

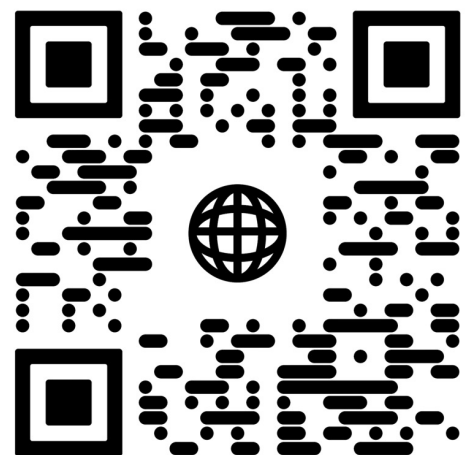


*Wharton*  
**Independent School District**

# **2023-2024 Benefit Guide**



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# *Wharton*

## Independent School District

### SUPPORT CONTACTS



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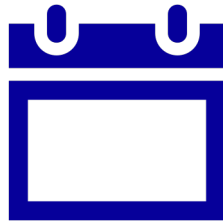


## BENEFIT CONTACTS

Benefit	Phone	Website
TRS ACTIVECARE – MEDICAL	1-866-355-5999	<a href="http://www.BCBSTX.COM/TRSACTIVECARE">www.BCBSTX.COM/TRSACTIVECARE</a>
HSABANK – HEALTH SAVINGS ACCOUNT	1-800-357-6240	<a href="http://WWW.HSABANK.COM">WWW.HSABANK.COM</a>
TASC – FLEXIBLE SPENDING ACCOUNT	1-800-422-4661	<a href="http://WWW.TASCONLINE.COM">WWW.TASCONLINE.COM</a>
UMUN– DENTAL	1-888-400-9304	<a href="http://WWW.UNUM.COM">WWW.UNUM.COM</a>
AMERITAS – VISION	1-800-877-7195	<a href="http://WWW.AMERITAS.COM">WWW.AMERITAS.COM</a>
THE HARTFORD – DISABILITY	1-800-523-2233	<a href="http://WWW.THEHARTFORD.COM">WWW.THEHARTFORD.COM</a>
TEXAS LIFE – PERMANENT LIFE	1-800-283-9233	<a href="http://WWW.TEXASLIFE.COM">WWW.TEXASLIFE.COM</a>
LINCOLN – GROUP & VOLUNTARY LIFE & AD&D	1-800-423-2765	<a href="http://WWW.LINCOLNFINANCIAL.COM">WWW.LINCOLNFINANCIAL.COM</a>
METLIFE – ACCIDENT	1-800-438-6388	<a href="http://WWW.METLIFE.COM">WWW.METLIFE.COM</a>
VOYA – CRITICAL ILLNESS	1-877-236-7564	<a href="http://WWW.VOYA.COM">WWW.VOYA.COM</a>
MASA – MEDICAL TRANSPORT	1-800-643-9023	<a href="http://WWW.MASAMTS.COM">WWW.MASAMTS.COM</a>
EAP - DEER OAKS	1-866-327-2400	<a href="http://WWW.DEEROAKSEAP.COM">WWW.DEEROAKSEAP.COM</a>
THE OMNI GROUP – RETIREMENT PLAN	1-877-544-6664	<a href="http://WWW.OMNI403b.COM">WWW.OMNI403b.COM</a>



# 2023 Open Enrollment Highlights



Open Enrollment Dates: July 10<sup>th</sup>- August 10<sup>th</sup>

The 2023-2024 Section 124 Cafeteria Plan year **begins 09/01/2023 and ends 08/31/2024**. All benefits elected during the annual open enrollment will be effective 09/01/2023.

Wharton ISD offers eligible employees a competitive benefits package that includes both district paid and voluntary products. We have worked closely with US Employee Benefits Services Group (USEBSG) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on the Employee Benefit Portal.

<https://mybenefitshub.com/whartonisd>

If you have any questions feel free to reach out to USEBSG at 830-606-5100 or your benefits department.

Important Note: Eligible employees must be actively at work on the plan effective date for new benefits to be effective!



# Enrollment FAQs and Important Notes

## HOW DO I ENROLL?

Visit [www.mybenefitshub.com/whartonisd](http://www.mybenefitshub.com/whartonisd)

**USERNAME:** Enter the first 6 letters of your last name, followed by the first letter of your first name, and then the last 4 digits of your SSN. (EX: John Sanderson SSN: xxx-xx-1234 USERNAME: sanderj1234}

**PASSWORD:** Complete last name (excluding any special characters or spaces} followed by the last 4 digits of your SSN. {Ex: sanderson1234}

## WHO IS ELIGIBLE?

- You are eligible to enroll in the LGISD Benefits Program if you are a regular employee working at least 18.75 hours per week in a permanent position.
- All other employees, to include substitutes, who work less than 18.75 hours per week, are eligible to enroll in medical insurance at full cost.

## WHO IS AN ELIGIBLE DEPENDENT?

- Your legal spouse
- Children under the age of 26, yours OR your spouse's
- Dependent children of any age who are disabled
- Children under your legal guardianship

## MID-YEAR CHANGES

The benefits you choose will remain in effect throughout the plan year {from September 1 - August 31}. You may only add or cancel coverage during the year if you have a qualifying change in the family or employment status that causes you to gain or lose eligibility for benefits. Qualifying changes may include:

- A change in your legal marital status
- A change in your number of dependents as a result of birth, adoption, legal custody, or if your dependent child satisfies or ceases to satisfy eligibility requirements for coverage, or the death of a dependent child or spouse.
- A change in employment status for you or your spouse
- Loss or gain of eligibility for other insurance (including CHIP & Medicaid}

You must notify the Wharton ISD Benefit Office of the requested change within 30 calendar days of the change in status. There are no exceptions to this rule.

## WHEN WILL I RECEIVE ID CARDS?

Everyone enrolled in Medical will receive a new Medical Card. Enrolled participant will receive Dental, Vision, HSA and FSA cards to the effective date of the new coverage. For most plans, you can login to the carrier website and print a temporary ID card or give your provider the insurance company's phone number to call and verify your coverage if you do not have an ID card at the time of service.

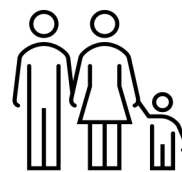
## WHO DO I CONTACT WITH QUESTIONS?

For questions, you can contact Human Resources or your TPA at (830) 606-5100

## NEW HIRE ENROLLMENT

Online benefit enrollment must be completed within 30 days of your start date. Elected benefits will take effect on the 1st of the following month.

## Health Savings Account (HSA) Limits



Pre-tax contributions per calendar year

Single coverage: \$3,850

Family Coverage: \$7,750

Catch up contributions: \$1,000



## Flexible Spending Accounts (FSA) Limits

-Medical Reimbursement Limit:  
\$3,050



# Enrollment Instructions for THEbenefitsHUB



## Enrollment Instructions for THEbenefitsHUB

**Site Access:** To access your employer online enrollment site, THEbenefitsHUB, you can login to the following website [www.mybenefitshub.com/whartonisd](http://www.mybenefitshub.com/whartonisd)



**Username:** The first six (6) characters of your last name, followed by the first letter of your first name, followed by the last four (4) digits of your SSN:

**Example:** Employee Name - Robert Smith, SS# 123-45-6789      **User Name:** smithr6789

**Default Password:** Complete Last Name (Excluding Punctuation) follow by the last four (4) digits for your SSN

**Password Reset:** Employees will prompted to update the password once you enter the site.



# Medical Insurance – TRS

## (866-355-5999)

As an employee of Wharton Independent School District (ISD), you have access to the Texas Teacher Retirement System (TRS) Medical Insurance. This comprehensive medical coverage provides you and your eligible dependents with essential healthcare benefits. With TRS Medical Insurance, you can enjoy a wide range of coverage, including hospitalization, doctor visits, prescription drugs, and other necessary medical services. You have the flexibility to choose from different TRS plan options based on your healthcare needs and budget. These plans offer access to a network of healthcare providers, ensuring you receive quality care when you need it. It's important to carefully review the plan documents and understand the specific coverage, costs, and eligibility criteria for each plan.

## What's New and What's Changing



This table shows you the changes between 2022-23 premium price and this year's 2023-24 regional price for your Education Service Center.

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$417	\$447	<b>\$30</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500.</li> <li>Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.</li> <li>Teladoc virtual mental health visit copay decreased from \$70 to \$0.</li> </ul>
	Employee and Spouse	\$1,176	\$1,207	<b>\$31</b>	
	Employee and Children	\$750	\$760	<b>\$10</b>	
	Employee and Family	\$1,405	\$1,520	<b>\$115</b>	
<b>TRS-ActiveCare HD</b>	Employee Only	\$427	\$456	<b>\$29</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500.</li> <li>Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000.</li> </ul> <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$1,202	\$1,232	<b>\$30</b>	
	Employee and Children	\$766	\$776	<b>\$10</b>	
	Employee and Family	\$1,437	\$1,551	<b>\$114</b>	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$524	\$524	<b>\$0</b>	<ul style="list-style-type: none"> <li>Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.</li> <li>Primary care provider and mental health copays decreased from \$30 to \$15.</li> <li>Teladoc virtual mental health visit copay decreased from \$70 to \$0.</li> </ul>
	Employee and Spouse	\$1,280	\$1,363	<b>\$83</b>	
	Employee and Children	\$843	\$891	<b>\$48</b>	
	Employee and Family	\$1,610	\$1,730	<b>\$120</b>	
<b>TRS-ActiveCare 2 (closed to new enrollees)</b>	Employee Only	\$1,013	\$1,013	<b>\$0</b>	<ul style="list-style-type: none"> <li>No changes.</li> <li>This plan is still closed to new enrollees.</li> </ul>
	Employee and Spouse	\$2,402	\$2,402	<b>\$0</b>	
	Employee and Children	\$1,507	\$1,507	<b>\$0</b>	
	Employee and Family	\$2,841	\$2,841	<b>\$0</b>	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2023

## Get familiar with these important health insurance terms to better navigate your coverage:

- **Premium:** This refers to the monthly amount you pay for your health care coverage.
- **Deductible:** It's the annual amount that you're responsible for paying before your plan starts contributing towards your medical expenses.
- **Copay:** This is the fixed amount you pay for a covered service at the time you receive it. The exact amount can vary based on the type of service.
- **Coinsurance:** After meeting your deductible, this is the percentage of the costs you're required to pay for services, while your health care plan covers the remaining percentage. For example, you may pay 20% while the plan covers 80%.
- **Out-of-Pocket Maximum:** This represents the maximum amount you have to pay out of pocket for medical costs in a year. Once you reach this threshold, your plan will cover 100% of allowable charges for covered services.

# 2023-24 TRS- ActiveCare Plan Highlights

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

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$447	\$147	\$524	\$224	\$456	\$156
Employee and Spouse	\$1,207	\$907	\$1,363	\$1,063	\$1,232	\$932
Employee and Children	\$760	\$460	\$891	\$591	\$776	\$476
Employee and Family	\$1,520	\$1,220	\$1,730	\$1,430	\$1,551	\$1,251

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

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

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

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

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

## How to Calculate Your Monthly Premium

Total Monthly Premium

➔ Your District and State Contributions

⊖ Your Premium

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

## New Rx Benefits!

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

### TRS-ActiveCare 2

- Closed to new enrollees
- Current enrollees can choose to stay in plan
- Lower deductible
- Copays for many services and drugs
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals

Total Premium	Your Premium
\$1,013	\$713
\$2,402	\$2,102
\$1,507	\$1,207
\$2,841	\$2,541

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

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

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

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

## Wellness Benefits at No Extra Cost\*

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

# Health Savings Account – HSA Bank

## (1-800-357-6246)

A Health Savings Account (HSA) enables you to save and conveniently pay for qualified medical expenses while you earn tax-free interest and pay no monthly service fees. Opening an HSA provides both immediate and long-term benefits. The money in your HSA is yours even if you change jobs, switch your health plan, or retire. Your unused HSA balance rolls over from year to year. And, best of all, HSAs allow for tax-free deposits, tax-free earnings, and tax-free withdrawals (for qualified medical expenses).<sup>1</sup> Also, after age 65, you can withdraw funds from your HSA penalty-free.



### How an HSA works:

- Contribute to your HSA by payroll deduction, online banking transfer or personal check.
- Pay for qualified medical expenses for yourself, your spouse and your dependents. Both current and past expenses are covered if they're from after you opened your HSA.
- Use your HSA Bank Health Benefits Debit Card to pay directly, or pay out of pocket for reimbursement or to grow your HSA funds.
- Roll over any unused funds year to year. It's your money — for life.
- Invest your HSA funds and potentially grow your savings.<sup>1</sup>

### Catch-up contributions

You may be eligible to make a \$1,000 HSA catch-up contribution if you're:

- Over 55.
- An HSA accountholder.
- Not enrolled in Medicare (if you enroll mid-year, annual contributions are prorated).

### What's covered?

You can use your HSA funds to pay for any IRS-qualified medical expenses, like doctor visits, hospital fees, prescriptions, dental exams, vision appointments, over-the-counter medications and more.

Visit [hsabank.com/QME](https://hsabank.com/QME) for a full list.

### How much can I contribute?

The IRS limits how much you can contribute to your HSA every year. This includes contributions from your employer, spouse, parents and anyone else.<sup>2</sup>

2023		2024	
	 SINGLE PLAN	 FAMILY PLAN	
Maximum contribution limit	<b>\$3,850</b>	<b>\$7,750</b>	Maximum contribution limit
	 SINGLE PLAN	 FAMILY PLAN	
	<b>\$4,150</b>	<b>\$8,300</b>	

### Triple tax savings

A huge way that HSAs can benefit you is they let you save on taxes in three ways.

- 1 You don't pay federal taxes on contributions to your HSA.<sup>3</sup>
- 2 Earnings from interest and investments are tax-free.
- 3 Distributions are tax free when used for qualified medical expenses.

# Flexible Spending Plan - TASC

## (1-800-422-4661)

Flexible Spending Accounts (FSAs) are a valuable employee benefit that allows you to set aside pre-tax dollars from your salary to pay for eligible healthcare and dependent care expenses. By contributing to an FSA, you can save on taxes and lower your out-of-pocket expenses.

With a healthcare FSA, you can use the funds to pay for qualified medical expenses such as deductibles, copayments, prescription medications, and other eligible healthcare services. This can help you manage your healthcare costs and potentially save money. Dependent care FSAs allow you to use the funds for eligible expenses related to the care of your dependents, such as child care or adult daycare expenses. This can provide financial relief and support for working parents or individuals with dependents.

One of the key advantages of FSAs is the tax savings. Since the contributions are made on a pre-tax basis, they reduce your taxable income, which means you pay less in income taxes. This can result in significant savings, especially if you have substantial healthcare or dependent care expenses.

It's important to note that FSAs typically have a "use-it-or-lose-it" rule, meaning that any unused funds at the end of the plan year may be forfeited. However, some plans offer a grace period or a carryover option to help you maximize your FSA funds.

In summary, FSAs offer a tax-advantaged way to pay for qualified healthcare and dependent care expenses. By taking advantage of an FSA, you can save on taxes and effectively manage your healthcare and dependent care costs.

### 1. DECIDE how much you want to contribute.

Check with your employer for plan specifics and review at the IRS limits at [www.tasconline.com/benefits-limits](http://www.tasconline.com/benefits-limits).

The more you contribute, the lower your taxable income will be.

However, it's important to be conservative when choosing your annual contribution based on your anticipated qualified expenses since:

- The money you contribute to your benefit account can only be used for eligible FSA expenses.
- Any unused FSA funds at the close of the plan year are not refundable to you. (A grace period or carryover option may be in place for your plan. Check with your employer for plan guidelines and allowances.)

### 2. ENROLL by completing the enrollment process.

Your contribution will be deducted in equal amounts from each paycheck, pretax, throughout the plan year.

Your total annual contribution to a Healthcare FSA will be

available to you immediately at the start of the plan year.

Alternatively, your Dependent Care FSA funds are only available as payroll contributions are made.

### 3. ACCESS your funds easily using the TASC Card.

This convenient card automatically approves and deducts most eligible purchases from your benefit account with no paperwork required. Plus, for purchases made without the card, you can request reimbursement online, by mobile app, or using a paper form.

Reimbursements happen fast—within 12 hours—when you request to have them added to the MyCash balance on your TASC Card. You can use the MyCash balance on your card to get cash at ATMs or to buy anything you want anywhere Mastercard is accepted!

### Increase your take-home pay by reducing your taxable income.

Each \$1 you contribute to your FSA reduces your taxable income by \$1.

With less tax taken, your take-home pay increases!

Consider this example: (for illustration only)



Richard has:

- Gross monthly pay of \$3,500
- \$600 per month in eligible expenses

Here is his net monthly take-home pay:

**Without FSA**

(\$600 spent using post-tax dollars)

**\$1,932**

**With FSA**

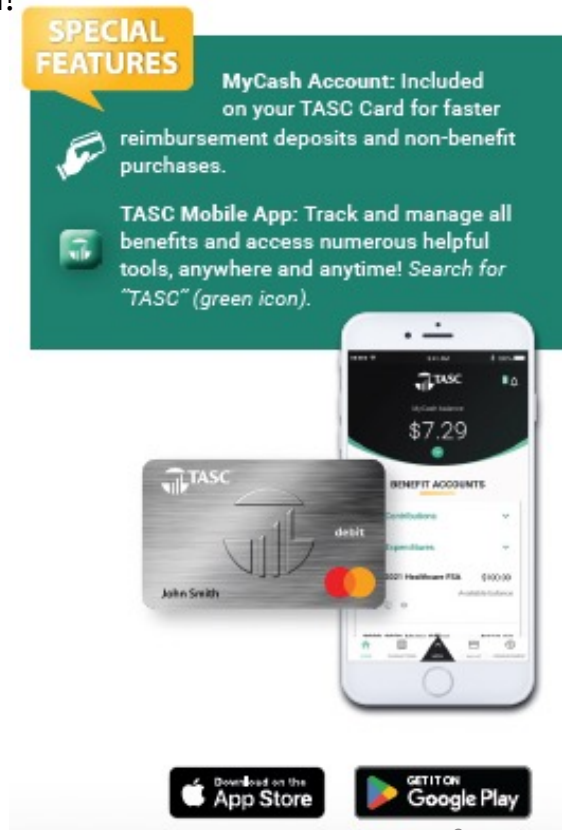
(\$600 spent using pretax dollars)

**\$2,098**

That's a net increase in take-home pay of **\$166 every month!**

To estimate potential savings based on your income and expenses, use the Tax Savings Calculator at [www.tasconline.com/tasc-calculators](http://www.tasconline.com/tasc-calculators).

**Flexible Spending Accounts (FSA) Limits: \$3,050**



# Dental Insurance – UNUM

## (1-888-400-9304)

Dental Insurance is a type of insurance coverage that focuses on maintaining and improving oral health by providing benefits for various dental services. It helps individuals and families manage the costs associated with preventive care, routine check-ups, and necessary dental treatments. Wharton ISD offers two plan options. A high and a low PPO. Details are below.

High Option	Plan	Low Option	Plan
Employee Only	\$31.19	Employee Only	\$20.16
Employee & Spouse	\$64.59	Employee & Spouse	\$40.86
Employee & Children	\$69.65	Employee & Children	\$43.93
Employee & Family	\$113.50	Employee & Family	\$63.33

Outline of Benefits	High Option	Low Option																														
Benefit Year Maximum	\$50 for Class A, B, C.	\$50 for Class A, B.																														
Deductible	\$1500 per benefit year. Maximum 3 per family. Applies to Basic (Class B) and Major (Class C) Services.	\$750 per benefit year. Maximum 3 per family. Applies to Basic (Class B) Services Major (Class C) Services.																														
Carryover Benefit	Carryover benefit: \$350 Threshold limit: \$700 Carryover account limit: \$1250	Carryover benefit: \$150 Threshold limit: \$300 Carryover account limit: \$500																														
Plan Coinsurance	<table><tr><td></td><td>In-Network</td><td>Non-Network Class A</td></tr><tr><td></td><td>100%</td><td>100%</td></tr><tr><td>Class B</td><td>80%</td><td>80%</td></tr><tr><td>Class C</td><td>50%</td><td>50%</td></tr><tr><td>Class D</td><td>50%</td><td>50%</td></tr></table>		In-Network	Non-Network Class A		100%	100%	Class B	80%	80%	Class C	50%	50%	Class D	50%	50%	<table><tr><td></td><td>In-Network</td><td>Non-Network Class A</td></tr><tr><td></td><td>80%</td><td>80%</td></tr><tr><td>Class B</td><td>50%</td><td>50%</td></tr><tr><td>Class C</td><td>50%</td><td>50%</td></tr><tr><td>Class D</td><td>50%</td><td>50%</td></tr></table>		In-Network	Non-Network Class A		80%	80%	Class B	50%	50%	Class C	50%	50%	Class D	50%	50%
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Class C	50%	50%																														
Class D	50%	50%																														
Reimbursement on covered procedures	{40% UCR} {Based on In-network negotiated fee within the general geographic area, made for the same covered procedure.}	{40% UCR} {Based on In-network negotiated fee within the general geographic area, made for the same covered procedure.}																														
Class A	<u>Waiting Period: None</u>	<u>Waiting Period: None</u>																														
Preventive Services	<ul style="list-style-type: none"><li>• Routine exams (2 per 12 months)</li><li>• Prophylaxis (2 per 12 months) (1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy)</li><li>• Bitewing x-rays (max 4 films:1 per 12 months)</li><li>• Full mouth x-ray (1 per 36 months)</li><li>• Fluoride to age 16 (1 per 12 months)</li><li>• Sealants to age 16 (permanent molars, 1 per 36 months)</li><li>• Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for ages 40+)</li></ul>	<ul style="list-style-type: none"><li>• Routine exams (2 per 12 months)</li><li>• Prophylaxis (2 per 12 months) (1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy)</li><li>• Bitewing x-rays (max 4 films:1 per 12 months)</li><li>• Full mouth x-ray (1 per 36 months)</li><li>• Fluoride to age 16 (1 per 12 months)</li><li>• Sealants to age 16 (permanent molars, 1 per 36 months)</li><li>• Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for ages 40+)</li></ul>																														
Class B	<u>Waiting Period: None</u>	<u>Waiting Period: None</u>																														
Basic Services	<ul style="list-style-type: none"><li>• Emergency pain (1 per 12 months)</li><li>• Space maintainers</li><li>• Fillings</li><li>• Posterior composite restorations</li><li>• Simple extractions</li></ul>	<ul style="list-style-type: none"><li>• Emergency pain (1 per 12 months)</li><li>• Space maintainers</li><li>• Fillings</li><li>• Posterior composite restorations</li><li>• Simple extractions</li></ul>																														
Class C	<u>Waiting Period: None</u>	<u>Not Covered</u>																														
Major Services	<ul style="list-style-type: none"><li>• Anesthesia (subject to review, covered with complex oral surgery)</li><li>• Non-surgical periodontics</li><li>• Periodontal maintenance (in combination with Prophylaxis)</li><li>• Oral surgery (surgical extractions &amp; impactions)</li><li>• Endodontics (root canals)</li><li>• Surgical periodontics (gum treatments)</li><li>• Inlays/ Onlays</li><li>• Crowns, bridges, dentures, and implants</li><li>• Repairs: crown, denture, and bridges</li></ul>	<ul style="list-style-type: none"><li>• Anesthesia (subject to review, covered with complex oral surgery)</li><li>• Non-surgical periodontics</li><li>• Periodontal maintenance (in combination with Prophylaxis)</li><li>• Oral surgery (surgical extractions &amp; impactions)</li><li>• Endodontics (root canals)</li><li>• Surgical periodontics (gum treatments)</li><li>• Inlays/ Onlays</li><li>• Crowns, bridges, dentures, and implants</li><li>• Repairs: crown, denture, and bridges</li></ul>																														
Class D Orthodontics	<u>Waiting Period: None</u> <ul style="list-style-type: none"><li>• Separate Lifetime maximum: \$1000</li><li>• Up to 25% of lifetime allowance may be payable on initial banding.</li><li>• Dep. Children to age 19 only</li></ul>	<u>Waiting Period: None</u> <ul style="list-style-type: none"><li>• Separate Lifetime maximum: \$1000</li><li>• Up to 25% of lifetime allowance may be payable on initial banding.</li><li>• Dep. Children to age 19 only</li></ul>																														

# Vision Insurance – Ameritas

## (1-800-877-7195)

Vision Insurance is a type of insurance coverage designed to help individuals and families manage the costs associated with eye care and vision-related services. It provides benefits for routine eye exams, prescription eyewear, and other vision-related expenses, promoting good eye health and clear vision.

Plan 1: Focus® Plan Summary		Effective Date: 9/1/2019
	VSP Choice Network + Affiliates	Out of Network
<b>Deductibles</b>		
	\$10 Exam	\$10 Exam
	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in <u>full</u>	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options.	NA
<b>Contacts</b>		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$150	Up to \$105
Medically Necessary	Covered in full.	Up to \$210
Frames		Up to \$70
Frequencies (months)	\$150**	
Exam/Lens/Frame		
	12/12/24	12/12/24
	Based on date of service	Based on date of service

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\*The Costco allowance will be the wholesale equivalent.

### Lens Options (member cost) \*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children.	No benefit
Solid Plastic Dye	\$33 adults	No benefit
	\$15	No benefit
	(except Pink I & II)	
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

\*Lens Option member costs vary by prescription, option chosen and retail locations.

### Monthly Rates

Employee Only (EE)	\$8.44
EE + Spouse	\$18.32
EE + Children	\$14.84
EE + Spouse & Children	\$24.60

### Additional Focus® Choice Network Features

<b>Contact Lenses Elective</b>	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3- or 6-month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact lens fit & follow up exam allowance, the cost of the fitting and evaluation is deducted from the contact allowance.
<b>Additional Glasses</b>	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
<b>Frame Discount</b>	VSP offers a 20% discount off the remaining balance in excess of the frame allowance.
<b>Laser VisionCare</b>	VSP offers an average discount of 15% on LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. To receive the benefit, a VSP provider must coordinate the procedure.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

### Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance. To receive the Walmart Rx discount, Ameritas plan members just need to visit us at [ameritasgroup.com](http://ameritasgroup.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

### Retail Chain Affiliate Providers Available with Focus Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

# Disability Insurance - The Hartford

## (1-800-523-2233)

Long-Term Disability Insurance pays you a portion of your earnings if you cannot work because of a disabling illness or injury. You have the opportunity to purchase Long-Term Disability Insurance through your employer. This highlight sheet is an overview of your Long-Term Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

### BENEFIT HIGHLIGHTS

What is Long-Term Disability Insurance?	Long-Term Disability Insurance pays you a portion of your earnings if you cannot work because of a disabling illness or injury. You have the opportunity to purchase Long-Term Disability Insurance through your employer. This highlight sheet is an overview of your Long-Term Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.
Why do I need Long-Term Disability Coverage?	Most accidents and injuries that keep people off the job happen outside the workplace and therefore are not covered by worker’s compensation. When you consider that nearly three in 10 workers entering the workforce today will become disabled before retiring <sup>1</sup> , it’s protection you won’t want to be without. <sup>1</sup> Social Security Administration, Fact Sheet 2009.
What is disability?	Disability is defined in The Hartford’s* contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings. Once you have been disabled for 24 months, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are 66 2/3% or less of your pre-disability earnings.
Am I eligible?	You are eligible if you are an active employee who works at least 20 hours per week on a regularly scheduled basis.
How much coverage would I have?	You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$7,500 that cannot exceed 66 2/3% of your current monthly earnings. Your plan includes a minimum benefit of 10% of your elected benefit. Earnings are defined in The Hartford’s contract with your employer.
When can I enroll?	If you choose not to elect coverage during your annual enrollment period, you will not be eligible to elect coverage until the next annual enrollment period without a qualifying change in family status.
When is it effective?	Coverage goes into effect subject to the terms and conditions of the policy. You must satisfy the definition of Actively at Work with your employer on the day your coverage takes effect.
What is does “Actively at Work” mean?	You must be at work with your Employer on your regularly scheduled workday. On that day you must be performing for wage or profit all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all of the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.
How long will my disability benefits continue if I elect the premium benefit option?	Prior to Age 63: To Normal Retirement Age or 48 months if greater Age 63: To Normal Retirement Age or 42 months if greater Age 64: 36 months Age 65: 30 months Age 66: 27 months Age 67: 24 months Age 68: 21 months Age 69: and older 18 months

# Disability Insurance - The Hartford

How long do I have to wait before I can receive my benefit?	You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a Long-Term Disability benefit payment. For those employees electing an elimination period of 30 days or less, if your are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of disability.
What is an elimination period?	The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an accident before your benefits can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin.
I already have Disability coverage; do I have to do anything?	If you are not changing the amount of your coverage or your elimination period option, you do not have to do anything. If you want to purchase Long-Term Disability insurance for the first time or change your coverage, please be sure to complete the online enrollment, which indicates your election.
What other benefits are included in my disability coverage?	<ul style="list-style-type: none"><li>• Workplace Modification provides for reasonable modifications made to a workplace to accommodate your disability and allow you to return to active full-time employment.</li><li>• Survivor Benefit - If you die while receiving disability benefits, a benefit will be paid to your spouse, or in equal shares to your surviving children under the age of 25, equal to three times the last monthly gross benefit.</li><li>• The Hartford's Ability Assist service is included as a part of your group Long Term Disability (LTD) insurance program. You have access to Ability Assist services both prior to a disability and after you've been approved for an LTD claim and are receiving LTD benefits. Once you are covered you are eligible for services to provide assistance with child/elder care, substance abuse, family relationships and more. In addition, LTD claimants and their immediate family members receive confidential services to assist them with the unique emotional, financial and legal issues that may result from a disability. Ability Assist services are provided through ComPsych®, a leading provider of employee assistance and work/life services.</li><li>• Travel Assistance Program – Available 24/7, this program provides assistance to employees and their dependents who travel 100 miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services.</li><li>• Identity Theft Protection – An array of identity fraud support services to help victims restore their identity. Benefits include 24/7 access to an 800 number; direct contact with a certified caseworker who follows the case until it's resolved; and a personalized fraud resolution kit with instructions and resources for ID theft victims.</li></ul>
How long will my disability payments continue? Can the duration of my benefit be reduced?	Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury. Depending on the schedule selected and the age at which disability occurs, the maximum duration may vary. Please see the applicable schedules below based on your election of the Premium benefit option.

**Exclusions:** You cannot receive Disability benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
- Military service for any country engaged in war or other armed conflict
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability
- You must be under the regular care of a physician to receive benefits.

**Mental Illness, Alcoholism and Substance Abuse:**

- You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime.
- Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 month lifetime limit.

**Pre-existing Conditions:** Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 12 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have been insured under this policy for 24 months before your disability begins. You may also be covered if you have already satisfied the pre-existing condition requirement of your previous insurer. If your disability is a result of a pre-existing condition we will pay benefits for a maximum of 4 weeks.

Your benefit payments **may be reduced** by other income you receive or are

eligible to receive due to your disability, such as:

- Social Security Disability Insurance (please see next section for exceptions)
- Workers' Compensation
- Other employer-based Insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan.)

Your benefit payments **will not be reduced** by certain kinds of other income, such as:

- Retirement benefits if you were already receiving them before you became disabled
- The portion of your Long -Term Disability payment that you place in an IRS-approved account to fund your future retirement.
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases

This Benefit Highlights Sheet is an overview of the Long-Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance

# Disability Insurance - The Hartford

Annual Earnings	Monthly Earnings	Monthly Benefit	14 / 14	30 / 30	60 / 60	90 / 90	180 / 180
\$3,600	\$300	\$200	\$5.96	\$4.76	\$4.04	\$3.42	\$2.56
\$5,400	\$450	\$300	\$8.94	\$7.14	\$6.06	\$5.13	\$3.84
\$7,200	\$600	\$400	\$11.92	\$9.52	\$8.08	\$6.84	\$5.12
\$9,000	\$750	\$500	\$14.90	\$11.90	\$10.10	\$8.55	\$6.40
\$10,800	\$900	\$600	\$17.88	\$14.28	\$12.12	\$10.26	\$7.68
\$12,600	\$1,050	\$700	\$20.86	\$16.66	\$14.14	\$11.97	\$8.96
\$14,400	\$1,200	\$800	\$23.84	\$19.04	\$16.16	\$13.68	\$10.24
\$16,200	\$1,350	\$900	\$26.82	\$21.42	\$18.18	\$15.39	\$11.52
\$18,000	\$1,500	\$1,000	\$29.80	\$23.80	\$20.20	\$17.10	\$12.80
\$19,800	\$1,650	\$1,100	\$32.78	\$26.18	\$22.22	\$18.81	\$14.08
\$21,600	\$1,800	\$1,200	\$35.76	\$28.56	\$24.24	\$20.52	\$15.36
\$23,400	\$1,950	\$1,300	\$38.74	\$30.94	\$26.26	\$22.23	\$16.64
\$25,200	\$2,100	\$1,400	\$41.72	\$33.32	\$28.28	\$23.94	\$17.92
\$27,000	\$2,250	\$1,500	\$44.70	\$35.70	\$30.30	\$25.65	\$19.20
\$28,800	\$2,400	\$1,600	\$47.68	\$38.08	\$32.32	\$27.36	\$20.48
\$30,600	\$2,550	\$1,700	\$50.66	\$40.46	\$34.34	\$29.07	\$21.76
\$32,400	\$2,700	\$1,800	\$53.64	\$42.84	\$36.36	\$30.78	\$23.04
\$34,200	\$2,850	\$1,900	\$56.62	\$45.22	\$38.38	\$32.49	\$24.32
\$36,000	\$3,000	\$2,000	\$59.60	\$47.60	\$40.40	\$34.20	\$25.60
\$37,800	\$3,150	\$2,100	\$62.58	\$49.98	\$42.42	\$35.91	\$26.88
\$39,600	\$3,300	\$2,200	\$65.56	\$52.36	\$44.44	\$37.62	\$28.16
\$41,400	\$3,450	\$2,300	\$68.54	\$54.74	\$46.46	\$39.33	\$29.44
\$43,200	\$3,600	\$2,400	\$71.52	\$57.12	\$48.48	\$41.04	\$30.72
\$45,000	\$3,750	\$2,500	\$74.50	\$59.50	\$50.50	\$42.75	\$32.00
\$46,800	\$3,900	\$2,600	\$77.48	\$61.88	\$52.52	\$44.46	\$33.28
\$48,600	\$4,050	\$2,700	\$80.46	\$64.26	\$54.54	\$46.17	\$34.56
\$50,400	\$4,200	\$2,800	\$83.44	\$66.64	\$56.56	\$47.88	\$35.84
\$52,200	\$4,350	\$2,900	\$86.42	\$69.02	\$58.58	\$49.59	\$37.12
\$54,000	\$4,500	\$3,000	\$89.40	\$71.40	\$60.60	\$51.30	\$38.40
\$55,800	\$4,650	\$3,100	\$92.38	\$73.78	\$62.62	\$53.01	\$39.68
\$57,600	\$4,800	\$3,200	\$95.36	\$76.16	\$64.64	\$54.72	\$40.96
\$59,400	\$4,950	\$3,300	\$98.34	\$78.54	\$66.66	\$56.43	\$42.24
\$61,200	\$5,100	\$3,400	\$101.32	\$80.92	\$68.68	\$58.14	\$43.52

# Permanent Life Insurance – Texas Life

## (1-800-283-9233)

Permanent life insurance through work is a type of life insurance coverage that provides lifelong protection if the premiums are paid. It offers a death benefit to the beneficiary upon the policyholder's passing. Unlike term life insurance, which provides coverage for a specific period, permanent life insurance does not expire if the policy remains in force. Rates vary depending on attained age. Please see benefits hub for your personal quote.

Voluntary permanent life insurance can be an ideal complement to the group term and optional term your employer might provide. Designed to be in force when you die, this voluntary universal life product is yours to keep, even when you change jobs or retire, if you pay the necessary premium. Group and voluntary term, on the other hand, typically are not portable if you change jobs and, even if you can keep them after you retire, usually costs more, and declines in death benefit.

The policy, pure**life**-plus, is underwritten by Texas Life Insurance Company, and it has these outstanding features:

- **High Death Benefit.** With one of the highest death benefits available at the worksite,<sup>1</sup> pure**life**-plus gives your loved one's peace of mind, knowing there will be significant life insurance in force should you die prematurely.
- **Minimal Cash Value.** Designed to provide high death benefit, pure**life**-plus does not compete with the cash accumulation in your employer-sponsored retirement plans.
- **Long Guarantees.** Enjoy the assurance of a policy that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period (after the guaranteed period, premiums may go down, stay the same, or go up).
- **Refund of Premium.** Unique in the marketplace, pure**life**-plus offers you a refund of 10 years' premium, should you surrender the policy if the premium you pay when you buy the policy ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months (24 months in Illinois), you will have the option to receive 92% (84% in Illinois) of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. This valuable living benefit.

gives you peace of mind knowing that, should you need it, you can take most of your death benefit while still alive. *(Conditions apply.)*

You may apply for this permanent, portable coverage, not only for yourself, but also for your spouse, minor children, and grandchildren.

Like most life insurance policies, Texas Life policies contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative for costs and complete details.



# Term Life and AD&D Insurance – Lincoln (1-800-423-2765)

Group Paid Life Insurance is a valuable benefit provided by your employer that offers financial protection to you and your loved ones. This coverage provides a lump sum payment in the event of your death, helping to alleviate the financial burden for your beneficiaries during a difficult time.

Safeguard the most important people in your life.

Think about what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like covering everyday expenses, paying off debt, and protecting savings. AD&D provides even more coverage if you die or suffer a covered loss in an accident.

You also have the option to increase your cash benefit by securing additional coverage at affordable group rates.

See the enclosed life insurance information for detail

## AT A GLANCE:

- A cash benefit of \$10,000 to your loved ones in the event of your death, plus a matching cash benefit if you die in an accident.
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight.
- Accident Plus - If you suffer an AD&D loss in an accident, you may also receive benefits for the following on top of your core AD&D benefits: coma, education, childcare, spouse training, and more.
- LifeKeys® services, which provide access to counseling, financial, and legal support.
- TravelConnect® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home.

## ADDITIONAL DETAILS

**Conversion:** You can convert your group term life coverage to an individual life insurance policy without providing evidence of insurability if you lose coverage due to leaving your job or for another reason outlined in the plan contract. AD&D benefits cannot be converted.

**Benefit Reduction:** Coverage amounts begin to reduce at age 65 and benefits terminate at retirement. See the plan certificate for details.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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# Voluntary Term Life Insurance - Lincoln

Voluntary Life Insurance is an optional insurance coverage that provides financial protection for you and your loved ones in the event of your death. It allows you to choose the coverage amount and pay premiums through convenient payroll deductions.

## Voluntary Term Life Insurance

### The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for La Grange ISD employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

### What your benefits cover

#### Employee Coverage

##### Guaranteed Life Insurance Coverage Amount

- Newly Hired Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$200,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by \$10,000 or \$20,000 without providing evidence of insurability . If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$20,000 during the next limited open enrollment period.

##### Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 5 times your annual salary (\$500,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.
- Your coverage amount will reduce by 50% when you reach age 70.

#### Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

##### Guaranteed Life Insurance Coverage Amount

- Newly Hired Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to 100% of your coverage amount (\$50,000 maximum) for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by \$10,000 or \$20,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$20,000 during the next limited open enrollment period.

##### Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 100% of your coverage amount (\$500,000 maximum) for your spouse with evidence of insurability.

#### Dependent Children Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

##### Guaranteed Life Insurance Coverage Options: \$10,000

Employee	
Newly hired employee guaranteed coverage amount	\$150,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$10,000 or \$20,000
Maximum coverage amount	5 times your annual salary (\$500,000 maximum in increments of \$10,000)
Minimum coverage amount	\$10,000
AD&D coverage amount	Equal to the life insurance amount chosen

Spouse / Domestic Partner	
Newly hired employee guaranteed coverage amount	\$50,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$5,000 or \$10,000
Maximum coverage amount	50% of the employee coverage amount (\$250,000 maximum in increments of \$5,000)
Minimum coverage amount	\$5,000
AD&D coverage amount	Equal to the life insurance amount chosen
Dependent Children	
Day 1 to age 26 guaranteed coverage amount	\$10,000

# Voluntary Term Life Insurance - Lincoln

Voluntary Life Insurance is an optional insurance coverage that provides financial protection for you and your loved ones in the event of your death. It allows you to choose the coverage amount and pay premiums through convenient payroll deductions.

**Monthly Voluntary Life and AD&D Insurance Premium.  
Here's how little you pay with group rates**

Employee Age Range	Life & AD&D Premium Rate Factor
0 - 24	0.0000800
25 - 29	0.0000900
30 - 34	0.0001100
35 - 39	0.0001300
40 - 44	0.0001800
45 - 49	0.0002800
50 - 54	0.0004400
55 - 59	0.0007000
60 - 64	0.0008700
65 - 69	0.0014900
70 - 74	0.0014900
75 - 79	0.0014900
80 - 99	0.0014900

## Group Rates for You

The estimated monthly premium for life and AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$10,000) by the employee age-range premium factor.

$$\frac{\$ \text{coverage amount}}{\text{premium factor}} = \$ \text{monthly premium}$$

*Note: Rates are subject to change and can vary over time.*

Employee Age Range	Life & AD&D Premium Rate Factor
0 - 24	0.0000800
25 - 29	0.0000900
30 - 34	0.0001100
35 - 39	0.0001300
40 - 44	0.0001800
45 - 49	0.0002800
50 - 54	0.0004400
55 - 59	0.0007000
60 - 64	0.0008700
65 - 69	0.0014900

### Group Rates for Your Spouse / Domestic Partner

The estimated monthly premium for life and AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$5,000) by the employee age-range premium factor.

$$\begin{array}{ccccc} \$ & \underline{\hspace{1cm}} & \times & \underline{\hspace{1cm}} & = & \$ & \underline{\hspace{1cm}} \\ \text{coverage amount} & & & \text{premium factor} & & & \text{monthly premium} \end{array}$$

*Note: Rates are subject to change and can vary over time.*

### Dependent Children Monthly Premium for Life Insurance Coverage

Coverage Amount	Monthly Premium
\$10,000	\$1.00

### Group Rates for Your Dependent Children

One affordable monthly premium covers all of your eligible dependent children.

Note: You must be an active Wharton Independent School District employee to select coverage for a spouse / domestic partner and/or dependent children. To be eligible for coverage, a spouse / domestic partner or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.

# Accident Insurance – Metlife

## (1-800-438-6388)

Accident Insurance is a type of insurance coverage that provides financial protection in the event of accidental injuries. It is designed to help offset the unexpected costs associated with accidents, such as medical expenses, hospital stays, and recovery-related expenses. Prices vary

Accident Insurance	Monthly Cost to You
Coverage Options	
Employee	\$13.76
Employee & Spouse	\$19.80
Employee & Child(ren)	\$27.96
Employee & Spouse/Child(ren)	\$34.96

Benefit Type <sup>1</sup>	MetLife Accident Insurance Pays YOU
Injuries	
Fractures <sup>2</sup>	\$125 – \$4,000
Dislocations <sup>2</sup>	\$30 – \$4,000
Second- and Third-Degree Burns	\$200 – \$1,000
Concussions	\$250
Lacerations	\$100
Eye Injuries	\$200
Medical Services & Treatment	
Ambulance	\$200 – \$600
Emergency Care	\$100
Non-Emergency Care	\$75
Physician Follow-Up	\$75
Therapy Services (Including physical therapy)	\$35-\$60
Medical Testing Benefit	\$100
Medical Appliances	\$250
Inpatient Surgery	\$150 – \$2,000
Hospital <sup>3</sup> Coverage (Accident)	
Admission	\$1000 (non-ICU and ICU) – per accident
Confinement	\$200 a day (non-ICU) – up to 15 days \$200 a day (ICU) – up to 15 days
Inpatient Rehab (paid per accident)	\$200 a day, up to 15 days per covered person per accident; may not exceed 30 days per calendar year.
Benefit Type <sup>1</sup>	MetLife Accident Insurance Pays YOU
Accidental Death	
Employee, Spouse, or Child	\$20,000 \$100,000 for common carrier <sup>5</sup>
Dismemberment, Loss & Paralysis	
Dismemberment, Loss & Paralysis	\$1000 - \$40,000 per injury
Other Benefits	
Lodging <sup>6</sup> - Pays for lodging for companion up to 31 nights per calendar year.	\$200 per night, up to 15 days;
Health Screening Benefit	\$200 1 time per year

# Critical Illness – Voya

## (1-877-236-7564)

Critical illness insurance pays a lump sum benefit amount upon the diagnosis of a covered disease or illness. You can use this money for any purpose you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs, or any of your regular household expenses.

If you are an employee who works at least 20 hours a week, you qualify for this insurance. If you are eligible for benefits at work, you may qualify for this insurance. Check with your benefits manager for eligibility requirements. There are no medical questions you need to answer or medical tests you need to take to get coverage.

This is an optional benefit that you can purchase. Premium payments will be made through automatic deduction from your paycheck. This brochure will describe the coverage and options available to you.

This policy is portable – which means that if you leave your employer, you can maintain your coverage. If you choose to keep your coverage, you will be billed directly.

### Your Compass Critical Illness Plan

The plan pays the maximum critical illness benefit available for a covered condition or specified disease, unless otherwise indicated by a percentage.

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#### Base Coverage Module

- Heart Attack
- Stroke
- End Stage Renal (Kidney) Failure
- Coronary Artery Bypass (25% of the maximum critical illness benefit)
- Coma
- Major Organ Failure
- Permanent Paralysis

#### Coverage Module A

- Deafness
- Blindness
- Benign Tumor
- Occupational HIV

#### Cancer Coverage Module

- Cancer
  - Carcinoma in Situ (25% of the maximum critical illness benefit)
  - Skin Cancer (10% of the maximum critical illness benefit)
- 

### Wellness Benefit Rider

The covered employee will receive a single standard annual benefit of \$100 for each covered employee and spouse who completes a health screening test. (The standard child benefit is 50% of the employee benefit amount, with a maximum of \$200 in child benefits payable per calendar year.)

### Recurrence Rider

The insured person can receive a benefit for the same critical illness twice, following a period of 12 consecutive months during which both of the following are true:

The insured has had no occurrence of any covered critical illness

The insured has been free of the covered condition(s) for which benefits were previously paid.

This rider doesn't apply to cancer coverage.



# Critical Illness – Voya

## (1-877-236-7564)

### Exclusions and Limitations\*

Benefits are not payable for any critical illness caused in whole or directly by any of the following:

Participation or attempt to participate in a felony or illegal activity.

Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.

War or any act of war, whether declared or undeclared (excluding acts of terrorism).

Loss sustained while on active duty as a member of the armed forces of any nation.

However, we will refund, upon written notice of such service, any premium that has been accepted for any period not covered as a result of this exclusion.

Alcoholism, drug abuse or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.

#### Benefit Waiting Period

There is a 30-day benefit waiting period.

#### Pre-Existing Condition Limitation

Pre-existing condition means a sickness, injury or physical condition which, within the 12 month period prior to your coverage effective date, resulted in you receiving medical treatment, consultation, care or services (including diagnostic measures).

For the first 12 months following your coverage effective date (including the effective dates of any increases to coverage), we will not pay benefits for any condition or illness resulting from a pre-existing condition. Following the satisfaction of the pre-existing condition limitation time period, benefits for a pre-existing condition are the same as benefits for any eligible condition.

#### Coverage Reduction

Benefits reduce 50% for the employee and spouse (if applicable) on the policy anniversary following the insured's 70th birthday; however, premiums do not reduce as a result of this benefit change.

#### Children's Critical Illness Rider Limitations and Exclusions

The exclusions are the same as the above, PLUS no benefit is payable for the covered person's children for Carcinoma in Situ, Skin Cancer or Coronary Artery Bypass.

# Emergency Medical Transportation – MASA

## (830-643-9023)



**\$14/MONTH**



**DID YOU KNOW?**

**25 MILLION PEOPLE**

are sent to the emergency room through ground or air ambulance every year\*.

Insurance companies may not cover all air and ground ambulance expenses which can result in max in-network out-of-pocket\*\* costs of:



**\$8,700 Individual**  
**\$17,400 Family**



Ground ambulance out-of-network transportation costs may be even higher than in-network since the No Surprises Act does not apply to ground ambulance at this time.

## EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

### Emergency Air Ambulance Coverage<sup>1</sup>

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

### Emergency Ground Ambulance Coverage<sup>1</sup>

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

### Hospital to Hospital Ambulance Coverage<sup>1</sup>

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

### Repatriation to Hospital Near Home Coverage<sup>1</sup>

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

**Contact Your Representative, to learn more:**



**US Employee Benefits  
Services Group**  
245 Landa Street  
New Braunfels, TX 78130

@ [www.usebsg.com](http://www.usebsg.com)



Phone: (888) 836-5100 Fax:  
(830) 606-2258

# EMPLOYEE ASSISTANCE PROGRAM- DEER OAKS

## (866-327-2400)

### 100% CONFIDENTIAL



The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you and your dependents 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/life issues in order to live happier, healthier, more balanced lives. These services are completely confidential and can be easily accessed by calling the toll-free Helpline listed below.

#### DEER OAKS EAP IS A RESOURCE YOU CAN TRUST.

**Eligibility:** All employees and their household members/dependents are eligible to access the EAP. Retirees and employees who have recently separated from the employer will continue to have access to services for up to six (6) months post-employment.

**Program Access:** Members may access the EAP by calling the toll-free Helpline number, downloading the iConnectYou Smartphone App, or instant messaging with a Work/Life Consultant through LiveCONNECT available on our website. Please contact HR for your organization's iConnectYou login information.

**Telephonic Assessments & Support:** All clinical EAP cases receive a thorough telephonic clinical assessment. In-the-moment telephonic support and crisis intervention are also available 24/7.

**Short-term Counseling:** Referrals are made to our mental health provider networks in the United States for in-person short-term counseling. Counseling is also available via structured telephonic sessions, video, and SMS text.

**Tele-Language Services:** Deer Oaks has the ability to provide therapy in a language other than English if requested. Services are available for telephonic interpretation in 200 of the most commonly spoken languages and dialects.

**Referrals & Community Resources:** Counselors provide referrals to community resources, member health plans, support groups, legal resources, and child/elder care services.

**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; interactive online Simple Will preparation; access to state agencies to obtain birth certificates and other records.

**Advantage Financial Assist:** Unlimited telephonic consultation with a financial counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction and financial planning; supporting educational materials available; objective, pressure-free advice; unlimited online access to a wealth of educational financial resources, links, tools and forms (i.e. tax guides, financial calculators, etc.).

**ID Recovery:** 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:** Work/Life Consultants are available to assist members with a wide range of daily living resources such as pet sitters, event planners, home repair, tutors and moving services. Simply call the Helpline for resource and referral information.

**Find-Now Child & Elder Care Program:** This program assists participants caring for children and/or aging parents with the search for licensed child and elder care facilities in their area. Work/Life Consultants assess each member's needs, provide guidance, resources, and qualified referrals within 3 business days for standard cases and within 6 business hours for urgent cases. Searchable databases and other resources are also available on the Deer Oaks website.

**Take the High Road:** 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).

**Online Tools & Resources:** Log on to our member website to access an extensive topical library containing health and wellness articles, videos, archived webinars, child and elder care resources, and work/life balance resources.



#### CONTACT US:

Toll-Free: (866) 327-2400

Website: [www.deeroakseap.com](http://www.deeroakseap.com)

Email: [eap@deeroaks.com](mailto:eap@deeroaks.com)



# 403b – OMNI

(1-877-544-6664)

## Wharton ISD

### ARE YOU AWARE OF YOUR 403(b) BENEFIT?

#### THE OPPORTUNITY

You have the opportunity to save for retirement by participating in your Employer’s 403(b) retirement plan. A 403(b) plan is a retirement plan for certain employees of public schools, tax-exempt organizations and ministries.

We recommend that all employees visit our education page which can be found here: [www.omni403b.com/Employees/Education](http://www.omni403b.com/Employees/Education)

#### WHY SAVE WITH 403(b)?

1. You do not pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after your retirement.
2. Investment gains in the plan are not taxed until distribution.
3. Generally, retirement assets can be carried from one employer to another.

#### Future retirement savings value assuming 6% growth

Monthly Contributions	5 Year	15 Years	20 Years
\$50	\$3,489	\$14,541	\$23,102
\$200	\$13,954	\$58,164	\$92,408
\$500	\$34,885	\$145,409	\$231,020

#### HOW CAN I PARTICIPATE?

Prior to contributing you must open an account with an investment provider authorized in the Plan, a list of which is available on the right. You may then complete a Salary Reduction Agreement (SRA) online at: [www.omni403b.com/SRA](http://www.omni403b.com/SRA)

If you are already contributing to your Employer’s Plan and you want to change your contribution amount or investment provider, simply complete and submit a new SRA. You can begin or change your contributions as soon as your next payment cycle following our receipt of a completed SRA.

#### HOW MUCH CAN I CONTRIBUTE ANNUALLY?

In 2023, you may contribute up to \$22,500 if you are 49 years of age or below and up to \$30,000 if you are 50 years of age and over. You may also be entitled to additional catch-up provisions like the 15 Year Service Catch-up. Please contact OMNI’s Customer Care Center at **877.544.6664** for further details.

Contribution Limits		15 Yr. Service Catch-up (if eligible)	Maximum Employer Contributions	Combined Limit	
Age 49 & below	Age 50 & above			Age 49 & below	Age 50 & above
\$22,500	\$30,000	\$3,000	\$66,000	\$66,000	\$73,500

#### LOOKING FOR HELP?

Click the link below for an investment professional to reach out to you.

[Wharton ISD Plan Detail Page](#)

New accounts may be opened with the following approved service providers.

- American Fidelity Assurance Co.
- American Fund/Capital Guardian
- Equitable (formerly AXA)
- GWN/Employee Deposit Acct
- Lincoln Investment Planning
- Lincoln National
- National Life Group (LSW)
- PlanMember Services Corp.
- ROTH - Equitable (formerly AXA)
- ROTH - GWN/Employee Deposit Acct
- ROTH - Lincoln Investment
- ROTH - Lincoln National
- ROTH - National Life Group (LSW)
- ROTH - PlanMember Services Corp.
- ROTH - Vanguard Fiduciary Trust Co.
- Vanguard Fiduciary Trust Co.
- Victory Capital (USAA Mutual Funds)