiting Age:** 26

### Monthly Deductions (per \$1,000)

Age	Employee	Spouse
<20	\$0.064	\$0.068
25-29	\$0.064	\$0.068
30-34	\$0.072	\$0.071
35-39	\$0.080	\$0.085
40-44	\$0.120	\$0.118
45-49	\$0.160	\$0.196
50-54	\$0.250	\$0.352
55-59	\$0.432	\$0.610
60-64	\$0.656	\$1.368
65-69	\$1.088	\$2.386
70+	\$1.720	\$4.171

### Child Coverage: Monthly Deductions

\$10,000	\$1.99
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*Please speak with a Benefit counselor for personalized rates.*

**Note: Free benefit!**

# A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.



There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,<sup>1</sup> which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

## Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)<sup>2</sup> and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

### EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation and other legal documents



### Contact EAP

**888.293.6948**  
**(TTY Services: 711)**  
24 hours a day,  
seven days a week

[healthadvocate.com/standard3](https://healthadvocate.com/standard3)

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

## WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

## Online Resources

Visit [healthadvocate.com/standard3](https://healthadvocate.com/standard3) to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

<sup>1</sup> The EAP service is provided through an arrangement with Health Advocate<sup>SM</sup>, which is not affiliated with The Standard. Health Advocate<sup>SM</sup> is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

<sup>2</sup> Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](https://standard.com)

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.



# TRAVEL ASSISTANCE

*Note: Free benefit!*

## Providing you peace of mind when traveling

The Standard through Assist America, Inc. offers you this service. Travel Assistance can help employees and their families prepare for trips and during critical situations while away from home. The program can assist participants with finding qualified medical providers, legal services or with the replacement of lost credit cards and passports.

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 180 days or less for business or pleasure. The Travel Assistance benefit protects you when covered under a The Standard 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.

Please note: Participants MUST contact Assist America as soon as possible to use Travel Assistance.

### Plan Highlights

#### Personal Support

- Pre-trip informational services
- Locate lost or stolen items
- Legal referral and bail
- Interpretation and translation services
- Crime information

Travel Assistance is not travel insurance. Travel Assistance provides specific support services while traveling. Travel insurance provides monetary compensation for losses that occur while traveling. Visit full program description document for additional explanation of what Travel Assistance covers and how you can use it. Contact Assist America for additional details and questions.

#### Medical Emergency Support

- Medical monitoring
- Medical and dental search and referral
- Dispatch of doctors
- Assistance with replacement of medication, medical devices and eyeglasses or corrective lenses
- Transfer of insurance information and medical records
- Assistance with Vaccine and blood transfers
- Facilitation of hospital admission

#### Emergency Support

- Assistance with Emergency Travel Arrangements
- Emergency Cash Advance
- Emergency Message Relay
- Evacuation in Case of Political or Natural Disaster
- Emergency Trauma Counseling

#### Emergency Transport for Travelers

- Emergency Medical Evacuation
- Repatriation of Mortal Remains
- Medical Repatriation

#### Emergency Transport for Others

- Care of Minor Children
- Compassionate Visit
- Return of Traveling Companion
- Return of Pet or Service Animal
- Evacuation Transport for Family Members
- Vehicle Return

#### DOWNLOADING THE ASSIST AMERICA MOBILE APP

Participants can get the app by following these easy steps:

- 1) Visit Google Play or the App Store
- 2) Find the Assist America Mobile App
- 3) Enter reference number and participant name

#### Your Assist America Reference Number:

01-AA-STD-5201



#### ACTIVATING SERVICES

Participants who require assistance while traveling more than 100 miles away from home, or in a foreign country, should contact Assist America's 24/7 Operations Center in one of the following ways:

- Use the Tap for Help button on the mobile app
- 1-800-872-1414 (Toll-free call within the U.S.)
- 1-609-986-1234 (Collect call outside the U.S.)
- Email [medservices@assistamerica.com](mailto:medservices@assistamerica.com)

For more information about Assist America, visit [assistamerica.com](http://assistamerica.com)

If you have questions about your insurance policy, please contact The Standard at **888.937.4783**.



# 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:** \$20 per week not to exceed \$200,000



## Spouse / Domestic Partner

- **Age range:** 18 to 64
- **Guaranteed Issuance:** \$3 per week or \$20,000, whichever is greater



## Dependent Children/Grandchildren

- **Age range:** <23 for children; <19 years for grandchildren
- **Guaranteed Issuance:** \$3.02 up to \$4.31 per week

Please note: Guaranteed Issue amounts are illustrated for new hires. Employee must be covered in order to apply for spouse/child coverage and to retain spouse/child coverage.

## 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 Benefit counselor for personalized rates.*

# MEDICAL INSURANCE



## 2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 – Aug. 31, 2024



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

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

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

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

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

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

# What's New and What's Changing

## How to Calculate Your Monthly Premium

Total Monthly Premium

— Your District and State Contributions

— Your Premium

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

## New Rx Benefits!

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

## Wellness Benefits at No Extra Cost\*

### Being healthy is easy with:

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

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

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

### TRS-ActiveCare 2

- 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 PCPs or referrals

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

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

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

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

### TRS-ActiveCare Primary

- Member Rewards was expanded to include lab services at Labcorp and Quest Diagnostics
- Copay for Teladoc® rose from \$0 to \$12
- Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply

### TRS-ActiveCare HD

- In-network maximum rose by \$50/individual; \$100/families
- The Member Rewards program, including for lab services at Labcorp and Quest Diagnostics, is now available for HD participants
  - Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses
- Consult fee for Teladoc rose from \$30 to \$42

### TRS-ActiveCare Primary+

- Member Rewards was expanded to include lab services at Labcorp and Quest Diagnostics
- Copay for Teladoc rose from \$0 to \$12
- Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply

### TRS-ActiveCare 2 (closed to new enrollees)

- Copay for Teladoc rose from \$0 to \$12
- Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
- This plan is still closed to new enrollees

## Compare Prices for Common Medical Services

### REMEMBER:

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

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

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

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

# MEDICAL PREMIUMS

	Per Paycheck Deductions: ActiveCare Primary		
	Monthly	Custodian (24)	Café / Bus (18)
Employee Only	\$217.00	\$108.50	\$144.67
Employee + Spouse	\$969.00	\$484.50	\$646.00
Employee + Child(ren)	\$527.00	\$263.50	\$351.33
Family	\$1,278.00	\$639.00	\$852.00

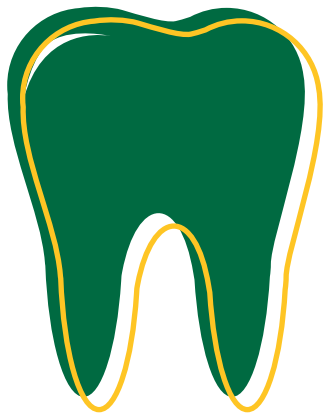
	Per Paycheck Deductions: ActiveCare HD		
	Monthly	Custodian (24)	Café / Bus (18)
Employee Only	\$231.00	\$115.50	\$154.00
Employee + Spouse	\$1,007.00	\$503.50	\$671.33
Employee + Child(ren)	\$551.00	\$275.50	\$367.33
Family	\$1,326.00	\$663.00	\$884.00

	Per Paycheck Deductions: ActiveCare Primary +		
	Monthly	Custodian (24)	Café / Bus (18)
Employee Only	\$294.00	\$147.00	\$196.00
Employee + Spouse	\$1,125.00	\$562.50	\$750.00
Employee + Child(ren)	\$658.00	\$329.00	\$438.67
Family	\$1,488.00	\$744.00	\$992.00

	Per Paycheck Deductions: ActiveCare 2		
	Monthly	Custodian (24)	Café / Bus (18)
Employee Only	\$788.00	\$394.00	\$525.33
Employee + Spouse	\$2,177.00	\$1,088.50	\$1,451.33
Employee + Child(ren)	\$1,282.00	\$641.00	\$854.67
Family	\$2,616.00	\$1,308.00	\$1,744.00

LISD contributes \$225 to the monthly medical premium





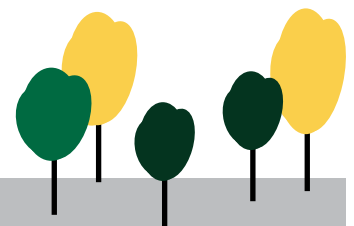
# DENTAL

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 <sup>1</sup>
<b>Calendar-Year Deductible</b>	\$50 indiv.; \$150 family	\$50 indiv.; \$150 family
<b>Calendar-Year Annual Maximum</b>	\$1,000	\$1,000
<b>Preventive Services</b> oral exams, cleanings, X-rays sealants, fluoride treatments	100% no deductible	100% no deductible
<b>Basic Services</b> fillings, space maintainers, basic extractions	80% after deductible	80% after deductible
<b>Major Services</b> crowns, dentures, bridges, root canals, extractions, periodontal maintenance, complex surgical extractions	50% after deductible	50% after deductible
<b>Orthodontia</b> (Adult/Child)	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
<b>Employee Only</b>	\$32.42
<b>Employee + Spouse</b>	\$63.71
<b>Employee + Child(ren)</b>	\$69.81
<b>Family</b>	\$104.33





# VISION

Your vision health is an important part of complete wellness. Humana 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 (Member Cost)	Out-of-Network (Reimbursement)
<b>Copays</b>		
Exam (yearly)	\$10	Up to \$30
Retinal Imaging <sup>1</sup>	Up to \$39	Not Covered
<b>Contacts Exams</b>		
Standard (lens fit & follow-up)	Up to \$40	Not Covered
Premium (lens fit & follow-up)	10% off retail	Not Covered
<b>Lenses (yearly)</b>		
Single Vision	\$15	Up to \$25
Bifocals		Up to \$40
Trifocals		Up to \$60
Lenticular		Up to \$100
<b>Frames (yearly)</b>	\$130 allowance, 20% off balance over \$130	\$65 allowance
<b>Contacts<sup>2</sup> (yearly)</b>		
Conventional	\$130 allowance, 15% off balance over \$130	\$104 allowance
Disposable	\$130 allowance	\$104 allowance
Medically Necessary	Covered in full	\$200 allowance
<b>Lasik or PRK<sup>3</sup></b>	15% off retail price or 5% off promotional price	

1. Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.  
 2. Contact lenses are in lieu of eyeglasses and frames.  
 3. US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

	Monthly Deductions
<b>Employee Only</b>	\$6.88
<b>Employee + Spouse</b>	\$10.32
<b>Employee + Child(ren)</b>	\$11.89
<b>Family</b>	\$17.84





## 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 DONOT!

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.



**Any Ground. Any Air.  
Anywhere.™**

## OUR BENEFITS

### Benefit\*

### Emergent Plus \$14/Month

Emergent Ground Transportation	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 claim process

**EVERY FAMILY DESERVES A MASA  
MEMBERSHIP**



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

## Care Services

# Virtual Urgent Care

## Getting Started

### INTRODUCTION

Access board-certified physicians 24/7, 365 days a year for urgent medical needs. Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

### HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:  
["member.recurohealth.com"](https://member.recurohealth.com)

02

Enter your employer member ID

03

Create your username and password

04

Complete your medical history

05

Schedule your consult

\*Registering your account is not required to use the service, you can call 855.6RECURO anytime for 24/7 access to doctors.



## Example Conditions Treated

- Acne / Rash
- Allergies
- Cold / Flu
- GI Issues
- Ear Problems
- Fever
- Insect Bites
- Nausea
- Pink Eye
- Respiratory
- UTI's
- And More...



## Care Services

# Virtual Therapy

## Getting Started

### INTRODUCTION

Receive comprehensive therapy and counseling from Recuro's Clinical Social Workers and Marriage & Family Therapists. Your therapist will work with you to reach your emotional wellness goals, developing a personalized plan and tracking progress over time.

**Licensed Counseling:** \$85

**Psychiatry Initial Visit:** \$225

**Psychiatry Follow-Up Visit:** \$99

### HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:  
["member.recurohealth.com"](https://member.recurohealth.com)

02

Enter your employer member ID

03

Create your username and password

04

Complete intake and wellness assessment

05

Schedule your consult



## Example Conditions Treated

- Anger Mgmt
- Anxiety
- Bipolar
- Depression
- Eating Disorder
- Sleep Disorder
- Addiction
- Substances
- Grief / Loss
- PTSD
- OCD
- And More...

**WELLVIA**  
A RECuro HEALTH COMPANY

[customerservice@recurohealth.com](mailto:customerservice@recurohealth.com) | [855.6RECuro](tel:855.6RECuro) | Scan QR Code to Download



## Care Services

# Virtual Psychiatry

## Getting Started

### INTRODUCTION

Work with a board-certified psychiatrist to achieve your emotional wellness goals. With appointments available as soon as 48 hours, you can select a dedicated psychiatrist who will develop a personalized care plan and track progress over time.

**Licensed Counseling:** \$85

**Psychiatry Initial Visit:** \$225

**Psychiatry Follow-Up Visit:** \$99

### HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:  
["member.recurohealth.com"](https://member.recurohealth.com)

02

Enter your employer member ID

03

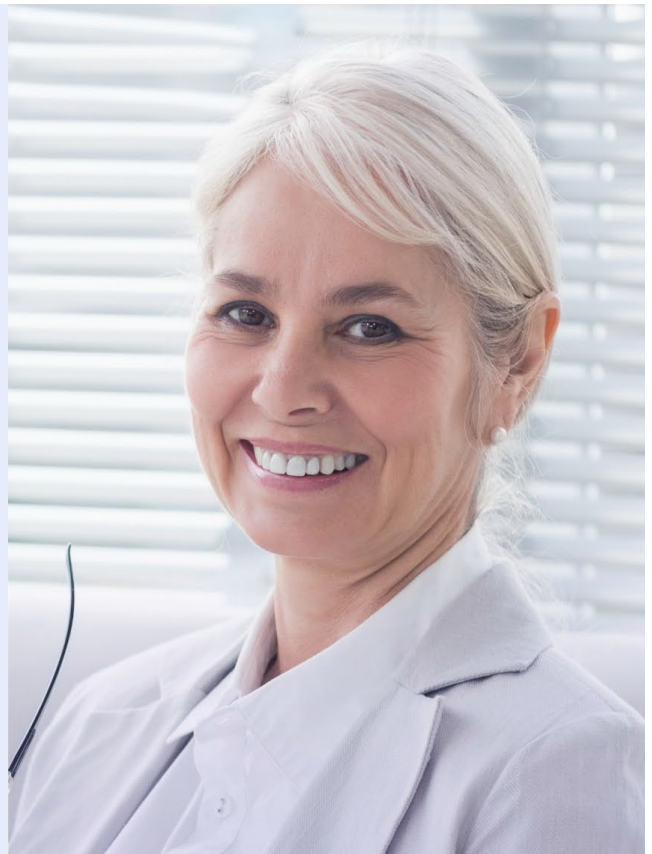
Create your username and password

04

Complete intake and wellness assessment

05

Schedule your consult



## Example Conditions Treated

- Anger Mgmt
- Anxiety
- Bipolar
- Sleeping
- Addiction
- Substances
- Depression
- Stress
- Eating Disorders
- Grief / Loss
- Smoking
- PTSD
- OCD
- Mental Health
- Work Anxiety
- Marriage
- Relationships
- And More...




[customerservice@recurohealth.com](mailto:customerservice@recurohealth.com) | [855.6RECURO](tel:855.6RECURO) | Scan QR Code to Download



## Plan Highlights

# Health Savings Account (HSA)



How can an HSA help secure my retirement?

## Tax-free savings for medical expenses.

### What is a Health Savings Account (HSA)?

An HSA is a personal savings account that can be used to pay for medical, dental, vision and other qualified expenses now or later in life. To contribute to an HSA, you must be enrolled in a qualified high-deductible health plan. Your contributions are tax-deductible, but are limited annually. If your employer offers payroll deduction, you'll see immediate tax savings on your contributions. You can use the money tax-free to pay for eligible expenses such as:

- ✓ Copays & Deductibles
- ✓ Dental Care Laser
- ✓ Chiropractic Care
- ✓ Prescriptions
- ✓ Eye Surgery
- ✓ COBRA Premiums
- ✓ Contacts & Eyeglasses
- ✓ Orthodontia
- ✓ Hearing Aids
- ✓ Medicare Premiums

### Advantages of an HSA

- ① No more "use it or lose it"
- ② Triple tax savings
- ③ Job to job and through retirement you KEEP your money
- ④ An excellent way to save for healthcare expenses.

Contributing in a health savings account allows you to invest pre-tax dollars for your biggest retirement expense - HEALTHCARE.

You can continue to contribute year after year and withdrawals can be made at any time. Whether you withdraw the money tomorrow, five years from now, or in retirement, funds used for qualified healthcare expenses are always tax free.

### Life's not always flexible, but your money can be.

From baby care to pain relief, shop the largest selection of guaranteed HSA-eligible products with zero guesswork at HSA Store. Is your health need HSA-eligible? Find out using our comprehensive **Eligibility List**.

**Get \$10 off** using code **NBS1819**.

Shop HSA Store at [hsastore.com/nbs](https://hsastore.com/nbs)



A contribution of \$50 a month over 25 years:

TAX SAVINGS	BALANCE
\$6,181	\$22,356

Increase the contribution to \$200 a month over 25 years:

TAX SAVINGS	BALANCE
\$24,725	\$89,095

Family contribution of \$6,900 a year over 25 years:

TAX SAVINGS	BALANCE
\$71,086	\$257,095

For illustrative purposes only. Savings calculations are based on a federal tax rate of 15%, state tax rate of 5%, and 7.65% FICA. Balance calculations assume an average interest rate of 3%. Actual results may vary.

**Please note:** Policies other than company sponsored policies (i.e. spouse's or dependents' individual policies) may not be paid through the flexible benefits plan. Furthermore, qualified long-term care insurance plans may not be paid through the flexible benefits plan.

### NBS Benefits Card

Your employer may sponsor the use of the NBS Benefits Card, making access to your flex dollars easier than ever. You may use the card to pay merchants or service providers that accept credit cards such as hospitals and pharmacies, so there is no need to pay cash up front then wait for reimbursement.

Orthodontic expenses that are paid fully up-front at the time of initial service are reimbursable in full after the initial service has been performed and payment has been made. Ongoing orthodontia payments are reimbursable only as they are paid.



### Account Information

Participants may call NBS and talk to a representative during our regular business hours, Monday-Friday, 7 a.m. to 6 p.m. Mountain Time.

Participants can also obtain account information using the Automated Voice Response Unit, 24 hours a day, 7 days a week at **800-274-0503**.

For immediate access to your account information at any time, log on to our website at [my.nbsbenefits.com](http://my.nbsbenefits.com) or download the NBS Mobile App.

**REDUCE** your taxable Gross Income.  
**SPEND** tax-free dollars for medical care.  
**INVEST** and grow your HSA tax free!

### HSAs offer a triple tax advantage

- 1. CONTRIBUTE TAX-FREE.** If your employer offers payroll deduction through a Cafeteria Plan, you may make contributions to your HSA on a pre-tax basis or you can contribute to your HSA post-tax and recognize the same tax savings by claiming the deduction when filing your annual taxes.
- 2. SPEND TAX-FREE.** Eligible medical purchases can be made tax-free when you use your HSA. Make this easy by using your NBS Smart Card or online bill pay. You can also pay out-of-pocket for eligible medical expenses and then reimburse yourself from your HSA.
- 3. EARN TAX-FREE.** Unlike most savings accounts, interest earned on an HSA is not considered taxable income when the funds are used for eligible medical expenses. You can also invest HSA dollars and interest earned is tax-free.

### When do you pay taxes on your HSA?

The only time you may pay taxes or penalties on your HSA funds is if you make a non-eligible purchase, or if you contribute more than the yearly maximum contribution limit. However, both circumstances can be corrected free of tax penalties by April 15th of the following calendar year.

### Account access is easy

Get account information from our easy-to-use online portal and mobile app. See your account balance, contributions and account history in real time.

### Spending is easy

Our convenient NBS Smart Card allows you to avoid out-of-pocket expenses, cumbersome claim forms and reimbursement delays. You may also utilize the "pay a provider" option on our web portal.

### Saving is easy

Since it is a savings account, you are encouraged to save more than you spend. Unlike FSA funds which are "use-it-or-lose-it," your HSA balance rolls over from year-to-year and earns interest along the way. The account is portable, which means that if you ever leave your employer, you can take the HSA with you. It's **your money** and **your account**.

Employees Save Big

# Limited Purpose FSA



## Savings on Payroll Taxes

With a Limited Purpose FSA, you can save an average of 30% on qualified dental and vision expenses by using pre-tax dollars on out of pocket dental and vision expenses for you, your spouse, and dependents. Your election amount is available on day 1 of the plan year, giving you the ability to pay for these expenses immediately.

Maximize your tax savings and retirement preparation by enrolling in both an HSA and the Limited Purpose FSA.

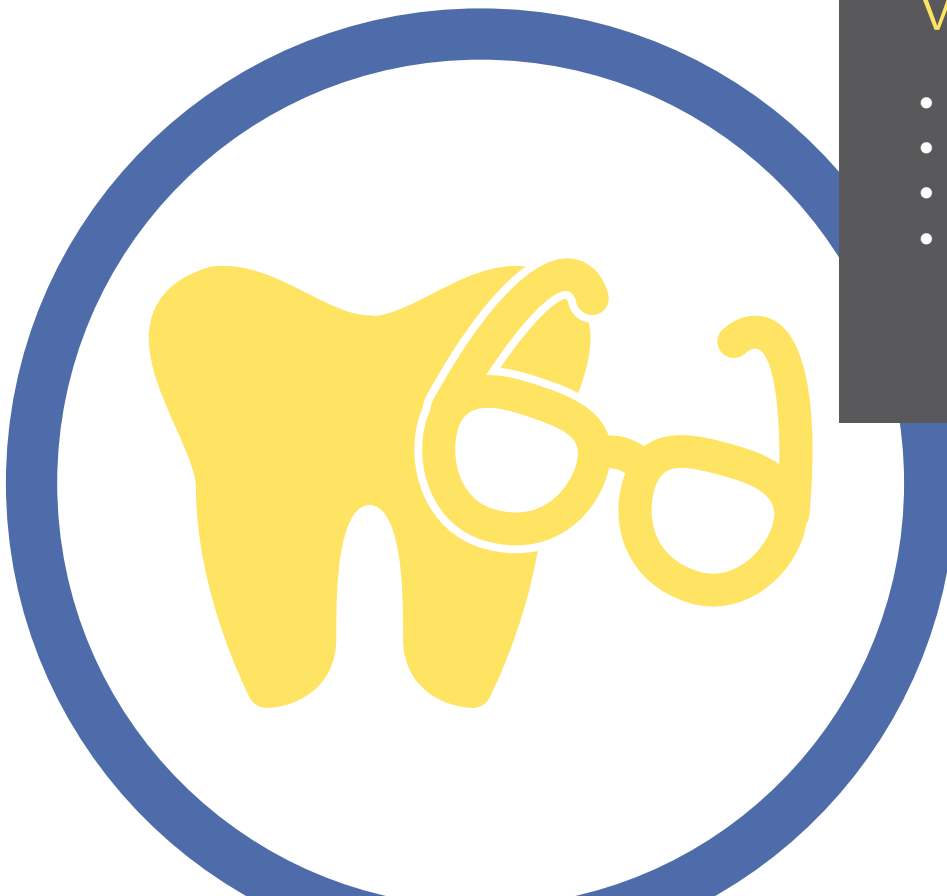
### Dental Expenses

- Cleaning
- Fillings
- Crowns
- Braces

### Vision Expenses

- Eye Exams
- Contact Lenses
- Eyeglasses
- Vision Correction Procedures

*\*Your Limited Purpose FSA may open to a Full FSA after the HSA statutory deductible is met. Talk to your plan advisor to see if your Limited Purpose FSA has this feature.*



# FLEXIBLE SPENDING ACCOUNT

## Flexible Spending Account (FSA)

### Two Types of FSAs

To take advantage of a health FSA, start by choosing an annual election amount. This amount will be available on day one of your plan year for eligible medical expenses.

Payroll deductions will then be made throughout the plan year to fund your account.

A dependent care FSA works differently than a health FSA. Money only becomes available as it is contributed and can only be used for dependent care expenses.

Both are pre-tax benefits your employer offers through a cafeteria plan. Choose one or both — whichever is right for you.

### What is a Cafeteria Plan?

A cafeteria plan enables you to save money on group insurance, healthcare expenses, and dependent care expenses. Your contributions are deducted from your paycheck by your employer before taxes are withheld. These deductions lower your taxable income which can save you up to 35% on income taxes!

## Partial List of Eligible Expenses:

- ✓ Medical/Dental/Vision Copays and Deductibles
- ✓ Prescription Drugs
- ✓ Physical Therapy
- ✓ Chiropractor
- ✓ First-Aid Supplies
- ✓ Lab Fees
- ✓ Psychiatrist/Psychologist
- ✓ Vaccinations
- ✓ Dental Work/Orthodontia
- ✓ Eye Exams
- ✓ Laser Eye Surgery
- ✓ Eyeglasses, Contact Lenses, Lens Solution
- ✓ Prescribed OTC Medication



### Enrollment Consideration

After the enrollment period ends, you may increase, decrease, or stop your contribution only when you experience a qualifying “change of status” (e.g. marriage, divorce, employment change, dependent change).

Be conservative in the total amount you elect to avoid forfeiting money at the end of the plan year.

## How to Spend

### Spending is easy

Our convenient NBS Smart Card allows you to avoid out-of-pocket expenses, cumbersome claim forms and reimbursement delays. You may also utilize the “pay a provider” option on our web portal.



### Account access is easy

Get account information from our easy-to-use online portal and mobile app. See your account balance, contributions and account history in real time.

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**Get \$10 off** using code **NBS1819**.

Shop FSA Store at [fsastore.com/nbs](https://fsastore.com/nbs)



# What is a Dependent Care Assistance Program (DCAP)?

The Dependent Care Assistance Program (DCAP) allows you to use tax-free dollars to pay for child day care or elder day care expenses that you incur because you and your spouse are both gainfully employed.

To participate, determine the annual amount that you want to deduct from your paycheck before taxes. The maximum amount you can elect depends on your federal tax filing status (\$5,000 if you are married and filing a joint return or if you are a single parent, \$2,500 if you are married but filing separately)

Your annual amount will be divided by the number of pay periods in the plan year and that amount will be deducted from each paycheck.

## **Who is an eligible dependent?**

You can use the DCAP for expenses incurred for:

- Your qualifying child who is age twelve or younger for whom you claim a dependency exemption on your income tax return.
- Your qualifying relative (e.g. a child over twelve, your parent, a spouse's parent) who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as you for more than half of the year.
- Your spouse who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as you for more than half of the year.

### *Special Rule for Parents Who Are Divorced, Separated, or Living Apart*

*Only the custodial parent can claim expenses from the DCAP. The custodial parent is generally the parent with whom the child resides for the greater number of nights during the calendar year. Additionally, the custodial parent cannot be reimbursed from the DCAP for child-care expenses while the child lives with the non-custodial parent because such expenses are not incurred to enable the custodial parent to be gainfully employed.*

## **What are eligible expenses for the DCAP?**

The expenses which are eligible for reimbursement must have been incurred during the plan year and in connection with you and your spouse to remain gainfully employed.

Examples of eligible expenses:

- Before and After School and/or Extended Day Programs
- Daycare in your home or elsewhere so long as the dependent regularly spends at least 8 hours a day in your home.
- Base cost of day camps or similar programs.

Examples of ineligible expenses:

- Schooling for a child in kindergarten or above
- Babysitter while you go to the movies or out to eat
- Cost of overnight camps

## ***What does it mean to be "gainfully employed"?***

This means that you are working and earning an income (i.e. not doing volunteer work). You are not considered gainfully employed during paid vacation time or sick days. Gainful employment is determined on a daily basis.

If you are married, then your spouse would also need to be gainfully employed for your day care expenses to be eligible for reimbursement.

You are also considered gainfully employed if you are unemployed but actively looking for work, you are self-employed, you are physically or mentally not capable of self-care, or you are a full-time student (must attend for the number of hours that the school considers full-time, must have been a student for some part of each of 5 calendar months during the year, cannot be attending school only at night, does not include on-the-job training courses or correspondence schools).

## ***What are some other important IRS regulations?***

- You cannot be reimbursed for dependent care expenses that were paid to (1) one of your dependents, (2) your spouse, or (3) one of your children who is under the age of nineteen.
- In the event that you use a day care center that cares for more than six children, the center must be licensed.
- You must provide the day care provider's Social Security Number/Tax Identification Number (EIN) on form 2441 when you file your taxes.

## ***What are some other important IRS regulations?***

The IRS allows you to take a tax credit for your dependent care expenses. The tax credit may provide you with a greater benefit than the DCAP if you are in a lower tax bracket. To determine whether the tax credit or the DCAP is best for you, you will need to review your individual tax circumstances. You cannot use the same expenses for both the tax credit and the DCAP, however, you may be able to coordinate the federal dependent care tax credit with participation in the DCAP for expenses not reimbursed through DCAP.

For more information, please call  
**1(800) 274-0503**



**Salt Lake City, UT - Headquarters**  
**Dallas, TX | San Diego, CA | Honolulu, HI**  
**[www.nbsbenefits.com](http://www.nbsbenefits.com)**

**800-274-0503**  
**[service@nbsbenefits.com](mailto:service@nbsbenefits.com)**



Making it Easy

# NBS Mobile App

When you're on the go, save time and hassle with the NBS Mobile App.

Submit claims, check your balances, view transactions, and submit documentation using your device's camera.

## Easy and secure

- Shares user authentication with the NBS portal. Registered users can download the app and log in immediately to gain access to their benefit accounts, with no need to register their phone or your account.
- No sensitive account information is ever stored on your mobile device and all transmissions use encryption.

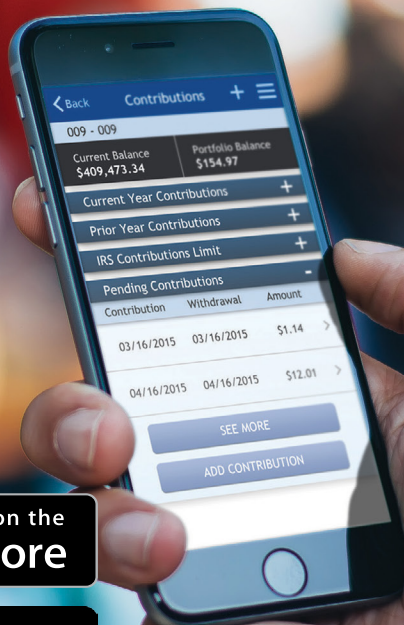
## Includes virtual assistant 'Emma'

- The first voice-activated intelligent assistant for consumer-driven healthcare.
- Ask Emma questions about your account such as:  
How much is my account balance?  
What is the annual contribution limit?  
Can I change my election amount?

## Mobile app features

The NBS mobile app supports a wide variety of features, empowering you to proactively manage your account.

- View account balances
- View claims
- View reimbursement history
- Submit claims
- Submit documentation using your device's camera
- Pay providers
- Setup a variety of SMS alerts
- Edit your personal information
- View contribution details
- View plan information
- View calendar deadlines
- Contact a service representative
- View Benefits Card information



## Benefits Administration



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**Health Savings Account (HSA)**  
**Flexible Spending Account (FSA)**  
**Limited Purpose Flexible Spending Account (LPFSA)**  
**Dependent Care Assistance Program (DCAP)**  
**Health Reimbursement Arrangement (HRA)**  
**Commuter Plans**  
**COBRA Administration and Direct Billing**

---

# The NBS Smart Card

As part of your cafeteria program, you can receive your own NBS Smart Card that makes using your flex dollars easier than ever. As long as the merchant, or service provider, accepts MasterCard credit cards, you don't need to pay cash up front and then wait for reimbursement.

### ***Here's how it works***

1. Enroll in the cafeteria benefit program and select an annual contribution amount.
2. Pre-tax funds are loaded into your account via payroll deduction.
3. You receive your NBS Smart Card in the mail and can use it immediately for qualified expenses. Funds are deducted directly from your flex account.
4. The NBS Smart Card is a debit card, but functions like a credit card, in that you always select "Credit" and sign for purchases. Your card does not require a PIN and you cannot withdraw cash. If the merchant or service provider does not accept MasterCard credit cards, you can simply use another form of payment and submit a claim for reimbursement.
5. Use your card at doctor offices, hospitals, dentist offices, optical centers, pharmacies and other health providers. Purchases made with your Smart Card at these locations will be auto-adjudicated. You will **not** be required to submit a claim for purchases made at these stores! Just swipe your card to pay for eligible items and then provide another tender for non-eligible purchases.

Although you are not required to submit claims for purchases at approved stores, you are required to keep all receipts for every purchase.

You may be required to submit receipts for substantiation on transactions made on the card. Any use of the card for ineligible purchases will require you to repay money into the plan.

NBS Smart Cards are ordered for the account holder when enrollment materials are received and take 7-10 business days to arrive at the account holder's address. After registering on the web portal, account holders may order additional NBS Smart Cards for their dependents.

The NBS Smart Card allows employees to carry a **single card** to manage all their pre-tax reimbursement accounts, including FSA, LPFSA, HSA, HRA and Commuter plans.





# 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:** 66.67% of monthly salary (up to \$8,000)

**Elimination Period:** 7, 14, 30, 60, 90, & 180 day elimination period options available

**Benefit Duration:** Choose from 3 Years, 5 Years, or to Age 65 for accident/sickness

**Pre-Existing Conditions:** For the first 90 days of disability benefits will be covered even if you have a condition subject to the preexisting condition. After 90 days, we will continue benefits only for conditions for which the preexisting condition exclusion or limitation does not apply.

## Understanding Your Plan Design

- **Own Occupation Definition of Disability:** For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation AND are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.
- **Any Occupation Definition of Disability:** After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.
- **Deductible Income:** Deductible income is income you receive or are eligible to receive while LTD benefits are payable.

## Additional Features

- 24-Hour coverage
- Rehabilitation Plan
- Reasonable Accommodation Expense Benefit
- Rehabilitation Incentive Benefit
- Employee Assistance Program
- Survivors Benefit
- First Day Hospital Benefit
- Family Care Expenses Benefit

*Please speak with a Benefit counselor for personalized rates.*



# HOSPITAL INDEMNITY

The Standard'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).

Plan also includes a **Health Screening Benefit of \$200** per calendar year.

Hospital Indemnity Schedule of Benefits		
	Benefit Limits	Payout
Hospital Admission	Once per calendar year	\$1,000
Daily Hospital Confinement <sup>1</sup>	per day, up to 15 days per stay	\$250
Daily Critical Care Unit Confinement <sup>1,2</sup>	per day, up to 15 days per stay	\$250
Health Screening Benefit	Once per calendar year per insured person	\$200

1. Defined as a stay for at least 20 consecutive hours in a hospital setting.

2. Payable in addition to the Hospital Admission and Daily Hospital Confinement benefit you may be eligible to receive.

Monthly Deductions	
Employee Only	\$19.75
Employee + Spouse	\$34.50
Employee + Child(ren)	\$29.00
Family	\$50.70

*Please see page 28, Health Maintenance Screening, for more information.*

# CRITICAL ILLNESS



The Standard's Critical Illness 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.

Plan also includes a **Health Screening Benefit of \$100** per calendar year.

*Please see page 28, Health Maintenance Screening, for more information.*

**Maximum Total Benefit:** 100% of up to \$30,000

**Pre-Existing Condition Limitation:**

12 months prior; excluded for 12 months

1. 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

**Covered Conditions**

**100% of Initial Benefit**

- Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's Disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech



**Employee:**

\$10,000 – \$30,000

Guaranteed Issuance: Up to \$30,000



**Spouse / Domestic Partner:**

50% of the employee's Initial Benefit

Guaranteed Issuance: Up to \$15,000



**Dependent Child(ren):**

50% of the employee's Initial Benefit

Guaranteed Issuance: \$2,500

Please note: Guaranteed Issue amounts are illustrated for new hires.

**25% of Initial Benefit**

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

Please note: Payment of benefit is subject to the terms and conditions of the policy. Diagnosis and recommendation must occur after your coverage becomes effective.

*Please speak with a Benefit 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**. The Standard's Accident Insurance provides additional coverage to help cover medical expenses and living costs when you unexpectedly get hurt.

Plan also includes a **Health Screening Benefit** of **\$100** per insured person per calendar year.

*Please see page 28, Health Maintenance Screening, for more information.*

	Monthly Deductions
Employee Only	\$15.02
Employee + Spouse	\$23.87
Employee + Child(ren)	\$28.21
Family	\$44.20

*Please speak with a Benefit counselor and refer to the Schedule of Benefits provided by The Standard for the full list of coverages.*

	Accident Insurance - Benefit Amounts
Accident Follow-Up Treatment	\$70 (up to 3 treatments)
Accidental Death Benefit Rider	Employee: \$100,000 Spouse: \$50,000 Child(ren): \$25,000
Accidental Death Benefit Rider: Common Carrier	100% of Accidental Death
Ambulance: Ground	\$600
Ambulance: Air	\$1,500
Appliance	\$200
Blood, Plasma, and Platelets	\$600
Burns	Up to \$15,000
Concussion	\$200
Dislocation	Up to \$7,000
Doctor's Office Visit	\$60
Emergency Dental	Up to \$350
Emergency Room Treatment	\$200
Eye Injury	\$300
Fractures	Up to \$10,500
Health Screening Benefit	\$100 per year
Herniated Disc	\$1,000
Hospital Admission	\$1,500
Hospital Confinement	\$400 per day (up to 365 days)
Hospital ICU Admission	\$1,000
Hospital ICU Confinement	\$200 per day (up to 15 days)
Laceration	Up to \$800
Lodging	\$200 per day (up to 30 days)
Physical Therapy	\$50 per day (up to 4 days)
Prosthetic Devices	
Single	\$1,000
Multiple	\$2,000
Tendon / Ligament / Rotator Cuff	
Single	\$1,000
Multiple	\$1,500
Transportation	\$200 (up to 30 days per accident)

# Health Maintenance Screening

## Get a Cash Benefit Each Year for Covered Wellness Exams



Regular checkups are important for the things you depend on — especially your health. You and your covered dependents will receive a cash benefit each calendar year when completing any one of the 20 tests list below. It's all part of the Health Maintenance Screening Benefit that comes with your group insurance from Standard Insurance Company.

### Approved Tests:

- ✓ Abdominal aortic aneurysm ultrasound
- ✓ Ankle Brachial Index (ABI) screening for peripheral vascular disease
- ✓ Biopsies for cancer
- ✓ Bone density screening
- ✓ Breast ultrasound
- ✓ Cancer antigen 125 (CA 125) blood test for ovarian cancer
- ✓ Cancer antigen 15-3 (CA 15-3) for breast cancer
- ✓ Carcinoembryonic antigen (CEA) blood test for colon cancer
- ✓ Colonoscopy
- ✓ Complete Blood Count (CBC)
- ✓ Comprehensive Metabolic Panel (CMP)
- ✓ COVID-19 testing and antibody testing for COVID-19<sup>1</sup>
- ✓ Electrocardiogram (EKG)
- ✓ Hemocult stool analysis
- ✓ Hemoglobin A1C
- ✓ Human Papillomavirus (HPV) vaccination
- ✓ Lipid panel
- ✓ Mammography
- ✓ Mental Health Assessment<sup>1</sup>
- ✓ Pap smears or thin prep pap test
- ✓ Prostate specific (PSA) test
- ✓ Stress test on a bicycle or treadmill

Novel infectious disease and mental health assessment tests are not approved in all states or on all products. Please reference your certificate of coverage to confirm these tests are available.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

<sup>1</sup> Test not available in the state of New York.

Schedule your health screening test today, submit your claim and receive your cash benefit.



**Standard Insurance Company**  
1100 SW Sixth Avenue  
Portland OR 97204

[standard.com](https://standard.com)

GP0614-ACC

SI 17629

Health Maintenance Screening EE  
(2/21)

## NEW BENEFIT!

# CANCER

When you hear that you have cancer, you think about a lot of things. The one thing you don't want to think about is how to pay for all the expenses that come from your medical care and recovery. Medical insurance plans may cover many of the expenses associated with a cancer diagnosis. However, there are many non-medical costs associated with your recovery such as transportation to treatment, child care and lost wages due to your inability to work. If you were diagnosed with cancer, are you confident that you have enough savings to cover all the expenses?

Plan also includes a **Health Screening Benefit** of **\$75 for the Low Plan** and **\$100 for the High Plan** per covered person per calendar year.

	Cancer Insurance	
	Low Plan	High Plan
<b>Positive Diagnosis Test</b>	Up to \$300 per covered person per calendar year	
<b>First Diagnosis Benefit</b>	\$2,500	\$5,000
<b>Extended Care Facility</b>	\$50 per day, not to exceed the number of days that the hospital confinement benefit was paid	
<b>Radiation/Chemotherapy/Immunotherapy</b>	The Incurred Expense up to \$200 per day	The Incurred Expense up to \$500 per day
<b>Physical Therapy or Speech Therapy</b>	\$35 per day	\$35 per day
<b>Pre-Existing Condition Limitation</b>	12 months	12 months
<b>Ambulatory Surgical Center</b>	\$250	\$250
<b>Ambulance</b>	Incurred Expenses for the ambulance services	
<b>Anesthesia</b>	25% of surgery benefit	
<b>Anti-Nausea Drugs</b>	Up to \$250 per covered person per calendar year	
<b>Physician's Attendance</b>	\$35 per visit	\$35 per visit
<b>Blood/Plasma/Platelets</b>	The Incurred Expense up to \$200 per day	
<b>Bone Marrow/Stem Cell</b>	Incurred Expense up to a combined lifetime maximum per covered person of \$15,000	
<b>Drugs and Medicine</b>	\$25 per day of confinement for a calendar year maximum per covered person of \$600	
<b>Private Duty Nursing Services</b>	\$100 per day	\$100 per day
<b>Hospital Confinement<sup>1</sup></b>	\$100 per day	\$200 per day
<b>ICU Rider Benefit<sup>2</sup></b>	\$325 or \$425 per day	\$325 or \$425 per day
<b>Hospice Care</b>	\$50 per day	\$50 per day
<b>Hairpiece</b>	Up to the lifetime maximum of \$150 per covered person	
<b>Surgery</b>	<p>Up to \$1,500 per covered person</p> <p><b>Inpatient Surgery:</b> The lesser of the amount listed on the surgical schedule shown in the Certificate for the applicable surgery; and the surgeon's actual billed charges for the surgery.</p> <p><b>Outpatient Surgery:</b> 150% of the surgery benefit payable for inpatient surgery. However, we will not pay an amount which exceeds the surgeon's actual billed charges for the surgery.</p>	<p>Up to \$3,000 per covered person</p> <p><b>Inpatient Surgery:</b> The lesser of the amount listed on the surgical schedule shown in the Certificate for the applicable surgery; and the surgeon's actual billed charges for the surgery.</p> <p><b>Outpatient Surgery:</b> 150% of the surgery benefit payable for inpatient surgery. However, we will not pay an amount which exceeds the surgeon's actual billed charges for the surgery.</p>

1. For dependent children under the age of 21 the benefit is two (2) times the daily hospital confinement benefit.

2. Confinement for treatment of Cancer or Specified Disease pays 2 times the ICU daily benefit amount per day of confinement. Payable for up to 45 days of confinement per period of confinement.

	Monthly Deductions					
	Low Plan	Low Plan w/ \$325 ICU Rider	Low Plan w/ \$425 ICU Rider	High Plan	High Plan w/ \$325 ICU Rider	High Plan w/ \$425 ICU Rider
<b>Employee Only</b>	\$17.98	\$20.86	\$21.75	\$33.05	\$35.93	\$36.82
<b>Family</b>	\$38.10	\$44.61	\$46.61	\$69.20	\$75.71	\$77.71

**NEW BENEFIT!**



# CANCER GUARDIAN

Every member has access to each of the following services as part of the inclusive per member pricing.

## Genetic Health Screen

The genetic health screen is a full DNA sequence-based panel that analyzes genes for variants (sometimes called mutations) that affect an individual's likelihood of developing numerous critical illnesses. This screen only includes *actionable* variants, we do not test for degenerative diseases that do not have an associated care plan.

- Acropathy
- Cardiomyopathy
- Arrhythmia
- Hereditary Hemorrhagic Telangiectasia
- Familial Hypercholesterolemia
- Pulmonary Arterial Hypertension
- Hereditary Thrombophilia
- Hemophilia
- Wilson Disease
- Hypokalemic Periodic Paralysis
- Hereditary Hemochromatosis
- Ornithine Transcarbamylase Deficiency
- Malignant Hyperthermia Susceptibility
- Alpha-1-Antitrypsin Deficiency
- Congenital Heart Disease
- Familial Hypobetalipoproteinemia
- Neuromuscular Condition
- Includes Reporting of Carrier Status
- Lysosomal Storage Disease
- Glycogen Storage Disease
- Multiple Self-Healing Squamous Epithelioma
- Breast and Gynecological Cancer
- Endocrine Cancer
- Gastrointestinal Cancer
- Hematologic Cancer
- Nervous System/Brain Cancer
- Prostate Cancer
- Sarcoma Cancer
- Skin Cancer
- Colorectal Cancer

## Pharmacogenomics (PGx)

A biomarker panel that covers common genetic variants across a variety of medical categories, affecting hundreds of medications. Everyone will have a unique response to each drug. This response can result in over or under medication, in addition to genetic drug-drug interactions. PGx adds a personalized layer to the pharmacy and can eliminate the lengthy and costly time to find the right set of drugs for each person. The following categories of drugs are covered by PGx and include, but are not limited to:

- Allergy/Pulmonology
- Analgesic/Anesthesiology
- Anti-inflammatory
- Anticoagulant/Antiplatelet
- Cardiovascular
- Endocrinology
- Gastroenterology
- Genetic disease
- Hematology/Oncology
- Immunosuppression
- Infectious disease
- Neurology
- Psychiatry
- Rheumatology
- Sleep medicine
- Urology

	Monthly Deductions
Employee Only	\$15.00
Family	\$30.00



# CANCER GUARDIAN

## Carrier Testing

Understanding the risk for inherited genetic disease when planning a family provides essential knowledge during this emotional process. Advance knowledge of certain conditions (e.g., hemochromatosis) gives parents critical information to avoid serious effects through simple precautions, knowledge of what to look for, and when to seek more intensive help. Genetic inheritance is complex and generally depends on information from both parents.

## Genetic Counseling

All testing through Genomic Life includes expert genetic counselors trained to interpret and educate members and their physicians on the results of their genetic tests. The genetic counselors create a **clinical action plan** that can be shared directly with the member and their providers.

## Family Follow-Up Testing Program

A family follow-up testing program is offered to first-degree blood relatives of members who have a positive result on their genetic health screen. This lab testing is free and must be ordered by a physician. The associated costs of medical services for relatives to acquire the test are not included in the program or paid for by Genomic Life.

## Cancer Navigation

For those members diagnosed with cancer or other hereditary diseases, we increase the precision of care through the following based on the specific condition:

### Cancer Support Specialists

Being a member of Genomic Life means that real people in real-time always support you.

- **Cancer Information Line – Day 1 Service** – speak with an oncology specialist for cancer-related questions, concerns, risk-mitigation strategies, or caregiving guidance
- **Cancer Support Specialist** – if diagnosed with cancer, a dedicated Cancer Support Specialist (CSS) is assigned to provide practical, emotional, and clinical support
- **Expert Pathology Review** – obtain expert second opinion review of diagnosis

### Advanced DNA Testing

Leverage DNA testing innovations to both prevent and combat cancer

- **Genetic Health Screen – Day 1 Service** – better understand your genetic risk for certain hereditary cancers, heart conditions, and additional conditions.
- **Pharmacogenomics (PGx) – Day 1 Service** – 25 biomarkers highlight drug-gene interactions and efficacy
- **Carrier Testing – Day 1 Service** – a genetic test that highlights 289 common recessive issues affecting healthy births
- **Genetic Counseling** – all testing through Genomic Life includes expert genetic counselors who are trained to interpret and educate members and their physicians on the results of their genetic tests.
- **Comprehensive Genomic Profiling (CGP)** – if diagnosed with cancer, CGP interrogates more than 300 cancer-related genes in the tumor, helping inform treatment decisions and clinical trial eligibility

### Cancer Navigation Services

Advanced technology platform to help navigate a potentially confusing cancer journey

- **Clinical Trial Explorer** – personalized clinical trial search, reporting, and enrollment platform

## NEW BENEFIT!

# LEGAL PLAN

## UltimateAdvisor

Attorney fees for most covered legal matters listed below are 100% paid in full when members work with a network attorney unless otherwise indicated in the plan details.

### Civil Damage Claims (Defense)

- Defense of Civil Damage Claims
- Pet-Related Matters

### Consumer Protection Matters

- Consumer Protection
  - Auto Repair Disputes
  - Buying/Selling a New or Used Automobile
  - Consumer Fraud
  - Consumer Protection for Goods and Services
  - Contracts and Financial Disputes
- Insurance Disputes

### Criminal Matters

- Habeas Corpus Proceedings
- Juvenile Court Proceedings
- Parental Responsibilities

### Debt-Related Matters

- Debt Collection
- Garnishment
- Mechanic's Lien
- Personal Bankruptcy
- Student Loan Debt Collection

### Family Law

- Adoption Uncontested /Contested
- Conservatorship Uncontested /Contested
- Divorce Uncontested | Option 2
- Divorce Contested | Option 2 (Up to 30 hours per event)
- Domestic Partnership Agreement
- Domestic Violence
- Egg/Sperm/Embryo Donation Agreement
- Elder Law - Member Support
- Funeral Directive
- Gender Identifier Change
- Guardianship Uncontested/Contested
- Hospital Visitation Authorization

- Incapacity
- Name Change Proceedings
- Pre-Birth/Post-Birth Parentage Order
- Postnuptial Agreements
- Prenuptial Agreements
- Restraining/Protective Orders
- School Administrative Hearings
- Surrogacy Agreement

### General Matters

- Credit Records Correction
- Document Preparation
  - Affidavits
  - Bill of Sale
  - Demand Letters
  - HIPAA Authorization
  - Promissory Notes
- Document Review (any legal document)
- Personal Property Disputes

### Government Benefits

- Medicare/Medicaid Disputes
- Social Security Disputes
- Veterans Benefits Disputes

### Real Estate Matters

#### (Primary and Secondary Residence)

- Building Codes
- Contractor Disputes/Home Improvement
- Deeds and Mortgage
- Easements
- Eminent Domain/Variations/Zoning
- Foreclosure
- Home Equity Loan
- Neighbor Disputes
- Property Tax
- Purchase/Sale of House
- Real Estate Disputes
- Refinancing

### Services for Tenants

- Contracts/Lease Agreements
- Eviction
- Security Deposits
- Tenant Disputes with a Landlord

### Small Claims Court

- Small Claims Assistance

### Tax Matters

- IRS/State/Local Tax Audit
- IRS/State/Local Tax Collection Defense

### Traffic Matters

- Drivers License Restoration with DWI
- Drivers License Suspension and Revocation with DWI
- Minor Traffic
- Minor Traffic - Non-Moving

### Wills and Estate Planning

- Codicil
- Durable/Financial Power of Attorney
- Estate Administration (Up to 9 hours per event)
- Health Care Power of Attorney
- Irrevocable Trust
- Living Will
- Revocable Trust
- Standard /Complex Will

### Additional Services

- DIY Docs®
- Identity Theft Services
- Immigration Assistance
- Learning Center
- Legal Hotline
- Reduced Fee Benefits

## Monthly Deductions

### Employee Only

\$18.25

### Family

\$18.25

### We Make It Easy for Employees to Use the Plan

When members have a legal issue, they can search, locate and connect with network attorneys in multiple ways:



ARAG Legal app available on the App Store and Google Play.



*Please speak with a Benefit counselor for the full list of coverages.*

**NEW BENEFIT!**

# ID PROTECTION

HERE'S WHY WE'RE DIFFERENT

meet the #1 identity protection benefit\*  
now with **cyber protection**



## Comprehensive identity and privacy protection

Members can detect threats to their identity and finances, take control of their data and privacy, get breach intelligence and fraud insights, and stay ahead of the latest security threats. This is total protection for their digital lives.



## The best family protection available

Our family plans ensure employees' loved ones are covered without the typical age or residency restrictions. And now, we've expanded family coverage to include parents, grandparents, and in-laws 65+ — regardless of where they live or whether they receive financial support. It's the best way to protect the whole family for less.



## Advanced financial protection and \$2M expense coverage†

Identity protection is a critical part of an employee's well-being, and helps secure a brighter financial future. We'll cover many fraud-related expenses, including stolen funds, lost wages, and legal fees. We even reimburse funds stolen from 401(k)s, HSAs, unemployment benefits, and tax refunds, which is crucial today.



## Expert remediation and 24/7 support

We make it easy for members to get the assistance they need, whether it's providing helpful resources or expert guidance. Should fraud occur, our specialists fully restore compromised identities, helping members save time, money, and stress. When it comes to remediation, our customer satisfaction score is 99%.



## An award-winning benefit

Named Javelin Strategy & Research's 2022 overall "Best-in-Class" award winner for B2B identity protection service providers, we're acknowledged as a leader in both B2B prevention and B2B resolution.

### Monthly Deductions

**Employee Only**

\$9.50

**Family**

18.50

# NOTES

[illegible]



# **2023 - 2024 EMPLOYEE BENEFITS**