

TRS-ActiveCare Plan Premiums for 2026-2027
(Effective September 1, 2026)

White Settlement ISD Contributes \$370 per month toward the health care premium.

The prices below reflect the district contribution.

Note: If you're currently enrolled in TRS-ActiveCare 2, you can remain on this plan for 2026-2027. However, TRS-ActiveCare 2 is closed to new enrollees.

<u>TRS ActiveCare Primary</u>		<u>TRS ActiveCare Primary+</u>		<u>TRS ActiveCare HD</u>		<u>TRS ActiveCare 2</u>	
E Only	\$242	E Only	\$350	E Only	\$260	E Only	\$643
E+Spouse	\$1,283	E+Spouse	\$1,502	E+Spouse	\$1,331	E+Spouse	\$2,032
E+Children	\$671	E+Children	\$854	E+Children	\$701	E+Children	\$1,137
E+Family	\$1,711	E+Family	\$2,006	E+Family	\$1,772	E+Family	\$2,471
						(Closed to New Enrollees)	

**WHITE SETTLEMENT ISD 2026-2027
CAFETERIA PLAN BENEFIT SUMMARY SHEET**



This is a brief description of available employee benefits for eligible employees. For more information and enrollment, please visit THEbenefitsHUB at www.mybenefitshub.com/WHITESETTLEMENTISD.

2026-2027 BENEFIT	DESCRIPTION
Health Insurance Blue Cross Blue Shield of Texas	TRS-ActiveCare Primary TRS-ActiveCare Primary+ TRS-ActiveCare HD TRS-ActiveCare 2 (Closed to New Enrollees) For more information on these plans, please visit: www.mybenefitshub.com/WHITESETTLEMENTISD or www.trs.texas.gov/Pages/healthcare_trs_activecare.aspx
Hospital Indemnity UNUM – <i>Provider Change</i>	Guarantee issue Pre-existing conditions covered immediately Hospital Admission, Daily Hospital Stay, ICU, General Anesthesia and Surgery, Emergency Accident, Well Child Visits, High Risk Pregnancy Pays directly to employee – Portable coverage
Dental MetLife	High Plan – Yearly Max \$1500 (Ortho Max \$1000) Class I 100%/Class II 80%/Class III 50%/Ortho 50% Low Plan – Yearly Max \$1000 Class I 100%/Class II 80%/Does NOT Cover Major or Ortho
Dental & Vision Discount QCD of America	Discount plan – Free to Employee – Family coverage is available Must go to an in-network provider that is selected at enrollment
Vision Superior Vision	Frames – \$150 retail allowance Standard Lenses covered Contact Lenses – \$150 retail allowance – (in lieu of eyeglasses/frames) Exam, Frames, and Lenses – Every 12 months
Educator Disability The Hartford	Guarantee issue Benefits will be paid for a max of 1 month for a pre-ex condition Benefit amount – up to 66% of income – \$7500 monthly benefit max Elimination periods from 0-180 days Pays directly to employee
Cancer American Public Life (APL)	Guarantee issue Pre-existing conditions covered after 12 months on the plan Two plans to choose from Cancer Screening Benefit Pays directly to employee – Portable coverage
Accident UNUM – <i>Provider Change</i>	Guarantee issue Pre-existing conditions covered immediately Lump sum benefits paid for Injuries, Treatment, Surgery, Recovery, Hospital, and AD&D Organized Sports Benefit and Building Benefit included Pays directly to employee – Portable coverage
Critical Illness UNUM – <i>Provider Change</i>	Guarantee issue Pre-existing conditions covered immediately Critical Illnesses, Cancer, Supplemental Critical Illnesses, and Progressive Diseases Employee coverage amounts: \$10k, \$20k, or \$30k 50% coverage amount for your spouse, and 100% for children Employee children are automatically covered under employee coverage, and Spouse coverage is available Be Well Benefit Included – \$50 per plan year Pays directly to employee – Portable coverage
Basic Life and AD&D The Hartford	Full-time employees are covered with \$15,000 Paid for by WSISD

**WHITE SETTLEMENT ISD 2026-2027
CAFETERIA PLAN BENEFIT SUMMARY SHEET**



Voluntary Life and AD&D The Hartford <i>No EOI Required this year for amounts up to GI max!</i>	Full Open Enrollment this year only for all WSISD eligible employees! Guarantee issue for Employees – up to \$250k or 5x Salary Guarantee issue for Employee Spouse – up to \$50k Guarantee issue for Employee Child(ren) – \$10k Spouse coverage may match employee coverage up to \$150k
Individual Life Texas Life	Coverage offered for you, your spouse, children, and/or grandchildren Accelerated Death Benefit due to Terminal Illness included <i>Accelerated Death Benefit due to Chronic Illness (New Benefit)</i> Guaranteed renewable to age 100 – Portable coverage
Health Savings Account (HSA) EECU	Maximum yearly contribution amounts for 2026: \$4400 for Individual and \$8750 for Family Must be enrolled in an IRS-defined High Deductible Health Plan Use for your or your dependents' qualified medical expenses You can never lose your money, and funds roll over from year to year Debit Card is included
Flexible Spending Accounts (FSA) National Benefit Services (NBS)	Healthcare FSA: Maximum yearly contribution amount for 2026 is \$3400 No requirement for any type of Health Plan to contribute Use for your or your dependents' qualified expenses, including: Medical, Dental, Vision, Prescription, Chiropractic, etc. Debit Card is included Carryover – A maximum of \$680 will carry over to the next plan year Election does NOT roll over – Must re-elect each year Dependent Care FSA: Maximum yearly contribution amounts for 2026: \$3750 if married and filing separately; \$7500 if married and filing jointly, or if you file as single or head of household No Debit Card Funds do NOT roll over – Use it or Lose it Election does NOT roll over – Must re-elect each year Employees who use First Class Day Care do NOT enroll
FSAstore.com/HSAsore.com	Online marketplace for guaranteed FSA and HSA eligible products Educational resources for all things FSA and HSA
Emergency Transportation MASA	One fee covers you, your spouse, and your eligible dependents No deductible or waiting period Does NOT matter which company picks you up Easy claim process – Portable coverage Emergent Plus (Coverage in the U.S./Canada) Emergent Air and Ground Transportation Non-Emergent Air Transportation (between medical facilities) Repatriation (if over 100 miles from home)
Family Legal Services and ID Protection ID Shield & Legal Shield	Coverage available for you, your spouse, and eligible dependents No deductible or waiting period Portable coverage

For questions about your TRS medical benefits, please contact Alyssa Thompson, WSISD Benefits Coordinator, at (817) 367-5306.

For all other benefit questions, please contact Crider Insurance Services. Plan details, information, instructional and educational videos, provider lists, and forms are available at

www.mybenefitshub.com/WHITESETTLEMENTISD.



Crider Insurance Services, Inc.
7755 Bellaire Drive South, Suite C
P.O. Box 34507, Fort Worth, TX 76132
(817) 735-8304 (800) 466-2324
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www.criderins.com



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LEARN THE TERMS

- **PREMIUM:** The monthly amount you pay for health care coverage.
- **DEDUCTIBLE:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **COPAY:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **COINSURANCE:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **TIERING:** Grouping doctors and facilities into tiers based on quality, cost and best practice clinical guidelines. This helps you compare choices. Tier 1 providers and facilities offer top performance and best value. You pay less when you choose Tier 1 and may pay more when you choose Tier 2.
- **OUT-OF-POCKET MAXIMUM:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2026-27 TRS-ActiveCare Plan Highlights Sept. 1, 2026 – Aug. 31, 2027



All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

This plan is closed to new enrollees. Current TRS-ActiveCare 2 participants can stay enrolled.

How to Calculate Your Monthly Premium

- Total Monthly Premium
- Your Employer Contribution

Your Premium

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

Being Healthy is Easy

- \$0 preventive services
- One-on-one health coaches
- Weight loss programs and nutrition
- TRS Virtual Health
- Member Rewards is even better. Now you'll get a check when you use Member Rewards and choose low-cost, high-quality doctors and facilities – up to \$599* per tax year.
- Airrost Remote Recovery gives you in-home virtual physical therapy to relieve common aches and pains at no cost.*

* Eligibility rules may apply.

See the *Annual Enrollment Guide* for more details.

Mental Health

You have in-office and virtual benefits:

- TRS-ActiveCare Primary Plan: \$30 copay for office visits or \$0 with Teladoc
- TRS-ActiveCare Primary+ Plan: \$15 copay for office visits or \$0 with Teladoc
- TRS-ActiveCare HD Plan: 30% coinsurance after deductible or \$42 with Teladoc
- TRS-ActiveCare 2 Plan: \$20 copay for office visits or \$12 with Teladoc

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	- Lowest premium of the three available plans - Copays for doctor visits before you meet your deductible - Satewide network - Primary Care Provider referrals required to see specialists - Not compatible with a Health Savings Account - No out-of-network coverage	- Highest premium of the three available plans - Copays for many services and drugs - Lower deductible than the HD and Primary plans - Satewide network - Primary Care Provider referrals required to see specialists - Not compatible with a Health Savings Account - No out-of-network coverage	- Higher premium of the three available plans - Must meet your deductible before plan pays for non-preventive care - Nationwide network with out-of-network coverage - No requirement for Primary Care Providers or referrals - Compatible with a Health Savings Account

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$612			\$720	\$630	
Employee and Spouse	\$1,653			\$1,872	\$1,701	
Employee and Children	\$1,041			\$1,224	\$1,071	
Employee and Family	\$2,081			\$2,376	\$2,142	

Plan Features	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$3,400/\$6,800	\$5,800/\$13,600
Coinsurance	You pay 30% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$8,300/\$16,600	\$20,500/\$41,000
PCP Required	Yes	Yes	No

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

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

Prescription Drugs		
Generics (31-Day Supply/90-Day Supply)	Integrated with medical	Integrated with medical
Preferred (Max does not apply if brand is selected and generic is available)	\$15/\$45 copay; \$0 copay for certain generics	You pay 20% after deductible; \$0 coinsurance for certain generics
Non-preferred	You pay 30% after deductible	You pay 25% after deductible
Specialty (31-Day Max)	You pay 50% after deductible	You pay 50% after deductible
Call 1-844-367-6108 to see if your specialty medication is covered by SaveOnGP	You pay 30% after deductible; \$0 if SaveOnGP eligible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	You pay 25% after deductible

TRS-ActiveCare 2
- Closed to new enrollees - Current enrollees can choose to stay in the plan - Lower deductible - Copays for many services and drugs - Nationwide network with out-of-network coverage - No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	Your Premium
\$1,013		
\$2,402		
\$1,507		
\$2,841		

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

Tier 1: \$20 copay	You pay 40% after deductible
Tier 2: \$40 copay	
Tier 1: \$55 copay	You pay 40% after deductible
Tier 2: \$85 copay	

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

\$200 brand deductible	
\$20/\$45 copay	
You pay 25% after deductible (\$40 min/\$80 max)	
You pay 25% after deductible (\$105 min/\$210 max)	
You pay 50% after deductible (\$100 min/\$200 max)	
You pay 50% after deductible (\$215 min/\$430 max)	
You pay 30% after deductible (\$200 min/\$900 max); \$0 if SaveOnGP eligible	
\$25 copay for 31-day supply; \$75 for 61- to 90-day supply	

Questions?

Call a Personal Health Guide at **1-866-355-5999** for help with medical services.
Call Express Scripts® by Evernorth Pharmacy Benefit Services at **1-844-367-6108**
for help with your pharmacy benefits.

Compare Prices for Common Medical Services

Closed to new enrollees.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Imaging (like CT Scan, Mammogram and MRI)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient (like colonoscopy, cataract surgery and steroid injections)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient (like childbirth, complex joint replacement and cardiac surgery)	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year)	Specialist: You pay \$70 copay	Specialist: You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	PCP: \$30 copay Specialist: \$70 copay	PCP: \$15 copay Specialist: \$70 copay	You pay 30% after deductible	You pay 50% after deductible	Tier 1 PCP: \$20 copay Tier 2 PCP: \$40 copay Tier 1 Specialist: \$55 copay Tier 2 Specialist: \$85 copay	You pay 40% after deductible

www.trs.texas.gov



Dental

Metropolitan Life Insurance Company

Plan Design for: White Settlement Independent School District

Original Plan Effective Date: September 1, 2025

Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver cost-effective protection for a healthier smile and a healthier you.

	In-Network ¹	Out-of-Network ¹
High Plan		
Coverage Type:	In-Network % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D – Orthodontia	50%	50%
Deductible ³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$1500	\$1500
Orthodontia Lifetime Maximum	Ortho applies to Adult and Child Up to dependent age limit	
	\$1000 per Person	\$1000 per Person
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	
Low Plan		
Coverage Type:	In-Network % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	0%	0%
Type D – Orthodontia	NA	NA
Deductible ³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$1000	\$1000
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	

IMPORTANT RATE INFORMATION

High Plan		Low Plan	
Monthly Premium Payment		Monthly Premium Payment	
Employee	\$35.03	Employee	\$23.61
Employee+Spouse	\$73.50	Employee+Spouse	\$49.65
Employee + Child(ren)	\$80.64	Employee + Child(ren)	\$47.14
Employee + Family	\$119.19	Employee + Family	\$73.26

Cancellation/Termination of Benefits:

Coverage is provided under a group insurance policy (Policy form GPN99) issued by Metropolitan Life Insurance Company. Subject to the terms of the group policy, rates are effective for one year from your plan's effective date. Once coverage is issued, the terms of the group policy permit Metropolitan Life Insurance Company to change rates during the year in certain circumstances. Coverage terminates when your full-time employment ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder. The group policy may also terminate if participation requirements are not met, or on the date of the employee's death, if the Policyholder fails to perform any obligations under the policy, or at MetLife's option. The dependent's coverage terminates when a dependent ceases to be a dependent. There is a 30-day limit for the following services that are in progress: Completion of a prosthetic device, crown or root canal therapy after individual termination of coverage.



Vision plan benefits for White Settlement ISD

Copays		Monthly premiums		Services/frequency	
Exam ¹	\$10	Emp. only	\$6.91	Exam	12 months
Eyewear ²	\$25	Emp. + family	\$17.28	Frame	12 months
				Lenses	12 months
				Contact lenses	12 months
(Based on date of service)					

Benefits through Superior Select Southwest network

	In-network	Out-of-network
Exam	Covered in full	Up to \$35 retail
Frames	\$150 retail allowance	Up to \$70 retail
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description ³	Up to \$45 retail
Contact lenses ⁴	\$150 retail allowance	Up to \$80 retail
Medically necessary contact lenses	Covered in full	Up to \$150 retail
LASIK vision correction ⁵	\$200 allowance	

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Eye exam copay is a single payment due to the provider at the time of service.

² Eyewear copay applies to eyeglass lenses / frame and contact lenses. Eyewear copay is a single payment that applies to the entire purchase of eyeglasses (frame and lenses)

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

⁴ Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

⁵ Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

Discount features

Non-covered eyewear discount: members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.

LASIK

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

superiorvision.com

(800) 507-3800

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.



Who Your LegalShield Plan Covers:

- The Member
- The Member's Spouse
- Never Married Dependent Children under 21 living at home
- Dependent Children under age 18 for whom the Member is legal guardian
- Full-Time College Students up to age 23 never married, dependent children
- Special Needs: Physically or mentally challenged child living at home.

Your protection. A small monthly fee covers everything and gets you access to quality law firms in your area. Call as many times as you want, about whatever you want. **It's that simple.**

Your law firm. Just contact your provider firm directly and speak to a proven lawyer that is experienced in whatever field you need. Your lawyer will be there to serve you, 24 hours a day, 7 days a week.

Additional Information:

It is up to the Provider Lawyer's professional judgment as to whether or not your claim, defense or legal position may prevail in court or is frivolous/without merit. Emergency services are subject to conditions imposed by the detaining/questioning authority.

The following are covered only under your 25% discount:

- Lawsuits filed due to conditions that were foreseeable prior to enrollment.
- Charges of DUI/DWI, drug-related matters, hit-and-run, leaving the scene of an accident, unmeritorious cases, and issues resulting from operating a commercial vehicle with more than two axles.
- Bankruptcy, divorce, separation, annulment, child custody, other divorce-related matters.
- If you are named in a civil lawsuit or have criminal charges filed against you because you are listed as an owner, manager or associate of the business and had no direct involvement with the act or matter that gave rise to the lawsuit or criminal charge.
- Garnishment, attachment, other appeals.
- Charges of Tax Fraud or income tax evasions, Trust returns, business (including Schedule C) and/or corporate tax returns, payroll and information returns, partnerships, corporation returns or portions thereof that are included in the member's tax returns, or services rendered by an enrolled agent.

Please note, class actions, interventions or amicus curiae filings in which you are a part or potential part are not covered by the LegalShield membership.

***Nevada residents receive 50 hours of phone consultations, five personal document reviews per year.**

This is a general overview of your legal plan coverage for illustration purposes only. See a plan contract for complete terms, coverage, amounts, conditions and exclusions.

Classic Legal Plan Benefits*

Advice

Unlimited topics, personal or business even on pre-existing conditions

24/7 Emergency Assistance

After-hours consultation for covered legal emergencies such as: if you're arrested or detained, if you're seriously injured, if you're served with a warrant, or if the state tries to take your child(ren).

Letters and phone calls on your behalf

Available at the discretion of your Provider Lawyer

Legal Document Review (up to 10 pages each)

Contracts/documents up to 10 pages each

Standard Will Preparation

- Standard Will with yearly reviews/updates
- Available to covered family members for \$20
- Other documents available: Living Will, Healthcare Power of Attorney

Motor Vehicle Services

- Moving Traffic Violations
- Accidents: Help with defense for charges of manslaughter, involuntary manslaughter, negligent homicide, or vehicular homicide
- Available 15 days after enrollment
- Available only if member has a valid driver's license and is driving a properly licensed personal motor vehicle

Trial Defense

Up to 60 Hours of Attorney Time: During your first membership year, you have up to 60 hours of your Provider Law Firm's time when you or your spouse is named defendant or respondent in a covered civil or criminal action filed in court. The criminal action must arise out of the performance of the covered person's employment responsibilities. Your Provider Firm can advise you of the documents required to determine coverage under this benefit. Of these 60 hours, up to 2.5 hours may be used for all legal services rendered in defense of the covered suit prior to actual trial. Up to 57.5 of the remaining hours are available for actual trial time, including covered criminal preliminary hearings

When you renew your membership, your hours of attorney time increase as follows:

2nd year renewal: 3 hours of pre-trial time - plus 117 hours of trial time at no added cost.

3rd year renewal: 3.5 hours of pre-trial time - plus 176.5 hours of trial time at no added cost.

4th year renewal: 4 hours of pre-trial time - plus 236 hours of trial time at no added cost.

5th year renewal: 4.5 hours of pre-trial time - plus 295.5 hours of trial time at no added cost.

Audit Services

- One hour of consultation, advice or assistance when you are notified of an audit by the IRS
- An additional 2.5 hours if a settlement is not achieved within 30 days
- If your case goes to court, you'll receive 46.5 hours of your Provider Law Firms services
- Coverage for this service begins with the tax return due April 15 of the year you enroll

25% off additional legal services

You may continue to use your Provider Law Firm for legal situations that extend beyond plan coverage. The additional services are 25% off the law firm's standard hourly rates. Your Provider Law Firm will let you know when the 25% discount applies and go over these fees with you.

**Member Benefits cannot be used in any way regarding covered employee's sponsoring employer*



EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DONOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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



**Any Ground. Any Air.
Anywhere.™**

OUR BENEFITS

Benefit **Emergent Plus \$14/Month**

Emergent Ground Transportation U.S./Canada

Emergent Air Transportation U.S./Canada

Non-Emergent Air Transportation U.S./Canada

Repatriation U.S./Canada



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

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

For more information, please contact

Andy Crider, Broker of Record

andycrider@criderins.com

EVERY FAMILY DESERVES A MASA MEMBERSHIP

