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2024-2025

Employee Benefits Guide

Improving our wellness together!



CONTACTS

If you have any questions regarding your 2024 – 2025 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

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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

DENTAL & VISION

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

DISABILITY

One America
Group Number:
G00625153-0000-000
(800) 553-5318
www.oneamerica.com

PERMANENT LIFE

Chubb
9 Pay Group: DG6
18 Pay Group: DG7
24 Pay Group: DG8
26 Pay Group: DG9
(866) 324-8222
www.chubb.com/us-en

HSA / FSA / COBRA

NBS
Group Number: NBS367674
(800) 274-0503
www.nbsbenefits.com

ACCIDENT CRITICAL ILLNESS HOSPITAL INDEMNITY

Mutual of Omaha
Group Number: G000CJQH
(800) 775-6000
www.mutualofomaha.com/employer-based-plans

MASA

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

LEGAL

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

IDENTITY PROTECTION

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

GENOMIC LIFE

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

BASIC LIFE / AD&D VOLUNTARY LIFE

One America
Group Number:
G00625153-0000-000
(800) 537-6442
www.oneamerica.com

WELLNESS

VirginPulse
(888) 671-9395
www.virginpulse.com

EAP

ComPsych
(855) 387-9727
www.guidanceresources.com
WEB ID: ONEAMERICA3

TELEHEALTH

Recuro Health
(855) 673-2876
www.recurohealth.com

TRAVEL ASSISTANCE

One America
Group Number:
G00625153-0000-000
(800) 575-5014
www.oneamerica.com

CANCER

MetLife (BBA)
Group Number: 3476
(800) 845-7519
www.bbadmin.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, 2024 to August 31, 2025**. Please read this Benefits Guidebook carefully as you prepare to make your elections for the 2024 – 2025 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



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).



VIRGIN PULSE WELLNESS PROGRAM

Join Longview ISD's **FREE** wellness program to get active, eat better and live well. The best part? It's fun, with friends—and you can earn rewards!

We're excited to announce that we've teamed up with Virgin Pulse to offer a new wellbeing program that will help us make healthy choices, be well together, and inspire all of us to live better every day!

The Virgin Pulse platform makes it easy, giving you access to fun new wellness offerings, challenges and programs that give you the choice, support and flexibility you need to reach your wellness goals—and it's all brought together within the top-rated Virgin Pulse app!

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/lisd



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LIFE / AD&D

New Carrier! - One America

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 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. 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: Not to exceed 5 times employee's annual base salary in increments of \$10,000
Minimum Benefit: \$10,000
Maximum Benefit: \$500,000
Guaranteed Issuance: \$150,000

Spouse
Coverage: 50% of the employee's benefit in increments of \$5,000
Minimum Benefit: \$5,000
Maximum Benefit: \$100,000
Guaranteed Issuance: \$25,000

Child - 6 months to age 26
Benefit: \$10,000
Guaranteed Issuance: \$10,000
Limiting Age: 26

Monthly Deductions (per \$1,000)		
Age	Employee	Spouse
<20	\$0.044	\$0.048
25-29	\$0.044	\$0.048
30-34	\$0.052	\$0.051
35-39	\$0.060	\$0.065
40-44	\$0.100	\$0.098
45-49	\$0.140	\$0.176
50-54	\$0.230	\$0.332
55-59	\$0.412	\$0.590
60-64	\$0.636	\$1.348
65-69	\$1.068	\$2.366
70+	\$1.700	\$4.151

Child Coverage: Monthly Deductions	
\$10,000	\$1.740

Please speak with a Benefit counselor for personalized rates.



Your ComPsych® GuidanceResources® Program

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

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
- › “Ask the Expert” personal responses to your questions
- › Child care, elder care, attorney and financial planner searches

Free Online Will Preparation

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



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.

Peace of Mind When Traveling

Travel assistance

Emergencies happen, but help is now only a phone call or email away. On Call International® offers a suite of services to help you in your time of need — from small inconveniences like losing your luggage 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 for business or leisure. The Travel Assistance benefit protects you when covered under a OneAmerica® company group life insurance policy. It also extends coverage to your spouse, domestic partner and children (under 21 or 25 and living at home as a full-time student) even when they are traveling without you. The Travel Assistance benefit requires no additional premium; however, exclusions do apply.

Medical assistance and transportation services

Pre-trip plan to provide up-to-date information regarding required vaccinations, health risks, travel restrictions and weather conditions.

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

24-hour nurse help line to provide clinical assessment, education and general health information.

Replacement of prescriptions and eyeglasses that have been lost or stolen by consulting with the prescribing provider to transfer prescription to or arranging an appointment with a local provider.

Medical, behavioral or mental health, dental and pharmacy referrals to assist in finding care providers and medical facilities.

Coordination of benefits by requesting health information from the participant and attempting to coordinate benefits during an active travel assistance case.

Emergency medical evacuation to arrange and coordinate air and/or ground transportation and medical care during transportation to the nearest hospital where appropriate care is available.

Medical repatriation to arrange the transport of the participant with a qualified medical attendant, if medically necessary, to their residence or home hospital.

Return of remains to arrange the transportation of a participant's remains to their home in the event of their death while traveling.



24-hour travel assistance

Travel Assistance is made available through OneAmerica® by an agreement with On Call International®

1-800-575-5014 (US/Canada)

1-603-898-9172 (call collect from other locations)

Email: mail@oncallinternational.com



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Travel assistance services

- Pre-trip information
- 24/7 emergency travel arrangements
- Translator and interpreter referral
- Emergency travel funds assistance
- Legal consultation and referral
- Lost or stolen travel documents assistance
- Emergency messaging
- Lost luggage assistance

Note: Group life products are issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN., a OneAmerica company. Not available in all states or may vary by state. Travel assistance provided by On Call International®, On Call International is not an affiliate of AUL, and is not a OneAmerica company. On Call International provides noted services for covered individuals and approved dependents. Services may be unavailable in countries currently under U.S. economic or trade sanctions. Please refer to your policy for covered limits and eligibility details.

This is a brief summary of coverage for insured participants. This is not a contract of insurance. Coverage is governed by an insurance policy issued to OneAmerica®. The policy is underwritten by International Insurance Co. of Hannover Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with OneAmerica. If there is a difference between this program description and the certificate wording, the certificate controls.



**When contacting On Call International,
be prepared to provide:**

- The name of your employer
- A phone number where you can be reached

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PERMANENT LIFE

New Carrier! - Chubb

Chubb's fully-portable Permanent 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.

You	Spouse/Domestic Partner	Dependent Children/Grandchildren
<p>Age Range: 19 to 70 Guaranteed Issue: \$100,000 Conditional Guaranteed Issue: \$150,000 Simplified Issue: \$225,000</p>	<p>Age Range: 19 to 70 Conditional Guaranteed Issue: \$75,000 Simplified Issue: \$112,500</p>	<p>Minimum Benefit: 15 days - 25 years Guaranteed Issue: \$25,000</p>

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):** Employees can receive 50% of their death benefit immediately, up to \$100,000, if they are diagnosed as terminally ill.
- **Long-Term Care (LTC):** Death benefits can be paid early for home health care, assisted living, adult day care and nursing home care. Early payments equal 4% of the death benefit per month for up to 25 months. Premiums are waived while this benefit is being paid.
- **Restoration of Death Benefit:** Accelerating the life coverage for LTC benefits can reduce the death benefit to \$0. This rider restores the life coverage to 50% of the death benefit, up to a maximum of \$50,000
- **Child Term Rider:** Death Benefits available up to \$25,000. Guaranteed conversion to individual coverage at age 26 – up to 5 times the benefit amount.


Please speak with a Benefit counselor for personalized rates.



MEDICAL INSURANCE



2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 – Aug. 31, 2025



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

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	\$3,200/\$6,400	\$6,400/\$12,800
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	\$8,050/\$16,100	\$6,900/\$13,800	\$8,050/\$16,100	\$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™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation	
TRS Virtual Health-Teladoc®	\$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	

How to Calculate Your Monthly Premium

Total Monthly Premium

— Your Employer Contribution

— Your Premium

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

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

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 Primary Care Providers 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

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 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 copay per incident)
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



MEDICAL PREMIUMS

	Per Paycheck Deductions: ActiveCare Primary		
	Monthly	Custodian (24)	Café / Bus (18)
Employee Only	\$244.00	\$122.00	\$162.67
Employee + Spouse	\$1,042.00	\$521.00	\$694.67
Employee + Child(ren)	\$573.00	\$286.50	\$382.00
Family	\$1,370.00	\$685.00	\$913.33

	Per Paycheck Deductions: ActiveCare HD		
	Monthly	Custodian (24)	Café / Bus (18)
Employee Only	\$259.00	\$129.50	\$172.67
Employee + Spouse	\$1,082.00	\$541.00	\$721.33
Employee + Child(ren)	\$598.00	\$299.00	\$398.67
Family	\$1,421.00	\$710.50	\$947.33

	Per Paycheck Deductions: ActiveCare Primary +		
	Monthly	Custodian (24)	Café / Bus (18)
Employee Only	\$326.00	\$163.00	\$217.33
Employee + Spouse	\$1,208.00	\$604.00	\$805.33
Employee + Child(ren)	\$712.00	\$356.00	\$474.67
Family	\$1,594.00	\$797.00	\$1,062.67

	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

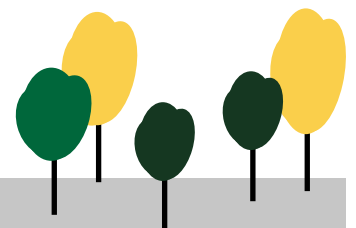
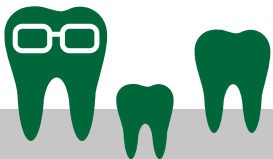
Carrier - Humana

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 which also includes **3 free cleanings per year**.

	Dental Traditional Plus 09	
	In-Network	Out-of-Network ¹
Calendar-Year Deductible	\$50 indiv.; \$150 family	\$50 indiv.; \$150 family
Calendar-Year Annual Maximum	\$1,000	\$1,000
Preventive Services Oral Exams, Cleanings, X-rays Sealants, Fluoride Treatments	100% no deductible	100% no deductible
Basic Services Fillings, Space Maintainers, Basic Extractions	80% after deductible	80% after deductible
Major Services Crowns, Dentures, Bridges, Root Canals, Extractions, Periodontal Maintenance, Complex Surgical Extractions	50% after deductible	50% after deductible
Orthodontia (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
Employee Only	\$32.42
Employee + Spouse	\$63.71
Employee + Child(ren)	\$69.81
Family	\$104.33





VISION

Carrier - Humana

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)
Copays		
Exam (yearly)	\$10	Up to \$30
Retinal Imaging ¹	Up to \$39	Not Covered
Contacts Exams		
Standard (lens fit & follow-up)	Up to \$40	Not Covered
Premium (lens fit & follow-up)	10% off retail	Not Covered
Lenses (yearly)		
Single Vision		Up to \$25
Bifocals	\$15	Up to \$40
Trifocals		Up to \$60
Lenticular		Up to \$100
Frames (yearly)	\$130 allowance, 20% off balance over \$130	\$65 allowance
Contacts² (yearly)		
Conventional	\$130 allowance, 15% off balance over \$130	\$104 allowance
Disposable	\$130 allowance	\$104 allowance
Medically Necessary	Covered in full	\$200 allowance
Lasik or PRK³	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
Employee Only	\$6.88
Employee + Spouse	\$10.32
Employee + Child(ren)	\$11.89
Family	\$17.84



NextGen Care

Primary Care

Whole-Person Virtual Care

Top primary care physicians provide personalized care virtually through message-based and video interactions, no matter your location or circumstance.



RECURO
HEALTH

✓ Dedicated Physician

✓ Primary Care Services

✓ Electronic Prescription Ordering

✓ Health Risk Assessment

✓ Integrated Urgent Care

✓ Chronic Care Management

Product Highlights



"member.recurohealth.com"

Comprehensive

An integrated care team with board-certified primary care physicians enables whole-person care with a personal touch.

Convenient

Market-leading patient access means no long appointment waits or barriers to accessing care.

Preventative

A proactive approach that includes risk stratification enables early intervention to improve patient experience and outcomes.



RECURO
HEALTH

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**Virtual
Care
Platform**

NEXTGEN CARE

BENEFITS

Conditions Treated

- Prediabetes / Diabetes
- Hypertension
- High Cholesterol
- Obesity Management
- GI Tract Issues
- Respiratory Illness
- Arthritis
- Allergic Conditions
- UTIs / Vaginitis
- Anemia
- Cold / Flu
- Rashes

Product Details

Dedicated Physician

Patients can choose a consistent provider who meets their needs and preferences.

Primary Care Services

Annual wellness exam, health risk assessment review, follow-up visits, care plan dev "member.recurohealth.com" support, chronic condition management, post-visit lab ordering and review, and specialist coordination.

Electronic Prescription Ordering

Prescriptions are immediately sent to the patient's preferred pharmacy for easy pickup.

Health Risk Assessment

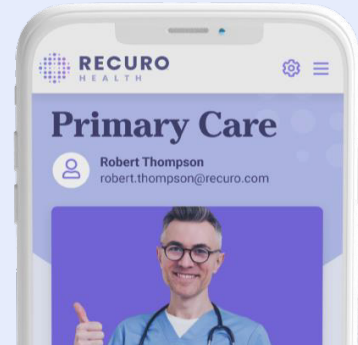
A comprehensive risk assessment covers physical and behavioral health, lifestyle, and other areas.

Integrated Urgent Care

24/7 urgent care access is included in the primary care solution.

Chronic Care Management

Care teams identify and manage chronic conditions on an ongoing basis.



Up to
\$500

Did you know?

Patients can save between \$400 - \$500 in episodic savings per consultation.¹

(1) [Source](#)



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NextGen Care

Urgent Care

24/7 Acute Care Access

24/7 access to board-certified doctors for treatment of common medical concerns with ongoing communication with your doctor. Accessible virtually through phone, web, and desktop computer.



Product Highlights



Coordinated

If needed, urgent care can seamlessly transition to Recuro's ongoing virtual primary care

["member.recurohealth.com"](https://member.recurohealth.com) health and preempt future issues.



Convenient

Patients can see a board-certified physician wherever they are, whenever they need it.



Personalized

Patients receive treatment plans based on their unique needs and can ask follow-up questions to their doctors after the visit, free of charge.



24/7 Access



Multi-Channel Options



Electronic Prescription Ordering



Consult Transcriptions



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11
Minutes

Did you know?

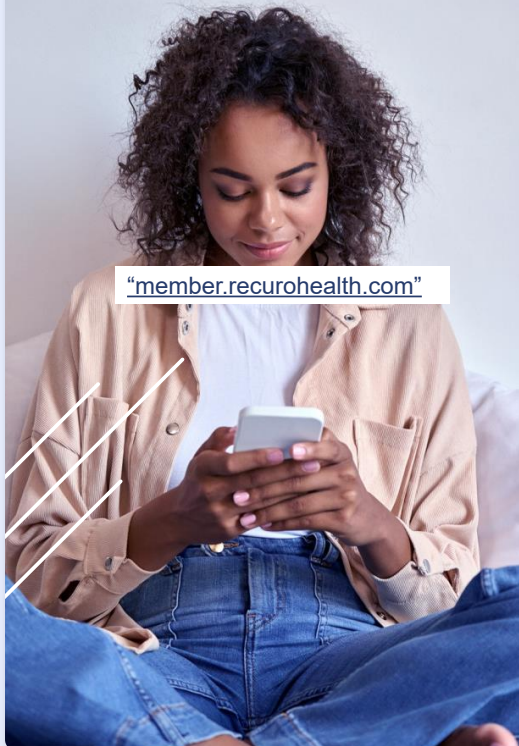
The average wait time for an urgent care consult is only 11* minutes.

*Subject to provider listed availability

**Virtual
Care
Platform**

NEXTGEN CARE

BENEFITS



Product Details

24/7 Access

Recuro physicians are available whenever our patients need them, day or night.

Multi-Channel Options

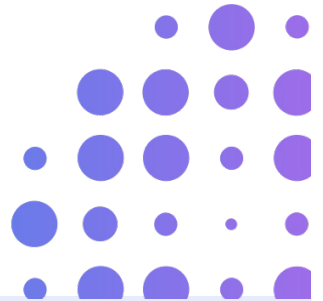
Live video, phone, and messaging options let each patient receive care the way they like.

Consult Transcription

Consults can be recorded and transcribed, allowing patients continuous access to information.

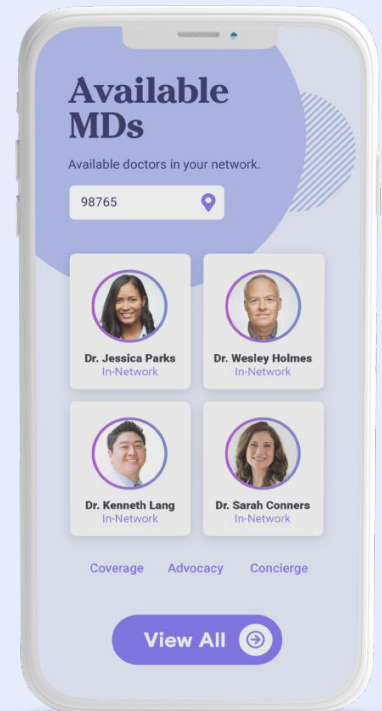
Electronic Prescription Ordering

Prescriptions are immediately sent to the patient's preferred pharmacy for easy pickup.



Conditions Treated

- Acne / Rashes
- Allergies
- Cold / Flu / Cough
- GI Issues
- Ear Problems
- Fever / Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Respiratory Issues
- UTI's / Vaginitis
- And More



RECURO
HEALTH

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NextGen Care

Behavioral Health

Collaborative Mental Wellness

Comprehensive behavioral health care from therapy and counseling to psychiatry and medication management, all delivered virtually.



RECURO
HEALTH

✓ Psychiatry

✓ Therapy and Counseling

✓ Health Risk Assessment

✓ Risk Stratification

✓ Integrated Prescriptions

✓ PGx Testing

✓ Integrated Lab Testing

✓ Primary Care Coordination

Product Highlights



["member.recurohealth.com"](https://member.recurohealth.com)

Holistic

Primary care and behavioral health doctors collaborate closely to ensure coordinated treatment plans that care for the whole patient.



Targeted

Pharmacogenetic (PGx) testing ensures the right behavioral health medication is prescribed, the first time.



Accessible

While today behavioral healthcare is difficult to access for so many, at Recuro it is available and affordable.



RECURO
HEALTH

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**Virtual
Care
Platform**

NEXTGEN CARE

BENEFITS

Conditions Treated

- ADHD / ADD
- Depression
- Anger Management
- Stress
- Anxiety
- Eating Disorders
- Bipolar Disorder
- Grief & Loss
- Sleeping Disorders
- PTSD
- Smoking Addiction
- OCD
- Substance Abuse
- And More

Product Details

Psychiatry

Psychiatry and behavioral health medication management.

Therapy and Counseling

Therapy and counseling services from social workers and psychologists.

Integrated Prescriptions

Prescriptions are immediately sent to the patient's preferred pharmacy for € "member.recurohealth.com"

Risk Stratification

Analytics to identify those most at risk of behavioral health challenges to proactively engage and treat.

PGx Testing

Pharmacogenetic testing to personalize the right medication and dosage for each patient, based on their genes.

Integrated Lab Testing

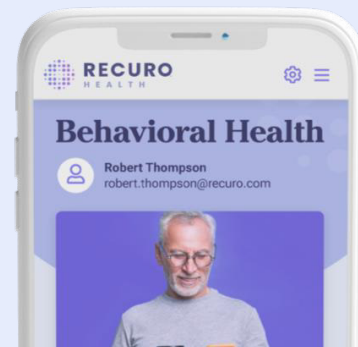
Post-visit lab testing where needed, integrated within the Recuro platform.

Health Risk Assessment

Behavioral health-focused risk assessment including depression and anxiety.

Primary Care Coordination

Primary care and behavioral health can be integrated to provide holistic patient care.



**48
Hours**

Did you know?

Behavioral health visits are available within 48 hours*, far more accessible than other options.

*Subject to provider listed availability



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HEALTH SAVINGS ACCOUNT

Carrier - NBS

How does a HSA work?

In 2024, the IRS increased the HSA maximums. You can deposit up to \$4,150 for yourself or up to \$8,300 for your family, into your HSA. Employees age 55 and older can contribute up to an additional \$1,000 each calendar year. This limit is set by the IRS. You can use money in your HSA to pay for insurance deductibles and medical care/supplies like dentistry, ophthalmology, and prescription drugs. When you enroll, an account will be created for you. You'll be given access to a secure, easy-to-use web portal where you can track your account balance and submit requests for reimbursements.

In addition, you'll be issued an HSA Benefits Card you can use at point-of-sale to pay for qualified medical expenses. You can request reimbursement distributions online at www.nbsbenefits.com or call (800) 274-0503.

Unlike a Flexible Spending Account (FSA), where funds are advanced at the beginning of the plan year, HSA funds are not advanced. Instead, only the funds available in the HSA to cover medical expenses can be withdrawn as needed. The account balance can roll over from year to year, allowing the account holder to accumulate savings in the HSA for future medical expenses.

Distributions can be made payable to you or a provider. Contributions above the yearly limit are called excess contributions and could be subject to a six percent excise tax.

	2024
Individual	\$4,150
Individual (age 55+)	\$5,150
Family	\$8,300
Family (age 55+)	\$9,300

Note: HSA funds can roll over from year to year!

HSA Eligibility

You are eligible to open and contribute to an HSA if:

- You are enrolled in a High Deductible Health Plan (HDHP);
- You are not covered by your spouse or domestic partner's non-HDHP health plan;
- You are not eligible to be claimed as a dependent on someone else's tax return;
- You are not enrolled in Medicare or TRICARE; and
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care (service-related care will not be taken into consideration).

Triple Tax Savings!

You can take advantage of 'triple tax savings' when you open an HSA with NBS. That's because...

- Your contributions are pre-tax (or tax deductible);
- Your account balance grows tax-free; and
- Withdrawals for qualified medical expenses are also tax-free.

Plan Highlights

Health Savings Account (HSA)



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

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



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.



FLEXIBLE SPENDING ACCOUNT

Carrier - NBS

How much can I contribute?

To participate, decide how much you would like to contribute to one or both accounts for the year. The money you allocate to each account is automatically deducted from your paycheck each pay period before taxes are calculated.

- Health Care FSA you could contribute up to the maximum of \$3,200 for the 2024 year.
- Dependent Care FSA you could contribute up to the maximum of \$5,000 for the 2023 year. The exceptions are:
 - If you and your spouse file separate tax returns, you may contribute \$2,500 per year.
 - If your spouse is employed, your maximum contribution is the lesser of your spouse's taxable income (but no more than \$5,000)
 - If your spouse is a full-time student or they are physically or mentally disabled, your maximum contribution is \$2,500 a year if you claim expenses for one dependent and \$5,000 a year if you claim expenses for two or more dependents.

Note: Health Care FSA funds can carryover a maximum of \$640 for the year of 2024.

IRS FSA Contribution Limits	
2024	
Health Care FSA (Individual)	\$3,200
Dependent Care FSA	\$5,000

General Rules and Restrictions

In exchange for the tax advantages FSAs offer, the IRS has imposed the following rules and restrictions for both Health Care FSA and Dependent Care FSA:

- You may only use the money in your FSAs to reimburse expenses that you have incurred during the plan year for which the FSA was established.
- IRS requires you to use all of the money in your account by the end of the year or you lose it. This is called the "use it or lose it" rule.
- You cannot transfer monies between a Health Care FSA and a Dependent Care FSA.
- You cannot begin, stop, or change the amount of your FSA contributions during the calendar year unless you experience a Qualifying Life Event (such as: marriage, divorce, or the birth/adoption of a child). Contact Benefits.
- You cannot claim expenses that are reimbursed through your FSA as a deduction on your income tax return.
- Reimbursement for Dependent Care FSA claims is only up to the total amount that is in your account at that time.
- The dependent care provider cannot be anyone considered your dependent for income tax purposes (such as one of your older children). In order to be reimbursed, you are required to provide the tax identification number or Social Security number of the party providing care.

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.

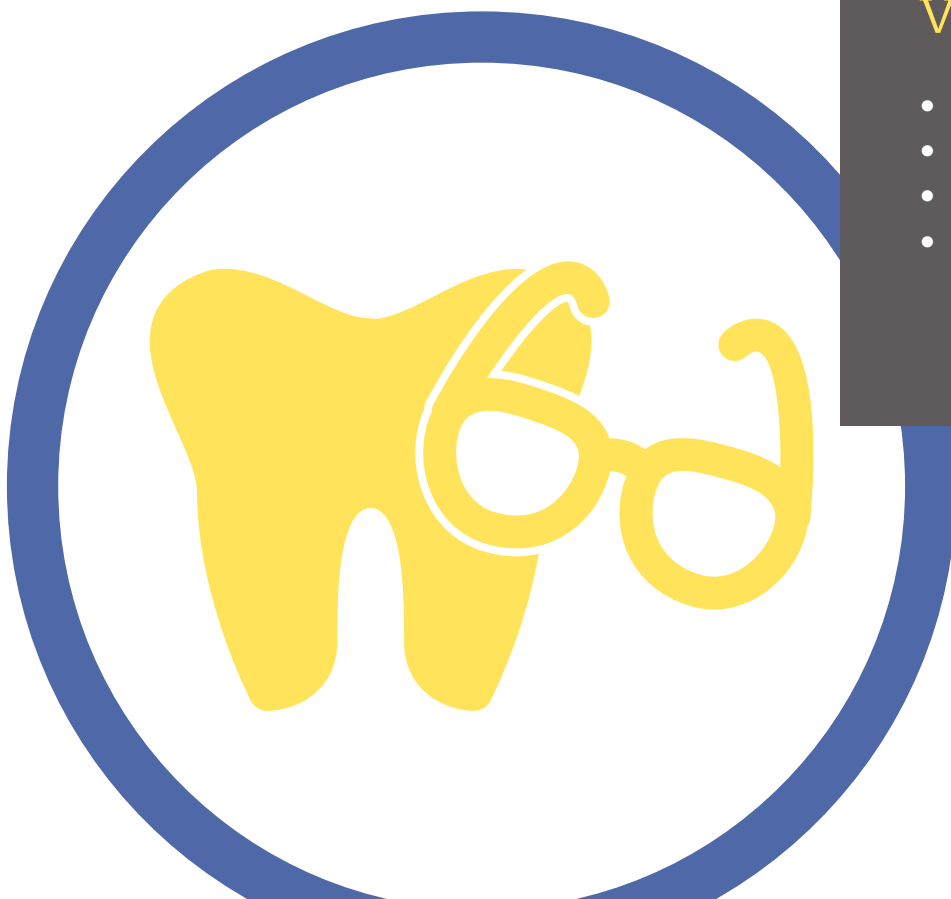
Dental Expenses

- 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 (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.

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

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

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

Shop FSA Store at fsastore.com/nbs



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



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

New Carrier! - One America

One America's 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: Increments of \$100 with a minimum of \$200 and a maximum of \$8,000

Elimination Period: 7/7, 14/14, 30/30, 60/60, 90/90, & 180/180 days

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

Pre-Existing Conditions: 3/12

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.
- **Maternity claims are paid in lump sum.**

Please speak with a Benefit counselor for personalized rates.



OneAmerica[®] Express Claims

Helping loved ones focus on what really matters

OneAmerica understands the financial urgency families face upon the loss of a loved one. We put our resources to work and with empathy and compassion, our team can process claims and deliver payment within two days.

OneAmerica Express Claims

OA Express provides an expedited payment of life insurance funds to help keep things steady during this difficult time. These disbursements can help cover immediate expenses such as funeral costs and medical bills.

- Pays claims up to \$25,000
- Includes employer-paid basic life, voluntary life and dependent life
- Available for covered employees, spouses, dependent children and retirees
- Claim form must be completed and submitted via fax, email or online
- Death certificate may not be required in many situations
- Payment is released within two business days of confirmation of eligibility

To learn more about OneAmerica Express and our commitment to being there for all the moments, today and every day, reach out to your local sales representative or your trusted employee benefits broker.

Note: Products issued and underwritten by American United Life Insurance Company[®] (AUL), Indianapolis, IN, a OneAmerica company.

ONEAMERICA[®] is the marketing name for the companies of OneAmerica | [OneAmerica.com](https://www.OneAmerica.com)

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G-36676 10/12/23



HOSPITAL INDEMNITY

New Carrier! - Mutual of Omaha

Mutual of Omaha'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 \$150** per calendar year.

Hospital Indemnity Benefit Amounts	
Hospital Admission	\$1,000 per admission
Daily Hospital Confinement	\$250 per day
ICU Admission	\$1,000 per admission
Daily ICU Admission	\$250 per day
Express Benefits *	\$250

*Equal to one daily hospital confinement

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



CRITICAL ILLNESS

New Carrier! - Mutual of Omaha

Mutual of Omaha'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.

Employee*	Spouse/Domestic Partner*	Dependent Child(ren)
Minimum: \$10,000 Maximum: \$30,000 Guaranteed Issue: \$30,000	Minimum: \$5,000 Maximum: 100% of employee's CI Principal Sum, up to \$30,000 Guaranteed Issue: \$30,000	50% of the employee's Initial Benefit Guaranteed Issue: \$15,000

*Age Reduction for employee and spouse will reduce by 50% at age 70.

Covered Conditions

100% of Initial Benefit

- Heart Attack
- Heart Transplant
- Stroke
- ALS (Lou Gehrig's)
- Advanced Alzheimer's,
- Advanced Parkinson's
- Major Organ Transplant
- Renal (kidney) Failure
- Cerebral Palsy
- Structural Congenital Defects
- Genetic Disorders
- Congenital Metabolic Disorders
- Type 1 Diabetes
- Cancer (Invasive)

50% of Initial Benefit

- Bone Marrow Transplant

25% of Initial Benefit

- Heart Valve Surgery
- Coronary Artery Bypass
- Aortic Surgery
- Acute Respiratory Distress Syndrome (ARDS)
- Carcinoma in Situ
- Benign Brain Tumor

Please speak with a Benefit counselor for personalized rates.



ACCIDENT INSURANCE

New Carrier! - Mutual of Omaha

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**. Mutual of Omaha'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 calendar year.

	Accident Insurance - Benefit Amounts
Emergency Room	\$500
Urgent Care	\$425
Ambulance	
Ground	\$500
Air	\$2,000
Fractures	
Surgical	Up to \$12,000
Non-Surgical	Up to \$6,000
Dislocations	
Surgical	Up to \$12,000
Non-Surgical	Up to \$6,000
Lacerations	Up to \$1,500
Dental	Up to \$400
Burns	Up to \$25,000
Hospital Admission	\$2,000
Daily Confinement	\$400 per day
ICU Confinement	\$800 per day
Facility Confinement	\$300 per day
Surgical	Up to \$5,000
Diagnostic	Up to \$400
Physician Follow-Up Office Visit	\$150; up to 6 per accident
Therapy Services	\$75; up to 6 per accident
Medical Device	\$300
Prosthetic Device(s)	\$1,250; up to 2 per accident
Transportation	\$400 per trip
Lodging	\$200 per night
Childcare	\$30 per day
Lodging	\$200 per day
Principal Sum (PS)*	You: \$110,000 Spouse: \$55,000 Child(ren): \$20,000
Common Carrier Accidental Death	300% of PS
Coma	25% of PS

	Monthly Deductions
Employee Only	\$12.77
Employee + Spouse	\$20.29
Employee + Child(ren)	\$23.98
Family	\$43.10

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

*Principal Sum (PS) is the amount of catastrophic insurance which reduces for employee/spouse by 50% when age 70 reached.



CANCER

Carrier - MetLife (BBA)

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
Positive Diagnosis Test	Up to \$300 per covered person per calendar year	
First Diagnosis Benefit	\$2,500	\$5,000
Extended Care Facility	\$50 per day, not to exceed the number of days that the hospital confinement benefit was paid	
Radiation/Chemotherapy/Immunotherapy	The Incurred Expense up to \$200 per day	The Incurred Expense up to \$500 per day
Physical Therapy or Speech Therapy	\$35 per day	\$35 per day
Pre-Existing Condition Limitation	12 months	12 months
Ambulatory Surgical Center	\$250	\$250
Ambulance	Incurred Expenses for the ambulance services	
Anesthesia	25% of surgery benefit	
Anti-Nausea Drugs	Up to \$250 per covered person per calendar year	
Physician's Attendance	\$35 per visit	\$35 per visit
Blood/Plasma/Platelets	The Incurred Expense up to \$200 per day	
Bone Marrow/Stem Cell	Incurred Expense up to a combined lifetime maximum per covered person of \$15,000	
Drugs and Medicine	\$25 per day of confinement for a calendar year maximum per covered person of \$600	
Private Duty Nursing Services	\$100 per day	\$100 per day
Hospital Confinement¹	\$100 per day	\$200 per day
ICU Rider Benefit²	\$325 or \$425 per day	\$325 or \$425 per day
Hospice Care	\$50 per day	\$50 per day
Hairpiece	Up to the lifetime maximum of \$150 per covered person	
Surgery	<p>Up to \$1,500 per covered person</p> <p>Inpatient Surgery: 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>Outpatient Surgery: 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>Inpatient Surgery: 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>Outpatient Surgery: 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
Employee Only	\$17.98	\$20.86	\$21.75	\$33.05	\$35.93	\$36.82
Family	\$38.10	\$44.61	\$46.61	\$69.20	\$75.71	\$77.71



\$14/month

Stay prepared with MASA[®] AccessSM

Comprehensive coverage and care for emergency transport.

Our Emergent Plus membership plan includes:

Emergency Ground Ambulance Coverage¹

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

Emergency Air Ambulance Coverage¹

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

Hospital to Hospital Ambulance Coverage¹

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

Repatriation Near Home Coverage¹

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

Coverage territories

¹: United States and Canada.

Disclaimers

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not guarantee coverage and do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums, benefits, and coverage vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, visit: <https://info.masamts.com/masa-mts-disclaimers>



Did you know?

51.3 million

emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMSIS, National EMS Data Report, 2023

About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no “out-of-network” ambulance. Just send us the bill when it arrives and we’ll work to ensure charges are covered. Plus, we’ll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family’s financial future with MASA.

Unlock your DNA and genetics to better understand your health

The Genomic Life benefit helps navigate our members to the genomics that matter. Understanding one's unique genetics helps uncover health risks, inform treatment, and offer effective approaches to optimize health. The program comprises the following valuable features:

Essential Genomics

A suite of genetic tests offering insights into health and predisposition to diseases, specifically cancer. The genetic tests and features include:

- Genetic Health Screen
- Pharmacogenomics
- Carrier Testing
- Clinical Action Plan
- Genetic Counseling
- Member Support
844-MYGENOME
memberservices@genomiclife.com

How to Get Started

- 1 Access the secure platform for recommended tests
- 2 Provide a saliva sample from the comfort of your home
- 3 Review your results with a genetic counselor and share results with your doctor

Precision Cancer Genomics

If diagnosed with cancer, members receive ultra-personalized oncology navigation to tailor treatment and receive support and expert resources for shared decision-making.

Cancer Support Encompasses:

- Oncology Navigation
- Diagnostic Inherited Cancer Panel
- Expert Pathology Review
- Comprehensive Genomic Profiling
- Focused Molecular Testing
- Liquid Biopsy for Screening and Monitoring
- Pharmacogenomics Test for Cancer
- Pre- and Post-Test Genetic Counseling
- Physician Consult
- Clinical Information Line
- Clinical Trial Education
- Genomic Life Platform

“The expertise, dedication, and support from Jess at Genomic Life made me go from drinking from a fire hose, feeling overwhelmed and lost to feeling confident, blessed, and in control of my life again. They are truly helping me battle this disease.” – Michael Murray, Member

1 in 6

*Roughly 1 in 6 people carry a genetic change that increases their risk for diseases that have medical interventions available.**

99%

*Breast cancer, when detected at an early stage, has a 99% survival rate in the first five years***

This information is designed to help you choose a benefit plan for 2024 only. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations, and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail. Legal Disclosure: Genomic Life™ is not an insurance company. The Service does not provide payment or reimbursement of payment for treatment costs of any kind. Privacy and Confidentiality: Genomic Life takes your privacy very seriously. No identifiable protected health information is provided to any third-party without your expressed written consent. For more information on our Terms & Conditions and Privacy Policy, please visit www.genomiclife.com

* Haverfield, EV et al. Physician-directed genetic screening to evaluate personal risk for medically actionable disorders: a large multi-center cohort study. BMC Med. 2021 Aug 18;19(1):199.
** <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/2022-2024-breast-cancer-fact-figures-acr.pdf>

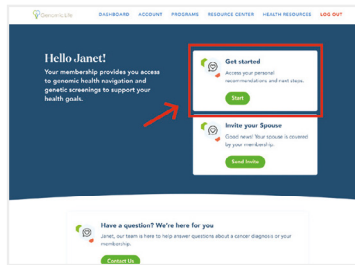
Starting your Genomic Life is easy!

Genomic Life’s program helps navigate you to the genetics that matter, turning personal genetic insights into impactful clinical actions. Understanding your unique genetics helps to uncover health risks, inform treatment, and offer effective approaches to optimize health.

How to get started

- 1 Activate your account by going to member.genomiclife.com/platform, enter your work email and follow the prompts to create your password
- 2 Go to member.genomiclife.com to login and go through a simple onboarding process
- 3 Once on your dashboard, follow the prompts to “Get Started” to unlock your genetic insights.

You’ll receive personalized recommendations based on your needs, health, and family history to order genetic tests tailored for you.
- 4 When genetic screening kits arrive, follow the directions provided in the package
- 5 Receive your results within 21 days
- 6 Review your results with a board-certified Genetic Counselor
- 7 Remember to share results with your Doctor



Have questions?
Call us at **844-MYGENOME**
Visit us at **GenomicLife.com**

1 in 6
Roughly **1 in 6** people carry a genetic change that increases their risk for diseases that have medical interventions available. *

	Monthly Deductions
Employee Only	\$15.00
Family	\$30.00

* Haverfield, EV et al. Physician-directed genetic screening to evaluate personal risk for medically actionable disorders: a large multi-center cohort study. BMC Med. 2021 Aug 18;19(1):199.
Legal Disclosure: Genomic Life™ is not an insurance company. The Service does not provide payment or reimbursement of payment for treatment costs of any kind. Privacy and Confidentiality: Genomic Life takes your privacy very seriously. No identifiable protected health information is provided to any third-party without your expressed written consent. For more information on our Terms & Conditions and Privacy Policy, please visit www.genomiclife.com

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/Variances/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.

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



2024 - 2025 EMPLOYEE BENEFITS