2022-2023

# LOCKHART ISD

## *Employee Benefits*


**#LISDCHAMPIONS #LOCKHARTLEADING #LIONPROUD**

## QUESTIONS?

**Professional Enrollment Concepts (PEC) can help!**

**PEC Benefits Service Center: 1-866-337-3572**
Monday - Friday: 8:00 am - 7:00 pm (CST)
Saturday: 9:00 am - 3:00 pm (CST)

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

Each year, we strive to offer comprehensive benefit plans to our employees. In the following pages, you will find a summary of our benefit plans for the **2022-2023 plan year (9/1/2022 - 8/31/2023)**. Please read this Benefits Guidebook carefully as you prepare to make your elections for the upcoming plan year.

## About this Benefits Guidebook

This Benefits Guidebook describes the highlights of Lockhart ISD's benefits program in non-technical language. Included in this Benefits Guidebook is important information about each of the benefit plans offered to you and your family. It includes the benefits paid by Lockhart ISD as well as voluntary products which you can customize to meet your individual needs.

Please remember that these general descriptions are not intended to provide all the details of requirements of these benefits. The official Plan Documents will prevail if any inconsistencies are found between the Benefit Guidebook and the official Plan Documents. You should be aware that any and all elements of Lockhart ISD's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Lockhart ISD.

## How to Enroll

**This year you have the option of enrolling or waiving your benefits by contacting one of our Benefits Counselors at the Benefits Service Center. They will be able to provide additional information regarding your benefits and help you complete your enrollment process.**

**If you have an FSA or DCA, you must re-enroll in these plans or your current election will be dropped for the new plan year.**

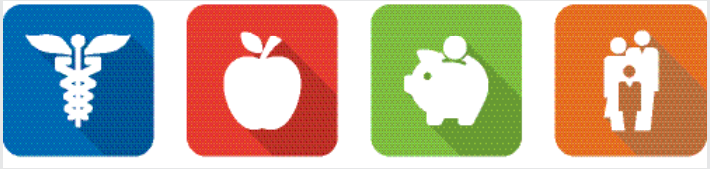
***Before you speak with a Benefit Counselor, please have the following information ready:***
*dependents' names, birth dates, social security numbers, addresses, and phone numbers.*

## Benefits Service Center: (866) 337-3572

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

# Table of Contents





# Eligibility

## Employee Eligibility

**Group health coverage and all other benefits are available to full-time (30 or more hours per week) employees. The insurance plan year is from September 1st through August 31st.**

## Effective Dates of Coverage

In order for an employee's coverage to take effect, the employee must call in to the Benefits Service Center to elect coverage for the employee and any eligible dependents within 31 days of date of hire. All benefits become effective on the first day of the month after your hire date.

## Eligible Dependents

If you apply for coverage, you may include your dependents. All employees must ensure that only family members who meet the following requirements are enrolled in the Lockhart ISD insurance and health care benefit programs.

Eligible dependents include one or more of the following:

- Your legal spouse
- A child under the limiting age of 26
- A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance.

  Child means:
  - Your natural child; or
  - Your legally adopted child, including a child for whom the participant is a party in a suit in which the adoption of the child is sought; or
  - Your stepchild; or
  - A child of your child who is your dependent for federal income tax purposes at the time application of coverage of the child of your child is made; or
  - A child for who a Participant has received a court order requiring that Participant to have financial responsibility for providing health insurance; or
  - A child not listed above:
    - Whose primary residence is your household; and
    - To who you are legal guardian or related by blood or marriage; and
    - Who is dependent upon you for more than one-half of his support as defined by the Internal Revenue Code of the United States.

# Eligibility

## Status Changes

### Important Information Regarding Status Changes

- Employees pay for most benefits on a pre-tax basis. As a result, the Internal Revenue Service will not allow an employee to change his/her elections during the year unless the employee experiences a **qualifying event.**

  **Qualifying events include:**
  - Marriage, divorce or legal separation
  - Birth or adoption of a child
  - Gain or loss of coverage through employee's spouse's employer
  - Gain or loss of spouse's job
  - Employee's child gaining or losing eligibility status; and/or
  - Death of a dependent, spouse, or child

- An employee must change his/her coverage within 31 calendar days from the date of the qualifying event.
- An employee must ensure the change in coverage is consistent with the status change. For example, if the employee gets married, he/she has 31 calendar days to enroll the new spouse or drop coverage if the employee will be added to the spouse's plan.

# LION CARE

Where the benefits come to ROARRR!

## *Why Lion Care?*

*In a self-funded plan, instead of your monthly premiums going to Major carriers like TRS, your premiums and the contributions made by Lockhart ISD go into a health care account held by Lockhart ISD. Lockhart ISD will then act as a Major carrier would and pay your claims from that account. What makes this ground-breaking for you and Lockhart ISD is that at the end of the year, any leftover premiums not spent on claims will stay with the district. The funds that stay with the district can be put back into the plan for the following year, allowing even more savings! Major carriers usually keep these left-over premiums as their profit.*

*A fully insured plan's fixed premiums are like paying for cable, it doesn't matter how many hours and channels you watch or don't watch, you still pay the same bill each month.*

*A self-funded plan works more like your power bill. You will pay some fixed costs, but the balance is determined by your consumption.*

*Lockhart ISD is proud to offer a program that has a LockHeart for People!*

NEW CARRIER

# Medical

Kempton

Medical Plans Effective: September 1, 2022 - August 31, 2023

The medical program, administered by Kempton, provides the framework for your health and well-being. To better meet the varying needs of our employees, Lockhart ISD offers the following medical plan.

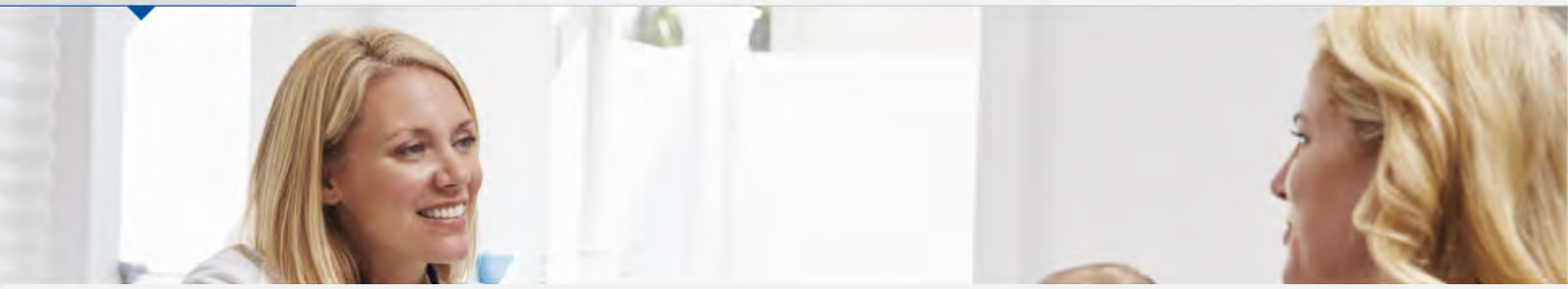
| **Benefits** (per calendar year) | **Medical Plan** |
|---|---|
| **Deductible**<br>In-Network (Individual/Family)<br>Out-of-Network (Individual/Family) | <br>$500/$1,000<br>$500/$1,000 |
| **Out-of-Pocket Maximum**<br>In-Network (Individual/Family)<br>Out-of-Network (Individual/Family) | <br>$4,000/$8,000<br>$4,000/$8,000 |
| **Annual Maximum** | Unlimited |
| **Coinsurance** (participant pays)<br>In-Network<br>Out-of-Network | <br>20%<br>20% |
| **Preventative Care Office Visit** | No charge |
| **Primary Care Office Visit** | $15 copay |
| **Specialist Office Visit** | $50 copay |
| **Urgent Care** | $50 copay |
| **Emergency Room** | $400 |
| **Hospital Services In-Patient** | 20% after Deductible |
| **Outpatient Diagnostic X-Ray & Lab Services (in office - $0 Copay)** | 100% deductible waived |
| **Major Lab - MRI, PET Scan, CAT Scan** | 20% after Deductible |
| **Enhanced Benefits** | 100% deductible waived |
| **Mental Health Office Visit** (In-Network) | $30 copay |
| **Prescription Drug**<br>Retail Order (30-day) / Mail Order (90-day)<br>Tier 1<br>Tier 2<br>Specialty<br>RX Mail Order - 90 Day Supply<br>**Prescription Drug Out of Pocket Maximum**<br>Individual/Family | <br><br>$0<br>$30<br>$200<br>3X<br><br>$1,450/$2,900<br>If you have met your max out of pocket there is no copay |

| **Medical Plan Monthly Deductions** | |
|---|---|
| **Coverage Tier** | **Medical Plan** |
| **Employee** | $0.00 |
| **Employee + Spouse** | $691.00 |
| **Employee + Child(ren)** | $302.00 |
| **Family** | $886.00 |

# THE KEMPTON GROUP

## MEMBER PORTAL

HOME | MY BENEFITS | CLAIMS | KPP *FREE*



## Welcome to Your 24/7 Online Benefits Connection!

- Review your personal details and health benefits from the privacy of your home or while on-the-go.
- View deductible and out-of-pocket balances. Download details into CSV file.
- View claims status, claim history, and Explanation of Benefits.
- Print a temporary ID card and request a new ID card.
- Ask questions, verify coverage, and more!
- View FAQs, flyers, plan details, benefits, and forms.

---

### Creating Your Account is Simple!

1. Visit www.kemptongroup.com
2. Choose the “For Members” button, then "Secure Login."
3. Click “Create a New Login.”
4. Follow the simple steps on your screen. Use your member ID card to help you answer the questions.

Need help or have questions?

Call us at (800) 324-9396.

©2018 The Kempton Group Administrators, Inc. all rights reserved. KemptonNOW is a trademark of The Kempton Group Administrators, Inc.

KPP*Free*™
KEMPTON PREMIER PROVIDERS

# EASY AS 1-2-FREE!

When you choose KPP*Free*™, your medical service is covered at **100%**, with **no cost to you**! With more than 200 provider locations, and thousands of procedures, tests, imaging, and other services, using KPP*Free*™ is an easy choice!

Call us! Call our Kempton Care Advocate team at **(800) 324-9396** to find out if your procedure is available through KPP*Free*™, discuss your benefits, and see if using KPP*Free*™ is your best option.

Our team will assist you every step of the way. Remember, reasonable travel expenses can be reimbursed, including hotel, mileage, etc.
mileage, etc.

After your appointment is scheduled, you will be provided with a KPP*Free*™ Voucher to present to the provider at the time of service.

## Services Available

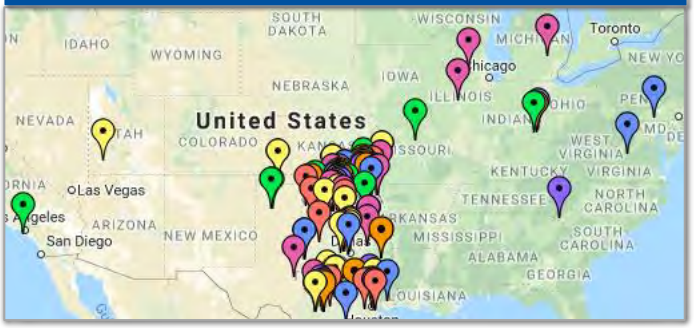
There are thousands of medical services that can be performed through the KPP*Free*™ program.

*Examples of services available*:

- General Surgeries
- Diagnostic Imaging
- Orthopedics
- Gastrointestinal
- Ear, Nose, & Throat
- Cardiac
- Oncology
- Gynecological
- Ophthalmological/Ocular
- Kidney
- Sleep Disorders

**Don't forget your Preventive Services!**
Many of your preventive screenings can be done through the KPP*Free*™ program. If a diagnosis is found, you can be confident that you won't receive surprise bills, and you may be able to get treatment from the same high-value provider.

## KPP*Free*™ Locations




Don't have a KPP*Free*™ option near you or want to use your current medical provider? Ask us about how any provider can "price match" and be reimbursed at 100% with a Cash Price Agreement!

## KPP*Free*™ Savings

KPP*Free*™ providers often charge 50-80% less than a traditional network provider. Since 2011, our clients have saved **$61 million** over network discounts, while reducing or eliminating participant out-of-pocket cost.

**To learn more:**
**Call us at (800) 324-9396 or visit us online at KPPFree.com**

**KPP*Free*™ is only available for covered services. If a participant has other primary insurance, the benefit is not available. Neither the Plan nor the Plan Administrator, make any warranty as to the quality of care that may be rendered by any provider. Under IRS guidelines, except for ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.* *©2019 all rights reserved.*

# KNOW BEFORE YOU GO WORKSHEET

## TALKING TO YOUR DOCTOR...

KPP*Free*™ is a new type of enhanced benefit, which means your current doctor may not be familiar with the process.

Here are some talking points and a worksheet to assist you in discussing the program and getting the information you need.

If you are enrolled in a Qualified High Deductible Health Plan, or have other primary insurance, please review the information included at the bottom of this page and your Summary Plan Description.

***Talking Points...***

- "I am enrolled in a self-funded plan and I am cost conscious."
- "I have an enhanced benefit that reduces or eliminates my out-of-pocket costs."*
- "If this is a diagnostic test or procedure, I will need a copy of the physician's orders to start the KPP*Free*™ process."
- "Can you tell me the exact type of surgery or procedure I need?"
- "What is the name or CPT code for this procedure?"

***Ask Your Doctor...***

***What type of procedure do I need?***

☐ Imaging ☐ Diagnostic Test ☐ Surgery ☐ Other: _____

***Are physician's orders required for this procedure? If so, will you provide me with a copy of the orders so that I can begin the process?***

Physician's orders are necessary for procedures that are diagnostic in nature.

☐ Yes, they are required, and I have received a copy. ☐ No, they are not required.

***What is the exact name of the procedure or the CPT code(s)?***

CPT codes are used to describe the procedure(s) or service(s) a patient needs to receive. More than one code may be utilized.

Procedure Name: _____

CPT Code 1: _____ CPT Code 2: _____ CPT Code 3: _____

***What is the urgency level?***

The KPP*Free*™ program is intended for voluntary and elective procedures that are not urgent in nature. If your medical service is urgent or time sensitive, we encourage you to consider using regular plan benefits.

☐ Not time-sensitive ☐ Time-sensitive; not urgent ☐ Urgent; consider using regular plan benefits

## 24-48 HOURS PRIOR TO APPOINTMENT

24-48 hours prior to your appointment, confirm that you have received the following information.

| | | |
|---|---|---|
| Have I received and printed my KPP*Free*™ voucher? | ☐ Yes ☐ No | If you have not received your Voucher, please call our Kempton Care Advocates at (800) 324-9396, Monday - Friday 8:00 a.m. - 5:00 p.m. CST. |
| Do I know the location of my appointment? | ☐ Yes ☐ No | Please confirm the location of your appointment with the KPP*Free*™ provider. For example, your consultation may be scheduled at a different location than your procedure. |
| I am traveling, do I have the details and reservation information? | ☐ Yes ☐ No | If you have not received this information, please call our Kempton Care Advocates at (800) 324-9396, Monday - Friday 8:00 a.m. - 5:00 p.m. CST. |

## AFTER YOUR PROCEDURE

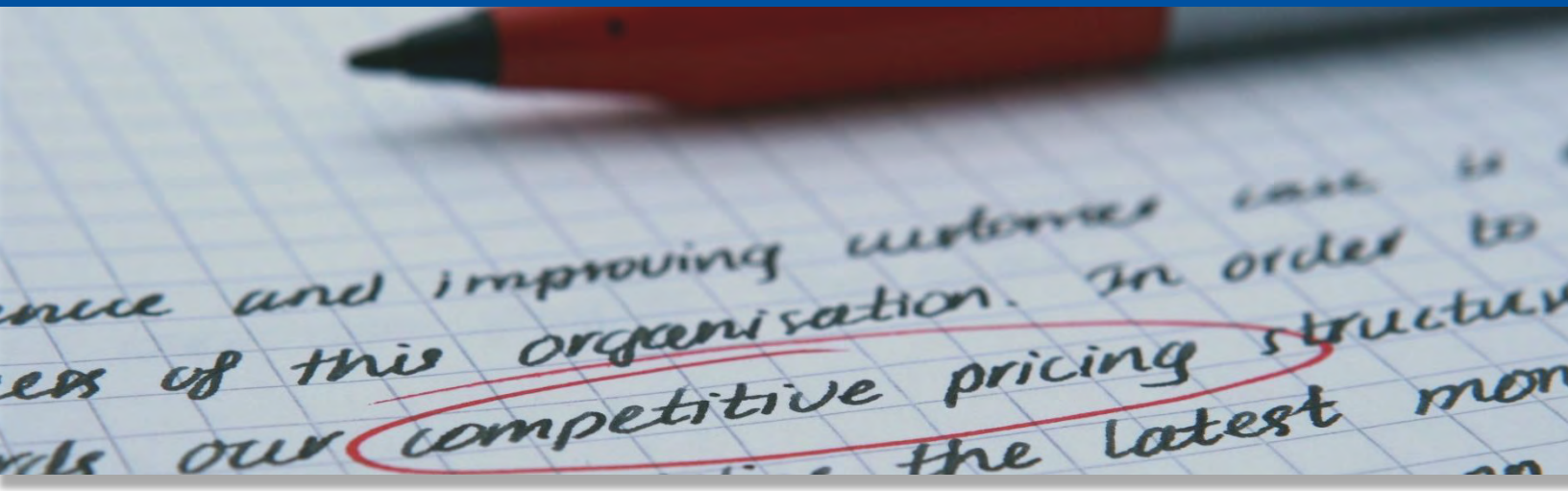
Check with your KPP*Free*™ provider to find out if you will need follow-up care or services and reach out to us to review the benefit available.

| | | |
|---|---|---|
| Do I need post-operative care or follow-up appointments? | ☐ Yes ☐ No | Post-operative or follow-up appointments may not be included under KPP*Free*™ and may be covered under regular plan benefits. |
| Do I need any durable medical equipment? | ☐ Yes ☐ No | Durable Medical Equipment (DME), such as crutches, walkers, and other equipment prescribed by your surgeon, may not be included for your specific procedure under the KPP*Free*™ benefit and may be covered under regular plan benefits. |
| Do I need physical therapy? | ☐ Yes ☐ No | Physical therapy may not be included for your specific procedure under the KPP*Free*™ benefit and may be covered under regular plan benefits. Our Kempton Care Advocates can assist you in finding the best benefit for physical therapy. |
| Do I need any other continuing care or medical services? | ☐ Yes ☐ No | These services may not be included for your specific procedure under the KPP*Free*™ benefit and may be covered under regular plan benefits. Our Kempton Care Advocates can assist you in finding the best benefit. |

**KPP*Free*™ is only available for covered services. Please refer to your Summary Plan Description for a list of covered services. This Consumer Driven Option is subject to the Plan exclusions, limitations, or other restrictions listed in the Plan which may apply. Under IRS guidelines, with the exception of ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.*

KPP*Free*™
KEMPTON PREMIER PROVIDER

# CASH PRICE AGREEMENT




## SAVE MONEY WITH A CASH PRICE AGREEMENT!

Talk to your provider about matching the KPP*Free*™ price so they can be reimbursed at 100% and you will have no out-of-pocket cost!*

**Call Kempton** to find out if your medical service is available through the KPP*Free*™ program, discuss your benefits, and see if a Cash Price Agreement is **your best option**.

**Talk to your provider** about the enhanced benefit available to you if they **agree to match**, or closely approximate, the KPP*Free*™ bundled price.

Remember, **all services** required for the service or procedure are **bundled** under KPP*Free*™. These same services **must** also be **included** in your provider's offer.

The Kempton Care Advocate will provide you with a **Cash Price Agreement**. If your provider signs the CPA, your procedure will be covered under the **KPP*Free*™ benefit**!

**If you have questions or want to learn more, give us a call at (800) 324-9396 or visit us online at KPPFree.com.**

**KPPFree™ is only available for covered services. If a participant has other primary insurance, the benefit may not be available. There is no implied warranty as to the quality of care that may be rendered by any provider. Under IRS guidelines, except ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.*
*©2019 all rights reserved. KPPFree, Premier Providers, and Kempton Premier Providers are trademarks of The Kempton Group Administrators, Inc.*

# KPP*FREE* ™ CASH PRICE AGREEMENTS FAQ

## FREQUENTLY ASKED QUESTIONS

### What is KPP*Free*™?

KPP*Free*™ is a program that encourages self-funded employers to work directly with medical providers who believe in charging a fair price for high quality care.

Under KPP*Free*™, you can receive high quality care at an enhanced benefit, often with no out-of-pocket cost.* To encourage you to use this benefit, reasonable travel expenses are included.

Providers who are part of KPP*Free*™ are paid quickly, often at 100%.* They are reimbursed from a simple invoice rather than filing a claim through the PPO network.

### What services are available through KPP*Free*™?

Medical services available through KPP*Free*™ are non-emergency procedures such as surgeries, tests, and diagnostic imaging. The up-front transparent prices for KPP*Free*™ services are bundled. This means the price includes all relevant items, such as surgeon, facility, and anesthesia.

### What is a KPP*Free*™ Cash Price Agreement?

A KPP*Free*™ Cash Price Agreement enables participants to get the same enhanced KPP*Free*™ benefit with the medical provider they choose.

If your provider agrees to match, or closely approximate, the *bundled* price of a current KPP*Free*™ provider for a particular service or procedure, it can be covered under the KPP*Free*™ benefit.

*All services required for the service or procedure are bundled under KPPFree™. These same services must also be included in the Cash Price Agreement.*

### Is a KPP*Free*™ Cash Price Agreement the best option for me?

Cash Price Agreements are consumer-driven. This means that you, as a smart consumer, are responsible for working with your provider(s) independently, and "owning" the process.

The relationship you have with your provider is very important to this process. There is a much higher possibility of success when the patient, you, leads the discussion.

However, this process is not for everyone.

If you are uncomfortable having this discussion with your provider, or you do not want to devote the time to the process, this option is not a good fit for you.

For medical issues that are urgent or time sensitive, we recommend using a current KPP*Free*™ provider, or your regular plan benefits for care.

Even if a Cash Price Agreement is not the best option for you, the enhanced benefit is still available by choosing a current KPP*Free*™ provider. You may also choose to use the regular plan benefits available to you.

### Are all providers willing to do a KPP*Free*™ Cash Price Agreement?

No. Not all providers are willing, or able, to participate in this option.

If your provider is not willing or able to sign a Cash Price Agreement, you still have an enhanced benefit available if you choose to use a current KPP*Free*™ provider. You may also choose to use the regular plan benefits available to you.

### What is the process?

1. Call the Kempton Care Advocates to find out if your medical service is available through the KPP*Free*™ program and discuss whether a Cash Price Agreement is your best option.
2. Talk to your provider about the enhanced benefit available to you. If they are willing to match, or closely approximate, the KPP*Free*™ bundled price, you can request a Cash Price Agreement to share with them.
3. The Kempton Care Advocate will provide you with a Cash Price Agreement to present to your provider for them to sign.
4. Once your provider has signed the agreement return it to the Kempton Care Advocate for review.
5. After the agreement is reviewed, and our team confirms that all necessary services are included in the bundled price, the Kempton Care Advocate will send an executed copy of the agreement to you.
6. Once the process is complete, you may schedule your appointment and your medical services will be covered under the enhanced KPP*Free*™ benefit!

### Talking Points

- "How much will this treatment cost? I would like to know what the total cost will be, not just my out-of-pocket cost."
- "My health plan is self-funded. I want to keep costs in mind when I am making this decision."
- "I have an enhanced benefit that saves me significant money on my out-of-pocket costs."
- "We have the option of working together so that I can still have my out-of-pocket costs reduced or waived, while not having to use a different provider."
- If you are willing to work with me and match the bundled price of a provider who participates in KPP*Free*™, I get the enhanced benefit, but there are also benefits for you too. Can we discuss this option?"

### Have Questions?

For assistance please call our Kempton Care Advocates at **(800) 324-9396**, Monday – Friday 8:00 a.m. - 5:00 p.m. CST.

**KPPFree™ is only available for covered services. Please refer to your Summary Plan Description for a list of covered services. This Consumer Driven Option is subject to the Plan exclusions, limitations, or other restrictions listed in the Plan which may apply. Under IRS guidelines, with the exception of ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit.*

southernscripts
a New Kind of Pharmacy Benefit Management

Member
**Reference Guide**

## Processing Information

Group Number: **Reference Member ID Card**
Cardholder ID Format: **Reference Member ID Card**
Bin Number: **015433**
PCN: **SSN (Southern Scripts Network, not SSN#)**
PBM: **Southern Scripts**

## Contact Information

24/7/365 support available

### Hours of Operation

**Monday-Friday**
6:00 AM - 10:00 PM CST
**Saturday**
8:00 AM - 6:00 PM CST
**Sunday**
8:00 AM - 5:00 PM CST

### Contact

Toll Free: (800) 710-9341
Fax: (318) 214-4190
Website: southernscripts.net

firstchoice
southernscripts

**FirstChoice™**
**Pharmacy Locator:**
**southernscripts.net/members**

FirstChoice™ is the preferred pharmacy network of Southern Scripts, offering access to reduced prescription costs at 50,000+ participating FirstChoice™ pharmacies across the nation. A participating FirstChoice™ pharmacy offers, on average, a lower cost on medications for covered drugs than a standard (non-preferred) pharmacy. FirstChoice™ consists of both independent (local/community) and retail (national/regional) pharmacies.

Participating FirstChoice™ pharmacies also offer the added benefit of filling a 90-day supply of medications*. Non-FirstChoice™ pharmacies are limited to a 30-day supply.

1. Visit **southernscripts.net/members**
2. Select **Find a Pharmacy**
3. Enter your **ZIP code**
4. The Southern Scripts Bin Number is **015433**
5. Enter your **Group Code** (KLOC50)
6. Select your search radius based on your ZIP code

firstchoice southernscripts — Pharmacy is contracted as a FirstChoice™ pharmacy

Pharmacy is contracted for specialty medications

Pharmacy is contracted for vaccines

** Pharmacies that do not participate in the FirstChoice™ Pharmacy Network are unable to dispense 90-day supply of medications. Speciality medications are limited to a 30-day supply.*

## What is Variable Copay™?

Variable copay™

**Unlock BIG SAVINGS On Your Brand And Specialty Drugs**

Variable Copay™ utilizes manufacturer-provided coupons to significantly reduce the cost on eligible high-cost brand and specialty medications. With Variable Copay™, your out-of-pocket costs for prescription drugs may be reduced or eliminated by a drug manufacturer's coupon. The remaining drug coupon dollars are used to offset the costs to the employer.

Your medications will arrive at your doorstep monthly via a shipping courier (UPS, FedEx, DHL) - approximately 5-7 days before your current medications are completed. A Variable Copay™ Network Pharmacy will communicate with you each month on reminders of your shipment and verification of address.

Variable Copay™ requires enrollment to participate. Enrollment in Variable Copay™ is quick and simple. Please call (833) 439-9617 to speak with a dedicated Variable Copay™ Concierge. Enrollment is also available within the Southern Scripts mobile app.

## Contacting the Variable Copay™ Pharmacy

For any questions or concerns regarding your Variable Copay™ prescription fulfillment, please call (833) 439-9617 to speak with a Variable Copay™ Concierge.

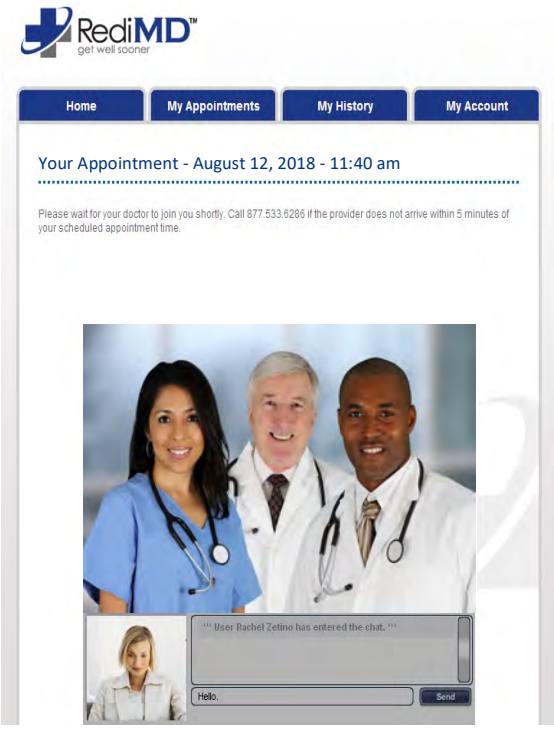
## Accessing Your Member Page

**southernscripts.net/members**

Your Member Page is tailored to the specifics of your prescription benefit plan. Resourceful tools are available on your Member Page, such as a pharmacy locator, drug formulary search, FirstChoice™ pharmacy network, and mail order information. To get the most out of your prescription benefits, visit your Member Page below.

1. Visit **southernscripts.net/members**
2. Select **Find Your Member Page** on the left navigation
3. Enter your **Group Number** (Found on your Insurance/Rx card)
4. Select **View Member Page**

# *Code To register= lockhart




RediMD™ get well sooner

## RediMD gives you the option to have a regular doctor's visit online or by phone. No copay or payment required. Visit us at www.redimd.com

- *Any time you need to see or speak with a doctor*
- *We are "Always Open"*

RediMD provides primary medical care online via webcam, smart phone, or by telephone. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.

RediMD service is available for you and your family.

REDIMD TREATS MOST PRIMARY CARE AILMENTS INCLUDING, BUT NOT LIMITED TO:

| | | | |
|---|---|---|---|
| *STRAINS* | *HIGH BLOOD PRESSURE* | *INFECTIONS* | *ASTHMA* |
| *CONTUSIONS* | *UTI* | *DIABETES* | *HEADACHES* |
| *BURNS* | *BACK INJURIES* | *ETC.* | |

- A computer with internet connection and web camera, or a smart phone or iPad with internet connection is required for all face-to-face visits.
- Visit us at www.RediMD.com for more information and to register

# www.redimd.com

Para Ayuda Llamar / For help, call RediMD at 866-989-CURE or 866-989-2873

RediMD™ get well sooner

RediMD visits available from work or home 24/7 by telemedicine or phone

# TO USE REDIMD AS A FIRST-TIME USER

## 1 REGISTER.*

- Go to www.redimd.com
- Click "register"
- Select "register " or "First Time User"
- Enter code listed bottom of page and click "next"
- Follow registration directions, enter your e-mail and create a password
- Complete profiles and registration directions.

## 2 SCHEDULE.

- Make appointment
- Select provider, date, and time
- No copay or payment required.

## 3 CONSULT.

- Take vitals. Or leave blank
- Consult with your provider (see options below)

*

# TO USE REDIMD AS A RETURN USER

## 1 LOG IN.

From any internet connected computer or smart phone .

- Log in at www.redimd.com
- Enter your e-mail and password

## 2 SCHEDULE.

- Make appointment
- Select provider, date, and time
- No copay or payment required.

## 3 CONSULT.

- Take vitals or leave blank
- Consult with your provider (see options below)

*Registration is a one-time process and can be done without having to schedule an appointment.

## CONSULT WITH YOUR REDIMD PROVIDER

**AT YOUR Work Computer: To see a provider for your online consult**

- Go to your Work computer for the online consult 10 minutes before your appointment time
- Go to www.redimd.com, log in to your account and go to your appointment
- Take your blood pressure, pulse and temperature and enter your vital readings as prompted, if you have them
- The provider will appear at the appointment time to consult with you about the medical information you provided and give you a diagnosis and recommend treatment.

**On a smart phone or IPAD: To see the provider for your online consult**

- 10 minutes before your appointment time, go to www.redimd.com, log in to your account and go to your appointment .
- Have your photo ID available.
- Take your blood pressure, pulse and temperature and enter your vital readings as prompted, if you have them
- Press start video and the provider will appear at the appointment time to consult with you about the medical information you provided and give you a diagnosis and recommend treatment.

**BY PHONE: To speak with provider**

- go to www.redimd.com, log in to your account, make an appointment ,and wait for the doctor to call you at your appointment time.

**www.redimd.com**

Para Ayuda Llamar / For help, call RediMD at 866-989-CURE or 866-989-2873

RediMD™ get well sooner

***Code to register = lockhart**

# Save with a FSA

PROFICIENT™
BENEFIT SOLUTIONS

## What if you could save 30% on your healthcare expenses?

### Health FSA

No matter what health plan option you choose, chances are you and your family will incur out-of-pocket costs this plan year – in the form of deductibles, copays, coinsurance, etc. Health FSA dollars can be used to pay for these expenses for you, your spouse and children (up to the age of 26). You can choose to contribute up to the maximum of $2,850 per plan year and it is all tax-sheltered dollars. The best part is – up to $500 rolls over to the new plan year if you don't use it. You must enroll in the FSA to take advantage of this rollover benefit. And because the Health FSA is pre-funded, your entire annual election is available for use on the first day of the plan year.

### Helpful Tips:

- **Know your coverage.** Every health plan will have out-of-pocket costs in the form of deductibles, copays, and coinsurance.
- **Consider your budget and financial goals.** Ensure your contributions fit into your overall personal finances. Ask yourself how many office visits, prescriptions, specialists, labs, and other procedures you or your family is likely to need.
- **Factor in major purchases.** Look up average costs for any major planned treatments or procedures.
- **Look back at prior years.** Your prior year spending may give you a hint as to how much you are likely to spend this year.

### It's time to make those decisions again:

- Regardless of which health insurance plan you choose, you are likely to incur out-of-pocket costs. An FSA allows you to stretch your healthcare dollars an average of 30% by using pre-tax funds.
- Put the 'right' amount of money into your account. Consider your financial goals, your likely spending needs, and your budget constraints.

### Dependent Care FSA

The most you can set aside is $5,000 if single or married and filing jointly or $2,500 if married and filing separately. The person whose expenses you are claiming must be

- your qualifying child under the age of 13, who shares the same residence with you; or
- your spouse or qualifying child or qualifying relative who is physically or mentally unable to care for him/herself who shares the same residence with you and has income less than the Federal exemption amount.

**You must make a new election each year!**

**If you have an FSA or DCA, you must re-enroll in these plans or your current election will be dropped for the new plan year.**

PROFICIENT™
BENEFIT SOLUTIONS

# PROFICIENT™ connect


## Register Today!

**Visit www.proficientbenefits.com**

**Click on *Login***

**Select *Proficient Connect***

**Click on *Register***

- **Step One**- Complete the registration form
  - Choose a username & password
  - Enter your demographic information
  - Use Employer ID: SASLOCK when prompted for Registration ID
  - Your Employee ID is your SSN without dashes or spaces
- **Step Two**- Select 4 security questions
- **Step Three**- Confirm email address
- **Step Four**- Review and confirm registration information and security questions. *You may want to print your security questions for future reference.*

## Features

**A single digital experience** – optimal viewing experience across all browsers and devices, including touchscreens

**Personalized content** – resources and messages are tailored to your individual preferences and account settings

**Full account details at your fingertips** – intuitive online access to plan details, account balances, and transaction history (including prior years)

**Self-service convenience** – check balances, submit claims and receipt documentation, pay bills, manage investments, and more

**Comprehensive decision support tools** – educational and interactive tools to help you make critical spending and saving decisions throughout the plan year

**Communication when you need it** – manage your preferences, with access to more than 25 alerts to keep you connected to your account

**Value-add services and offers** – to help you get the most value from your healthcare dollars

# The Proficient Connect mobile app provides ultimate convenience and 24/7 access directly from your tablet or mobile device.

## Register Today!

**Download and open the Proficient Connect app**

**Click on *Register***

- **Step One**- Complete the registration form
  - Select a username
  - Create and confirm password
  - Use Employer ID: SASLOCK when prompted for Registration ID
  - Your Employee ID is your SSN without dashes or spaces
- **Step Two**- Select 4 security questions
- **Step Three**- Confirm email address
- **Step Four**- Review and confirm registration information and security questions.

Note: If your device uses touch or face recognition access technology , you can choose to enable them to access Proficient Connect Mobile(Touch ID and Face ID for Apple devices, or Fingerprint Access for Android devices). These options can be changed and disabled at any time via the 'Settings' screen.


## Features

**Ask Emma** – the industry's first voice-activated intelligent assistant that provides answers to questions you may have about your benefit account

**Access accounts** – check balances, view transaction history, and more

**Manage claims** – submit new claims, upload receipts, and check claims status

**Eligibility Scanner** – check the eligibility of an item

**Access cards** – manage card details, access your PIN, and initiate card replacement for lost or stolen cards

**Receive alerts** – view important account messages

**Update your profile** – update personal information, including your email and mobile phone

# Vision

## Guardian - VSP

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

**Dependent Age Limits:** To age 26 | **Waiting Periods:** None

| Benefit | Vision Plan | |
|---|---|---|
| | In-Network | Out-of-Network (before copay) |
| **Exam** (once every calendar year) | $10 copay | Up to $39 |
| **Lenses** (once every calendar year) | | |
| Single Vision | $25 copay | Up to $23 |
| Bifocal | $25 copay | Up to $37 |
| Trifocal | $25 copay | Up to $49 |
| Lenticular | $25 copay | Up to $64 |
| **Contact Lenses*** (once every calendar year) | | |
| Medically Necessary | Covered after copay | Up to $210 |
| Elective | Up to $130 (copay waived) | Up to $100 (copay waived) |
| Fitting and Evaluation | Member pays up to $60, 15% discount on fee | Included in the Contact Lens Allowance |
| **Frames** (once every other calendar year) | Up to $130 retail + 20% off balance | Up to $46 |

| Vision Plan Deductions | |
|---|---|
| Coverage Tier | Monthly |
| Employee Only | $8.69 |
| Employee + One | $17.39 |
| Family | $24.47 |

*Contact lenses are in lieu of eyeglasses and/or frames

# Dental

## Guardian

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

**Dependent Age Limits:** To age 26 | **Waiting Periods:** None

| Benefit | Value Plan (Plan may have higher out of pocket cost for out of network providers) | NAP Plan |
|---|---|---|
| | In-Network | In-Network |
| **Deductible**<br>Period<br>Family Limit<br>Waived for | **$50**<br>Calendar Year<br>3 per family<br>Preventive | **$50**<br>Calendar Year<br>3 per family<br>Preventive |
| **Annual Maximum** | $2,000 plus Maximum Rollover | $2,000 plus Maximum Rollover |
| **Maximum Rollover**<br>Threshold<br>Rollover Amount<br>Account Limit | <br>$800<br>$400<br>$1,500 | <br>$800<br>$400<br>$1,500 |
| **Claim Payment Basis** | Negotiated Fee Schedule | Negotiated Fee Schedule |
| **Coinsurance - Preventative Services**<br>Oral Exams (once/6 months)<br>Cleanings (once/6 months)<br>X-Rays (full-mouth series once/60 months)<br>Fluoride Treatment (to age 19, once/6 months)<br>Space Maintainers/Harmful Habit Appliances | 100% | 100% |
| **Coinsurance - Basic Services**<br>Fillings<br>Period Maintenance Procedure (once/6 months)<br>Periodontal Services (scaling and root planing)<br>Periodontal Surgery<br>Simple/Complex Extractions<br>Endodontic Services (root canal)<br>Repair & Maintenance of Crowns, Bridges & Dentures<br>General Anesthesia<br>Sealants (to age 16, once/36 months) | 100% | 80% |
| **Coinsurance - Major Services**<br>Bridges & Dentures<br>Single Crowns<br>Inlays, Onlays & Veneers<br>TMJ | 60% | 50% |
| **Coinsurance - Orthodontics**<br>Available for Children & Adults | 50%<br>Lifetime Maximum: $1,000 | 50%<br>Lifetime Maximum: $1,000 |

**Dental Plan Deductions**

| Coverage Tier | Monthly |
|---|---|
| Employee Only | $31.15 |
| Employee + Spouse | $60.19 |
| Employee + Child(ren) | $77.89 |
| Family | $106.90 |

# Dental Maximum Rollover®

## Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

*Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.*

| Plan Annual Maximum* | Threshold | Maximum Rollover Amount | Maximum Rollover Account Limit |
|---|---|---|---|
| $2000 | $800 | $400 | $1500 |
| Maximum claims reimbursement | Claims amount that determines rollover eligibility | Additional dollars added to Plan Annual Maximum for future years | Plan Annual Maximum plus Maximum Rollover cannot exceed $3,500 in total |

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

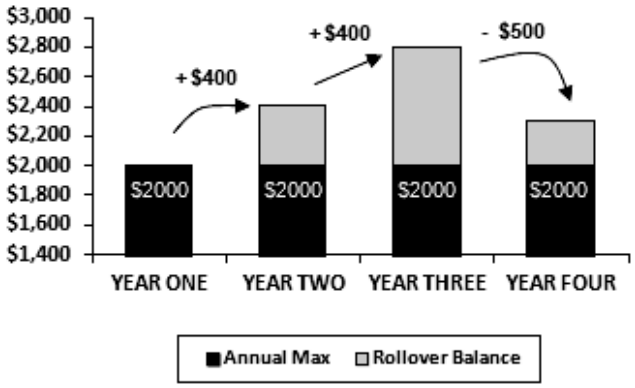
### Here's how the benefits work:

**YEAR ONE**: Jane starts with a $2000 Plan Annual Maximum. She submits $150 in dental claims. Since she did not reach the $800 Threshold, she receives a $400 rollover that will be applied to Year Two.

**YEAR TWO**: Jane now has an increased Plan Annual Maximum of $2,400. This year, she submits $50 in claims and receives an additional $400 rollover added to her Plan Annual Maximum.

**YEAR THREE**: Jane now has an increased Plan Annual Maximum of $2,800. This year, she submits $2,500 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

**YEAR FOUR**: Jane's Plan Annual Maximum is $2,300 ($2,000 Plan Annual Maximum + $300 remaining in her Maximum Rollover Account).




For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

**NOTES:**

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.
Policy Form #GP-1-DG2000, et al.

# Basic Term Life and AD&D

Guardian

Lockhart ISD provides Basic Life and Accidental Death & Dismemberment (AD&D) to all active employees working 30 or more hours per week. Employees receive $10,000 of Basic Life and AD&D Benefits.

# Voluntary Term Life

Guardian

**Please speak to a licensed Benefits Counselor for personalized rates and more information regarding this benefit.**

| Benefits Payable* | | | |
|---|---|---|---|
| | Employee Life Benefits | Spouse Life Benefits | Child Life Benefits |
| **Benefit Amount** | You may choose to purchase benefits in increments of $10,000 up to a maximum of $500,000 | You may choose to purchase benefits in increments of $5,000 up to a maximum of $250,000<br><br>Spouse terminates at age 70 | For eligible children 14 days to 26 years, you may choose to purchase a $10,000 benefit<br><br>Eligible children under 14 days of age receive $500 |
| **Guarantee Issue** | up to $200,000 | up to $50,000 | up to $10,000 |

*Evidence of Insurability is required for all late enrollees and increases over Guarantee Issue.

# TravelAid Services Plan

Guardian

TravelAid provides an emergency response network around-the-clock and around-the-world (domestic and international) to ensure that business travelers are not left on their own when they need help the most, whether for a medical emergency or to replace travel documents. The following services; Travel planning, Specialized Security Resources, Medical Transportation Services, Worldwide Physician and Hospital Referrals, and Emergency Response are **provided at no extra cost to employee.** Call your Guardian Group Benefits Expert today for more information or visit www.guardianlife.com.


# Employee Assistance Program

The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you, your dependents, and household members by your employer. This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work and life issues in order to live happier, healthier, more balanced lives. From stress, addiction, and change management, to locating child care facilities, legal assistance, and financial challenges, our qualified professionals are here to help. These services are completely confidential and can be easily accessed 24/7, offering you around-the-clock assistance for all of life's challenges.

- Program Access: You may access the EAP by calling the toll-free Helpline number, using our iConnectYou App, or instant messaging with a work-life consultant through our online instant messaging system.
- Telephonic Assessments & Support: In-the-moment telephonic support and crisis intervention are available 24/7 along with intake and clinical assessments.
- Short-term Counseling: Counseling sessions with a qualified counselor to assist with issues such as stress, anxiety, grief, marital/family challenges, relationship issues, addiction, etc. Counseling is available via structured telephonic sessions, video, and in-person at local provider offices.
- Referrals & Community Resources: Our team provides referrals to local community resources, member health plans, support groups, legal resources, and child/elder care/daily living resources.
- Advantage Legal Assist: Free 30 minute telephonic or in-person consultation with a plan attorney; 25% discount on hourly attorney fees if representation is required; unlimited online access to a wealth of educational legal resources, links, tools and forms; and interactive online Simple Will preparation.
- Advantage Financial Assist: Unlimited telephonic consultation with an Accredited Financial Counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction and financial planning; supporting educational materials available; unlimited online access to a wealth of educational financial resources, links, tools and forms (i.e. tax guides, financial calculators, etc.).
- Identity Theft Assistance: Free telephonic consultation with an Accredited Financial Counselor; information on steps that should be taken upon discovery of identity theft; referral to full-service credit recovery agencies; free credit monitoring service.
- Work-life Services: Our work-life consultants are available to assist you with a wide range of daily living resources such as locating pet sitters, event planners, home repair, tutors, travel planning, and moving services. Simply call the Helpline for resource and referral information.
- Child & Elder Care Referrals: Our child and elder care specialists can help you with your search for licensed child and elder care facilities in your area. They will discuss your needs, provide guidance, resources, and qualified referral packets. Searchable databases and other resources are also available on the Deer Oaks member website.
- Take the High Road Ride Reimbursement Program: Deer Oaks reimburses members for their cab, Lyft and Uber fares in the event that they are incapacitated due to impairment by a substance or extreme emotional condition. This service is available once per year per participant, with a maximum reimbursement of $45.00 (excludes tips).

**CONTACT US:**
Toll-Free: (866) 327-2400
Website: www.deeroakseap.com
Email: eap@deeroaks.com

# Universal Life

## Trustmark

Trustmark's **fully portable** Universal Life solutions address differing employee needs for permanent life insurance and peace of mind for a lifetime, and are available for employees and their spouses in face amounts from $5,000 up to $300,000 and their children.

- **Universal LifeEvents®** - LifeEvents pays a higher death benefit during the working years when expenses are high and families need maximum protection. At age 70, when financial needs are typically lower, the death benefit reduces to one third. However, higher Living Benefits do not reduce — they continue through retirement to match the greater need for Long Term Care.
- **Terminal Illness Benefit** - Accelerates 75% of death benefit amount when life expectancy is 24 months or less, as compared with 50% and 6- or 12-month life expectancies commonly seen in the industry.
- **Accelerated Death Benefit for Critical Care** - Designed to accelerate Death Benefit at 4% per month for up to 25 months to pay for long-term care in an assisted living or long-term care facility, or home health care and/or adult day care.
- **Long Term Care Rider** - Fully restores the death benefit reduced by LTC each time a benefit is paid. Allows beneficiaries to receive the full death benefit.

**Please speak to a licensed Benefits Counselor for personalized rates and more information regarding this benefit.**

# Accident Insurance - Off-Job

## Guardian

If you and your family are active, chances are, you're no stranger to a hospital emergency room. Even with medical insurance, a fall while bicycle riding or your child's sprained ankle at soccer practice can cost you a bundle in out-of-pocket expenses. Are you financially prepared for all of the medical and non-medical costs of treatment and recovery from a serious injury? In addition, Accident Insurance provides a wellness benefit of $100 per insured person per calendar year. When certain routine wellness screenings or procedures are completed.

**Financial Support to get you back on your feet**

- No matter what kind of medical coverage you have, you will have out-of-pocket costs that could really set you back financially
- Guardian® pays you cash benefits based on covered injuries, treatments and services
- Payments go directly to you, and you can pay for other expenses, like traveling to the hospital, childcare and lost income from missed work

| Benefit | Accident Plan | |
|---|---|---|
| | Advantage Plan | Premier Plan |
| **Accidental Death Benefit**<br>Employee<br>Spouse<br>Children | <br>$25,000<br>$12,500<br>$5,000 | <br>$50,000<br>$25,000<br>$5,000 |
| **Common Carrier** | 200% of AD&D | 200% of AD&D |
| **Ambulance Ground**<br>**Ambulance Air** | $150<br>$1,000 | $200<br>$1,500 |
| **Appliance** (e.g. wheelchair, crutches) | $125 | $125 |
| **Lacerations** | Up to $400 | Up to $500 |
| **Second and Third Degree Burns** | Up to $12,000 | Up to $12,000 |
| **Occupational or Physical Therapy Services** (up to 10 days) | $25 per day | $35 per day |
| **Concussion** | $75 | $100 |
| **Dislocation** | Up to $4,400 | Up to $4,800 |
| **Emergency Dental Work** | $300/Crown, $75/Extraction | $400/Crown, $100/Extraction |
| **Epidural pain management** (2 times per accident) | $100 | $100 |
| **Coma** | $10,000 | $12,500 |
| **Eye Injury** | $300 | $300 |
| **Fractures** | Up to $5,500 | Up to $6,000 |
| **Surgery** (Cranial, Open Abdominal, Thoracic) | Up to $1,250 | Up to $1,500 |
| **Initial Physician's office/Urgent Care Facility Treatment** | $75 | $100 |
| **Hospital Admission** | $1,000 | $1,250 |
| **Hospital Confinement** (per day up to 1yr) | $225 per day | $250 per day |
| **Hospital ICU Admission** | $2,000 | $2,500 |
| **Hospital ICU Confinement** (up to 15 days) | $450 per day | $500 per day |
| **Laceration** | Up to $400 | Up to $500 |
| **Accident Plan Deductions** | **Advantage Plan** | **Premier Plan** |
| Coverage Tier | Monthly | Monthly |
| Employee Only | $12.98 | $17.88 |
| Employee + Spouse | $18.90 | $24.84 |
| Employee + Child(ren) | $26.94 | $32.80 |
| Family | $32.86 | $39.76 |

# Critical Illness Insurance

## Guardian

Health care costs are on the rise. Even with medical insurance, you're often still responsible for both medical and non-medical expenses related to your recovery from a serious illness. The cost you pay for co-pays and deductibles, as well as other expenses such as child care, transportation to the doctor and loss of income when you are unable to work, could really set you back financially.

**Helps protect your savings**

- The plan pays you cash benefits based on each eligible diagnosis such as a heart attack, stroke or cancer
- The cash benefits are paid directly to you, so you decide how to use them

| Benefit | Critical Illness w/ Cancer |
|---|---|
| **Coverage Amounts** | |
| Employee (Guaranteed Issue - $30,000)<br>Spouse (Guaranteed Issue - $30,000)<br>Child (All child amounts are guaranteed)* | $5,000 to $30,000<br>Up to 100% of employee benefit<br>50% of employee benefit |
| **Benefit** | |
| Invasive Cancer<br>Heart Attack<br>Stroke<br>Major Organ Failure<br>Coma<br>ALS (Lou Gehrig's Disease)<br>Loss of Speech, Sight or Hearing | 100% |
| Coronary Arteriosclerosis<br>Carcinoma In Situ<br>Addison's Disease | 30% |
| **Wellness Benefit** (Provides a per year benefit for completing certain routine wellness screenings or procedures) | |
| Employee<br>Spouse<br>Child | $50<br>$50<br>$50 |
| **Pre-Existing Condition Limitation** | 3 month look back period, 6 months treatment free/<br>12 month exclusion period, Continuity of Coverage |

* Dependent Age Limits - 0 days to 26 years (26 if full time student)

**Critical Illness Plan Monthly Deductions - Employee & Spouse**
(Spouse rate is based on employee age and Child cost is included with employee election)

| | Benefit Amounts | <30 | | 30-39 | | 40-49 | | 50-59 | | 60-69 | | 70+ | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Emp | Spo | Emp | Spo | Emp | Spo | Emp | Spo | Emp | Spo | Emp | Spo |
| Non-Tobacco | $5,000 | $3.95 | $3.86 | $5.36 | $5.27 | $9.30 | $9.21 | $16.01 | $15.93 | $24.56 | $24.48 | $48.59 | $48.51 |
| | $10,000 | $6.70 | $6.61 | $9.36 | $9.27 | $16.80 | $16.71 | $29.36 | $29.28 | $45.46 | $45.38 | $91.94 | $91.86 |
| | $15,000 | $9.45 | $9.36 | $13.36 | $13.27 | $24.30 | $24.21 | $42.71 | $42.63 | $66.36 | $66.28 | $135.29 | $135.21 |
| | $20,000 | $12.20 | $12.11 | $17.36 | $17.27 | $31.80 | $31.71 | $56.06 | $55.98 | $87.26 | $87.18 | $178.64 | $178.56 |
| | $25,000 | $14.95 | $14.86 | $21.36 | $21.27 | $39.30 | $39.21 | $69.41 | $69.33 | $108.16 | $108.08 | $221.99 | $221.91 |
| | $30,000 | $17.70 | $17.61 | $25.36 | $25.27 | $46.80 | $46.71 | $82.76 | $82.68 | $129.06 | $128.98 | $265.34 | $265.26 |
| Tobacco | $5,000 | $5.65 | $5.56 | $8.41 | $8.32 | $17.25 | $17.16 | $34.76 | $34.68 | $58.46 | $58.38 | $108.84 | $108.76 |
| | $10,000 | $10.10 | $10.01 | $15.46 | $15.37 | $32.70 | $32.61 | $66.86 | $66.78 | $113.26 | $113.18 | $212.44 | $212.36 |
| | $15,000 | $14.55 | $14.46 | $22.51 | $22.42 | $48.15 | $48.06 | $98.96 | $98.88 | $168.06 | $167.98 | $316.04 | $315.96 |
| | $20,000 | $19.00 | $18.91 | $29.56 | $29.47 | $63.60 | $63.51 | $131.06 | $130.98 | $222.86 | $222.78 | $419.64 | $419.56 |
| | $25,000 | $23.45 | $23.36 | $36.61 | $36.52 | $79.05 | $78.96 | $163.16 | $163.08 | $277.66 | $277.58 | $523.24 | $523.16 |
| | $30,000 | $27.90 | $27.81 | $43.66 | $43.57 | $94.50 | $94.41 | $195.26 | $195.18 | $332.46 | $332.38 | $626.84 | $626.76 |

# Hospital Indemnity Insurance

## Guardian

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

**Plan Highlights**

- Benefits are paid directly to the insured when they need it most and can be used however they choose: to help pay for out- of- pocket medical expenses like co-pays and deductibles or for non-medical expenses such as childcare, transportation.
- Portability allows the employee to take the coverage with them even if employment has ended. An insured must port coverage prior to age 70.
- If this Hospital admission plan is replacing coverage with another carrier, we will give credit for time served toward the pre-existing condition limitation.

| Hospital Indemnity Plan Deductions | Low Plan | High Plan |
|---|---|---|
| Coverage Tier | Monthly | Monthly |
| Employee Only | $23.69 | $37.24 |
| Employee + Spouse | $42.13 | $64.89 |
| Employee + Child(ren) | $38.68 | $59.20 |
| Family | $57.12 | $86.85 |

| Benefit | Hospital Indemnity | |
|---|---|---|
| | Low Plan | High Plan |
| **Hospital/ICU Admission** | $1000 per admission to a max of 1 admission per year, per insured | $2000 per admission to a max of 1 admission per year, per insured |
| **Hospital/ICU Confinement** | $100 / $200 per day to a max of 15 days per year, per insured | $100 / $200 per day to a max of 15 days per year, per insured |
| **Health Screenings** | $100 per day of screening to a max of 1 day per year, per insured | $100 per day of screening to a max of 1 day per year, per insured |
| **Dependent Age Limits** | Child Birth to 26 years (26 if full time student) | |
| **Treatments Covered** | Sickness and Injury | |
| **Treatment of Normal Pregnancy** | Normal pregnancy is included with no 9 month limitation. | |

# Cancer Insurance

## Guardian

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

**Helps protect your savings from the high cost of Cancer treatment**

- Guardian Cancer Insurance pays you in addition to your medical insurance, no matter what type of plan you have
- The plan pays you cash benefits based on diagnosis, certain procedures, screenings and treatments
- The cash benefits are paid directly to you — you decide how to use them

| Cancer Plan Deductions | Value Plan | Premier Plan |
|---|---|---|
| Coverage Tier | Monthly | Monthly |
| Employee Only | $15.74 | $35.70 |
| Employee + Spouse | $30.76 | $59.40 |
| Employee + Child(ren) | $18.42 | $39.80 |
| Family | $33.44 | $63.50 |

| Benefit | Cancer | |
|---|---|---|
| | Value Plan | Premier Plan |
| **Initial Diagnosis Benefit**<br>Employee<br>Spouse<br>Child | <br>$5,000<br>$5,000<br>$5,000 | <br>$5,000<br>$5,000<br>$5,000 |
| **Initial Diagnosis Waiting Period** | 30 days | 30 days |
| **Cancer Screening** | $50; $50 follow-up screening | $100; $100 follow-up screening |
| **Pre-existing Condition Limitation** | 3 months prior/6 months treatment free/12 months after | |
| **Air Ambulance** (limit 2 trips per confinement) | $250 per trip, limit 2 trips per hospital confinement | $2,000 per trip, limit 2 trips per hospital confinement |
| **Ambulance** (limit 2 trips per confinement) | $100 per trip, limit 2 trips per hospital confinement | $250 per trip, limit 2 trips per hospital confinement |
| **Anesthesia** | 25% of surgery benefit | |
| **Anti-Nausea** | No Benefit | $50/day up to $150 per month |
| **Attending Physician** (limit 75 visits) | $25/day while hospital confined | |
| **Blood/Plasma/Platelets** (per calendar year) | $50/day up to $5,000 per year | $200 per day up to $10,000 per year |
| **Bone Marrow/Stem Cell** | No Benefit | Bone Marrow: $10,000<br>Stem Cell: $2,500<br>50% benefit for 2nd transplant.<br>$1,500 benefit if a donor |
| **Experimental Treatment** | $100/day up to $5,000/year | $200/day up to $5,000/year |
| **Extended Care Facility/Skilled Nursing Care** | $100/day up to 90 days per year | $150/day up to 90 days per year |
| **Hospital Confinement** | $300/day first 30 days<br>$600/day for 31st day thereafter | $400/day first 30 days<br>$600/day for 31st day thereafter |
| **ICU Confinement** | $400/day for first 30 days; $600/day for 31st day thereafter per confinement | $600/day for first 30 days; $800/day for 31st day thereafter per confinement |
| **Skin Cancer** | Biopsy Only: $100<br>Reconstructive Surgery: $250<br>Excision of a skin cancer: $375<br>Excision of a skin cancer with flap or graft: $600 | |

College Tuition Benefit (CTB)

Guardian

**An Important Update on our College Tuition Benefit Program**

A key element of our Group Benefits strategy is to enhance and expand our portfolio of products and services to support the well-being of our members. As part of this focus, we also continually evaluate our existing products and services, measuring their impact and seeing how well they align with our Purpose and strategy.

After an analysis of our current benefit offerings, we have decided to remove the College Tuition Benefit (CTB) from our portfolio and sharpen our focus to designing and delivering benefit solutions that meet the larger needs of our diverse customer base.

With this change:

- CTB will be removed from any of your aligned Guardian coverage(s) at your next **plan anniversary.** There is no action required on your part.
- After your next **plan anniversary**, employees registered with CTB will no longer accrue new Tuition Reward points. However, any earned Tuition Rewards points will not expire.
- Registered employees existing College Tuition accounts will remain active, and employees will continue to receive communications from SAGE if they have elected to do so.
- Registered employees can view their accounts, including reward balances and registered students at https://www.tuitionrewards.com
- Employees wishing to register and access their earned Tuition Rewards can do so by completing the following steps no later than 90 days after your upcoming anniversary date.
    - Go to https://registration.collegetuitionbenefit.com//?ref=guardian
    - User ID is your Guardian Group Plan Number
    - Password is Guardian
- Please share this information with your plan participants using the attached slip-sheet

If you are interested in continuing to offer College Tuition Benefit as part of your benefit package, please contact SAGE (CTB vendor) for the CTB Select direct purchase option by going to: https://ctbselect.collegetuitionbenefit.com/hidden/sign-up/ or a SAGE team member can be reached at ctbselect@collegetuitionbenefit.com

For questions about your existing Guardian College Tuition Benefit offering, please contact admin@collegetuitionbenefit.com

If you have questions about this notice, please contact us at 1-800- 627-4200.

Thank you for choosing Guardian. We are committed to providing you and your employees with access to quality benefit offerings that support and drive wellness and appreciate your business.

College Tuition Benefit (CTB)

Guardian

# An important update on our college savings program

Guardian's Group Benefits strives to enhance and expand our portfolio of products and services to support the well-being of our members. As part of this focus, we continually evaluate our existing products and services, measuring their impact and assessing their alignment with our purpose and strategy. After careful analysis, we have decided to discontinue the College Tuition Benefit (CTB) program as of December 31, 2022.

### With this update

- CTB will be removed from aligned Guardian coverages on your next plan anniversary.
- After your next anniversary date, employees registered for CTB will no longer accrue new Tuition Rewards Points.
- Any accrued Tuition Rewards Points for registered members will not expire.
- CTB accounts for employees registered in the program will remain active. Registered employees will continue to receive communications from CTB if they have elected to do so.

### How to access accrued CTB Tuition Rewards Points

- Registered employees can continue to view and manage their accounts, as they do today.
- Employees not currently registered, must do so by completing the following steps within 90 days post their group anniversary date.
  - Go to https://registration.collegetuitionbenefit.com//?ref=guardian
  - Click on register
  - User ID is your Guardian Group Plan Number
  - Password is Guardian

**For questions about the College Tuition Benefit offering, please contact SAGE directly at admin@collegetuitionbenefit.com**

**The Guardian Life Insurance Company of America**

**guardianlife.com**

New York, NY

2022-133985 (Exp. 2/24)

College Tuition Benefit is available for Guardian Dental, Vision with Davis Vision Network, Hospital Indemnity, LTD, STD, Life, Critical Illness, Cancer and Accident insurance until December 31, 2022. Some plan exclusions may apply. The Tuition Rewards program is provided by SAGE CTB, LLC. Guardian does not provide any services related to this program. SAGE CTB, LLC is not a subsidiary or an affiliate of Guardian. Guardian reserves the right to discontinue the College Tuition Benefit program at any time without notice. College Tuition Benefit is not an insurance benefit and may not be available in all states.

# Disability Insurance

## UNUM

We understand the unique needs of those who work in education, and we have created Educator Select disability insurance to meet those requirements. Unum's Educator Select disability insurance can replace a portion of your salary if you become ill or injured and can't work. It can help you cover your expenses and protect your finances at a time when you're not getting a paycheck and have extra medical bills.

**Employee Benefit:** You may purchase a monthly benefit in $100 units, starting at a minimum of $200, up to 66 2/3% of your monthly earnings rounded to the nearest $100, but not to exceed a monthly maximum benefit of $10,000.

**Definition of Disability:** During the first 24 months, Unum will define disability as follows:

You are unable to perform the material and substantial duties of your regular occupation due to sickness or injury; you have a 20% or more loss of indexed monthly earnings due to the same sickness or injury.

After benefits have been paid for 24 months, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

*You must be under the regular care of a physician in order to be considered disabled.*

*Note: Occupational sickness and injuries are excluded.*

| Elimination Period (Days) | | | | | |
|---|---|---|---|---|---|
| **Injury (Days)** | 7* | 14* | 30* | 60 | 90 |
| **Sickness (Days)** | 7* | 14* | 30* | 60 | 90 |
| **Rate Per Increment of $100** | | | | | |
| | $2.98 | $2.44 | $1.96 | $1.66 | $1.39 |

*If because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.

**Please speak to a licensed Benefits Counselor for personalized rates and more information regarding this benefit.**

# PERSONAL SERVICES

## 4 Benefits For You and Your Immediate Family! $14.95 /month

***Save time, money and stress with around the clock Identity Theft Protection, 24/7 access to a Physician for $0 consult fee, Discount Legal Protection Plan and new free analysis from GotZoom!***

Feel better now! 24/7 access to a doctor is only a call or click away—anytime, anywhere with no consult fee. With Teladoc, you can talk to a doctor by phone, online video consult or mobile app to get a diagnosis, treatment options and prescription if necessary. Save time and money by avoiding crowded waiting rooms in the doctor's office, urgent care clinic or ER. Simply use your phone, computer, smartphone or tablet to request a consult with a U.S. physician licensed in your state. Teladoc doctors respond on average within 24 minutes to treat non emergency medical issues such as the following:

- cold & flu symptoms
- sinus problems
- gastroenteritis
- constipation
- allergies
- respiratory infection
- urinary tract infection
- diarrhea
- bronchitis
- pink eye
- rash & other skin eruptions
- pharyngitis

TELADOC®

**Disclaimers:**

© 2018 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse.

Available with no age restrictions.

## Mobile phone account takeovers rose from 380K in 2017 to 679K in 2018[3]. Enjoy peace of mind, financial reassurance and time saving expertise with InfoArmor's comprehensive identity protection plan PrivacyArmor.

InfoArmor

**Identity & Credit Monitoring.** Proactive identity monitoring utilizing data sources and proactive alerts including account applications for credit cards, wireless carriers, loans, utility accounts, and even non-credit accounts. PrivacyArmor monitors high-risk identity activity such as password resets, fund transfers, unauthorized account access, compromised credentials, address changes, public record alerts, and more. Uncover and resolve issues early to help minimize damages.

**Digital Identity Report.** Take control of your privacy and reputation. Our deep internet search creates a snapshot of your exposed information online.

**Three Year Rolling History.** InfoArmor monitors your identity for past adverse events to make sure that you are not only protected moving forward but we also fix anything in the past (pre-existing conditions).

**Internet Surveillance.** By scanning an ever-evolving network of compromised machines, we detect information misuse and compromised credentials in the Underground Internet and alert consumers with unparalleled accuracy.

**Privacy Advocate Remediation.** An expert is on your side to guide you through the identity restoration process and fight back against identity thieves.

**$1,000,000 Identity Theft Insurance Policy.** If you are a victim of fraud, we will reimburse your out of pocket costs to reinforce your financial security.†

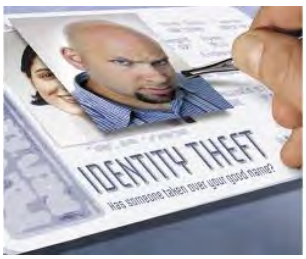
**Solicitation Reduction and IdentityMD.** Reduce unwanted calls, mail and preapproved credit offers and receive guidance on how to limit exposure to fraud.

### Did You Know?

**16.7M** victims in 2017[1]

ID theft happens **every two seconds**[2]

Account takeover fraud **tripled in 2017**[1]




*Network provides comprehensive coverage, although no solution can detect all suspicious activity. Nonetheless, our Privacy Advocates will work tirelessly to restore your identity regardless of when or how the damage was done.
†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of AIG. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies describe. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

[1] "2018 Identity Fraud Study", [2] "2014 Identity Fraud Study", [3] "2019 Identity Fraud Study", All independent studies by Javelin Strategy & Research

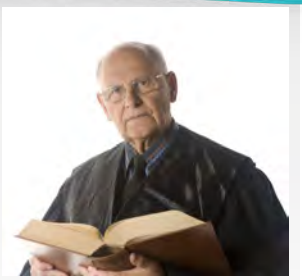
Disclosures: **This plan is not insurance.** This discount card program contains a 30-day cancellation period. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act. Available only to TX residents.

SafetyNets® plus

# *New for next year - free student loan debt analysis from GotZoom student loan debt reduction services with your SafetyNets plus membership*

## Family Legal Protection Plan

### 7 out of 10 families had a need for an attorney in the past year.



This plan is so much more than just an online do-it-yourself legal plan. Members have access to face-to-face or phone consultations with licensed network attorneys and so much more. There are no caps or limitations to how many times members can utilize the plan fro new legal matters.

**Four great ways to save:**

1. No-Cost Services
2. Exclusive Flat Fee Services
3. Low Hourly Plan Discount Rate Services
4. Discounted Contingency Fees

Legal Access

**No-Cost services including :**

- Free Simple Will with free annual updates
- Free Living Will substitution for Free Simple Will
- One-on-one consultations for new legal matters
- Unlimited phone consultations (for each new legal matter)
- Phone calls made and letters written on your behalf
- Attorney review of legal documents (6 page max per new matter)
- Helpful advice on representing yourself in small claims court
- Assistance in solving your problems with government programs

Available to member, spouse or domestic partner, unmarried dependent children up to age 25. Also available to member and spouse's elder parents, step parents, adoptive parents and grandparents, even if not residing in member's household.

## Reduce your Student Loan Debt by 65%

- Educators and Public Service employees enjoy special status with the Department of Education (DOE) and are eligible for the best available student loan repayment and loan forgiveness programs
- Only 2 in 10 borrowers take advantage of the programs
- $350 Million of additional DOE funding became available in Mar. 2018 (first come, first serve)

gotzoom
Your Path to Student Loan Relief

- #1 provider of Federal student loan relief
- An established company with a seven-year track record of performance and customer satisfaction with over 15,000 active clients
- The link to your enrollment page will be provided in the SafetyNets plus Welcome Packet you will receive prior to your effective date
- Average student debt reduction of 65%
- All administrative details are managed by GotZoom for the employee
- GotZoom monitors DOE programs and reviews the employee's status annually to find any additional debt reduction options
- Employee's loan analysis and Benefits Summary are free (no obligation)
- Service fees apply only after the employee has reviewed and approved repayment/ forgiveness programs
- Application Fee: $407; Monthly Fee: $32.95

GotZoom Average **Annual** Student Loan Payment Reduction $5,616

$468 GotZoom Average **Monthly** Student Loan Payment Reduction

SafetyNets plus is provided by National Benefit Plans, Ltd
11550 IH 10 West, Suite 193. • San Antonio, TX 78230 • (800) 787-3988

SafetyNets plus

# 403(b) Universal Availability Notice

**The Opportunity**
You have the opportunity to save for retirement by participating in the Lockhart Independent School District's 403(b) plan ("Plan"). We recommend that all employees view a brief, 3-minute video presentation explaining what a 403(b) plan is, and how to contribute.

The video can be reached at www.403bwhyme.com.

If there are any questions, you may contact The OMNI Group at 877-544-6664.

**How Can I Participate?**
You can participate in the Plan with pre-tax contributions by completing and submitting a Salary Reduction Agreement ("SRA") online at http://www.omni403b.com/, or by submitting a completed SRA form, which can be found on the same website, to The OMNI Group either by facsimile to (585) 672-6194 or by mail at 1099 Jay St., Bldg F, Rochester, NY, 14611 ("OMNI").

**How Much Can I Contribute Annually?**
You may contribute up to $20,500 in 2022; this amount is subject to change annually. If you have at least 15 years of service with your employer or you are at least 50 years old, you may also be able to make additional catch-up contributions. For appropriate limits for your particular circumstances, please contact OMNI's Customer Care Center at 1-877-544-6664.

**What If I Already Have An Account?**
If you are already contributing to the Plan, and you want to change your contribution amount or service provider, simply complete and submit a new SRA. See directions above for on-line and paper submission options.

**What If I Do Not Want To Contribute?**
If you do not want to take advantage of this program, simply submit an SRA with the option "I do not wish to participate at this time" selected. See directions above for on-line and paper submission options.

**How can I get more information?**
You can access further information at www.omni403b.com or www.403bwhyme.com.

# Important Notices

**Mailing Address** 105 S. COLORADO ST.

**Contact Name** NANCY ARANA

**Contact Title** PAYROLL / BENEFITS SPECIALIST

**Contact Email:** nancy.arana@lockhart.txed.net

**Contact Phone:** 512-398-0020

**Your Medicare Part D Notice is the first section of this packet**. Some other key notices include CHIPRA, HIPAA Privacy, and Notice of Coverage Options (Marketplace Notice). If you have any questions, please reach out to the contact listed above.

©2022 Brown & Brown. All rights reserved.

## Notice of Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

### Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

### Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

### Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator (see cover page for contact information).

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother of her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

## Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

## Mental Health Parity & Addiction Act

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more Information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (see cover page for contact information).

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and

©2022 Brown & Brown. All rights reserved.

reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.
Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those establishes for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator (see cover page for contact information).

## Michelle's Law

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator (see cover page for contact information).

## Patient Protections

Lion Care Medical Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator (see cover page for contact information).

You do not need prior authorization from Lion Care Medical Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator (see cover page for contact information).

## Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site: http://www.dol.gov/vets/programs/userra/main.htm

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: http;//www.dol.gov/vets
An interactive online USERRA Advisor can be viewed at http://www.dol.gov/elaws/userra.htm

©2022 Brown & Brown. All rights reserved.

# New Health Insurance Marketplace Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

## Part A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. [1]

**Note**: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact at or nancy.arana@lockhart.txed.net.

[1] *The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit* ***HealthCare.gov*** *for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.*

©2022 Brown & Brown. All rights reserved.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | |
|---|---|---|
| **3. Employer Name**<br>**LOCKHART ISD** | | **4. Employer Identification Number (EIN)X**<br>**74-6001635** |
| **5. Employer address**<br>**105 S. COLORADO ST.** | | **6. Employer phone number**<br>**512-398-0020** |
| **7. City**<br>**LOCKHART** | **8. State**<br>**TX** | **9. Zip Code**<br>**78644** |
| **10. Who can we contact about health coverage at this job?**<br>NANCY ARANA | | |
| **11. Phone number (if different from above)** | **12. Email address**<br>**nancy.arana@lockhart.txed.net** | |

Here is some basic information about health coverage offered by this employer:

· As your employer, we offer a health plan to:

☑ Some employees. Eligible employees are: full-time, working 30 hours/week or more

· With respect to dependents:

☑ We do offer coverage. Eligible dependents are: your legal spouse, regardless of gender, and your natural, step or adopted children until the end of the month in which they reach age 26

☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends this coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

©2022 Brown & Brown. All rights reserved.

# Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## Effective Date: 9/1/2022


Privacy Officer: Nancy Arana
Title: Payroll/ Benefits Specialist
Email: nancy.arana@lockhart.txed.net
Phone: 512-398-0020


## Your Rights

*You have the right to:*

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

*You have some choices in the way that we use and share information as we:*

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## Our Uses and Disclosures

*We may use and share your information as we:*

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

©2022 Brown & Brown. All rights reserved.

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get a copy of health and claims records**

· You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
· We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct health and claims records**

· You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
· We may say "no" to your request, but we'll tell you why in writing within 60 days.

**Request confidential communications**

· You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
· We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**

· You can ask us not to use or share certain health information for treatment, payment, or our operations.
· We are not required to agree to your request, and we may say "no" if it would affect your care.

**Get a list of those with whom we've shared information**

· You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
· We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

· You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

· If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
· We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

· You can complain if you feel we have violated your rights by contacting us using the information on page 1.
· You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
· We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

· Share information with your family, close friends, or others involved in payment for your care
· Share information in a disaster relief situation
· *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
· In these cases we *never* share your information unless you give us written permission:
· Marketing purposes
· Sale of your information

## Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

· We can use your health information and share it with professionals who are treating you.
· *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**Run our organization**

· We can use and disclose your information to run our organization and contact you when necessary.
· We are not allowed to use genetic information to decide

©2022 Brown & Brown. All rights reserved.

whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- *Example: We use health information about you to develop better services for you.*

**Pay for your health services**
- We can use and disclose your health information as we pay for your health services.
- *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

**Administer your plan**
- We may disclose your health information to your health plan sponsor for plan administration.
- *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

- How else can we use or share your health information?
- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**

**Help with public health and safety issues**
- We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Do research**
- We can use or share your information for health research.

**Comply with the law**
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**
- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

**Changes to the Terms of this Notice**
- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

©2022 Brown & Brown. All rights reserved.

# Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

---

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | CALIFORNIA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Website:<br>Health Insurance Premium Payment (HIPP) Program<br>http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov |
| **ALASKA – Medicaid** | **COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program<br>(HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program<br>HIBI Customer Service: 1-855-692-6442 |
| **ARKANSAS – Medicaid** | **FLORIDA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Website:<br>https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |

©2022 Brown & Brown. All rights reserved.

| GEORGIA – Medicaid | MAINE – Medicaid |
|---|---|
| A HIPP Website: https://medicaid.georgia.gov/health insurance-premium-payment-program-hipp<br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website:<br>https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorizationact-2009-chipra<br>Phone: (678) 564-1162, Press 2 | Enrollment Website:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br><br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: -800-977-6740.<br>TTY: Maine relay 711 |
| **INDIANA – Medicaid** | **MASSACHUSETTS – Medicaid and CHIP** |
| Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>Phone 1-800-457-4584 | Website:<br>http://www.mass.gov/eohhs/gov/departments/masshealth/<br>Phone: 1-800-862-4840 |
| **IOWA—Medicaid and CHIP (Hawki)** | **MINNESOTA – Medicaid** |
| Medicaid Website:<br>https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563<br>HIPP Website:<br>https://dhs.iowa.gov/ime/members/medicaida-to-z/hipp<br>HIPP Phone: 1-888-346-9562 | Website:<br>https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 |
| **KANSAS – Medicaid** | MISSOURI – Medicaid |
| Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884 | Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |
| **KENTUCKY – Medicaid** | MONTANA – Medicaid |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website:<br>https://kidshealth.ky.gov/Pages/index.aspx<br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website: https://chfs.ky.gov | Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 |
| **LOUISIANA – Medicaid** | NEBRASKA – Medicaid |
| Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |

©2022 Brown & Brown. All rights reserved.

| NEVADA – Medicaid | SOUTH CAROLINA – Medicaid |
|---|---|
| Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 | Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 |
| **NEW HAMPSHIRE – Medicaid** | **SOUTH DAKOTA - Medicaid** |
| Website: https://www.dhhs.nh.gov/oii/hipp.htm<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext 5218 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |
| **NEW JERSEY – Medicaid and CHIP** | **TEXAS – Medicaid** |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 | Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 |
| **NEW YORK – Medicaid** | **UTAH – Medicaid and CHIP** |
| Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **NORTH CAROLINA – Medicaid** | **VERMONT– Medicaid** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 | Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 |
| **NORTH DAKOTA – Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 | Website: https://www.coverva.org/en/famis-select<br>https://www.coverva.org/en/hipp<br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-800-432-5924 |
| **OKLAHOMA – Medicaid and CHIP** | **WASHINGTON – Medicaid** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 |
| **OREGON – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |
| Website: http://healthcare.oregon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 | Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **PENNSYLVANIA – Medicaid** | **WISCONSIN – Medicaid and CHIP** |
| Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx<br>Phone: 1-800-692-7462 | Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 |
| **RHODE ISLAND – Medicaid and CHIP** | **WYOMING – Medicaid** |
| Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

©2022 Brown & Brown. All rights reserved.

**To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:**

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/agencies/ebsa**
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

©2022 Brown & Brown. All rights reserved.

# Contacts

| Plan | Carrier | Website | Contact |
|---|---|---|---|
| **Medical**<br>**Lion Care**<br>**Telemedicine** | **Kempton Group**<br>**RediMD** | **www.kemptongroup.com**<br>**www.redimd.com** | **800-324-9396**<br>**866-989-2873** |

| Plan | Carrier | Group Number | Website | Contact |
|---|---|---|---|---|
| Flexible Spending Account | Proficient Benefit Solutions | Lockhart | www.proficientbenefits.com | 210-659-8100 |
| Dental | Guardian | 0550446 | www.guardiananytime.com | 888-482-7342 |
| Vision | Guardian - VSP | 0550446 | www.vsp.com | 800-877-7195 |
| Basic Term Life and AD&D<br>Voluntary Term Life<br>TravelAid Services<br>Accident<br>Critical Illness<br>Hospital Indemnity<br>Cancer | Guardian | 0550446 | www.guardiananytime.com | 888-482-7342 |
| Employee Assistance Program (EAP) | Deer Oaks | Lockhart | www.deeroakseap.com | 866-327-2400 |
| Universal Life | Trustmark | 6506 | www.trustmarkins.com | 800-918-8877 |
| Disability | Unum | 676746 | www.unum.com | 866-679-3054 |
| ID Theft, Discount Legal, Telemedicine | SafetyNets Plus | 15176 | www.safetynetsplus.com | 800-787-3988 |
| 403 (b) | The Omni Group | N/A | www.omni403b.com | 877-544-6664 |

| Staff Member | Email | Phone |
|---|---|---|
| Lockhart ISD District Contact | | |
| Nancy Arana<br>*Employee Benefits* | nancy.arana@lockhart.txed.net | 512-398-0020 |
| Brown & Brown of Texas Insurance | | |
| Tamara Mathews<br>*Employee Benefits Leader* | tamara.mathews@bbrown.com | 210-524-7139 |

| Staff | Network | Phone |
|---|---|---|
| **Benefits Service Center** | Professional Enrollment Concepts (PEC) | 866-337-3572 |

**EMPLOYEE BENEFITS**

**2022 - 2023** PLAN YEAR

Brown & Brown INSURANCE®

TEXAS

Professional Enrollment Concepts