

2024-2025

LOCKHART ISD

Employee Benefits



#LOCKHART FOR PEOPLE

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 **2024-2025 plan year (9/1/2024 - 8/31/2025)**. 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 will have two options for complete enrollment. Enroll online on your own at a time that is convenient for you through our self-service portal (see page 3 for instructions) or contact one of our Benefit Counselors at the Benefits Service Center. They will be able to provide you with 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

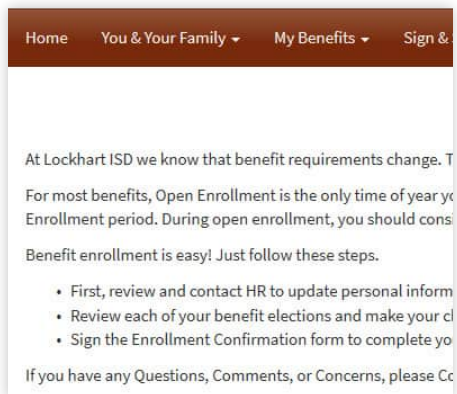
Monday - Friday: 8:00 am - 7:00 pm (CST)

Saturday: 9:00 am - 3:00 pm (CST)

Self-Serve INSTRUCTIONS

Enrollment Dates:
July 9 - August 6

- 1** Register for the portal by logging on to:
<https://trustmark.benselect.com/LockhartISD>
Employee ID or SSN: Employee ID or Your SSN
PIN: Last 4 digits of your SSN and the last 2 digits of your birth year
- 2** Follow the prompts to complete the registration process. Please review the personal demographic data and update as needed. Then **click next** to advance through each screen.
- 3** Next, you will be asked to enter Dependent / Beneficiary information. To add a dependent, please **click the + sign** and enter the dependent's information. To edit an existing dependent, please **click the pencil icon** on the right side of the dependent. After making any changes, please **click save** on the bottom of the page. Once you are finished with this section, **click next**.
- 4** Once you are at the medical screen, verify your medical plan election or waive the coverage. When you **click next**, you will advance to any coverage that you have **not previously enrolled in**.
- 5** If you would like to make changes to existing coverage, you may click on the individual coverage options listed under **"My Benefits"** or by choosing the coverage under the **"My Benefits"** menu at the top of the screen.
- 6** Once you select the coverage you would like to change, click on **"Unlock"** to access the options. Once you make a decision, please **click next** to go to the review page.
- 7** Once on the **"Sign and Submit"** page, you will be able to review your elections. If you need to make changes, please click on the link for that coverage. You will then unlock, make your change, and **click next**. This returns you to the **"Sign and Submit"** page. If everything is correct, please **click next**.
- 8** On the **"Confirmation"** page, enter your PIN / Password used to log in. **This will finalize your enrollment.** You can print the confirmation form, save it as a downloadable PDF, and e-mail a confirmation summary to the e-mail address on file.



If you have any questions
regarding your benefits,
please call:

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.....	6
Medical.....	8
FSA	23
Dental.....	26
Vision	28
Basic Life and AD&D	29
Voluntary Term Life.....	29
TravelAid Services Plan	29
Employee Assistance Program (EAP).....	30
Universal Life.....	31
Accident	32
Critical Illness	34
Hospital Indemnity	37
Cancer	38
Disability.....	41
SafetyNets	42
403(b).....	44
Contacts	45



ELIGIBILITY

Eligibility

Employee Eligibility

Group health insurance coverage is provided through the Lion Care program, the self-funded school employee health insurance program. The district's contribution to employee insurance premiums is determined annually by the board of trustees. Employees eligible for health insurance coverage include the following:

- Employees who are active, contributing TRS members working 30 hours or more. 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 their 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 child or spouse
- 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



LISD Self-Funded Health Insurance Plan

Our Lion Care Motto: If it is more than an office visit, contact your Kempton Care Advocate at **1-800-324-9396**. Savings are available!

As employees and owners of our insurance plan, we should advocate for our own medical care. Check with your Kempton Care Advocate @ **1-800-324-9396** before you have any imaging, scans, or procedures done. There are opportunities for FREE services!

LISD has a dedicated Benefit Specialist, Nancy Arana available to staff of Lockhart ISD by phone, email and/or text! Nancy can help you navigate Lion Care and other voluntary benefits. She is very familiar with the LISD Lion Care Health Plan and is a great resource!

Office number: 512-398-0020

Email: nancy.arana@lockhart.txed.net

Work cell text 737-303-9770

Mental Health Services Available:

Deer Oaks Employee Assistance Program (EAP) - 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.

CONTACT DEER OAKS:

- (866) 327-2400
- www.deeroakseap.com
- eap@deeroaks.com

Lion Care Telehealth Mental Health Services - Employees who have Lion Care health insurance can also access FREE Telehealth mental health services by creating an account through www.RediMD.com, similar to scheduling an online doctor appointment.

The code to register with RediMD is: [Lockhart](#)

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



Medical Kempton

Medical Plans Effective: September 1, 2024 - August 31, 2025

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 In-Network (Individual/Family) Out-of-Network (Individual/Family)	\$500/\$1,000 \$500/\$1,000
Out-of-Pocket Maximum In-Network (Individual/Family) Out-of-Network (Individual/Family)	\$4,000/\$8,000 \$4,000/\$8,000
Annual Maximum	Unlimited
Coinsurance (participant pays) In-Network Out-of-Network	20% 20%
Preventative Care Office Visit	No charge
Primary Care Office Visit	\$15 copay
Specialist Office Visit	\$15 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 Retail Order (30-day) / Mail Order (90-day) Tier 1 Tier 2 Specialty RX Mail Order - 90 Day Supply	\$0 \$30 \$200 3X

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



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 (888) 840-5401.





EASY AS 1-2-FREE!

When you choose KPPFree™, 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 KPPFree™ is an easy choice!



Call us! Call our Kempton Care Advocate team at **(888) 840-5401** to find out if your procedure is available through KPPFree™, discuss your benefits, and see if using KPPFree™ 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.



After your appointment is scheduled, you will be provided with a KPPFree™ 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 KPPFree™ 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 KPPFree™ 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.

KPPFree™ Locations



Don't have a KPPFree™ 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!

KPPFree™ Savings

KPPFree™ 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 (888) 840-5401 or visit us online at KPPFree.com



TALKING TO YOUR DOCTOR...

KPPFree™ 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 KPPFree™ 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 KPPFree™ 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 KPPFree™ voucher?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please confirm the location of your appointment with the KPPFree™ 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

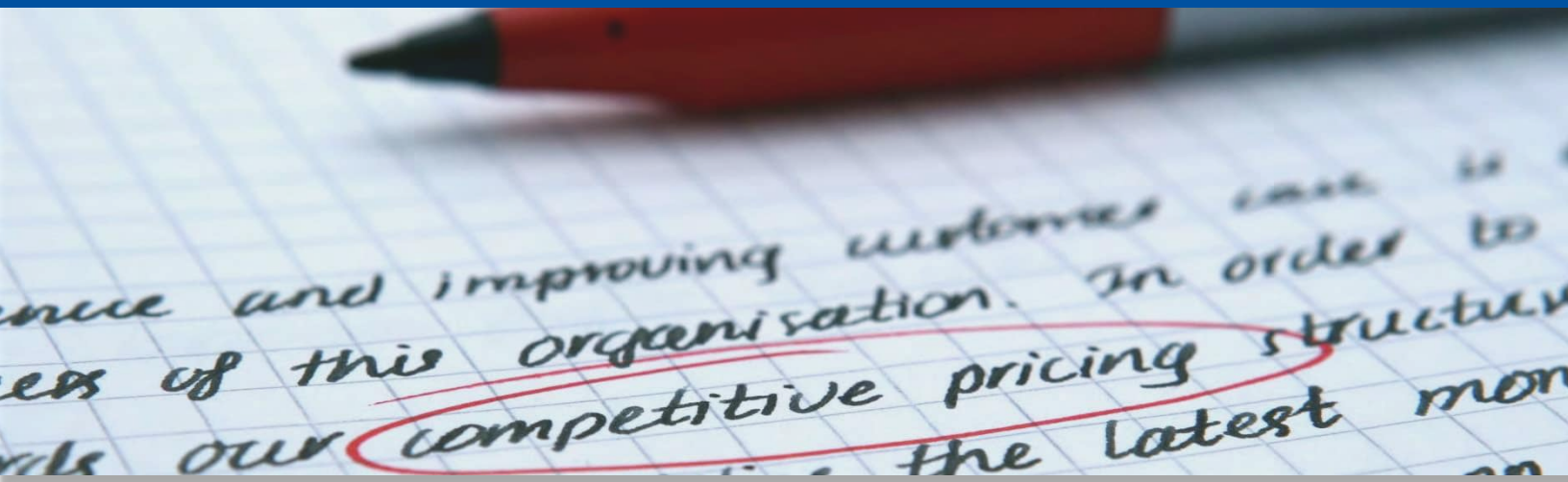
AFTER YOUR PROCEDURE

Check with your KPPFree™ 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Post-operative or follow-up appointments may not be included under KPPFree™ and may be covered under regular plan benefits.
Do I need any durable medical equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 KPPFree™ benefit and may be covered under regular plan benefits.
Do I need physical therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical therapy may not be included for your specific procedure under the KPPFree™ 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	These services may not be included for your specific procedure under the KPPFree™ benefit and may be covered under regular plan benefits. Our Kempton Care Advocates can assist you in finding the best benefit.



CASH PRICE AGREEMENT



SAVE MONEY WITH A CASH PRICE AGREEMENT!

Talk to your provider about matching the KPPFree™ 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 KPPFree™ 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 KPPFree™ bundled price.



Remember, **all services** required for the service or procedure are **bundled** under KPPFree™. 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 **KPPFree™ benefit**!



If you have questions or want to learn more, give us a call at **(888) 840-5401** or visit us online at **KPPFree.com**

FREQUENTLY ASKED QUESTIONS

What is KPPFree™?

KPPFree™ 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 KPPFree™, 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 KPPFree™ 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 KPPFree™?

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

What is a KPPFree™ Cash Price Agreement?

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

If your provider agrees to match, or closely approximate, the *bundled* price of a current KPPFree™ provider for a particular service or procedure, it can be covered under the KPPFree™ 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 KPPFree™ 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 KPPFree™ 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 KPPFree™ provider. You may also choose to use the regular plan benefits available to you.

Are all providers willing to do a KPPFree™ 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 KPPFree™ 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 KPPFree™ 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 KPPFree™ 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 KPPFree™ 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 KPPFree™, 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 **(888) 840-5401**, Monday – Friday 8:00 a.m. - 5:00 p.m. CST.



**CONVENIENTLY MANAGE
YOUR PRESCRIPTIONS**

PATIENT PORTAL

Creating an account on the patient portal is both straightforward and secure. Let's get started!



**APPLE STORE
(IOS)**



**GOOGLE PLAY STORE
(ANDRIOD)**



GET THE APP

1. Scan the appropriate bar code depending on your smart device to be directed to the app store.
2. Download/open the app.
3. You can register your account or log in using your email address if you already registered online.

**Patient Portal available at start of benefits*

YOUR BENEFITS



View coverage, benefits & print your ID card



View claims history



Check for drug interactions



Price a medication



Locate a pharmacy



1.855.283.7882



info@pcarx.com



<https://pcarx.myrxplan.com/login>



WAYS TO SAVE MONEY ON YOUR PRESCRIPTIONS



LOCKHART INDEPENDENT
SCHOOL DISTRICT

1

\$0.00 Copay up to 90-day supply Generics filled at any **Pharmacy** or **amazon pharmacy**

2

\$0.00 Copay for prescriptions filled at 
• visit www.costplusdrugs.com for available medications

3

Save \$\$\$ on your specialty prescription!

- Have you heard of Adalimumab-Adaz?
 - Adalimumab-Adaz is a Humira Biosimilar
 - Therapeutic Alternative for Humira, Enbrel, Xeljanz, Stelara, Skyrizi, Tremfya, Otezla
 - \$0.00 Copay (No Copay Assistance Required)
 - Fill at your local pharmacy: Not required to fill at CVS Specialty
 - Your existing Prior Authorization will transfer to Adalimumab-Adaz
 - Ask your prescriber if Adalimumab-Adaz is a choice for you!

A biosimilar is a biologic medical product that is almost an identical copy of an original product that is manufactured by a different company.



PCA Rx PRESCRIPTION SAVINGS CARD

SAVE UP TO 80% OFF YOUR PRESCRIPTIONS

HOW CAN I USE IT:

Easy savings card to use right away at your pharmacy with unlimited uses!

1. Get the prescription savings card from below or at www.savings.pcarx.com. The website shows prices and coupons for various pharmacies.
2. Show the card to your pharmacist when picking up medications.
3. Save up to 80%!



WHERE CAN I USE IT:

Accepted at major pharmacy chains nationwide. Approximately 35,000 access points, including CVS (Target, Longs Drugs), Walgreens (Rite-Aid, Duane Reade), Walmart, Kroger (Harris Teeter, Fry's), Benzer, Giant Eagle, Kinney Drugs, Brookshire, Winn-Dixie, HEB, Hy-Vee, Wegmans, and Meijer.



Card is not insurance. Card does not apply to deductible or Maximum-Out-Of-Pocket.



The pharmacy that really delivers

amazon pharmacy



A new prescription home delivery option

Get upfront pricing, easy refills & no more waiting in pharmacy lines.

You and your covered dependents now have a new prescription home delivery option: Amazon Pharmacy is fully accredited and can fill most brand name and generic medications*.

Amazon Pharmacy offers:



Easy online sign-up with the option of importing your medication history



An Amazon shopping experience with free shipping



24/7/365 access to a pharmacist



Clear pricing to help you save time and money



The ability to manage your medication and order history



Sign up for Amazon Pharmacy today

Set up your Amazon Pharmacy account here:
www.amazon.com/homedelivery-meds

Choose get started. You'll need your member ID, RxBIN and RxPCN numbers which are listed on your member ID card.

For new prescriptions you'd like filled by Amazon Pharmacy, let your doctor know to send them to Amazon Pharmacy by:

E-SCRIBE: Amazon Pharmacy 001

FAX: 1-512-884-5981

MAIL: 4500 S Pleasant Valley Rd, Suite 201 Austin, TX 78744

PHONE: 855-206-3605, then press 1 (prescribers only)

Have questions or need help, please call [Amazon Pharmacy Customer Care](tel:1-855-745-5725) at 1-855-745-5725. Representatives are available weekdays from 8 a.m. to 10 p.m., Eastern time (ET), and weekends from 10 a.m. to 8 p.m., ET.

*Amazon Pharmacy does not dispense Schedule II controlled substance drugs.





CVS Specialty®

More than medication



CVS Specialty provides specialized care and support along with your medication for complex conditions (such as rheumatoid arthritis, multiple sclerosis, HIV and cancer).

A team of pharmacists and nurses specially trained in your condition

We give you a CVS Specialty CareTeam led by pharmacists and nurses to support you 365 days a year. We'll show you how to take your medication correctly, help you manage side effects and stay on track. We also provide helpful resources at CVSSpecialty.com/EducationCenter.

A choice of pick up at CVS Pharmacy® or home delivery at no extra cost

We make it as easy as possible to get the medication you need, where you need it. You can have your medication delivered anywhere nationwide, even if you're on vacation. Or you can pick it up at any CVS Pharmacy location.*

Digital tools let you manage your prescriptions on your own time

We make it easy to manage your medications and stay on track at CVSSpecialty.com/go or with our mobile app.



What's a specialty pharmacy?

It's a pharmacy that provides specialized medication for complex conditions or medication requiring injections or infusions.

*Where allowed by law. In-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.
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Urgent Care vs Emergency Room

Choose the right care when you need it!



URGENT CARE



EMERGENCY ROOM



Stitches



Insect Bites



Neck & Back Discomfort



UTIs & Yeast Infections



Cold & Flu



Pink Eye



Sprains & Breaks



Ear Pain & Infections



Severe Burns



Chest Pain



Severe Allergic Reactions



Neck & Spinal Injury



Severe Breaks



Seizure



Heavy Bleeding



Loss of Consciousness



***Code To register= lockhart**



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 employees and dependents enrolled in Lion Care.

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

STRAINS
CONTUSIONS

HIGH BLOOD PRESSURE
UTI

INFECTIONS
DIABETES

Colds
SINUS INFECTIONS

- 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



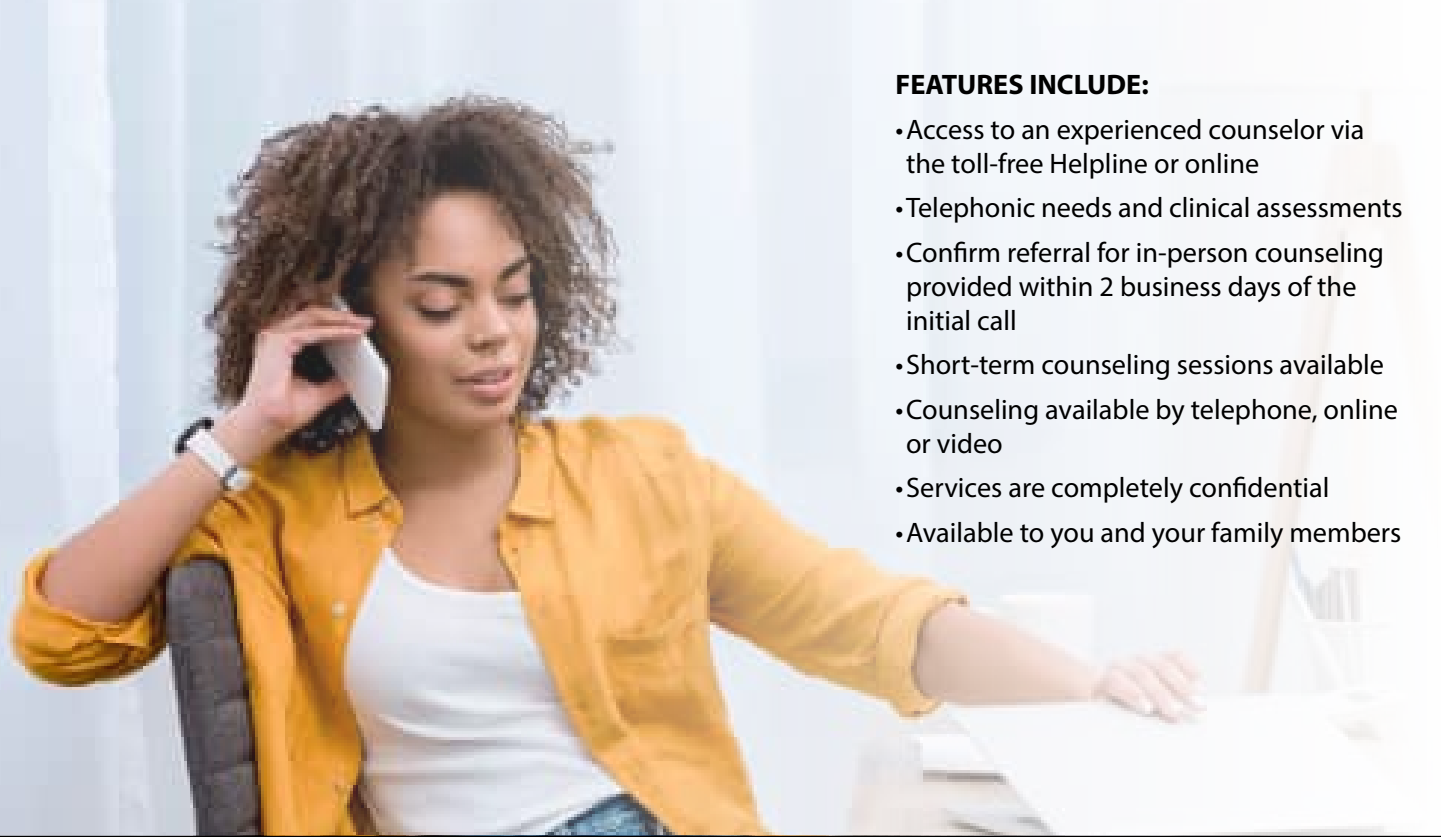
RediMD visits available from work or home
24/7 by telemedicine or phone

SHORT-TERM COUNSELING



FEATURES INCLUDE:

- Access to an experienced counselor via the toll-free Helpline or online
- Telephonic needs and clinical assessments
- Confirm referral for in-person counseling provided within 2 business days of the initial call
- Short-term counseling sessions available
- Counseling available by telephone, online or video
- Services are completely confidential
- Available to you and your family members



We understand that life can be hectic and demanding. We also understand that issues such as anxiety, depression, career stressors and marital/family stressors can add further stress to your already busy life.

You may speak with one of our professional counselors by calling the toll-free Helpline. The counselor will assess your needs, provide a clinical assessment if appropriate and make recommendations for assistance.

We encourage you to call RediMD today for free, confidential counseling and work/life referrals for you and your family. Let us help you regain your balance.

 **888.RediMD5 or 888.733.4635**

 **RediMD.com**

 **RediMD™**
get well sooner



Endocrinologist-Led Telemedicine Diabetes Program

One-of-a-kind program that has demonstrated

- >50% diabetic complication risk reduction
- 0 hospitalizations for diabetic complications
- 100% patient satisfaction with virtual care
- Convenient and direct access to a board-certified endocrinologist

Where you are now

No access to diabetes experts

- Patients must travel to San Antonio & take time off work to see endocrinology
- Unable to schedule appointment due to phone hold times >1h if answered at all
- Waiting list >3 months to be seen
- Seen by specialist 1x/year, other visits with midlevel non-specialist
- Waiting room times > 2h
- No lifestyle and nutrition coaching
- Dissatisfaction and worsening health
- 5 minute visit with MD or midlevel

Where we will take you

→ Direct telemedicine access to board-certified endocrinologists with proven outcomes

- No travel
- No time off work
- No lost time waiting on hold
- No waiting lists or waiting rooms
- No midlevels
- Healthier and happier employees
- 1 full hour visit with an endocrinologist physician

→ Biweekly support from our health and nutrition coaches

Our fully integrated team takes patients from confusion to confidence with diabetes

Meet your ★ ★ ★ ★ ★ endocrinologists

Vidhya Illuri, MD

Dr. Illuri is committed to fostering a strong patient-physician relationship. She is so passionate about using nutrition that she has done healthy cooking demos on KSAT Live and at her local children's museum. Her training is from Northwestern University and Loyola University.



Arti Thangudu, MD

Dr. Thangudu provides high-level, well-rounded, lifestyle-focused endocrinology and diabetes care. Her training is from Northwestern University, UT Health Science Center in San Antonio, Baylor College of Medicine, Tulane University, and the University of Pittsburgh Medical Center.



hello@sacomplete.com

www.sacomplete.com

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 \$3,200 per plan year and it is all tax-sheltered dollars. The best part is – **up to \$640 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™ 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



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

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

Dental Plan Monthly Deductions	
Coverage Tier	Value Plan or NAP Plan
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.

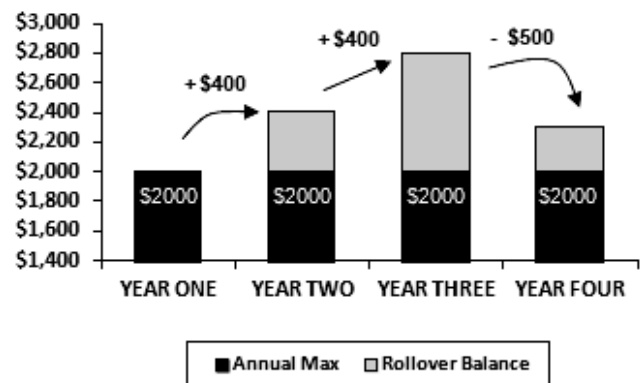
Here's how the benefits work:

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.



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

Benefits	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 Monthly Deductions	
Coverage Tier	
Employee Only	\$8.69
Employee + One	\$17.39
Family	\$24.47

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





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 Benefit 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 Spouse terminates at age 70	For eligible children 14 days to 26 years, you may choose to purchase a \$10,000 benefit 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 Benefit 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

Benefits	Advantage Plan	Premier Plan
Accidental Death Benefit		
Employee	\$25,000	\$50,000
Spouse	\$12,500	\$25,000
Children	\$5,000	\$5,000
Common Carrier	200% of AD&D	200% of AD&D
Ambulance Ground	\$150	\$200
Ambulance Air	\$1,000	\$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 Monthly Deductions		
Coverage Tier	Advantage Plan	Premier Plan
Employee Only	\$12.98	\$17.88
Employee + Spouse	\$18.90	\$24.84
Employee + Child(ren)	\$26.94	\$32.80
Family	\$32.86	\$39.76



Accident Insurance Benefit



Wellness benefit with accident insurance

Get money back for taking care of yourself

Accident insurance helps offset the costs associated with both minor and major accidents. For every covered accident, Guardian pays a lump sum benefit based on the injury you sustain and the various treatments or services received. You can use the money for any purpose, whether for medical or non-medical expenses.

And with our accident insurance, you get an additional benefit that gives you money back.

You'll receive a lump sum benefit payment once a year when you complete any of the below:¹

- Abdominal aortic aneurysm ultrasonography
- Blood test for triglycerides
- Bone marrow testing
- Bone density screening
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Cancer genetic mutation test
- Carotid ultrasound
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy /virtual Colonoscopy
- Completion of a smoking cessation program
- Completion of a weight reduction program
- Double contrast barium enema
- EKG
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Immunizations
- Lymphocyte Genome Sensitivity test (LGS)
- Mammography
- Pap smear /ThinPrep® pap test
- PSA (blood test for prostate cancer)
- Registration of a covered child in an organized sport
- Routine/annual physicals



- Serum cholesterol test to determine levels of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography

Submitting your wellness benefit claim is easy

- Go to guardianlife.com and select "Log in" to register or access your account.
- Under "Your tasks," click "Start a Claim," select Wellness and "Submit your Wellness claim online."
- Complete or verify member's information.
- Enter date of service, doctor's information and select "Screenings."
- Review a summary of the information entered and confirm accuracy.
- Submit the claim.



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. In addition, Critical Illness Insurance provides a **wellness benefit of \$50 per insured person per calendar year**.

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

Benefits		Critical Illness w/ Cancer
Coverage Amounts		
Employee (Guaranteed Issue - \$30,000)		\$5,000 to \$30,000
Spouse (Guaranteed Issue - \$30,000)		Up to 100% of employee benefit
Child (All child amounts are guaranteed)*		50% of employee benefit
Benefit		
Invasive Cancer		100%
Heart Attack		
Stroke		
Major Organ Failure		
Coma		
ALS (Lou Gehrig's Disease)		
Loss of Speech, Sight or Hearing		
Coronary Arteriosclerosis		30%
Carcinoma In Situ		
Addison's Disease		
Pre-Existing Condition Limitation		3 month look back period, 6 months treatment free/ 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



Critical Illness Insurance Benefit



Benefit with critical illness insurance

Get money back for taking care of yourself

When you or a family member suffers a serious illness, such as a stroke or heart attack, critical illness insurance can help with expenses that other insurance may not cover. Covered benefits go directly to you in a lump sum payment, and can be used for any purpose.

And with critical illness insurance, you have a unique benefit that gives you money back.

If you or a covered individual complete any of the following routine tests or procedures designed to promote health, you'll receive a benefit payment once a year as part of your insurance plan:¹

- Abdominal aortic aneurysm ultrasonography
- Bone density screening
- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- Carotid ultrasound
- CA 125 (blood test for ovarian cancer)
- Carotid ultrasound
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Completion of a smoking cessation program
- Completion of a weight reduction program
- Double contrast barium enema
- Electrocardiogram (EKG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Immunizations Lymphocyte genome sensitivity test (LGS)
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Routine/annual physical
- Serum cholesterol test to determine level of HDL (high-density lipoprotein) and LDL (low-density lipoprotein)
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- Thinprep pap test
- Virtual colonoscopy





Did you know?

The Centers for Disease Control and Prevention states that regular health exams and tests can help find problems before they start, and can help find problems early, when your chances for treatment and cure are better.²

Submitting your wellness benefit claim is easy

- Go to guardianlife.com and select "Log in" to register or access your account.
- Under Claims, click "Submit a claim," select Wellness and "Submit your Wellness claim online."
- Complete or verify member's information.
- Enter date of service, doctor's information and select "Screenings."
- Review summary of the information entered and confirm accuracy.
- Submit the claim.



**The Guardian Life Insurance
Company of America**
guardianlife.com

New York, NY
2023-157135 (08/25)

¹ One wellness benefit per calendar year per covered person if a covered person has a wellness test or procedure performed while coverage is in force. See your plan details for benefit amounts.

² Are You Up to Date on Your Preventive Care? (<https://www.cdc.gov/chronicdisease/about/preventive-care/index.html>) Centers for Disease Control and Prevention. April 19, 2023

This advertising content is not currently intended for anyone in the state of New Mexico.

Guardian's Group Critical Illness Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This is a limited plan of supplemental health insurance that provides the specified financial support, as a lump sum or indemnity payment, following the diagnosis of a critical illness. This is not minimum essential coverage as defined by federal law. This coverage will not reimburse for hospital or medical expenses. Generic Policy Form # CI-23-P. The state approved form is the governing document.

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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). Hospital Indemnity Insurance provides a **wellness benefit of \$100 per insured person per calendar year**.

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

Benefits	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? Cancer Insurance provides a **wellness benefit of \$100 per insured person per calendar year**.

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

Benefits	Value Plan	Premier Plan
Initial Diagnosis Benefit		
Employee	\$5,000	\$5,000
Spouse	\$5,000	\$5,000
Child	\$5,000	\$5,000
Initial Diagnosis Waiting Period	30 days	30 days
Cancer Screening	\$50; \$50 follow-up screening	\$100; \$100 follow-up screening
ICU Rider Benefit	\$500/day up to 45 days for each period of confinement. ICU confinement rider is paid for treatment of any sickness or injury other than internal cancer	
Pre-existing Condition Limitation	3 months prior/6 months treatment free/12 months after	
Air Ambulance (limit 2 trips per confinement)	\$250 per trip	\$2,000 per trip
Ambulance (limit 2 trips per confinement)	\$100 per trip	\$250 per trip
Anesthesia	25% of surgery benefit	
Anti-Nausea	\$50/day up to \$150 per month	
Attending Physician (limit 75 visits)	\$25/day while hospital confined	
Blood/Plasma/Platelets (per calendar year)	Actual cost up to \$5,000	Actual cost up to \$20,000
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant \$1,000 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 \$600/day for 31 st day thereafter	\$400/day first 30 days \$600/day for 31 st day thereafter
ICU Confinement	\$400/day for first 30 days; \$600/day for 31 st day thereafter per confinement	\$600/day for first 30 days; \$800/day for 31 st day thereafter per confinement
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	



Cancer Insurance Screening Benefit



Screening benefit with Guardian Cancer Insurance

Get money back for taking care of yourself

Every year, more and more people are being diagnosed with cancer and the number of new cancer cases is expected to rise to 23.6 million worldwide within the next two decades.¹ Guardian® Cancer Insurance provides a lump-sum payment for diagnosis, certain procedures, screenings and treatment. Payments are made directly to you, regardless of medical insurance, and can be used for both medical and non-medical expenses, such as transportation to treatment facilities, medical plan deductibles, out-of-pocket costs, and everyday expenses like rent or mortgage payments.

And with Guardian Cancer Insurance, you have a unique Screening Benefit that gives you money back.

If you or a covered individual complete any of the following cancer screening procedures, you'll receive a benefit payment once a year as part of your insurance plan²:

- Bone marrow testing
- BRCA testing
- Breast ultrasound
- Breast MRI
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy/Virtual Colonoscopy
- CT scans /MRI scans
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear /ThinPrep pap test
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Testicular ultrasound
- Thermography



Did you know?

Early detection of cancer through screening has been determined to reduce mortality from cancers of the colon and rectum, breast, uterine cervix, prostate, and lung.³

Submitting your wellness benefit claim is easy

- Log on to guardianlife.com and select "My Account/Login" to register or access your account
- Under My Claims, click "Claims submission" and select Wellness icon and review brief coverage description
- Complete or verify member information
- Enter date of service, doctor's information and select screenings
- Review summary of the information entered and confirm accuracy
- Submit Claim

The Guardian Life Insurance Company of America
New York, NY

guardianlife.com

¹ National Cancer Institute at the National Institutes of Health (NIH), 2018. ² One Screening Benefit per calendar year per covered person if a covered person has a screening test or procedure performed while coverage is in force. See your plan details for benefit amounts.

³ Cancer Prevention & Early Detection Facts & Figures, 2019-2020, American Cancer Society
Guardian's Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, 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. This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Note: Plan design availability may vary by state and/or employer industry. Policy Form No. GP-1-Can-IC-12 et al. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America® ©Copyright 2020 The Guardian Life Insurance Company of America.



Guardian Anytime



Convenient access to your workplace benefits

Guardian Anytime makes it easy and convenient to access your benefits online, anytime, anywhere. Services available include:

Access your benefit details

- View, download, and print materials
 - Member dental and vision ID cards
 - Benefit summaries
 - Forms
 - Certificate booklets

Submit and view claims details

- Submit a new claim and check claim status
- Receive email alerts when claims are paid or view information
- Estimate the cost of dental care (if applicable)

Dental and vision provider search

- Find a dental or vision provider

Enroll and make changes to benefits*

- Update contact information
- Update dependent information



Real-time assistance

Chat with our virtual assistant 24/7 or speak to a live representative about your benefits, claims inquiries, or for help using Guardian Anytime.



Registering is easy!

- 1 Go to guardianlife.com and click on "Log in".
- 2 To register, choose "Register now" and select "Guardian Anytime".
- 3 Select "employee" for yourself or "child, spouse, or partner" for your dependents.
- 4 Complete the self registration process, click "Submit" and you're done.

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Company of America
guardianlife.com

* Authorization by the group administrator is required. Not available on all groups.
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New York, NY

2023-154106 (04/25)



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

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

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



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



Disclaimers:

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Available with no age restrictions.

Mobile phone account takeovers rose from 380K in 2017 to 679K in 2018³. Enjoy peace of mind, financial reassurance and time saving expertise with InfoArmor's comprehensive identity protection plan PrivacyArmor.

InfoArmor

Did You Know?

16.7M victims in 2017¹

ID theft happens **every two seconds**²

Account takeover fraud **tripled in 2017**¹



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.

*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.





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.

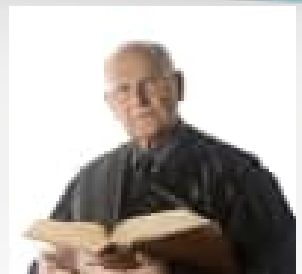
This plan is so much more than just an online do-it-yourself legal plan. Members have access to face-to-face or phone consultations with licensed network attorneys and so much more. There are no caps or limitations to how many times members can utilize the plan for new legal matters.

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

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)
- #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**



GotZoom Average
Monthly Student
Loan Payment
Reduction



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.403bwhyne.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 \$23,000 in 2024; 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.403bwhyne.com.



Contacts

Plan	Carrier	Website	Contact
Medical Lioncare Telemedicine	Kempton Group RediMD	www.kemptongroup.com www.redimd.com	(888) 840-5401 866-989-2873

Plan	Carrier	Group Number	Website	Contact
Flexible Spending Account	Proficient Benefit Solutions	Lockhart	www.proficientbenefits.com	210-659-8100
Dental	Guardian	00550446	www.guardiananytime.com	888-482-7342
Vision	Guardian - VSP	00550446	www.vsp.com	800-877-7195
Basic Term Life and AD&D Voluntary Term Life TravelAid Services Accident Critical Illness Hospital Indemnity Cancer	Guardian	00550446	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 <i>Employee Benefits</i>	nancy.arana@lockhart.txed.net benefitquestions@lockhart.txed.net lioncare@lockhart.txed.net	512-398-0020 737-303-9770 (mobile)
Brown & Brown of Texas Insurance		
Tamara Mathews <i>Employee Benefits Leader</i>	tamara.mathews@bbbrown.com	210-524-7139

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

EMPLOYEE BENEFITS
2024 - 2025 PLAN YEAR

