

COLLEGE STATION ISD 2022-2023 BENEFITS GUIDE



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

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New Medical Plan:
TML Health TASB Plan | 800.282.5385

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

EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

College Station ISD and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer, as well as find claims, important phone number, and enrollment information.

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

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



HOW TO ENROLL

Open Enrollment is June 20th – August 12th

Medical Cards are guaranteed by 9/1/2022 if enrollment is completed by July 25, 2022. Otherwise, cards will be received after 09/01.

ONLINE ENROLLMENT

To begin online enrollment, visit <https://ffga.benselect.com/Enroll/login.aspx>.

LOGIN

- Login: Your Employee ID or Social Security Number (no dashes)
- PIN (first login only): The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)
- New PIN: The first time you log in you will be required to change to a new PIN. Please note your new PIN because you will use the new PIN from that point forward.

VIEW CURRENT BENEFITS

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

VIEW/ADD DEPENDENTS

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

BEGIN ELECTIONS

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

AGENT ASSIST ON-SITE ENROLLMENT- 2 LOCATIONS

Your First Financial Account Manager will be on site to assist you in enrolling in your benefits. Please have your dependents social security numbers ready and any questions that you may have.

CSISD Human Resources Office- **Appointments Only!**

To schedule an appointment, you must visit: <https://collegestationisd.timetap.com/>

- July 13th – 7:30am – 5:00pm
- July 20th – 7:30am – 5:00pm
- July 27th – 7:30am – 5:00pm

A&M Consolidated High School Library

August 8th-12th Monday-Friday from 8:00am- 4:30pm

Appointments are not required but recommended for quicker service. To schedule an appointment, you must visit: <https://collegestationisd.timetap.com/>

ELIGIBILITY

ELIGIBILITY

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

NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. Your New Hire Enrollment elections will be made at College Station ISD.

EXISTING EMPLOYEES

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

MID-YEAR BENEFIT CHANGES

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

QUALIFYING LIFE EVENTS INCLUDE:

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

DECLINING COVERAGE

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

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

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

HERE'S HOW IT WORKS

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

IS IT RIGHT FOR ME?

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

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

IRS specified changes in family status include:

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

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!

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

FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | 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. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2022 is \$2,850.

Health Plans Must Cover OTC COVID-19 Tests

Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) are laws passed which include requiring group health coverage to cover the costs of over-the-counter (OTC) COVID-19 diagnostic tests (up to \$12.00). The Department of Labor (DOL) and the Internal Revenue Service (IRS) has provided additional guidance to prevent fraud and abuse, the insurer or plan provider, may require an attestation, the OTC COVID-19 test was purchased by the participant, beneficiary, or enrollee for personal use, not for employment purposes, has not been (and will not be) reimbursed by another source, and is not for resale.

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.**

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.

FSA RESOURCES

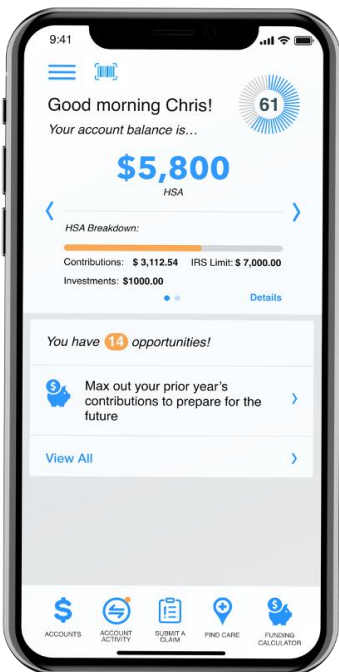
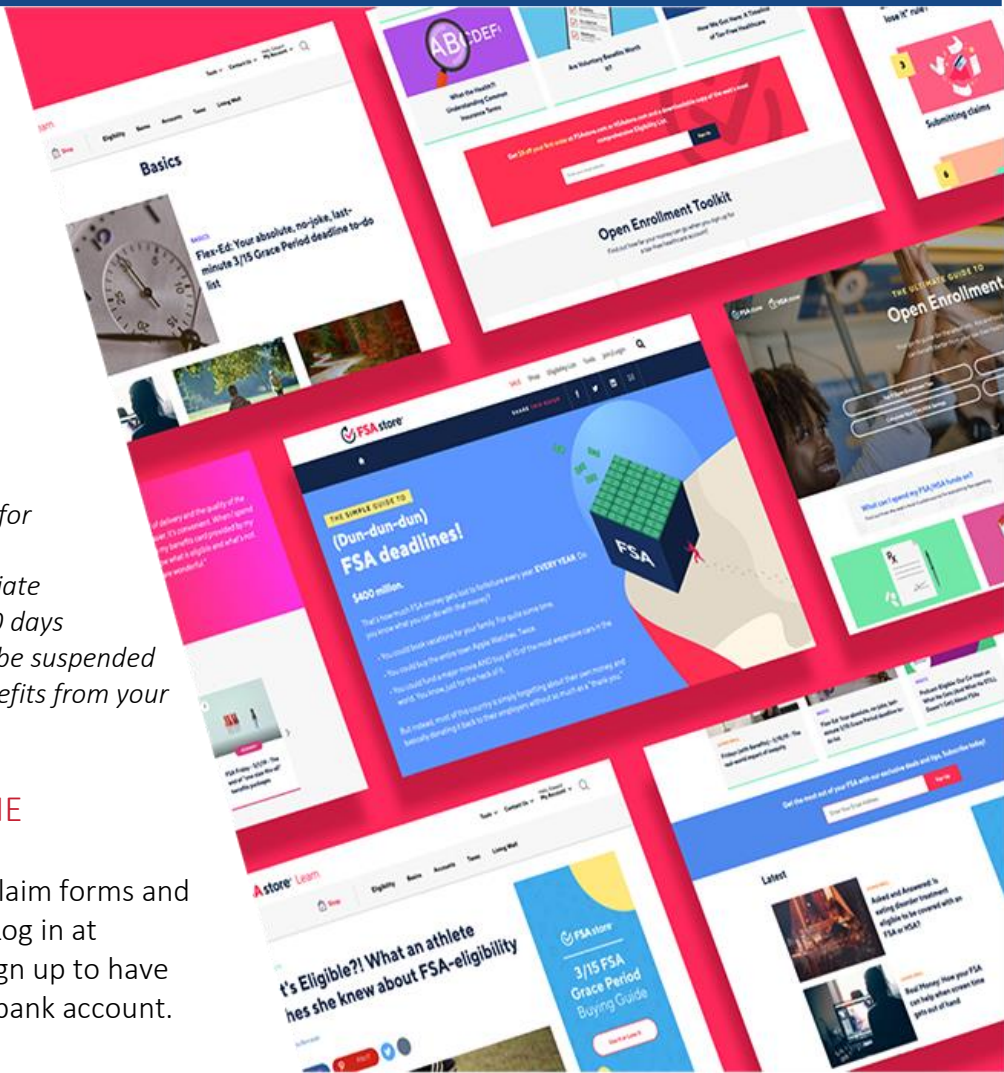
BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least 18 years old.

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

VIEW YOUR ACCOUNT DETAILS ONLINE

Sign up to view your account balance, find claim forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account. View the [Portal Log-in Guide](#) now!



FF MOBILE ACCOUNT APP

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App StoreSM or Google Play StoreTM. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

FSA STORE

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



HEALTH SAVINGS ACCOUNTS

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

HEALTH SAVINGS ACCOUNTS

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like co-pays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies. **Your maximum contribution amount in 2022 for Employee Only is \$3,650 and \$7,300 for Family. Maximum for 2023 is \$3,850 for Employee Only and \$7,750 for Family.**

Health Plans Must Cover OTC COVID-19 Tests

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HIGHLIGHTS

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

WHO CAN PARTICIPATE IN AN HSA?

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

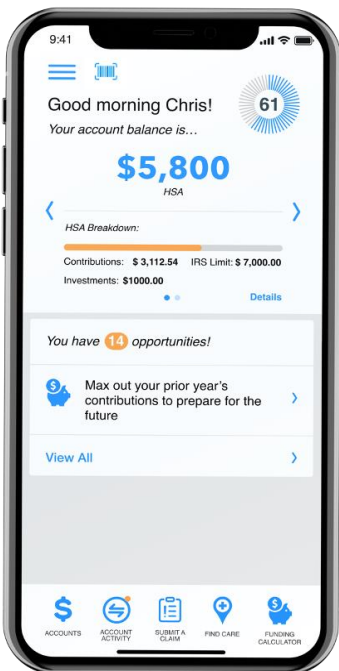
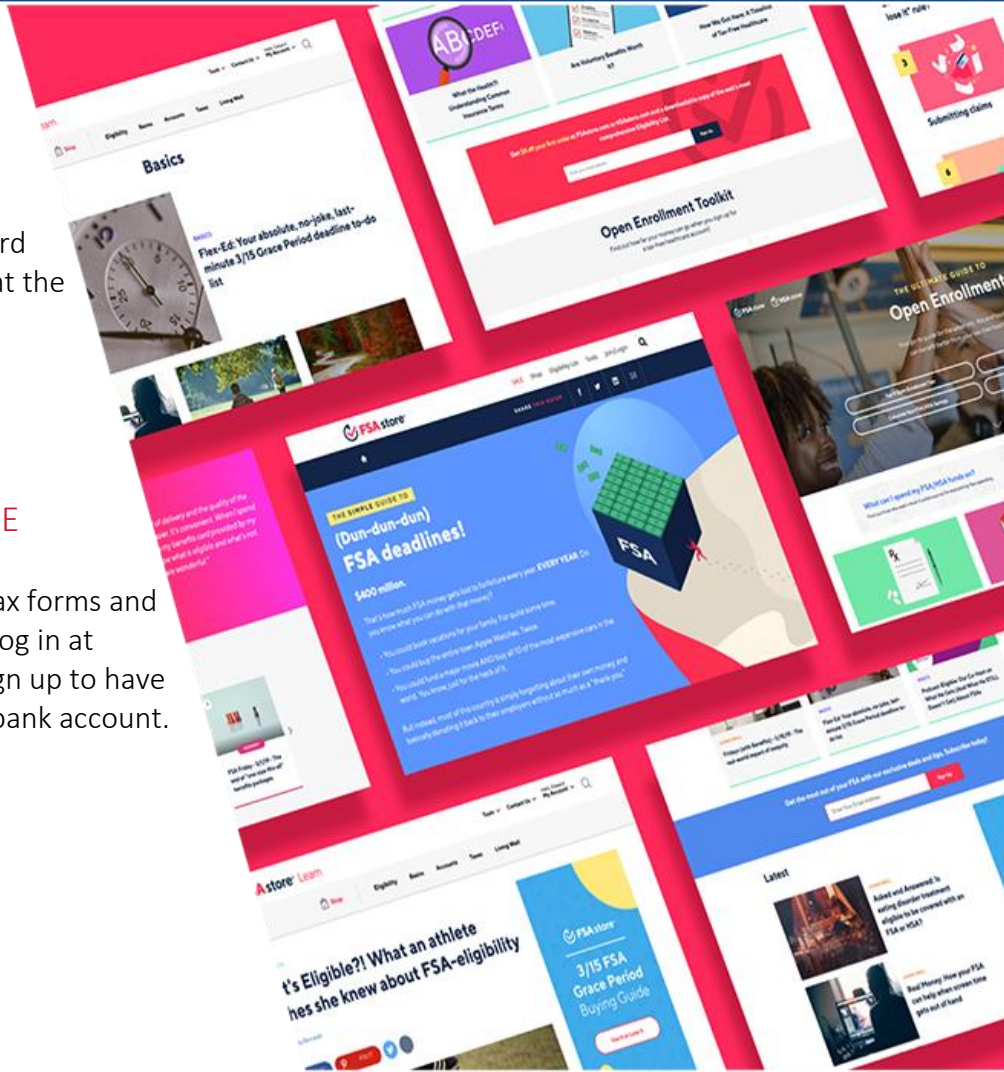
HSA RESOURCES

BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in a 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. After you log in, you may sign up to have reimbursements directly deposited to your bank account. View the [Portal Log-in Guide](#) now!



FF MOBILE ACCOUNT APP

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App StoreSM or Google Play StoreTM. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

HSA STORE

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MEDICAL

TML Health TASB Plan | www.tmlhealthbenefits.org | 1.800.282.5385

Copay-1500-7k ER Plan	TRS Total (Monthly)	District Contribution (Monthly)	Employee Cost (Monthly)	Employee Cost (24 Pay)
Employee Only	\$521.32	\$395	\$126.32	\$63.16
Employee + Spouse	\$1052.96	\$395	\$657.96	\$328.98
Employee + Child(ren)	\$913.60	\$395	\$518.60	\$259.30
Employee + Family	\$1527.82	\$395	\$1132.82	\$566.41

Consumer HSA-3k-6900 HD	TRS Total (Monthly)	District Contribution (Monthly)	Employee Cost (Monthly)	Employee Cost (24 Pay)
Employee Only	\$443.98	\$427	\$16.98	\$8.49
Employee + Spouse	\$895.98	\$427	\$468.98	\$234.49
Employee + Child(ren)	\$777.50	\$456	\$321.50	\$160.75
Employee + Family	\$1299.68	\$456	\$843.68	\$421.84

HMO-1500k-7k Plan	TRS Total (Monthly)	District Contribution (Monthly)	Employee Cost (Monthly)	Employee Cost (24 Pay)
Employee Only	\$498.94	\$395	\$103.94	\$51.97
Employee + Spouse	\$1007.54	\$395	\$612.54	\$306.27
Employee + Child(ren)	\$874.22	\$446	\$428.22	\$214.11
Employee + Family	\$1461.82	\$446	\$1015.82	\$507.91

HMO-2500-8k Plan	TRS Total (Monthly)	District Contribution (Monthly)	Employee Cost (Monthly)	Employee Cost (24 Pay)
Employee Only	\$455.98	\$427	\$28.98	\$14.49
Employee + Spouse	\$920.34	\$427	\$493.34	\$246.67
Employee + Child(ren)	\$798.62	\$456	\$342.62	\$171.31
Employee + Family	\$1335.10	\$456	\$879.10	\$439.55

Plan Year 2022 - 2023

Copay-1500-7K ER Plan



This plan uses a preferred provider network. While you can use any doctor, clinic, hospital, or healthcare facility you want; you save money when you use providers in the Blue Cross and Blue Shield of Texas Blue Choice PPO network. It's important to have a relationship with a Primary Care Physician (PCP) who can be your partner in managing your care. They can help you avoid duplicating tests and services and connect you to a specialist, but you are not required to see a PCP before you see a specialist.

These Plan Highlights address only particular aspects of the benefits available under the Plan. Various other expenses, limits, exclusions, and other rules also apply. For more details about your benefits, please refer to the individual Summary of Benefits and Coverage (SBC) and a Medical Plan book for each plan. If there is any discrepancy, these more complete descriptions will govern. TML Health reserves the right to amend or terminate the plan at any time, which may affect the information provided in these Plan Highlights.

BENEFIT COVERAGE	NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY																					
Deductible																							
Individual	\$1,500	\$3,000																					
Family	\$3,000	\$6,000																					
Out of Pocket Maximum <i>(includes deductible, copays, and coinsurance)</i>																							
Individual	\$7,000	Unlimited																					
Family	\$14,000	Unlimited																					
Coinsurance	20%	50%																					
Office Visits																							
Primary Care	\$30 copay	50% after deductible																					
Specialist	\$45 copay																						
Preventive Care	No Charge	50% after deductible																					
Telehealth <i>(general medicine)</i>	No Charge	Not Covered																					
Diagnostic Lab / X-Ray <i>(when associated with an office visit)</i>	No Charge	50% after deductible																					
Major Imaging <i>(CT scan, PET scan, MRI, nuclear medicine)</i>	20% after deductible	50% after deductible																					
Inpatient Hospital <i>(Prior Authorization required)</i>																							
Facility Charges	20% after deductible	50% after deductible																					
Physician Charges	20% after deductible	50% after deductible																					
Emergency Room <i>(non-emergent service the benefit will revert to \$500 copay deductible and coinsurance)</i>																							
Facility Charges – true emergency only	\$500 copay	\$500 copay																					
Physicians Charges	20% after deductible	20% after deductible																					
Urgent Care	\$75 copay	50% after deductible																					
Outpatient Surgery	20% after deductible	50% after deductible																					
Prescription Drug Plan <i>(Per 30-day/60-day/90day supply Retail or Mail Order)</i>																							
Disease Management Maintenance <i>(generic)</i>		Not Covered																					
Tier 1 <i>(lower-cost generics and some brand name drugs)</i>																							
Tier 2* <i>(includes most brands and some higher cost generics)</i>																							
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* If a participant obtains a brand-name drug when a preferred generic equivalent is available, they are responsible for the brand copay plus the cost difference between the brand-name drug and the preferred generic drug.

This contains proprietary and confidential information of TML Health. TML Health is a non-profit trust organization created by political subdivisions to provide group benefits services to participating political subdivisions and is not an insurance company.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

PY 2022-2023

Consumer HSA-3K-6900 Embedded Plan



This plan uses a preferred provider network. While you can use any doctor, clinic, hospital, or healthcare facility you want; you save money when you use providers in the Blue Cross and Blue Shield of Texas Blue Choice PPO network. It's important to have a relationship with a Primary Care Physician (PCP) who can be your partner in managing your care. They can help you avoid duplicating tests and services and connect you to a specialist, but you are not required to see a PCP before you see a specialist.

These Plan Highlights address only particular aspects of the benefits available under the Plan. Various other expenses, limits, exclusions, and other rules also apply. For more details about your benefits, please refer to the individual Summary of Benefits and Coverage (SBC) and a Medical Plan book for each plan. If there is any discrepancy, these more complete descriptions will govern. TML Health reserves the right to amend or terminate the plan at any time, which may affect the information provided in these Plan Highlights.

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Deductible																							
Individual	\$3,000	\$6,000																					
Family ¹	\$6,000	\$12,000																					
Out of Pocket Maximum (includes deductible, copays, and coinsurance)																							
Individual	\$6,900	Unlimited																					
Family	\$13,800	Unlimited																					
Coinsurance	20% after deductible	50% after deductible																					
Office Visits	20% after deductible	50% after deductible																					
Preventive Care	No Charge	30% after deductible																					
Telehealth (general medicine)	\$44 per visit until deductible is met	Not Covered																					
Diagnostic Lab / X-Ray	20% after deductible	50% after deductible																					
Major Imaging (CT scan, PET scan, MRI, nuclear medicine)	20% after deductible	50% after deductible																					
Inpatient Hospital (Prior Authorization required)	20% after deductible	50% after deductible																					
Emergency Room	\$500 ER Access Fee + 20% after deductible	\$500 ER Access Fee + 20% after deductible																					
Urgent Care	20% after deductible	50% after deductible																					
Outpatient Surgery	20% after deductible	50% after deductible																					
Prescription Drug Plan <u>After Deductible</u> (Per 30-day/60-day/90day supply Retail or Mail Order)																							
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\$70 copay	\$140 copay	\$210 copay																					
\$100 copay	N/A	N/A																					
\$150 copay	\$300 copay	\$450 copay																					

¹When a member of a family unit satisfies the Individual Deductible amount for the plan year, no further deductible will be required for him or her for that plan year.

* If a participant obtains a brand-name drug when a preferred generic equivalent is available, they are responsible for the brand copay plus the cost difference between the brand-name drug and the preferred generic drug.

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Plan Year 2022-2023

HMO-1500K-7K Plan



This plan uses the Blue Cross and Blue Shield of Texas Blue Essentials Health Maintenance Organization (HMO) network. You will be eligible for benefits only when you use providers in the Blue Cross and Blue Shield of Texas Blue Essentials HMO network. You will need to choose a Primary Care Physician (PCP) who can be your partner in managing your care. In order to see a specialist, you will need a referral from your PCP.

These Plan Highlights address only particular aspects of the benefits available under the Plan. Various other expenses, limits, exclusions, and other rules also apply. For more details about your benefits, please refer to the individual Summary of Benefits and Coverage (SBC) and a Medical Plan book for each plan. If there is any discrepancy, these more complete descriptions will govern. TML Health reserves the right to amend or terminate the plan at any time, which may affect the information provided in these Plan Highlights.

- HMO plans with copays for primary care visits.
- Specialist access by referral from primary care doctor.
- Paired with the Prescription Copay Plan.

BENEFIT COVERAGE

IN-NETWORK ONLY YOU PAY

Deductible	
Individual	\$1,500
Family	\$3,000
Out of Pocket Maximum <i>(includes deductible, copays, and coinsurance)</i>	
Individual	\$7,000
Family	\$14,000
Coinsurance	20% after deductible
Office Visits	
Primary Care	\$30 copay
Specialist	\$45 copay
Preventive Care	No Charge
Telehealth <i>(general medicine)</i>	No Charge
Diagnostic Lab / X-Ray <i>(when associated with an office visit)</i>	No Charge
Major Imaging <i>(CT scan, PET scan, MRI, nuclear medicine)</i>	20% after deductible
Inpatient Hospital <i>(Prior Authorization required)</i>	
Facility Charges	20% after deductible
Physician Charges	20% after deductible
Emergency Room <i>(non-emergent service the benefit will revert to \$500 copay deductible and coinsurance)</i>	
Facility Charges – <i>true emergency only</i>	\$500 copay
Physicians Charges	20% after deductible
Urgent Care	\$75 copay
Outpatient Surgery	20% after deductible

Prescription Drug Plan *(Per 30-day/60-day/90day supply Retail or Mail Order)*

Disease Management Maintenance *(generic)*

Tier 1 *(lower-cost generics and some brand name drugs)*

Tier 2* *(includes most brands and some higher cost generics)*

Tier 3* *(non-preferred drugs)*

Tier 4 *(specialty drugs)*

Tier 5 *(cost share drugs)*

30-day supply	60-day supply	90-day supply
\$0 copay	\$0 copay	\$0 copay
\$10 copay	\$20 copay	\$30 copay
\$40 copay	\$80 copay	\$120 copay
\$70 copay	\$140 copay	\$210 copay
\$100 copay	N/A	N/A
\$150 copay	\$300 copay	\$450 copay

* *If a participant obtains a brand-name drug when a preferred generic equivalent is available, they are responsible for the brand copay plus the cost difference between the brand-name drug and the preferred generic drug.*

This contains proprietary and confidential information of TML Health. TML Health is a non-profit trust organization created by political subdivisions to provide group benefits services to participating political subdivisions and is not an insurance company.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Plan Year 2022 - 2023

HMO-2500-8K Plan



This plan uses the Blue Cross and Blue Shield of Texas Blue Essentials Health Maintenance Organization (HMO) network. You will be eligible for benefits only when you use providers in the Blue Cross and Blue Shield of Texas Blue Essentials HMO network. You will need to choose a Primary Care Physician (PCP) who can be your partner in managing your care. In order to see a specialist, you will need a referral from your PCP.

These Plan Highlights address only particular aspects of the benefits available under the Plan. Various other expenses, limits, exclusions, and other rules also apply. For more details about your benefits, please refer to the individual Summary of Benefits and Coverage (SBC) and a Medical Plan book for each plan. If there is any discrepancy, these more complete descriptions will govern. TML Health reserves the right to amend or terminate the plan at any time, which may affect the information provided in these Plan Highlights.

- HMO plans with copays for primary care visits.
- Specialist access by referral from primary care doctor.
- Paired with the Prescription Copay Plan.

BENEFIT COVERAGE

IN-NETWORK ONLY YOU PAY

Deductible	
Individual	\$2,500
Family	\$5,000
Out of Pocket Maximum <i>(includes deductible, copays, and coinsurance)</i>	
Individual	\$8,000
Family	\$16,000
Coinsurance	20% after deductible
Office Visits	
Primary Care	\$30 copay
Specialist	\$45 copay
Preventive Care	No Charge
Telehealth <i>(general medicine)</i>	No Charge
Diagnostic Lab / X-Ray <i>(when associated with an office visit)</i>	No Charge
Major Imaging <i>(CT scan, PET scan, MRI, nuclear medicine)</i>	20% after deductible
Inpatient Hospital <i>(Prior Authorization required)</i>	
Facility Charges	20% after deductible
Physician Charges	20% after deductible
Emergency Room <i>(non-emergent service the benefit will revert to \$500 copay deductible and coinsurance)</i>	
Facility Charges – <i>true emergency only</i>	\$500 copay
Physicians Charges	20% after deductible
Urgent Care	\$75 copay
Outpatient Surgery	20% after deductible

Prescription Drug Plan *(Per 30-day/60-day/90day supply Retail or Mail Order)*

Disease Management Maintenance *(generic)*

Tier 1 *(lower-cost generics and some brand name drugs)*

Tier 2* *(includes most brands and some higher cost generics)*

Tier 3* *(non-preferred drugs)*

Tier 4 *(specialty drugs)*

Tier 5 *(cost share drugs)*

30-day supply	60-day supply	90-day supply
\$0 copay	\$0 copay	\$0 copay
\$10 copay	\$20 copay	\$30 copay
\$40 copay	\$80 copay	\$120 copay
\$70 copay	\$140 copay	\$210 copay
\$100 copay	N/A	N/A
\$150 copay	\$300 copay	\$450 copay

* If a participant obtains a brand-name drug when a preferred generic equivalent is available, they are responsible for the brand copay plus the cost difference between the brand-name drug and the preferred generic drug.

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Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

CLEVER RX

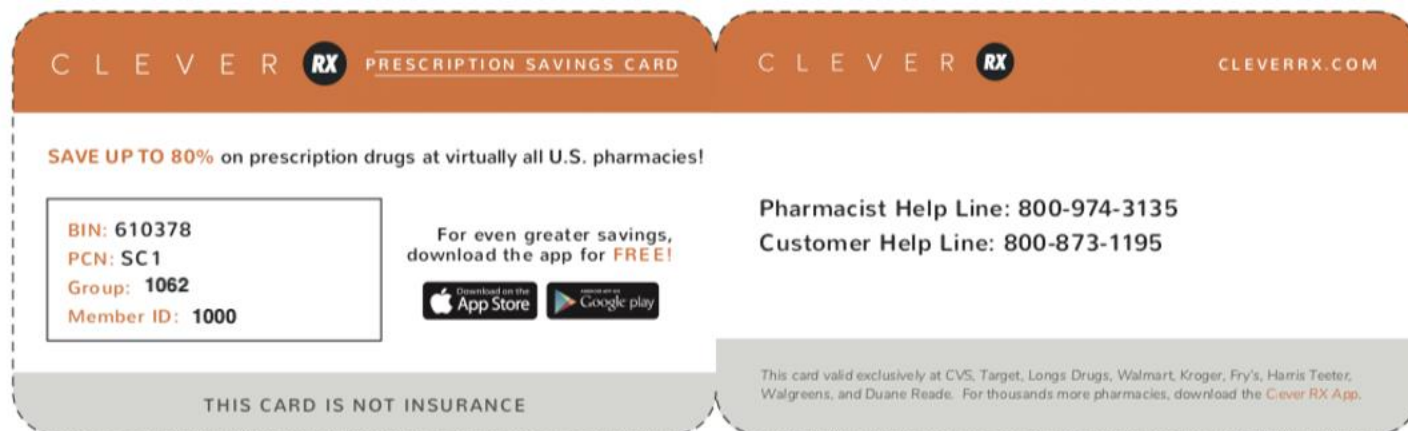
Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

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

HIGHLIGHTS

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

Use Clever RX every time you pay for a medication for instant savings! Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.



DENTAL INSURANCE

MetLife | www.metdental.com | 1.800.275.4638

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
- Crowns
- Root Canals

METLIFE DENTAL SEMI-MONTHLY PREMIUMS		
COVERAGE TIER	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$11.53	\$17.82
EMPLOYEE + SPOUSE	\$23.04	\$35.65
EMPLOYEE + CHILDREN	\$23.44	\$36.27
EMPLOYEE + FAMILY	\$34.96	\$54.08

VISION INSURANCE

EyeMed | www.eyemed.com | 1.866.804.0982

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

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

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

EYEMED VISION SEMI-MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$4.19
EMPLOYEE + SPOUSE	\$8.74
EMPLOYEE + CHILD(REN)	\$8.92
FAMILY	\$11.67

HOSPITAL INDEMNITY INSURANCE

MetLife | www.metlife.com | 1.800.438.6388

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

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

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

METLIFE HI SEMI-MONTHLY PREMIUMS		
COVERAGE TIER	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$8.47	\$14.58
EMPLOYEE + SPOUSE	\$15.11	\$25.88
EMPLOYEE + CHILDREN	\$13.09	\$22.44
EMPLOYEE + FAMILY	\$19.73	\$33.74

CRITICAL ILLNESS INSURANCE

Aflac | www.aflacgroupinsurance.com | 1.800.433.3036

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

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

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

ACCIDENT INSURANCE

Aetna | www.myaetnasupplemental.com | 1.800.607.3366

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

AETNA ACCIDENT SEMI-MONTHLY PREMIUMS		
COVERAGE TIER	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$3.41	\$5.78
EMPLOYEE + SPOUSE	\$5.84	\$9.91
EMPLOYEE + CHILD(REN)	\$6.79	\$11.41
EMPLOYEE + FAMILY	\$9.07	\$15.25

DISABILITY INSURANCE

Unum | www.unum.com | 1.866.679.3054

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

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

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

CANCER INSURANCE

American Fidelity | www.americanfidelity.com | 1.800.662.1113

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

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

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

AF CANCER SEMI-MONTHLY PREMIUMS		
COVERAGE TIER	BASIC	ENHANCED PLUS
EMPLOYEE ONLY	\$7.90	\$15.81
FAMILY	\$13.43	\$26.90

TEXAS LIFE – PERMANENT LIFE

Texas Life | www.texaslife.com | 1.800.283.9233

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

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

HIGHLIGHT

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

TERM LIFE & AD&D INSURANCE

Unum | www.unum.com | 1.866.679.3054

EMPLOYER-PAID TERM LIFE & AD&D INSURANCE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all 20+ hours per week employees a \$10,000 policy. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

VOLUNTARY TERM LIFE INSURANCE

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

LEGAL PLAN

Legal Ease | <https://www.legaleaseplan.com/collegestation> | 1.800.562.2929

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 EASE SEMI-MONTHLY PREMIUMS	
EMPLOYEE/FAMILY	\$7.59

IDENTITY THEFT PROTECTION

iLock 360 | www.ilock360.com | 1.855.287.8888

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

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

ILOCK360 SEMI-MONTHLY PREMIUMS		
COVERAGE TIER	PLUS	PREMIUM
EMPLOYEE ONLY	\$4.00	\$7.50
EMPLOYEE + SPOUSE	\$7.50	\$11.00
EMPLOYEE + CHILD(REN)	\$6.50	\$10.00
EMPLOYEE + FAMILY	\$10.00	\$13.50

MEDICAL TRANSPORT

MASA Medical Transport | www.masamts.com | 1.800.643.9023

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.

MASA SEMI-MONTHLY PREMIUMS	
PLAN	EMPLOYEE/FAMILY
EMERGENT PLUS	\$7.00
PLATINUM	\$19.50

VOLUNTARY RETIREMENT PLANS

TCG Services | www.tcgservices.com | 1.800.943.9179

403(b) RETIREMENT PLAN

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

It's an IRS-approved retirement plan that allows you to set aside money on an after-tax basis for your retirement. Contributions are conveniently made through payroll deduction, so money is moved from your paycheck into the account automatically. Plus, your employer may even match your contributions based on how much you put into the plan. Now is the time to take full advantage of this opportunity to maximize your retirement savings!

457(b) RETIREMENT PLAN

The 457(b) plan is an employer-sponsored voluntary retirement savings plan that allows you to save money for retirement on a tax-deferred basis. The plan contains most of the same features of the 403(b) plan but is different in one unique way. Distributions from a 457(b) Deferred Compensation Plan are not subject to the 10 percent excise tax for early withdrawal.

CONTRIBUTION LIMITS

In 2022, you can contribute 100 percent of your includible compensation up to \$20,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$6,500 for a total of \$27,000.

COBRA

First Financial Administrators, Inc. | www.ffga.com | 1.800.523.8422, 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.

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.

CONTACT INFORMATION

College Station ISD Benefits Office
Ann Cashaw, Benefits Coordinator
acashaw@csisd.org | 979.764.5466

First Financial Group of America
JR Cornejo, Sr Account Administrator
JR.CORNEJO@ffga.com | 903.245.3889

CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Medical	TML Health TASB Plan	www.tmlhealthbenefits.org	800.282.5385
Pharmacy	Navitus	www.navitus.com	855.673.6504
Flexible Spending Accounts	First Financial Administrators, Inc.	www.ffga.com	866.853.3539
Health Savings Accounts	First Financial Administrators, Inc.	www.ffga.com	866.853.3539
Dental	MetLife	www.metdental.com	800.275.4638
Vision	EyeMed	www.eyemed.com	866.804.0982
Hospital Indemnity	MetLife	www.metlife.com	800.438.6388
Critical Illness	Aflac	www.aflacgroupinsurance.com	800.433.3036
Accident	Aetna	www.myaetnasupplemental.com	800.607.3366
Disability Insurance	Unum	www.unum.com	866.679.3054
Cancer	American Fidelity	www.americanfidelity.com	800.662.1113
Permanent Life	Texas Life	www.texaslife.com	800.283.9233
Group Term Life	Unum	www.unum.com	866.679.3054
Legal Plan	Legal Ease	https://www.legaleaseplan.com/collegestation	800.562.2929
Identity Theft Protection	iLock360	www.ilock360.com	855.287.8888
Medical Transport	MASA	www.masamts.com	800.643.9023
403(b)/457(b) Retirement	TCG Services	www.tcgservices.com	800.943.9179
COBRA	First Financial Administrators, Inc.	www.ffga.com	800.523.8422