2026-2027

# Employee Benefits Guide

Wharton ISD





# Let Wharton ISD help protect what is most important to you.

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Contact Our Benefits Service Center for Assistance

**Call 1-877-201-0742**

Hey There!

# Welcome.

Wharton ISD has worked hard to put together a benefits package that will help you thrive and will support your financial stability.

Each year, Wharton ISD strives to offer comprehensive and competitive benefit plans to our employees. In the employee benefit guide you will learn more about the benefits offered for the 2026-2027 plan year and how to use them to your benefit.

This Benefits Guidebook describes the highlights of Wharton ISD benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this Guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of Wharton ISD benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Wharton ISD.

***This year's Open Enrollment will run from July 13th - August 7th.*** The benefits you elect during this period will be effective September 1, 2026 - August 31, 2027. Please review your Open Enrollment materials thoroughly before making your elections.

## Choose an enrollment method:

### Enroll In-Person

Scan or click the QR code below to sign up to enroll in-person with a Licensed Benefits Counselor at Wharton ISD locations.

8/5/26 | 8/6/26 | 8/7/26

### Enroll Over the Phone

Call our Benefits Service Center and enroll with a Licensed Benefits Counselor over the phone, Monday through Friday, 8am to 5pm CST.

**1-877-201-0742**

### Self-Enroll Online

We also provide a self-enrollment option online through bCEnroll by WEX.

**enroll.benefitsconnect.net/whartonisd**

Have a Question?

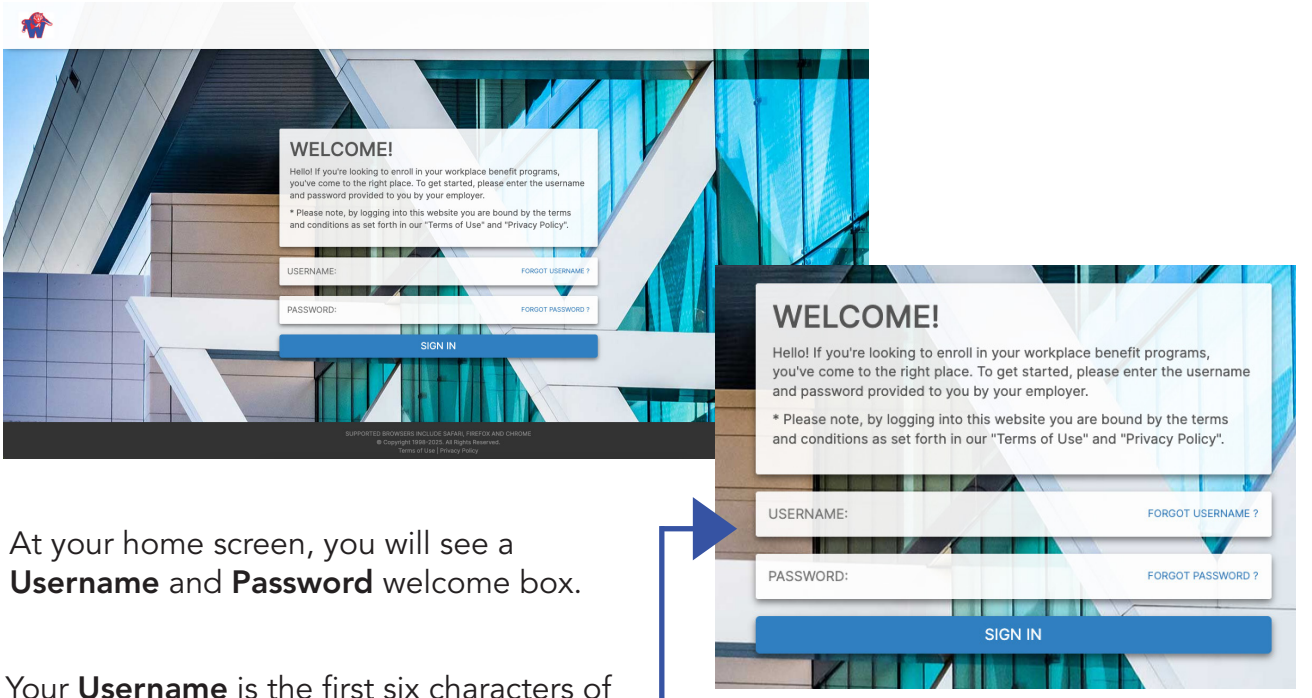
# Contact Information

| Benefit | Administrator / Group ID | Phone | Website |
|---|---|---|---|
| Medical | TRS | 1-866-355-5999 | www.trs.texas.gov<br>bcbstx.com/trsactivecare |
| Prescriptions | TRS \| Express Scripts | 1-844-367-6108 | www.express-scripts.com/trsactivecare |
| HSA | HSABank | 1-800-357-6246 | www.hsabank.com |
| FSA & Dependent Care | TASC<br>4118-6116-1237 | 1-800-422-4661 | www.tasconline.com |
| Dental | Unum<br>915129 | 1-866-679-3054 | www.unumdentalcare.com |
| Vision | VSP<br>40164456 | 1-800-877-7195 | vsp.com |
| Life & AD&D | OneAmerica<br>00626414 0000 000 | 1-800-553-5318 | www.oneamerica.com |
| Employee Assistance Program | OneAmerica \| ComPsych<br>EAP Web ID: ONEAMERICA3 | 1-855-387-9727<br>TRS: Dial 711 | guidanceresources.com |
| Disability | OneAmerica<br>00626414 0000 000 | 1-800-553-5318 | www.oneamerica.com |
| Term Life Insurance | Aflac<br>AGC0004465759 | 1-800-433-3036 | www.aflacgroupinsurance.com |
| Accident<br>Hospital Indemnity<br>Critical Illness | The Hartford<br>888140 | 1-866-547-4205 | www.thehartford.com/employee-benefits/employees |
| Medical Transport | MASA<br>B2BWHART | 1-800-643-9023 | masaaccess.com/member |
| Travel Assistance | OneAmerica \| On Call International<br>00626414 0000 000 | 1-866-816-2103 | www.oncallinternational.com<br>Mail@oncallinternaional.com |
| COBRA | NBS<br>Policy ID: Name, SSN, & DOB | 1-800-274-0503 | nbsbenefits.com |
| 403B | The OMNI Group | 1-877-544-6664 | https://www.omni403b.com/ |
| Benefits Service Center | The Baldwin Group | 1-877-201-0742 | www.benefitsdetails.com/whartonisd |

**Visit our benefits microsite:**
**https://www.benefitsdetails.com/whartonisd**
**or text "benefits" to 1-877-201-0742**

# How to Self-Enroll

1. To log into bCEnroll, open your web browser and type https://enroll.benefitsconnect.net/whartonisd in the top URL address bar.




2. At your home screen, you will see a **Username** and **Password** welcome box.

3. Your **Username** is the first six characters of your last name (if applicable), followed by the first letter of your first name, which is then followed by the last four digits of your Social Security Number.

**Example**

Joe Smithson

SSN: 123456789

**Username: smithsj6789**

**Password: 123456789**

4. Your initial **Password** is your Social Security Number (SSN) without dashes. Once logged in, you will change your password. Your NEW password MUST meet the following requirements:
   - Be at least 10 characters in length
   - Contain at least one letter
   - Contain at least one special character
   - May NOT contain: &?#=+\ /
   - May NOT contain spaces
   - Passwords are case sensitive

5. **Click Sign In** to enter **bCEnroll**

# Eligibility

Wharton ISD encourages the health and financial well-being of its employees by providing access to quality and affordable healthcare. The group insurance coverage described in this guidebook is available to all full-time employees who work a minimum of 20 hours or more per week, in a non-temporary position and are at least 18 years of age are eligible to participate in the benefits program. The coverage effective date will begin on the 1st day of the month following employee date of hire. All benefit elections must be made within 31 calendar days from your date of hire. The insurance plan year is from September 1st - August 31st. Once your enrollment window has closed, you may not make any changes to your elections unless you experience a Qualifying Life Event (QLE).

## Dependent Eligibility

If you apply for coverage for yourself, you may also elect coverage for any of your eligible dependents. Eligible Dependents include one or more of the following:

- Your legal spouse
- A child through the age of 26. You can only make changes to the specific plans where dependents will be affected
- A child is defined as your natural child, legally adopted child, stepchild, a grandchild who is a Dependent of the Participant for federal income tax purposes and resides full time with Participant, and any child for whom you are the court-appointed guardian
- A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance



# Qualifying Life Event

## Generally, benefit changes are limited to open enrollment.

If you experience a Qualifying Life Event (for instance: getting married or having a baby), please contact the Benefits Manager; proof of the Qualifying Life Event must be submitted to the Benefits Coordinator within 30 calendar days in order to change current benefit election.

- Benefit Elections must be consistent with the event
- You can only make changes to the specific plans where dependents will be affected
- Benefits and new rates become effective the date of the event for birth, adoptions, marriage, divorce, and death; or the day after benefits end, when the event is loss of coverage
- The event date must be consistent with the information in the Supporting Documentation

| Qualifying Event | Supporting Documentation | Dependent Documentation |
|---|---|---|
| Marriage | Marriage Certificate | Birth Certificates are required if adding spouse's children |
| Death | Death Certificate | No additional documentation required |
| Divorce | Certified copy of Divorce Decree | Birth Certificates are required if adding children not currently enrolled in benefits |
| Adoption | Placement for adoption paperwork<br>Legal documentation of adoption | No additional documentation required |
| Birth | Birth Certificate<br>Verification of Birth Facts issued by hospital | No additional documentation required |
| Loss or Gain of Coverage | Proof of enrollment or termination of benefit coverage from spouse's employer. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.) and the names of dependents affected | Adding Spouse - Marriage Certificate<br>Adding Children - Birth Certificate |
| Gain of Medicare or Medicaid | Proof of enrollment of benefit coverage. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.), and the names of the dependents affected (has 60-day window) | Adding Spouse - Marriage Certificate<br>Adding Children - Birth Certificate |

# Key Terms

## Deductible

The amount you pay for covered health care services before your insurance plan starts to pay. For example, with a $2,000 deductible, you pay the first $2,000 of covered services yourself. After you pay your deductible, you usually pay only a co-payment or co-insurance for covered services. Your insurance company pays the rest.

## Co-pay

The set amount you pay for a covered service at the time you receive it. The amount can vary based on the type of service.

## Coinsurance

The percentage of costs of a covered health care service you pay after you've paid your deductible.

## Out-of-Pocket Maximum/Limit

The maximum dollar amount you have to pay for covered services in a plan year. After you spend this amount on deductibles, Co-payments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.

# Medical

## Teacher Retirement System of Texas

| Plan Name | TRS - Active-Care Primary | TRS - Active-Care Primary + | TRS - ActiveCare HD | | TRS - ActiveCare 2 (closed to new enrollees/current enrollees may choose to stay in plan) | |
|---|---|---|---|---|---|---|
| | In-Network Coverage Only | In-Network Coverage Only | In-Network | Out-of-Network | In-Network | Out-of-Network |
| **Plan Year Deductible** | | | | | | |
| Individual | $2,500 | $1,200 | $3,400 | $6,800 | $1,000 | $2,000 |
| Family | $5,000 | $2,400 | $6,800 | $13,600 | $3,000 | $6,000 |
| Coinsurance | 30% after deductible | 20% after deductible | 30% after deductible | 50% after deductible | 20% after deductible | 40% after deductible |
| **Out-of-Pocket Limit** | | | | | | |
| Individual | $8,050 | $6,900 | $8,300 | $20,500 | $7,900 | $23,700 |
| Family | $16,100 | $13,800 | $16,600 | $41,000 | $15,800 | $47,400 |
| **Physician Office Visits** | | | | | | |
| Primary Care Physician Office Visit | $30 copay | $15 copay | 30% after deductible | 50% after deductible | Tier 1: $20 copay<br>Tier 2: $40 copay | 40% after deductible |
| Specialist Office Visit | $70 copay | $70 copay | | | Tier 1: $55 copay<br>Tier 2: $85 copay | |
| Urgent Care Services | $50 copay | $50 copay | | | $50 copay | |
| **Diagnostic Procedures** | | | | | | |
| Diagnostic Labs (Independent/Office) | $0 | $0 | 30% after deductible | 50% after deductible | $0 | 40% after deductible |
| Diagnostic Labs (Outpatient) | 30% after deductible | 20% after deductible | | | 20% after deductible | |
| High-Tech Radiology | 30% after deductible | 20% after deductible | | | 20% after deductible + $100 copay per procedure | 40% after deductible + $100 copay per procedure |
| **Emergency Medical Care** | | | | | | |
| Stand-Alone Emergency Room Visit | $500 copay + 30% after deductible | $500 copay + 20% after deductible | $500 copay + 30% after deductible | $500 copay + 50% after deductible | $500 copay + 20% after deductible | $500 copay + 40% after deductible |
| **Hospital Care** | | | | | | |
| Hospital Inpatient | 30% after deductible | 20% after deductible | 30% after deductible | 50% after deductible ($500 facility per day maximum) | 20% after deductible ($150 facility copay per day) | 40% after deductible ($150 facility copay per incident) |
| Hospital Outpatient | 30% after deductible | 20% after deductible | 30% after deductible | 50% after deductible | 20% after deductible ($150 facility copay per incident) | 40% after deductible ($500 facility copay per incident) |
| **Preventive Services** | | | | | | |
| ACA Required Preventive Care | $0 | $0 | $0 | $0 | $0 | $0 |

| Plan Name | TRS - Active-Care Primary | TRS - Active-Care Primary + | TRS - ActiveCare HD | | TRS - ActiveCare 2 (closed to new enrollees/current enrollees may choose to stay in plan) | |
|---|---|---|---|---|---|---|
| | In-Network Coverage Only | In-Network Coverage Only | In-Network | Out-of-Network | In-Network | Out-of-Network |
| **Prescription Drugs** | | | | | | |
| Drug Deductible | Integrated with medical | $200 deductible per participant (brand drugs only) | Integrated with medical | | $200 brand deductible | |
| Generics (31-Day Supply/90-Day Supply) | $15/$45 copay; $0 copay for certain generics | $15/$45 copay | 20% after deductible; $0 coinsurance for certain generics | | $20/$45 copay | |
| Preferred Brand | 30% after deductible | 25% after deductible | 25% after deductible | | 25% after deductible ($40 min/$80 max)/ 25% after deductible ($105 min/$210 max) | |
| Non-Preferred Brand | 50% after deductible | 50% after deductible | 50% after deductible | | 50% after deductible ($100 min/$200 max)/ 50% after deductible ($215 min/$430 max) | |
| Specialty (31-day max) | $0 if SaveOnSP eligible; You pay 30% after deductible | $0 if SaveOnSP eligible; You pay 30% after deductible | 20% after deductible | | $0 if SaveOnSP eligible; 30% after deductible ($200 min/$900 max)/ No 90-day supply of specialty medications | |
| Insulin Out-of-Pocket Costs | $25 copay for 31-day supply; $75 for 61-90 day supply | $25 copay for 31-day supply; $75 for 61-90 day supply | 25% after deductible | | $25 copay for 31-day supply; $75 for 61-90 day supply | |

| Plan Name | TRS - Active-Care Primary | TRS - Active-Care Primary + | TRS - ActiveCare HD | TRS - ActiveCare 2 (closed to new enrollees/current enrollees may choose to stay in plan) |
|---|---|---|---|---|
| **Monthly Premiums** | | | | |
| Employee Only | $253.00 | $351.00 | $266.00 | $713.00 |
| Employee + Spouse | $1,194.00 | $1,393.00 | $1,229.00 | $2,102.00 |
| Employee + Children | $641.00 | $807.00 | $663.00 | $1,207.00 |
| Employee + Family | $1,581.00 | $1,849.00 | $1,625.00 | $2,541.00 |

**Want more info?** Scan or click.

# Dental

Unum

| Summary of Benefits | Option 1: Enhanced Plan | | Option 2: Value Plan | |
|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| **Deductible** | | | | |
| Deductible | $50 (max 3 per family) | | $50 (max 3 per family) | |
| Benefit Year Maximum | $1,500 | | $750 | |
| Benefit Year Maximum applies to the following Coverage benefits: | A, B, & C services | | A, B, & C services | |
| **Coverage for Dental Services** | | | | |
| Coverage A: Preventative | 100% covered | 100% covered | 80% covered | 80% covered |
| Coverage B: Basic | 80% covered | 80% covered | 50% covered | 50% covered |
| Coverage C: Major | 50% covered | 50% covered | 50% covered | 50% covered |
| Coverage D: Orthodontics | 50% covered | 50% covered | 50% covered | 50% covered |
| | Orthodontics lifetime max of $1,000 | | | |

| Dental Coverage | Option 1: Enhanced Plan | Option 2: Value Plan |
|---|---|---|
| **Monthly Cost** | | |
| Employee | $37.66 | $24.35 |
| Employee + Spouse | $77.99 | $49.34 |
| Employee + Children | $84.10 | $53.05 |
| Family | $137.06 | $76.48 |



## Want more info?

Scan or click.

# Vision

VSP

**Summary of Vision Benefits - VSP Vision Network**

| Benefit | Coverage | Frequency |
|---|---|---|
| Wellvision Exam | $10 copay<br>Up to $39 | Every 12 months |
| Essential Medical Eye Care | $20 copay per exam | As needed |
| Prescription Glasses | $25 copay | See below |
| Lenses | Copay included in prescription glasses | Every 12 months |
| Frame | Copay included in prescription glasses<br>$150 Featured Frame Brands Allowance<br>$130 frame allowance<br>20% savings on the amount over your allowance<br>$130 Walmart/Sam's Club frame allowance<br>$70 Costco frame allowance | Every 24 months |
| Contacts (Instead of glasses) | $130 allowance for contacts; copay does not apply | Every 12 months |
| Contacts Fitting & Evaluation | Up to $60 copay | Every 12 months |

| Monthly Premium | |
|---|---|
| Employee | $7.98 |
| Employee + Spouse | $15.34 |
| Employee + Children | $14.84 |
| Family | $23.98 |

## Additional In-Network Discounts:

**15% OFF**

regular price of Laser Vision Correction; discounts available at contracted facilities

**20% SAVINGS**

on unlimited additional pairs of glasses/ sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.

## Want more info?

Scan or click.

Let's Compare:

# HSA vs FSA vs DCFSA

Medical expenses can be unexpected and expensive. Going to the doctor and paying for medication if you have a chronic condition can get expensive quick, and accidents that require medical attention can happen when you least expect it. Health Savings Accounts (HSA), and Flex Spending accounts (FSA) give you the opportunity to put money aside pre-tax to use to cover you and your dependent's qualified medical expenses. These two options come with different qualifications and different incentives, but the goal is the same; to provide you with peace of mind.

The FSA also has a Dependent Care option. This allows you to put money aside pre-tax for dependent care so that you can get reimbursed for that care. The Dependent Care FSA is ***not*** for your dependent's medical expenses.



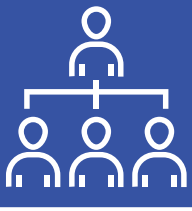
## Health Savings Account (HSA)

If you are enrolled in the HDHP you can enroll in the HSA. Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependents, even if they are not covered by your medical plan. An HSA is like a 401(k) for healthcare. It's yours for life, regardless of your employment or health plan. Unlike an FSA, there is no "use it or lose it" rule. With more tax advantages than any other savings vehicle, an HSA is one of the most efficient ways to manage healthcare costs.



## Healthcare Flex Spending Account (FSA)

An FSA is a great way to pay for medical expenses with pre-tax dollars. You will be able to enjoy significant tax savings with pre-tax contributions and tax-free reimbursements for qualified plan expenses. This gives you more flexibility to spend your FSA money when you need it.



## Dependent Care Flex Spending Account (DCFSA)

In addition to the healthcare FSA, you may opt to participate in the Dependent Care FSA. Set aside pre-tax funds into a DCFSA for expenses associated with caring for elderly or child dependents. The Dependent Care FSA is not for medical expenses for your dependents. Unlike the healthcare FSA, reimbursement from your DCFSA is limited to the total amount that is currently deposited in your account. You can set aside up to $7,500 to pay for child or elder care expenses.

# Health Savings Account

HSABank

A Health Savings Account (HSA) lets you put money away for future healthcare costs while saving on taxes. **You must be enrolled in the high deductible health plan to be eligible.**

HSA's are never taxed at a federal income tax level when used for qualified medical expenses. Contributions can come straight out of your paycheck, and your HSA can grow tax -free too!

Important features include:

- No 'use-it-or-lose-it', keep your HSA forever!
- Create a healthcare emergency safety net
- Invest your HSA tax-free, like a 401(k)

| HSA 2026 | Individual | Family |
|---|---|---|
| Annual Max Contribution | $4,400 | $8,750 |

*Additional $1,000 catch-up contribution if age 55 or older.*

## Qualified Medical Expenses Include:

- Pain relievers
- Eyeglasses/contacts
- Doctor visits
- Cold/cough medicine
- Dental cleaning
- Chiropractic care
- Sleep aids
- Insulin testing supplies

**Want more info?** Scan or click.

# Flex Spending Account

TASC

Wharton Independent School District has established a "Flexible Benefits Plan" to help you pay for your out-of-pocket medical expenses. The benefits you elect are paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will save money by paying less taxes and have more money to spend. However, if you receive a reimbursement for an expense under the plan, you cannot claim a Federal income tax credit or deduction on your return.



**Maximum Annual Election for 2026**

**Healthcare FSA - $3,400**
**Dependent Care FSA - $7,500**
(or $3,750 if married and filing separate income tax returns)

## Qualified Medical Expenses Include:

- Co-pays, deductibles, co-insurance
- Dental expenses
- Eyeglasses, laser surgery, contact lenses
- Prescription drugs
- Over-the-counter medicine and supplies
- Chiropractic care

*Wharton ISD employees have a 3-month runout period ending 11/29/2027 to submit previous-year Healthcare FSA claims, with up to $680 rolling over to the next plan year. For Dependent Care (DC) FSAs, a 2.5-month grace period applies, allowing you to incur qualifying expenses until 11/15/2027*

## Qualified Dependent Care Expenses Include:

- Daycare
- Babysitting
- Before & after school care
- Pre-K
- Summer day camps
- Care for older dependents in need of assistance

**Want more info?**

Scan or click.

# Life and AD&D

OneAmerica

***Basic Term Life and AD&D is provided at no cost to you by the district!***

## Basic Term Life and AD&D

Wharton ISD provides ***$10,000*** of Basic Life Insurance and Accidental Death and Dismemberment (AD&D) insurance through OneAmerica ***at no cost to you***.

The AD&D insurance provides a monetary benefit to an employee or beneficiary when the employee experiences certain bodily injuries or death resulting from a covered accident while insured. The company provides a guaranteed issue amount equal to the basic life insurance amount.

**Employee Benefit:** $10,000

**Employee AD&D:** $10,000

**Age Reduction:** Reduces to 50% of the amount shown above when the Employee reaches age 70. See Certificate for further benefit reductions due to age.

**Your Contribution:** 0%

**Want more info?**
Scan or click.

## Voluntary Term Life

Wharton ISD gives you the opportunity to elect additional life insurance through OneAmerica. Voluntary Life coverage is portable/convertible upon separation of service.

***This benefit is paid for by you.***

| Voluntary Life Benefit Summary | |
|---|---|
| Employee Life Amount | Up to $500,000 not to exceed 5 times employee's annual base salary in increments of $10,000 |
| Guaranteed Issue Employee | $150,000 |
| Employee AD&D Amount | Matches Life Amount |
| Spouse Life Amount | Up to 50% of the employee's elected amount in increments of $5,000 not to exceed $250,000. Guaranteed Issue amount of $50,000 |
| Spouse AD&D Amount | Matches Life Amount |
| Dependent Child Benefit | $10,000 |
| Age Reduction | Coverage will reduce to 50% at age 70. |

**Want more info?**
Scan or click.

# Term Life Insurance

AFLAC

Wharton ISD offers term life insurance through AFLAC, providing a life coverage option that is simple and affordable. This benefit is available to help keep your loved ones financially secure, even if you can no longer provide for them. While we all know that life insurance helps protect our loved ones for the long term, sometimes we don't consider that there are other benefits of a whole life insurance plan as well.

Aflac Group Life Term to 120 offers guaranteed-issue living and death benefits, with the predictability of a whole-life plan, at rates that won't increase, allowing you to help prepare your family for a financially secure future.

**AFLAC Group Life Term to 120**

| Benefit Details | |
|---|---|
| Employee | Up to $150,000 in increments of $10,000 |
| Spouse | Lesser of $50,000 or 50% of Employee benefit |
| Children | $25,000 |
| Guaranteed Issue | Yes |
| What riders are attached? | Accidental Death Benefit Rider, Accelerated Benefit Rider, Extension of Benefits Rider, Waiver of Premium Rider, Child Term Rider. |
| Benefit Reductions | If issued prior to age 60, benefits reduce by 50% at age 70. If issued at or after age 60, benefits reduce 50% at 10 years after coverage effective date. |
| Do employees have to have policy in order for dependents to take one? | Yes |

## Want more info?

Scan or click.



# Disability

OneAmerica

You and your loved ones depend on your regular income. That's why Wharton ISD offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. Educator Disability insurance combines the features of a short-term and long-term disability plan into one policy. The coverage pays you a portion of your earnings if you cannot work because of a disabling illness or injury. The plan gives you the flexibility to choose a level of coverage to suit your need.

## Educator Disability

| | |
|---|---|
| **Maximum Monthly Benefit** | Up to $7,500 not to exceed 66.23% of your covered salary |
| **Minimum Monthly Benefit** | $200 |
| **Elimination Period** | Employee to elect from the following options: 14/14, 30/30, 60/60, 90/90, 180/180 |
| **Pre-existing Condition Exclusion** | 12 months/24 months |
| Max Sickness Benefit Period | Social Security Full Retirement Age |
| Max Injury Benefit Period | Social Security Full Retirement Age |



## Want more info?

Scan or click.

# Accident

## The Hartford

Nobody plans to have an accident - and most people don't budget for one, either. Accident insurance pays benefits directly to you for treatment you receive due to an accident. It helps cover your out-of-pocket costs like medical deductibles and co-pays.

| Plan Information | |
|---|---|
| Coverage Type | On and off-job (24 hour) |
| **Benefits** | |
| Accident Follow-Up | $150 (3 visits per accident) |
| Acupuncture/Chiropractic Care/PT | Up to $100 (10 visits per accident) |
| Ambulance - Air | $2,000 (once per accident) |
| Ambulance - Ground | $1,000 (once per accident) |
| Blood/Plasma/Platelets | $500 (once per accident) |
| Child Care | $75 (up to 30 days per accident while insured is confined) |
| Daily Hospital Confinement | $500 (up to 365 days per lifetime) |
| Daily ICU Confinement | $750 (up to 30 days per accident) |
| Diagnostic Exam | $400 (once per accident) |
| Emergency Dental | Up to $600 (once per accident) |
| Emergency Room | $200 (once per accident) |
| Health Screening Benefit or Accident Prevention Benefit | $200 (once per year for each covered person) |
| Hospital Admission | $2,000 (once per accident) |
| ICU Admission | $4,000 (once per accident) |
| Initial Physician Office Visit | $200 (once per accident) |
| Lodging | $200 (up to 30 nights per lifetime) |
| Medical Appliance | $300 (once per accident) |
| Rehabilitation Facility | $400 (up to 15 days per lifetime) |
| Transportation | $600 (up to 3 trips per accident) |
| Urgent Care | $200 (once per accident) |
| X-ray | $150 (once per accident) |
| Abdominal/Thoracic Surgery | $4,000 (once per accident) |
| Arthroscopic Surgery | $750 (once per accident) |
| Burn | Up to $15,000 (once per accident) |
| 3rd Degree Burn - Skin Graft | 50% of burn benefit (once per accident) |
| Concussion | $300 (up to 3 per year) |
| Dislocation | Up to $10,000 (once per joint per lifetime) |
| Eye Injury | Up to $750 (once per accident) |
| Fracture | Up to $10,000 (once per bone per accident) |
| Hernia Repair | $750 (once per accident) |

| | |
|---|---|
| Joint Replacement | $5,000 (once per accident) |
| Knee Cartilage | Up to $2,000 (once per accident) |
| Laceration | Up to $600 (once per accident) |
| Ruptured Disc | $2,000 (once per accident) |
| Tendon/Ligament/Rotator Cuff | Up to $3,000 (once per accident) |

| | |
|---|---|
| Accidental Death - Employee | $75,000 (within 90 days) |
| Spouse | 50% (within 90 days) |
| Child(ren) | 25% (within 90 days) |
| Common-Carrier | $225,000 (within 90 days) |
| Coma | $20,000 (once per accident) |
| Dismemberment | Up to $75,000 (once per accident) |
| Home Health Care | $100 (up to 30 days per accident) |
| Paralysis | Up to $75,000 (once per accident) |
| Prosthesis | Up to $4,000 (once per accident) |

| Plan Cost | |
|---|---|
| | Monthly Premium |
| Employee | $13.07 |
| Employee + Spouse | $18.81 |
| Employee + Child(ren) | $26.56 |
| Family | $33.21 |



## Want more info?

Scan or click.

# Critical Illness

## The Hartford

A major illness can blindside anyone, even an employee with medical insurance. Co-pays, deductibles, alternative treatments and other out-of-pocket expenses can add up quickly. Critical Illness insurance pays cash benefits directly to you to help reduce the financial burden that can come with a serious illness.



| Benefit Amounts | | |
|---|---|---|
| Employee | Up to $30,000 in $10,000 increments | |
| Spouse | Up to 50% of the employee's elected amount | |
| Child | Up to 50% of the employee's elected amount | |
| Guaranteed Issue | Yes | |
| **Benefit Type** | | |
| | **Initial Occurrence** | **Reoccurrence** |
| Invasive Cancer | 100% | 100% |
| Heart Attack (ST-Segment Elevation Myocardial Infarction) | 100% | 100% |
| Severe Stroke | 100% | 100% |
| Coronary Artery Disease - Major Diagnosis | 100% | 100% |
| Major Organ Failure | 100% | 100% |
| Neurological Conditions (Dementia, Parkinson's, ALS, MS) | 100% | None |
| Coma | 100% | 100% |
| Loss of Hearing, Sight, or Speech | 100% | None |
| Permanent Paralysis | 100% | None |
| Portable Coverage | Yes | |
| Health Screening Benefit | $100 (once per policy year) | |

| Monthly Rate per $10,000 of Coverage | |
|---|---|
| Age | Employee & Spouse |
| 25 | $3.20 |
| 35 | $5.60 |
| 45 | $11.30 |
| 55 | $21.00 |
| 65 | $42.20 |
| 75 | $69.20 |

## Want more info?

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# Hospital Indemnity

The Hartford

Hospital Indemnity coverage pays you cash benefits directly if you are admitted to the Hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductible and co-pays, travel costs, food and lodging, or everyday expenses such as groceries and utilities.

| Benefit Type | Benefit |
|---|---|
| First Day Hospital Confinement | $1,000 (up to 1 day per year) |
| Daily Hospital Confinement (Day 2+) | $200 (up to 30 days per year) |
| First Day ICU Confinement | $2,000 (up to 1 day per year) |
| Daily ICU Confinement (Day 2+) | $400 (up to 30 days per year) |
| Newborn Routine Hospital Care (once per newborn dependent child) | $500 (up to 1 day per year) |
| Health Screening | $75 (up to 1 day per year) |
| **Plan Provisions** | |
| HSA Compatible | Yes |
| Guaranteed Issue | Yes |
| Portable Coverage | Yes |

| Plan Cost - Monthly Rates | |
|---|---|
| Employee | $19.83 |
| Employee + Spouse | $42.33 |
| Employee + Child(ren) | $30.52 |
| Family | $55.30 |



## Want more info?

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# Employee Assistance Program

OneAmerica | ComPsych

Wharton ISD offers you no-cost, confidential support for when you face life's challenges. Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

## Contact a GuidanceConsultant to get help with life's challenges, including:

### Confidential Emotional Support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

### Work & Lifestyle Support

- Finding child and elder care
- Moving and relocation
- Shelter and government assistance

### Legal Guidance

- Divorce, adoption, family law
- Wills, trusts and estate planning
- Free consultation & discounted local representation

### Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings

### Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

### Free Online Will Preparation

- Quickly and easily complete a will on your computer with EstateGuidance
- Specify guardians, trustees and property division
- Provide funeral and burial instructions

**Contact Your GuidanceResources® Program**

- Call: 855.387.9727
- TRS: Dial 711
- Online: guidanceresources.com
- App: GuidanceNow
- Web ID: ONEAMERICA3

## Want more info?

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# Travel Assistance

## OneAmerica | On Call International

Emergencies happen, but help is now only a phone call or email away. On Call International offers a suite of services to help you in your time of need -- from small inconveniences like losing your luggage to life-threatening situations -- all delivered with a caring, human touch.

Find comfort in knowing you and your loved ones are protected by the Travel Assistance benefit when traveling more than 100 miles from home for business or leisure. The Travel Assistance benefit protects you when covered under a OneAmerica® company group life insurance policy. It also extends coverage to your spouse, domestic partner and children (under 21 or 25 and living at home as a full-time student) even when they are traveling without you. The Travel Assistance benefit requires no additional premium; however, exclusions do apply.

### Medical assistance and transportation services

**Pre-trip plan** to provide up-to-date information regarding required vaccinations, health risks, travel restrictions and weather conditions.

**Medical monitoring** and review of documentation utilizing professional case managers and medical professionals to ensure appropriate care is received.

**24-hour nurse help line** to provide clinical assessment, education and general health information.

**Replacement of prescriptions and eyeglasses** that have been lost or stolen by consulting with the prescribing provider to transfer prescription to or arranging an appointment with a local provider.

**Medical, behavioral or mental health, dental and pharmacy referrals** to assist in finding care providers and medical facilities.

**Coordination of benefits** by requesting health information from the participant and attempting to coordinate benefits during an active travel assistance case.

**Emergency medical evacuation** to arrange and coordinate air and/or ground transportation and medical care during transportation to the nearest hospital where appropriate care is available.

**Medical repatriation** to arrange the transport of the participant with a qualified medical attendant, if medically necessary, to their residence or home hospital.

**Return of remains** to arrange the transportation of a participant's remains to their home in the event of their death while traveling.

### Travel assistance services

- Pre-trip information
- 24/7 emergency travel arrangements
- Translator and interpreter referral
- Emergency travel funds assistance
- Legal consultation and referral
- Lost or stolen travel documents assistance
- Emergency messaging
- Lost luggage assistance

**Want more info?**

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masaAccess

# Stay prepared with MASA® Emergent Plus

## Coverage for medical transportation and care in the event of an emergency

**Plan includes:**

**Emergency Ground Ambulance Coverage**
MASA provides coverage for emergency ground transportation in the U.S. or Canada to a medical facility.

**Emergency Air Ambulance Coverage**
MASA provides coverage up to $20,000 for emergency air transportation in the U.S. or Canada to a medical facility.

**Hospital to Hospital Ambulance Coverage**
If specialized care is required but not available at the initial emergency facility in the U.S. or Canada, MASA provides coverage for ground medical transfer or up to $20,000 for air ambulance transfer to the nearest appropriate medical facility.

**Repatriation Near Home Coverage**
If you're traveling in the U.S. or Canada and experience an emergency that requires extensive inpatient care and your care provider has approved continued care at a hospital nearer to your home, MASA coordinates your transfer and provides coverage for medical transportation to the approved medical facility.

Want more info? Scan or click.



## Did you know?

**54.1M**

**medical emergencies occur each year in the U.S.**

Source: NEMSIS, 2024 (National EMS Information Systems)

## About MASA

MASA is coverage and care you can count on to protect you from the unexpected — no network needed. Simply send us your emergency transport bill when it arrives, and we'll work to resolve the claim and provide your coverage. Plus, we offer expert coordination services to manage many of the complex needs that can arise after an emergency.

# 403(b) Retirement Plan

The Omni Group

Wharton ISD offers a supplemental retirement plan administrated by The Omni Group. A 403(b) or 457(b) plan allows you to save for retirement on a tax-deferred basis. Your contributions are voluntary, and you can choose the amount based on your retirement goals. For more specific information on the plan design, please reference the Universal Availability notice, which can be accessed by searching for your employer forms and information at https://www.omni403b.com. To learn more about financial wellness and retirement, visit https://www.usrbpfinancialwellness.com/

OMNI's services include the review and approval of all 403(b) & 457(b) transactions along with the implementation of Salary Reduction Agreement (SRA) forms.

Transactions may include:

- Distributions (including distributions due to age, death, disability, separation from service, and domestic relations orders.
- Exchanges/Transfers/Rollovers of 403(b) funds between vendors or 403(b) plans
- Hardship Withdrawals
- Loans
- Purchase of Service Credits
- Qualified Domestic Relations Orders (QDRO)

## Learn More

### Specific Plan Information

Visit OMNI's website at www.omni403b.com.

### Have a Question?

OMNI is available from 7:30am to 8:00pm Monday - Friday EST to assist with any questions you may have. Speak to a call center representative by calling 1-877-544-OMNI (6664).

## Financial Wellness

Planning for your financial wellness involves many long-term decisions and should be done in consideration of your current and future financial needs. Financial wellness is influenced by several factors, including an individual's personal characteristics, their knowledge of financial concepts, spending and saving habits, and unexpected financial events.

Visit usrbpfinancialwellness.com a site that serves as an educational resource providing tools and unbiased information to help you in your financial wellness journey. Learn more about retirement savings plans, managing personal finances, college funding options, and how to navigate Social Security when the time comes. You will find calculators, videos, and informative content on various topics to help guide you in your planning process.

## Want more info?

Scan or click.

# Contact Us

If you have any questions about your benefits, please reach out to speak to a dedicated benefits counselor

**1-877-201-0742**

Monday - Friday
8:00am-5:00pm CST