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PLAN YEAR 2023 -2024 EMPLOYEE BENEFITS GUIDEBOOK



Waller
Independent School District





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DIRECTORY

For any questions or concerns you may have regarding your 2023-2024 Employee Benefits, you can contact the following:

- For claims assistance, you can contact the insurance carrier. You will need your ID number or Social Security number, date of service, and provider name.
- For additional assistance or questions, please contact one of our Benefit Counselors at the Benefits Service Center to learn more about your benefits.

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 Service Center

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

(855) 204-3433

www.wallerisd.pecservices.info

| Benefit/Carrier | Policy/Group # | Telephone/ Website or Email |
|--|--------------------------------------|--|
| Medical BCBSTX - TRS Medical ActiveCare Primary ActiveCare Primary+ ActiveCare HD ActiveCare 2 | 385000 385001 385002 385003 | (866) 355-5999 www.trs.texas.gov |
| Medical Baylor Scott & White - TRS Medical Baylor Scott & White | 00009 | (844) 633-5325 trs.swhp.org |
| Health Savings Account Flexible Spendings Accounts NBS | NBS358093 | (800) 274-0503 www.nbsbenefits.com |
| Dental MetLife | 251300 | (800) 942-0854 www.metlife.com |
| Vision VSP | 40155564 | (800) 877-7195 www.vsp.com |
| Telemedicine Recuro Health | N/A | (855) 673-2876 www.recurohealth.com |
| Basic Life and AD&D Voluntary Life and AD&D Long Term Disability Accident Critical Illness Hospital Indemnity Employee Assistance Program The Standard | 171601 | (800) 628-8600 (800) 628-8600 (800) 368-1135 (800) 634-1743 (800) 634-1743 (800) 634-1743 (888) 293-6948 www.standard.com |
| Cancer MetLife (Bay Bridge) | 3477 | (800) 845-7519 www.bbadmin.com |
| Cancer Guardian Genomic Life | WALL-GL-2023-3625 | (844) 694-3666 www.genomiclife.com |
| Permanent Life + Care Trustmark | 3000002101 | (866) 813-7192, x3 www.trustmarkbenefits.com |
| Legal ARAG | 19039 | (800) 247-4184 www.araglegal.com |
| Identity Protection Allstate/AIP | 9420 | (800) 789-2720 www.allstate.com/aip |
| Medical Transportation MASA | MKWISD | (800) 643-9023 www.masamts.com |
| Waller ISD Benefits Department | Becky Jimenez | bjimenez@wallerisd.net |



WELCOME

To Your Employee Benefits



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 the **September 1, 2023 to August 31, 2024** Plan Year. Please read this benefits guidebook carefully as you prepare to make your elections for the upcoming plan year.

Waller ISD is 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.

ABOUT THIS BENEFITS GUIDEBOOK

This benefits guidebook describes the highlights of Waller 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 are any discrepancies 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 by visiting www.wallerisd.pecservices.info. You should be aware that any and all elements of Waller ISD's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Waller ISD.





ELIGIBILITY

Waller ISD encourages the health and financial well-being of its employees by providing access to quality and affordable healthcare. Eligible Full-Time employees have access to Waller ISD's comprehensive Benefit Program. Please note that any time during the plan year, Waller ISD may conduct audits requesting supporting documentation on all eligible dependents.

Please make sure to review this benefits guidebook in detail to learn more about these options.

EMPLOYEE ELIGIBILITY

Full-time team members who work a minimum of 20+ hours per week and are at least 18 years of age are eligible to participate in the benefits program, with an effective date of first of the month following your date of hire. We ask that all team members review their plan options and complete enrollment before the end of the month prior to your benefits taking effect.

Part-time team members who work a minimum of 10 hours per week and are at least 18 years of age are eligible to participate in the Medical program only with no employer contributions. Benefits will be effective the first of the month following your hire date.

Once your enrollment is completed, you may not make any changes to your elections unless you have a Qualifying Life Event (QLE) or your hours worked per week drop below the minimum.

DEPENDENT ELIGIBILITY

You may also cover your eligible dependents, including:

- Legal spouse
- Your eligible children up to age 26.
 - "Children" are defined as your natural children, stepchildren, legally-adopted children, and children for whom you are the court-appointed legal guardian.
 - Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested.

QUALIFYING LIFE EVENTS (QLE)

If you experience a Qualifying Life Event (for instance: getting married or having a baby), please contact the Waller ISD Benefits Department; proof of the Qualifying Life Event (QLE) must be submitted to the Waller ISD Benefits Department within 30 days in order to change current benefit elections.

- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A dependent's loss of eligibility (attainment of limiting age or change in student status);
- A change in associate's, spouse's, or dependents' work hours;
- A termination or commencement of employment of associate's spouse or eligible dependent with coverage;
- Other events as the administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service.



ENROLLMENT INSTRUCTIONS

HOW TO ENROLL

**Avoid making quick decisions - enroll early!*

Contact the Benefits Service Center and speak to a Benefit Counselor to learn more about your benefit options and to complete your enrollment.

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

Call Center Enrollment

Benefits Service Center: (855) 204-3433

Monday - Friday: 8:00 AM - 7:00 PM (CST)

Saturday: 9:00 AM - 3:00 PM (CST)

BENEFITS EFFECTIVE DATE

You cannot make any changes to your benefits during the year, unless you experience a Qualifying Life Event (QLE), details listed on [pg.5](#).

- **New Hires.** Your coverage begins the first of the month following your date of hire.
- **Current Employees.** Any changes you make during the annual open enrollment period will become effective on September 1.

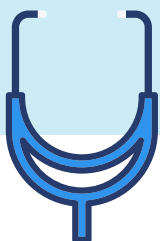
The benefits plan year is September 1 through August 31.

2023 OPEN ENROLLMENT

Open Enrollment (OE) is **mandatory**, you must elect or waive benefits to be covered effective 9/1/2023.

OE runs from **July 10, 2023 - August 11, 2023.**





MEDICAL

BCBSTX - TRS-ActiveCare

The medical program, administered by Blue Cross Blue Shield of Texas (BCBSTX) - TRS-ActiveCare, provides the framework for your good health and well-being. In order to meet the varying needs of our employees, Waller ISD is offering the TRS ActiveCare medical plans as described on pages 8-9.

NETWORK PROVIDERS

Network: Listed under plan features per plan

See www.trs.texas.gov / www.bcbstx.com/trsactivecare/doctors-and-hospitals or call (866) 355-5999 for a list of network providers.

PRESCRIPTION

New Rx Benefits!

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

KEY PLAN CHANGES

TRS-ActiveCare Primary

- Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500. Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.

TRS-ActiveCare HD (These changes apply only to in-network amounts.)

- Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500. Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000.

TRS-ActiveCare Primary+

- Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.
- Primary care provider copay decreased from \$30 to \$15.

TRS-ActiveCare 2 (closed to new enrollees)

- No changes. This plan is still closed to new enrollees.

Baylor Scott & White Health Plan

- Individual deductible increased by \$600. Previous amount was \$1,900 and is now \$2,400. Family deductible increased by \$50. Previous amount was \$4,750 and is now \$4,800.
- Individual maximum-out-of-pocket increased by \$150. Previous amount was \$8,000 and is now \$8,150. Family increased by \$1,300. Was \$15,000 and is now \$16,300.
- Coinsurance increased from 20% to 25%.

Deductible

The amount of money you must pay each year to cover eligible medical expenses before your insurance policy starts paying.

Out of Pocket Maximum

The most money you will pay during a year for coverage (including deductibles, copays, and coinsurance).

Copay

The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.

Coinsurance

The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.





| Medical Deductions | TRS ActiveCare Per Pay (24) Deductions | | |
|-----------------------|--|--------------------------|-------------------|
| | TRS ActiveCare Primary | TRS ActiveCare Primary + | TRS ActiveCare HD |
| Employee | \$33.50 | \$71.00 | \$39.50 |
| Employee + Spouse | \$396.00 | \$472.00 | \$412.00 |
| Employee + Child(ren) | \$155.00 | \$218.50 | \$165.00 |
| Family | \$494.50 | \$597.00 | \$515.00 |

| Highlights | 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 deductible PCP referrals required to see specialists Not compatible with a Health Savings Account (HSA) | <ul style="list-style-type: none"> Lower deductible than HD and Primary plans Copays for many services and drugs Higher premium PCP referrals required to see specialists Not compatible with a Health Savings Account (HSA) | <ul style="list-style-type: none"> Compatible with Health Savings Account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care | |
| Plan Features | In-Network Coverage Only | In-Network Coverage Only | In-Network | Out-of-Network |
| Deductible | | | | |
| Individual | \$2,500 | \$1,200 | \$3,000 | \$5,500 |
| Family | \$5,000 | \$2,400 | \$6,000 | \$11,000 |
| Out of Pocket Maximum | | | | |
| Individual | \$7,500 | \$6,900 | \$7,500 | \$20,250 |
| Family | \$15,000 | \$13,800 | \$15,000 | \$40,500 |
| Coinsurance (participant pays) | 30% after deductible | 20% after deductible | 30% after ded. | 50% after ded. |
| Network | Statewide Network | Statewide Network | Nationwide Network | |
| Primary Care Provider (PCP) Required | Yes | Yes | No | |
| Office Visits | | | | |
| Preventative Services | No charge | No charge | No charge | No charge |
| Primary Care | \$30 copay | \$15 copay | 30% after ded. | 50% after ded. |
| Specialist | \$70 copay | \$70 copay | 30% after ded. | 50% after ded. |
| TRS Virtual Health* | \$0/\$12 per consultation | \$0/\$12 per consultation | \$30/\$42 per cons. | \$30/\$42 per cons. |
| Urgent Care | \$50 copay | \$50 copay | 30% after ded. | 50% after ded. |
| Inpatient | 30% after deductible | 20% after deductible | 30% after ded. | 50% after ded. |
| Outpatient | 30% after deductible | 20% after deductible | 30% after ded. | 50% after ded. |
| Diagnostic Test (x-ray, blood work) | No charge**** | No charge**** | 30% after ded. | 50% after ded. |
| Imaging (CT/PET scans, MRIs) | 30% after deductible | 20% after deductible | 30% after ded. | 50% after ded. |
| Emergency Care | 30% after deductible | 20% after deductible | 30% after deductible | |
| Freestanding Emergency Room | \$500 copay + 30% after deductible | \$500 copay + 20% after deductible | \$500 copay + 30% after ded. | \$500 copay + 50% after ded. |
| Prescription Drug | | | | |
| Deductible | Integrated with Medical | \$200 brand deductible** | Integrated with Medical | |
| Generic | \$15/\$45 copay*** | \$15/\$45 copay*** | 20% after deductible | |
| Preferred Brand | 30% after deductible | 25% after deductible | 25% after deductible | |
| Non-Preferred Brand | 50% after deductible | 50% after deductible | 50% after deductible | |
| Specialty (31-Day Max) | \$0 if SaveOnSP eligible 30% after deductible | \$0 if SaveOnSP eligible 30% after deductible | 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 | 25% after deductible | |

*TRS Virtual Health-RediMD (TM) / TRS Virtual Health-Teladoc®

** Brand drugs only

***31-day supply / 90-day supply)

**** For Primary & Primary+ - No Charge for Office/Independent Labs. For Outpatient you will pay 30% after the deductible

ded. = deductible



Note: The ActiveCare 2 plan is closed and not accepting new enrollees. If you're currently enrolled in TRS ActiveCare 2, you can remain in this plan. The Baylor Scott & White Health Plan is only available if you live in a zip code area they service. Please see <https://www.bswhealthplan.com/trs/Pages/default.aspx> for more information.

| Medical Deductions | Per Pay (24) Deductions | | |
|---|--|---|------------------------------|
| | TRS ActiveCare 2 | Baylor Scott & White Health Plan | |
| Employee | \$324.00 | \$94.23 | |
| Employee + Spouse | \$1,013.50 | \$507.87 | |
| Employee + Child(ren) | \$541.00 | \$232.49 | |
| Family | \$1,180.50 | \$560.36 | |
| Highlights | TRS ActiveCare 2 | Baylor Scott & White Health Plan | |
| Plan Summary | <ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many drugs and services Nationwide network with out-of-network coverage No requirement for PCPs or referrals | You can choose this plan if you live in one these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson | |
| Plan Features | In-Network | Out-of-Network | In-Network Coverage Only |
| Deductible | | | |
| Individual | \$1,000 | \$2,000 | \$2,400 |
| Family | \$3,000 | \$6,000 | \$4,800 |
| Out of Pocket Maximum | | | |
| Individual | \$7,900 | \$23,700 | \$8,150 |
| Family | \$15,800 | \$47,400 | \$16,300 |
| Coinsurance (participant pays) | 20% after deductible | 40% after deductible | 25% after deductible |
| Network | Nationwide Network | | Regional Network |
| Primary Care Provider (PCP) Required | No | | No |
| Office Visits | | | |
| Preventative Services | No charge | No charge | N/A |
| Primary Care | \$30 copay | 40% after deductible | \$20 copay |
| Specialist | \$70 copay | 40% after deductible | \$70 copay |
| TRS Virtual Health* | \$0/\$12 per consultation | \$0/\$12 per consultation | N/A |
| Urgent Care | \$50 copay | 40% after deductible | \$45 copay |
| Inpatient | 20% after deductible | 40% after deductible | N/A |
| Outpatient | 20% after deductible | 40% after deductible | N/A |
| Diagnostic Test (x-ray, blood work) | No charge** | 40% after deductible | N/A |
| Imaging (CT/PET scans, MRIs) | 20% after deductible | 40% after deductible | N/A |
| Emergency Care | \$250 copay + 20% after deductible | | \$500 copay after deductible |
| Freestanding Emergency Room | \$500 copay + 20% after deductible | \$500 copay + 40% after deductible | N/A |
| Prescription Deductible | \$200 brand deductible | | \$200 (excl. generics) |
| Prescription (31-day supply) | | | |
| Generic | \$20 copay | | \$14 copay |
| Preferred Brand | 25% after deductible (\$40 min/\$80 max) | | 35% after deductible |
| Non-Preferred Brand | 50% after deductible (\$100 min/\$200 max) | | 50% after deductible |
| Specialty | 30% after deductible (\$200 min/\$900 max) | | 35% after deductible |
| Prescription (90-day supply) | | | |
| Generic | \$45 copay | | \$14/\$35 copay |
| Preferred Brand | 25% after deductible (\$105 min/\$210 max) | | 35% after deductible |
| Non-Preferred Brand | 50% after deductible (\$215 min/\$430 max) | | 50% after deductible |
| Specialty | No 90-Day Supply of Specialty Medications*** | | 35% after deductible |
| Insulin Out-of-Pocket Costs | \$25 copay for 31-day supply \$75 for 61-90 day supply | | N/A |

* TRS Virtual Health-RediMDTM / TRS Virtual Health-Teladoc[®]

** For ActiveCare 2 - No Charge for Office/Independent Labs. For Outpatient you will pay 20% after the deductible

*** \$0 if SaveOnSP eligible



HEALTH SAVINGS ACCOUNT

NBS

A Health Savings Account (HSA) works with a High Deductible Health Plan (HDHP), and lets you set aside a portion of your paycheck, before taxes, into an account to help you pay for qualified medical expenses that aren't covered by your plan. It can also help you plan for future medical expenses.

How does a HSA work?

In 2023, the IRS increased the HSA maximums. You can deposit up to \$3,850 for yourself or up to \$7,750 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.

| IRS HSA Contribution Limits | 2023 |
|-----------------------------|---------|
| Individual | \$3,850 |
| Individual (age 55+) | \$4,850 |
| Family | \$7,750 |
| Family (age 55+) | \$8,750 |

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.





FLEXIBLE SPENDING ACCOUNT

NBS

The Flexible Spending Accounts (FSA) administered by NBS allow you to set aside pre-tax dollars from your paycheck to pay for many health care and dependent care expenses. By paying for these expenses with pre-tax dollars, you reduce the amount of your taxable income and increase your take-home pay. You may choose to participate in one or both FSAs - whether you elect any other benefits.

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 **\$3,050** for the 2023 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.

| IRS FSA Contribution Limits | 2023 |
|------------------------------|---------|
| Health Care FSA (Individual) | \$3,050 |
| Dependent Care FSA | \$5,000 |

Note: Health Care FSA funds can carryover a maximum of \$500 for the year of 2023.

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.



DENTAL

MetLife - *New Carrier!*

MetLife 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-network. The following is a brief summary of the major plan provisions.

Network: PDP Plus

See www.metlife.com or call **(800) 942-0854** for a list of network providers.

| Highlights | PPO Plan | |
|---|---|---|
| | <i>In-Network (Negotiated Fee Schedule)</i> | <i>Out-of-Network (80th Percentile)</i> |
| Plan Year Deductible | | |
| Individual | \$50 | \$50 |
| Family | \$150 | \$150 |
| Plan Year Maximum Benefit | \$1,250 | \$1,250 |
| Orthodontia Lifetime Maximum | \$1,000 | \$1,000 |
| Diagnostic & Preventive | | |
| Examinations | | |
| Full Mouth X-Rays | | |
| Bitewing X-Rays | 100% | 100% |
| Prophylaxis - Cleanings | | |
| Fluoride | | |
| Emergency Palliative Treatment | | |
| Basic | | |
| Sealants | | |
| Amalgam Fillings | | |
| Root Canal | 80% | 80% |
| Surgery | | |
| Periodontal Scaling | | |
| Simple/Surgical Extraction | | |
| Major | | |
| Inlays/Onlays/Crowns | 50% | 50% |
| Dentures | | |
| Implants | | |
| Orthodontia (Children to age 19) | 50% | 50% |

| Dental Deductions | Per Pay (24) Deductions |
|-------------------------------|-------------------------|
| Employee | \$15.02 |
| Employee + 1 Dependent | \$30.81 |
| Family | \$52.87 |



VISION

VSP - *New Carrier!*

VSP 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.

With Exclusive Member Extras, members can save more than \$3,000 with special offers and deals through VSP and other leading industry brands.

Network: VSP Advantage

See www.vsp.com or call **(800) 877-7195** for a list of network providers.

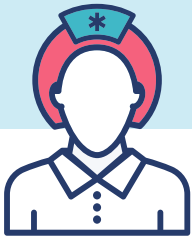
| Highlights | PPO Plan | |
|--|---|--|
| | <i>In-Network</i> | <i>Out-of-Network</i> |
| Exams | Covered in full (\$10 copay) | \$45 allowance |
| Routine Retinal Screening | No more than a \$39 copay | N/A |
| Lenses Single Bifocal Trifocal Lenticular | Covered in full (\$25 copay) | \$30 allowance \$50 allowance \$60 allowance \$50 allowance |
| Contact Lenses* Medically Necessary Elective | \$175 allowance \$60 copay | \$210 allowance \$100 allowance |
| Frames** | \$150 allowance | \$50 allowance |
| VSP Laser VisionCareSM Program*** | Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, and Custom LASIK. | |
| Service Frequencies Exams Lenses Frames | Every 12 months Every 12 months Every 12 months | |

*Contact lenses are in lieu of eyeglasses and frames.

**Members who select a featured frame brand, including bebe, Calvin Klein, Cole Haan, Dragon®, Flexon®, Longchamp, Nike and more, will receive an extra \$20 toward their frame allowance. 20% off any amount above the retail allowance.

***Members can save up to \$1,000 on LASIK at LasikPlus, NVISION Eye Center, TLC Laser Eye Centers and The LASIK Vision Institute.

| Vision Deductions | Per Pay (24) Deductions |
|-------------------------------|-------------------------|
| Employee | \$4.80 |
| Employee + 1 Dependent | \$8.20 |
| Family | \$11.99 |



TELEMEDICINE

Recuro Health - New Carrier!

WELCOME TO RECURO HEALTH!

Recuro Health is a telemedicine and behavioral health provider with a national network of board certified, state licensed doctors offering medical consultations 24 hours a day, 7 days a week. Recuro Health doctors diagnose acute non-emergent medical conditions and prescribe medications when clinically appropriate. Along with on-demand medical consultations, you can now virtually connect with a Psychiatrist or Licensed Counselor* through secure video consultations. Speak to your doctor within minutes from anywhere – home – work – or while traveling **at no cost**.

**Additional fees apply at the time of consult for Psychiatrist or Licensed Counselor.*

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

Behavioral Health Conditions

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

Prescription Categories

- Antibiotics
- Antihistamine
- Antifungal
- Infection
- Constipation
- Allergy
- Asthma
- Vitamins
- Influenza
- Fever
- Headache
- And More

Recuro Health Deductions

Per Pay (24) Deductions

Employee + Family

\$5.00

Activate your Recuro Health account

- Access by Recuro Care mobile app, online or phone
- Enter your employer member ID
- Create your username and password
- Complete your medical history
- Schedule your consult

Scan QR code for more information about this benefit.



**Registering your account is not required to use the service, you can call (855) 6RECURO anytime for 24/7 access to doctors.*



LIFE AND AD&D

The Standard - *New Carrier!*

GROUP BASIC LIFE INSURANCE & AD&D - Employer Paid

Waller ISD provides a guarantee issue amount of \$30,000 of Basic Life and Accidental Death and Dismemberment (AD&D) at ***no cost to you during your employment***. To designate or update beneficiary information, please call the Benefits Service Center at (855) 204-3433.

The AD&D insurance provides a monetary benefit to an employee or beneficiary when the employee experiences certain bodily injuries or death resulting from a covered accident while insured. The company provides a guaranteed issue amount equal to the basic life insurance amount.

Note: Life and AD&D benefit reduces to 50% at age 70.

VOLUNTARY LIFE INSURANCE - Employee Paid

In addition to the company paid life insurance, you have the opportunity to elect additional life insurance and AD&D on yourself, your spouse, and your children. The amount you choose for Voluntary Life will reflect the same for the AD&D.

| Highlights | Voluntary Life and AD&D |
|-------------------------|--|
| Employee Benefit | |
| Benefit Amount | Increments of \$10,000 up to the lesser of 5 times annual salary or \$500,000 |
| Maximum Benefit | \$500,000 |
| Guarantee Issue | \$250,000 |
| Spouse Benefit | |
| Benefit Amount | Increments of \$5,000 up to \$250,000, not to exceed 100% of employee's amount |
| Maximum Benefit | \$250,000 |
| Guarantee Issue | \$50,000 |
| Child Benefit | |
| Benefit Amount | Flat amount of \$10,000 |
| Maximum Benefit | \$10,000 |
| Guarantee Issue | \$10,000 |

Note: Voluntary Life and AD&D benefit reduces to 50% at age 70.

This year, you can apply for coverage on yourself, your spouse, and your children, up to the guarantee issue limits, without completing Evidence of Insurability. Employees may elect additional coverage with the submission and approval of an Evidence of Insurability (EOI) form.

Please call the Benefits Service Center at (855) 204-3433 and speak to a licensed Benefit Counselor for personalized rates.



DISABILITY

The Standard - *New Carrier!*

LONG-TERM DISABILITY (LTD)

The Standard's Long-Term Disability Insurance provides income replacement benefits in the unfortunate event you are unable to work due to injury or illness. As long as you remain disabled, you can receive payments for up to Social Security Normal Retirement Age (SSNRA). This covers injuries and illnesses from both on or off-the-job.

| Highlights | Long-Term Disability |
|----------------------------|---|
| Monthly Benefit | 66.67% of gross monthly benefit, to a maximum of \$7,500 |
| Elimination Period Options | Option 1: 14/14 days following injury/illness* Option 2: 30/30 days following injury/illness* Option 3: 60/60 days following injury/illness Option 4: 90/90 days following injury/illness Option 5: 180/180 days following injury/illness |
| Benefit Duration | Social Security Normal Retirement Age (SSNRA) |
| Pre-Existing Limitations | 3/12. Plan includes 90 day pre-ex waiver benefits that will pay a the benefit for the up to the first 90 days (after waiting period) if disability is determined to be pre-ex. |

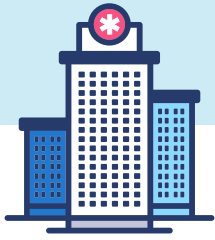
Note: This year, you can apply for coverage on yourself, up to the guarantee issue amount with no medical questions to answer.

**If employee hospitalized during the waiting period, then the waiting period will be waived.*

Why is this coverage valuable?

- **It's flexible.** You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.
- **It's affordable.** Your cost is based on your age when you buy the insurance and will not increase when you move into the next age band.
- **It's convenient.** Your premiums are automatically deducted from your paycheck.

Please call the Benefits Service Center at (855) 204-3433 and speak to a licensed Benefit Counselor for personalized rates.



ACCIDENT

The Standard - *New Carrier!*

The Standard's Accident insurance pays a scheduled cash benefit upon diagnosis of covered accident injuries. The Accident policy will pay a **\$200 wellness benefit** once per calendar year, per covered person(s).

Why is this coverage valuable?

- It can help you with out-of-pocket costs that your medical plan doesn't cover, like copays and deductibles.
- You're guaranteed base coverage, without answering health questions.
- The cost is conveniently deducted from your paycheck.
- You can keep your coverage if you change jobs or retire. You'll be billed directly.

Youth Organized Sports Benefits

A Youth Organized Sports benefit is included with EE+CH and Family coverage.

If a covered child age 18 or younger is injured while playing an organized sport, the Standard pays an additional 25% of the total benefits for treatment received.

| Highlights | Enhanced Plan | Premier Plan |
|---|---|--|
| Health Maintenance Screening | \$200 | \$200 |
| Accidental Death & Dismemberment | Employee: \$50,000 Spouse: \$25,000 Child: \$12,500 | Employee: \$100,000 Spouse: \$50,000 Child: \$25,000 |
| Fractures | Up to \$8,000 | Up to \$10,500 |
| Dislocations | Up to \$5,000 | Up to \$7,000 |
| Burns | Up to \$10,000 | Up to \$12,500 |
| Skin Grafts | 25% of Burn Benefit | 50% of Burn Benefit |
| Concussion | \$150 | \$200 |
| Coma | \$7,500 | \$15,000 |
| Surgical Benefits | Up to \$1,500 | Up to \$2,000 |
| Lacerations | Up to \$500 | Up to \$800 |
| Initial Physician's Office | \$50 | \$60 |
| Major Diagnostic Exam/Urgent Care/X-Ray | Up to \$200 | Up to \$300 |
| Hospital Admission | \$1,000 | \$1,500 |
| Critical Care Unit Admission | \$750 | \$1,000 |
| Daily Hospital Confinement (per day, up to 365 days) | \$200 | \$400 |
| Daily Critical Care Unit Confinement (per day, up to 15 days) | \$200 | \$200 |
| Therapy Services | \$50 up to 3 days | \$50 up to 4 days |
| Prosthetic Devices or Artificial Limb | Up to \$1,000 | Up to \$2,000 |
| Appliance | \$100 | \$200 |
| Ambulance - Ground/Air | \$300/\$800 | \$600/\$1,500 |
| Blood, Plasma, Platelets | \$300 | \$600 |
| Emergency Room | \$150 | \$200 |

**Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.*

| Accident Deductions | Per Pay (24) Deductions | |
|-----------------------|-------------------------|--------------|
| | Enhanced Plan | Premier Plan |
| Employee | \$5.99 | \$8.60 |
| Employee + Spouse | \$10.02 | \$14.01 |
| Employee + Child(ren) | \$11.00 | \$15.96 |
| Family | \$17.44 | \$25.20 |



CRITICAL ILLNESS

The Standard - *New Carrier!*

The Standard's Critical Illness insurance pays a lump-sum cash benefit upon diagnosis of a covered critical illness, to help ease your financial and emotional worries. You can use the benefit any way you wish, such as treatment, bill, or child care. The Critical Illness policy will pay a **\$50 wellness benefit** once per calendar year, per covered person(s).

Why is this coverage valuable?

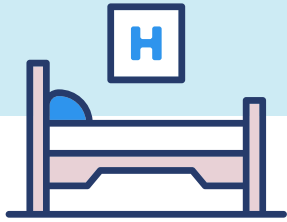
- It's more affordable when you buy it through your employer.
- The cost is conveniently deducted from your paycheck.
- You can keep coverage if you leave the company or retire. You'll be billed at home.

| Highlights | Plan |
|--|---|
| Benefit Amount Employee Spouse Child | \$10,000 to \$30,000 in \$10,000 increments \$5,000 to \$15,000 in \$5,000 increments 50% of employee coverage amount |
| Guaranteed Issue Employee Spouse | \$30,000 \$15,000 |
| Health Maintenance Screening | \$50 |
| Reoccurrence Treatment-Free Period | 6 months |
| Cancer | 100% |
| Heart Attack | |
| Major Organ Failure | |
| End-Stage Renal Failure | |
| Stroke | |
| Coma | |
| Advanced Alzheimer's Disease | |
| Benign Brain Tumor | |
| Loss of Hearing/Speech/Sight | |
| 21 Childhood Diseases* | |
| Coronary Artery Bypass Surgery | 25% |
| Carcinoma In Situ | |

**Anal Atresia, Anencephaly, Biliary Atresia, Cerebral Palsy, Cleft Lip or Cleft Palate, Club Foot, Coarctation of the Aorta, Cystic Fibrosis, Diaphragmatic Hernia, Down's Syndrome, Gastroschisis, Hirschsprung's Disease, Hypoplastic Left Heart Syndrome, Infantile Hypertrophic Pyloric Stenosis, Muscular Dystrophy, Omphalocele, Patent Ductus Arteriosus, Spina Bifida Cystica with Myelomeningocele, Tetralogy of Fallot, Transposition of the Great Arteries.*

Please call the Benefits Service Center at (855) 204-3433 and speak to a licensed Benefit Counselor for personalized rates.

Note: Rates for both the employee and spouse are based on the age and tobacco status of the employee.



HOSPITAL INDEMNITY

The Standard - New Carrier!

The Standard's Hospital Indemnity plan can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds that can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, copays, and deductibles.

This plan also allows you to continue coverage in the event that your employment ends or when the policy is terminated and not being replaced. The Hospital Indemnity policy will pay a **\$50 wellness benefit** once per calendar year, per covered person(s).

Note: The benefits in this plan are compatible with a Health Savings Account (HSA).

| Highlights | Low Plan | High Plan |
|---|-------------|-------------|
| Hospital Confinement Benefit <i>(Up to 30 days)</i> | \$150 | \$150 |
| Hospital Admission <i>(Per calendar year)</i> | \$1,000 | \$2,000 |
| Critical Care Unit (CCU) Confinement <i>(Pays in addition to Hospital Confinement benefit, up to 15 days)</i> | \$150 | \$150 |
| Health Maintenance Screening | \$50 | \$50 |
| Pre-existing Limitation | None | None |

| Hospital Indemnity Deductions | Per Pay (24) Deductions | |
|-------------------------------|-------------------------|-----------|
| | Low Plan | High Plan |
| Employee | \$7.71 | \$12.05 |
| Employee + Spouse | \$13.17 | \$20.58 |
| Employee + Child(ren) | \$10.98 | \$16.82 |
| Family | \$19.48 | \$30.10 |



PERMANENT LIFE + CARE

Trustmark - New Carrier!

Trustmark's fully portable Permanent Life + Care offers the stability of guaranteed premiums and benefits. It provides both permanent term life insurance and benefits for caregiving services. Employees get both a safety net for their loved ones and the ability to better afford comfortable, high-quality care when they need it.

| Highlights | Plan |
|--|---|
| Employee Age Range Guarantee Issue | 18 to 75 \$100,000 |
| Spouse Age Range Guarantee Issue | 18 to 70 The lesser of 50% of the employee coverage or \$25,000 |
| Dependent Children/ Grandchildren** Age Range Guarantee Issue | Stay on rider up to age 25 \$10,000, \$15,000, \$20,000 - Rider |
| Additional Coverages | <p>Professional Caregiving: Accelerate the death benefit at 4% per month for up to the face amount of the certificate when the employee needs professional caregiving services. (If funds are needed immediately, a 20% lump sum benefit is also available.) Money can be used however it is needed – to pay for care in an assisted living facility or nursing home, or for home health care or adult day care.</p> <p>Family Caregiving: Accelerate the death benefit at 2% per month for up to the face amount of the certificate when caregiving services are provided for the insured by a family member or friend. (If funds are needed immediately, a 10% lump sum benefit is also available.) Money can be used for whatever is needed, from home modifications to helping out the family/friend caregiver with their financial needs.</p> <p>Benefit Restoration: With Benefit Restoration, 100% of the benefit that is accelerated for Chronic Care benefits is restored to the death benefit. This means that even when using Chronic Care benefits, the death benefit will not be reduced.</p> <p>Extension of Chronic Care Benefits*: With Extension of Chronic Care Benefits, the benefit amount available for Chronic Care doubles. The employee still collects the same amount per month, but they can collect up to double the face amount of their certificate.</p> |

*If the lump sum option is chosen for Chronic Care benefits at time of claim, the Extension of Chronic Care Benefits is no longer available.

**Cover children and dependent grandchildren for a single rate.

Please call the Benefits Service Center at (855) 204-3433 and speak to a licensed Benefit Counselor for personalized rates.



CANCER

MetLife (Bay Bridge) - *New Carrier!*

Metlife (Bay Bridge) is a fully portable cancer plan. 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.

The Cancer policy includes a **wellness benefit of \$50 for the Low Plan and \$75 for the High Plan** per covered person per calendar year.

| Highlights | Low Plan | High Plan |
|---|---|---|
| Positive Diagnosis Test | Up to \$300 per covered person, per year | Up to \$300 per covered person, per year |
| First Diagnosis Benefit | \$2,500 per covered person | \$2,500 per covered person |
| Radiation/Chemotherapy/Immunotherapy | Up to \$200 per day | 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 per covered person | \$250 per covered person |
| Anesthesia | 25% of surgery benefit (\$100 per covered person non-invasive) | 25% of surgery benefit (\$100 per covered person non-invasive) |
| Outpatient Anti-Nausea Drugs | Up to \$250 per covered person, per year | Up to \$250 per covered person, per year |
| Physician's Attendance | \$35 per covered person, per visit | \$35 per covered person, per visit |
| Blood/Plasma/Platelets | Up to \$200 per covered person, per day | Up to \$200 per covered person, per day |
| Bone Marrow and Stem Cell Transplant | The incurred expense up to a combined lifetime max per covered person of \$15,000 | The incurred expense up to a combined lifetime max per covered person of \$15,000 |
| Drugs and Medicine | \$25 per day per covered person for each day of confinement for a calendar year max per covered person of \$600 | \$25 per day per covered person for each day of confinement for a calendar year max per covered person of \$600 |
| Private Duty Nursing Services | \$100 per covered person, per day | \$100 per covered person, per day |
| Hospital Confinement* | \$200 per covered person, per day | \$300 per covered person, per day |
| ICU Rider Benefit** | \$325 or \$425 per covered person, per day | \$325 or \$425 per covered person, per day |
| Hospice Care | \$50 per covered person, per day | \$50 per covered person, per day |
| Hairpiece | The actual billed charges up to the lifetime max of \$150 per covered person | The actual billed charges up to the lifetime max of \$150 per covered person |
| Surgery | Up to \$3,000 per covered person | Up to \$4,500 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. 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. | |

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

**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.

| Cancer Deductions | Per Pay (24) Deductions | | | | | |
|-------------------|-------------------------|-----------------------------|-----------------------------|-----------|------------------------------|------------------------------|
| | Low Plan | Low Plan w/ \$325 ICR Rider | Low Plan w/ \$425 ICR Rider | High Plan | High Plan w/ \$325 ICR Rider | High Plan w/ \$425 ICR Rider |
| Employee | \$10.33 | \$12.09 | \$12.63 | \$15.53 | \$17.28 | \$17.82 |
| Family | \$21.82 | \$25.82 | \$27.05 | \$32.71 | \$36.71 | \$37.94 |



CANCER GUARDIAN

Genomic Life - *New Plan!*

Through Genomic Life, you will have access to proactive genetic tests that will unlock insights into your inherited risks for cancer and other diseases. When you sign-up, the Genomic Life Platform provides you with access to clinically relevant genetic testing and specialized services, including:

| Highlights | Plan |
|-----------------------------------|--|
| Cancer Support Specialists | <p>Cancer Information Line: Speak with an oncology specialist for cancer-related questions, concerns, risk-mitigation strategies, or caregiving guidance</p> <p>Cancer Support Specialist: If diagnosed with cancer, a dedicated Cancer Support Specialist (CSS) is assigned to provide practical, emotional, and clinical support</p> <p>Expert Pathology Review: Obtain expert second opinion review of diagnosis</p> |
| Advanced DA Testing | <p>Genetic Health Screen: Better understand your genetic risk for certain hereditary cancers, heart conditions, and additional conditions</p> <p>Pharmacogenomics (PGx): 25 biomarkers highlight drug-gene interactions and efficacy</p> <p>Carrier Testing: A genetic test that highlights 289 common recessive issues affecting healthy births</p> <p>Genetic Counseling: All testing through Genomic Life includes expert genetic counselors who are trained to interpret and educate members and their physicians on the results of their genetic tests</p> <p>Comprehensive Genomic Profiling (CGP): If diagnosed with cancer, CGP interrogates more than 300 cancer-related genes in the tumor, helping inform treatment decisions and clinical trial eligibility</p> |
| Cancer Navigation | <ul style="list-style-type: none"> 1-on-1 Nurse Advocate (includes personalized care plans, virtual physician visit, and general assistance) Clinical trial matching Peer-to-peer physician review Digital pathology review (confirmation of cancer diagnosis, grade, and molecular status) Comprehensive Genomic Profile |

| Cancer Guardian Deductions | Per Pay (24) Deductions |
|----------------------------|-------------------------|
| Employee | \$7.50 |
| Employee + Child(ren) | \$7.50 |
| Employee + Spouse | \$15.00 |
| Family | \$15.00 |



LEGAL

ARAG - *New Plan!*

Legal insurance helps you address common situations like creating wills, transferring property, or buying a home.

With an UltimateAdvisor® legal insurance plan from ARAG®, count on a wide range of coverage and services, like consumer protection, criminal matters, debt-related matters, driving matters, tax issues, family, landlord/tenant issues, real estate & home ownership, wills & estate planning — and many more — when you work with a Network Attorney to address the legal situations you may encounter in life.

How does legal insurance work?

- When you have a legal need, you can go online, use the ARAG Legal app, or call Customer Care.
- Next, you'll answer a few questions to confirm coverage and receive a list of local attorneys who can help you.
- Then, meet with a network attorney over the phone, virtually or in person.

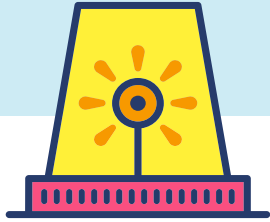
Why is this coverage valuable?

- Work with a network attorney and attorney fees are **100% paid-in-full** for most covered matters.
- **Save thousands of dollars** on average, for legal matters by avoiding costly legal fees.*
- **Find a local attorney easily in ARAG's network** — many who average 20+ years of experience.
- Address your covered legal situations with a network attorney who is only a **phone call away for legal help and representation.**
- Use DIY Docs® to create a variety of **legally valid documents**, including state-specific templates.

*Average cost to employee without legal insurance is based on the average number of attorney hours for ARAG claims incurred in 2019 or 2020 and paid by December 31, 2021, multiplied by \$368 per hour. \$368 is the average hourly rate for a U.S. attorney with 11 to 15 years experience according to "The Survey of Law Firm Economics: 2018 Edition."

| Legal Deductions | Per Pay (24) Deductions |
|------------------|-------------------------|
| UltimateAdvisor | \$9.13 |

For the complete list of what your plan covers, visit:
ARAGlegal.com/myinfo
 Access Code: **19039wal**



ID PROTECTION

Allstate/AIP - *New Plan!*

Identity theft and cybercrime can happen to anyone — 1 in 4 Americans have experienced cybercrime.

Allstate Identity Protection is proud to have a broad, inclusive definition of “family” that covers everyone under your roof (or under your wallet) — no matter their age.*

Get comprehensive identity monitoring and fraud resolution designed to help you protect yourself and your family against today’s digital threats, plus cybersecurity features designed to identify and address vulnerabilities before they can be exploited.

*Only available with a family plan. Ability to enroll in family plans is dependent on enrollment method. Allstate Identity Protection’s coverage definition can be aligned with client’s benefits eligibility. Contact your Allstate Identity Protection representative for more details.

Coverage Highlights

- Identity, financial account, and credit monitoring
- Cyber protection for mobile devices
- 24/7 support, plus up to \$1 million in fraud expense reimbursement — or up to \$2 million for families*

| ID Protection Deductions | Per Pay (24) Deductions |
|--------------------------|-------------------------|
| Employee | \$4.75 |
| Family | \$9.25 |

It’s easy to get started

- **Choose your plan**
You’re protected from your effective date.
- **Activate key features**
Explore additional features in our easy-to use portal and apps.
- **Live your best life online**
We’ve got you covered with 24/7 alerts.



MEDICAL TRANSPORTATION

MASA

Emergency Transportation Costs

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home. Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they do not.

How is MASA different?

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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

| Highlights | Emergent Plus |
|---------------------------------|---------------|
| Emergent Ground Transportation | U.S./Canada |
| Emergent Air Transportation | U.S./Canada |
| Non-Emergent Air Transportation | U.S./Canada |
| Repatriation | U.S./Canada |

| Medical Transportation Deductions | Per Pay (24) Deductions |
|-----------------------------------|-------------------------|
| Employee + Family | \$7.00 |

Your membership

A MASA membership gives you access to vital emergency medical transportation no matter where you live, for a minimal monthly fee.

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



EAP

The Standard (HealthAdvocate) - *New Plan!*

At some point, we all need help coping or making difficult decisions. The Employee Assistance Program (EAP) makes it easy to access support, guidance and resources.* **Waller ISD provides the EAP at no cost to you during your employment.** EAP is there for you and your family through your Group Long Term Disability insurance from Standard Insurance Company (The Standard). And it's confidential — information will be released only with your permission or as required by law.

Health AdvocateSM provides our EAP services.** Their professionals can help with referrals to support groups, a network counselor, community resources or your health plan. If necessary, their professionals can connect you to emergency services.

EAP services can help with:

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

Counseling Sessions

Your program offers up to three counseling sessions for each issue that each eligible person wants to address. Sessions can be in person, on the phone, through video or by text.

Additional Services

- Legal Services
- Financial Services
- Money Management
- WorkLife Services

* The EAP service is provided through an arrangement with Health Advocate, which is not affiliated with The Standard, to groups of 10 – 2,499 covered employees. This service is only available while insured under The Standard's Long Term Disability (LTD) policy. The Standard may change providers or terminate service at any time. Health Advocate is solely responsible for providing and administering the service.

** Health Advocate, Inc. is a national health advocacy, patient advocacy and assistance company. Their expertise in EAP and work/life services stretches back nearly 40 years to 1979. Their highest priority is treating members with respect and dignity, protecting their privacy and working to eliminate the stigma often associated with using mental health services. Health Advocate's services cover more than 55,000 clients and 32 million lives. Their services also help support managers, supervisors and HR professionals. Health Advocate is headquartered in Plymouth Meeting, PA, with more locations in the western, central, and eastern parts of the U.S.

Getting Help Is Easy

Connect with EAP support by phone, email, online and live chat. There's even a mobile app.

Contact EAP 24 Hours a Day, Seven Days a Week

888.293.6948 (phone)

For TTY services dial 711

answers@healthadvocate.com

healthadvocate.com/standard3

Online Resources

Visit healthadvocate.com/standard3 to explore articles, webinars, financial calculators, health assessments and web links to many government and nonprofit services.

Get the EAP Mobile App

- Visit Google Play or the App Store.
- Find the EAP Mobile App.
- Choose The Standard — EAP — 3 Visits.





HEALTH INSURANCE TERMS

In order to get the most out of your health care benefits, the following are terms used by insurance companies, health plans, and health care providers:

- **Benefits** - The amount of money payable by an insurance company to a claimant under the insurance policy.
- **Claim** - A request by an individual (or his /her provider) for the insurance company to pay for services obtained.
- **Co-insurance** - The money that an individual is required to pay for services, after deductible has been paid. It is often a specified percentage of the charges. For example, the employee pays 20% of the charges while the health plan pays 80%.
- **Co-payment** - An arrangement where an individual pays a specified amount for various health care services and the health plan or insurance company pays the remainder. The individual must usually pay his or her share when services are rendered.
- **Deductible** - A set dollar amount that a person must pay before insurance coverage for medical expenses can begin. They are usually charged on an annual or contract year basis.
- **Exclusions and Limitations** - Specific conditions or circumstances for which an insurance policy or plan will not provide coverage (exclusions), or for which coverage is specifically limited (limitations).
- **Health Savings Account (HSA)** - An individual/person savings account where an insured can set aside pre-tax money to pay for qualified items (reference IRS Publication 502). You must be covered by a high deductible health plan (HDHP) in order to contribute to an HSA.
- **Flexible Spending Account (FSA)** - An individual/person savings account where an insured can set aside pre-tax money to pay for qualified items (reference IRS Publication 502).
- **High Deductible Health Plan (HDHP)** - A health plan that meets the requirements of being considered an HDHP. There are NO copayments on an HDHP. All medical and prescription drug expenses are applied towards the deductible first, then once a member has satisfied his/her deductible, the coinsurance will apply.
- **In-Network** - Typically refers to physicians, hospitals, or other health care providers who contract with the insurance plan to provide services to its members. Coverage for services received from in-network providers will typically be greater than for services received from out-of-network providers, depending on the plan.
- **Medically Necessary** - A term used to describe the supplies and services needed to diagnose and treat a medical condition in accordance with the standards of good medical practice. Many health plans will only pay for treatment deemed medically necessary. For example, most plans will not cover elective cosmetic surgery.
- **Out-of-Network** - Typically refers to physicians, hospitals, or other health care providers who do not contract with the insurance plan to provide services to its members. Depending upon the insurance plan, expenses incurred for services provided by out-of-network providers might not be covered, or coverage may be less than for in-network providers.
- **Maximum Out-of-Pocket Maximum** - The total amount paid each year by the deductible and coinsurance. After reaching the out-of-pocket maximum, the plan pays 100% of the allowable charges for covered services the rest of that plan year.
- **Pre-Existing Condition** - Any medical condition that was diagnosed or treated within a specified period immediately before a health insurance policy became effective. These conditions may not be covered for a specified period of time under the new policy.
- **Preferred Provider Organizations (PPO)** - A type of managed care plan in which doctors and hospitals agree to provide discounted rates to plan members. Patients are typically reimbursed 80-100% for treatment received within the network, versus 50-70% outside the network.
- **Primary Care Physician (PCP)** - A health care professional who is responsible for monitoring an individual's overall health care needs. Typically, a PCP services as a gatekeeper for an individual's care, referring him or her to specialists and admitting him or her to hospitals when needed.
- **Reasonable and Customary Charges** - The commonly charged or prevailing fees for health services within a geographic area. If charges are higher than what an insurance carrier considers reasonable and customary, the carrier will not pay the full amount and instead will pay what is deemed appropriate for the particular service. The remaining charges then are the responsibility of the patient.
- **Explanation of Benefits (EOB)** - A summary of claims processed which will be provided to you after a claim is processed for you or for a dependent. This statement outlines year-to-date deductible and out-of-pocket amounts met during the year. This statement will be mailed unless it is turned off on the website.

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Waller

Independent School District