2026-27 BENEFITS GUIDE

Your Health & Wellness

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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any expressed or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact the Benefits Department by emailing benefits@faithfamilyacademy.org. © 2026 Marsh & McLennan Agency, LLC. All rights reserved.

WELCOME TO YOUR 2026-27 BENEFITS!

Faith Family Academy is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.

ELIGIBILITY

If you are regularly scheduled to work at least 30 hours per week, you are eligible for the Faith Family Academy benefits program. For newly hired individuals, most of your benefits are effective on first day of the month following your hire date. You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse or qualified domestic partner (of the same/opposite sex);
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return);
- Newborn infants are automatically covered for medical coverage for the first 60 days of life.

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

Benefits End

Your medical, dental and vision benefits end the last day of the month in which your employment ends. Your life and disability benefits end on your date of termination.

Changing Benefits After Enrollment

During the year, you cannot make changes to your elections unless you experience a Qualifying Life Event (QLE), such as marriage or the birth of a child. If you experience a QLE (examples below), you must contact the Benefits Department by emailing benefits@faithfamilyacademy.org within 30 days of the event (60 days for the birth of a child for medical coverage only), or you will have to wait until the next annual open enrollment period to make changes (unless you experience another QLE).

Qualifying Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Stepchild	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

HOW TO ENROLL

For Open enrollment you will need to log into bSwift (Instructions Below) between July 13 - 31 to make your plan elections or waive benefits. This is an ACTIVE enrollment, so you are required to log in and make an election even if you are waiving all options. Please make sure to update or enter beneficiary information for the Basic Life Policy. If you are a new hire, you have 31 days to enroll from your date of hire. You must complete your enrollment to receive benefit coverage for the plan year.

Before You Enroll

- Carefully review the benefits listed in this guide and determine the medical, dental, vision and other coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Consider an appropriate beneficiary for Life and AD&D benefits.

Check with the MMA Member Support Center (FaithFamily@marshmma.com)

or your HR Team (jslack@faithfamily.org) if you have questions.

- To view the educational video, scan the QR code

bSwift

Client bSwift url:
https://faithfamilyacademy.bswift.com

Contact for assistance:
If you have any questions, please contact the MMA Member Support Center toll-free at +1-855-472-5424 PIN 2230 or email: FaithFamily@marshmma.com for assistance.

Login Credentials:
Welcome to your on-line benefits enrollment website! To access the site for the first time, please use the following credentials:

Username: Enter the first letter of your first name + your last name.
Password: Enter the last four digits of your Social Security Number (SSN).

You will be required to change your password following your initial login. Your new password must be a minimum of eight (8) characters, including both alpha & numeric characters. Spaces are not allowed.

STAYING CONNECTED YEAR-ROUND

Member Support Center

Marsh McLennan Agency's Member Support Center is here for you — to answer your questions, including insurance claim questions, by phone and email. The representatives are licensed agents, are familiar with your benefits package and can assist with the following:

- Central point of contact for benefits questions and coverage inquiries
- Assist with ID Card request
- Assist employees with entering enrollment elections (New Hires/Life Events)
- Claims Inquiries
- Assist with finding in-network providers/facilities
- Assist with determining covered services

Contact them via email at FaithFamily@marshmma.com or via telephone at +1-855-472-5424 PIN 2230.

Representatives are available Monday through Friday, from 8 a.m. – 6 p.m. Central. Spanish speaking representatives are available.

Telemedicine - TRS Virtual Health

Under the weather and need a doctor visit fast? Telemedicine gives you 24/7 access to U.S. board-certified doctors through the convenience of your phone. You and a practitioner can speak or video chat to answer questions, make a diagnosis and even prescribe some medications. This convenient and affordable option provides you on-demand access to treat many medical conditions. As always, call 911 for any emergency.

Telemedicine is provided through Teladoc and RediMD for an office visit copay and can be accessed by:

- Downloading the app,
- Calling +1-855-835-2362 for Teladoc and +1-866-989-2873 for RediMD, or
- Visiting https://member.teladoc.com/trsactivecare or www.redimd.com/trsactivecare for more information.
- Mental health visits subject to additional cost sharing.

Digital Mental Health

Digital mental health, through Learn To Live and no cost to you. This program can assist with the following:

- Targeted, online programs and services based on proven cognitive behavioral therapy principles
- Private, convenient entry point for mental health concerns
  - Depression
  - Stress, Anxiety & Worry
  - Social Anxiety
  - Insomnia
  - Substance Use

Wellness Program - Well onTarget

We want employees to be engaged in their jobs and communities, and to achieve their highest level of well-being. Our wellness program, provided through Well onTarget, is designed to:

- Provide healthy lifestyle education, resources and support
- Help you lead a healthier life
- Manage health care costs for the organization
- Help you save on medical costs

You can complete your biometric screening and additional wellness activities online by visiting the Well onTarget website at www.wellontarget.com or contact the Benefits Department by emailing benefits@faithfamilyacademy.org for more information.

MEDICAL

Faith Family Academy's medical coverage provided by TRS ActiveCare offers you and your family the protection you need for everyday health issues or unexpected medical expenses.

Medical information provided in this guide is for illustrative purposes only. Please refer to your TRS Active Care and BlueCross BlueShield summaries for plan information.

How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** — a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.
- **Prescriptions** — For the TRS-ActiveCare Primary HMO Plan and TRS-ActiveCare HD PPO Plan, once you've met the overall deductible, you are responsible for the applicable costs until the overall out-of-pocket maximum has been met. For the TRS-ActiveCare Primary+ HMO Plan, once you've met the prescription deductible, you are responsible for the applicable costs until the overall out-of-pocket maximum has been met.

Before You Enroll Consider This:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically pays more, which results in lower deductibles, coinsurance, and/or copays when you need care.
2. Ensure your doctor is part of the plan's network by visiting www.bcbstx.com/trsactivecare and selecting Statewide network for the TRS-ActiveCare Primary and Primary+ plans and Nationwide network for the TRS-ActiveCare HD PPO plan. If they're out of network, services may not be covered or may be more expensive.
3. HMO plans require you to name a Primary Care Physician (PCP) and require a referral to see a specialist.
4. Consider the cost of services and prescription drugs you expect to receive during the year.
5. Evaluate how your out-of-pocket expenses may fluctuate and consider adding accident, critical illness and/or hospital indemnity insurance to help offset your out-of-pocket medical costs.

The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

	TRS-ActiveCare Primary HMO Plan	TRS-ActiveCare Primary+ HMO Plan
	Statewide Network	Statewide Network
	In-Network ONLY**	In-Network ONLY**
Calendar Year Deductible		
Individual	$2,500	$1,200
Family	$5,000	$2,400
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	$8,050	$6,900
Family	$16,100	$13,800
	You pay	You pay
Coinsurance	30%	20%
Preventive Care	$0	$0
Telemedicine - TRS Virtual Health	Teladoc: $12 RediMD: $0	Teladoc: $12 RediMD: $0
Primary Care Physician	$30	$15
Specialist	$70	$70
Urgent Care	$50	$50
Emergency Room	30%* Free-Standing ER: $500+30%*	20%* Free-Standing ER: $500+20%*
Lab & X-ray	30%*	20%*
Hospitalization	30%*	20%*
Diagnostic Imaging (MRI/CT)	30%*	20%*
Pharmacy		
Rx Deductible	Included in medical	$200 Brand drugs only
Retail Rx		
Tier 1 - Generic (31-Day Supply/90-Day Supply)	$15 / $45 Certain generics: $0	$15 / $45
Tier 2 - Preferred Brand	30%*	25%*
Tier 3 - Non-Preferred Brand	50%*	50%*
Specialty (31-Day Max)	$0 if SaveOnSP eligible 30%*	$0 if SaveOnSP eligible 20%
Mail Order Rx (90-day supply)	3x Retail	3x Retail
Medical Monthly Payroll Deductions		
Employee Only	$314.00	$422.00
Employee + Spouse	$1,358.00	$1,578.00
Employee + Child(ren)	$744.00	$928.00
Employee + Family	$1,788.00	$2,083.00

*After Deductible
**The out-of-network benefits is only covered for true emergencies.

	TRS-ActiveCare HD PPO Plan	
	Nationwide Network	
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	$3,400	$6,800
Family	$6,800	$13,600
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	$8,300	$20,500
Family	$16,600	$41,000
	You pay	You pay
Coinsurance	30%	50%
Preventive Care	$0	50%*
Telemedicine - TRS Virtual Health	Teladoc: $42 RediMD: $30	
Primary Care Physician	30%*	50%*
Specialist	30%*	50%*
Urgent Care	30%*	50%*
Emergency Room	30%* Free-Standing ER: $500 + 30%*	30%* Free-Standing ER: $500 + 50%*
Lab & X-ray	30%*	50%*
Hospitalization	30%*	50%* ($500 facility per day maximum)
Diagnostic Imaging (MRI/CT)	30%*	50%*
Pharmacy		
Rx Deductible	Included in medical	
Retail Rx		
Tier 1 - Generic	20%*, Certain generics: $0 (31-Day Supply / 90-Day Supply)	
Tier 2 - Preferred Brand	25%*	
Tier 3 - Non-Preferred Brand	50%*	
Specialty	20%* (31-Day Max)	
Mail Order Rx (90-day supply)	20%* Certain generics: $0	
Medical Monthly Payroll Deductions		
Employee Only	$328.00	
Employee + Spouse	$1,396.00	
Employee + Child(ren)	$768.00	
Employee + Family	$1,836.00	

*After Deductible

DENTAL

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

Faith Family Academy offers dental coverage through Guardian. For information on finding a dental provider, visit www.guardianlife.com and click on Find a Dentist.

Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.

DHMO Option

If you decide to enroll in the DHMO Option for the first time or add new dependents under this option, you need to select a primary care dentist. You can only change your dentist once per year and you can choose a different DHMO dentist for yourself and each covered dependent.

You should consult the participating provider directory prior to enrolling. The directory lists the dentists who are members of the network. You can view an online provider directory by visiting www.guardianlife.com.

The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	Managed Care Dental Plan**
	Managed DentalGuard Network
	In-Network ONLY
Calendar Year Deductible	
Individual	N/A
Family	N/A
Calendar Year Benefit Maximum	
Per Individual	N/A
Maximum Rollover	
Threshold / Rollover Amount / Account Limit	N/A
	You pay
Preventive Care	
Exams, Cleanings, X-rays, Fluoride Treatments, Space Maintainers, Sealants	Exams & Cleaning & Fluoride Treatments & X-rays: $0 Sealants: $8
Basic Services	
Fillings, Simple Extractions, Repairs	Fillings: $8-$28 Simple Extractions: $15 Repairs: $16-$120
Major Services	
Crowns, Inlays/Onlays, Dentures and Bridgework, Oral Surgery, Endodontics, Periodontics, Surgical Extractions	Crowns: $375 Inlays/Onlays: $235-$420 Dentures and Bridgework: $443-$575 Endodontics: $120-$180 Periodontics: $30-$50 Oral Surgery: $40-$140
Orthodontia	
Children (up to 18th birthday)	Adults & Child(ren): $1,895-$2,195
Dental Monthly Payroll Deductions	
Employee Only	$11.75
Employee + Spouse	$22.90
Employee + Child(ren)	$24.78
Employee + Family	$35.82

**After deductible*
**Please refer to the summary plan description for a full list of the assigned copays. Any in-network claims are reimbursed at contracted rates.

The Guardian choice plan serves clients looking for dental benefits that serve the unique needs of their organizations and members. Clients can offer employees two choices at the same affordable rate: one geared toward those seeing network providers and the other for those choosing providers out of network.

	Dental Choice Value Plan		Dental Choice NAP Plan	
	DentalGuard Preferred Network		DentalGuard Preferred Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	$50		$50	
Family	$150		$150	
Calendar Year Benefit Maximum				
Per Individual	$1,500 plus Maximum Rollover		$1,500 plus Maximum Rollover	
Maximum Rollover				
Threshold / Rollover Amount / Account Limit	$700 / $350 / $1,250		$700 / $350 / $1,250	
	You pay		You pay	
Preventive Care				
Exams, Cleanings, X-rays, Fluoride Treatments, Space Maintainers, Sealants	0%		0%	
Basic Services				
Fillings, Simple Extractions, Repairs	0%*		20%*	
Major Services				
Crowns, Inlays/Onlays, Dentures and Bridgework, Oral Surgery, Endodontics, Periodontics, Surgical Extractions	40%*		50%*	
Orthodontia				
Children (up to 18th birthday)	50% up to a lifetime maximum benefit of $1,500 per individual; deductible waived (up to age 26)			
Out-of-Network Reimbursement				
	90th U & C		Maximum Allowable Charge	
Comparing Coverage – Best plan for:				
	Members seeing in-network dentists		Members seeing out-of-network dentists	
Dental Monthly Payroll Deductions				
Employee Only	$49.19			
Employee + Spouse	$101.11			
Employee + Child(ren)	$111.08			
Employee + Family	$173.31			

**After deductible*

VISION

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan. The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Faith Family Academy offers vision coverage through VSP using the VSP Choice network. For information on finding a vision provider, visit www.vsp.com and click on Find a Doctor. Call Member Support Center for out-of-network plan details.

	Base Plan	Buy-Up Plan
	In-Network	In-Network
	You pay	You pay
Cost		
Exam	$10	$10
Materials	$25	$25
Covered Services – Lenses		
Single Lenses	$25	$25
Bifocals	$25	$25
Trifocals	$25	$25
Frames	$25 copay, $200 allowance, 20% savings on amount over allowance $220 featured frame brands allowance	$25 copay, $200 allowance, 20% savings over allowance amount $220 featured frame brands allowance
Covered Services – Contacts in lieu of Frames/Lenses		
Contacts – Medically Necessary	$25	$25
Contacts – Elective	$150 allowance	$150 allowance
Benefit Frequency		
Exams	Once every 12 Months	Once every 12 Months
Lenses	Once every 12 Months	Once every 12 Months
Frames	Once every 24 Months	Once every 12 Months
Contacts (in lieu of lenses)	Once every 12 Months	Once every 12 Months
Vision Monthly Payroll Deductions		
Employee Only	$10.33	$12.57
Employee + Spouse	$18.16	$22.88
Employee + Child(ren)	$18.53	$23.35
Employee + Family	$29.88	$37.65

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Life insurance, provided by Guardian, pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury. **Faith Family Academy provides this benefit at no cost to you!**

Beneficiary Information

Situations often change, resulting in the need to update beneficiary information. You should review and update this information every year, or prior to retirement. Check with the Benefits Department for more information.

Basic Life / AD&D Insurance - For You	
	Basic Life and AD&D
Coverage Amount	$25,000
Evidence of Insurability(EOI) / Proof of Good Health	Not required
Age Reduction Schedule	Benefits reduce by: 35% at age 65, 50% at age 70.

Please note, since Faith Family Academy provides Basic Life/AD&D Insurance, you also have access to an added benefit: the Employee Assistance Program (EAP), which comes at no cost to you. To learn more about this valuable offering, please refer to page 20.

VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Voluntary life and AD&D insurance allow you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury. Voluntary life insurance for you and your dependents, also provided by Guardian, can help protect your family during difficult times.

Voluntary Life / AD&D Insurance - For You and Your Dependents			
	Employee	Spouse	Child(ren) up to age 26
Coverage Amount	Increments of $10,000 up to $300,000	Increments of $5,000 up to $150,000	$10,000; $500 for children birth to 14 days
Guaranteed Issue (GI)	$150,000	$30,000	$10,000
Evidence of Insurability(EOI) / Proof of Good Health	Currently Enrolled: Can increase by $50,000 up to GI without EOI Newly Eligible: Enroll up to GI without EOI	Currently Enrolled: EOI required for any increase Newly Eligible: Enroll up to GI without EOI	Not required

Before You Enroll Consider This:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you may need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

Voluntary Life and AD&D Monthly Rate per $1,000 by Age			
<30	$0.065	55-59	$0.635
30-34	$0.075	60-64	$0.655
35-39	$0.105	65-69	$1.195
40-44	$0.165	70-74	$2.525
45-49	$0.235	75-79	$2.525
50-54	$0.415	80+	$2.525
Employee and Spouse AD&D Rate per $1,000	Included in listed rates	**Child Life and AD&D rate per $1,000**	Life: $0.200 AD&D: $0.025

VOLUNTARY SHORT-TERM DISABILITY

Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury.

Faith Family Academy offers the opportunity to purchase Short-Term Disability (STD) through Guardian.

Short-Term Disability Benefits at a Glance	
Weekly Benefit	60% of weekly earnings
Weekly Maximum	$1,500 per week
Benefit Duration	11 weeks
Elimination Period	14 days
Pre-Existing Limitation	3/12* with two-week limitation
**Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.*	

Voluntary STD Rate per $10 by Age			
<25	$0.240	**50-54**	$0.285
25-29	$0.346	**55-59**	$0.331
30-34	$0.481	**60-64**	$0.496
35-39	$0.375	**65-69**	$0.496
40-44	$0.225	**70-74**	$0.496
45-49	$0.240	**75+**	$0.496

Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice or treatment from a doctor within three months of the effective date of your insurance plan.

Evidence of Insurability

If you decline coverage when first eligible or if you elect coverage and wish to increase your benefit amount at a later date, Evidence of Insurability (EOI) — proof of good health — may be required before coverage is approved.

A qualifying disability is a sickness or injury certified by a physician that causes you to be unable to perform your normal duties.

SUPPLEMENTAL BENEFITS

Just like it sounds, supplemental benefits plans such as accident, critical illness, cancer, disability, life and hospital indemnity insurance can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary and are not medical insurance. Coverage is available for your spouse and children with most plans.

Most plans pay benefits regardless of any other insurance and benefits are paid directly to you, unless you specify otherwise. Benefits can help pay for expenses other insurance may not cover, such as out-of-pocket expenses, lost income, childcare, travel to and from treatment, home health care costs or regular household expenses.

Before You Enroll Consider this:

1. What would happen if you had an accident or became seriously ill and unable to work? Would you be covered financially?
2. These benefits provide a lump-sum payment that can help you cover unexpected medical expenses or make up for missed income.

Accident

Accident coverage, through Guardian, is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance.

Sample of Eligible Expenses	
Emergency Room Visits	**Hospital Stays**
Medical Exams – Including major diagnostic exams	**Physical Therapy**
Fractures and Dislocations	**Transportation and Lodging** – if you are away from home when the accident happens

Contact Guardian at +1-800-541-7846 for a full list of covered accidents.

Accident Monthly Payroll Deductions

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Plan 1	$9.17	$15.01	$15.29	$21.13
Plan 2	$12.69	$20.64	$20.68	$28.63

Critical Illness Insurance

Critical illness coverage, through Guardian, provides a lump-sum cash benefit in the event you are diagnosed with a qualifying illness to help offset the unexpected associated costs. The plan will pay regardless of any other insurance. Critical illness coverage is not medical insurance.

Benefit Amounts	
Employee	$10,000, $20,000, $30,000
Spouse	50% of Employee benefit
Children	25% of Employee benefit
Contact Guardian for a full list of covered illnesses and cost of coverage.	

Cancer Insurance

Cancer insurance, through Guardian, helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans do not cover like travel or loss of income. Contact Guardian at +1-800-268-2525 for more information.

Disability Insurance

Disability insurance, through Guardian, replaces a portion of your income if you become disabled from a covered accident or illness. Contact Guardian at +1-800-268-2525 for more information.

Life Insurance

Life insurance, through Guardian, enables you to tailor coverage for your individual needs and provides financial security for your family members. Contact Guardian at +1-800-525-4542 for more information.

Hospital Indemnity Insurance

Hospital indemnity coverage, through Guardian, is designed to provide a cash benefit in the event of a hospitalization and can help pay for expenses not covered by your medical plan. The plan will pay regardless of any other insurance. Contact Guardian at +1-800-268-2525 for a full list of covered expenses and cost.

PLANNING FOR RETIREMENT

What does retirement look like for you? Whatever your vision for retirement is, it's important to plan ahead so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 403(b) & 457(b) savings plan, through Retirement Asset Management Services, allows you to save for retirement on a pretax basis. You can begin contributing to the plan through pretax payroll deductions as soon as you become eligible.

Increase Your Retirement Savings with a 403(b) & 457(b)

- To enroll, visit www.region10rams.org/telewealth or call the Enrollment Hotline at +1-512-600-5204 for more information.
- Contribute using convenient payroll deductions up to the IRS limit of $24,500 for 2026.
- You can change the amount of your contributions or stop your payroll contributions at any time.
- Decide how to invest your 403(b) & 457(b) or allow the plan to choose for you.
- Are you age 50 or older? You may be eligible to make additional contributions as outlined in the chart below.
- Contact the Benefits Department by emailing benefits@faithfamilyacademy.org for more information, including eligibility requirements.

Catch-up Contributions by Age	
50+	$8,000
60-63	$11,250
64+	$8,000
Note: Effective 1/1/2026 – If you are 50 or older and earned $150,000 or more in 2025 FICA wages, your catch-up contributions will be automatically converted to a Roth account.	

ADDITIONAL BENEFITS

Employee Assistance Program

Faith Family Academy also provides you access to the Employee Assistance Program (EAP) at no cost. This program, available through ComPsych through a partnership with Guardian, provides professional, confidential telephonic or face-to-face counseling services to you and your loved ones. You are eligible to receive three sessions per person, per plan year. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance.

This program is available 24 hours a day, 365 days a year for confidential assistance and referral services with items such as:

- Managing stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Childcare issues including identifying schools, daycare, tutors, and more
- Aging parents

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan. Take advantage of ComPsych. For more information about the program, visit www.guidanceresources.com or call +1-855-239-0743.

Employee Perks and Discount Program

BenefitHub is an all-in-one portal for employer-sponsored perk programs and discount marketplace. You can find thousands of amazing deals from over 300,000 vendors on all the brands you love for all kinds of items, including but not limited to:

- Health and well-being
- Discounts at restaurants, on flights, and hotels
- Cash back on purchases

Go to https://faithfamilyperks.benefithub.com to access your BenefitHub and enter your referral code **1UUKJY** to reconnect to the world around you!

GET IT ON Google Play

Download on the App Store

Will Preparation Services

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children, or are a grandparent, your will should be tailored for your life situation:

ComPsych, through a partnership with Guardian, offers a secure account space that allows you to prepare wills and other legal documents:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

For more information, visit www.estateguidance.com or call +1-855-239-0743.

IMPORTANT CONTACTS

Coverage	Administrator	Phone	Email/Website
Benefits Department	Jeannette Slack	+1-972-224-4110 Ext. 1638	benefits@faithfamilyacademy.org
Member Support Center	Marsh McLennan Agency	+1-855-472-5424 PIN 2230	FaithFamily@marshmma.com
Medical	TRS ActiveCare	+1-800-223-8778	www.trs.texas.gov/Pages/healthcare_trs_activecare.aspx
Dental	Guardian	+1-888-618-2016 DHMO +1-800-541-7846 DPPO	www.guardianlife.com
Vision	VSP	+1-800-877-7195	www.vsp.com
Life and AD&D	Guardian	+1-800-525-4542	www.guardianlife.com group_life_claims@glic.com
Accident Insurance	Guardian	+1-800-541-7846	www.guardianlife.com
Critical Illness Insurance	Guardian	+1-800-268-2525	www.guardianlife.com
Cancer Insurance	Guardian	+1-800-268-2525	www.guardianlife.com
Disability Insurance	Guardian	+1-800-268-2525	www.guardianlife.com
Life Insurance	Guardian	+1-800-525-4542	www.guardianlife.com group_life_claims@glic.com
Hospital Indemnity Insurance	Guardian	+1-800-268-2525	www.guardianlife.com
403(b) & 457(b) Retirement	Retirement Asset Management Services	+1-512-600-5204	www.region10rams.org/telewealth
Employee Assistance Program (EAP)	ComPsych	+1-855-239-0743	www.guidanceresources.com Web ID: Guardian
Employee Perks and Discount Program	BenefitHub	+1-866-664-4621	https://faithfamilyperks.benefithub.com Referral Code: 1UUKJY customercare@benefithub.com
Will Preparation Services	ComPsych	+1-855-239-0743	www.estateguidance.com Web ID: Guardian

GLOSSARY

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference (see Balance Billing).

Annual Maximum Benefit: A cap on the benefits your insurance company will pay in a year while you’re enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible.

Copayment (copay): A fixed amount ($20, for example) you pay for a covered health care service after you’ve paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a $2,000 deductible, for example, you pay the first $2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount you will have to complete an Evidence of Insurability form and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

Out-of-Network: Providers who don’t contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you may spend for services your plan doesn’t cover.

Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

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