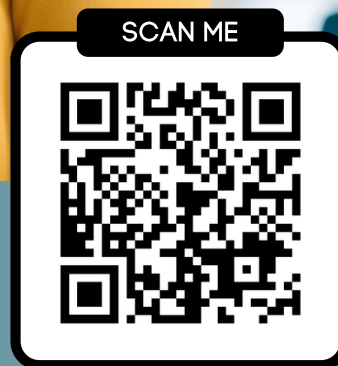


# GRANBURY ISD 2026-27 BENEFITS GUIDE



Ryan Hancock  
Account Manager  
800-883-0007  
[ryan.hancock@ffga.com](mailto:ryan.hancock@ffga.com)

[benefits.ffga.com/granburyisd](https://benefits.ffga.com/granburyisd)  
Claudia Sanchez, Human Resources  
Benefits/Leave Specialist  
817-408-4190  
[Claudia.Sanchez@granburyisd.org](mailto:Claudia.Sanchez@granburyisd.org)

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*This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.*

# Employee Benefits Center

## A guide to your benefits!

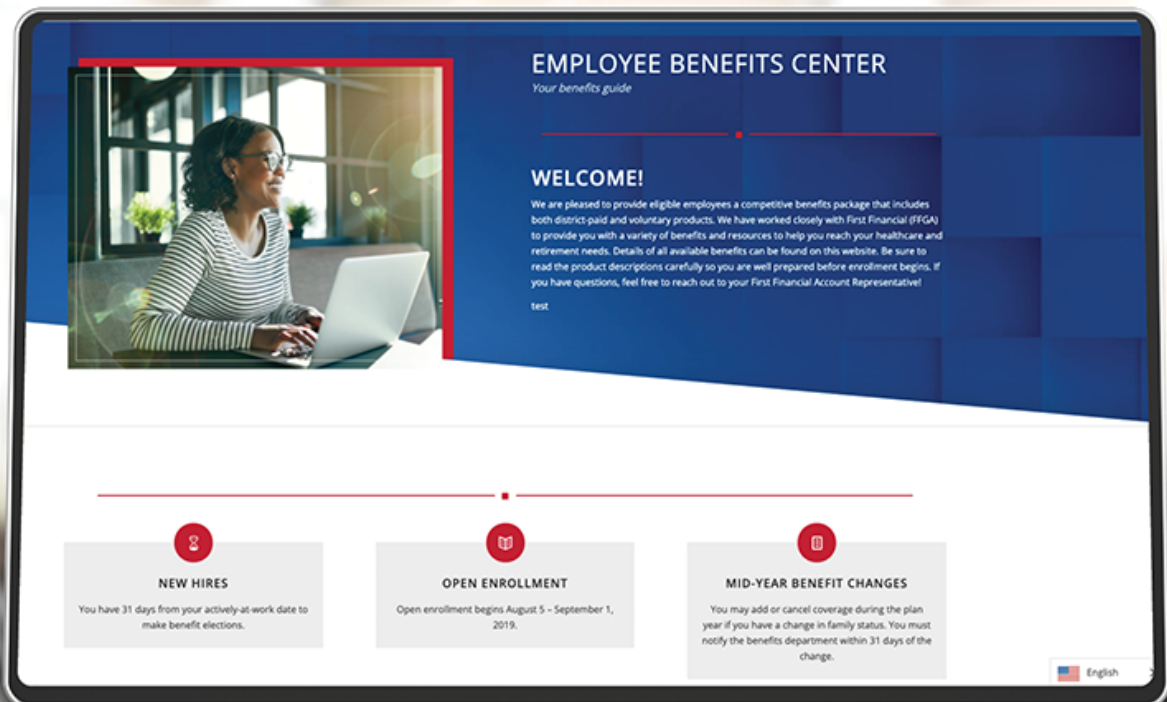
Granbury ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.



*Scan the QR code to learn more about the plans that are available this plan year!*

[benefits.ffga.com/granburyisd](https://benefits.ffga.com/granburyisd)



# How to Enroll

## Benefits Enrollment

### On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Visit your EBC for more information.

### Online Enrollment

To simplify your enrollment experience, FFGA has been added to your SSO! Please follow the steps to log in to enroll in your benefits: This applies only to GISD employees with a GISD email address.

#### Accessing FFGA Benefits at Granbury ISD

1. In your web browser, go to [www.granburyisd.org](http://www.granburyisd.org)
2. Click on → Staff Tab → Benefits
3. Hello ID | FFGA Login



4. FFGA Benefits



#### Username & Password

- Username
  - The Username is either your social security number or your Employee ID.
- Password
  - Instructions to access your initial password will be provided to you prior to open enrollment.
  - Upon initial login, the password will be required to be changed.
  - Remember your password as you will use this to sign your enrollment confirmation form and to login in the future.

#### View Current Benefits

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

#### View/Add Dependents

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their legal name, social security numbers and birth dates.

#### Begin Elections

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

### Enrollment Assistance Center Instructions

Call 855-765-4473 and follow the prompts to be connected to your local FFGA branch office. Hours of operation are 8 a.m. to 5 p.m. (local time) Monday through Friday. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours.

# Benefit Eligibility & Coverage

## Employee Coverage

### Eligibility

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

### New Employees

You have 31 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first day of the month that follows a waiting period of 30 calendar days.

### Existing Employees

When it's time to enroll in your benefits, your FFGA Account Representative will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

### Mid-year Benefit Changes

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change.

### Qualifying Life Events Include:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual and student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

### Declining Coverage

If you are eligible for benefits, but wish to **DECLINE** coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

# Section 125 Plans

## Section 125 Plan Information & Rules

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

### Here’s How It Works

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you’re already eligible – all you must do is enroll.

### Is It Right For Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer’s Section 125 Plan – that’s a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

- IRS specified changes in family status include:
- Change in legal married status
  - Change in number of dependents
  - Termination or commencement of employment
  - Dependent satisfies or ceases to satisfy dependent eligibility requirements
  - Change in residence or worksite that affects eligibility for coverage

| Section 125 Plan Sample Paycheck |              |           |
|----------------------------------|--------------|-----------|
|                                  | Without S125 | With S125 |
| Monthly Salary                   | \$2,000      | \$2,000   |
| Less Medical Deductions          | -N/A         | -\$250    |
| Tax Gross Income                 | \$2,000      | \$1,750   |
| Less Taxes (Fed/State at 20%)    | -\$400       | -\$350    |
| Less Estimated FICA (7.65%)      | -\$153       | -\$133    |
| Less Medical Deductions          | -\$250       | -N/A      |
| Take Home Pay                    | \$1,197      | \$1,267   |

**You could save \$70 per month in taxes by paying for your benefits on a pre-tax basis!**

*\*The figures in the sample paycheck above are for illustrative purposes only.*

# Medical Coverage

## TRS-ActiveCare



Your medical plans are offered through TRS. From in- and out-of-network options to comprehensive prescription drug coverage and special health and wellness programs, TRS-ActiveCare has been designed to flexibly meet the needs of nearly half a million public education employees.

Blue Cross Blue Shield of Texas | [www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare) | 866-355-5999

### TRS-ActiveCare Primary

- Copays for doctor visits and generic prescriptions before you meet deductible
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

### TRS-ActiveCare HD

- Must meet deductible before plan pays for non-preventive care
- In-network and out-of-network benefits – separate out-of-network deductible/out-of-pocket maximum
- Nationwide network
- Deductible applies to medical and pharmacy
- No requirement for PCP or referrals
- Compatible with health savings account (HSA)
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

### TRS-ActiveCare Primary +

- Copays for many services and drugs
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive 2 ID cards (BCBS & Express Scripts)

### TRS-ActiveCare 2 - Closed to New Enrollees

- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Express Scripts)

### TRS-ActiveCare Plan Prescription Benefits

Express Scripts | [info.express-scripts.com/trsactivecare](http://info.express-scripts.com/trsactivecare) | 844-367-6108

When you enroll in a BCBSTX Plan, you automatically receive prescription drug coverage through Express Scripts which gives you access to a large, national network of retail pharmacies.

# GRANBURY ISD 2026-2027 MEDICAL INSURANCE RATES

## TRS ActiveCare by BlueCross/BlueShield

Employee Premiums (in RED) are "Per Payroll" Rates

Wages are Paid Semi-monthly

| COVERAGE CATEGORY                                                          | TRS-ActiveCare Primary |                                   | TRS-ActiveCare Primary+ |                                   | TRS-ActiveCare HD       |                                   | TRS-ActiveCare 2<br>(Closed to New Enrollees) |                                   |
|----------------------------------------------------------------------------|------------------------|-----------------------------------|-------------------------|-----------------------------------|-------------------------|-----------------------------------|-----------------------------------------------|-----------------------------------|
|                                                                            | TRS<br>FEES<br>Primary | GISD<br>EMPLOYEE<br>DEDUCTION     | TRS<br>FEES<br>Primary+ | GISD<br>EMPLOYEE<br>DEDUCTION     | TRS<br>FEES<br>High Ded | GISD<br>EMPLOYEE<br>DEDUCTION     | TRS<br>FEES AC<br>#2                          | GISD<br>EMPLOYEE<br>DEDUCTION     |
|                                                                            |                        | 12 Months = 24<br>Checks          |                         | 12 Months = 24<br>Checks          |                         | 12 Months = 24<br>Checks          |                                               | 12 Months = 24<br>Checks          |
|                                                                            |                        | District Contribution<br>\$378.00 |                         | District Contribution<br>\$378.00 |                         | District Contribution<br>\$378.00 |                                               | District Contribution<br>\$378.00 |
| Full-Time Employees                                                        |                        |                                   |                         |                                   |                         |                                   |                                               |                                   |
|                                                                            | 612.00                 | 117.00                            | 720.00                  | 171.00                            | 630.00                  | 126.00                            | 1,013.00                                      | 317.50                            |
|                                                                            | 1,653.00               | 637.50                            | 1,872.00                | 747.00                            | 1,701.00                | 661.50                            | 2,402.00                                      | 1,012.00                          |
|                                                                            | 1,041.00               | 331.50                            | 1,224.00                | 423.00                            | 1,071.00                | 346.50                            | 1,507.00                                      | 564.50                            |
| Part-Time Employees (20+ hours)                                            | 2,081.00               | 851.50                            | 2,376.00                | 999.00                            | 2,142.00                | 882.00                            | 2,841.00                                      | 1,231.50                          |
|                                                                            |                        | District Contribution<br>\$282.00 |                         | District Contribution<br>\$282.00 |                         | District Contribution<br>\$282.00 |                                               | District Contribution<br>\$282.00 |
|                                                                            |                        |                                   |                         |                                   |                         |                                   |                                               |                                   |
|                                                                            |                        |                                   |                         |                                   |                         |                                   |                                               |                                   |
| Employee Only<br>Employee/Spouse<br>Employee/Child(ren)<br>Employee/Family | 612.00                 | 165.00                            | 720.00                  | 219.00                            | 630.00                  | 174.00                            | 1,013.00                                      | 365.50                            |
|                                                                            | 1,653.00               | 685.50                            | 1,872.00                | 795.00                            | 1,701.00                | 709.50                            | 2,402.00                                      | 1,060.00                          |
|                                                                            | 1,041.00               | 379.50                            | 1,224.00                | 471.00                            | 1,071.00                | 394.50                            | 1,507.00                                      | 612.50                            |
|                                                                            | 2,081.00               | 899.50                            | 2,376.00                | 1,047.00                          | 2,142.00                | 930.00                            | 2,841.00                                      | 1,279.50                          |

GISD Contribution Amount Per Month:

Full-Time = \$378.00 Per Month Part-Time = \$282.00 Per Month

Full-Time = 30 or More Hours Per Week Part-Time = 20 or More Hours Per Week



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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.
- Alroستي 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 | <ul style="list-style-type: none"><li>Lowest premium of the three available plans</li><li>Copays for doctor visits before you meet your deductible</li><li>Statewide network</li><li>Primary Care Provider referrals required to see specialists</li><li>Not compatible with a Health Savings Account</li><li>No out-of-network coverage</li></ul> | <ul style="list-style-type: none"><li>Highest premium of the three available plans</li><li>Copays for many services and drugs</li><li>Lower deductible than the HD and Primary plans</li><li>Statewide network</li><li>Primary Care Provider referrals required to see specialists</li><li>Not compatible with a Health Savings Account</li><li>No out-of-network coverage</li></ul> | <ul style="list-style-type: none"><li>Higher premium of the three available plans</li><li>Must meet your deductible before plan pays for non-preventive care</li><li>Nationwide network with out-of-network coverage</li><li>No requirement for Primary Care Providers or referrals</li><li>Compatible with a Health Savings Account</li></ul> |

| 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              | \$6,800/\$13,600             |
| Coinsurance                             | You pay 30% after deductible | You pay 20% after deductible | You pay 40% after deductible |
| Individual/Family Maximum Out of Pocket | \$6,000/\$16,100             | \$6,300/\$16,600             | \$20,500/\$41,000            |
| PCP Required                            | Yes                          | Yes                          | No                           |

| Doctor Visits |            |            |                              |
|---------------|------------|------------|------------------------------|
| Primary Care  | \$30 copay | \$15 copay | You pay 50% after deductible |
| Specialist    | \$70 copay | \$70 copay | You pay 50% after deductible |

| Immediate Care              |                               |                               |                               |
|-----------------------------|-------------------------------|-------------------------------|-------------------------------|
| Urgent Care                 | \$50 copay                    | \$50 copay                    | You pay 30% after deductible  |
| Emergency Care              | You pay 30% after deductible  | You pay 20% after deductible  | You pay 50% after deductible  |
| TRS Virtual Health-HedMD™   | \$0 per medical consultation  | \$0 per medical consultation  | \$30 per medical consultation |
| TRS Virtual Health-Teladoc® | \$12 per medical consultation | \$12 per medical consultation | \$42 per medical consultation |

| Prescription Drugs                                                             |                                                             |                                                                                       |                                                                    |
|--------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Drug Deductible                                                                | Integrated with medical                                     | \$200 deductible per participant (brand drugs only)                                   | Integrated with medical                                            |
| Generics (31-Day Supply/90-Day Supply)                                         | \$15/\$45 copay; \$0 copay for certain generics             | \$15/\$45 copay                                                                       | You pay 20% after deductible; \$0 coinsurance for certain generics |
| Preferred (Max does not apply if brand is selected and generic is available)   | You pay 30% after deductible                                | You pay 25% after deductible (\$100 max)/<br>You pay 25% after deductible (\$265 max) | You pay 25% after deductible                                       |
| Non-preferred                                                                  | You pay 50% after deductible                                | You pay 50% after deductible                                                          | You pay 50% after deductible                                       |
| Specialty (31-Day Max)                                                         | You pay 30% after deductible; \$0 if SaveOnSP eligible      | You pay 20% after deductible (\$500 max); \$0 if SaveOnSP eligible                    | You pay 20% after deductible                                       |
| Call 1-844-367-6108 to see if your specialty medication is covered by SaveOnSP |                                                             |                                                                                       |                                                                    |
| Insulin Out-of-Pocket Costs                                                    | \$25 copay for 31-day supply; \$75 for 61- to 90-day supply | \$25 copay for 31-day supply; \$75 for 61- to 90-day supply                           | You pay 25% after deductible                                       |

| TRS-ActiveCare 2                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>Closed to new enrollees</li><li>Current enrollees can choose to stay in the plan</li><li>Lower deductible</li><li>Copays for many services and drugs</li><li>Nationwide network with out-of-network coverage</li><li>No requirement for Primary Care Providers or referrals</li></ul> |

| 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/\$90 max)/<br>You pay 25% after deductible (\$105 min/\$210 max)   |  |
| You pay 50% after deductible (\$100 min/\$200 max)/<br>You pay 50% after deductible (\$215 min/\$430 max) |  |
| You pay 30% after deductible (\$200 min/\$900 max);<br>\$0 if SaveOnSP 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<br>Tier 2 Specialist: \$85 copay                                                     | You pay 40% after deductible                                     |
| Annual Hearing Exam (one per plan year)                                    | PCP: \$30 copay<br>Specialist: \$70 copay                           | PCP: \$15 copay<br>Specialist: \$70 copay                           | You pay 30% after deductible               | You pay 50% after deductible                                  | Tier 1 PCP: \$20 copay<br>Tier 2 PCP: \$40 copay<br>Tier 1 Specialist: \$55 copay<br>Tier 2 Specialist: \$85 copay | You pay 40% after deductible                                     |

# Dental Insurance

## Plan Choices



First Financial | [www.ffga.com](http://www.ffga.com) | 866-853-3539

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family’s dental needs. A range of procedures may be covered, such as:

- Comprehensive Exams
- Cleanings
- X-Rays
- Fillings
- Tooth Extractions
- General Anesthesia
- Crown
- Root Canals

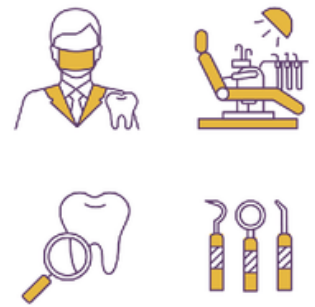
| Dental Semi-Monthly Premiums |         |
|------------------------------|---------|
| Employee Only                | \$9.00  |
| Employee + Spouse            | \$20.00 |
| Employee + Children          | \$22.50 |
| Employee + Family            | \$30.00 |

# GRANBURY ISD

## DENTAL REIMBURSEMENT PLAN

### It's easy as 1 - 2- 3!

- 1) See any dentist you prefer.
- 2) Pay for your services.
- 3) Submit claim for reimbursement!



This plan is easy to use with no pre-authorization required! Upon completion of dental services at any provider you choose, you will pay for your services and submit a claim for reimbursement. Your claim will be processed according to the schedule of benefits.



## SCHEDULE OF BENEFITS

| AMOUNT OF CLAIM                                        | PLAN PAYS    | PARTICIPANT PAYS | TOTAL BENEFIT PAID |
|--------------------------------------------------------|--------------|------------------|--------------------|
| First \$100                                            | 100% (\$100) | 0% (\$0)         | \$100              |
| Next \$200                                             | 75% (\$150)  | 25% (\$50)       | \$150              |
| Next \$1,500                                           | 50% (\$750)  | 50% (\$750)      | \$750              |
| ANNUAL MAXIMUM BENEFIT PAID PER COVERED PERSON \$1,000 |              |                  |                    |

### ELIGIBILITY

All full-time employees (working a minimum of 30 hours per week) and part-time employees who have worked for GISD for a minimum of five years, and their spouses and dependent children to age 25 are eligible to elect this plan.

### ORTHODONTIA

Orthodontia is limited to \$1,000 lifetime maximum per insured and up to age 19. Orthodontia benefit is included in the annual maximum.

### EXCLUSIONS

Plan exclusions are cosmetic dentistry, teeth whitening, implants, TMJ and orthodontia for participants over age 19.

*Claims MUST be received by First Financial Administrators, Inc. within 90 days of the date of service.*  
Claims received after 90 days of service will be declined.

### HOW DO I GET REIMBURSED?

- Complete a Dental Reimbursement Claim Form along with the paid itemized receipt from your dental provider (available on GISD website).
- Mail or fax the completed claim form and copy of receipt to the Dental Claims Department.
- If your claim is paid with your FSA or HSA account, we will reimburse the account instead of sending payment directly to the participant.

### SEMI -MONTHLY PREMIUMS

| COVERAGE            | PREMIUM |
|---------------------|---------|
| Employee Only       | \$9.00  |
| Employee & Spouse   | \$20.00 |
| Employee & Children | \$22.50 |
| Employee & Family   | \$30.00 |

## SUBMIT YOUR CLAIMS TO:

First Financial Administrators, Inc.  
Attn: Dental Claims  
P. O. Box 670329, Houston, TX 77267-0329  
(866) 853-3539 | Fax (281) 272-7656

# Vision Insurance

Superior Vision | [www.superiorvision.com](http://www.superiorvision.com) | 800-507-3800

Proper vision care is essential to your overall well-being. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Your employer provides you with a vision plan to take care of you and your family’s needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. Here are just a few of the areas where you will save money with your plan:

- Eye Exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction

| Vision Semi-Monthly Premiums |        |
|------------------------------|--------|
| Employee Only                | \$3.92 |
| Employee + One               | \$6.66 |
| Employee + Family            | \$9.81 |





## Vision plan benefits for Granbury ISD

### Copays

|                      |      |
|----------------------|------|
| Exam <sup>1</sup>    | \$10 |
| Eyewear <sup>2</sup> | \$25 |

### Semi-Monthly Premiums

|                    |        |
|--------------------|--------|
| Emp. only          | \$3.92 |
| Emp. + 1 dependent | \$6.66 |
| Emp. + family      | \$9.81 |

### Services/frequency

|                |           |
|----------------|-----------|
| Exam           | 12 months |
| Frame          | 24 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 <sup>3</sup> | Up to \$45 retail  |
| Lenticular                           | Covered in full              | Up to \$80 retail  |
| Contact lenses <sup>4</sup>          | \$175 retail allowance       | Up to \$80 retail  |
| Medically necessary contact lenses   | Covered in full              | Up to \$150 retail |
| LASIK vision correction <sup>5</sup> |                              | \$200 allowance    |

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

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

<sup>2</sup> 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)

<sup>3</sup> 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

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

<sup>5</sup> 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.*

# Flexible Spending Accounts

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 866-853-3539

## Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$680 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$680 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$680 will be forfeited under the use-it-or-lose-it rule.

**Your maximum contribution amount for 2026 is \$3,400.**

### Medical FSA Highlights

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

**NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include the date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient's name.**

## Dependent Care FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like childcare, babysitters, and adult day care.

**You may allocate up to \$7,500 per tax year for reimbursement of dependent care services.**

**If you are married and file a separate tax return, the limit is \$3,750.**

### Dependent Care FSA Highlights

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

# Health Savings Account

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 866-853-3539

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like co-pays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies.

## Health Savings Account Highlights

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

## Who Can Participate in an HSA?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse’s traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- Limited Purpose Flexible Spending Accounts are permitted (dental and vision expenses only).
- You cannot participate if your spouse has a general purpose FSA or HRA at their place of employment.
- You cannot participate if you are being claimed as a dependent on another person’s tax return.

|                                    | 2026                                                                                           | 2027                                                                                           |
|------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| HSA Contribution Limits            | <ul style="list-style-type: none"><li>• Self Only: \$4,400</li><li>• Family: \$8,750</li></ul> | <ul style="list-style-type: none"><li>• Self Only: \$4,500</li><li>• Family: \$9,000</li></ul> |
| Health Insurance Deductible Limits | <ul style="list-style-type: none"><li>• Self Only: \$1,700</li><li>• Family: \$3,400</li></ul> | <ul style="list-style-type: none"><li>• Self Only: \$1,750</li><li>• Family: \$3,500</li></ul> |

\$1,000 catch-up contributions (age 55 or older)

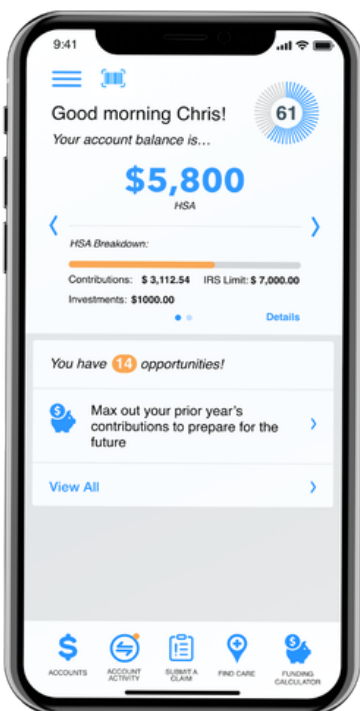
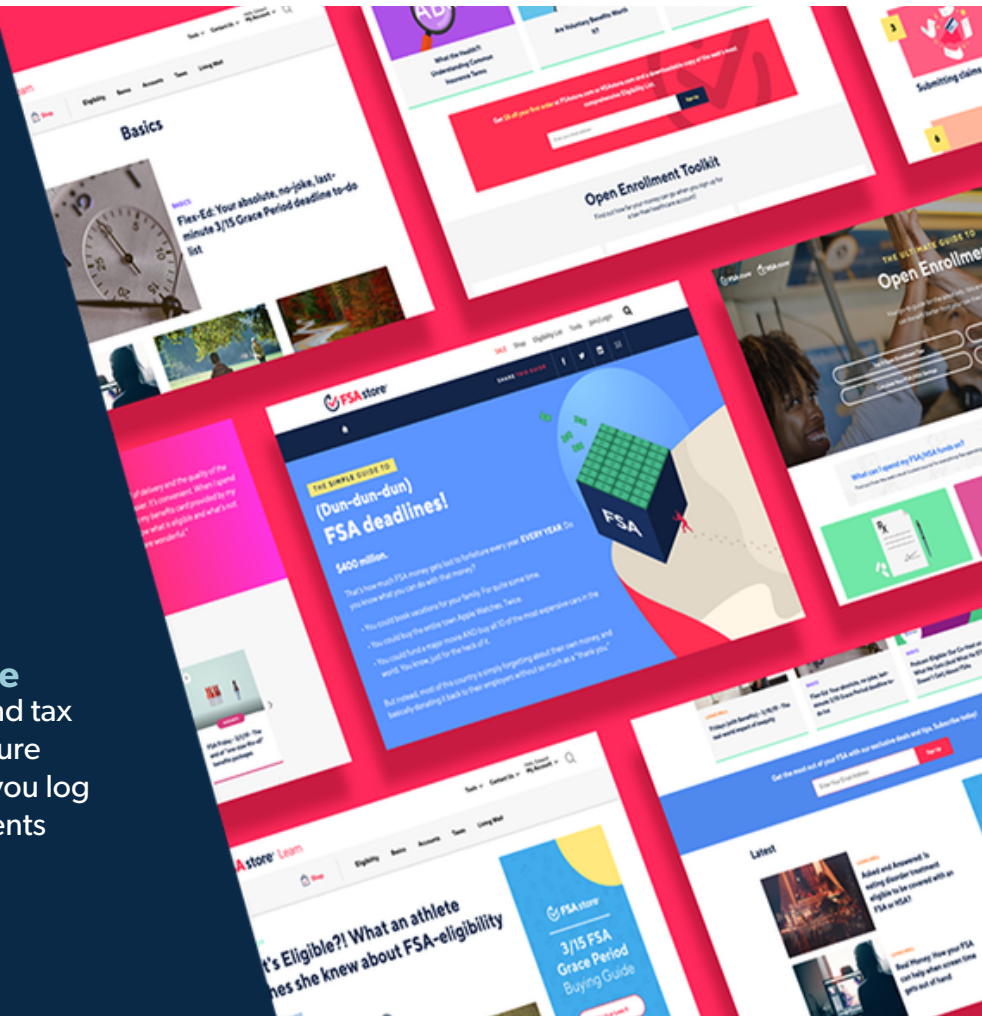
# FSA & HSA Resources

## Benefits Card

The FFGA Benefits Card is available to all employees that participate in a Flexible Spending Account or Health Savings Account. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least 18 years old.

## View Your Account Details Online

Sign up to view your account balance, find tax forms and check claims status on our secure website. Log in at [www.ffga.com](http://www.ffga.com). After you log in, you may sign up to have reimbursements directly deposited to your bank account.



## FF Mobile Account App

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App Store or Google Play Store.

## FSA/HSA Store

FFGA has partnered with the FSA Store and HSA Store to bring you easy-to-use online stores to better understand and manage your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center to find answers to commonly asked questions. Visit the stores at [www.ffga.com/individuals/#stores](http://www.ffga.com/individuals/#stores) for more details and special deals.



# Term Life & AD&D

## Employer-Paid & Voluntary

Blue Cross Blue Shield | [www.bcbstx.com/ancillary](http://www.bcbstx.com/ancillary) | 877-442-4207

### Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$25,000.00 policy. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

### Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.



# Term Life

## Voluntary

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 800-654-8489

### Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.



# Texas Life

## Permanent Life



Texas Life | [www.texaslife.com](http://www.texaslife.com) | 800-283-9233

### **Texas Life Insurance - Permanent, Portable Life Insurance**

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

### **Texas Life - Permanent Life Highlights**

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.

# Disability Insurance

UNUM | [www.unum.com](http://www.unum.com) | 800-858-6843

## Why Do I Need Disability Insurance?

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons. You can choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?



# Cancer Insurance

## Plan Options



American Fidelity | [www.americanfidelity.com](https://www.americanfidelity.com) | 800-654-8489

Thousands of Americans are diagnosed with cancer each day. No doubt, the news is devastating, both personally and financially. It's impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a cancer insurance plan.

It is likely that your major medical coverage will not cover all the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.

# Critical Illness Insurance

AFLAC | [www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com) | 800-433-3036

## Prepare For the Unexpected

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.



# Accident Insurance

AFLAC | [www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com) | 800-433-3036

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit



# Identity Theft Protection

iLock 360 | [www.ilock360.com](http://www.ilock360.com) | 855-287-8888

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud.

Identity theft insurance won't prevent your identity from being stolen. But it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep. The sooner you can take action to close your accounts, the quicker you can recover your identity.

It takes years to establish a good reputation with credit lenders and employers. Make sure it remains yours by taking advantage of the identity theft insurance offered through your employer.



# Medical Transport

MASA | [www.masamts.com](http://www.masamts.com) | 800-643-9023

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs.

Most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill.

With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.



# 403(b) Retirement Plans

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 800-523-8422, option 2

The 403(b) can be an excellent way to save money for retirement. It can serve as a supplement to a traditional pension plan or other retirement plan(s), or as a stand-alone plan. The 403(b) is a tax deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. The 403(b) is named after the section of the IRS code governing it.

## How a 403(b) Works

Employees enroll and participate through their employer. Contributions to a 403(b) are made on a pre-tax basis through a Salary Reduction Agreement. This is an arrangement where the participating employee agrees to take a reduction in salary. The amount by which the salary is reduced is directed to investments offered through the employer and selected by the employee. These contributions are called elective deferrals and are excluded from the employee’s taxable income. Contributions grow tax-deferred until the time of retirement when withdrawals are taxed as ordinary income.

## Benefits

- Tax deferred growth: no annual taxation on earnings
- Investment options: fixed annuities, variable annuities, or mutual funds
- Competitive interest rates
- Flexibility: start, stop, and adjust your contributions as allowed by your employer’s plan.
- Receive periodic account statements

| Contribution Limits                                                                                                    |          |
|------------------------------------------------------------------------------------------------------------------------|----------|
| 2025                                                                                                                   | 2026     |
| \$23,500                                                                                                               | \$24,500 |
| Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$8,000. |          |

*All investing involves risk. Past performance is not a guarantee of future returns.*



# 457(b) RETIREMENT PLAN



The FFinvest Retirement Plan is a comprehensive plan, funded by Net Asset Value Mutual Funds. It is a competitive & simple, yet flexible plan with a 401(k) type of approach.

## PLAN HIGHLIGHTS

### Multiple Investment Options

- The plan provides 30+ different investment options , for savers and investors of all risk tolerances

### ROTH (After-Tax) Option

### Loan availability (subject to balance)

### Rollovers/Transfers

- Rollovers and Transfers are accepted into the plan from other retirement plans

### No Front-End or Deferred Sales Charges

## ENROLL ONLINE

### Go to [www.tcgservices.com](http://www.tcgservices.com)

- Click Enroll (upper right-hand corner)
- Search for your Employer
- Click Enroll in the 457(b) Savings Plan

If you have questions, please contact  
TCG Administrators at [\(800\) 943-9179](tel:8009439179)  
Monday - Friday, 8:00 a.m. - 7:00 p.m.

## 24/7, 365 ONLINE ACCESS VIA WEB OR MOBILE APP

Vast Learning Center located at  
[www.tcgservices.com](http://www.tcgservices.com)

- Video Library
- Retirement Rundown & Market Commentary
- Financial Calculators

Service from your FFGA Account Rep

Dedicated email address: [FFinvest@ffga.com](mailto:FFinvest@ffga.com)



# Employee Assistance Program

American Fidelity | [www.supportlink.com](http://www.supportlink.com) | 800-457-3327

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in a day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you successfully face emotional issues.

An employee assistance program, or EAP, is a free, voluntary program offered by your employer. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem.

Employee assistance programs address a wide range of issues including mental and emotional well-being, substance abuse and grief. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.



# TeleHealth



RECURO | [www.recurohealth.com](http://www.recurohealth.com) | 855-673-2876

Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room.

Board Certified physicians will diagnose your illness, recommend treatment, and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They can treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!

# Hospital Indemnity Insurance

AETNA | [www.aetna.com](https://www.aetna.com) | 800-607-3366

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits.

The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!



# COBRA

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 800-523-8422, option 4

Life is full of unexpected events that may impact your health insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your group health coverage such as medical, dental, vision insurance and flexible spending accounts for a limited period of time.

## COBRA Highlights

- Temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work, divorce, death or a child no longer qualifying as a dependent. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
- Either you or your family member are responsible for notifying your employer of a divorce, legal separation or child losing dependent status within 60 days of the event. In the case of termination, death or reduction in hours, your employer will be responsible for letting the provider know that you have the right to continue coverage under COBRA.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

First Financial Administrators, Inc. provides COBRA administration services for the following plans:  
Medical, Dental, Vision, and FSA



# Medicare & Age 65



FFMS | [www.ffga.com/medicare-solutions](http://www.ffga.com/medicare-solutions) | 800-523-8422

## Questions to Consider Before Retiring

- Do I **plan** to Retire?
- Am I **eligible** to Enroll?
- **When** can I enroll?
- Do I really **want** to enroll?
- **Should** I enroll now or wait?
- What happens if I **don't** enroll when I'm eligible?

Whether or not you intend to retire yet, these questions and more may occur as you approach age 65.

Planning for your future is important, and you don't have to do it alone.

Let the experts at First Financial assist you through this process.

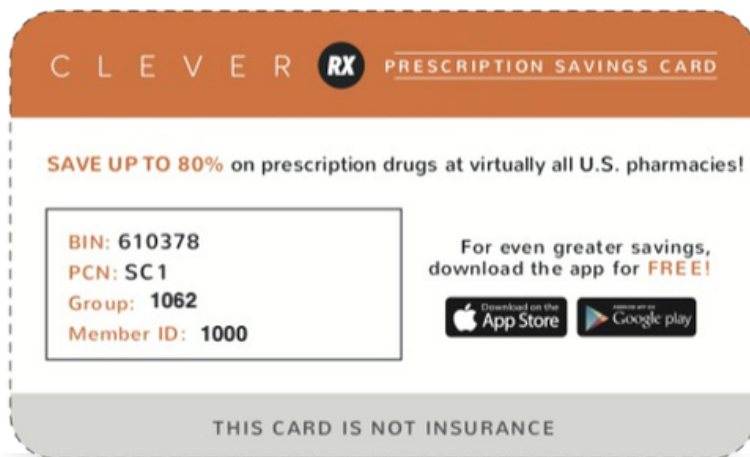
**[MedicareSolutions@ffga.com](mailto:MedicareSolutions@ffga.com)**

# Clever RX

Clever RX | [partner.cleverrx.com/ffga](https://partner.cleverrx.com/ffga) | 800-873-1195

Clever RX helps you save money by using a prescription drug savings card. They partner with the healthcare community to bring state-of-the-art, money-savings tools to participants. It helps you save up to 80% off prescriptions drugs and often beats the average copay. Plus, it's completely free. Thanks to Clever RX, you will never overpay for prescriptions again!

*Use Clever RX every time you pay for a medication for instant savings!*



Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.

## Clever RX Highlights

- 100% FREE to use.
- Unlock discounts on thousands of medications.
- Save up to 80% on prescription medication – Often beats your copay!
- Download the Clever RX app by using the information on your card to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!



## Manage your benefits anytime, anywhere.

All your benefits info in one place! My FFGA Benefits is your new benefits companion, right at your fingertips.

### FIND OUR APP HERE



[www.ffga.com/my-ffga-benefits](http://www.ffga.com/my-ffga-benefits)

**GRANBURY ISD**  
**GROUP ID: 60313**



#### View Available Benefits & Enroll

Navigate to your Employee Benefits Center to enroll and access product brochures, videos, claim forms and carrier contact info.



#### FSA/HSA Login

Download the FF Mobile Account App and access your FSA/HSA administered through First Financial.



#### My Wallet

Save provider information, family and health details and carrier cards so that you can quickly access when needed.



#### Contact Us

Find contact information for your First Financial account manager and local branch office for additional support.

# Contact Information

Ryan Hancock  
Account Manager  
800-883-0007  
[ryan.hancock@ffga.com](mailto:ryan.hancock@ffga.com)

Claudia Sanchez, Human Resources  
Benefits/Leave Specialist  
817-408-4190  
[Claudia.Sanchez@granburyisd.org](mailto:Claudia.Sanchez@granburyisd.org)

| Product                      | Carrier           | Website                                                                                            | Phone        |
|------------------------------|-------------------|----------------------------------------------------------------------------------------------------|--------------|
| Medical                      | BCBS              | <a href="http://www.bcbstx.com/trsactivecare">www.bcbstx.com/trsactivecare</a>                     | 866-355-5999 |
| Prescription Benefits        | Express Scripts   | <a href="http://info.express-scripts.com/trsactivecare">info.express-scripts.com/trsactivecare</a> | 844-367-6108 |
| Dental                       | First Financial   | <a href="http://www.ffga.com">www.ffga.com</a>                                                     | 866-853-3539 |
| Vision                       | Superior Vision   | <a href="http://www.superiorvision.com">www.superiorvision.com</a>                                 | 800-507-3800 |
| FSA & HSA                    | FFGA              | <a href="http://www.ffga.com">www.ffga.com</a>                                                     | 866-853-3539 |
| District Paid/Voluntary Life | BCBS              | <a href="http://www.bcbstx.com/ancillary">www.bcbstx.com/ancillary</a>                             | 877-442-4207 |
| Term Life                    | American Fidelity | <a href="http://www.americanfidelity.com">www.americanfidelity.com</a>                             | 800-654-8489 |
| Permanent Life               | Texas Life        | <a href="http://www.texaslife.com">www.texaslife.com</a>                                           | 800-283-9233 |
| Disability                   | UNUM              | <a href="http://www.unum.com">www.unum.com</a>                                                     | 800-858-6843 |
| Cancer                       | American Fidelity | <a href="http://www.americanfidelity.com">www.americanfidelity.com</a>                             | 800-654-8489 |
| Critical Illness             | AFLAC             | <a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>                       | 800-433-3036 |
| Accident                     | AFLAC             | <a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>                       | 800-433-3036 |
| Identity Theft               | iLock 360         | <a href="http://www.ilock360.com">www.ilock360.com</a>                                             | 855-287-8888 |
| Medical Transport            | MASA              | <a href="http://www.masamts.com">www.masamts.com</a>                                               | 800-643-9023 |
| Retirement 403(b)            | FFGA              | <a href="http://www.ffga.com">www.ffga.com</a>                                                     | 800-523-8422 |
| Retirement 457(b)            | TCG               | <a href="http://www.tcgservices.com">www.tcgservices.com</a>                                       | 800-943-9179 |
| EAP                          | American Fidelity | <a href="http://www.supportlink.com">www.supportlink.com</a>                                       | 800-457-3327 |
| Telehealth                   | RECURO            | <a href="http://www.recurohealth.com">www.recurohealth.com</a>                                     | 855-673-2876 |
| Hospital Indemnity           | AETNA             | <a href="http://www.aetna.com">www.aetna.com</a>                                                   | 800-607-3366 |

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