

# WACO ISD 2026

OPEN ENROLLMENT  
SEP. 29TH - OCT. 24TH

## EMPLOYEE BENEFITS GUIDE



PLAN YEAR: JANUARY 1ST, 2026 - DECEMBER 31ST, 2026



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# ON-SITE OPEN ENROLLMENT SCHEDULE

Campus	Day	Date	Time
Cedar Ridge Elementary	Monday	September 29th	8 AM – 3 PM
Crestview Elementary	Monday	September 29th	8 AM – 3 PM
Dean Highland Elementary	Tuesday	September 30th	8 AM – 3 PM
Kendrick Elementary	Tuesday	September 30th	8 AM – 3 PM
Bell's Hill Elementary	Wednesday	October 1st	8 AM – 3 PM
Provident Heights Elementary	Wednesday	October 1st	8 AM – 3 PM
J.H. Hines Elementary	Thursday	October 2nd	8 AM – 3 PM
Brook Avenue Elementary	Thursday	October 2nd	8 AM – 3 PM
Parkdale Elementary	Friday	October 3rd	8 AM – 3 PM
Mountainview Elementary	Friday	October 3rd	8 AM – 3 PM
West Avenue Elementary	Monday	October 6th	8 AM – 3 PM
South Waco Elementary	Monday	October 6th	8 AM – 3 PM
Hillcrest PDS	Tuesday	October 7th	8 AM – 3 PM
Lake Air Montessori	Tuesday	October 7th	8 AM – 3 PM
Cesar Chavez Middle	Wednesday	October 8th	9 AM – 4 PM
Tennyson Middle	Wednesday	October 8th	9 AM – 4 PM
Carver Middle	Thursday	October 9th	9 AM – 4 PM
Transportation	Thursday	October 9th	9 AM – 12 PM
GWAHCA	Thursday	October 9th	12 PM – 2 PM
GWAMA	Thursday	October 9th	2 PM – 4 PM
University High	Friday	October 10th	9 AM – 4 PM
Waco High	Tuesday	October 14th	9 AM – 4 PM
Maintenance	Wednesday	October 15th	8 AM – 11 AM
Challenge/N Waco	Wednesday	October 15th	11 AM – 1 PM
GL Wiley	Wednesday	October 15th	11 AM – 1 PM
Administration*	Thursday	October 16th	8 AM – 4 PM

\*Hablante de español disponible. Si no estás realizando cambios o no necesitas un hablante de español, no dudes en completar tu inscripción en tu campus.

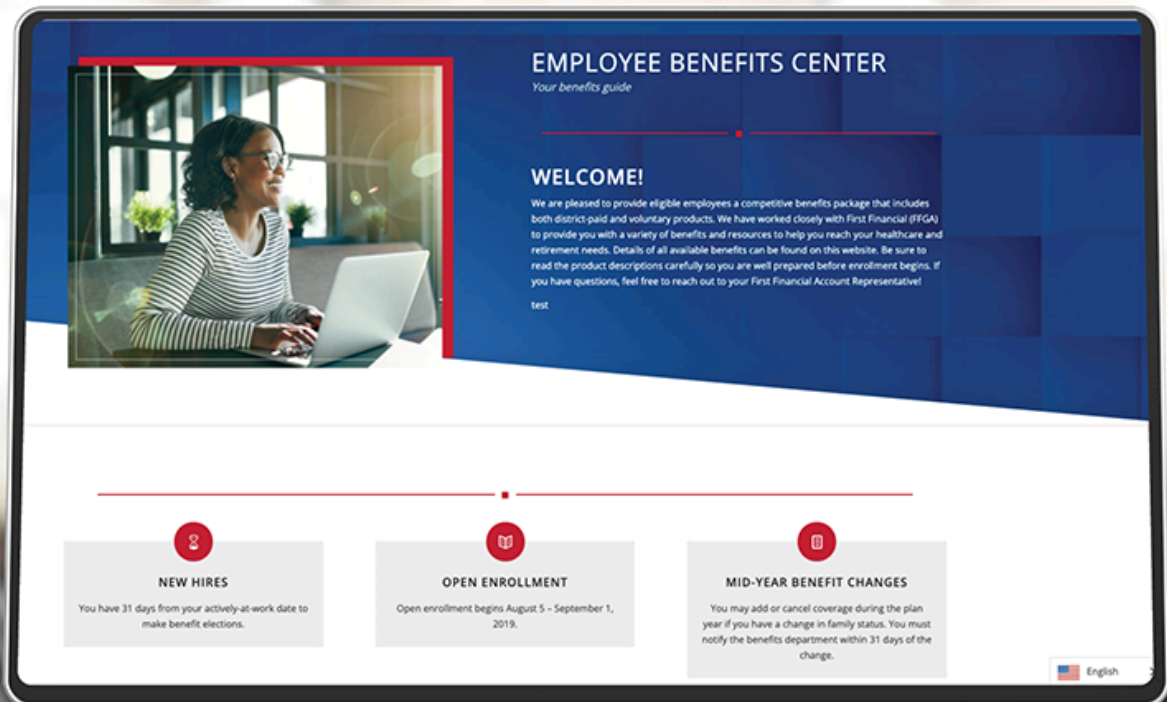
# Employee Benefits Center

## A guide to your benefits!

Waco ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options as well as find claim forms, important phone numbers and enrollment information. There's no need to register for site access. Simply scan the QR code or type the URL below into your browser and you will be directed to your Employee Benefits Center.



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





# Medical Insurance

Plan 1 \$4000 Choice HDHP Plan	Total Monthly Premium	District Monthly Contribution	Employee Cost Per Month	Employee Cost Per Paycheck
Employee Only	\$ 560.87	\$ 608.40	\$ 0	\$ 0
Employee /Spouse	\$ 1,298.47	\$ 608.40	\$ 690.07	\$ 345.04
Employee/Child(ren)	\$ 996.50	\$ 608.40	\$ 388.10	\$ 194.05
Employee/Family	\$ 1,655.23	\$ 608.40	\$ 1046.83	\$ 523.42

Plan 2 \$3500 Nexus HMO Plan	Total Monthly Premium	District Monthly Contribution	Employee Cost Per Month	Employee Cost Per Paycheck
Employee Only	\$ 699.53	\$ 608.40	\$ 91.13	\$ 45.57
Employee /Spouse	\$ 1,505.89	\$ 608.40	\$ 897.49	\$ 448.75
Employee/Child(ren)	\$ 1,153.84	\$ 608.40	\$ 545.44	\$ 272.72
Employee/Family	\$ 1,921.82	\$ 608.40	\$ 1,313.42	\$ 656.71

Plan 3 \$2500 Choice EPO Plan	Total Monthly Premium	District Monthly Contribution	Employee Cost Per Month	Employee Cost Per Paycheck
Employee Only	\$ 831.33	\$ 608.40	\$ 223.93	\$ 111.47
Employee /Spouse	\$ 1,789.13	\$ 608.40	\$ 1,180.73	\$ 590.37
Employee/Child(ren)	\$ 1,383.89	\$ 608.40	\$ 775.49	\$ 387.75
Employee/Family	\$ 2,267.96	\$ 608.40	\$ 1,659.56	\$ 829.78

# Medical Insurance Plan Summaries

	Plan 1 United Healthcare Choice Plus with an H.S.A.		Plan 2 United Healthcare Nexus ACO \$3500 Plan		Plan 3 United Healthcare Choice Plus \$2500 EPO Plan	
	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
<b>DOCTORS</b>						
Primary Care	20% after deductible		\$20 copay	\$40 copay	\$30 copay	
\$0 copay for children under the age of 19	N/A		\$0 no copay	\$0 no copay	\$0 no copay	N/A
Specialist Network	20% after deductible	N/A	\$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	N/A
Out-Patient Surgery	20% after deductible	N/A	20% after deductible	40% after deductible	20% after deductible	
<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 Office Visits	\$0 no copay		\$0 no copay	\$0 no copay	\$0 no copay	
Child Birth / Delivery Professional Services	20% after deductible		20% after deductible	20% after deductible	20% after deductible	
Outpatient Mental Health or Rehab / Habilitation Services	20% after deductible	N/A	\$20 copay	\$20 copay	\$30 copay	N/A
Inpatient Mental Health or Rehab / Habilitation Services	20% after deductible		20% after deductible	20% after deductible	20% after deductible	
<b>URGENT CARE SERVICES</b>						
Urgent Care Facility	20% after deductible	N/A	\$0 after \$100 copay per visit	\$0 after \$100 copay per visit	\$0 after \$75 copay per visit	N/A
<b>LAB &amp; X-RAY SERVICES</b>						
Minor lab & x-ray	20% after deductible		20% after deductible	40% after deductible	20% after deductible	
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	\$4,000		\$3,500	\$3,500	\$2,500	N/A
FAMILY	\$8,000		\$10,500	\$10,500	\$5,000	
<b>MAXIMUM OUT OF POCKET</b>						
INDIVIDUAL	\$7,000 **		\$7,900 **	\$7,900 **	\$7,500 **	N/A
FAMILY	\$14,000 **		\$15,800 **	\$15,800 **	\$15,000 **	
<b>LIFETIME MAXIMUM BENEFIT</b>						
	Unlimited	N/A	Unlimited	Unlimited	Unlimited	Unlimited

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

# 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.

## Plan 1 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>	\$7,000 for Individual / \$14,000 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.

## Plan 2 Nexus HMO

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

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.  
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WACO INDEPENDENT SCHOOL DISTRICT



# 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.

## Plan 3 Choice EPO

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
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<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>	\$7,500 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

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106-52041N 080122

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## Prescription benefits

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# Convenient and cost-effective medication options

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

### Know how to get your medication

Find out where to fill your prescriptions. Use the *Pharmacy Locator* tool to find a pharmacy that's covered under your prescription benefit plan. Some plans offer home delivery. Review your plan summary to see your options.

### Tap into savings with digital tools

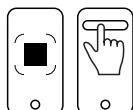
Save time, compare costs and stay connected. Do it all at **Caremark.com** and the CVS Health® mobile app.\*

- Using a pharmacy that's covered by your plan can help keep your costs low. Locate one that's convenient through our *Pharmacy Locator* tool.
- Check and compare drug costs across in-network pharmacies to find possible savings through our *Check Drug Cost* tool.
- Stay connected for benefit plan updates. Sign up for email or text alerts to easily get important updates, including status alerts on any changes to your covered medications.

### Access everything you need, all in one place



Scan this code to download  
the CVS Health app today.\*



To scan the QR code:  
Open the camera on your smart phone  
Focus on the QR code  
Tap the link that appears

\*Some app functions are not available yet, but coming soon.

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## Rx Home Delivery

# Medications delivered right to you

Your benefit plan may offer home delivery options for medications you take regularly (like medication for asthma or high blood pressure). Here's how you can find out.

### Check your pharmacy network

Sign in or register at **Caremark.com** and use the *Pharmacy Locator* tool to see if there is a mail service pharmacy in your network.

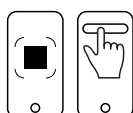
### Ask your local pharmacy

Call or visit your local pharmacy to see if they offer home delivery.

## Access everything you need, all in one place



Scan this code to download  
the CVS Health® app today.\*



To scan the QR code:  
Open the camera on your smart phone  
Focus on the QR code  
Tap the link that appears

\*Some app functions are not available yet, but coming soon.

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

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



## Another way to get care

Providers 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 \$54 or less.<sup>3</sup>**

### Consider 24/7 Virtual Visits for these common conditions and more

- Cough
- Headache
- Sore throat
- Fatigue/weakness
- Nasal discharge
- Difficulty sleeping
- Congestion/sinus pain
- Fever
- Loss of appetite

# \$54<sup>or less</sup>

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 \$54 or less

## Get started

Sign in at [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits) | Call the number on your health plan ID card | Download the UnitedHealthcare app

# United Healthcare<sup>®</sup>

<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.

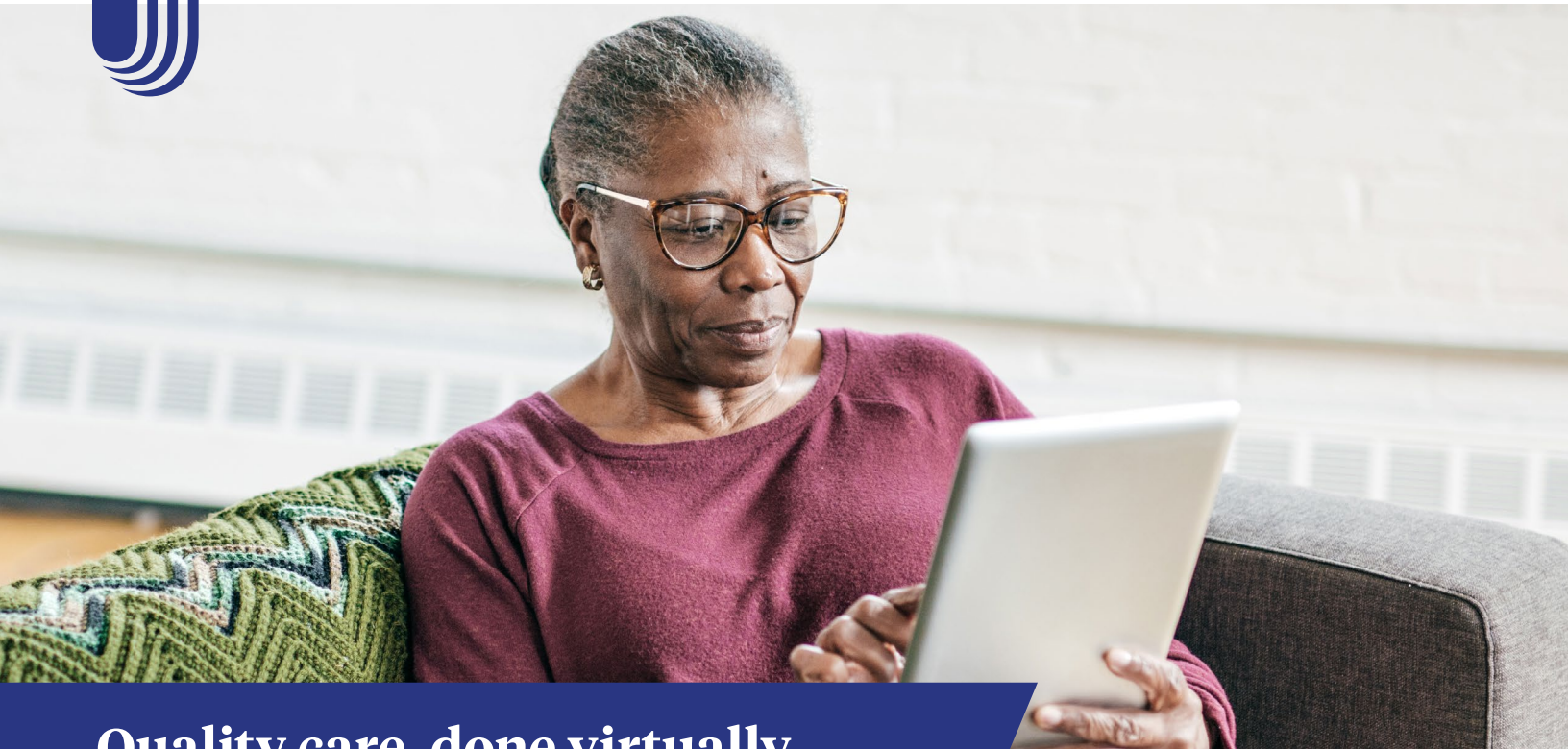
<sup>4</sup> Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated urgent care savings are based on a \$131 difference between an average urgent care visit cost of \$180 and a Virtual Visit cost of \$54; \$2,000 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 are 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 is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. 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**





## Get care from a specialist, virtually



### 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.

#### Built for easy 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 sooner, as early as same-day for some providers. 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.

#### Meet online with a specialist for these conditions and more:

- Back and joint pain
- Dermatology
- Gastroenterology
- Migraine care
- Sleep conditions
- Speech therapy
- Women's health\*

### Get started

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

**United  
Healthcare®**

\*"Women's health" is a broader term used to describe conditions, services or supportive programs and resources, not to describe those supported. UnitedHealthcare provides supportive resources for all eligible individuals, regardless of gender identity or expression.

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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# Stressed? Anxious? With virtual therapy, getting help may now be easier than ever.



Reaching out may be hard—especially if you might not want anyone to know you're hurting. From the privacy of home and the convenience of your mobile device\* or computer, you can receive caring support from a licensed therapist.

## Virtual therapy offers confidential counseling and includes:

### Private video sessions

Get 1-on-1 support—in your home and at a time that's convenient for you.

### Help with coping—for children, teens and adults

Your licensed therapist may provide a diagnosis, treatment and medication if needed.

### Similar standard of care as in-person visits

You can see the same therapist with each appointment and establish an ongoing relationship.

### Virtual therapy is designed to help treat conditions like:

- ADD/ADHD
- Anxiety
- Mental health disorders
- Addiction
- Depression



## A quicker way for the whole family to get care

A virtual visit for mental health care may be a great way for children and teens to get an appointment.

## To find a provider and schedule a visit

Sign in or register on [myuhc.com](https://myuhc.com)<sup>®</sup>. Then, go to **Find Care & Costs > Virtual Care > Behavioral Health Care > Get Started** and call the provider to set up an appointment. Or call the telephone number on your health plan ID card.

\*Data rates may apply.

Costs and coverage may vary. Check your plan for details.

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 UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

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**United  
Healthcare**





## Get more out of your health plan benefits with these 2 handy digital tools



### The UnitedHealthcare® app and myuhc.com®

Whether on the go or online, you'll have access to resources designed to help you:

- View benefit info, claim details and account balances
- Search network providers and facilities for the type of care you may need
- Quickly compare cost estimates before you get care
- Learn about covered preventive care
- Access your health plan ID card and add your plan details to your smartphone's digital wallet

### Register once to access both tools

Start by downloading the UnitedHealthcare app or going to [myuhc.com](https://myuhc.com) and then:

- Tap **Register Now** on the app, or select **Register** on the website
- Fill in the required fields and create your username and password
- Enter your contact information and select SMS text or phone call for two-factor authentication—then, agree to the terms and conditions
- Opt in to paperless delivery from your communication preferences

Now you're registered for—and connected to—the app and the website.

#### Get connected



Scan this code to download the app and register, or visit [myuhc.com](https://myuhc.com)

## UnitedHealthcare

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

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

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.

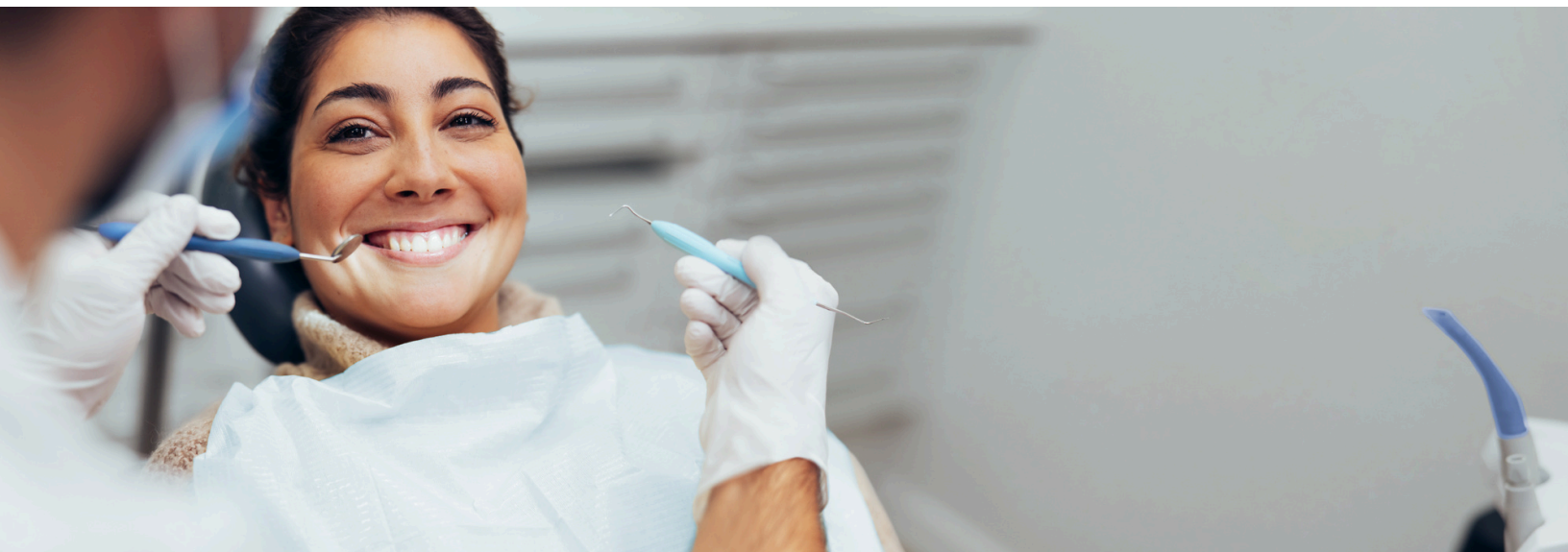
Health Plan coverage provided by or through a UnitedHealthcare company. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

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# Dental Insurance



Ameritas | [www.ameritas.com](http://www.ameritas.com) | 800-487-5553

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

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

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

Ameritas Dental Semi-Monthly Premiums	
Employee Only	\$11.58
Employee + One	\$23.08
Employee + Family	\$35.58

QCD Discount Dental Semi-Monthly Premiums	
Employee Only	\$0.00
Employee + One	\$4.00
Employee + Family	\$6.00

### Dental Plan Summary

Effective Date: 1/1/2026

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$50 Lifetime Type 2,3 Waived Type 1
<b>Maximum (per person)</b>	No Family Maximum \$2,000 per calendar year
<b>Allowance</b>	Discounted Fee
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

### Orthodontia Summary - Adult and Child Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<b>Waiting Period</b>	None

### Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (1 in 6 months)</li> <li>Bitewing X-rays (1 in 12 months)</li> <li>Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>Periapical X-rays</li> <li>Cleaning (1 in 6 months)</li> <li>Fluoride for Children 13 and under (1 in 12 months)</li> <li>Sealants (age 15 and under)</li> <li>Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li> </ul>	<ul style="list-style-type: none"> <li>Space Maintainers</li> <li>Fillings for Cavities</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 10 years per tooth)</li> <li>Crown Repair</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> </ul>

### Semi-Monthly Rates

<b>Employee Only (EE)</b>	\$11.58
<b>EE + 1 Dependent</b>	\$23.08
<b>EE + 2 or more Dependents</b>	\$35.58

### Ameritas Information

**We're Here to Help:** This plan was designed specifically for the associates of WACO ISD. At Ameritas, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritas.com](http://ameritas.com).

### Dental Health Scorecard

How would you rate your dental health? In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to [ameritas.com](http://ameritas.com), click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

### Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

# Vision Insurance

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

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

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

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

Vision Semi-Monthly Premiums	
Employee Only	\$3.71
Employee + One	\$7.18
Employee + Family	\$10.56





# SuperiorVision®

## Vision plan benefits for Waco ISD

### Copays

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

### Semi-Monthly premiums

Employee Only	\$3.71
Employee + 1 person	\$7.18
Employee and Family	\$10.56

### Services/frequency

Exam	1 per calendar year
Frame	1 per calendar year
Lenses	1 per calendar year
Contact lenses	1 per calendar year

### Benefits through Superior Select Southwest network

	In-network	Out-of-network
Exam	Covered in full	Up to \$35 retail
Frames	\$200 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>	\$200 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/Ulimate	\$55 / \$110 / \$150 / \$225
<b>Anti-reflective coating</b>	
Standard/Premium/Ultra/Ulimate	\$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 Account

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 15th, 2026 to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

**Your maximum contribution amount for 2026 is \$3,300.**

### Medical FSA Highlights

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

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

## Dependent Care FSA

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

**You may allocate up to \$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.**

### Dependent Care FSA Highlights

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

# Health Savings Account

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.866.853.3539  
P.O. Box 161968 | Altamonte Springs, FL 32716

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with the Plan 1 Choice \$4000 HDHP 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. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like co-pays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies.

## Health Savings Account Highlights

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

## Who Can Participate in an HSA?

- You must be enrolled in the Plan 1 Choice \$4000 HDHP 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.

	Medical Coverage
2026 HSA Contribution Limits	<ul style="list-style-type: none"><li>• Employee Only: \$4,400</li><li>• Family: \$8,750</li></ul>
\$1,000 catch-up contributions (age 55 or older)	

**If you enroll in or have an HSA account, you must visit the link below to create your online account. Your Group Number is 902991.**

**<https://enrollhsa.optumbank.com/enrollment#/>**

**After you register, you will receive an HSA card from Optum Bank.**

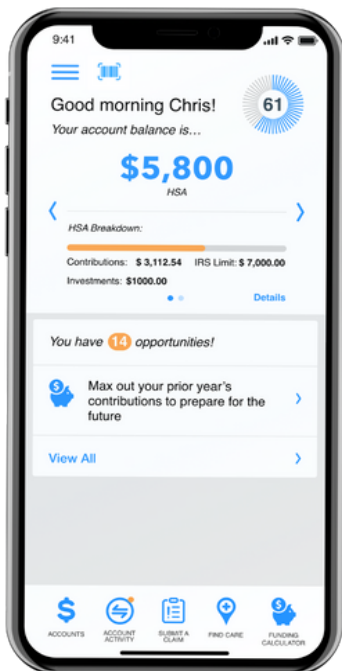
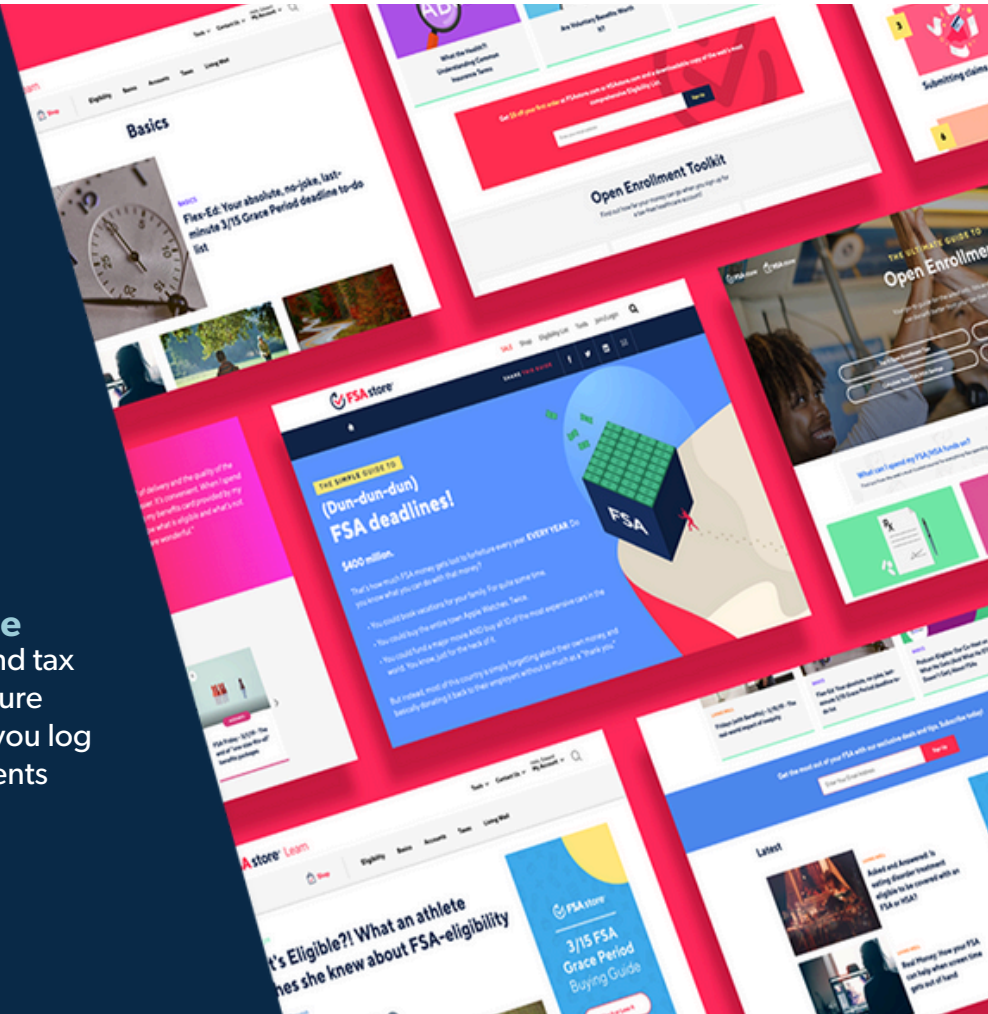
# FSA & HSA Resources

## Benefits Card

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

## View Your Account Details Online

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



## FF Mobile Account App

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

## FSA/HSA Store

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



# Permanent Life Insurance



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

### **Texas Life Highlights**

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



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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									Age to Which Coverage is Guaranteed at
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Table Premium
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	CHILDREN AND GRANDCHILDREN (NON-TOBACCO) with Accidental Death Rider  Grandchild coverage available through age 18.				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

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

23M014-C-SM FFGA-NT 1012 (exp0325)

Indicates  
 Spouse  
 Coverage  
 Available



**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
	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		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

23M014-C-SM FFGA-T 1012 (exp0325)

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

Indicates  
Spouse  
Coverage  
Available

# Group Term Life Insurance

## Employer-Paid & Voluntary

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

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

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Waco ISD provides all eligible employees a \$15,000. The cost of this policy is paid for 100% by Waco ISD. This is a term life policy that is in effect while you are employed.

### Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by 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.





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

**Eligibility**

All Active 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.**

**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>

Dependent Coverage may not exceed 50% of the Employee Amount.

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)**

Employee			Dependent Spouse & Child (Life Only)		
Benefit Amount		Premium	Option		Premium
\$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			

**EMPLOYEE Supplemental Life/AD&D**

Semi-Monthly rates per \$1,000

Age	Rates
All Ages	\$0.0665

**Guarantee Issue:**

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

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.

# Long Term Disability Insurance

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

## Why Do I Need Disability Insurance?

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

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

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







# 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.



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.

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

# 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

# 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. 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 Insurance Semi-Monthly Premiums		
	Basic	Enhanced Plus
Employee	\$7.90	\$15.81
Employee + Family	\$13.43	\$26.90

# 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 Premiums

	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.



# Critical Illness Insurance

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

## Prepare For the Unexpected

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

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

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





# 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 days of making a claim, John receives his Critical Illness insurance benefit paid directly to him. As John undergoes intensive treatment over the next few months, he can use the benefit for any purpose, including to pay for 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 and definitions.

The semi-monthly premiums you would pay for Critical Illness insurance benefits are below.

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	Based off 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

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 + Child(ren)	\$8.00	\$13.00
Employee + Family	\$10.50	\$17.75





# 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

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WACO INDEPENDENT SCHOOL DISTRICT

ALL ELIGIBLE EMPLOYEES





# 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	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
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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WACO INDEPENDENT SCHOOL DISTRICT

ALL ELIGIBLE EMPLOYEES



## 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.

# Hospital Indemnity Insurance

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

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

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

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

Hospital Indemnity Semi-Monthly Premiums		
	Low Plan	High Plan
Employee	\$8.26	\$12.51
Employee + Spouse	\$17.10	\$25.82
Employee + Child(ren)	\$12.95	\$19.61
Employee + Family	\$20.39	\$30.85



# Inpatient Stays

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





## RATE SHEET

*Rates shown are based on semi-monthly deductions.*



### 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	Yourself only	\$12.51
Yourself & spouse	\$17.10	Yourself & spouse	\$25.82
Yourself plus child(ren)	\$12.95	Yourself plus child(ren)	\$19.61
Yourself and family	\$20.39	Yourself and family	\$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).

# Medical Transport Insurance

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

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs. Most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill. With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.

Medical Transport Semi-Monthly Premiums		
	Emergent Plus	Platinum
Employee Only	\$7.00	\$19.50
Employee & Family	\$7.00	\$19.50



# Compare plans

Get emergency medical transportation coverage to protect what matters most.

With a MASA plan, you'll have an additional layer of financial protection from the out-of-pocket costs of medical transportation. Explore the options below to compare the benefits offered in each plan.

Gain peace of mind and shield your finances knowing there's a MASA plan best suited for your needs.



	Emergent Plus plan	Platinum plan
Emergency Ground Ambulance Coverage	● <sup>2</sup>	● <sup>2</sup>
Emergency Air Ambulance Coverage	● <sup>2</sup>	● <sup>2</sup>
Hospital to Hospital Ambulance Coverage	● <sup>2</sup>	● <sup>2</sup>
Repatriation to Hospital Near Home Coverage	● <sup>2</sup>	● <sup>4</sup>
Post Admission Continued Care Transportation Coverage		
Sick While Away From Home Expense Protection		
Minor Return Transportation Coverage		● <sup>3</sup>
Pet Return Transportation Coverage		● <sup>3</sup>
Patient Return Transportation Coverage		● <sup>4</sup>
Companion Transportation Coverage		● <sup>3</sup>
Companion Return Transportation Coverage		● <sup>3</sup>
Hospital Visitor Transportation Coverage		● <sup>3</sup>
Mortal Remains Transportation Coverage		● <sup>4</sup>
Vehicle & RV Return Coverage		● <sup>3</sup>
Organ Retrieval Transportation Coverage		● <sup>1</sup>



# 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.

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

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

Identity Theft Protection Semi-Monthly Premiums	
	Plus Plan
Employee Only	\$4.48
Employee + Family	\$9.48





# iLOCK360

Your identity is your most valuable asset. Is yours protected?

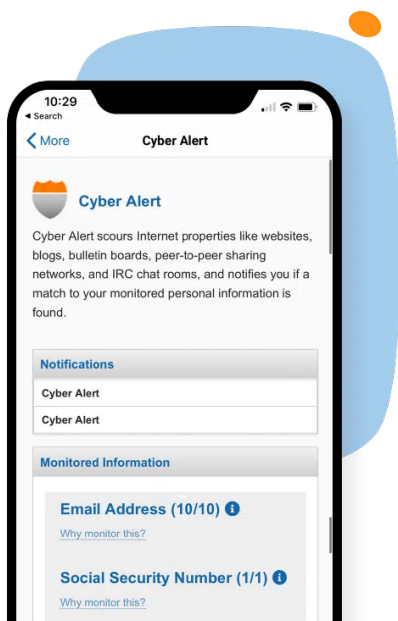


**39 seconds** is how often cyber-attacks occur

**25% of kids** are projected to be affected by identity theft before turning 18

**17% increase** in data breaches 2022 to 2023

Identity theft is the **fastest growing crime**. With iLOCK360, you can rest easier knowing you have experienced professionals in your corner restoring your identity. Your identity is more than simply reviewing your credit card charges. That's why we offer a comprehensive monitoring service of online activity, financial affairs, and immediate resolution.



## Defend

Your personal information is monitored 24 / 7 / 365



## Protect

Alerts inform you of potential threats for immediate action



## Restore

iLOCK360 does the work to restore your identity

## Sign up during enrollment

For educator pricing

Semi-Monthly Premiums	Plus
Employee	\$4.48
Employee + Family	\$9.48

**Please note:** A valid email address is required for enrollment in iLOCK360. All iLOCK360 alerts and/or notifications are sent via email. Consider utilizing an email address that you check regularly. • Account activation & setup of monitored elements is required upon the start of your new benefit plan year.

## Learn more about the protections that iLOCK360 offers:

Plan features	Service description	Plus
Identity theft resolution services		
<b>Full-Service Identity Theft Restoration &amp; Lost Wallet Protection</b> <b>MOST VALUABLE SERVICE.</b> <b>Dependable help that's just a phone call away!</b>	If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will work with you and on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with. Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.	 
<b>\$1M Identity Theft Insurance</b>	If you incur expenses associated with your identity theft recovery, you will be covered up to \$1M reimbursement (\$0 deductible). Covered costs include: <ul style="list-style-type: none"> <li>• Lost wages or income</li> <li>• Attorney and legal fees</li> <li>• Expenses incurred for refinancing of loans, grants and other lines of credit</li> <li>• Costs of childcare and/or elderly care incurred as a result of identity restoration</li> </ul>	
Comprehensive identity monitoring		
<b>CyberAlert™ monitors:</b> <ul style="list-style-type: none"> <li>• one Social Security Number</li> <li>• two Phone Numbers</li> <li>• two Email Addresses</li> <li>• five Credit/Debit Cards</li> <li>• two Medical ID Numbers</li> <li>• five Bank Accounts</li> <li>• one Drivers License Number</li> <li>• one Passport</li> </ul>	We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.	 
<b>Change of Address Monitoring</b>	A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected through the USPS National Change of Address (NCOA) Registry.	
<b>Court/Criminal Records Monitoring</b>	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.	
<b>Sex Offender Alerts</b>	Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area. As well as notifying you if someone registers as a sex offender in your name.	
<b>Payday Loan Monitoring</b>	Often times, these types of loans don't show up on your credit report until they have gone through collections which will be damaging to your credit report. High-interest, easy-to-obtain payday loans can negatively impact your credit score. We alert you if a non-credit loan been opened using your identity at a payday or quick cash loan provider.	
<b>Social Security Number Trace</b>	Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.	 
Credit monitoring services		
<b>Daily Monitoring of Experian Credit Bureau</b>	Provides credit protection with monitoring from Experian. Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.	

 adults  Children to age 18

# Legal Plan

LegalShield | [www.legalshield.com](http://www.legalshield.com) | 833-721-6883

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

Legal Semi-Monthly Premiums	
Employee Only	\$9.48
Employee + Family	\$9.48










# 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 on-line
- ☐ Feared the security of your medical information
- ☐ Been pursued by a collection agency

# WHAT IS LEGALSHIELD?

Founded in 1972, LegalShield has 1.5 million memberships protecting and empowering 4.1 million lives and serving 140,000 businesses throughout the United States and Canada. Our members can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll, the world's leading company in ID Theft consulting and restoration.

## THE LEGALSHIELD® MEMBERSHIP INCLUDES:

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

*LegalShield family legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children.*

## ADVICE ON ANY LEGAL ISSUE



With a LegalShield Legal Plan you will have access to attorneys who can provide advice or assistance on a variety of personal legal issues.

## ELECTION OPTIONS



**Employee Only or Family Coverage:**

## AFFORDABLE LEGAL PROTECTION FOR ONE LOW MONTHLY FEE

For more information, please contact your Independent Associate:





# 457(b) RETIREMENT PLAN



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

## PLAN HIGHLIGHTS

### Multiple Investment Options

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

### ROTH (After-Tax) Option

### Loan availability (subject to balance)

### Rollovers/Transfers

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

### No Front-End or Deferred Sales Charges



## ENROLL ONLINE

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

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

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

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

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

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

Service from your FFGA Account Rep  
Dedicated email address: [FFinvest@ffga.com](mailto:FFinvest@ffga.com)

# 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 tax deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. The 403(b) is named after the section of the IRS code governing it.

## How a 403(b) Works

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

## Benefits

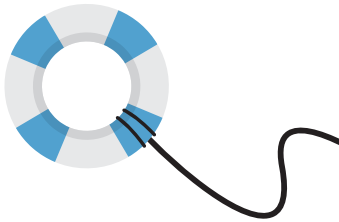
- Tax deferred growth: no annual taxation on earnings
- Investment options: fixed annuities, variable annuities, or mutual funds
- Competitive interest rates
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan.
- Receive periodic account statements



# Employee Resource Services

## Extra Help When It's Needed Most

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed with ComPsych® Corporation to offer Employee Resource Services to employees and their immediate family. Employee Resource Services provides convenient resources to help address emotional, legal and financial issues.



### Employee Resource Services™

In the U.S. and Canada call

**866-899-1363**

TDD: 800-697-0353

[guidanceresources.com](https://guidanceresources.com)

Enter Your Company ID: DISRES



BlueCross BlueShield  
of Texas

### Face-to-Face Sessions

Employee Resource Services provides three face-to-face sessions per issue in a geographically accessible location to address behavioral issues.

### Unlimited Telephonic Support

Employee Resource Services also provides unlimited telephonic support (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level clinicians use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

### Web-Based Services

GuidanceResources® Online ([guidanceresources.com](https://guidanceresources.com)) is a secure, password-protected website that contains self-assessments, extensive content on personal health and powerful tools to help with personal, relational, legal, health and financial concerns. This service is free of charge to employees who are insured with us and their immediate family. It covers many topics and personal concerns, such as:

- Alcohol and drug abuse
- Depression
- Divorce and family law
- Estate planning
- Getting out of debt
- Grief and loss
- Job pressures
- Managing debt obligations
- Marital and family conflicts
- Retirement planning
- Saving for college
- Stress and anxiety
- Tax questions
- Real estate buying and selling

## To Access Your Services



### Call: 866-899-1363

- When asked what type of insurance policy you have, answer Life insurance.



### Online: [GuidanceResources.com](https://guidanceresources.com)

- Click "Register" to create a new account.
- Enter Your Company ID: DISRES

# Your Guide to GuidanceResources® Online

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

## What about financial concerns?

Financial issues can arise at any time, from dealing with debt to saving for college. Guidance Resources® Online is available to provide you with the tools and information you need to help solve your personal money management concerns.

## How can I manage all of my life's little details and the issues my family faces?

Whether you are a new parent, giving care to an elder, sending a child off to college, buying a car or doing home repairs, you're bound to come across concerns that need to be addressed. Let GuidanceResources® Online help you explore your options.

## Where can I get answers to all my legal questions?

GuidanceResources® Online provides access to practical, understandable information and tools to help address your concerns about divorce, bankruptcy, buying real estate and other issues.

## Guide to using GuidanceResources.com

1. Once on the [GuidanceResources.com](http://GuidanceResources.com) home page, click on the tab at the top labeled **"Register."**
2. Enter your **company ID: DISRES**. Create a **username and password**. The username has to be at least six characters long and should have no spaces (for example: joesmith). Make sure that you **complete all required fields, noted with red asterisks**.
3. Read the Terms of Use and click inside the checkbox to indicate your agreement to those terms.
4. When you've finished, **click on the "Submit" button** at the bottom of the page.

GuidanceResources® Online offers web-based services designed to help address the personal concerns and life issues you may be facing.

Whether it's depression, alcohol and drug abuse, or grief and loss, these services are available to you and members of your family at no cost—24 hours a day, 7 days a week.



## ONLINE ACCESS: [GuidanceResources.com](http://GuidanceResources.com)

- Click "Register" to create a new account.
- Enter Your Company ID: DISRES
- FOR FUTURE LOGINS, just go to the member login section and enter your username and password. This will take you directly to [GuidanceResources.com](http://GuidanceResources.com).

If you have any problems logging in, you can contact: [memberservices@guidanceresources.com](mailto:memberservices@guidanceresources.com) or 877-595-5289.

For employees of Waco ISD only. For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

GuidanceResources® Online is offered and administered by ComPsych® Corporation. ComPsych® Corporation is an independent organization that does not provide Blue Cross and Blue Shield of Texas or Dearborn Life Insurance Company products or services. ComPsych® Corporation is solely responsible for the products and services described in this flier.

For employee use only. 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.

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In the U.S. and Canada call

**866-899-1363**

TDD: 800-697-0353

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

Enter Your Company ID: DISRES



**BlueCross BlueShield**  
of Texas

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.



# COBRA

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

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

## COBRA Highlights

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

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



# Medicare & Age 65



## Questions to Consider Before Retiring

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

**Taylor Silguero**

512-630-6654

Taylor.Silguero@ffga.com

**Whether or not you intend to retire yet, these questions and more may occur as you approach age 65. Planning for your future is important, and you don't have to do it alone. Let the experts at First Financial assist you through this process.**

## **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 18month 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 18month 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.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)



## CREDITABLE (DRUG) COVERAGE NOTICE

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### **MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE** **LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011**

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#### **Important Notice from Waco ISD** **About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Waco ISD and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Waco ISD has determined that the prescription drug coverage offered by the United Health Care is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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#### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two- (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### **What Happens to Your Current Coverage if You Decide to Join a**

## **Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Waco ISD coverage will be affected. Employees that continue to work for Waco ISD may continue to keep group coverage or choose to cancel group coverage after they elect Medicare Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Waco ISD coverage, be aware that you and your dependents may or may not be able to get this coverage back.

## **When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Waco ISD and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information or call the Benefits office at 254-755-9522. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Waco ISD changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

## 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 –

ALABAMA – Medicaid	FLORIDA – Medicaid
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
ALASKA – Medicaid	GEORGIA – Medicaid
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>	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
ARKANSAS – Medicaid	INDIANA – Medicaid
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
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
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.