









2025-26
OPEN ENROLLMENT
LONGVIEW ISD

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INTRODUCTION

Longview ISD will be utilizing FBMC Benefits Management's services for our benefit communication and enrollment this year. FBMC's Benefits 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 decisions.

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 plans for September 1, 2025 to August 31, 2026. Please read this Benefits Guidebook carefully as you prepare to make your elections for the 2025 - 2026 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.



WELCOME TO OPEN ENROLLMENT!

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) 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.

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.

WHEN DOES COVERAGE BEGIN?

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

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.

WHO IS ELIGIBLE?

- All Full-Time Team Members who work a minimum of 20 hours per week and are at least age 18 can enroll themselves and eligible dependents in any of the available benefits. 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.



IMPORTANT NOTE:

CHANGE IN STATUS

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!

HOW TO ENROLL

To enroll in your benefits as a new hire or to make changes during open enrollment call FBMC to speak with a Benefits Counselor.

Before you speak with a Benefits Counselor, please have the following details on hand for all of your dependents:

- Full Names
- Birth Dates
- Social Sec. #
- Phone #'s & Addresses

BENEFITS SERVICE CENTER:



MON - FRI
(CST) 7AM - 6PM



877-285-7933

LEARN MORE

Scan the QR code for full plan documents & details.





BENEFITS DIRECTORY



BENEFITS SERVICE CENTER

🕒 MON - FRI: 7am - 6pm (cst)

☎ 877-285-7933

MEDICAL

► BCBSTX

PLAN #'s

HD	385000	Primary+	385001
Primary	385003	AC 2	385002

☎ 866-355-5999

🌐 BCBSTX.com/TRSActivecare

DENTAL, VISION

► Humana

PLAN #: 673256

☎ 800-233-4013

🌐 Humana.com

DISABILITY

► OneAmerica

PLAN #: G00625153-0000-000

☎ Claims 855-517-6365

Customer Service 800-553-5318

🌐 OneAmerica.com

PERMANENT LIFE

► CHUBB

PLAN #'s

24 Pay DG8

26 Pay DG9

☎ 866-324-8222

🌐 chubb.com/us-en

HSA/FSA, COBRA

► NBS

PLAN #: NBS367674

☎ 800-274-0503

🌐 NBSBenefits.com

ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY

► Mutual of Omaha

PLAN #: G000CJQH

☎ 800-775-6000

🌐 MutualofOmaha.com/employer-based-plans

MEDICAL TRANSPORT

► MASA Global

PLAN #: B2BLVISD

☎ Emergency Asst. 800-643-9023

Customer Service 800-423-3226

🌐 MasaGlobal.com

LEGAL

► ARAG Legal

PLAN #: 10938

☎ 800-255-3352

🌐 ARAGLegal.com

ID THEFT PROTECTION

► Allstate

PLAN #: 9419

☎ 800-789-2720

🌐 Allstate.com/aip

GENOMIC LIFE

► Genomic Life

PLAN #: LONG-GL-2023-3624

☎ 844-694-3666

🌐 GenomicLife.com

BASIC LIFE/AD&D, VOL LIFE

► OneAmerica

PLAN #: G00625153-0000-000

☎ 800-537-6442

🌐 OneAmerica.com

WELLNESS PROGRAM

► Personify Health

☎ 888-671-9395

🌐 PersonifyHealth.com

EAP

► ComPsych

WEB ID #: ONEAMERICA3

☎ 855-387-9727

🌐 GuidanceResources.com

TELE-HEALTH

► Recuro Health

☎ 855-673-2876

🌐 RecuroHealth.com

TRAVEL ASSISTANCE

► OneAmerica

PLAN #: G00625153-0000-000

☎ 800-575-5014

🌐 OneAmerica.com

CANCER

► MetLife (BBA)

PLAN #: 3476

☎ 800-845-7519

🌐 BBAdmin.com



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.

The flyer below 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.



LEARN MORE

Scan the QR code for full plan documents & details.





Provided By: **Personify Health**

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!

📞 888-671-9395 | @ [PersonifyHealth.com](https://personifyhealth.com)

BUILD A BETTER YOU

We'll help you make small, everyday changes for your well-being and focus on the areas you want to improve the most. When you stick to our program, you'll build healthy habits, have fun with coworkers and experience the lifelong rewards of better health and well-being.

WHO'S ELIGIBLE:

All employees and spouses are eligible to participate in the well-being program.

REWARDS

Longview ISD is proud to offer a complimentary, interactive wellness program designed to support your overall well-being and promote healthy lifestyle choices through a variety of engaging tools and resources. As an added incentive, employees who complete their annual Health Checkup and achieve Level 4 in Quarter 1, 2 and 3 will earn a local day off.

POINTS	
500	LEVEL 1 - GOOD JOB!
4000	LEVEL 2 - KEEP GOING!
8000	LEVEL 3 - ALMOST THERE!
20000	LEVEL 4 - WELLNESS GURU!

HOW TO GET STARTED

- STEP 1** Sign up for your Personify Health account by going to join.personifyhealth.com/longviewisd. Already a member? Sign in at app.personifyhealth.com.
- STEP 2** Accept the terms and conditions, and choose your email preferences to get the latest tips and information.
- STEP 3** Connect a device or app to get credit for your well-being activities like steps and sleep. We sync with many trackers, such as Max GO, Apple Watch, Fitbit and MyFitnessPal, just to name a few.
- STEP 4** Upload a profile picture and add some friends.
- STEP 5** Set your interests to get personalized daily tips to help you eat healthy, get active, reduce stress, sleep well and more!
- STEP 6** Download the Personify Health app for iOS or Android. Access your account and track your activity anywhere, anytime. Turn on your notifications to stay motivated and get friendly reminders.

Provided By: **Personify Health**

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!

📞 888-671-9395 | @ PersonifyHealth.com



Ways to earn:

Look for **How to Earn** in your account for a complete list of all the ways you can earn points.

	Do healthy things:	Earn points:
Getting started	Complete registration	100
	First login to mobile app	250
	Connect first activity device	200
	Complete the Health Check	500
Daily	Upload steps from your activity tracker (per 1,000 steps)	10
	Do your Daily Cards (2 per day)	20
	Track your Healthy Habits (3 per day)	10
Monthly	Win the promoted Healthy Habit challenge	200
	★ Track Healthy Habits 20 days in a month	300
	★ 20-Day Triple Tracker: 7,000 steps/15 active minutes/15 workout minutes	400
Quarterly	Complete a Journey	450
Yearly	Set a wellbeing goal	200
	Complete the Nicotine-Free Agreement	100



Earn bonus points!

Signing in and completing activities daily really pays off. Look for activities with a star. Engaging in these activities multiple times in a month earns you extra points.

LEARN MORE

Scan the QR code for full plan documents & details.





Provided By: **BCBSTX**
MEDICAL

PLAN #	HD	385000	Pri+	385001	866-355-5999
	Primary	385003	AC2	385003	BCBSTx.com/TRSActiveCare

RATES (per Paycheck)		MONTHLY	CAFE/BUS/MAINTAINANCE (24)
PRIMARY	EMPLOYEE ONLY	\$303.00	\$151.50
	EE + CHILD	\$673.00	\$336.50
	EE + SPOUSE	\$1201.00	\$600.50
	EE + FAMILY	\$1571.00	\$785.50
HD (PPO)	EMPLOYEE ONLY	\$321.00	\$160.50
	EE + CHILD	\$704.00	\$352.00
	EE + SPOUSE	\$1250.00	\$625.00
	EE + FAMILY	\$1632.00	\$816.00
PRIMARY+	EMPLOYEE ONLY	\$396.00	\$198.00
	EE + CHILD	\$831.00	\$415.50
	EE + SPOUSE	\$1390.00	\$695.00
	EE + FAMILY	\$1825.00	\$912.50
AC2	EMPLOYEE ONLY	\$788.00	\$394.00
	EE + CHILD	\$1282.00	\$641.00
	EE + SPOUSE	\$2177.00	\$1088.50
	EE + FAMILY	\$2616.00	\$1308.00

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.

*Available for all plans. See the provider documentation for more details.

PRIMARY PLANS & MENTAL HEALTH

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

MEDICAL COMPARISON CHART

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD (PP0)		TRS-ActiveCare 2	
Plan Summary	<ul style="list-style-type: none">Lowest premium of all three plansCopays for doctor visits before you meet your deductibleStatewide networkPrimary Care Provider referrals required to see specialistsNot compatible with a Health Savings AccountNo out-of-network coverage	<ul style="list-style-type: none">Lower deductible than the HD and Primary plansCopays for many services and drugsHigher premiumStatewide networkPrimary Care Provider referrals required to see specialistsNot compatible with a Health Savings AccountNo out-of-network coverage	<ul style="list-style-type: none">Compatible with a Health Savings AccountNationwide network with out-of-network coverageNo requirement for Primary Care Providers or referralsMust meet your deductible before plan pays for non-preventive care		<ul style="list-style-type: none">Closed to new enrolleesCurrent enrollees can choose to stay in planLower deductibleCopays for many services and drugsNationwide network with out-of-network coverageNo requirement for Primary Care Providers or referrals	
Plan Features						
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-NetworkK	In-Network	Out-of-NetworkK
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,300/\$6,600	\$6,600/\$13,200	\$1,000/\$3,000	\$2,000/\$6,000
Coinsurance	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	You pay 40% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$8,300/\$16,600	\$20,500/\$41,000	\$7,900/\$15,800	\$23,700/\$47,400
Network	Statewide Network	Statewide Network	Nationwide Network		Nationwide Network	
PCP Required	Yes	Yes	No		No	
Doctors Visits						
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible	\$30 copay	You pay 40% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible	\$70 copay	You pay 40% after deductible
Immediate Care						
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible	\$50 copay	You pay 40% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible		You pay a \$250 copay plus 20% after deductible	
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation		\$0 per medical consultation	
TRS Virtual Health-Teledoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation		\$12 per medical consultation	
Prescription Drugs						
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical		\$200 brand deductible	
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		\$20/\$45 copay	
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 25% after deductible		You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)	
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible		You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	
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		\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications	
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		\$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 (PPO)		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	\$15 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

Provided By: **Humana**
DENTAL

Good health starts with your teeth. Annual preventive care alone can help prevent health problems such as heart disease and diabetes. Humana, your dental insurance provider, helps protect your teeth for a lifetime.

PLAN #673256 | 800-233-4013 | [Humana.com](https://www.humana.com)



MONTHLY RATES

EMPLOYEE ONLY	\$33.99
EE + SPOUSE	\$66.79
EE + CHILD	\$73.19
EE + FAMILY	\$109.38

TRADITIONAL PLUS 09 PLAN

	IN / OUT-OF-NETWORK
▶ ANNUAL DED	Indv: \$50 // Family: \$150
▶ ANNUAL MAX	\$1,000
▶ BENEFITS	
TYPE I: PREVENTIVE ▶ Oral Exams, Cleanings, X-rays Sealants, Fluoride Treatments	100% (No Deductible)
TYPE II: BASIC DENTAL ▶ Fillings, Space Maintainers, Basic Extractions	80% (After Deductible)
TYPE III: MAJOR DENTAL ▶ Crowns, Dentures, Bridges, Root Canals, Extractions, Periodontal Maintenance, Complex Surgical Extractions	50% (After Deductible)
TYPE IV: ORTHODONTIC ▶ Adult/Child	50% (Up to \$1,500 Lifetime Max)
CLEANINGS	100% (Limit 3 per year)

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

LEARN MORE

Scan the QR code for full plan documents & details.





Provided By: **Humana**
VISION

Your vision health is an important part of complete wellness. Vision benefits are designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health.

PLAN #673256 | ☎ 800-233-4013 | 🌐 [Humana.com](https://www.humana.com)

MONTHLY RATES

EMPLOYEE ONLY	\$6.88
EE + SPOUSE	\$10.32
EE + CHILD	\$11.89
EE + FAMILY	\$17.84

VISION PPO

	N NETWORK (MEMBER COST)	OUT-OF-NETWORK (REIMBURSEMENT)
COPAYS		
EXAM (1 PER YEAR)	\$10	up to \$30
RETINAL IMAGING ¹	up to \$39	Not Covered
CONTACTS - EXAMS (Fitting & Follow-up)		
STANDARD	up to \$40	Not Covered
PREMIUM	10% off retail	Not Covered
CONTACTS - LENSES (1 per Year) ²		
CONVENTIONAL	\$130 Allowance + 15% off overages	\$104 Allowance
DISPOSABLE	\$130 Allowance	\$104 Allowance
MEDICALLY REQ.	100%	\$200 Allowance
LENSES (1 per Year)		
SINGLE VISION	\$15	up to \$25
BIFOCALS	\$15	up to \$40
TRIFOCALS	\$15	up to \$60
LENTICULAR	\$15	up to \$100
FRAMES (YEARLY)	\$130 Allowance + 20% off overages	\$65 Allowance
LASIK / PRK ³	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.

Provided By: **Recuro Health**
TELE-HEALTH

Tele-medicine services allow doctors to treat patients via video chat/webcam, phone, or email. These services have grown in popularity, and offer a cost-effective way to get quick and convenient access to medical care when you need it, with unlimited free consultations.

📞 855-673-2876 | @ RecuroHealth.com



MONTHLY RATES

EE + FAMILY

\$10.00

URGENT CARE

- **24/7 Acute Care Access:** Around-the-clock 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.

CONDITIONS TREATED:

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

BEHAVIORAL HEALTH

- **Collaborative Mental Wellness:** Comprehensive behavioral health care from therapy and counseling to psychiatry and medication management, all delivered virtually. Prescriptions are immediately sent to the patient's preferred pharmacy for easy pickup.
- Additional fees apply at the time of consult for Psychiatrist or Licensed Counselor. Your copays: Licensed Counseling - \$85, Psychiatry Initial Visit - \$225, Psychiatry Follow-Up Visit - \$99

CONDITIONS TREATED:

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

MEDICAL HIGHLIGHTS

- **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 development 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.
- **Chronic Care Management:** Care teams identify and manage chronic conditions on an ongoing basis.

LEARN MORE

Scan the QR code for full plan documents & details.





Provided By: **NBS**

HEALTH SAVINGS ACCOUNT

A **Health Savings Account** (also known as an HSA) is a tax-advantaged bank account you can open when you are enrolled in a qualified HDHP. The HSA provides a way to save for current and future health care expenses - with tax advantages along the way.

PLAN #**NBS367674** | ☎ 800-274-0503 | @ [NBSBenefits.com](https://www.NBSBenefits.com)

HOW DOES A HSA WORK?

In 2025, the IRS increased the HSA maximums. You can deposit up to \$4,300 for yourself or up to \$8,550 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 6 percent excise tax.

2025-2026 HSA LIMITS

INDIVIDUAL	\$4,300
INDIVIDUAL (AGE 55+)	\$5,300
FAMILY	\$8,550
FAMILY (AGE 55+)	\$9,550

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

FLEXIBLE SPENDING ACCOUNT

A **Flexible Spending Account (FSA)** lets you pay for eligible expenses with tax-free money. You contribute to an FSA with pretax money from your paycheck each pay period. This, in turn, may help lower your taxable income.

PLAN #NBS367674 | 800-274-0503 | NBSBenefits.com



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 \$3,300 for the 2025 year.
- **Dependent Care FSA** - you could contribute up to the maximum of \$5,000 for the 2025 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.

2025-2026 FSA LIMITS

HEALTHCARE FSA (INDIVIDUAL)	\$3,300
DEPENDENT CARE FSA	\$5,000

NOTE: Health Care FSA funds can carryover a maximum of \$660 for the year of 2025.

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.

LEARN MORE

Scan the QR code for full plan documents & details.





LIMITED FLEXIBLE SPENDING ACCOUNT

If you are enrolled in an HSA, you are still eligible to enroll in a **Limited Flexible Spending Account (LFSA)**. Limited Healthcare FSA (LPFSA) is offered in conjunction with your Health Savings Account, should you elect. LPFSA funds can only be used for dental and vision expenses.

PLAN #NBS367674 | ☎ 800-274-0503 | @ NBSBenefits.com

WHY A LIMITED FLEXIBLE SPENDING ACCOUNT?

A Limited Flexible Spending Account (LFSA) is a benefit designed for you to couple with your HSA. The LFSA lets you set aside pretax funds to spend on eligible out-of-pocket dental and vision expenses. Funds must be spent by the end of each plan year, but your employer may offer a grace period or rollover. Check your Summary Plan Description to confirm.

The Health Savings Account (HSA) is a triple-tax-advantaged benefit that allows you to set aside pretax funds from your paycheck for medical, dental, and vision expenses. Your HSA funds never expire and go with you even if you leave your employer. With that in mind, if you contribute to an HSA, you may be wondering why you should consider also contributing to a Limited FSA.

THE ANSWER IS TO MAXIMIZE YOUR TAX SAVINGS!

An LFSA is designed to be paired with an HSA to allow the savvy employee to save even more on taxes while allowing saved and invested HSA funds to grow.

Because your HSA dollars will never expire, and you can even invest your HSA funds like you do your retirement account, many financial planners recommend that you avoid spending your HSA funds and instead invest them to grow a larger nest egg for your future expenses, especially during retirement. Did you know that you don't pay taxes on your earnings on HSA investments as long as those funds are spent on eligible medical expenses? Even more reason to invest those HSA funds!

If your goal is to save and invest rather than spend your HSA dollars, but you still have dental and vision expenses each year, the LFSA is a great tool for you to maximize tax savings each year. Instead of spending those HSA dollars on your child's braces, new glasses for the family, or your laser eye surgery, why not use LFSA funds for those expected dental and vision expenses and let your HSA funds continue to grow?

2025-2026 LFSA LIMIT

MAXIMUM CONTRIBUTION	
----------------------	--

	\$3,300
--	---------

Provided By: **OneAmerica**
LIFE/AD&D



You do everything you can for your loved ones - not because you have to but because you want to. With Life / AD&D Insurance coverage, you can relax knowing your loved ones will be able to live out their dreams - no matter what the future holds.

PLAN # **G00625153-0000-000** | 📞 800-537-6442 | @ [OneAmerica.com](https://www.OneAmerica.com)

MONTHLY RATES (per \$1000 of Coverage)	ENROLLEE AGE										
	≤ 20	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
EMPLOYEE	\$0.044	\$0.044	\$0.052	\$0.060	\$0.100	\$0.140	\$0.230	\$0.412	\$0.636	\$1.068	\$1.700
SPOUSE	\$0.048	\$0.048	\$0.051	\$0.065	\$0.098	\$0.176	\$0.332	\$0.590	\$1.348	\$2.366	\$4.151
CHILD (\$10,000)	\$1.740										

	EMPLOYEE	SPOUSE	CHILD (6 MO. - 26 YRS.)
AD&D RATES	\$0.020 per \$1,000	\$0.020 per \$1,000	\$0.250 per \$1,000

	EMPLOYEE	SPOUSE	CHILD (6 MO. - 26 YRS.)
▶ GUARANTEED ISSUE	\$10,000 - \$150,000 (\$10,000 Increments)	\$5,000 - \$25,000 (\$5,000 Increments)	\$10,000
▶ MAX BENEFIT	≤ Annual Salary x 5 (up to \$500,000)	50% of Employee's Coverage (up to \$100,000)	\$10,000

NOTES: The benefit reduces to 65% at age 65, to 40% at age 70, and to 25% at age 75; please speak with a Benefits Counselor for personalized rates.

BASIC TERM LIFE

Longview ISD provides all full-time employees working at least 20+ hours weekly and all part-time employees working at least 5 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.

VOLUNTARY COVERAGE

With **Voluntary Life and AD&D Insurance**, you have 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 Guaranteed Issue amounts listed above with no medical questions and no EOI for both you and your spouse. **Employees 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 Guaranteed Issue limit above) without completing EOI.**

LEARN MORE

Scan the QR code for full plan documents & details.





Provided By: **Chubb**

PERMANENT LIFE

This fully portable Permanent Life policy offers flexibility, comprehensive benefits, and allows you to adjust your death benefit, cash value, and premiums as your financial needs change.

PLAN #

24 Pay
26 Pay

DG8
DG9

866-324-8222
Chubb.com/US-EN

EMPLOYEE

- ▶ Age Range: **19 - 70**
- ▶ Guaranteed Issue: **\$100,000**
- ▶ Conditional GI: **\$150,000**
- ▶ Simplified Issue: **\$225,000**

SPOUSE/DP

- ▶ Age Range: **19 - 70**
- ▶ Guaranteed Issue: **\$75,000**
- ▶ Simplified Issue: **\$112,500**

DEP. CHILD/GRANDCHILD

- ▶ Age Range: **15 days - 25 yrs.**
- ▶ Guaranteed Issue: **\$25,000**

NOTE: Please speak with a Benefits Counselor for personalized rates.

PLAN HIGHLIGHTS

- **Accelerated Death/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.

Provided By: **OneAmerica**

LONG-TERM DISABILITY

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

PLAN # **G00625153-0000-000** | ☎ 800-553-5318 // **Claims** 855-517-6365 | @ [OneAmerica.com](https://www.OneAmerica.com)



PLAN HIGHLIGHTS

BENEFIT AMOUNT	\$200 - \$8,000 (\$100 Increments)
ELIMINATION PERIOD	7/7, 14/14, 30/30, 60/60, 90/90, & 180/180 days
BENEFIT DURATION	Choice of 3 or 5 Yrs -OR- to Age 65 for accident/sickness
PRE-EXISTING CONDITIONS	3/12

MONTHLY RATES

**PLEASE SPEAK WITH A
BENEFITS COUNSELOR FOR
PERSONALIZED RATES.**

UNDERSTANDING YOUR PLAN DESIGN

- **Own Occupation Definition of Disability:** For the benefit waiting period and the first 24 months 9for 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 a lump sum.**

LEARN MORE

Scan the QR code for full plan documents & details.





Provided By: **Mutual of Omaha**

HOSPITAL INDEMNITY

Hospital Indemnity Coverage can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse, and eligible dependent children.

PLAN # **G000CJQH** | ☎ 500-775-6000 | @ MutualofOmaha.com/employer-based-plans

MONTHLY RATES

EMPLOYEE ONLY	\$19.75
EE + SPOUSE	\$34.50
EE + CHILD	\$29.00
EE + FAMILY	\$50.70

HEALTH SCREENING BENEFIT

\$150 per Calendar Year

BENEFIT AMOUNTS

HOSPITAL ADMISSION	\$1,000 per Admission
HOSPITAL CONFINEMENT	\$250 per Day
ICU ADMISSION	\$1,000 per Admission + \$250 per Day
EXPRESS BENEFITS*	\$250

* Equal to one daily hospital confinement

Provided By: **Mutual of Omaha**

CRITICAL ILLNESS

Critical Illness Coverage helps protect you and your family in the event of a serious illness or other covered medical condition. It provides a cash benefit to help cover unexpected expenses like lost income, child care, travel to and from treatment, deductibles, and co-pays.

PLAN # **G000CJQH** | ☎ 800-775-6000 | @ MutualofOmaha.com/employer-based-plans



EMPLOYEE*

► Guaranteed Issue

Minimum \$10,000 - Maximum \$30,000
(\$10,000 Increments)

SPOUSE*

► Cannot exceed 100% of your coverage amount

Minimum \$5,000 - Maximum \$30,000
(\$5,000 Increments)

CHILDREN (Age <26)

► Cannot exceed 50% of your coverage amount

Maximum \$15,000
(\$1,000 Increments)

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

HEALTH SCREENING BENEFIT

\$100 per Calendar Year

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

LEARN MORE

Scan the QR code for full plan documents & details.





Provided By: **Mutual of Omaha**
ACCIDENT

Accident Insurance helps protect your finances after a mishap. When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

PLAN # **G000CJQH** | ☎ 800-775-6000 | @ MutualofOmaha.com/employer-based-plans

BENEFIT AMOUNTS

EMERGENCY ROOM	\$500
URGENT CARE	\$425
AMBULANCE	
GROUND	\$500
AIR	\$2,000
FRACTURES	
SURGICAL	\$12,000
NON-SURGICAL	\$6,000
DISLOCATIONS	
SURGICAL	\$12,000
NON-SURGICAL	\$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
OTHER	
TRANSPORTATION	\$400 per trip; up to 3 trips per accident
LODGING	\$200 per night; up to 30 nights per accident
CHILDCARE	\$30 per day; up to 30 days per accident
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 RATES

EMPLOYEE ONLY	\$12.77
EE + SPOUSE	\$20.29
EE + CHILD	\$23.98
EE + FAMILY	\$43.10

HEALTH SCREENING BENEFIT

\$100 per Calendar Year

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

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

Provided By: **MASA Global**

MEDICAL TRANSPORT

Most people assume that their health insurance will cover most, if not all, the costs for these transports. Usually, the opposite is true, leaving you with financial responsibilities. Medical Transport coverage pays these costs so you don't have to.

PLAN # **B2BLVUSD** | 📞 **Emergency Asst.** 800-643-9023 // 800-423-3226 | [🌐 MasaAccess.com](https://MasaAccess.com)



MONTHLY RATES

EMERGENT PLUS

\$14.00

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.

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>

LEARN MORE

Scan the QR code for full plan documents & details.





Provided By: **MetLife (BBA)**

CANCER

While treatments have greatly improved, the cost of treating cancer poses an enormous financial strain on those diagnosed and their families. Cancer Insurance helps fill the financial gaps when benefits stop being paid, or expenses are not covered under a basic health insurance policy.

PLAN # **3476** | ☎ 800-845-7519 | [BBAdmin.com](https://www.BBAdmin.com)

MONTHLY RATES	LOW PLAN	LOW PLAN + \$325 ICU RIDER	LOW PLAN + \$425 ICU RIDER	HIGH PLAN	HIGH PLAN + \$325 ICU RIDER	HIGH PLAN + \$425 ICU RIDER
EMPLOYEE ONLY	\$17.98	\$20.86	\$21.75	\$33.05	\$35.93	\$36.82
EMPLOYEE + FAMILY	\$38.10	\$44.61	\$46.61	\$69.20	\$75.71	\$77.71

HEALTH SCREENING BENEFIT

LOW PLAN: \$75
per Calendar Year

HIGH PLAN: \$100
per Calendar Year

	LOW PLAN	HIGH PLAN
POSITIVE DIAGNOSIS TEST	Up to \$300 per covered person per calendar year	
FIRST DIAGNOSIS BENEFIT	\$2,500	\$5,000
PRE-EXISTING CONDITION LIMITATION	12 months	12 months
HOSPITAL CONFINEMENT ¹	\$100 per day	\$200 per day
PHYSICIAN'S ATTENDANCE	\$35 per visit	\$35 per visit
RADIATION/CHEMO/IMMUNOTHERAPY	Incurred expense up to \$200 per day	Incurred expense up to \$500 per day
BLOOD/PLASMA/PLATELETS	Incurred expense up to \$200 per day	
BONE MARROW/STEM CELL	Incurred expense up to lifetime maximum per covered person \$15,000	
DRUGS AND MEDICINE	\$25 per day of confinement for a calendar year of \$600 Max per person	
ANESTHESIA	25% of surgery benefit	
ANTI-NAUSEA DRUGS	up to \$250 per covered person per calendar year	
SERVICES		
AMBULANCE	Incurred Expenses for the ambulance services	
AMBULATORY SURGICAL CENTER	\$250	\$250
PHYSICAL OR SPEECH THERAPY	\$35 per day	\$35 per day
PRIVATE DUTY NURSING SERVICES	\$100 per day	\$100 per day
EXTENDED CARE FACILITY	\$50 per day, not to exceed the number of days that the hospital confinement benefit was paid	
ICU RIDER BENEFIT ²	\$325 or \$425 per day	\$325 or \$425 per day
HOSPICE CARE	\$50 per day	\$50 per day
HAIRPIECE	Life Max \$150 per covered person	
SURGERY	<p>Up to \$1,500 per covered person 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>	

Up to \$3,000 per covered person **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.

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.

Provided By: **Geneomic Life**

GENETIC MEDICINE



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.

PLAN # **LONG-GL-2023-3624** | 📞 844-694-3666 | @ [GenomicLife.com](https://www.genomiclife.com)

MONTHLY RATES

EMPLOYEE ONLY	\$15.00
EE + FAMILY	\$30.00

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
- Clinical Action Plan
- Pharmacogenomics
- Genetic Counseling
- Carrier Testing

MEMBER SUPPORT

Phone: 844-MYGENOME

Online: 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

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

LEARN MORE

Scan the QR code for full plan documents & details.





Provided By: **ARAG Legal**

LEGAL

Legal troubles can happen to anyone. We've all been there – you get caught speeding, a contractor ghosts you mid remodel or true love doesn't work out. And when trouble happens, ARAG® legal insurance protects you. Work with a network attorney, and attorney fees are 100% paid in full for most covered matters.

PLAN #10938 | ☎ 800-255-3352 | @ ARAGLegal.com

AFFORDABLE LEGAL PROTECTION WITH ACCESS TO NETWORK ATTORNEYS

We're excited to provide you with valuable legal protection from ARAG. It's affordable legal counsel for everyday life matters – like a dispute with a contractor, buying or selling a home or the need for estate planning. The plan provides you with the peace of mind knowing that attorney fees for most covered legal matters are 100% paid in full when you work with a network attorney. That means you'll avoid paying high-cost attorney fees, which currently average \$341 an hour.*

*\$341 is the average hourly billable rate for attorneys in 2024 according to Clio's "2024 Legal Trends Report."

PRE-EXISTING LEGAL MATTERS

For any legal matters not covered and not excluded, you may be eligible to receive a minimum 25% reduced fee off a network attorney's normal rates.

MONTHLY RATES

EMPLOYEE + FAMILY

\$18.25

RESOLVE YOUR LEGAL ISSUES WITH A NETWORK ATTORNEY BY YOUR SIDE

When a life event turns into a legal issue, ARAG will be there for you, backed by a nationwide network of knowledgeable attorneys who average more than 20 years of experience. They can review or prepare documents, make follow-up calls or write letters on your behalf, provide legal advice and consultation and represent you, even in court, if necessary. Rely on legal help and protection with a wide range of covered services.

For additional details regarding your plan's specifically-covered services, visit ARAGLegal.com/myinfo and enter Access Code **10938** to learn more about what these plans offer, research specific legal topics and more.

Provided By: **Allstate**
ID THEFT

Identity theft and cybercrime can happen to anyone — 1 in 4 Americans have experienced cybercrime. That's why your company offers Allstate Identity Protection Pro+ Cyber as a benefit.

PLAN #: 9419 | 800-789-2720 | [Allstate.com/AIP](https://www.allstate.com/AIP)



MONTHLY RATES

EMPLOYEE ONLY	\$9.50
EMPLOYEE + FAMILY	\$18.50

ARE YOU PROTECTED FROM IDENTITY FRAUD? ARE THEY?

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.

COMPREHENSIVE 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.

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%.

ADVANCED FINANCIAL PROTECTION

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.

LEARN MORE

Scan the QR code for full plan documents & details.





Contract Administrator

FBMC Benefits Management, Inc.

7300 State Hwy 121 Ste. 300 • McKinney, Texas 75070

877-596-4993

Monday - Friday, 7 a.m. - 6 p.m. CST

This guide does not contain a complete listing of all terms, conditions, or exclusions of the benefits listed herein. Please refer to the policy and/or certificate of coverage for more information. Information contained herein does not constitute an insurance certificate or policy. Certificates or policies will be provided to participants following the start of the plan year, if applicable.