

# WACO ISD 2024

## EMPLOYEE BENEFITS GUIDE

2024 Plan Year

January 1 - December 31



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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.*

# Enrollment Schedule

## ONSITE ENROLLMENT

<b>Campus</b>	<b>Weekday</b>	<b>Date</b>	<b>Time</b>
Cedar Ridge	Monday	10/02/2023	8:00 AM - 4:00 PM
G.W. Carver Middle	Monday	10/02/2023	8:00 AM - 4:30 PM
Waco High School	Tuesday	10/03/2023	8:00 AM - 5:00 PM
University High School	Wednesday	10/04/2023	8:00 AM - 5:00 PM
Dean Highland	Thursday	10/05/2023	8:00 AM - 4:00 PM
Crestview	Thursday	10/05/2023	8:00 AM - 4:00 PM
Bell's Hill	Friday	10/06/2023	8:00 AM - 4:00 PM
Lake Air Montessori	Friday	10/06/2023	8:00 AM - 4:00 PM
Provident Heights	Tuesday	10/10/2023	8:00 AM - 4:00 PM
Hillcrest PDS	Tuesday	10/10/2023	8:00 AM - 4:00 PM
G.L. Wiley	Tuesday	10/10/2023	8:00 AM - 4:00 PM
Cesar Chavez Middle	Wednesday	10/11/2023	8:00 AM - 4:30 PM
Tennyson Middle	Wednesday	10/11/2023	8:00 AM - 4:30 PM
Mountainview	Thursday	10/12/2023	8:00 AM - 4:00 PM
West Avenue	Thursday	10/12/2023	8:00 AM - 4:00 PM
Warehouse/ Maintenance	Friday	10/13/2023	8:00 AM - 11:00 AM
Challenge/ N. Waco	Friday	10/13/2023	12:00 PM - 4:00 PM
GWAMA	Friday	10/13/2023	12:00 PM - 4:00 PM
GWAHCA	Friday	10/13/2023	12:00 PM - 4:00 PM
Brazos Credit Recovery	Friday	10/13/2023	12:00 PM - 4:00 PM
Alta Vista	Monday	10/16/2023	8:00 AM - 4:00 PM
Brook Avenue	Monday	10/16/2023	8:00 AM - 4:00 PM
Parkdale	Tuesday	10/17/2023	8:00 AM - 4:00 PM
Kendrick	Tuesday	10/17/2023	8:00 AM - 4:00 PM
South Waco	Wednesday	10/18/2023	8:00 AM - 4:00 PM
J.H. Hines	Wednesday	10/18/2023	8:00 AM - 4:00 PM
Administration Building	Monday	10/30/2023	8:00 AM - 5:00 PM
Administration Building	Tuesday	10/31/2023	8:00 AM - 5:00 PM

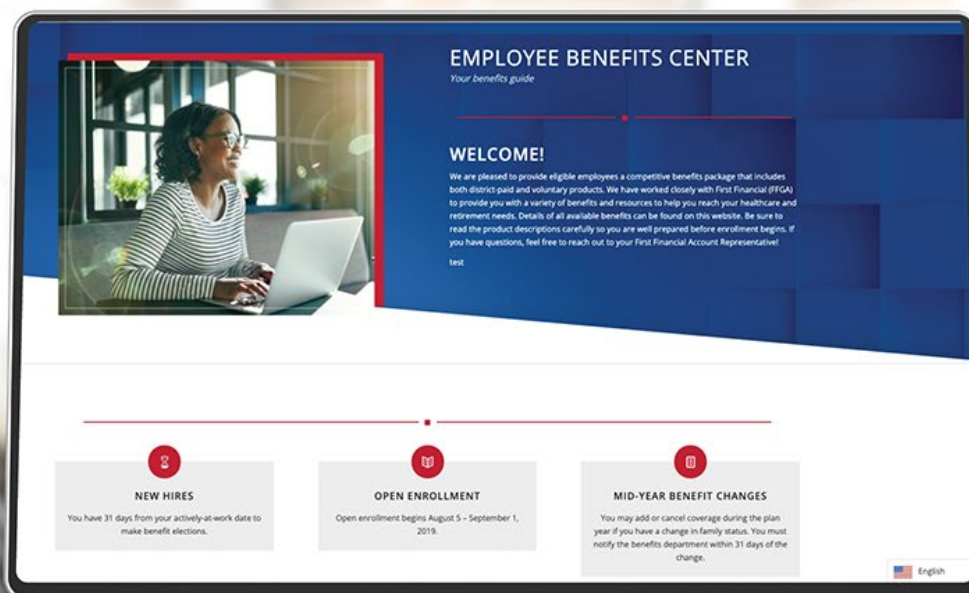
# EMPLOYEE BENEFITS CENTER

## YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Waco ISD and First Financial 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 claims, important phone number, and enrollment information.

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

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





## ONLINE ENROLLMENT

Step 1: Go to <https://ffga.benselect.com> and enter your login information. Enter your full SSN with no dashes in the top box. Your PIN is the last 4 digits of your SSN and the last 2 digits of the year you were born. It is a 6 digit number. Ex: If the last 4 of your SSN is 1234 and you were born in 1975, your PIN is 123475.



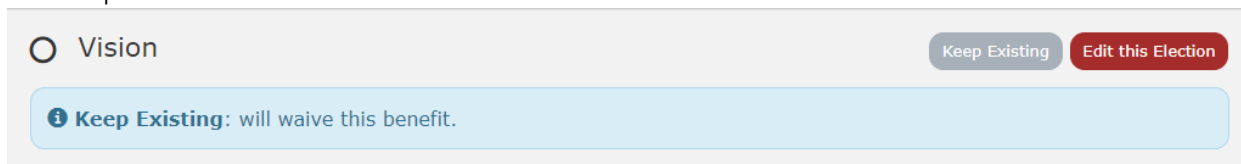
The screenshot shows the FFenroll ENROLLMENT SITE login page. At the top is the FFenroll logo. Below it, the text "ENROLLMENT SITE" is centered. There are two input fields: "Employee ID or Social Security Number" and "Personal Identification Number (PIN)". Below the input fields is a small disclaimer: "By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Connect to Enroll Electronically](#)". At the bottom is a blue "Log in" button.

2. Once logged in, you will see the blue bar at the top with different headings (see below). Make sure you go through each heading before completing your enrollment.

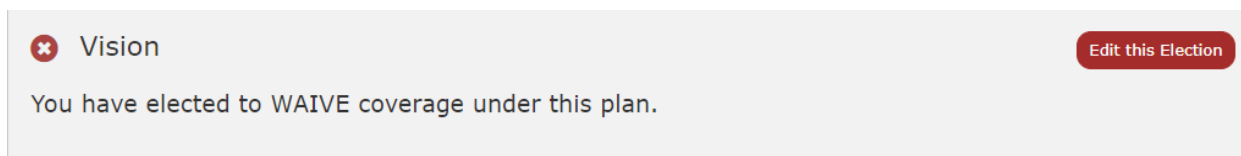


3. Under You & Your Family, verify/update all of your personal and dependent information. This includes names, date of births, SSNs and genders. If you need to add a Dependent, click the Add Dependent button.

4. When you get to the My Benefits heading, you will need to either enroll or decline/waive each product that is offered. You must choose one before the system will let you complete your enrollment. For example, if you want to enroll in the Vision plan, you would click the "Edit this Election" button seen below. This will open the Vision benefit with more information/pricing and allow you to enroll. If you do not want to enroll in the Vision plan, you can click the "Keep Existing" button and it will automatically decline/waive the benefit and change to the 2<sup>nd</sup> picture below.



The screenshot shows the "Vision" benefit selection screen. It features a radio button next to the word "Vision". To the right are two buttons: "Keep Existing" (grey) and "Edit this Election" (red). Below this is a light blue box with an information icon and the text: "Keep Existing: will waive this benefit."



The screenshot shows the "Vision" benefit selection screen after waiving coverage. It features a red "x" icon next to the word "Vision". To the right is a red "Edit this Election" button. Below this is the text: "You have elected to WAIVE coverage under this plan."

5. Enroll or decline/waive each benefit until all have been completed.

6. Once you have made a decision on each benefit, you will be taken to the Sign & Submit page (see below). Review all of your information and benefit elections. Once verified, enter your PIN at the bottom of the page and click "Sign Form."

Home You & Your Family - My Benefits - Sign & Submit

### Sign Forms Page

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

#### Benefit Confirmation / Deduction Authorization

<b>Name</b>	<b>Date of Birth</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Address</b>
Test Test	01/01/1975			123 Texas Street Austin, TX 78735
<b>Employee ID</b>	<b>Hire/Elig Date</b>	<b>Gender</b>	<b>E-mail Address</b>	
2	10/01/2021	M	test@test.com	
<b>Location</b>	<b>Department</b>	<b>Reason for Completing Form</b>		
Houston - North	Cypress - HSA	Open Enrollment		
<b>Job Class</b>	<b>Title</b>			
FT Class 1 (Exempt)	Teacher			

Benefit Plan	Option	Chg	Decl Cycle	Effective Date	Benefit Amount	Benefit	Requested Cost	Employee Cost Pre-tax	Employee Cost After Tax	Employee Cost
TRG Medical	TRG - ActuarCare HD	EO	12	10/01/2021				104.00	0.00	323.00
Employee Assistance Prog	Employee Assistance Program	EO	12	10/01/2021				0.00	0.00	0.00
Dental (DPPO)	Waived									
Dental (DHMO)	Waived									
Vision	Waived									
Flexible Spending Account	Waived									
Health Savings Account - H	Waived									
Short Term Disability (ER P	Sunlife Short Term Disability	EO	12	10/01/2021	577			0.00	0.00	19.62
Voluntary Long Term Disab	Waived									
Group Cancer	Waived									
Accident	Waived									
Critical Illness	Waived									
Group Hospital Indemnity I	Waived									
Group Hospital Indemnity II	Waived									
Basic Group Life	Standard Life - DB	EO	12	10/01/2021	100,000			0.00	0.00	5.80
Voluntary Emp Life and ADI	Waived									
Texas Life Insurance	Waived									

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Page 1

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the Benefit Verification/Deduction Confirmation Form above. Please review it carefully before entering your PIN.

PIN:

7. Once you have received the Congratulations message below, you will know you have completed your benefits.

## Sign/Submit Complete

### Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

If you have any questions or issues regarding your enrollment, please contact your First Financial representative, Taylor Silguero, at 512-630-6654 or [Taylor.Silguero@ffga.com](mailto:Taylor.Silguero@ffga.com).

# ELIGIBILITY

## ELIGIBILITY

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

## EXISTING EMPLOYEES

When it's time to enroll in your benefits, First Financial Representatives will be available to assist you with making your elections. 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 Qualifying Life Event (QLE). You must notify the benefits department within 31 days of the event.

## 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 & 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.**

# MEDICAL INSURANCE

Plan 1 \$4000 Choice HDHP Plan	Monthly Premium	District Monthly Contribution	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$455.88	\$455.88	\$0.00	\$0.00
Employee/Spouse	\$1,055.40	\$456.00	\$599.40	\$299.70
Employee/Child(ren)	\$809.96	\$456.00	\$353.96	\$176.98
Employee/Family	\$1,345.38	\$456.00	\$889.38	\$444.69

Plan 2 \$3500 Nexus Plan	Monthly Premium	District Monthly Contribution	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$547.13	\$456.00	\$91.13	\$45.57
Employee/Spouse	\$1,223.99	\$456.00	\$767.99	\$384.00
Employee/Child(ren)	\$937.85	\$456.00	\$481.85	\$240.93
Employee/Family	\$1,562.07	\$456.00	\$1,106.07	\$553.04

Plan 3 \$2500 Choice EPO Plan	Monthly Premium	District Monthly Contribution	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$675.71	\$456.00	\$219.71	\$109.86
Employee/Spouse	\$1,454.21	\$456.00	\$998.21	\$499.11
Employee/Child(ren)	\$1,124.83	\$456.00	\$668.83	\$334.42
Employee/Family	\$1,843.41	\$456.00	\$1,387.41	\$693.71



**Waco ISD 2024 Medical Insurance Plans**

	Plan 1 United Healthcare Choice with an H.S.A.		Plan 2 United Healthcare Nexus ACO \$3500 Plan		Plan 3 United Healthcare Choice \$2500 EPO Plan	
<b>DOCTORS</b>	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT OF NETWORK	WHAT YOU PAY TIER 1	WHAT YOU PAY TIER 2	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT OF NETWORK
Primary Care	20% after deductible		\$20 copay	\$40 copay	\$30 copay	
\$0 copay for children under the age of 19	N/A	N/A	\$0 no copay	\$0 no copay	\$0 no copay	N/A
Specialist Network	20% after deductible		\$40 copay	\$80 copay	\$60 copay	
Preventive Care	Covered 100%		\$0 no copay	\$0 no copay	\$0 no copay	
<b>HOSPITAL</b>						
In-Patient Hospital	20% after deductible		20% after deductible	40% after deductible	20% after deductible	
Out-Patient Surgery	20% after deductible	N/A	20% after deductible	40% after deductible	20% after deductible	N/A
<b>EMERGENCY HEALTH SERVICES</b>						
Emergency Room	20% after deductible	20% after deductible	\$1,250 copay per visit. then ded / coins. Waived if admitted.	\$1,250 copay per visit. then ded / coins. Waived if admitted.	\$1,250 copay per visit. then ded / coins. Waived if admitted.	\$1,250 copay per visit. then ded / coins. Waived if admitted.
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>ADDITIONAL SERVICES</b>						
Pregnancy	20% after deductible		\$20 / \$40 copay then 20% after deductible	\$40 / \$80 copay then 40% after deductible	\$30 copay then 20% after deductible	
Mental Health	20% after deductible	N/A	\$20 copay outpatient 20% after ded. Inpatient	\$40 copay outpatient 40% after ded. Inpatient	\$30 copay outpatient 20% after ded. Inpatient	N/A
Rehab / Habilitation Services	20% after deductible		\$20 / \$40 copay then 20% after deductible	\$40 / \$80 copay then 40% after deductible	\$30 / \$60 copay then 20% after deductible	
<b>URGENT CARE SERVICES</b>						
Urgent Care Facility	20% after deductible	N/A	\$0 after	\$0 after	\$0 after	N/A
<b>LAB &amp; X-RAY SERVICES</b>						
Minor lab & x-ray	20% after deductible		\$100 copay per visit	\$100 copay per visit	\$75 copay per visit	
Major lab & x-ray (MRI, CT Scan, PET Scan)	20% after deductible	N/A	20% after deductible	40% after deductible	20% after deductible	N/A
<b>CALENDAR YEAR DEDUCTIBLE</b>						
INDIVIDUAL FAMILY	\$4,000 \$8,000	N/A	\$3,500 \$10,500	\$3,500 \$10,500	\$2,500 \$5,000	N/A
<b>MAXIMUM OUT OF POCKET</b>						
INDIVIDUAL FAMILY	\$7,000 ** \$14,000 **	N/A	\$7,900 ** \$15,800 **	\$7,900 ** \$15,800 **	\$7,500 ** \$15,000 **	N/A
<b>LIFETIME MAXIMUM BENEFIT</b>						
	Unlimited	N/A	Unlimited	Unlimited	Unlimited	Unlimited

\*\* Copayments, Coinsurance and Deductibles accumulate towards the Out-of-Pocket Maximum



## Prescription benefits

# Convenient and affordable medication options.

Welcome to CVS Caremark® – we manage your new prescription benefit plan. We're here to help you get the medication you need and learn how to keep costs low.

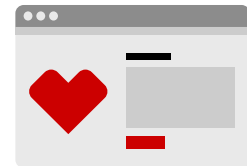
### Make sure you know how to get your medication.

You can pick up your medication at any pharmacy in your network. Some prescription benefits offer delivery by mail, too. Be sure to review your prescription benefit plan to see your options.

### Tap into savings with digital tools.

Save time, keep costs down and stay on top of your prescriptions. Do it all at [Caremark.com](https://www.caremark.com) and the CVS Caremark mobile app.

- Find a network pharmacy to keep medication costs as low as possible
- See if a medication is covered to get the most affordable option
- Compare drug costs to see where you can save
- Sign up to get email or text messages about your prescriptions and more
- Request refills and keep track of prescriptions for your family



**Ready to get the most from your benefits?**

Visit [Caremark.com/HelpCenter](https://www.caremark.com/HelpCenter) for answers to commonly asked questions.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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# Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be.

You can also find it on our website.

## Waco ISD HSA HDHP

Your Maintenance Choice Plan helps you save money when you fill prescriptions for long-term medications (used to treat conditions like diabetes, asthma, or high blood pressure) in **90-day** supplies at CVS Pharmacy or by mail. **If you fill these prescriptions in 30-day supplies or at any other pharmacy, you'll pay more.** Prescriptions for short-term medications (like antibiotics) can be filled at any retail pharmacy in your plan's network.

	Short-Term Medications		Long-Term Medications
	Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Fill at any pharmacy in your plan's network; Cost for <b>three</b> 30-day supplies	Fill at CVS Pharmacy or CVS Caremark Mail Service Pharmacy; Cost for up to a 90 -day supply
<b>Generic Medications</b> Best option to help you save money	<b>\$20</b> for one 30-day supply	<b>\$60</b> for three 30-day supplies	<b>\$50</b> for one 90-day supply
<b>Preferred Brand-Name Medications</b> Best option when a generic isn't available	<b>\$50</b> for one 30-day supply	<b>\$150</b> for three 30-day supplies	<b>\$125</b> for one 90-day supply
<b>Non-Preferred Brand-Name Medications</b> Highest cost option	<b>\$100</b> for one 30-day supply	<b>\$300</b> for three 30-day supplies	<b>\$250</b> for one 90-day supply
<b>Annual Deductible</b>	\$4,000 FOR Individual / \$8,000 for Family		
<b>Maximum Out-of-Pocket</b>	\$7,900 FOR Individual / \$15,000 for Family		

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

GLOBAL\_2023\_SUM\_MCV\_MOOP\_S2P\_0423

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

106-52041N 080122

## Register today at [Caremark.com/StartNow](https://www.caremark.com/StartNow)

Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to CVS Caremark they are also providing express consent for CVS Caremark to provide prescription Services to those members for those prescriptions. Members acknowledge that by directing their Prescribers, or their agents, to send prescriptions to CVS Caremark or CVS Specialty Pharmacy, they are Also providing express consent for CVS Caremark or CVS Specialty to utilize any affiliated pharmacies to Process their prescriptions. Plan Member Rights and Responsibilities can be found at Caremark.com.

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# Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be.

You can also find it on our website.

## Waco ISD HMO Plan

Your Maintenance Choice Plan helps you save money when you fill prescriptions for long-term medications (used to treat conditions like diabetes, asthma, or high blood pressure) in **90-day** supplies at CVS Pharmacy or by mail. **If you fill these prescriptions in 30-day supplies or at any other pharmacy, you'll pay more.** Prescriptions for short-term medications (like antibiotics) can be filled at any retail pharmacy in your plan's network.

	Short-Term Medications		Long-Term Medications
	Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Fill at any pharmacy in your plan's network; Cost for <b>three</b> 30-day supplies	Fill at CVS Pharmacy or CVS Caremark Mail Service Pharmacy; Cost for up to a 90-day supply
<b>Generic Medications</b> Best option to help you save money	<b>\$20</b> for one 30-day supply	<b>\$60</b> for three 30-day supplies	<b>\$50</b> for one 90-day supply
<b>Preferred Brand-Name Medications</b> Best option when a generic isn't available	<b>\$50</b> for one 30-day supply	<b>\$150</b> for three 30-day supplies	<b>\$125</b> for one 90-day supply
<b>Non-Preferred Brand-Name Medications</b> Highest cost option	<b>\$100</b> for one 30-day supply	<b>\$300</b> for three 30-day supplies	<b>\$250</b> for one 90-day supply
<b>Maximum Out-of-Pocket</b>	\$7,900 FOR Individual / \$15,800 for Family		

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

GLOBAL\_2023\_SUM\_MCV\_MOOP\_S2P\_0423

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106-52041N 080122

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# Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be. You can also find it on our website.

## Waco ISD EPO Plan

Your Maintenance Choice Plan helps you save money when you fill prescriptions for long-term medications (used to treat conditions like diabetes, asthma, or high blood pressure) in **90-day** supplies at CVS Pharmacy or by mail. **If you fill these prescriptions in 30-day supplies or at any other pharmacy, you'll pay more.** Prescriptions for short-term medications (like antibiotics) can be filled at any retail pharmacy in your plan's network.

	Short-Term Medications	Long-Term Medications
	Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Fill at CVS Pharmacy or CVS Caremark Mail Service Pharmacy; Cost for up to a 90-day supply
<b>Generic Medications</b> Best option to help you save money	<b>\$20</b> for one 30-day supply	<b>\$60</b> for three 30-day supplies
<b>Preferred Brand-Name Medications</b> Best option when a generic isn't available	<b>\$50</b> for one 30-day supply	<b>\$150</b> for three 30-day supplies
<b>Non-Preferred Brand-Name Medications</b> Highest cost option	<b>\$100</b> for one 30-day supply	<b>\$300</b> for three 30-day supplies
<b>Maximum Out-of-Pocket</b>	<b>\$7,900 FOR Individual / \$15,000 for Family</b>	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

GLOBAL\_2023\_SUM\_MCV\_MOOP\_S2P\_0423

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.  
106-52041N 080122

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Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to CVS Caremark they are also providing express consent for CVS Caremark to provide prescription Services to those members for those prescriptions. Members acknowledge that by directing their Prescribers, or their agents, to send prescriptions to CVS Caremark or CVS Specialty Pharmacy, they are Also providing express consent for CVS Caremark or CVS Specialty to utilize any affiliated pharmacies to Process their prescriptions. Plan Member Rights and Responsibilities can be found at Caremark.com.

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# Visit with a doctor 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a doctor by phone or video<sup>1</sup> through **myuhc.com**<sup>®</sup> or the UnitedHealthcare<sup>®</sup> app.



## A convenient and faster way to get care

Doctors can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,<sup>2</sup> if needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually \$0.**<sup>3</sup>

### Consider 24/7 Virtual Visits for these common conditions:

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats
- Stomachaches
- and more

# \$0 cost

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit — bringing a potential \$2,000<sup>4</sup> cost down to \$0.

## Get started

Sign in at [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits) | Call 1-855-615-8335  
Download the UnitedHealthcare app

# United Healthcare

<sup>1</sup> Data rates may apply.

<sup>2</sup> Certain prescriptions may not be available, and other restrictions may apply.

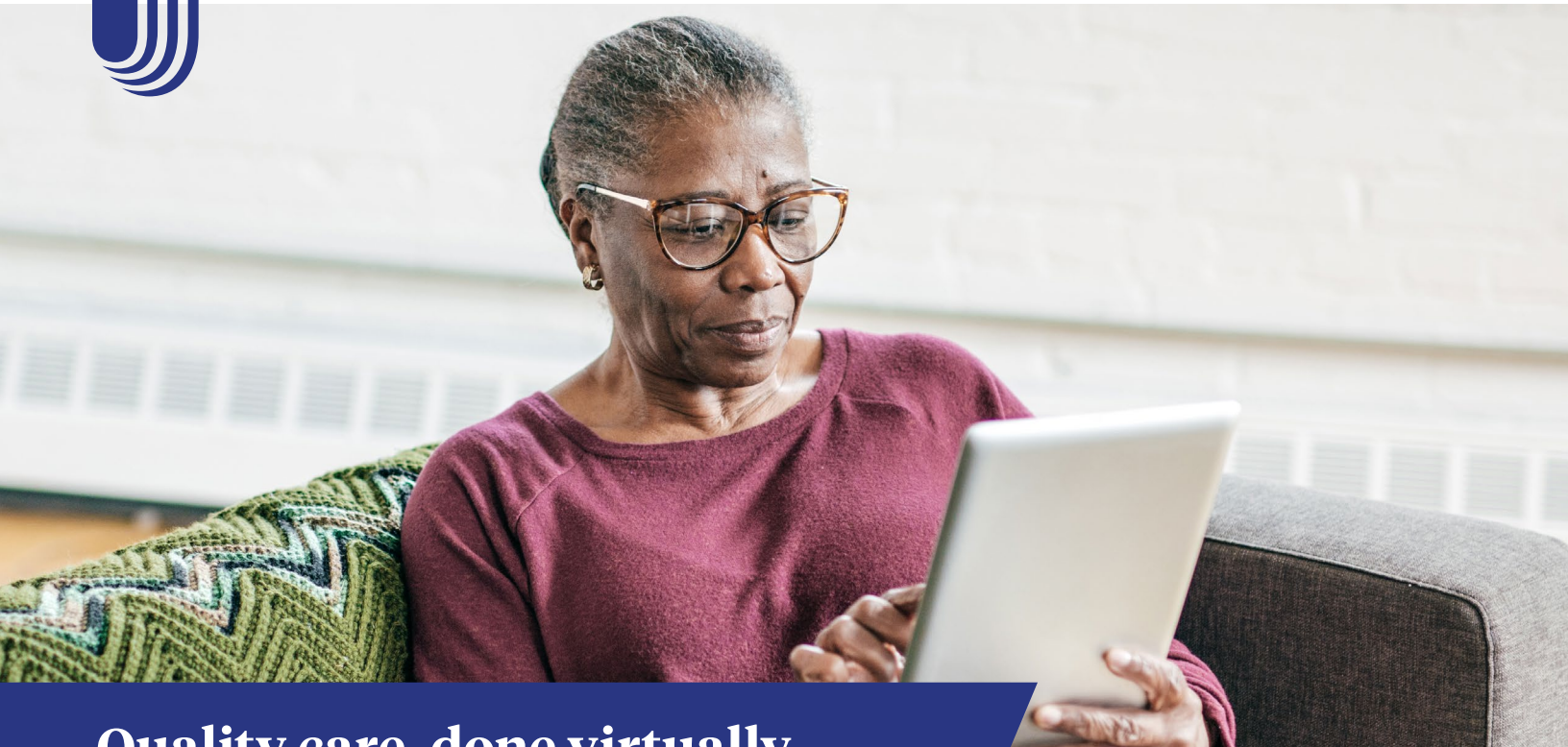
<sup>3</sup> The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time.

<sup>4</sup> Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated Urgent Care savings are based on the difference between average Urgent Care visit cost of \$180 and Virtual Visit cost of \$0; \$2,000.00 difference between the average Emergency Room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

The UnitedHealthcare<sup>®</sup> app is available for download for iPhone<sup>®</sup> or Android<sup>®</sup>. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.



## Quality care, done virtually

### See a primary care provider or get same-day urgent care on your phone, tablet or computer

With virtual care through your UnitedHealthcare plan, get care any time.

Using your smartphone or other connected device,\* like a tablet or a computer, you can access virtual primary and urgent care.

To schedule a virtual primary care appointment or access urgent care through 24/7 Virtual Visits, just download the UnitedHealthcare® app or visit [myuhc.com/virtualcare](https://myuhc.com/virtualcare).

### What kind of virtual care might be right for you?



#### Virtual primary care:

- Annual wellness visits
- Regular follow-ups for conditions like asthma, diabetes, etc.
- Lab tests and preventive screenings
- Referrals to quality network specialists
- Medication review and prescriptions, if needed\*\*
- Cost aligns with PCP benefit



#### 24/7 Virtual Visits:

- Non-emergency care for common health issues like the flu, fevers, sore throats, etc.
- Non-emergency care for sudden health issues like pinkeye, migraines, back pain, even allergies and anxiety
- Prescription refills, if needed\*\*
- Cost aligns with 24/7 Virtual Visits benefit



Scan the QR code to access your virtual care options





# Virtual care now includes additional specialists



## Specialized care at your fingertips

Virtual care is accessible from anywhere on your schedule and is designed for affordability. With UnitedHealthcare, members have access to quality virtual specialists who may help you create a personalized care plan, eliminating the inconvenience of travel and waiting rooms.

### Easy to access

Get a care plan from the comfort of your home, or anywhere on the go, through secure video, chat or email.

### Works on your schedule

Request a visit and get care within a few days rather than months. Virtual care revolves around you — helping you find support when you need it, in a way that may work best for you.

### Designed for affordable, quality care

Get access to care from specialists trained to understand your condition and deliver personalized care wherever you are.

### With virtual care, access:



Dermatology



Gastroenterology



Sleep



Migraine care



Speech therapy

**And more**

## Get started

Go to [myuhc.com/virtualcare](https://myuhc.com/virtualcare) to find the right care for you

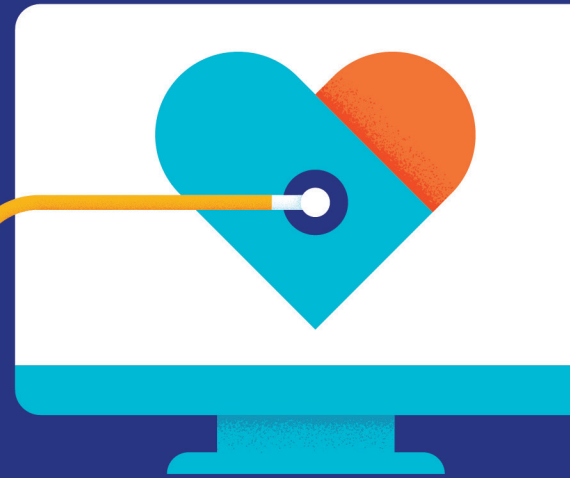
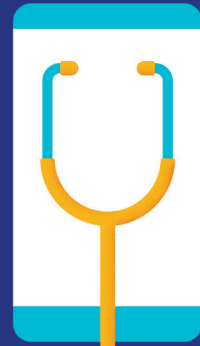


Virtual Specialists are services available with a provider or coach via video, chat, email, or audio-only where permitted under state law. It is not an insurance product or a health plan. Virtual Specialists are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all states, or for all members. Certain prescriptions may not be available, and other restrictions may apply.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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# A health plan that's always with you

Digital tools to keep you connected

## Get the most out of your benefits

Register for your personalized website on [myuhc.com](https://myuhc.com)<sup>®</sup> and download the UnitedHealthcare<sup>®</sup> app. These digital tools are designed to help you understand your benefits and make informed decisions about your care.

- Find care and compare costs for providers and services in your network
- Check your plan balances, view your claims and access your health plan ID card
- Access wellness programs and view clinical recommendations
- 24/7 Virtual Visits – Connect with providers by phone or video\* to discuss common medical conditions and get prescriptions;\*\* if needed
- View your health care financial account(s) such as HSA, FSA or HRA
- Compare prescription costs and order refills



### Download the app

Available for iPhone and Android

## Register today



Scan the QR code or go to [myuhc.com](https://myuhc.com) and click **Register Now**

See next page for registration steps

\*Data rates may apply.

\*\*Certain prescriptions may not be available, and other restrictions may apply.  
continued

# How to register

- 1 Go to [myuhc.com](https://myuhc.com) or download the UnitedHealthcare app and click **Register Now**
- 2 Complete the required fields and create your username/password
- 3 Enter your contact information and security questions
- 4 Agree to the terms and conditions and select your email preferences
- 5 Go paperless—from your account settings, choose paperless in your communication preferences



## Go paperless

- Less paper, less clutter
- Get your required communications online



Get started at [myuhc.com](https://myuhc.com)

# United Healthcare

24/7 Virtual Visits is a service available with a provider via video, or audio-only where permitted under state law. It is not an insurance product or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Available only for insured plans and self-funded plans with Optum Rx integrated pharmacy benefits.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under the Find Care & Costs section.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Health plan coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA.

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# One Pass Select™

## Rediscover your passion for health

With One Pass Select, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals, while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members (18+) can get started with One Pass Select on January 01, 2024.



### Find your fit with One Pass Select



#### At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.



#### At home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you, no matter what your fitness level and interests are.



#### In the kitchen

Get groceries and household essentials delivered to your home. We make it easy to plan for everything you need to enjoy delicious, nutritious meals.

**\$29/Mo**

#### Classic

11,000+ gym locations

**\$64/Mo**

#### Standard

12,000+ gym and premium locations

**\$99/Mo**

#### Premium

14,000+ gym and premium locations

**\$144/Mo**

#### Elite

16,000+ gym and premium locations



Learn more about One Pass Select\* at [OnePassSelect.com](https://www.OnePassSelect.com).

**Enroll in One Pass Select starting on January 01, 2024**

\*Eligible One Pass Select members will not be able to enroll in One Pass Select until January 01, 2024.

An enrollment fee may apply

Or get started with a digital-only plan for \$10/Mo

All tiers Classic or above come with grocery and home essentials delivery at no extra cost.



One Pass Select is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships under this program.

This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. Please discuss with your doctor how the information provided may be right for you. Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

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# Healthier habits, healthier lifestyle

Take small steps for lasting change with Real Appeal®, an online weight management support program.



## Get healthier, at no additional cost to you

Real Appeal on Rally Coach™ is a proven weight management program designed to help you get healthier and stay healthier. It's available to you and eligible family members at no additional cost as part of your benefits.

### Take small steps toward healthier habits

Set achievable nutrition, exercise and weight management goals that keep you motivated to create lasting change. Track your progress from your daily dashboard, too.

### Support and community along the way

Feel supported with personalized messages, online group sessions led by coaches and a caring community of members.

Join today at [enroll.realappeal.com](https://enroll.realappeal.com) or scan this code



**Get a Success Kit delivered right to your door.**

Make the most of tools and resources like weight and food scales, a portion plate and more. Your Success Kit is delivered after you attend your first live group session.

United  
Healthcare

Real  
Appeal®

Real Appeal is a voluntary weight loss program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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# DENTAL INSURANCE

MetLife | [www.metlife.com](http://www.metlife.com) | 800 275-4638  
QCD | [www.qcdofamerica.com](http://www.qcdofamerica.com) | 800-229-0304

Waco ISD offers a traditional Dental insurance plan through MetLife. This is a PPO plan with In- and Out-of-Network coverage. They also offer a discount dental plan through QCD of America. This is an HMO plan where you must choose from In-Network dentists only and offers a discount on each procedure. 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. A range of procedures may be covered, such as:

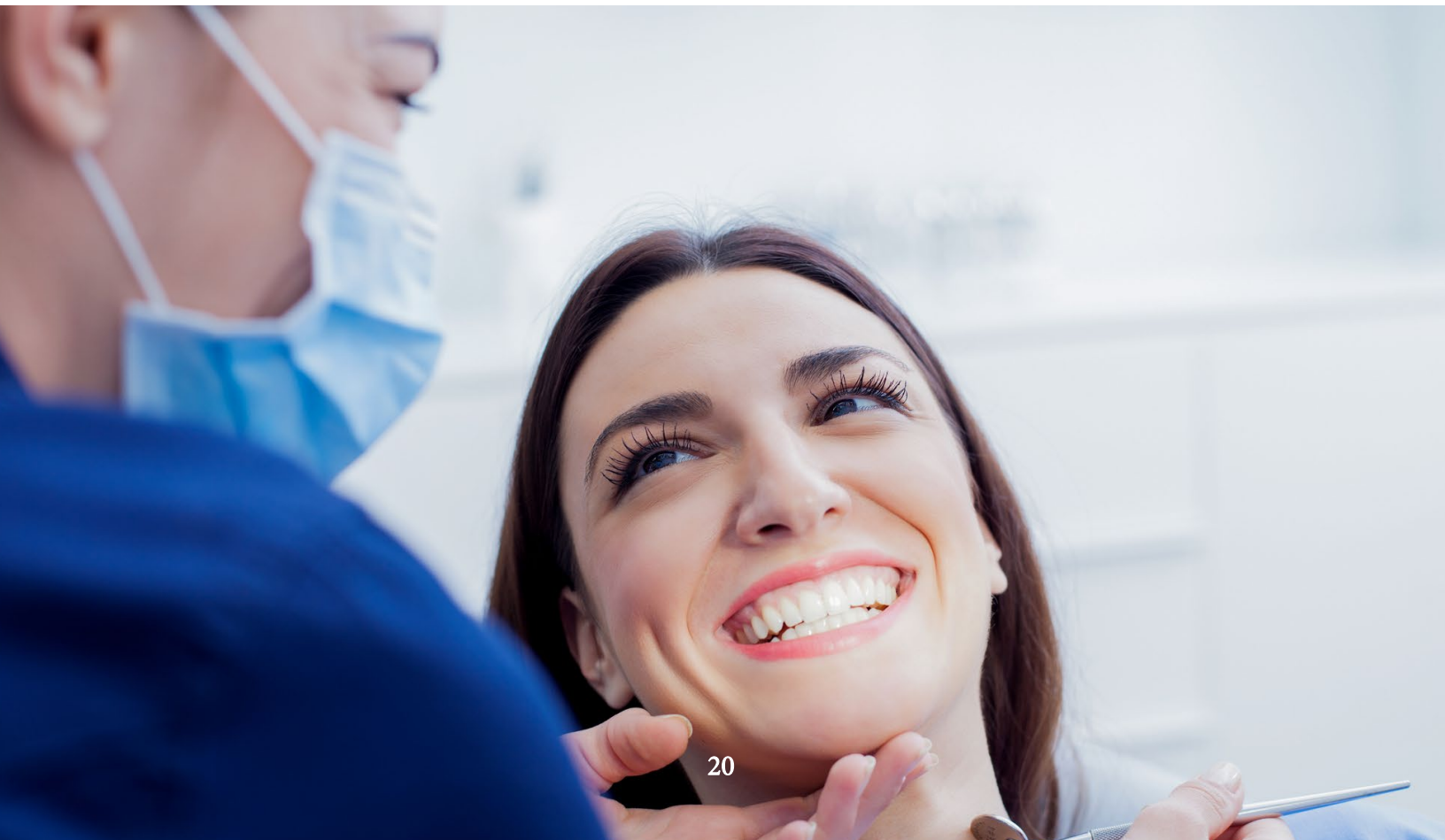
- Comprehensive exams
- Cleanings
- X-Rays
- Fillings
- Tooth Extractions
- General Anesthesia
- Crowns
- Root Canals

## METLIFE DENTAL SEMI - MONTHLY PREMIUMS

EMPLOYEE ONLY	\$10.78
EMPLOYEE + ONE	\$21.56
EMPLOYEE + FAMILY	\$33.38

## QCD DENTAL SEMI - MONTHLY PREMIUMS

EMPLOYEE ONLY	\$0
EMPLOYEE + ONE	\$4.00
EMPLOYEE + FAMILY	\$6.00



# Dental

Metropolitan Life Insurance Company

## Network: PDP Plus

Coverage Type	In-Network % of Negotiated Fee *	Out-of-Network % of Negotiated Fee *
<b>Type A: Preventive</b> (cleanings, exams, X-rays)	100%	100%
<b>Type B: Basic Restorative</b> (fillings, extractions)	80%	80%
<b>Type C: Major Restorative</b> (bridges, dentures)	50%	50%
<b>Type D: Orthodontia</b>	50%	50%

Deductible <sup>†</sup>		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum		
Per Person	\$1,000	\$1,000

**Child(ren)'s eligibility** for dental coverage is from birth up to age 26 and unmarried.

Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>†</sup>Applies only to Type B & C Services.

**You will not receive a Dental ID card. You can use the paper copy below or when scheduling a dentist appointment, you should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.**

### Front

**PDP NETWORK**

Employee Name _____	Employee ID _____
Waco ISD _____	119197 _____
Group Name _____	Group Number _____

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



### Back

[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

- Locate a participating dentist.
- Verify eligibility and plan design information.
- Review claim status and claim history for your entire family.
- View and print processed claims with one click.
- Obtain claims forms and educational information (including interactive risk assessment).
- Get instant answers to Frequently Asked Questions.
- Access trained customer service representatives.

**1 800 GET-MET 8 (1-800-438-6388)**

- Virtually 24 hours a day, 7 days a week call to confirm eligibility, order claim forms or request dentist directories.
- Monday–Friday, 8 a.m. to 11 p.m. EST, call to speak with a live customer service representative.
- MetLife Dental Claims, P.O. Box 981282, El Paso, TX 79998-1282.
- For International Dental Travel Assistance call 1-312-356-5970 (collect).

**If you would like to download a digital ID card, please visit <https://online.metlife.com/edge/web/public/benefits?> and type in Waco Independent School District. Then click Register and enter the required information.**



## List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

<b>Type A – Preventive</b>	<b>How Many/How Often</b>
Oral Examinations	<ul style="list-style-type: none"> <li>• One exam every 6 months</li> </ul>
X-rays	<ul style="list-style-type: none"> <li>• Full mouth X-rays: once every 5 years</li> <li>• Bitewing X-rays: one set every 12 months</li> </ul>
Prophylaxis (cleanings)	<ul style="list-style-type: none"> <li>• One every 6 months</li> </ul>
Topical Fluoride Applications	<ul style="list-style-type: none"> <li>• Topical fluoride treatment for children under age 14 once in 12 months</li> </ul>
Sealants	<ul style="list-style-type: none"> <li>• One sealant or sealant repair per tooth every 60 months for each non-restored, non-decayed 1<sup>st</sup> and 2<sup>nd</sup> molar of children under age 16</li> </ul>
<b>Type B – Basic Restorative</b>	<b>How Many/How Often</b>
Fillings	<ul style="list-style-type: none"> <li>• Replacement once every 24 months</li> </ul>
Oral Surgery	
Simple Extractions	
General Anesthesia	<ul style="list-style-type: none"> <li>• When dentally necessary in connection with oral surgery, extractions or other covered dental services</li> </ul>
Crown, Denture and Bridge Repair/Recementations	<ul style="list-style-type: none"> <li>• Once in a 12 month period</li> </ul>
Space Maintainers	<ul style="list-style-type: none"> <li>• Space maintainers for children under age 14 once per lifetime per tooth area</li> </ul>
<b>Type C – Major Restorative</b>	<b>How Many/How Often</b>
Bridges and Dentures	<ul style="list-style-type: none"> <li>• Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>• Dentures and bridgework replacement: one every 10 years</li> <li>• Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>
Crowns, Inlays and Onlays	<ul style="list-style-type: none"> <li>• Replacement once every 10 years</li> </ul>
Endodontics	<ul style="list-style-type: none"> <li>• Root canal treatment limited to once per tooth</li> </ul>
Periodontics	<ul style="list-style-type: none"> <li>• Periodontal scaling and root planing once per quadrant in any 24 month period</li> <li>• Periodontal surgery once per quadrant in any 36 month period</li> <li>• Total number of periodontal maintenance treatments and prophylaxis cannot exceed one treatment in a 6 month period</li> </ul>
Implants	<ul style="list-style-type: none"> <li>• Replacement once every 10 years</li> <li>• Repair once in a 12 month period</li> </ul>
<b>Type D – Orthodontia</b>	<b>How Many/How Often</b>
	<ul style="list-style-type: none"> <li>• You, your spouse and your children, up to age 26, are covered while Dental insurance is in effect</li> <li>• All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia</li> <li>• Payments are on a repetitive basis</li> <li>• 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary</li> <li>• Orthodontic benefits end at cancellation of coverage</li> </ul>

# VISION INSURANCE

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

Proper vision care is essential to your overall wellbeing. 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	\$3.30
EMPLOYEE + ONE	\$6.38
EMPLOYEE + FAMILY	\$9.38





## Vision plan benefits for Waco ISD

Copays		Semi-Monthly premiums		Services/frequency	
Exam <sup>1</sup>	\$10	Emp. only	\$3.30	Exam	12 months
Eyewear <sup>2</sup>	\$25	Emp. + 1 dependent	\$6.38	Frame	12 months
		Emp. + family	\$9.38	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	\$175 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

#### Discounts on covered materials<sup>6</sup>

These discounts apply to the glasses and contacts that are covered under the vision benefits.

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	10% off amount over allowance

[superiorvision.com](http://superiorvision.com)

(800) 507-3800

Lens type*	Member out-of-pocket <sup>6</sup>
Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30
<b>Progressive lenses</b>	
Standard/Premium/Ultra/Ultimate	\$55 / \$110 / \$150 / \$225
<b>Anti-reflective coating</b>	
Standard/Premium/Ultra/Ultimate	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
High Index (1.67 / 1.74)	\$80 / \$120

\* The above table highlights some of the most popular lens type and is not a complete listing. This table outlines member out-of-pocket costs<sup>5</sup> and are not available for premium/upgraded options unless otherwise noted.

<sup>6</sup>Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.

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.

#### Discounts on non-covered exam, services and materials<sup>6</sup>

Exams, frames, and prescription lenses:	30% off retail
Contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

#### Laser vision correction (LASIK)<sup>6</sup>

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.

#### Hearing discounts<sup>6</sup>

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

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.

# FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.866.853.3539  
P.O. Box 161968 | Altamonte Springs, FL 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. Your plan includes a grace period of 2 and a half extra months. This means you have until March 15<sup>th</sup>, 2024 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 2024 is \$3,050.**

**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 \$5,000 per tax year for reimbursement of dependent care services.  
If you are married and file a separate tax return, the limit is \$2,500.**

## 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.

## LIMITED PURPOSE FSA

A Limited Purpose Flexible Spending Account (LPFSA) works together with a Health Savings Account (HSA) for you to further optimize your tax savings. By establishing an LPFSA, you can save money on taxes by using the account for eligible dental and vision expenses while preserving your HSA funds for other purposes, including simply saving those funds for the future.

**Your maximum contribution amount for 2024 is \$3,050.**

## HIGHLIGHTS

- Only certain dental and vision expense are eligible such as eye exams, contact lenses and eyeglasses.
- Funds can be accessed by submitting a claim or paying for expenses upfront with a benefits debit card.
- Purchases may need to be verified during the claims process, so be sure to save your receipts.



# FSA RESOURCES

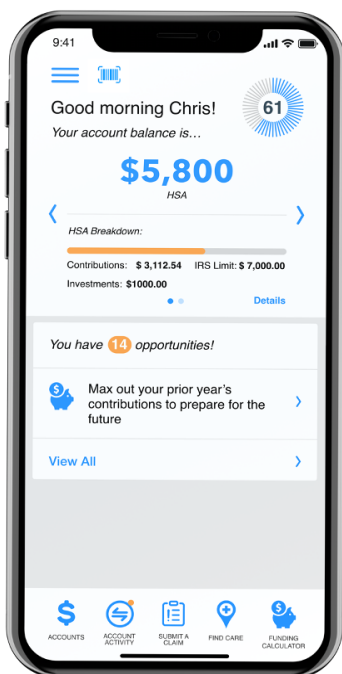
## BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. 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 claim 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. View the [Portal Log-in Guide](#) now!

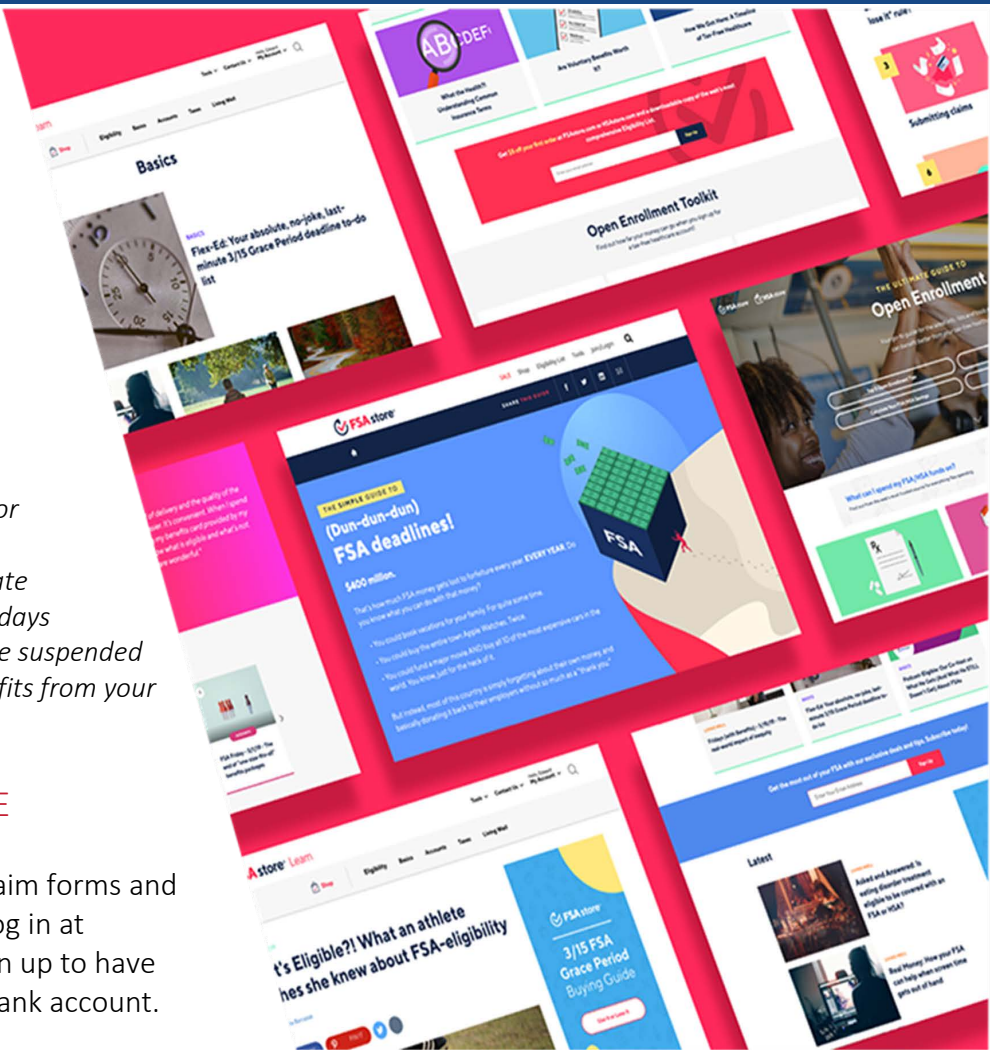


## FF MOBILE ACCOUNT APP

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<sup>SM</sup> or Google Play Store<sup>TM</sup>. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

## FSA STORE

First Financial has partnered with the FSA Store to bring you an easy-to-use online store to better understand and manager 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 store at <http://www.ffga.com/individuals/#stores> for more details and special deals.





# HEALTH SAVINGS ACCOUNTS

Optum Bank | [www.optumbank.com](http://www.optumbank.com) | 866-234-8913

## HEALTH SAVINGS ACCOUNTS

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with the Plan 1 UHC Choice HSA Medical plan 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.

### 2024 HSA Annual Contribution Limits

Individual: \$4,150

Family: \$8,300

## 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 the Plan 1 UHC Choice HSA Medical plan.**
- 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.

If you enroll in or have an HSA account, visit <https://enrollhsa.optumbank.com/enrollment#/> to create your online account.

# GROUP TERM LIFE & AD&D

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

## EMPLOYER-PAID GROUP TERM LIFE 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. Waco ISD provides all eligible employees a free \$15,000 policy. This is a term life policy that is in effect while you are employed by Waco ISD.

## VOLUNTARY GROUP TERM LIFE INSURANCE

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by Waco ISD. 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. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.

# TEXAS LIFE – PERMANENT LIFE

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

## TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

The peace of mind 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.

### HIGHLIGHT

- **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, policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.

# DISABILITY INSURANCE

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

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

American Fidelity | [www.americanfidelity.com](http://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.

CANCER SEMI-MONTHLY PREMIUMS		
	BASIC	ENHANCED
EMPLOYEE	\$7.90	\$15.81
EMPLOYEE + FAMILY	\$13.43	\$26.90

# CRITICAL ILLNESS INSURANCE

The Standard | [www.standard.com](http://www.standard.com) | 866-851-2429

Cancer, heart attacks, strokes, kidney failure, organ transplants and more are considered critical illnesses. 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

Guardian | [www.guardianlife.com](http://www.guardianlife.com) | 888-482-7342

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

ACCIDENT SEMI-MONTHLY PREMIUMS		
	VALUE	PREMIER
EMPLOYEE	\$3.50	\$6.25
EMPLOYEE + SPOUSE	\$6.00	\$11.00
EMPLOYEE + CHILDREN	\$8.00	\$13.00
EMPLOYEE + FAMILY	\$10.50	\$17.75

# HOSPITAL INDEMNITY INSURANCE

Aetna | [www.aetna.com](http://www.aetna.com) | 888-772-9682

You may think major medical insurance is enough to cover your needs, but the reality is that many plans may only cover a portion of your overall expenses. It's important to protect yourself in the event of a sudden hospitalization.

A Hospital Gap Insurance plan pays benefits directly to you and is designed to help cover the gap between what your traditional medical plan will cover and the out-of-pocket expenses you will pay. The plan may include benefits you can use to help pay for inpatient hospital stays and surgeries, doctor's office treatments and diagnostic testing costs.

With Hospital Gap Insurance, you can have peace of mind knowing that unexpected medical expenses will less of a financial burden for you and your family members.

HOSPITAL INDEMNITY SEMI-MONTHLY PREMIUMS		
	LOW PLAN	HIGH PLAN
EMPLOYEE	\$8.26	\$12.51
EMPLOYEE + SPOUSE	\$17.10	\$25.82
EMPLOYEE + CHILDREN	\$12.95	\$19.61
EMPLOYEE + FAMILY	\$20.39	\$30.85

# EMPLOYEE ASSISTANCE PROGRAM

American Fidelity | [www.americanfidelity.mysupportportal.com](http://www.americanfidelity.mysupportportal.com) | 800-295-8323

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 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 Waco ISD. 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.



# IDENTITY THEFT PROTECTION

iLock360 | [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. Waco ISD provides all eligible employees with a free CyberAlert plan through iLock360.

## LEGAL PLAN

LegalShield | [www.legalshield.com](http://www.legalshield.com) | 800-654-7757

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.

### IDENTITY THEFT PROTECTION AND LEGAL SEMI-MONTHLY PREMIUMS

	iLOCK360 BASIC	iLOCK360 PLUS	LEGAL	iLOCK360 AND LEGAL COMBINED
EMPLOYEE	\$0.00	\$4.48	\$9.48	\$13.95
EMPLOYEE + FAMILY	N/A	\$9.48	\$9.48	\$16.95

# 457 RETIREMENT PLAN - FFINVEST

TCG | [www.tcgservices.com](http://www.tcgservices.com) | 512-600-5204

A 457(b) plan is a Retirement Plan available to employees of state and local governmental agencies, including public school employees. They are similar to 401(k) plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You have the option to contribute pre-tax (Traditional) or after-tax (Roth).

## BENEFITS

- Investment options: including Mutual Funds, Bonds and Money Market funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan
- Receive quarterly account statements
- No 10% federal penalty on interest or earnings for early withdrawal

## CONTRIBUTION LIMITS

Participants may contribute up to \$23,000 for year 2024. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500 in 2024, for a total of \$30,500.

## ENROLL ONLINE

- Go to [www.tcgservices.com/enroll](http://www.tcgservices.com/enroll)
- Type Waco ISD, choose it from the dropdown menu, and click Search
- Click Enroll next to the 457(b) Savings Plan
- Follow the steps and enter the required information



# 403(b) RETIREMENT PLANS

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

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 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.

## BENEFITS

- 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

Participants may contribute up to \$23,000 for year 2024. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500 in 2024, for a total of \$30,500.

# 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 insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your medical, dental, vision and flexible spending accounts for a limited period of time.

## 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.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

# ART

Active to Retirement Transitioning

HELPING YOU HAVE A SMOOTH  
AND EASY TRANSITION



## CONGRATULATIONS!

After years of hard work, you are finally able to retire. While this is an exciting time to start the next chapter of your life, it also can be overwhelming to know which steps to take first.

First Financial Group of America is here to assist you so that you can smoothly adjust to your new lifestyle. Schedule time to talk with us to discuss the following questions.

### Retirement Planning

- How do I find out how much income can I expect from TRS?
- What happens to my 403(b) or 457(b) plans?
- What about Social Security Income?

### Health Insurance

- What happens to my Health Insurance?
- Should I stay in TRS Care or transition to Medicare?
- How does Medicare work?
- What is the difference between the Medicare Advantage Plan and a Medicare supplement (Medigap) plan?
- Are there deadlines?
- Do I pay for it? If so, what is the cost and how are premiums deducted?

### Supplemental Benefits

If you have supplemental plans like life insurance, dental, vision, cancer insurance, disability insurance, long term care/assisted living, we can explain the effect retirement may have on them.

- What plans can I keep?
- How do I pay for them?
- Will the premiums change?

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 us today!



Taylor Silguero, Account Executive  
512-630-6654  
Taylor.Silguero@ffga.com  
[www.ffga.com](http://www.ffga.com)



**WACO ISD / TEEBC TRUST F021842 - 337 Class 2**

**Eligibility**

All Active Full Time Employees regularly working 20 hours per week are eligible for insurance on the first of the month following their date of hire.

**Supplemental Life/AD&D Insurance**

Employee Benefit: **\$10,000 - \$100,000 in \$10,000 increments.**

<b>EMPLOYEE Supplemental Life/AD&amp;D</b>	
Semi-Monthly rates per \$1,000	
<u>Age</u>	<u>Rates</u>
All Ages	\$0.067

**Dependent Life Only**

Dependent Benefit:	Spouse	Child(ren)
Option 1	<b>\$5,000</b>	<b>\$2,000</b>
Option 2	<b>\$10,000</b>	<b>\$5,000</b>
Option 3	<b>\$15,000</b>	<b>\$5,000</b>
Option 4	<b>\$20,000</b>	<b>\$5,000</b>
Option 5	<b>\$25,000</b>	<b>\$5,000</b>

<b>Guarantee Issue:</b>	
<b>Employee:</b>	<b>\$100,000</b>
<b>Spouse:</b>	<b>\$10,000</b>
<b>Child:</b>	<b>\$5,000</b>

Note: Spouse may not have coverage unless the employee has coverage.

Employee: Life and AD&D benefits reduce by 35% of the original amount at age 65, by 55% at age 70, by 70% at age 75 and by 80% at age 80. All benefits terminate at retirement.  
 Spouse: Benefits terminate at Employee's age 70.

**Supplemental Life/AD&D Insurance**

**Semi-Monthly Premium Cost (Based on 24 payroll deductions per year)**

<b>Employee</b>		<b>Dependent Spouse &amp; Child (Life Only)</b>		
<b>Benefit Amount</b>	<b>Premium</b>	<b>Option</b>	<b>Premium</b>	
\$10,000	\$0.67	1	\$0.25	
\$20,000	\$1.33	2	\$0.53	
\$30,000	\$2.00	3	\$0.63	
\$40,000	\$2.66	4	\$0.73	
\$50,000	\$3.33	5	\$0.83	
\$60,000	\$3.99			
\$70,000	\$4.66			
\$80,000	\$5.32			
\$90,000	\$5.99			
\$100,000	\$6.65			

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.





# WOW!

## LIFE INSURANCE YOU CAN KEEP!

### LIFE INSURANCE HIGHLIGHTS

For the employee



**IT'S AFFORDABLE**  
**YOU OWN IT**



**YOU CAN TAKE IT**  
**WITH YOU WHEN YOU**  
**CHANGE JOBS OR RETIRE**



**YOU CAN COVER YOUR SPOUSE, CHILDREN**  
**AND GRANDCHILDREN, TOO<sup>1</sup>**



**YOU CAN GET A LIVING BENEFIT IF YOU**  
**BECOME TERMINALLY ILL<sup>2</sup>**



**YOU PAY FOR IT THROUGH CONVENIENT**  
**PAYROLL DEDUCTIONS: NO CHECKS TO**  
**WRITE OR LINKS TO CLICK**



**YOU CAN GET CASH TO COVER**  
**LIVING EXPENSES IF YOU BECOME**  
**CHRONICALLY ILL<sup>3</sup>**



**YOU CAN QUALIFY BY ANSWERING JUST 3 QUESTIONS - NO EXAM OR NEEDLES**

During the last six months, has the proposed insured:

1. Been actively at work on a full time basis, performing usual duties?
2. Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?



# TEXASLIFE INSURANCE COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

# ADDITIONAL POLICY BENEFITS



## Accelerated Death Benefit Due to Chronic Illness Rider

Here's how it works:

- If you're no longer able to perform any two of the six activities of daily living (eating, bathing, dressing, toileting, transferring, maintaining continence) or if you suffer serious cognitive impairment, you can receive a living benefit.<sup>4</sup>
  - Example: You own a \$100,000 Texas Life insurance policy with the Chronic Illness rider. A medical professional certifies that you can no longer perform 2 of the 6 activities or have suffered serious cognitive impairment, you can receive \$92,000 minus a \$150 processing fee.<sup>3</sup>
- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

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*For pennies a day, you can get both a living benefit, should you need it, and a death benefit if you don't.*

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<sup>1</sup> Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

<sup>2</sup> Conditions apply. See rider for details. Form ICCo7-ULABR-07 or Form Series ULABR-07.

<sup>3</sup> The Accelerated Death Benefit Rider for Chronic Illness is available for an additional cost for employees only. This rider pays 92% of the insurance proceeds less a \$150 administration fee (\$100 in FL) in lieu of the benefit payable at death. Conditions apply. Any outstanding loans will reduce the cash value and death benefit. Contract Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15.

<sup>4</sup> Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

**PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue**

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		6.53	11.93	17.33	22.73	33.53	44.33	55.13	65.93	75
21-22		6.67	12.20	17.74	23.28	34.35	45.43	56.50	67.58	74
23		6.80	12.48	18.15	23.83	35.18	46.53	57.88	69.23	75
24-25		6.94	12.75	18.57	24.38	36.00	47.63	59.25	70.88	74
26		7.22	13.30	19.39	25.48	37.65	49.83	62.00	74.18	75
27-28		7.35	13.58	19.80	26.03	38.48	50.93	63.38	75.83	74
29		7.49	13.85	20.22	26.58	39.30	52.03	64.75	77.48	74
30-31		7.63	14.13	20.63	27.13	40.13	53.13	66.13	79.13	73
32		8.04	14.95	21.87	28.78	42.60	56.43	70.25	84.08	74
33		8.32	15.50	22.69	29.88	44.25	58.63	73.00	87.38	74
34		8.73	16.33	23.93	31.53	46.73	61.93	77.13	92.33	75
35		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	76
36		9.55	17.98	26.40	34.83	51.68	68.53	85.38	102.23	76
37		9.97	18.80	27.64	36.48	54.15	71.83	89.50	107.18	77
38		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	77
39		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	78
40	5.38	11.75	22.38	33.00	43.63	64.88	86.13	107.38	128.63	79
41	5.76	12.72	24.30	35.89	47.48	70.65	93.83	117.00	140.18	80
42	6.20	13.82	26.50	39.19	51.88	77.25	102.63	128.00	153.38	81
43	6.59	14.78	28.43	42.08	55.73	83.03	110.33	137.63	164.93	82
44	6.97	15.74	30.35	44.97	59.58	88.80	118.03	147.25	176.48	83
45	7.36	16.70	32.28	47.85	63.43	94.58	125.73	156.88	188.03	83
46	7.80	17.80	34.48	51.15	67.83	101.18	134.53	167.88	201.23	84
47	8.18	18.77	36.40	54.04	71.68	106.95	142.23	177.50	212.78	84
48	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	85
49	9.06	20.97	40.80	60.64	80.48	120.15	159.83	199.50	239.18	85
50	9.61	22.34	43.55	64.77	85.98					86
51	10.27	23.99	46.85	69.72	92.58					87
52	10.99	25.78	50.43	75.08	99.73					88
53	11.54	27.15	53.18	79.20	105.23					88
54	12.09	28.53	55.93	83.33	110.73					88
55	12.69	30.04	58.95	87.87	116.78					89
56	13.24	31.42	61.70	91.99	122.28					89
57	13.90	33.07	65.00	96.94	128.88					89
58	14.51	34.58	68.03	101.48	134.93					89
59	15.17	36.23	71.33	106.43	141.53					89
60	15.59	37.29	73.45	109.62	145.78					90
61	16.31	39.08	77.03	114.98	152.93					90
62	17.19	41.28	81.43	121.58	161.73					90
63	18.07	43.48	85.83	128.18	170.53					90
64	19.00	45.82	90.50	135.19	179.88					90
65	20.05	48.43	95.73	143.03	190.33					90
66	21.20									90
67	22.47									91
68	23.84									91
69	25.22									91
70	26.65									91

**CHILDREN AND GRANDCHILDREN (NON-TOBACCO)**  
with Accidental Death Rider  
Grandchild coverage available through age 18.

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	4.63	8.13	81
2-4	4.75	8.38	80
5-8	4.88	8.63	79
9-10	5.00	8.88	79
11-16	5.13	9.13	77
17-20	6.13	11.13	75
21-22	6.25	11.38	74
23	6.38	11.63	75
24-25	6.50	11.88	74
26	6.75	12.38	75

**Indicates Spouse Coverage Available**

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07



**PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue**

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	71
21-22		9.69	18.25	26.82	35.38	52.50	69.63	86.75	103.88	71
23		10.10	19.08	28.05	37.03	54.98	72.93	90.88	108.83	72
24-25		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	71
26		10.65	20.18	29.70	39.23	58.28	77.33	96.38	115.43	72
27-28		10.93	20.73	30.53	40.33	59.93	79.53	99.13	118.73	71
29		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	71
30-31		12.44	23.75	35.07	46.38	69.00	91.63	114.25	136.88	72
32		12.85	24.58	36.30	48.03	71.48	94.93	118.38	141.83	72
33		12.99	24.85	36.72	48.58	72.30	96.03	119.75	143.48	72
34		13.13	25.13	37.13	49.13	73.13	97.13	121.13	145.13	71
35		14.09	27.05	40.02	52.98	78.90	104.83	130.75	156.68	72
36		14.50	27.88	41.25	54.63	81.38	108.13	134.88	161.63	72
37		15.47	29.80	44.14	58.48	87.15	115.83	144.50	173.18	73
38		15.88	30.63	45.38	60.13	89.63	119.13	148.63	178.13	73
39		16.98	32.83	48.68	64.53	96.23	127.93	159.63	191.33	74
40	8.07	18.49	35.85	53.22	70.58	105.30	140.03	174.75	209.48	76
41	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	77
42	9.17	21.24	41.35	61.47	81.58	121.80	162.03	202.25	242.48	78
43	9.94	23.17	45.20	67.24	89.28	133.35	177.43	221.50	265.58	80
44	10.33	24.13	47.13	70.13	93.13	139.13	185.13	231.13	277.13	80
45	10.88	25.50	49.88	74.25	98.63	147.38	196.13	244.88	293.63	81
46	11.32	26.60	52.08	77.55	103.03	153.98	204.93	255.88	306.83	81
47	11.87	27.98	54.83	81.68	108.53	162.23	215.93	269.63	323.33	82
48	12.36	29.22	57.30	85.39	113.48	169.65	225.83	282.00	338.18	82
49	13.08	31.00	60.88	90.75	120.63	180.38	240.13	299.88	359.63	83
50	13.68	32.52	63.90	95.29	126.68					83
51	14.29	34.03	66.93	99.83	132.73					83
52	15.17	36.23	71.33	106.43	141.53					84
53	15.94	38.15	75.18	112.20	149.23					85
54	16.65	39.94	78.75	117.57	156.38					85
55	17.42	41.87	82.60	123.34	164.08					85
56	18.30	44.07	87.00	129.94	172.88					85
57	19.18	46.27	91.40	136.54	181.68					86
58	20.12	48.60	96.08	143.55	191.03					86
59	21.05	50.94	100.75	150.57	200.38					86
60	21.64	52.42	103.70	154.99	206.28					86
61	22.91	55.58	110.03	164.48	218.93					86
62	24.12	58.60	116.08	173.55	231.03					87
63	25.33	61.63	122.13	182.63	243.13					87
64	26.54	64.65	128.18	191.70	255.23					87
65	27.86	67.95	134.78	201.60	268.43					87
66	29.29									88
67	30.83									88
68	32.42									88
69	34.13									88
70	35.94									89

**CHILDREN AND GRANDCHILDREN (TOBACCO)**  
 with Accidental Death Rider  
 Grandchild coverage available through age 18.

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO  
 Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18  
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

**Indicates Spouse Coverage Available**

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
17-20	8.63	16.13	71
21-22	9.00	16.88	71
23	9.38	17.63	72
24-25	9.63	18.13	71
26	9.88	18.63	72



# Long-Term Disability Income Insurance

Waco ISD  
Enhanced Plus Plans

**AMERICAN FIDELITY**

a different opinion



**First  
Financial  
Group  
of America**  
*First in Service and Expertise*

*This brochure highlights important features of the policy.  
Please refer to your certificate for complete details.*

# Long-Term Disability Income Insurance

## Disability income insurance is here for you.

- **Salary Protection for You and Your Loved Ones**  
Provides a steady benefit to cover expenses while you are unable to work. The plan makes it easy to help protect your future income in case of a sudden injury or sickness.
- **Several Elimination Periods Available**  
Based on your individual need, there are various elimination periods for you to choose from. The plan pays a percentage of your gross monthly income once you have satisfied the elimination period.
- **Benefit Payments Made Directly to You**  
Your monthly benefit payments may be deposited directly into your bank account. This gives you the freedom to pay your living expenses and make other purchases as you see fit.
- **Social Security Filing Assistance**  
If we determine you are a likely candidate for social security disability benefits, we can assist you with the application and appeal process.

## Choose the Right Plan for You

### Benefits Begin

- Plan I** - On the 1st day of Disability due to a covered Injury and on the 4th day of Disability due to a covered Sickness.
- Plan II** - On the 15th day of Disability due to a covered Injury or Sickness.
- Plan III** - On the 31st day of Disability due to a covered Injury or Sickness.
- Plan IV** - On the 61st day of Disability due to a covered Injury or Sickness.
- Plan V** - On the 91st day of Disability due to a covered Injury or Sickness.
- Plan VI** - On the 151st day of Disability due to a covered Injury or Sickness.

**Injury** means physical harm or damage to the body you sustained which results directly from an accidental bodily injury, is independent of disease or bodily infirmity; and takes place while your coverage is in force.

**Sickness** means a disease or illness (including pregnancy). Disability must begin while your coverage is in force.

**Hospital**- the term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

**If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.**



In 2015, 77% of injuries requiring medical attention suffered by workers occurred off the job.



National Safety Council, Injury Facts, 2017 Edition, p. 63.

## Benefits Are Payable

Benefits are payable to the period of time shown in the chart below, based on your age as of the date Disability due to a covered Injury or Sickness begins.

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, or to SSNRA*, whichever is greater
65	24 months, or to SSNRA*, whichever is greater
66	21 months, or to SSNRA*, whichever is greater
67	18 months, or to SSNRA*, whichever is greater
68	15 months, or to SSNRA*, whichever is greater
Age 69 or older	12 months, or to SSNRA*, whichever is greater

\*Age at which you are entitled to unreduced Social Security benefits based on current Social Security Amendments.



# Policy Provisions and Plan Features

## Eligibility

All permanent employees in subscribing group working 20 hours or more per week. Regarding your eligibility, we may require proof of good health and will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

## When Coverage Begins

Certificates will become effective on the requested effective date following the date we approve the application, provided you are on active employment and premium has been paid.

## Physician Expense Benefit

Injury - \$150.00 per Injury  
Sickness - \$50.00

If you need personal treatment by a Physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the Policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to Sickness, you must have returned to work for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Injury benefit.

## Accidental Death Benefit

A lump sum of \$20,000 will be paid to your designated beneficiary if you die as the direct result of an injury within 90 days after the injury.

## Hospital Confinement Benefit

A Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to an Injury or Sickness, for up to 60 days. The amount payable is 1 times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The Hospital confinement must be at least 18 continuous hours in duration. This benefit will begin after your satisfaction of the elimination period.

## Waiver of Premium

No premium payments are required while you are receiving payments under the plan after disability payments have been received for 180 consecutive days. We will require proof annually that you remain disabled during that time.

## Donor Benefit

If you are disabled as a result of being an organ or tissue donor, we will pay your benefit as any other sickness under the terms of the plan.

## Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group disability income.
- Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability.
- State Disability.
- Unemployment compensation.
- Workers' Compensation law, occupational disease law or any similar act or law.
- Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 90 (Plans I, II, III, IV, and V) and 150 (Plan VI) calendar days from the date of disability.

We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your Certificate.

## Minimum Disability Benefit

The Minimum Disability Benefit is 10% of the Monthly Disability Benefit or \$100.00, whichever is greater.

## If You Are Disabled Due to a Covered Disability and Not Working

Your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

**Disability** or disabled for the first 12 months of disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

## Return To Work Incentives: Disabled and Working

If you are disabled and working, you may be eligible to continue to receive a percentage of your disability payment in addition to your disability earnings. If your disability earnings exceed 80% of your monthly compensation, payments will stop and your claim will end.

### • Family Care Benefit

If you are disabled and working and have one or more eligible family members, you may be eligible for a family care benefit. This benefit is for expenses incurred up to 25% of your monthly disability benefit. Your disability earnings, gross disability benefit, and family care benefit cannot exceed 100% of your monthly compensation. Payment of this benefit ends when you cease to be eligible for benefits under the Disabled and Working provision of the policy.

### • Worksite Accommodation

As a part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

# Policy Benefit Limitations and Exclusions



## Mental Illness Limited Benefit

If you are disabled due to a mental illness, benefits will be provided for up to 2 years, not to exceed the maximum disability period.

## Alcoholism and Drug Addiction Limited Benefit

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for injury or sickness, it will be covered the same as any other sickness.

## Special Conditions Limited Benefit

If you are disabled due to special conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 2 years. Special conditions means: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

## Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit will be payable for Disability due to a Pre-Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a Physician, for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the Policy for 24 months.

Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied with respect to any increase applied for and approved by us.

**Pre-existing condition** means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, injury, sickness, physical condition, or mental illness.

## Exclusions

The Policy does not cover any loss, fatal or non-fatal, resulting from:

- Intentionally self-inflicted injury while sane or insane.
- An act of war, declared or undeclared.
- Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.

Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.



There is a **3 in 10** chance of a person suffering a disabling illness or injury that would keep them out of work for three months or more.

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

# Benefit Policy Schedule

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your Monthly Compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Semi-Monthly Premiums					
			Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$4.94	\$3.52	\$2.82	\$2.20	\$1.84	\$1.38
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$7.41	\$5.28	\$4.23	\$3.30	\$2.76	\$2.07
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$9.88	\$7.04	\$5.64	\$4.40	\$3.68	\$2.76
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$12.35	\$8.80	\$7.05	\$5.50	\$4.60	\$3.45
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$14.82	\$10.56	\$8.46	\$6.60	\$5.52	\$4.14
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$17.29	\$12.32	\$9.87	\$7.70	\$6.44	\$4.83
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$19.76	\$14.08	\$11.28	\$8.80	\$7.36	\$5.52
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$22.23	\$15.84	\$12.69	\$9.90	\$8.28	\$6.21
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$24.70	\$17.60	\$14.10	\$11.00	\$9.20	\$6.90
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$27.17	\$19.36	\$15.51	\$12.10	\$10.12	\$7.59
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$29.64	\$21.12	\$16.92	\$13.20	\$11.04	\$8.28
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$32.11	\$22.88	\$18.33	\$14.30	\$11.96	\$8.97
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$34.58	\$24.64	\$19.74	\$15.40	\$12.88	\$9.66
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$37.05	\$26.40	\$21.15	\$16.50	\$13.80	\$10.35
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$39.52	\$28.16	\$22.56	\$17.60	\$14.72	\$11.04
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$41.99	\$29.92	\$23.97	\$18.70	\$15.64	\$11.73
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$44.46	\$31.68	\$25.38	\$19.80	\$16.56	\$12.42
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$46.93	\$33.44	\$26.79	\$20.90	\$17.48	\$13.11
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$49.40	\$35.20	\$28.20	\$22.0	\$18.40	\$13.80
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$51.87	\$36.96	\$29.61	\$23.10	\$19.32	\$14.49
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$54.34	\$38.72	\$31.02	\$24.20	\$20.24	\$15.18
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$56.81	\$40.48	\$32.43	\$25.30	\$21.16	\$15.87
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$59.28	\$42.24	\$33.84	\$26.40	\$22.08	\$16.56
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$61.75	\$44.00	\$35.25	\$27.50	\$23.00	\$17.25
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$64.22	\$45.76	\$36.66	\$28.60	\$23.92	\$17.94
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$66.69	\$47.52	\$38.07	\$29.70	\$24.84	\$18.63
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$69.16	\$49.28	\$39.48	\$30.80	\$25.76	\$19.32
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$71.63	\$51.04	\$40.89	\$31.90	\$26.68	\$20.01
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$74.10	\$52.80	\$42.30	\$33.00	\$27.60	\$20.70
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$76.57	\$54.56	\$43.71	\$34.10	\$28.52	\$21.39
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$79.04	\$56.32	\$45.12	\$35.20	\$29.44	\$22.08
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$81.51	\$58.08	\$46.53	\$36.30	\$30.36	\$22.77
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$83.98	\$59.84	\$47.94	\$37.40	\$31.28	\$23.46
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$86.45	\$61.60	\$49.35	\$38.50	\$32.20	\$24.15
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$88.92	\$63.36	\$50.76	\$39.60	\$33.12	\$24.84
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$91.39	\$65.12	\$52.17	\$40.70	\$34.04	\$25.53
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$93.86	\$66.88	\$53.58	\$41.80	\$34.96	\$26.22

# Benefit Policy Schedule (continued)

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your Monthly Compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Semi-Monthly Premiums					
			Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$96.33	\$68.64	\$54.99	\$42.90	\$35.88	\$26.91
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$98.80	\$70.40	\$56.40	\$44.00	\$36.80	\$27.60
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$101.27	\$72.16	\$57.81	\$45.10	\$37.72	\$28.29
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$103.74	\$73.92	\$59.22	\$46.20	\$38.64	\$28.98
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$106.21	\$75.68	\$60.63	\$47.30	\$39.56	\$29.67
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$108.68	\$77.44	\$62.04	\$48.40	\$40.48	\$30.36
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$111.15	\$79.20	\$63.45	\$49.50	\$41.40	\$31.05
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$113.62	\$80.96	\$64.86	\$50.60	\$42.32	\$31.74
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$116.09	\$82.72	\$66.27	\$51.70	\$43.24	\$32.43
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$118.56	\$84.48	\$67.68	\$52.80	\$44.16	\$33.12
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$121.03	\$86.24	\$69.09	\$53.90	\$45.08	\$33.81
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$123.50	\$88.00	\$70.50	\$55.00	\$46.00	\$34.50
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$125.97	\$89.76	\$71.91	\$56.10	\$46.92	\$35.19
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$128.44	\$91.52	\$73.32	\$57.20	\$47.84	\$35.88
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$130.91	\$93.28	\$74.73	\$58.30	\$48.76	\$36.57
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$133.38	\$95.04	\$76.14	\$59.40	\$49.68	\$37.26
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$135.85	\$96.80	\$77.55	\$60.50	\$50.60	\$37.95
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$138.32	\$98.56	\$78.96	\$61.60	\$51.52	\$38.64
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$140.79	\$100.32	\$80.37	\$62.70	\$52.44	\$39.33
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$143.26	\$102.08	\$81.78	\$63.80	\$53.36	\$40.02
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$145.73	\$103.84	\$83.19	\$64.90	\$54.28	\$40.71
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$148.20	\$105.60	\$84.60	\$66.00	\$55.20	\$41.40
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$150.67	\$107.36	\$86.01	\$67.10	\$56.12	\$42.09
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$153.14	\$109.12	\$87.42	\$68.20	\$57.04	\$42.78
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$155.61	\$110.88	\$88.83	\$69.30	\$57.96	\$43.47
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$158.08	\$112.64	\$90.24	\$70.40	\$58.88	\$44.16
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$160.55	\$114.40	\$91.65	\$71.50	\$59.80	\$44.85
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$163.02	\$116.16	\$93.06	\$72.60	\$60.72	\$45.54
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$165.49	\$117.92	\$94.47	\$73.70	\$61.64	\$46.23
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$167.96	\$119.68	\$95.88	\$74.80	\$62.56	\$46.92
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$170.43	\$121.44	\$97.29	\$75.90	\$63.48	\$47.61
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$172.90	\$123.20	\$98.70	\$77.00	\$64.40	\$48.30
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$175.37	\$124.96	\$100.11	\$78.10	\$65.32	\$48.99
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$177.84	\$126.72	\$101.52	\$79.20	\$66.24	\$49.68
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$180.31	\$128.48	\$102.93	\$80.30	\$67.16	\$50.37
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$182.78	\$130.24	\$104.34	\$81.40	\$68.08	\$51.06
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$185.25	\$132.00	\$105.75	\$82.50	\$69.00	\$51.75

# Benefit Riders and Limitations

## Hospital Indemnity Limited Benefit Rider

This rider is designed to pay a daily benefit amount for a Hospital Confinement, up to a maximum of 90 days, if you are confined to a Hospital.

### Summary of Hospital Indemnity Limited Benefit Rider Benefits:

Benefits are not payable for Injury or Sickness incurred in the first 12 months of coverage due to a pre-existing condition as defined in the base policy. Patient must be confined to a Hospital for a minimum of 18 hours and charged room and board.

Hospital Indemnity Limited Benefit Rider	
Daily Benefit Amount	Semi-Monthly Premium
\$100.00	\$3.00
\$150.00	\$4.50

## Spousal Accident Only Disability Benefit Rider

This rider is designed to provide a monthly benefit if your spouse suffers a Disability due to a non-occupational accident.

### Summary of Accident Only Spousal Benefit Rider Benefits:

Pays a monthly benefit amount to you for your spouse who is disabled as a result of a non-occupational accident. Benefits begin on the 31st consecutive day after the Injury and will continue for up to two years.

Spousal Accident Only Disability Benefit Rider		
Monthly Benefit Amount	Annual Salary	Semi-Monthly Premium
\$500.00	up to \$10,000.00	\$2.00
\$1,000.00	\$10,001.00 - \$20,000.00	\$4.00
\$1,500.00	\$20,001.00 - \$30,000.00	\$6.00
\$2,000.00	\$30,001.00 and over.	\$8.00

## COBRA Funding Rider

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

### Summary of COBRA Funding Rider Benefits:

In order to receive benefits under this Rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

COBRA Funding Rider	
Monthly Benefit Amount	Semi-Monthly Premium
\$300.00	\$2.25
\$600.00	\$4.50

## Survivor Benefit Rider

This rider is designed to provide a benefit to your beneficiary or estate, if you die while receiving Disability Benefits.

### Summary of Survivor Benefit Rider Benefits:

Benefits are payable if you have been disabled and not working for at least 90 days, and die while receiving Disability Benefits. Pays a monthly benefit up to one year or until the maximum disability period is exhausted, whichever occurs first.

Survivor Benefit Rider	
Monthly Benefit Amount	Semi-Monthly Premium
\$2,000.00	\$1.70

## Critical Illness Benefit Rider

This rider is designed to provide a lump sum benefit based on diagnosis of a certain critical illness.

### Summary of Critical Illness Benefit Rider Benefits:

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions Heart Attack, Stroke, Kidney Failure, Paralysis, or Major Organ Failure. In the case of Heart Attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Critical Illness Benefit Rider	
Benefit Amount	Semi-Monthly Premium
\$10,000.00	\$4.90
\$15,000.00	\$6.59
\$20,000.00	\$8.28
\$25,000.00	\$9.97





## AF™ Group Cancer Insurance

## Focus on the fight.

A cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of cancer treatment.

AF™ **Limited Benefit Group Cancer Insurance** offers a solution to help you and your family focus on fighting the disease.

### Did You Know?

New cancer cases in America are diagnosed at the rate of about 4,626 per day.

American Cancer Society: Cancer Facts and Figures 2017, pg. 4.

## Plan Highlights

- **Helps cover expenses**  
for the treatment of cancer, transportation, hospitalization, and more.
- **Benefits paid directly to you**  
to be used however you see fit.
- **Portable to take with you**  
even if you leave employment.
- **Coverage options available**  
for you, your spouse, and your children under age 26.

## Cancer Insurance Benefits

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, AF™ **Group Cancer Insurance** may help pay for expenses not covered by your major medical insurance.

Example cancer insurance benefits include:



### Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for our AFQuickClaims®.



### Travel Expenses

This benefit may help pay for qualified transportation and lodging for the patient and family.

**AMERICAN FIDELITY**   
a different opinion



# Choose Your Coverage

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (actual charges)	\$10,000	\$15,000
Administrative/Lab Work Benefit (per calendar month)	\$50	\$75
Hormone Therapy Benefit (per treatment - max 1 treatment/calendar month)	\$50	\$50
Experimental Treatment Benefit	Paid in the same manner and under the same maximums as any other treatment	
Blood, Plasma, and Platelets Benefit (\$10,000 Basic, \$15,000 Enhanced Plus per calendar year max)	\$200/day	\$300/day
Medical Imaging Benefit (per image - max 2 per calendar year)	\$200	\$300
Surgical Benefit	\$20 surgical unit/ Max per operation: \$2,000	\$40 surgical unit/ Max per operation: \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Second and Third Surgical Opinion Benefit(per diagnosis)	\$300	\$300
Outpatient Hospital or Ambulatory Surgical Center Benefit	\$200/day of surgery	\$600/day of surgery
Bone Marrow or Stem Cell Transplant Benefit		
Patient Provided (per calendar year)	\$500	\$1,500
Donor Provided (per calendar year)	\$1,500	\$4,500
Prosthesis and Orthotic Benefit and Related Services	\$1,000	\$2,000
Surgical (1/site; lifetime max 2/covered person)	\$100	\$200
Non-surgical (1/site; lifetime max 3/covered person)	\$100	\$200
Hair Prosthesis (once per life)		
Hospital Confinement Benefit		
Day 1-30	\$100/day	\$300/day
Day 31+	\$200/day	\$600/day
U.S. Government/Charity Hospital Benefit (paid in lieu of most benefits) (inpatient and outpatient)	\$100/day	\$300/day
Extended Care Facility Benefit (up to the same number of days of paid hospital confinement)	\$100/day	\$300/day
Home Health Care (up to the same number of days of paid hospital confinement)	\$100/day	\$300/day
Hospice Care Benefit (\$18,000 lifetime max for Basic; \$54,000 lifetime max for Enhanced Plus)	\$100/day	\$300/day
Inpatient Special Nursing Services Benefit	\$100/day	\$300/day
Dread Disease Benefit (paid per day while hospital confined)		
Day 1-30	\$100/day	\$300/day
Day 31+	\$200/day	\$600/day

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Donor Benefit	\$1,000/donation	
Drugs and Medicine Benefit		
Inpatient (payable per confinement)	\$50	\$200
Outpatient (\$50/prescription/calendar month up to max shown)	\$50	\$100
Attending Physician Benefit (while hospital confined)	\$50/day	\$50/day
Transportation & Lodging Benefit (Patient & Family Member)		
Transportation (\$1,500 max per round trip; max 12 trips/calendar year)	Coach fare or \$.50/mile by car	Coach fare or \$.50/mile by car
Lodging (per day up to 90 days per calendar year)	\$50	\$75
Ambulance Benefit		
Ground (per trip, up to 2 per confinement)	\$200	\$200
Air (per trip, up to 2 per confinement)	\$2,000	\$2,000
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$50	\$50
Diagnostic and Prevention Benefit (one per calendar year)	\$25	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$25	\$75
Waiver of Premium (employee only)	After 90 days of continuous disability	
Internal Cancer Diagnosis Benefit (paid once/Covered Person/Lifetime; Benefits reduce 50% at age 70)	\$2,500	\$5,000
Heart Attack or Stroke Diagnosis Benefit (paid once/covered person/lifetime; benefits reduce 50% at age 70)	N/A	\$5,000
Hospital Intensive Care Unit Benefit (per day; max 30 days/confinement; benefits reduce 50% at age 70)		\$600
Ambulance		\$100

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

## Semi-Monthly Premium

	BASIC	ENHANCED PLUS
Individual	\$7.90	\$15.81
Family	\$13.43	\$26.90


The premium and amount of benefits provided vary depending upon the plan selected.



# Group Critical Illness Insurance

Help cover out-of-pocket expenses associated with a serious illness.

You may have medical insurance. But that doesn't mean you're covered for all of the expenses resulting from a serious illness that you probably haven't budgeted for — things like copays, deductibles, loss of income, child care and travel expenses. Critical illness insurance provides an additional financial safety net for you and your family.



**Nearly 20% of cancer patients**

more than \$20,000 each year in total out-of-pocket costs.

40% reported having difficulties paying medical bills.<sup>1</sup>



Cancer patients are

**2<sup>1/2</sup> times more likely**

to declare bankruptcy.<sup>2</sup>

Help ensure your financial plans stay healthy even when you're not.

Critical Illness insurance is an affordable way to make up the difference between what your medical insurance covers and what you'd owe out of pocket if you or a family member were to be diagnosed with a covered critical illness.

1 - The Mesothelioma Center at Asbestos.com, 2019  
2 - Hutchinson Institute for Cancer Outcomes Research, 2016

## Here's how it works:

John has \$15,000 of Critical Illness insurance coverage. He makes an appointment with his doctor after feeling off for the past few weeks. Diagnosis: cancer, with a good prognosis but a long road ahead. Within paid directly to him. As John undergoes intensive treatment over the next things that his medical insurance does not cover. Things like the deductible, copays, child care, certain medications, time away from work, alternative treatments and a special diet.

Critical Illness insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness that are not covered by medical insurance.

SAMPLE OUT-OF-POCKET EXPENSES	
Medical insurance deductible .....	\$1,300
Out-of-pocket expenses over the course of six months.....	\$5,000
Lost wages .....	\$4,500
Alternative treatments and diets .....	.....
not covered by medical plan .....	\$4,500
<b>TOTAL OUT-OF-POCKET EXPENSES.....</b>	<b>\$15,300</b>
<b>CRITICAL ILLNESS BENEFIT .....</b>	<b>\$15,000</b>
<b>OUT-OF-POCKET EXPENSES .....</b>	<b>\$300</b>

Costs are hypothetical. Actual costs will vary by state, cancer type, stage at diagnosis, treatments received and personal factors.

### Covered Conditions

**Receive 100 percent of your coverage amount for:**

- Heart attack
- Stroke
- Cancer
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational hepatitis
- ALS (Lou Gehrig's disease)
- Advanced Alzheimer's disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

**Receive 25 percent of your coverage amount for:**

- Severe coronary artery disease with recommendation for bypass surgery
- Carcinoma in situ (cancer that has not metastasized)

Diagnosis and recommendation must occur after your coverage becomes effective.

## Affordable Group Rates

Because you'll be buying this insurance through Waco Independent School District, you'll have access to affordable group rates.

Coverage for...	Coverage Amount...
You	\$5,000-\$30,000 in increments of \$5,000
Your spouse	\$5,000-\$30,000 in increments of \$5,000, as long as it's not more than your coverage amount
Your child(ren) through age 25	Automatically covered at 100% of your coverage amount

See the Important Details section for more information, including requirements, exclusions, age reductions an

Employee Semi-Monthly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.15	\$1.60	\$3.00	\$5.98	\$10.80	18.80
\$10,000	\$2.30	\$3.20	\$6.00	\$11.95	\$21.60	37.60
\$15,000	\$3.45	\$4.80	\$9.00	\$17.93	\$32.40	\$56.40
\$20,000	\$4.60	\$6.40	\$12.00	23.90	\$43.20	\$75.20
\$25,000	\$5.75	\$8.00	\$15.00	29.88	\$54.00	\$94.00
\$30,000	\$6.90	\$9.60	\$18.00	35.85	\$64.80	\$112.80

Spouse Semi-Monthly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.15	\$1.60	\$3.00	\$5.98	\$10.80	18.80
\$10,000	\$2.30	\$3.20	\$6.00	\$11.95	\$21.60	37.60
\$15,000	\$3.45	\$4.80	\$9.00	\$17.93	\$32.40	\$56.40
\$20,000	\$4.60	\$6.40	\$12.00	23.90	\$43.20	\$75.20
\$25,000	\$5.75	\$8.00	\$15.00	29.88	\$54.00	\$94.00
\$30,000	\$6.90	\$9.60	\$18.00	35.85	\$64.80	\$112.80



# Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

## Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

## What does it cover?

Accident insurance pays you lump sum benefits after an accident happens. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer an increased benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

The child must be covered at the time the accident occurred and be 18 years of age or younger.

## Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



## Added support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **\$2,500**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **\$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **\$1,700**

Amanda's Guardian Accident policy pays her a benefit of **\$1,700**, which covers all of her out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



# Your accident coverage

## ACCIDENT

COVERAGE - DETAILS	Option 1: Value	Option 2: Premier
<b>Your Semi-monthly premium</b>	\$3.50	\$6.25
You and Spouse/Domestic Partner	\$6.00	\$11.00
You and Child(ren)	\$8.00	\$13.00
You, Spouse/Domestic Partner and Child(ren)	\$10.50	\$17.75
<b>Accident Coverage Type</b>	Off Job	Off Job
<b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment.	Included	Included

## ACCIDENTAL DEATH AND DISMEMBERMENT

<b>Benefit Amount(s)</b>	Employee \$12,500 Spouse \$5,000 Child \$5,000	Employee \$20,000 Spouse \$10,000 Child \$5,000
<b>Catastrophic Loss</b>	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
<b>Common Carrier</b>	200% of AD&D benefit	200% of AD&D benefit
<b>Common Disaster</b>	200% of Spouse AD&D benefit	200% of Spouse AD&D benefit
<b>Dismemberment</b> - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
<b>Dismemberment</b> - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit	25% of AD&D benefit
<b>Seatbelts and Airbags</b>	Seatbelts: \$10,000 & Airbags: \$15,000	Seatbelts: \$10,000 & Airbags: \$15,000
<b>Reasonable Accommodation to Home or Vehicle</b>	\$2,500	\$2,500
<b>WELLNESS BENEFIT</b> - Per Year Limit	\$50	\$75
<b>Child(ren) Age Limits</b>	Children age birth to 26 years	Children age birth to 26 years
<b>RAINY DAY FUND</b>	Benefit Amount: \$300 Rollover Maximum: \$150 Fund Maximum: \$600	Benefit Amount: \$500 Rollover Maximum: \$250 Fund Maximum: \$1,000

## FEATURES

Air Ambulance	\$750	\$1,250
Ambulance	\$200	\$400
Blood/Plasma/Platelets	\$100	\$200





# Your accident coverage

FEATURES (Cont.)	Option 1: Value	Option 2: Premier
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$1,700 18 sq inches To 35 sq inches: \$850/\$3,350 Over 35 sq inches: \$2,500/\$10,000	Not Included
Burns - Skin Graft	50% of burn benefit	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits	25% increase to child benefits
Chiropractic Visits	\$25/visit, up to 6 visits	\$25/visit, up to 6 visits
Coma	\$5,000	\$10,000
Concussion Baseline Study	\$25	\$25
Concussions	\$250	\$500
Diagnostic Exam (Major)	\$100	\$200
Dislocations	Schedule up to \$3,000	Schedule up to \$6,000
Doctor Follow-Up Visits	\$25, up to 6 treatments	\$50, up to 6 treatments
Emergency Dental Work	\$100/Crown, \$25/Extraction	\$200/Crown, \$50/Extraction
Emergency Room Treatment	\$100	\$200
Epidural Anesthesia Pain Management	\$50, 2 times per accident	\$100, 2 times per accident
Eye Injury	\$100	\$300
Fractures	Schedule up to \$4,000	Schedule up to \$8,000
Gun Shot Wound	\$500	\$1,000
Hospital Admission	\$750	\$1,000
Hospital Confinement	\$150/day - up to 1 year	\$225/day - up to 1 year
Hospital ICU Admission	\$1,500	\$2,000
Hospital ICU Confinement	\$300/day - up to 15 days	\$450/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$100	\$150
Knee Cartilage	\$250	\$750
Laceration	Schedule up to \$400	Schedule up to \$800
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay	\$150/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$300	Schedule up to \$500
Outpatient Therapies	\$25/day, up to 10 days	\$35/day, up to 10 days
Post-Traumatic Stress Disorder	\$200	\$200
Prosthetic Device/Artificial Limb	1: \$750 2 or more: \$1,500	1: \$1,500 2 or more: \$3,000
Rehabilitation Unit Confinement	\$50/day, up to 15 days	\$75/day, up to 15 days
Ruptured Disc With Surgical Repair	\$250	\$1,000
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$500 Hernia: \$100	Schedule up to \$1,000 Hernia: \$200

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# Your accident coverage

FEATURES (Cont.)	Option 1: Value	Option 2: Premier
Surgery (Exploratory or Arthroscopic)	\$250	\$500
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500	1: \$1,000 2 or more: \$2,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$0.50 per mile, limited to \$300/round trip, up to 3 times per accident	\$0.50 per mile, limited to \$600/round trip, up to 3 times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	\$2,500	\$5,000
X - Ray	\$30	\$50

## UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.



# Less stress

## Aetna Hospital Indemnity Plan

### Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, you can plan ahead to give yourself an extra financial cushion.

### What is the Hospital Indemnity Plan?

The insurance plan pays benefits when you have a planned, or unplanned hospital stay for an illness, injury, surgery or having a baby. The plan pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

### How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with a stay in the hospital.

The Aetna Hospital Indemnity Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

**The Aetna Hospital Indemnity Plan is underwritten by Aetna Life Insurance Company (Aetna).**

[Aetna.com](https://www.aetna.com)

57.03.509.1 (02/21)

### How can you use the cash benefits?

It's completely up to you. You can use the money any way you want, like:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or for anything else you choose.

### Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered stay in a hospital. And, benefits get paid directly to you by check or direct deposit.



# Inpatient Stays

Covered Benefit	Low	High
<p><b>Hospital stay - Admission</b></p> <p>Provides a lump sum benefit for the initial day of your stay in a hospital.</p> <p><i>Maximum 1 stay per plan year</i></p>	\$1,000	\$1,500
<p><b>Hospital stay - Daily</b></p> <p>Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p><b>Hospital stay - (ICU) Daily</b></p> <p>Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$200	\$300
<p><b>Newborn routine care</b></p> <p>Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.</p>	\$100	\$200
<p><b>Observation unit</b></p> <p>Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury.</p> <p><i>Maximum 1 day per plan year</i></p>	\$100	\$200
<p><b>Substance abuse stay - Daily</b></p> <p>Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p><b>Mental disorder stay - Daily</b></p> <p>Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p><b>Rehabilitation unit stay - Daily</b></p> <p>Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury.</p> <p><i>Maximum 30 days per plan year</i></p>	\$50	\$75
<p><b>Important Note:</b>  <b>All daily inpatient stay benefits begin on day two and count toward the plan year maximum .</b></p>		



# RATE SHEET

Rates shown are based on *Semi-Monthly deductions*. Your payroll deductions will be taken after taxes are taken.



## Hospital Indemnity Plan

*You may enroll in one option only.*

<u>Low</u>		<u>Cost</u>		<u>High</u>		<u>Cost</u>	
Yourself only		8	26	12	51		
Yourself & spouse		17	10	25	82		
Yourself plus child(ren)		12	95	19	61		
Yourself and family		20	39	30	85		

**THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE A SUPPLEMENT TO HEALTH INSURANCE AND NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.**

Plans are underwritten by **Aetna Life Insurance Company (Aetna)**. Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Supplemental health plans provide limited benefits. The benefit payments are not intended to cover the full cost of medical care. Providers are independent contractors and are not agents of Aetna. This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).



# American Fidelity Employee Assistance Program (EAP)

## Support for Everyday Issues, Every Day

American Fidelity EAP provides emotional wellness and work/life balance resources for you and your immediate family members.

Everyone faces problems or situations that are difficult to resolve. When these instances arise, American Fidelity EAP will be there to help. American Fidelity EAP provides confidential resources to help you navigate life's ups and downs. This includes professional referrals for a wide variety of concerns, such as:

Anxiety

Depression

Marriage and Relationship Problems

Grief and Loss

Substance Abuse

Anger Management

Work Related Pressures

Stress

### Expert Referrals and Consultation

Whether you are a new parent, a caregiver, selling your home, or looking for legal advice, you're likely to need guidance and referrals to expert resources.

- **Legal Assist** Free telephonic or face-to-face legal consultation
- **Financial Assist** Expert financial planning and consultation
- **Family Assist** Consultation and referrals for everyday issues, such as: dependent care, auto repair, pet care, and home improvement

**Confidentiality:** American Fidelity EAP upholds strict confidentiality standards. Nobody, including your employer, will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information. Some products and services may be provided by third party contractors and affiliated companies.

800-295-8323

[americanfidelity.mysupportportal.com](http://americanfidelity.mysupportportal.com)

American Fidelity Assurance Company  
SB-32903-0120



### Easy Digital Access

#### Mobile

- eConnect® mobile app for on-the-go access to the EAP
- Call or live chat with a licensed counselor
- Review a summary of the program

#### Web

- Secure video counseling through the eConnect® Portal
- Discounted fitness center memberships
- Library of online seminars and eLearning modules
- Bilingual content (English and Spanish)
- Thousands of helpful articles and tip sheets for personal and work related topics
- Search engines and directories for child care, elder care, education, legal, financial, and convenience services

### Access eConnect® Mobile App

Username: americanfidelity



## HAVE YOU EVER?












- Needed your Will prepared or updated
- Been overcharged for a repair or paid an unfair bill
- Had trouble with a warranty or defective product
- Signed a contract
- Received a moving traffic violation
- Had concerns regarding child support
- Worried about being a victim of identity theft
- Been concerned about your child's identity
- Lost your wallet
- Worried about entering personal information online
- Feared the security of your medical information
- Been pursued by a collection agency

## WHAT ARE LEGALSHIELD & iLOCK360?

LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs.

In 2012, TCG Services developed iLOCK360 in order to protect its clients and their employees from the growing threat of identity theft. Today, iLOCK360 helps educators, businesses, employees, and individuals Live Safely™, knowing their identities are monitored around the clock.

### THE LEGALSHIELD MEMBERSHIP INCLUDES

-  24/7 Personal Legal Advice on unlimited issues
-  24/7 Letters/calls made on your behalf
-  24/7 Contracts & documents reviewed (up to 15 pages)
-  24/7 Residential Loan Document Assistance
-  24/7 Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
-  24/7 Moving Traffic Violations (available 15 days after enrollment)
-  24/7 IRS Audit Assistance
-  24/7 Trial Defense (if named defendant/respondent in a covered civil action suit)
-  24/7 Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
-  24/7 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
-  24/7 24/7 Emergency Access for covered situations

### THE iLOCK360 MEMBERSHIP INCLUDES

-  **CyberAlert Internet Surveillance**  
Our exclusive technology scours the web 24/7/365 to identify trading or selling of your personal information online.
-  **Social Security Number Tracing**  
Know if your SSN becomes associated with another individual's name or address.
-  **Credit Monitoring**  
Find out your credit score, analyze your credit report, and monitor your identity for credit-related activity.
-  **Full Service Restoration**  
An iLOCK360 Certified Identity Theft Restoration Specialist will work diligently on your behalf to restore all aspects of your identity.
-  **\$1 Million in Identity Theft Insurance**  
You are insured with a one million dollar insurance policy to cover identity theft restoration expenses.

Semi-Monthly Payroll Deduction	Individual	Family
<b>iLOCK360</b>	<b>\$4.48</b>	<b>\$9.48</b>
<b>LegalShield</b>	<b>\$9.48</b>	<b>\$9.48</b>
<b>Combined</b>	<b>\$13.95</b>	<b>\$16.95</b>

Plan	CyberAlert <sup>SM</sup>	Credit Bureau Monitoring	SSN Trace	Court Records	Address Change	24/7 Support	\$1M Insurance
<b>Plus</b>	✓	✓	✓	✓	✓	✓	✓
<b>Basic</b>	✓						

All district employees receive free Basic coverage that includes only CyberAlert<sup>SM</sup>

## **Women's Health & Cancer Rights Act**

### **Enrollment Notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physician complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

**\$4000, \$3500, or \$2500, deductibles and coinsurance applicable to these benefits**

If you would like more information on WHCRA benefits, call your plan administrator at

**Nexus (888)-383-0132 OR HDHP (866)-314-0336 OR EPO (888)-607-5214.**

### **Annual Notice**

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **Nexus (888)-383-0132 OR HDHP (866)-314-0336 OR EPO (888)-607-5214** for more information.

### **LANGUAGE FOR NON-GRANDFATHERED PLANS**

United Healthcare generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, United Healthcare designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the United Healthcare at **Nexus (888)-383-0132 OR HDHP (866)-314-0336 OR EPO (888)-607-5214.**

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from UHC or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the United Healthcare at **Nexus (888)-383-0132 OR HDHP (866)-314-0336 OR EPO (888)-607-5214.**

## **Newborns' and Mothers' Health Protection Act (NMHPA)**

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) is a federal law that affects the length of time a mother and newborn child are covered for a hospital stay in connection with childbirth. In general, group health plans and health insurance issuers that are subject to NMHPA may NOT restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.

If you deliver your baby in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery. If you deliver your baby outside the hospital and you are later admitted to the hospital in connection with childbirth (as determined by the attending provider), the period begins at the time of the hospital admission.

If the attending provider, in consultation with the mother, determines that either the mother or the newborn child can be discharged before the 48-hour (or 96-hour) period, the group health plan or health insurance issuer does

not have to continue covering the stay for the one ready for discharge. An attending provider is an individual, licensed under State law, who is directly responsible for providing maternity or pediatric care to the mother or the newborn child. In addition to physicians, an individual such as a nurse midwife, physician assistant, or nurse practitioner may be an attending provider. A health plan, hospital, insurance company, or HMO would NOT be an attending provider.

This law applies to two different types of coverage:

Group health plans (provided by an employer or union);

Individual health insurance policies (not based on employment).

Group health plans can either be “insured” plans that purchase health insurance from a health insurance issuer, or “self-funded” plans that pay for coverage directly. How they are regulated depends on whether they are sponsored by private employers, or state or local (“non-federal”) governmental employers. Private group health plans are regulated by the Department of Labor. State and local governmental plans, for purposes of WHCRA, are regulated by CMS. If any group health plan buys insurance, the insurance itself is regulated by the State’s insurance department.

If you are in a private, self-funded group health plan, your health coverage must comply with NMHPA standards. If you are enrolled in a group health plan through your own or a spouse’s employment, you can contact the employer’s plan administrator to find out if your group coverage is insured or self-funded, and determine what entity or entities regulate your benefits.

However, if you are in an insured group health plan or if you have individual (non-employment based) insurance coverage, the Federal NMHPA standards might NOT apply directly if your State has a law with similar protections. Contact your State’s insurance department to find out what law applies in your state, and about whether any additional protections apply to your coverage.

Individual health insurance policies (not sold in connection with employment) are primarily regulated by the State insurance departments.

NMHPA does not apply to high risk pools since the pool is not an issuer of health insurance. The pool is a means by which individuals obtain health coverage.

It is important to note that the coverage subject to NMHPA is the mother’s coverage, regardless of whether the newborn is covered separately. In order to have your newborn added to a policy, you must enroll the newborn within the timeframe specified by the plan.

Note: A non-Federal governmental employer that does not purchase insurance may elect to exempt the plan from the requirements of the NMHPA (opt out) by following the Procedures & Requirements for HIPAA Exemption Election posted on the Self-Funded Non-Federal Governmental Plans webpage at [http://cciio.cms.gov/resources/files/hipaa\\_exemption\\_election\\_instructions\\_04072011.html](http://cciio.cms.gov/resources/files/hipaa_exemption_election_instructions_04072011.html), including issuing a notice of opt-out to enrollees at the time of enrollment and on an annual basis. For a list of plans that have opted out of NMHPA, go to <http://cciio.cms.gov/resources/other/index.html#nonfed> and click on “List of HIPAA Opt-out Elections for Self-funded Non-Federal Governmental Plans.”

If you have concerns about your plan’s compliance with NMHPA, contact our help line at 1-877-267-2323 extension 6-1565 or at [phig@cms.hhs.gov](mailto:phig@cms.hhs.gov)

## Wellness

Your health plan wants to help you take charge of your health. Join RALLY for exercise, nutrition and weight loss benefits. This Wellness program is participation contingent and not health contingent.

## Health Risk Assessments

In answering this question, you should not include genetic information. That is, please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling, or genetic disease for which you believe you may be at risk.

## GINA Disclosure Notice

The specific “safe harbor” language that should be included with any request for FMLA certification (or any request for medical information) to employees or their medical providers is as follows:

The **Genetic Information Nondiscrimination Act of 2008** (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.

Genetic information may be obtained by an employer without violating GINA when it requests family medical history to comply with the certification provisions of the FMLA, state or local family leave laws, or pursuant to a policy that permits the use of leave to care for a sick family member and that requires all employees to provide information about the health condition of the family member to substantiate the need for leave.

## Continuation Rights Under COBRA Notice

Waco ISD’s Notice of Your COBRA Rights

You are receiving this notice because you have recently become covered under a group health plan (United Health Care). **This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator.

### **What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage will pay for their coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent–employee dies;
- The parent–employee's hours of employment are reduced;
- The parent–employee's employment ends for any reason other than his or her gross misconduct;
- The parent–employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a “dependent child.”

### **When is COBRA Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

### **You Must Give Notice of Some Qualifying Events**

**For the other qualifying events divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child, you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to: The Waco ISD Benefits Office.**

### **How is COBRA Coverage Provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee becomes entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

### **Disability extension of 18 month period of continuation coverage**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.



### **Second qualifying event extension of 18 month period of continuation coverage**

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

### **Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan Contact Information**

Waco ISD Benefits Office, [Benefits@wacoisd.org](mailto:Benefits@wacoisd.org).

### **Family and Medical Leave Act-Overview**

The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to:

- Twelve work weeks of leave in a 12-month period for:
  - the birth of a child and to care for the newborn child within one year of birth;
  - the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
  - to care for the employee's spouse, child, or parent who has a serious health condition;
  - a serious health condition that makes the employee unable to perform the essential functions of his or her job;
  - any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" **or**
- Twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

See supplemental information provided regarding FMLA. For additional questions please refer to the Waco ISD Benefits Office.

### **Dependent Child Status**

Note: For plan years beginning on or after January 1, 2014, grandfathered plans will no longer be permitted to exclude children under age 26 who are eligible for employment-based coverage not through a parent (e.g., as an employee or as a spouse). Non-grandfathered plans cannot exclude these children for plan years that begin before January 1, 2014.

If you have a natural, adopted or step child who is losing eligibility for coverage under the plan, please notify Human Resources as soon as possible. For example, if your child age 26 or older is graduating from college, you should notify Human Resources once your child graduates. You should also notify Human Resources if your child over age 26 married, loses dependent status (even if not because of graduation), ceases being your tax dependent, or reaches the maximum coverage age under our plan. You must notify Human Resources within 60 days after the event in order to retain COBRA rights.

*If you have a child other than a natural or adopted (if appropriate add step or foster) child who is losing eligibility for coverage under the plan for reasons such as marriage, loss of student status, loss of dependency status or attainment of a specific age you must notify Human Resources within 60 days after the event in order to retain COBRA rights. For example, if your domestic partner's child graduates from college, you must notify Human Resources (this paragraph must be modified to reflect the specific plan provisions. It may be eliminated if not applicable).*

### **HIPAA PRIVACY REMINDER**

#### **United Healthcare**

#### **Protecting Your Health Information Privacy Rights**

***September 1, 2017***

**Waco ISD** is committed to the privacy of your health information. The administrators of the **United Healthcare** (the "plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources Benefits Office at [Benefits@wacoisd.org](mailto:Benefits@wacoisd.org), 254-755-9522. The notice also is available on-line at [www.wacoisd.org](http://www.wacoisd.org).

### **Waco ISD's Notice of Your HIPAA Special Enrollment Rights**

Our records show that you are eligible to participate in the Waco ISD's Group Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after you or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Alicia Rodriguez, Benefits Manager.

#### ***Important Warning***

*If you decline enrollment for yourself or for an eligible dependent, **you must complete the attached "Form for Employee to Decline Coverage."** On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.*

#### **Patient Protection Disclosure**

United Healthcare generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation United Healthcare designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the United Healthcare at Nexus (888)-383-0132 OR HDHP (866)-314-0336 OR EPO (888)-607-5214. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from United Healthcare for any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-

approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact United Healthcare at. Nexus (888)-383-0132 OR HDHP (866)-314-0336 OR EPO (888)-607-5214.

## **MAKING ENROLLMENT CHANGES DURING THE YEAR**

**The open enrollment period for eligible employees will be held in**

**October 2023. Your new benefits will be effective January 1, 2024.**

In most cases, your benefit elections will remain in effect for the entire plan year. During the annual enrollment period, you have the opportunity to review your benefit elections and make changes for the coming year. You may only make changes to your elections during the year if you have one of the following status changes:

- Marriage, divorce or legal separation (if your state recognizes legal separation);
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, reaching the dependent child age limit; or
- Significant changes in employment or employer-sponsored benefit coverage that affect you or your spouse's benefit eligibility.
- Your benefit change must be consistent with your change in family status.

**IRS regulations require that for enrollment due to the qualifying events above, changes must be submitted within 30 days of that qualifying event.**

Please contact Alicia Rodriguez, Benefits Manager, at 254-755-9522 with any questions.

## **BENEFICIARY DESIGNATION**

As you complete the enrollment process, please take a few moments to review your beneficiary designations to ensure that they are accurate and up-to-date. Don't forget to look at your designations for all of your benefits – basic life insurance, supplemental life insurance, voluntary AD&D, pension, and 401(k).

If you are married, your spouse (as defined under Federal law) is automatically your beneficiary for the pension and 401(k) plans. If you wish to select another beneficiary under those plans, your spouse's notarized signature is required.

If you designate a trust as a beneficiary you must provide additional information such as the name of the trust, name of the trustee, contact information for the trustee (e.g., address) and date of the trust instrument. You should consult with your legal advisor if you intend to name a trust as your beneficiary.

If you want your minor child (or children) to be your beneficiary(ies), you should discuss your plans with your legal advisor. Neither the plan nor the insurance company will pay benefits directly to a minor child. Benefits from the plan – such as life insurance – must be paid to an adult, such as a guardian, or to a trust established for the benefit of your child. Your legal advisor can help you determine the best way to accomplish this.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>Waco Independent School District</b>		4. Employer Identification Number (EIN) <b>74-6002532</b>	
5. Employer address <b>P.O. BOX 27</b>		6. Employer phone number <b>254-755-9473</b>	
7. City <b>WACO</b>		8. State <b>Tx</b>	9. ZIP code <b>76703</b>
10. Who can we contact about employee health coverage at this job? <b>ALICIA RODRIGUEZ</b>			
11. Phone number (if different from above) <b>254-755-9522</b>		12. Email address <b>alicia.rodriguez@wacoisd.org</b>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - All employees. Eligible employees are:

- Some employees. Eligible employees are:

Employees who work a minimum of 20 hours per week (and are members of the Teacher Retirement System of Texas) are eligible for group health insurance coverage, effective the first day of the month following their date of hire.

- With respect to dependents:
  - We do offer coverage. Eligible dependents are:

Eligible dependent is a spouse, child(ren), stepchild(ren), legally adopted child(ren).

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.



The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

Does the employer offer a health plan that meets the minimum value standard\*?

Yes (Go to question 15)    No (STOP and return form to employee)

For the lowest-cost plan that meets the minimum value standard\* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

How much would the employee have to pay in premiums for this plan? \$ 0

How often?     Weekly     Every 2 weeks     Twice a month     Monthly     Quarterly     Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? \_\_\_\_\_

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?     Weekly     Every 2 weeks     Twice a month     Monthly     Quarterly     Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a> <a href="#">X</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/	Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820

<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.