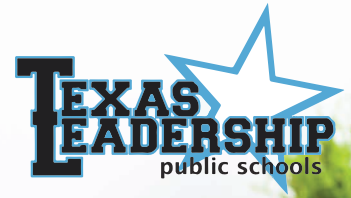


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# Benefits Guide

A Guide to Your Health and Wellness Program

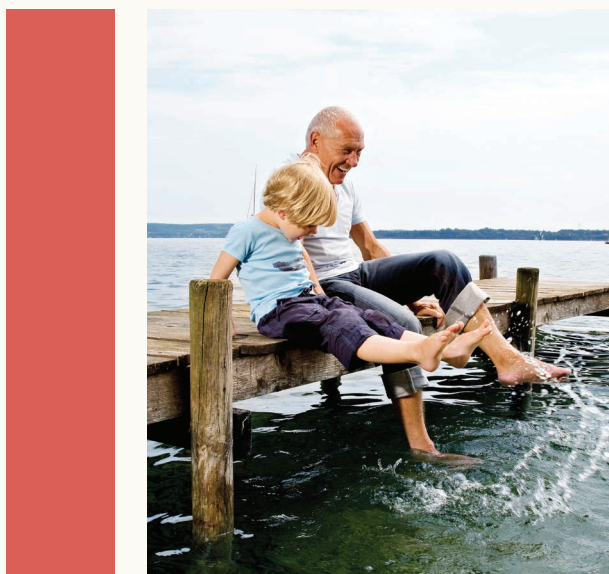


Benefits start October 1, 2023 and run through September 30, 2024



# Contacts

Program	Vendor	Phone	Website/ Email
Medical	Blue Cross Blue Shield of Texas	800-521-2227	www.bcbstx.com/member
Dental	Delta Dental	800-521-2651	www.deltadentalins.com
Vision	Aetna	833-637-0019	www.aetnavision.com
Telemedicine	MDLIVE (for BCBSTX members)	888-680-8646	www.mdlive.com/bcbstx
	Teladoc (if elected)	1-800-TELADOC (835-2362)	www.teladoc.com/mobile
Health Savings Account	WEX	866-451-3399	www.wexinc.com/contact/health customerservice@wexhealth.com
Flexible Spending Accounts	WEX	866-451-3399	www.wexinc.com/contact/health customerservice@wexhealth.com
Life and AD&D	Lincoln Financial Group	1-800-454-6265	www.lincolnfinancial.com
Disability Insurance	Lincoln Financial Group	1-800-454-6265	www.lincolnfinancial.com
Accident and Critical Illness	Lincoln Financial Group	1-800-454-6265	www.lincolnfinancial.com
Employee Assistance Program	EmployeeConnect from Lincoln Financial Group	888-628-4824	www.guidanceresources.com (username: LFGSupport, password: LFGSupport1)
Travel Assistance	TravelConnect	In the U.S or Canada: 866-525-1955 Other locations: collect +1-603-328-1955	mail@oncallinternational.com
LifeKeys	LifeKeys from Lincoln Financial Group	855-891-3684	www.guidanceresources.com (web ID: LifeKeys)
Human Resources	Texas Leadership	325-653-3200 x7030	kirby.zett@texasleadership.net



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It is almost time for you to enroll in or make changes to your 2023-2024 benefits. **Texas Leadership Public Schools (Texas Leadership)** is proud to offer an ample benefits package that gives you peace of mind, coverage when you need it and the opportunity to live happy and well.

Read this guide to know what choices you have and decide what is best for you and your family. You can only enroll for or make changes to your benefits during Open Enrollment. After Open Enrollment, you may only make changes if you have a Qualifying Life Event.

These benefits start **October 1, 2023** and end **September 30, 2024**.

# Enrolling

## Need Health Plan Details?

Texas Leadership offers **two healthcare options**. Ask Human Resources for a Summary of Benefits and Coverage (SBC) to look at all of the plan details.

## How to Enroll

Use Employee Navigator to enroll for or make changes to your coverage.

You may enroll for benefits if you are a regular, full-time employee and **work 30 or more hours per week. Your benefits will start on the first of the month following 30 days of hire.**

You may also enroll your family if they are eligible for coverage. Your cost for benefits is based on the coverage you pick and who you enroll. If you cover your spouse or child(ren), you must select and be on the same plans.

## Eligible Dependents

- Your legal spouse
- Children under the age of 26, no matter if a student, dependent or married
- Children over the age of 26 who fully depend on you for support due to a mental or physical disability and who you report as such on your tax return

## Qualifying Life Events

Once you pick your benefits, they will not change during the plan year. You may only change benefits if you have a Qualifying Life Event (e.g., you marry, divorce, have a baby, lose coverage, etc.). You must tell Human Resources right away if any of these events occur. If you miss the deadline, you will not be able to make changes. Ask Human Resources for a list of Qualifying Events and the date you must report a change.



# BCBSTX Resources

## Blue Access for Members

**Blue Access for Members (BAM)** is the secure BCBSTX member website where you can check on or get the benefit information you need. Log on to [www.bcbstx.com](http://www.bcbstx.com) and use the information on your BCBSTX ID card to register.

## Mobile App

The BCBSTX mobile app can help you stay organized and in control of your health anytime, anywhere. Log in from your mobile device to access your BAM account. Text **BCBSTX to 33633**.

## Nurseline

Call **800-581-0368** for immediate access to registered nurses who can answer general health questions, make appointments with your doctor and help determine where to go for immediate or emergency healthcare services. Check out the audio library with 1,000+ health-related topics.

## Blue365

**Blue365** can help you save money on health and wellness products and services not covered by insurance. There are no claims to file and you do not need a referral or preauthorization. Sign up for Blue365 at [www.blue365deals.com/bcbstx](http://www.blue365deals.com/bcbstx) to receive weekly Featured Deals by email.

## Livongo

If you have chronic diabetes and/or high blood pressure, **Livongo** offers a simple — and free — way to manage them. As a program member, you will get Livongo's advanced blood glucose meter; unlimited test strips and lancets; 24/7 support; help when readings are out of range; and more!

### Register Now for Livongo



Visit [get.livongo.com/txhealth/register](http://get.livongo.com/txhealth/register)



Call **800-945-4355** (code TXHEALTH)



Text **GO TXHEALTH** to 85240

## Maternity and Family Benefits

If you are pregnant or are planning to get pregnant, BCBSTX offers tools from **Ovia Health** to help you prepare for parenthood. Ovia Health's suite of maternity and family apps support you by tracking your cycle, pregnancy and your baby's growth. For details, call **888-421-7781** or get the Ovia Fertility, Pregnancy or Parenting app (pick BCBSTX as the health plan).

# Telemedicine

When it comes to virtual visits, you have two options: **Teladoc** and **MDLIVE**. Both offer 24/7 support from board-certified providers via your phone or computer. Telemedicine is a convenient option when you need non-emergency care.

## MDLIVE

### (included with your BCBSTX plans)

If you enroll in a BCBSTX medical plan, virtual visits by **MDLIVE** are included. The cost of a virtual visit is free or the same cost as a visit to your regular doctor, based on your benefit elections.

#### Contact MDLIVE



Visit [MDLIVE.com/BCBSTX](https://www.mdlive.com/BCBSTX)



Call **888-680-8646**



Download the **MDLIVE App** to your smartphone

## Teladoc

### (an option you may purchase)

You may enroll for virtual health care by **Teladoc** — even if you enroll in a BCBSTX medical plan. If you enroll for this coverage, you will pay a small premium per month. Virtual visits copays are as follows:

- **General Medical** – \$0
- **Mental Health** – \$85/ therapist visit; \$200/ first psychiatrist visit; \$95/ ongoing psychiatrist visit
- **Dermatology** – \$75/ visit

#### Contact Teladoc



Visit [www.teladoc.com](https://www.teladoc.com)



Call **800-TELADOC** (835-2362)



Download the **Teladoc App** to your smartphone



Take control of your health.

### Talk to a doctor 24/7

- Speak to a licensed doctor by phone or video 24/7 from anywhere

### Expert Medical Services

- Received a second opinion on an existing diagnosis and treatment for any condition

### Mental Health – “myStrength Complete”

- Connect with a licensed therapist by phone/video. Explore skill building tools and resources based on your ongoing needs and preferences
- Specialized licensed therapist in supporting teens who need help (ages 13-17)

### Joint/Back Care

- Relieve you back pain through guided videos with a certified health coach

### Dermatology

- Upload photos of you condition to the app and get a treatment plan from dermatologist within two business days

### Nutrition

- Connect with a certified dietitian and start meeting your nutritional goals today

#### Get started with HealthiestYou



Visit [www.Member.HealthiestYou.com](https://www.Member.HealthiestYou.com)



Call **866-703-1259**



Download the **healthiestyou App** to your smartphone and talk to a doctor for free 24/7

This is an employee elected benefit with a cost of \$16.50 per month.

# Medical

You have **two health plan** choices by **Blue Cross and Blue Shield of Texas (BCBSTX)**.

Plan Type	How the Plan Works
<b>Preferred Provider Organization Plan (PPO)</b>	<ul style="list-style-type: none"> <li>See any doctor or specialist when you need care</li> <li>Get the most benefits and pay less for care when you see <b>BlueChoice</b> network doctors</li> <li>Pay a copay for office visits, urgent care and prescriptions</li> <li>File no claims</li> </ul>
<b>High Deductible Health Plan (HDHP)</b>	<ul style="list-style-type: none"> <li>See any doctor or specialist when you need care</li> <li>Get the most benefits and pay less for care when you see <b>BlueChoice</b> network doctors</li> <li>Pay all of the costs for covered care and prescriptions until you meet your deductible</li> <li>Once deductible is met, pay less for healthcare and prescriptions costs</li> <li>If eligible, open a Health Savings Account (HSA) and get tax benefits (see page 7)</li> <li>Use money from your HSA account to pay for qualified healthcare and prescriptions</li> </ul>

	PPO Plan		HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> Applies to All Eligible Expenses				
<ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$7,000 \$14,000	\$14,000 \$28,000	\$7,000 \$14,000	\$14,000 \$28,000
<b>Calendar Year Out-of-Pocket Maximum</b> Includes Calendar Year Deductible				
<ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$7,500 \$15,000	\$28,000 \$84,000	\$7,050 \$14,100	\$28,000 \$84,000
<b>Prescription Calendar Year Out-of-Pocket Maximum</b>	\$1,000 individual \$3,000 family	N/A	N/A	N/A
	You Pay		You Pay	
<b>Preventive Care</b>	\$0	30% coinsurance	\$0	50%*
<b>Telemedicine</b>	\$0	N/A	30%*	N/A
<b>Primary Care Physician</b>	\$40 copay/visit	30% coinsurance	30%*	50%*
<b>Specialist</b>	\$60 copay/visit	30% coinsurance	30%*	50%*
<b>Urgent Care</b>	\$65 copay/visit	30% coinsurance	30%*	50%*
<b>Diagnostic X-ray and Lab</b>	\$0 if routine; 30% coinsurance if non-routine	50% coinsurance	30%*	50%*
<b>Complex Imaging (CT/PET scan, MRI)</b>	30% coinsurance	50% coinsurance	30%*	50%*
<b>Emergency Room</b>	\$500 copay then 30% coinsurance	\$500 copay then 30% coinsurance	30%*	30%*
<b>Inpatient Hospital Services</b>	30% coinsurance	50% coinsurance	30%*	50%*
<b>Outpatient Services</b>	30% coinsurance	50% coinsurance	30%*	50%*
<b>Retail Pharmacy (up to a 30-day supply)</b>				
<ul style="list-style-type: none"> <li>Generic</li> <li>Preferred Brand Name</li> <li>Non-Preferred Brand Name</li> <li>Preferred Specialty</li> <li>Non-Preferred Specialty</li> </ul>	\$20 copay \$40 copay \$60 copay \$60 copay \$250 copay	\$20 copay \$40 copay \$60 copay Not covered Not covered	\$20 copay \$40 copay \$60 copay \$20 copay \$250 copay	\$20 copay \$40 copay \$60 copay Not covered Not covered
<b>Mail Order Pharmacy</b>				
<ul style="list-style-type: none"> <li>Generic</li> <li>Preferred Brand Name</li> <li>Non-Preferred Brand Name</li> </ul>	\$20 copay \$40 copay \$60 copay	Not covered Not covered Not covered	\$20 copay \$40 copay \$60 copay	Not covered Not covered Not covered

\* After deductible

# Health Savings Account

Think of a Health Savings Account (HSA) as a **personal savings account**. The money in an HSA can pay for medical costs and/or grow as a retirement savings plan to pay for medical costs after you retire. Once you create an account, it is yours to keep. You choose how to use the money. You can use it to cover medical costs now, later or in retirement. When you are 65, you can pull the money out without any extra penalty and spend it on anything you want (subject to income tax on non-medical costs).

## How to Enroll

Before you enroll for an HSA, you must first enroll in a High Deductible Health Plan (HDHP). **However, you are not eligible to open an HSA account if:**

- You are on another plan that conflicts with the HDHP (e.g., Medicare, TRICARE, spouse's plan, etc.) or you have Veterans Administration benefits
- You or your spouse are funding a health care Flexible Spending Account (FSA)
- You are claimed as a dependent on someone else's tax return

If you are not sure if you can enroll, contact **WEX**.

## Maximum Contributions

Your annual HSA contributions may not go over the amounts set by the Internal Revenue Service (IRS). See page 7 for details.

## Opening an HSA

If you are eligible, you may open an HSA managed by **WEX**. To open an account, go to **www.wexinc.com**. You will get a debit card to manage your HSA account. Use your HSA debit card at the point of purchase and keep all your receipts. Keep in mind, the balance in your HSA is what is available to pay for eligible costs.

## Important!

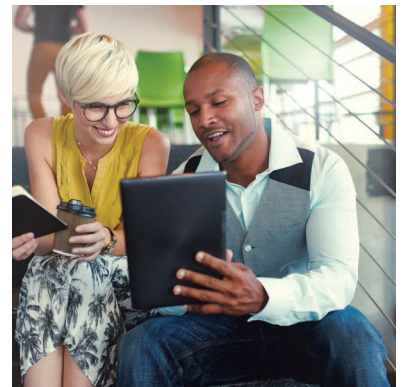
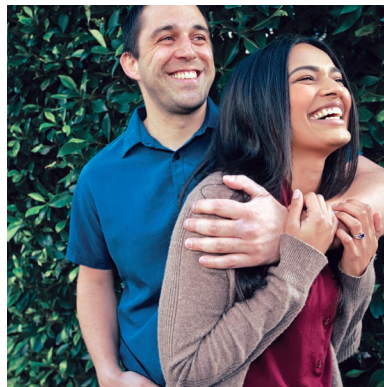
- Always ask your network doctor to file claims with **Aetna, Delta Dental of TX or BCBSTX** so you will get the highest level of benefits. You can pay the doctor with your HSA debit card for any balance due.
- You must keep all your HSA records and receipts for IRS purposes.
- You may open an HSA at any financial institution, but only accounts opened through **WEX** are eligible for automatic payroll deduction.

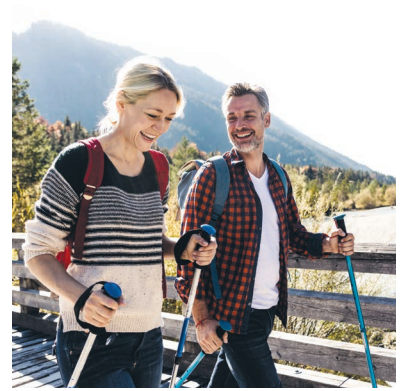
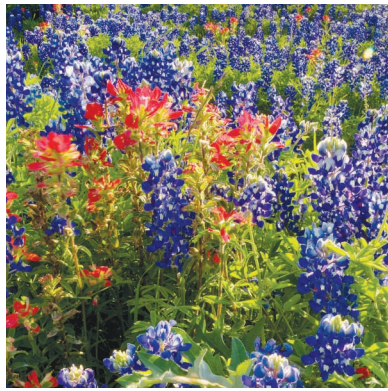
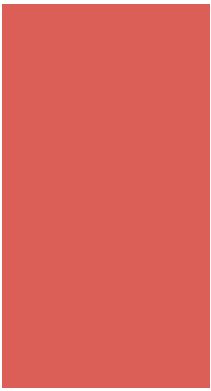
## Three tax-free benefits

Unlike an IRA and 401k plan, an HSA offers these three tax savings benefits:

- The money you contribute is tax-free
- Earnings from investments are tax-free
- The money you use for eligible expenses is tax-free

HSA funds can be used for dependent and spouse qualified medical expenses too!





## HSA Q&A

### What is a Health Savings Account?

An HSA is like a 401(k) for health care. It is like a personal savings account that you can use to pay for IRS-qualified medical expenses, now or in the future. It offers triple tax savings through:

- Pre-tax HSA contributions
- Tax-free interest on investment earnings
- Tax-free distributions when used for qualified medical costs

### Are there other benefits to opening an HSA?

Yes! An HSA also offers:

- Lower per-paycheck medical plan costs (not always true so check medical plan)
- Portability (you keep your HSA, even if you change jobs or medical insurance plans)
- Growth potential (any unused contributions or investment earnings roll over each year)
- Ability to invest in interest-bearing account or a standard mutual fund through WEX

### How much can I contribute to my HSA?

You can contribute up to the IRS maximum for your HSA.

Maximum HSA Contributions		
	2023	2024
Employee Only	\$3,850	\$4,150
Employee + Dependents	\$7,750	\$8,300
Additional Contribution for Age 55+	\$1,000	

Contributions are made on a pretax basis via payroll deduction if you are using WEX. Federal, state (if applicable) and FICA taxes are not taken out.

### Who is the HSA Trustee?

WEX is our HSA trustee. Visit [www.wexinc.com](http://www.wexinc.com) for online access to your HSA. The HSA earns interest and some fees apply.

### What does an HSA cover?

It covers many items, like doctor visits, surgeries, hospital fees, prescriptions, dental exams, orthodontia, vision costs, over-the-counter drugs, and more. Visit [www.wexinc.com/insights/benefits-toolkit/eligible-expenses/](http://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/) for a full list or refer to IRS Publication 502 Medical and Dental Expenses at [www.irs.gov](http://www.irs.gov).

### What happens to my money in the HSA if I leave the company?

The money is yours — for life. HSA funds carry over every year, even if you change jobs or retire.

### How do I access my account?



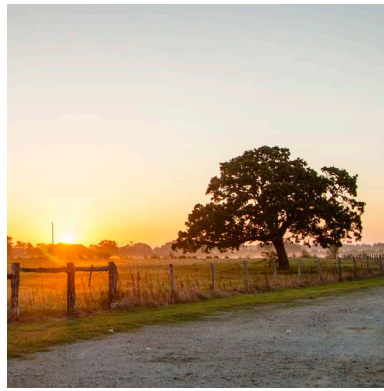
Visit [www.wexinc.com](http://www.wexinc.com)



Call **866-451-3399**



Download the **WEX App** to your smartphone



# Dental

Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Coverage is provided through **Delta Dental**.

## DPO from Delta Dental

- Save with a DPO
- Visit a dentist in the DPO network to maximize your savings.

## Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more.

## Coordinate dual coverage

If you are covered under two plans, ask your dental office to include information about both plans with your claim – we will take care of the rest.

Delta Dental			
	Delta Dental DPO Dentist	Delta Dental Premier Dentist	Non-Delta Dental Dentist
	DPO Contracted Fees	Premier Contracted Fees	90th Percentile
<b>Calendar Year Deductible</b>			
• Individual	\$50	\$50	\$50
• Family	\$150	\$150	\$150
<b>Calendar Year Benefit Maximum</b> Per Individual	\$1,000	\$1,000	\$1,000
<b>Orthodontia Lifetime Maximum</b>	\$1,000	\$1,000	\$1,000
<b>Orthodontia Lifetime Deductible</b>	\$0	\$0	\$0
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Preventive and Diagnostic Care</b> Sealants, space maintainers	\$0	\$0	\$0
<b>Basic Restorative Care</b> Simple extractions, endodontics, periodontics, oral surgery	20%	20%	20%
<b>Major Restorative Care</b> Prosthetics – fixed and removed, denture repair, relines, rebases	50%	50%	50%
<b>Orthodontia</b> Adults and Child(ren)	50%	50%	50%
<b>Implants</b>	Not covered	Not covered	Not covered
<b>TMJ</b>	Not covered	Not covered	Not covered

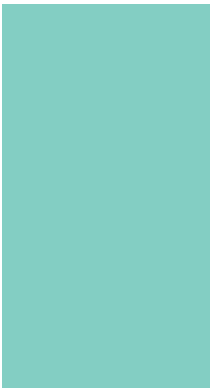
**Find a Network Dentist and/or register for an online account**



Visit [www.deltadentalinc.com](http://www.deltadentalinc.com)



Call **800-521-2651**



# Vision

Going to an eye doctor for regular exams can spot other health issues (like diabetes and high blood pressure) and avoid permanent harm to your eyes. Go to any **Aetna** network provider for the highest level of benefits and least cost.

	Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
<b>Exam</b> <ul style="list-style-type: none"> <li>Eye exam with dilation</li> <li>Standard contact lens fit/follow-up</li> <li>Premium contact lens fit/follow-up</li> </ul>	\$10 copay Up to \$40 90% of retail	Up to \$38 Not covered Not covered	\$0 copay Up to \$40 90% of retail	Up to \$38 Not covered Not covered
<b>Lenses and Frames</b> <ul style="list-style-type: none"> <li>Single Vision</li> <li>Bifocals</li> <li>Trifocals</li> <li>Lenticular</li> <li>Progressive</li> <li>Frames</li> </ul>	\$25 copay \$25 copay \$25 copay \$25 copay \$90 copay \$130 allowance	Up to \$28 Up to \$44 Up to \$72 Up to \$72 Up to \$44 Up to \$75	\$0 copay \$0 copay \$0 copay \$0 copay \$65 copay \$160 allowance + 15% off balance over allowance	Up to \$28 Up to \$44 Up to \$72 Up to \$72 Up to \$44 Up to \$80
<b>Contacts</b> <ul style="list-style-type: none"> <li>Conventional</li> <li>Disposable</li> <li>Medically Necessary</li> </ul>	\$130 allowance + 15% off balance over allowance  \$130 allowance \$0	Up to \$104  Up to \$104 Up to \$200	\$160 allowance + 15% off balance over allowance  \$160 allowance \$0 copay	Up to \$128  Up to \$128 Up to \$200
<b>In Network Discounts</b> <ul style="list-style-type: none"> <li>Extra pair of glasses or prescription sunglasses</li> <li>Non-covered items</li> </ul>	Up to a 40% discount  Up to a 20% discount	Not covered  Not covered	Up to a 40% discount  Up to a 20% discount	Not covered  Not covered
<b>Benefit Frequency</b> Exam, Lenses, Frames and Contacts	Once every 24 months		Once every 12 months	

### Find a Network Vision Provider



Visit [www.aetnavision.com](http://www.aetnavision.com)



Call **833-637-0019**

# Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to **set aside pretax dollars** from each paycheck to pay for certain health and dependent care costs. And, it lowers your taxable income! We offer two FSAs: one for health care and one for dependent care. **WEX** administers our FSAs.

## Health Care FSA

The Health Care FSA helps pay for qualified medical, dental and vision costs for you or your eligible dependents. You may add up to \$3,050 a year to a Health Care FSA. All of this money is available for you to spend on the first day of your plan year.

Use your FSA funds to pay for thousands of eligible items, such as:

- Copays and coinsurance
- Doctor visits
- Prescriptions and other medicine (e.g., allergy, cold, asthma)
- Dental services and braces
- Surgery
- Hearing aids
- Glasses and contacts

Go to [www.discoverybenefits.com/eligibleexpenses](http://www.discoverybenefits.com/eligibleexpenses) to see all eligible items.

Note: You must use all funds you contribute to this FSA by the end of the 2.5 month grace period.

You may enroll for a Health Care FSA if you or your spouse are not enrolled in and funding a Health Savings Account (HSA).

## Important FSA Rules

The most you can add to a Health Care FSA is \$3,050 a year. The most you can add to a Dependent Care FSA is \$5,000 a year when filing jointly or as head of a household and \$2,500 a year when married filing separately.

You can only change your FSA election during the year if you have a Qualifying Life Event.

You must use your Health Care FSA debit card on healthcare costs only.

The IRS changed the “use it or lose it rule” to allow you to carry-over up to \$610 in your Health Care FSA into the next plan year. The carry-over rule does not apply to the Dependent Care FSA.

## Questions? Contact WEX



Visit <https://www.wexinc.com/>

## Dependent Care FSA

The Dependent Care FSA helps pay for costs to care for elder or child dependents so you or your spouse can work or attend school full-time. It also gives you a little tax savings.

You can use the funds to pay for day care or babysitter costs for your children under age 13 and qualifying older dependents, such as dependent parents. You are reimbursed based on the total amount of funds that are in your Dependent FSA account. To be eligible, you must be a single parent or you and your spouse must be employed, disabled or a full-time student.

## Dependent Care FSA Guidelines

- Only summer day camps – not overnight camps – can be reimbursed.
- If your child turns 13 midyear, you may only be reimbursed for the time the child was under 13.
- You may be reimbursed for the care of a spouse or dependent of any age who spends at least eight hours a day in your home and is mentally or physically incapable of self-care.
- The dependent care provider cannot be your child under age 19 or anyone claimed as a dependent on your income taxes.

Flexible Spending Accounts			
Account	What is Eligible	Contribution Limits	Benefits
<b>Health Care FSA</b>	Most medical, dental and vision care costs not covered by your health plan (e.g., your cost to see a doctor, glasses, prescriptions, medical devices, etc.)	Maximum \$3,050 per year	Saves on eligible costs not covered by insurance  Lowers your taxable income
<b>Dependent Care FSA</b>	Dependent care costs (e.g., day care, before- or after-school, or elder care programs, etc.) so you and your spouse can work or attend school full-time	Maximum \$5,000 per year (\$2,500 if married and filing separate tax returns)	Helps pay for costs to care for elder or child dependents  Lowers your taxable income

# Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance are vital to have if others depend on you for support. Life insurance through **Lincoln Financial Group** can help pay off debts (e.g., car, home, bills, etc.) and protect savings. AD&D insurance offers more coverage if an accident causes bodily harm or loss (e.g., hand, foot or eye). You or your beneficiary(ies) get 100% of the AD&D benefit if death occurs by accident.

## Basic Life and AD&D

Basic Life and AD&D insurance are provided at no cost to you. You are automatically covered at \$20,000 for each benefit.

	Basic Life	AD&D
<b>Benefit</b>	\$20,000	\$20,000
<b>Paid for you by the company</b>	Yes	Yes
<b>Can convert to a life policy</b>	Yes	No
<b>Proof of good health needed</b>	No	No
<b>Can keep coverage</b>	Yes	Yes
<b>Benefit reduces</b>	Yes, starting at age 70 Benefit ends at retirement	Yes, starting at age 70 Benefit ends at retirement

## Voluntary Life and AD&D

You may buy more Life insurance for you and your family. You may need to show proof of good health if:

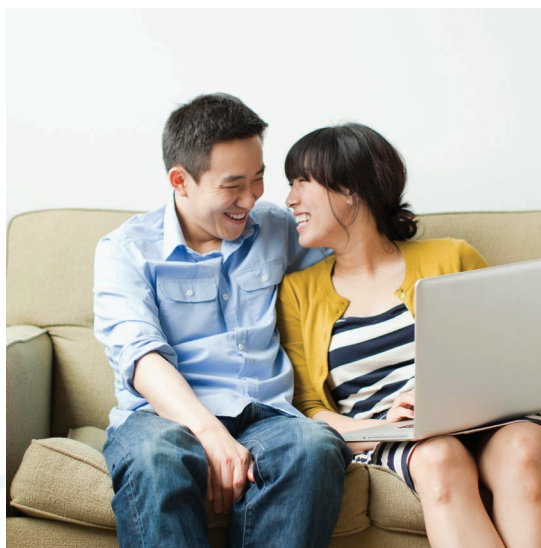
- You do not buy Voluntary Life insurance when it is first offered to you.
- You want to add to your coverage at a later date.
- You must have coverage before you may cover your spouse or children.
- Spouse rate is based on employee's age.

Life and AD&D Available Coverage	
<b>Employee</b>	<ul style="list-style-type: none"> <li>• Increments of \$20,000 up to the lesser of 5x annual earnings or \$500,000</li> <li>• Guaranteed Issue: \$200,000</li> </ul>
<b>Spouse</b>	<ul style="list-style-type: none"> <li>• increments of \$10,000 up to \$250,000 (not to exceed 50% of the employee's amount)</li> <li>Guaranteed Issue: \$50,000</li> </ul>
<b>Child(ren)</b>	<ul style="list-style-type: none"> <li>• 14 days to 6 months: \$100</li> <li>• 6 months to 26 years: \$20,000</li> </ul>

Monthly Voluntary Life and AD&D Rates per \$1,000	
Age Range	Rates
<25	\$0.08
25-29	\$0.09
30-34	\$0.11
35-39	\$0.13
40-44	\$0.18
45-49	\$0.28
50-54	\$0.44
55-59	0.70
60-64	\$0.87
65+	\$1.49
<b>Children</b>	\$0.103 (does not include an AD&D benefit)

## Name a Beneficiary

A beneficiary is the person or entity you choose to get the funds of your Life and AD&D policies. You can have more than one beneficiary and you can change beneficiaries at any time. If you name more than one beneficiary, you must state how much each beneficiary will get (e.g., 50% or 25%).



# Disability Insurance

Disability insurance gives you some income if you can not work due to an accident or illness for a short or long time. **You may buy Voluntary Short Term Disability (STD) and Voluntary Long Term Disability (LTD) insurance from Lincoln Financial Group.**

## Voluntary Short Term Disability

**STD pays part of your weekly salary** if you can not work due to a short-term illness, non-work related injury or pregnancy.

Voluntary Short Term Disability	
Benefits Begin	15 <sup>th</sup> day
Percentage of Earnings You Receive	60%
Maximum Weekly Benefit	\$1,000
Maximum Benefit Period	11 weeks
Pre-existing Condition Exclusion	3/12*

\* Were you treated for any condition within three months of your hire date? If so, benefits will not be paid until you are covered under this plan for 12 months.

### Calculate Your Rate

Multiply your weekly salary\* (up to \$1,667) by the rate of 0.02640.

$$\begin{array}{r}
 \$ \text{ _____ (weekly salary)} \\
 \times \\
 \text{ _____ (0.02640)} \\
 \hline
 = \\
 \$ \text{ _____ (monthly cost)}
 \end{array}$$

\*If your weekly salary is more than \$1,667, multiply \$1,667 by 0.02640.

## Voluntary Long Term Disability

**LTD pays part of your monthly salary** for an illness or injury that keeps you from working for more than 90 days.

Voluntary Long Term Disability	
Benefits Begin	91 <sup>st</sup> day
Percentage of Earnings You Receive	60%
Maximum Monthly Benefit	\$5,000
Maximum Benefit Period	To age 65 or SSNRA
Pre-existing Condition Exclusion	3/12*

\* Were you treated for any condition within three months of your hire date? If so, benefits will not be paid until you are covered under this plan for 12 months.

Age Range	Rate
0-29	0.00120
30-34	0.00160
35-39	0.00280
40-44	0.00400
45-49	0.00550
50-54	0.00750
55-59	0.00820
60-64	0.00600
65+	0.00500

### Calculate Your Rate

Multiply your monthly salary by the age-based rate listed in the table above.

$$\begin{array}{r}
 \$ \text{ _____ (monthly salary)} \\
 \times \\
 \text{ _____ (age-based rate)} \\
 \hline
 = \\
 \$ \text{ _____ (monthly cost)}
 \end{array}$$



# Supplemental Benefits

You may buy more Accident and Critical Illness coverage through **Lincoln Financial Group**. These help cover the unplanned costs that you face if you have an emergency or critical illness. If you leave your job at **Texas Leadership**, you can take these policies with you.

## Accident Insurance

Accident insurance provides cash benefits if you or your enrolled family member has an accident. The Accident plan helps offset the direct and indirect expenses resulting from an accident, such as copayments, deductible, ambulance, physical therapy and other costs not covered by traditional health plans. **There are two plan choices.**

See the summary plan for a full list of covered benefits.

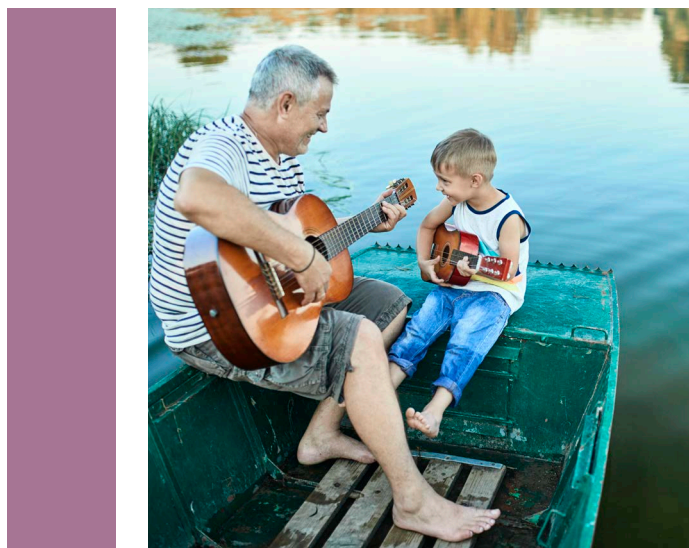
## Critical Illness

If you or a loved one has a critical illness or event, you will likely have many extra costs that are not covered by your medical plan. Critical Illness insurance from **Lincoln Financial Group** helps pay for these costs, such as special diets, travel, daily living, etc. You get a lump sum if you are diagnosed with a covered critical illness or cancer.

You do not need to show proof of good health if you buy this coverage when it is first offered to you. However, you may need to show proof of good health if:

- You want to get more than the guaranteed issue amount
- You want to enroll for coverage at a later date

For a full list, please see the plan summary.



Accident Insurance Monthly Rates		
	Plan 1	Plan 2
Employee Only	\$14.27	\$23.88
Employee + Spouse	\$23.79	\$56.36
Employee + Child(ren)	\$26.45	\$53.24
Employee + Family	\$35.73	\$80.99

Critical Illness Monthly Premiums			
You Only			
Age Range	\$10,000	\$15,000	\$20,000
<24	\$3.29	\$4.94	\$6.58
25-29	\$4.40	\$6.60	\$8.80
30-34	\$5.54	\$8.31	\$11.08
35-39	\$7.56	\$11.34	\$15.12
40-44	\$11.76	\$17.64	\$23.52
45-49	\$18.69	\$28.04	\$37.38
50-54	\$26.99	\$40.49	\$53.98
55-59	\$36.66	\$54.99	\$73.32
60-64	\$52.46	\$78.69	\$104.92
65-99	\$74.47	\$111.71	\$148.94
Your Spouse			
Age Range	\$5,000	\$7,500	\$10,000
<24	\$1.65	\$2.47	\$3.29
25-29	\$2.20	\$3.30	\$4.40
30-34	\$2.77	\$4.16	\$5.54
35-39	\$3.78	\$5.67	\$7.56
40-44	\$5.88	\$8.82	\$11.76
45-49	\$9.35	\$14.02	\$18.69
50-54	\$13.50	\$20.24	\$26.99
55-59	\$18.33	\$27.50	\$36.66
60-64	\$26.23	\$39.35	\$52.46
65-99	\$37.24	\$55.85	\$74.47
Your Children			
Age Range	\$5,000	\$7,500	\$10,000
0-99	\$2.71	\$4.06	\$5.41

# Lincoln Financial Group Programs

Lincoln Financial Group provides the following programs.

## Employee Assistance Program

**EmployeeConnect** offers 24/7 counseling and support to help you and your family members cope with personal issues.

Personal Matters	Legal or Financial Matters	Resources
Get in-person help for short-term issues (up to 5 sessions per person, per issue, per year)	Get one free 30-minute meeting per legal issue and 25% off follow-up meetings	Get a wide range of information, tools and resources
<ul style="list-style-type: none"> <li>Relationships</li> <li>Work/life balance</li> <li>Stress</li> <li>Grief and loss</li> <li>Child and elder care resources</li> <li>Addiction</li> <li>And more</li> </ul>	<ul style="list-style-type: none"> <li>College planning</li> <li>Estate planning</li> <li>Wills</li> <li>Legal counsel</li> <li>Fiscal help</li> <li>Home or car buying</li> <li>Moving</li> <li>Budgeting</li> </ul>	<ul style="list-style-type: none"> <li>Articles and courses</li> <li>Videos</li> <li>Online tools</li> </ul>

**Don't wait to ease your mind — experts are ready to give you support now.**

### Get Help Now



Visit [www.guidanceresources.com](http://www.guidanceresources.com) (username: LFGSupport, password: LFGSupport1)



Call **888-628-4824**



Download the **Guidance Now App** to your smartphone

## LifeKeys

**LifeKeys** offers free services and support to help prepare for or deal with the loss of a loved one.

- Prepare a will
- Get support and resources (now and for your beneficiaries)
- Protect your identity

### Contact LifeKeys



[www.guidanceresources.com](http://www.guidanceresources.com) (web ID = LifeKeys)



Call **855-891-3684**

## TravelConnect

**On Call International** offers TravelConnect services to give you timely help and support when you travel. These benefits are available 24/7 and apply if you are 100 or more miles from home.

### Emergency Support

- Arrange travel if you are injured and need to be taken for help
- Plan and pay for evacuations due to natural disasters or threats
- Board or return pets
- Return of mortal remains
- And more

### Travel Support

- Recover lost or stolen items
- Translation
- Replace medical devices or eyewear
- Deliver medicine
- And more

## Connect with On Call

Note: On Call International must manage all the planning. Add them as a contact on your phone or computer so you have ready support and coverage when you need it:

### Contact On Call



In the U.S or Canada: **866-525-1955**  
Other locations: collect **+1-603-328-1955**

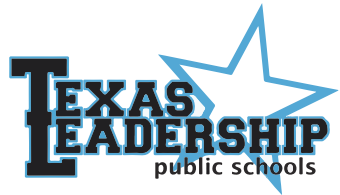
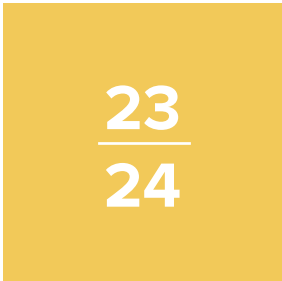


Email [customer care@benefithub.com](mailto:customer care@benefithub.com)



# Employee Contributions

Medical	PPO	HDHP	
Employee Only	\$134.85	\$121.36	\$
Employee + Spouse	\$599.13	\$535.20	
Employee + Child(ren)	\$538.04	\$484.23	
Employee + Family	\$707.95	\$637.16	
Dental			
Employee Only		\$32.00	\$
Employee + Spouse		\$60.68	
Employee + Child(ren)		\$77.02	
Employee + Family		\$105.30	
Vision	Base Plan	Buy-Up Plan	
Employee Only	\$6.26	\$7.97	\$
Employee + Spouse	\$11.89	\$15.12	
Employee + Child(ren)	\$12.51	\$15.92	
Employee + Family	\$18.40	\$23.42	
Other			
Basic Life and AD&D	Paid by Texas Leadership		\$0
Voluntary Life and AD&D	See page 11 for rates		\$
Voluntary Short Term Disability	See page 12 for rates		\$
Voluntary Long Term Disability	See page 12 for rates		\$
Voluntary Supplemental Benefits	See page 13 for rates		\$
<ul style="list-style-type: none"> <li>• Accident</li> <li>• Critical illness</li> </ul>			
Telemedicine			\$
<ul style="list-style-type: none"> <li>• Teladoc</li> <li>• HealthiestYou</li> </ul>	\$3.78	\$12.73	
<b>Your Total 2023-2024 Monthly Benefit Cost</b>			<b>\$</b>



This brochure highlights the main features of the Texas Leadership Public Schools employee benefits program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Texas Leadership Public Schools reserves the right to change or discontinue its employee benefits plans at any time.