

HCDE 2026-27 BENEFITS GUIDE



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Department of
Education



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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!

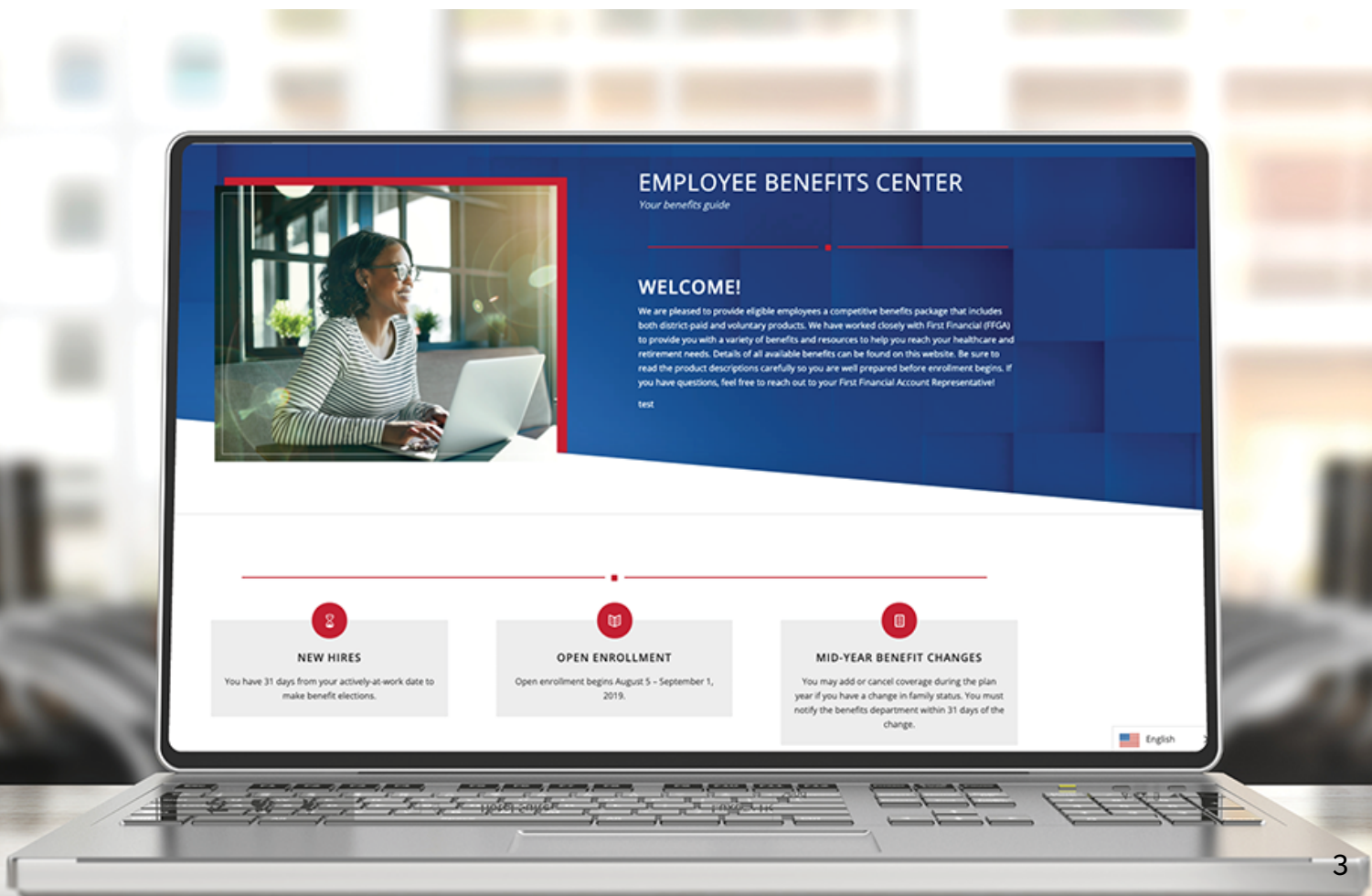
HCDE and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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!

<https://ffbenefits.ffga.com/hcde>



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 Pre-Tax 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 Post-Tax 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.*

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

Full-time and part-time employees regularly scheduled to work 20 or more hours per week.

New Employees

New hires have 31 days from the actively-at-work date to enroll in benefits. Coverage will begin on the first day of the month following the actively-at-work date or qualifying status change, provided benefit elections are finalized by the employee within the enrollment period.

Existing Employees

During open enrollment, FFGA representatives will be available by phone to assist with your benefit elections. You may also enroll online at any time during the open enrollment period from your work or home computer. Visit the Employee Benefit Center and attend a Benefits Fair to learn more about your coverage options.

Mid-year Benefit Changes

You may add, change or cancel benefit coverage during the plan year if you experience a qualifying life event (QLE), such as a change in family or employment status. To make changes to your benefits, you must notify the benefits team and submit the required documentation within 31 days of the qualifying event. Failure to do so may result in the loss of your opportunity to make changes until the next open enrollment period. Please contact the benefits team promptly to ensure all eligibility requirements and documentation deadlines are met.

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. This will begin on the month following the dependents birthday.

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.**

Open Enrollment

July 6 - 24, 2026

Know Before You Enroll Benefits Fair

Meet with our insurance vendors to learn more about your benefits, get answers to your questions, and discover resources designed to support your health and well-being.

HCDE Benefits Fair Schedule			
Location	Date	Time	Room
North Post Oak	June 22	9 AM - 12 PM	1010 & 1011
Irvington	June 24	9 AM - 12 PM	101 A, B & C

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. The on-site enrollment schedule is below.

HCDE On-Site Open Enrollment Schedule			
Location	Date	Time	Room
Irvington	July 14	8 AM - 12 PM	101 B & C
North Post Oak	July 14	1:30 PM - 5 PM	1012
North Post Oak	July 15	8 AM - 12 PM	1012
Irvington	July 15	1:30 PM - 5 PM	101 B & C
Irvington	July 21	8 AM - 12 PM & 1:30 - 5PM	101 B & C

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 begin online enrollment, login using the instructions below.

Login using Single Sign-On (SSO) from your HCDE employee portal

- Visit your employee portal at <https://www.hcde-texas.org/benefits-enrollment>
 - Enter your district provided username and password to access your HCDE employee benefits page
 - Click on the "Go to your FFGA dashboard" link
 - You will be automatically logged in and it will bring you to the welcome screen

Login using 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.

Medical Coverage

TRS-ActiveCare

Blue Cross Blue Shield of Texas | <https://www.bcbstx.com/trsactivecare/> | 1-866-355-5999



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.

TRS Medical Plan Options:

TRS-ActiveCare Primary X Region 4

- Lowest Premiums
- Copays for doctor visits before you meet your deductible
- Statewide Network.
- Referrals from Primary Care Provider required to see specialists
- No out-of-network coverage.
- Tiering feature that lowers out-of-pocket costs when you choose cost-effective, quality facilities for your care

TRS-ActiveCare Primary +

- Lowest deductible.
- Copays for many services and drugs
- Higher Premium
- Statewide Network
- Referrals from Primary Care Provider required to see specialists
- No out-of-network coverage

TRS-ActiveCare HD

- Compatible with a Health Savings Account
- Nationwide network with out-of-network coverage
- No requirement for Primary Care Providers or referrals
- Must meet your deductible before plan pays for non-preventative care

TRS-ActiveCare 2 - Closed to New Enrollees

- Current enrollees can choose to stay in plan
- Lower deductible
- Copays for many services and drugs
- Nationwide network with out-of-network coverage
- No requirement for Primary Care Providers or referrals
- Tiering feature that lowers out-of-pocket costs when you choose cost-effective, quality facilities for your care

TRS-ActiveCare Plan Prescription Benefits

Express Scripts | <https://info.express-scripts.com/trsactivecare/> | 1-844-367-6108

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.

TRS ActiveCare Medical Premiums

TRS-Active Care Primary X Region 4	TRS Total (Monthly)	District Contribution (Monthly)	Employee Cost (Monthly)	Employee Cost (Semi-Monthly)
Employee Only	\$569	\$569	\$0	\$0
Employee + Spouse	1,537	\$583	\$954	\$477
Employee + Child(ren)	\$968	\$583	\$385	\$192.50
Employee + Family	\$1,935	\$583	\$1,352	\$676

TRS-ActiveCare Primary +	TRS Total (Monthly)	District Contribution (Monthly)	Employee Cost (Monthly)	Employee Cost (Semi-Monthly)
Employee Only	\$669	\$583	\$86	\$43
Employee + Spouse	\$1,740	\$583	\$1,157	\$578.50
Employee + Child(ren)	\$1,138	\$583	\$555	\$277.50
Employee + Family	\$2,208	\$583	\$1,625	\$812.50

TRS-ActiveCare HD	TRS Total (Monthly)	District Contribution (Monthly)	Employee Cost (Monthly)	Employee Cost (Semi-Monthly)
Employee Only	\$583	\$583	\$0	\$0
Employee + Spouse	\$1,575	\$583	\$992	\$496
Employee + Child(ren)	\$992	\$583	\$409	\$204.50
Employee + Family	\$1,983	\$583	\$1,400	\$700

The TRS Active Care 2 plan will be closed to any changes or new enrollments. Only those employees staying in the plan will keep it. Once Active Care 2 has been dropped, the plan cannot be re-elected.

** In-network only - you are required to enter a 10-digit PCP number into the enrollment system when you elect the plan. Visit www.bcbstx.com/trsactivecare to find a PCP prior to enrolling. **

Important Note: When asking your doctor if they take your insurance, avoid using the phrase "Do you take my insurance?" Most of the time, the provider will take the insurance but it might require you to owe an additional amount. Instead, ask the question **"Are you an In-Network provider for this medical plan?"**

[For more information, please refer to the TRS-ActiveCare website.](#)

2026-2027 TRS ActiveCare Plan Highlights

	TRS-ActiveCare Primary x Region 4	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	• Lowest premium of the three available plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage • New! Tiering options that lower your out-of-pocket costs when you choose certain facilities.	• Highest premium of the three available plans • Copays for many services and drugs • Lower deductible than the HD and Primary plans • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Higher premium of the three available plans • Must meet your deductible before plan pays for non-preventive care • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Compatible with a Health Savings Account

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,400/\$6,800	\$6,800/\$13,600
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$8,300/\$16,600	\$20,500/\$41,000
PCP Required	Yes	Yes	No	

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

Immediate Care				
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RediMD™	\$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)/ 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) Call 1-844-367-6108 to see if your specialty medication is covered by SaveOnSP.	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
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

How to Calculate Your Monthly Premium

$$\begin{array}{r}
 \text{Total Monthly Premium} \\
 - \text{Your Employer Contribution} \\
 \hline
 = \text{Your Premium}
 \end{array}$$

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

Being Healthy is Easy

- **NEW! Inpatient and outpatient facility tiering options for TRS-ActiveCare Primary x Region 4.** Call a PHG at 1-866-355-5999 for more information.
- \$0 preventive services
- 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.
- Airrosti 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 x Region 4 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

TeleMedicine (Pre-Tax)

Recuro | www.recurohealth.com | 1-855-673-2876



Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telemedicine 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!

Plan Highlights:

- \$0 Co-pay.
- Unlimited use for you and your household.
- You do not need medical insurance with HCDE to use this plan.
- Virtual Urgent Care.
- Virtual Behavior Health - this includes licensed online counseling, psychiatry initial visit, and psychiatry follow-up visit for a \$0 copay.

Telemedicine		
	Semi-Monthly	Monthly
Employee + Family	\$5.50	\$11.00

Medical Transport (Post-Tax)

MASA | www.masamts.com | 1-800-423-3226

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.

- No deductibles.
- Easy claim process.
- No health questions.
- Coverage is available for spouses and dependents up to age 26.
- Contact MASA for more details of coverage areas.

Medical Transport Insurance				
Coverage	Premier		Platinum	
	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Employee + Family	\$9.50	\$19.00	\$19.50	\$39.00



Flexible Spending Accounts (Pre-Tax)

First Financial Administrators, Inc. | www.ffga.com | 1-866-853-3539
P.O. Box 161968 | Altamonte Springs, F.L. 32716

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted 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.
- When expenses are incurred, not necessarily paid.

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. If you fail to substantiate by providing a receipt to First Financial within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.

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 (Pre-Tax)

First Financial Administrators, Inc. | www.ffga.com | 1-866-853-3539
P.O. Box 161968 | Altamonte Springs, F.L. 32716

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	• Individual: \$4,400 • Family: \$8,750	• Individual: \$4,500 • Family: \$9,000
HDHP Minimum Deductibles	• Individual: \$1,700 • Family: \$3,400	• Individual: \$1,750 • Family: \$3,500
\$1,000 catch-up contributions (age 55 or older)		

Comparing HSAs & FSAs

Differences in HSAs and FSAs



Health Savings Accounts (HSAs), and Flexible Spending Accounts (FSAs) are common types of reimbursement accounts offered by First Financial Administrators, Inc. These accounts allow you to set aside money for qualified medical expenses, while reducing your overall tax burden.

However, there are significant differences between an HSA and a FSA. With an HSA, you own the account and can take it with you wherever you go, with funds that you can't lose. Also—unlike a FSA—your funds are generally available in your account only as contributions are made, instead of from the beginning of the plan year.

Both accounts have access to our FF Mobile Account app to view account balances, check claims status and more. The app is available for download on Google Play and the App Store.

HSA	FSA
ELIGIBILITY REQUIREMENTS	
Must have qualified HDHP and no other disqualified health plan. Cannot be covered under a traditional FSA or spouses traditional health plan. Can not be enrolled in MediCare.	No FSA specific eligibility requirements.
YEARLY CONTRIBUTION AMOUNTS	
\$4,400 Individual, \$8,750 Family in 2026. / \$4,500 Individual, \$9,000 Family in 2027. Employee and employer contributions both count toward the limit.	IRS limit of \$3,400 per FSA in 2026.
AVAILABILITY OF FUNDS	
Funds are available as contributions are made.	The full election amount is available on the first day of the plan year.
CHANGING CONTRIBUTION AMOUNTS	
Contributions can be changed at any time.	May be adjusted at open enrollment or with a qualifying life event in employment or family status.
ROLLOVER	
Any unused balance always rolls over to the next calendar year.	FSAs are "use it or lose it" and you forfeit any unused balance at the end of the plan year. Your employer may opt to allow a 2 1/2 month grace period to submit charges made in plan year for expenses in the new plan year.

HSA	FSA
PORTABILITY	
It's your account. You can take it with you wherever you go.	You will lose your FSA with a change in employment.
EFFECT ON TAXES	
Contributions may be taken out of your paycheck pre-tax. Growth and distributions for qualified expenses are tax free or be made on the portal with after-tax contributions.	Contributions are taken out of your paycheck pre-tax. Distributions are tax free for qualified expenses.
Tax deduction on taxes at end of year.	
DOCUMENTATION	
You are responsible to maintain documentation in case of an IRS audit.	You will be requested to provide documentation to substantiate the expense.
TAX DOCUMENTS	
1099-SA distributions will be sent to you by January 31.	Reported on W-2.
5498 Contributions will be issued in May.	
INVESTMENTS	
Investment options are available once you have accumulated the minimum required balance. Investments can be made online by logging into the secure portal at www.ffga.com .	No investment options
DISTRIBUTIONS	
Any distribution amount not used exclusively to pay for qualified medical expenses is included in your gross income and may be subject to an additional 20% tax.	Expenses must be incurred during the plan year.



**For more information on your HSA,
call 866-853-3539 or visit www.ffga.com.**

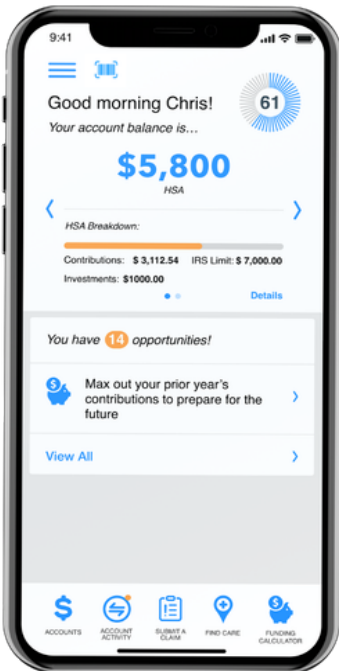
FSA & HSA Resources

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. The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. **If you fail to substantiate by providing a receipt to First Financial within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.**

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. 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 <http://www.ffga.com/individuals/#stores> for more details and special deals.



Dental Insurance (Pre-Tax)

Cigna | www.cigna.com | 800-244-6224

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

Important Note: When asking your dentist if they take your insurance, avoid using the phrase "Do you take my insurance?" Most of the time, the provider will take the insurance but it might require you to owe an additional amount. Instead, ask the question **"Are you an In-Network provider for this dental plan?"**

Plan Choices:

PPO Dental				
Coverage	Low Plan		High Plan	
	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Employee	\$15.11	\$30.22	\$21.21	\$42.42
Employee + One	\$29.82	\$59.64	\$41.87	\$83.74
Employee + Family	\$52.25	\$104.50	\$73.36	\$146.72

DHMO Dental		
Coverage	Semi-Monthly	Monthly
Employee	\$7.03	\$14.06
Employee + One	\$13.36	\$26.72
Employee + Family	\$20.04	\$40.08

Vision Insurance (Pre-Tax)

MetLife/Superior Vision | www.metlife.com | 1-855-638-3931

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
- \$10 co-pay for eye exam.
- \$10 co-pay for materials – eyeglasses and/or contacts.
- 2 Pair Frame Allowance every 12 months.
- \$130 Retail Allowance Per Pair OR one pair of eyeglasses allowance and an allowance towards contacts.
- Dependents up to age 26.

Vision		
Coverage	Semi-Monthly	Monthly
Employee Only	\$4.88	\$9.76
Employee + Family	\$11.22	\$22.44



Accident Insurance (Pre-Tax)

MetLife | www.metlife.com | 1-800-438-6388 | Group #158199

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:

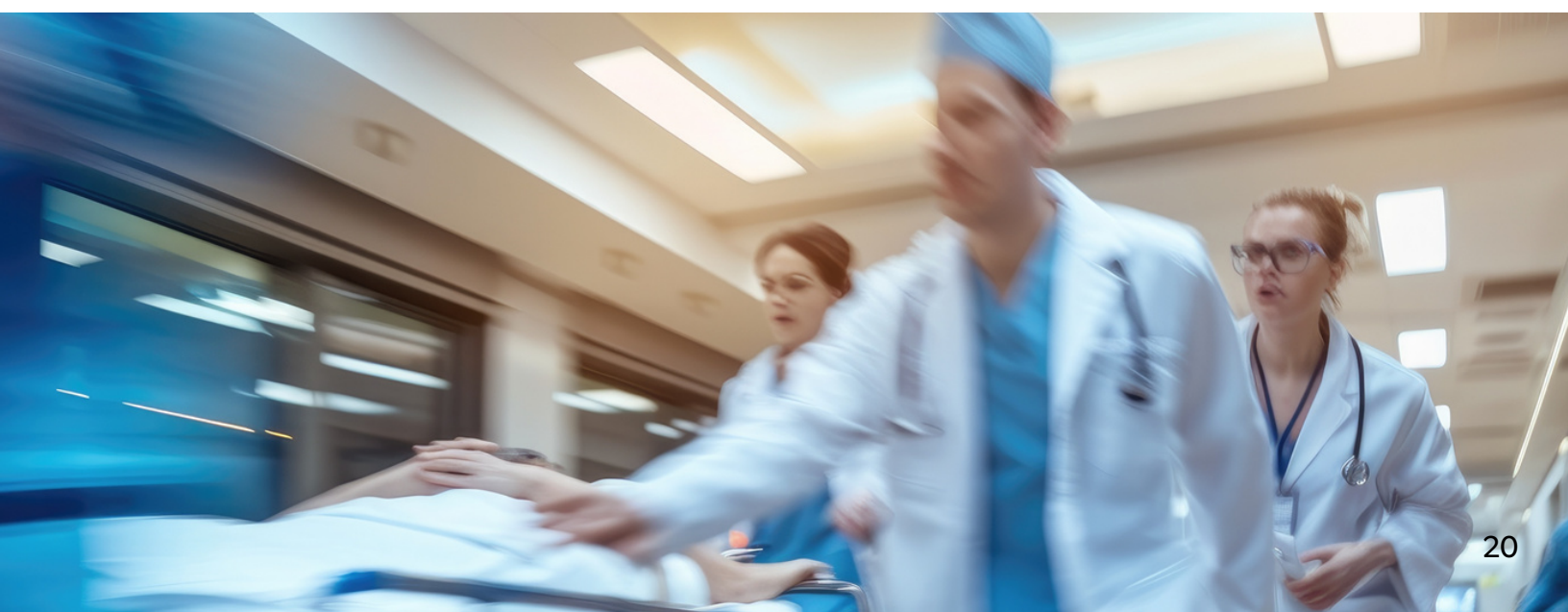
- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit

Plan Highlights:

- Plan is fully **portable** even if you leave your employer.
- High and Low plan to fit your budget and needs.
- High plan benefits pay an additional 50% more.
- Coverage available for employee, spouse and children for accidents off the job.
- Coverage includes but is not limited to, fractured bones, third degree burns, concussions, broken teeth, emergency room treatment, ambulance, and hospital confinement.

Plan Choices:

Accident Insurance				
Coverage	Low Plan		High Plan	
	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Employee	\$3.94	\$7.87	\$7.45	\$14.90
Employee + Spouse	\$5.95	\$11.89	\$11.25	\$22.50
Employee + Children	\$7.63	\$15.26	\$14.42	\$28.83
Employee + Family	\$9.81	\$19.62	\$18.21	\$36.42



Hospital Indemnity Insurance

(Pre-Tax)

MetLife | www.metlife.com | 1-800-438-6388

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!

Plan Highlights:

- Guaranteed Issue - Pre-existing conditions do apply for the first 12 months.
- Paid directly to you so you can use the funds to pay for your needs at your discretion.
- Illness confinement has a 12-month pre-existing condition.
- Normal pregnancy is NOT covered under this plan, but complications from pregnancy are covered under illness for this plan.
- Health screening benefit provided if the covered insured takes one of the covered screening/prevention tests; \$50 for the Low Plan and \$100 for the High Plan.
- Plan is portable.

Plan Choices:

Hospital Indemnity Insurance				
Coverage	Low Plan		High Plan	
	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Employee Only	\$8.18	\$16.36	\$16.59	\$33.18
Employee + Spouse	\$13.51	\$27.02	\$27.41	\$54.82
Employee + Children	\$13.51	\$27.02	\$27.41	\$54.82
Employee + Family	\$19.64	\$39.28	\$39.85	\$79.70

Cancer Insurance (Pre-Tax)

American Fidelity | www.americanfidelity.com | 1-800-662-1113

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.

Plan Highlights:

- Benefits are paid directly to you and coverage can be for you or your entire family.
- Pays you based upon a schedule of 25 benefits; some of the key benefits include:
 - Pays up to \$10,000 (Low Plan) or \$15,000 (High Plan) annually for chemotherapy, radiation, and immunology.
 - Both plans pay you upon initial cancer diagnosis: Low Plan (\$2,500) and High Plan (\$5,000).
 - Both plans include an Intensive Care Unit (ICU) rider that will pay \$600 daily, up to 45 days, if you are confined to the ICU for ANY reason.
 - Pays Wellness Screening benefit per year of \$25 (Low Plan) or \$75 (High Plan).
 - Pays for Hospital Confinement, Extended Care Facilities, Hospice Care, Surgery, among other things.
- For any new coverage, pre-existing condition limitations will apply for the first 12 months. American Fidelity will not pay for any loss due to a pre-existing condition during the first 12 months of coverage.
- Plan is portable.

Plan Choices:

Cancer Insurance				
Coverage	Basic Plan		Enhanced Plus Plan	
	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Employee	\$7.90	\$15.80	\$15.81	\$31.62
Employee + Family	\$13.43	\$26.86	\$26.90	\$53.80

Disability Insurance (Post-Tax)

The Standard | www.standard.com | 855-757-4717 | Group #645307

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?

Plan Highlights

- Pays directly to you to help pay for what you need while you are unable to work.
- Monthly benefit amount in \$100 increments up to 66 2/3% of salary or a maximum of \$8,000 a month.
- Choose a waiting period of 7, 14, 30, 60, 90, or 180 days (The plan starts to pay after the elimination period until the doctor says you can come back to work or to the age of 65).
- If you select an elimination period of 45 days or less, your waiting period is waived upon in-patient hospital admittance of 4 hours or more.
- For New or Enhanced Coverages: Pre-existing conditions will not be covered until after 12 months of continuous coverage (Enhanced Coverages: Increasing your monthly benefit or lowering your waiting period).



Term Life & AD&D (Post-Tax)

The Standard | www.standard.com | 855-757-4717 | Group #645307

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 \$20,000 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.

Plan Highlights

- Employee Minimum Coverage is \$20,000, up to 5x annual salary to a maximum coverage of \$500,000.
- Spouse coverage in increments of \$10,000 up to \$250,000 of coverage (not to exceed 100% of employee coverage). Spouse means any person who is a party to a marriage and under state, federal or provincial laws is recognized as a spouse and is not insured under the policy as an employee.
- Child(ren) coverage of \$10,000 of coverage for children under 26 with no medical questions asked. Dependent child does not include any person who is insured as an employee or is considered to be a dependent child of more than one employee.
- Age-banded rates for employees, spouse and children. This policy will age the insured as of their age on September 1 of each year and rates will be based on your age-band for that plan year.
- Coverage reduces to 65% at age 65, to 50% at age 70 and to 35% at age 75.



Permanent Life (Post-Tax)

Texas Life | www.texaslife.com | 1-800-283-9233



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.
- Express Issue- You only have to answer three health questions – no medical exams required.
- **Portable** - You own the policy, and can take it with you even if you change jobs or retire.
- Employees age 49 and under; eligible to receive up to \$300,000 coverage; Employees age 50-65; eligible to receive up to \$100,000 coverage.
- Spousal express issue coverage up to \$50,000 (varies based on spouse age); Coverage for child(ren) & grandchild(ren) up to \$50,000.
- Chronic Illness Rider – pays up to 92% policy value to help cover cost of long term care if you cannot perform 2 of the 5 ADL (Assisted Daily Living) functions.

Identity Theft Protection (Post-Tax)

iLock360 | www.ilock360.com | 1-855-287-8888

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.

Plan Highlights:

- All benefit-eligible employees are eligible for Identity Theft Protection coverage.
- Monitors your identity 24/7/365.
- Personal Email address required to sign up for this program.
- Plan can protect individual or family.
- Dependents are covered up to 18 years of age.

Plan Choices:

Identity Theft Insurance				
Coverage	Plus		Premium	
	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Employee	\$4.00	\$8.00	\$7.50	\$15.00
Employee + Spouse	\$7.50	\$15.00	\$11.00	\$22.00
Employee + Children	\$6.50	\$13.00	\$10.00	\$20.00
Employee + Family	\$10.00	\$20.00	\$13.50	\$27.00

Legal Plan (Post-Tax)

MetLife Legal Plans | www.info.legalplans.com | Password: GetLaw
1-800-821-6400 | Group #152376



Have you ever found yourself in need of legal advice, but aren't sure where to go? A voluntary group legal plan helps fill that need. It provides you with access to professional lawyers at a low monthly rate. For just a few dollars a month, you can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce and so much more. Expert legal advice is available at your fingertips.

Legal Plan Highlights

- Telephone and Office Consultations, MetLaw provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options, and recommend a course of action.
- Legal Representation, trials for covered matters are covered from beginning to end, regardless of length, when using a network attorney.
- Legal services including, but not limited to, Estate Planning Documents, Financial Matters, Real Estate, Elder Law, Family Law, Traffic Offenses, Document Preparation, Immigration Assistance, Juvenile Court Defense, Consumer Protections, Defense of Civil Lawsuits, Personal Property Protection.

Legal Insurance		
Coverage Tier	Semi-Monthly	Monthly
Employee + Family	\$9.00	\$18.00

Employee Assistance Program

Alliance Work Partners | www.awpnow.com | 1-800-343-3822

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. Your EAP offers many resources to help you become more resilient, cope with unfortunate events and uncover a better you.

AWPnow.com is computer, phone, and tablet friendly and your gateway for online orientation videos and webinars, publications, articles, and tips. Type AWPnow.com/main/benefits/ then log-in using your email address and password. To create an account (first time users must use the **registration code AWP-HCDE-1343**) you may email AM@alliancewp.com directly.

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.



Voluntary Retirement Plans

(Pre-Tax)

TCG Group Holdings | www.tcgservices.com | 1-800-943-9179
TCG Advisors Hotline | www.tcgservices.com/telewealth | 512-600-5200

403(b) Retirement Plan

Research shows that Americans are living well past retirement years. Are you saving enough to be able to enjoy those years? A 403(b) plan can help you get there.

403(b) is a voluntary plan that allows you to save money in a pre-tax (Traditional) account. Contributions to the plan are salary-deducted from your paycheck and automatically deposited into your 403(b) retirement savings account. Early withdrawals from a 403(b) account are subject to a 10% excise tax.

TCG is the 403(b) plan administrator – managing your contributions, distributions, and personal updates. Money and investments are held with the vendor of your choice. To get started, visit www.tcgservices.com/documents and find your employer's 403(b) Approved Vendor List. Open an account by contacting one of the approved 403(b) providers directly. Next, register your access to your TCG 403(b) administration account and set up salary deferrals at www.tcgservices.com/enroll

- Multi-vendor plan. You must research from a list of 50+ vendors and decide the best fit for you.
- Fees and investments vary per vendor.
- Commissions vary per vendor.
- 10% early withdrawal penalty (goes away at age 59 ½ or age 55 if retired).
- Investment options vary by vendor, including fixed/variable annuities and mutual funds.

457(b) Retirement Plan

The 457(b) plan is an employer-sponsored voluntary retirement savings plan that allows you to save money for retirement on a tax-deferred basis. One significant way the 457(b) differs from the 403(b) is that distributions are never subject to the 10 percent tax for early withdrawal.

- Employer-sponsored plan with fiduciary oversight by TCG Advisors and a committee of Superintendents/CFOs.
- High-quality, low fee investment options.
- No commissions.
- No federal penalties to withdraw funds from account. Income tax still applies.
- Choose between target date funds, risk-based portfolios, or self-directed mutual funds.

To get started, simply visit www.tcgservices.com/enroll and establish your account

You may simultaneously contribute to both 403b and 457b plans.

Contribution Limits	
2026 - 403(b)	2026 - 457(b)
\$24,500 ; \$32,500 age 50+ \$35,750 ages 60-63	\$24,500 ; \$32,500 age 50+ \$35,750 ages 60-63
Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$8,000.	

Schedule a TeleWealth meeting with Marques at www.tcgservices.com/mcormier. For extended hours or weekends, please email: marques.cormier@hubinternational.com

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

COBRA

First Financial Administrators, Inc. | 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 30 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.



Medicare & Age 65



FFMS | <https://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?

email:

medicaresolutions@ffga.com

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.

Contact Information

Product	Carrier	Website	Phone
Accident	MetLife	www.metlife.com	800-438-6388
Cancer	American Fidelity	www.americanfidelity.com	800-662-1113
Dental	Cigna	www.my.cigna.com Group #: 3346932	800-244-6224
Disability	The Standard	www.standard.com	855-757-4717
EAP	Alliance Work Partners	www.awpnow.com Reg. Code: AWP-HCDE-1343	800-343-3822
FSA, DCFSA, HSA	First Financial Administrators, Inc	www.ffga.com	866-853-3539
Hospital Indemnity	MetLife	www.metlife.com	800-438-6388
Identity Theft	iLock360	www.ilock360.com	855-287-8888
Legal	MetLife Legal Plans	www.info.legalplans.com Password: GetLaw	800-821-6400
Medical	BCBS	www.bcbstx.com/trsactivecare	866-355-5999
Medical Transport	MASA	www.masamts.com	800-423-3226
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Prescription Benefits	Express Scripts	www.esrx.com/trsactivecare	844-367-6108
Retirement Savings 403(b) and 457(b)	TCG Group Holdings	www.tcgservices.com	800-943-9179
Telemedicine	Recuro	www.recurohealth.com	855-673-2876
Term Life	The Standard	www.standard.com	855-757-4717
Vision	MetLife / Superior Vision	www.metlife.com	855-638-3931