

Plainview ISD 2022

BENEFITS GUIDE

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benefits.ffga.com/plainviewisd

2022-2023 BENEFITS GUIDE

Plainview ISD offers eligible employees a competitive benefits package that includes both district-paid and voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on the Employee Benefits Center website, benefits.ffga.com/plainviewisd. Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to your First Financial Account Manager or your Benefits department.

SECTION 125 PLAN GUIDELINES

As a Plainview ISD employee, you are eligible to participate in a Section 125 Cafeteria Plan. The Section 125 Cafeteria Plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums offered by your employer. Elections made during your annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Section 125 Sample Paycheck

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

MID-YEAR BENEFIT CHANGES

Other than during annual open enrollment, you may only make changes to your benefit elections if you experience a qualified status change or qualify for a "special enrollment". If you qualify for a mid-year benefit change, you are required to submit proof of the change or evidence of prior coverage. It is the Employee's Responsibility to notify the District of any qualifying life event change within **30 days** of the event and to complete all the necessary changes forms. After 30 days, a change will not be possible until Open Enrollment.

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
- **Change in place of residence or worksite**, a student moving to or from the place they attend school, a seasonal worker moving to or from the place they both live & work, moving to or from a shelter or other transitional housing.
- **Other qualifying events** include gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA), becoming a U.S. citizen, leaving incarceration (jail or prison), and AmeriCorps members starting or ending their service.

HOW TO ENROLL

When it's time to enroll in your benefits, your First Financial Account Representative will be onsite to assist you with making your elections. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center. You also have the option to enroll online at your convenience during your enrollment period.

EMPLOYEE BENEFITS CENTER

We've created a custom website just for you! The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit benefits.ffga.com/plainviewisd today!

ON SITE ENROLLMENT

What to have ready for your enrollment:

- Social Security Numbers for all dependents
- Any Status/Life Event or address changes
- Questions about available benefits

ONLINE ENROLLMENT

Login Steps:

1. Go to: <https://ffga.benselect.com/enroll>
2. Login: first.lastname (for example: test.user)
PIN: last four digits of your social and the last two digits of the year you were born (#####)

Once you login you will arrive at the Welcome Screen. Once finished Click "Next" to begin enrollment. Then:

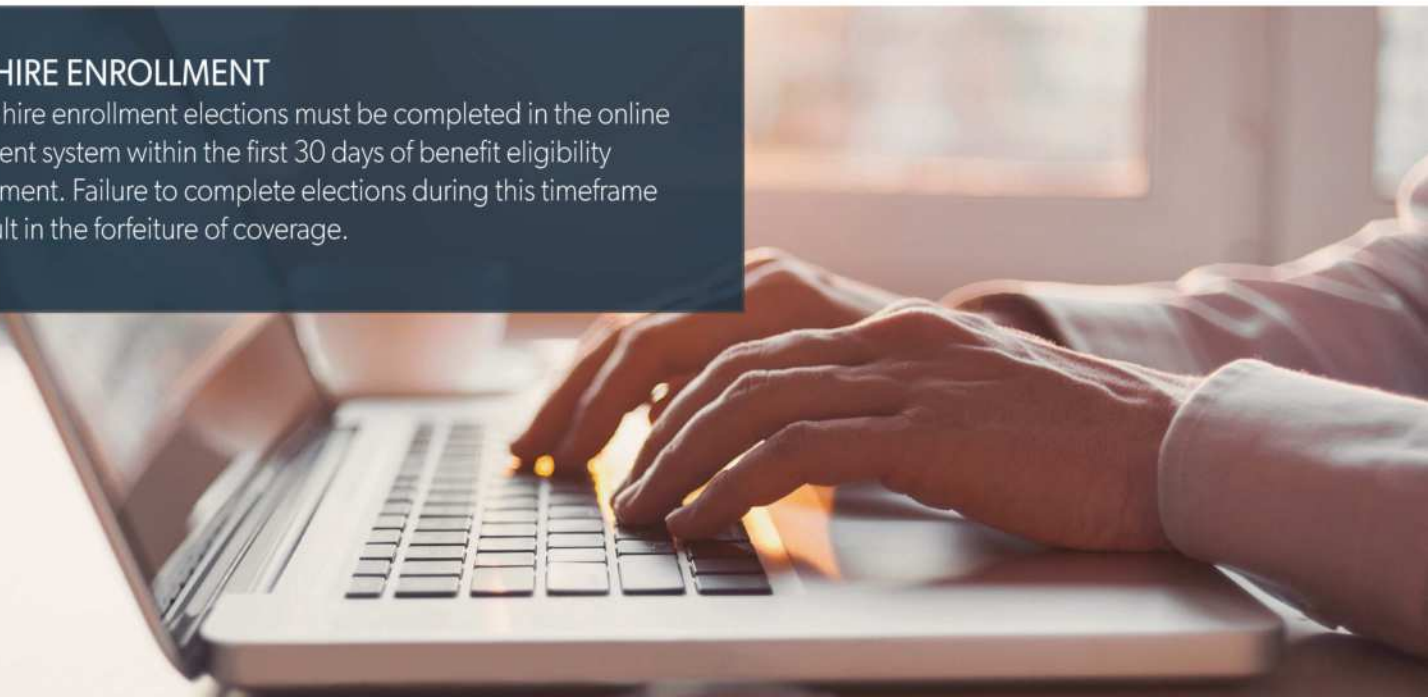
- Verify your personal information
- Verify all dependent information (ssn/date of birth) **Very Important**

USEFUL INFORMATION TO KNOW:

- Contact First Financial at 855-523-8422 with any technical questions.
- No changes will be allowed until annual enrollment (unless you have an IRS S125 approved event)
- You must add dependents to the system—please bring dependent Social Security numbers and date of birth.

NEW HIRE ENROLLMENT

All new hire enrollment elections must be completed in the online enrollment system within the first 30 days of benefit eligibility employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.



FLEXIBLE SPENDING ACCOUNTS

MEDICAL FSA

Medical Flexible Spending Accounts (FSA) allow you to set aside pre-tax payroll deductions each paycheck to pay for out of pocket medical, dental and vision expenses for you and your family.

During open enrollment you will estimate the amount you think you will need during the year. This amount will be taken out of each paycheck. Your full annual election will be available to you at the beginning of the plan year.

Your employer has chosen the \$500 Roll-Over Option for your plan. This option allows you the opportunity to roll over \$550 of unclaimed Medical FSA funds into the following plan year. Any amount in excess of \$550 will be forfeited under the use-it-or-lose-it rule.

FSA PLAN YEAR IS: SEPTEMBER 1, 2022 – AUGUST 31, 2023

FSA MAX: THE MAXIMUM YOU CAN SET ASIDE EACH YEAR IS \$2,850.

DEPENDENT CARE FSA

With a Dependent Care Flexible Spending Account (FSA), you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses, such as:

- Day Care Centers
- Before/After School Care
- Mothers-Day-Out Program
- Nursery Schools
- Babysitters
- Nanny
- Au Pair
- Day Camps

This account allows you to pay for day care expenses for your qualifying dependent/child with pre-tax dollars while you (and your spouse) are working, seeking employment, and/or attending school as a full time student (for at least five months of the year).

Eligible dependents must be claimed as an exemption on your tax return. For full plan details, view the FSA Booklet available on the Employee Benefit Center.

YOU MAY ALLOCATE UP TO \$5,000 PER TAX YEAR FOR REIMBURSEMENT OF DEPENDENT DAY CARE SERVICES. (\$2,500 IF YOU ARE MARRIED AND FILE A SEPARATE TAX RETURN).

HEALTH SAVINGS ACCOUNTS

What is a Health Savings Account (HSA)?

HSAs were created to help control healthcare costs. They provide a savings vehicle that allows you to set aside money to pay for higher deductibles associated with lower monthly premium High Deductible Health Plans (HDHP). The money you save in monthly insurance premiums may be aside for eligible medical expenses you incur in the future. Your HSA balance rolls over from year-to-year earning interest along the way. The account is portable. Upon retirement or separation of service, you take the HSA with you because it's your money and your account.

HSAs Offer a Triple Tax Advantage

- » The money you put in to the account is deducted from your paycheck before tax
- » The interest and earnings you make on the account grow tax free
- » Distributions for eligible medical expenses are tax free

Key Advantages of an HSA

- » No end-of-year forfeiture of funds
- » Portable account
- » Provides an excellent savings vehicle for healthcare expenses
- » No monthly account fees
- » Free eStatements when you opt in for electronic delivery

Year-to-year Comparison

Minimum Health Insurance Plan Deductible Amounts for the Qualifying HDHP

	2022	2023
Individual coverage	\$1,400	\$1,500
Family coverage	\$2,800	\$3,000

Annual Maximum Contribution Levels

	2022	2023
Individual coverage	\$3,650	\$3,850
Family coverage	\$7,300	\$7,750

Catch up allowed for those 55 and over - \$1,000

Maximums for HDHP Out-of-Pocket Expenses

	2022	2023
Individual coverage	\$7,050	\$7,500
Family coverage	\$14,100	\$15,000

Who can participate in an HSA and are there any restrictions?

- » 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



FSA & HSA RESOURCES

BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in Medical FSA, HSA 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 eligible dependents that 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 view claim status and history on our secure website. Go to www.ffga.com and log in. After log in is complete, you may sign up for direct deposit for your reimbursements.

FF FLEX MOBILE APP FOR FSA & HSA

With the **FF Flex Mobile App** you can submit claims, view account balance & history, see claim status, view alerts, upload receipts and documentation and more! The FF Flex Mobile App is available for Apple® or Android™ devices on the App StoreSM or the Google Play StoreTM.

Your Employer ID Number is FFA746. You must have this number or your Flex Benefits Card number to register your account on the FF Flex Mobile App.

FSA STORE/HSA STORE

First Financial has partnered with the FSA & HSA Store to bring you an easy to use online store to better understand and manage your FSA/FSA.

Visit <http://www.ffga.com/fsaextras> or <http://www.ffga.com/hsaextras> for more details & special deals!

- Shop for eligible items from bandages to wheel chairs and thousands of products in between
- Browse or search for eligible products and services using the Eligibility List
- Visit the Learning Center to help find answers to questions you may have about your account.



DENTAL PLAN - LOW PLAN

PLAINVIEW ISD Dental Highlight Sheet



Low Plan: Dental Plan Summary

Policy# 40717 Effective Date: 9/1/2022

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$75/Calendar Year Type 2 & 3 Waived Type 1
Maximum (per person)	No Family Maximum \$750 per calendar year
Allowance	Discounted Fee
Waiting Period	None

Orthodontia Summary - Child Only Coverage

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

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under (2 per benefit period) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Simple Extractions Complex Extractions 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) Anesthesia

Monthly Rates

Employee Only (EE)	\$21.48
EE + 1 Dependent	\$44.96
EE + 2 or more Dependents	\$77.04

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of PLAINVIEW ISD. At Ameritas Group, 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.

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, 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 and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

DENTAL PLAN - HIGH PLAN

PLAINVIEW ISD Dental Highlight Sheet



High Plan: Dental Plan Summary

Policy# 40717 Effective Date: 9/1/2022

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$75/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person) Allowance	\$1,500 per calendar year U&C
Waiting Period	None

Orthodontia Summary - Child Only Coverage

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

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under (2 per benefit period) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Monthly Rates

Employee Only (EE)	\$38.56
EE + 1 Dependent	\$84.80
EE + 2 or more Dependents	\$113.44

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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, 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 and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

EYETOPIA VISION PLAN - SILVER PLAN



Eyetopia 120/145 Standard Plainview Summary of Benefits

Eyetopia Benefits		
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.		
BENEFIT ONE ² (choose either one of the following 2 options every 12 months):	Allowance	Co-pay ¹
1. Refractive Exam. One routine Vision Exam.	N/A	\$10.00
2. Coverage towards a medical eye exam copay or other services or materials. ²	\$45.00	None
BENEFIT TWO (choose only 1 of the following Vision Correction Options): Eyetopia provides you with 3 options for correcting your vision every 12 months. ³		
1. Prescription Lenses ⁴ CR-39 plastic single vision, bifocal, trifocal lenses.	Allowance	Co-pay ¹
• CR-39 plastic Progressive (no-line multi-focal) lenses that retail for up to \$199.	N/A	\$20.00
• CR-39 plastic Progressive (no-line multi-focal) lenses that retail for more than \$199.	\$200.00	\$20.00
• Polycarbonate material upgrade	N/A	\$25.00
• Polycarbonate material upgrade for child dependents (under age 26)	Covered	None
• Basic Coating (Ultraviolet Protection & Scratch Resistant Coating)	Covered	None
• Mid-Level Anti-Reflective Coatings that retail up to \$99.	Covered	None
• Premium Anti-Reflective Coatings that retail for \$100 or more copay not to exceed:	N/A	\$130.00
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.	N/A	\$105.00
• Tint (Solid or Gradient)	N/A	\$12.00
• Photochromatic or Polarized Lenses	N/A	\$90.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia. ⁵	\$400.00	None
♦ Anti-Fatigue lenses.	Covered	\$20.00
♦ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance.	\$120	None
2. Contact Lens Option: In lieu of spectacles. Allowance to be applied toward prescription contact lenses.		
♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶	\$145.00	\$20.00
♦ Medically necessary contact lenses - \$145.00 evaluation allowance and \$400.00 contact lens allowance. ⁷	\$545.00	None
3. Refractive Surgery Option. ⁸ In lieu of spectacles or contact lenses. A \$350.00 per eye allowance with contracted surgeons or a \$75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	\$350/eye \$75/eye	None

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

⁴ Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ The Shaw Lens coverage includes a premium anti-reflective coating and an upgraded lens material.

⁶ If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

⁷ Total maximum benefit allowance is \$545.00. The Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia.

In-Network coverage is available through Participating Providers. Out of network services are not covered.

Emp - \$8
E+1 - \$16
Fam - \$24



Find us on Facebook.com/eyetopiaivision

For more information please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org

EYETOPIA VISION PLAN - GOLD PLAN



Eyetopia 180/300H (Gold) Plainview ISD Summary of Benefits

Eyetopia Benefits		
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.		
BENEFIT ONE ² (choose either one of the following 2 options every 12 months):	Allowance	Co-pay ¹
1. Refractive Exam. One routine vision exam.	N/A	\$5.00
2. Coverage toward medical eye exam co-pay or other services or materials. ²	\$65.00	None
BENEFIT TWO (choose only 1 of the following Vision Correction Options) Eyetopia provides you with 3 options for correcting your vision every 12 months. ³		
1. Prescription Lenses ^{3,4}	Allowance	Co-pay ¹
Single Vision, Bi-focal or Tri-focal lenses	Covered	None
• Progressive (no line multifocal) lenses that retail for up to \$219.	Covered	None
• Progressive (no line multifocal) lenses that retail for more than \$219.	\$219.00	None
• Lens Materials: polycarbonate, Trivex®, 1.60 or 1.67 index plastic.	Covered	None
• Basic Coating (ultraviolet protection and scratch resistant coating)	Covered	None
• Mid-Level Anti-Reflective Coatings that retail up to \$99.	Covered	None
• Premium Anti-Reflective Coatings that retail for \$100 or more.	\$60.00	None
• Premium blue light blocking lenses or premium blue light blocking anti-reflective coating.	N/A	\$50.00
• Tint (Solid and Gradient)	N/A	\$12.00
• Photochromic or polarized lens upgrade	N/A	\$90.00
♦ Medically necessary spectacles for Aniseikonia or Amblyopia. ⁵	\$400.00	None
♦ Anti-Fatigue lenses.	Covered	None
♦ Frame: The member may select any frame on display and is responsible for any amount exceeding the allowance.	\$180.00	None
2. Contact Lens Option in lieu of spectacles. Allowance to be applied toward prescription contact lenses.		
♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶	\$300.00	None
♦ Medically necessary contact lenses - \$300.00 evaluation allowance and \$400.00 contact lens allowance. ⁷	\$700.00	None
3. Refractive Surgery Option ⁸ in lieu of spectacles or contact lenses. A \$500.00 per eye allowance with contracted surgeons or a \$150.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	\$500/eye \$150/eye	None
4. Hearing Aid Option. ⁹ If you do not use any of the other Materials options you can elect to apply your benefit toward hearing aids. Current year is a maximum benefit of \$750.00 toward one or both hearing aids. If not used in year 1, the benefit increases to \$1,600.00 in year 2. If not used in Year 2 or Year 1, the benefit increases to \$2,550.00 for Year 3.	See full summary	None

¹ The co-pay must be paid to the Participating Provider at the time of service.

² When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

³ If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

⁴ Special Lens Materials and Non-covered Items: Ultra-light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

⁵ The Shaw Lens coverage includes a premium anti-reflective coating and an upgraded lens material.

⁶ If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

⁷ Total maximum benefit allowance is \$700.00. The Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, surgical procedures, medications and enhancements or treatments related to medical procedures.

⁹ To access your hearing aid benefit, you must call Your Hearing Network at 888-284-8133 for an initial consult. You have access to five levels of hearing aid technology: Standard, Value, Mid-Level, Advanced and Premium. Your out-of-pocket costs will vary based on your choice of hearing aid and your total available allowance.

Exclusions & Limitations

Included Services and/or Eye Wear. Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia plan. In-Network coverage is available through Participating Providers. Out of network services are not covered.

Emp - \$20 E+1 - \$37 Fam - \$52

Additional Professional Services and/or Vision Corrections. The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

For more information, please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org

EYETOPIA VISION PLAN - GOLD PLAN



Continued

Eyetopia Gold (180/300H)
Summary of Benefits

Welcome to Eartopia®, a comprehensive hearing aid benefit that can be used when you have no need to use your Eyetopia® Benefit 2 for vision correction. See Option 4 of the Eyetopia® Gold 150/250H Plan.

You can use this Option each year or roll it over for up to two more years.

- Year 1 \$750 Maximum Benefit Full amount can be rolled over into Year 2 if Eyetopia® Benefit 2 is not used.
- Year 2 \$1,600 Maximum Benefit Full amount can be rolled over into Year 3 if Eyetopia® Benefit 2 is not used.
- Year 3 \$2,550 Maximum Benefit Must be used before Year 3 Eyetopia® eligibility period expires.

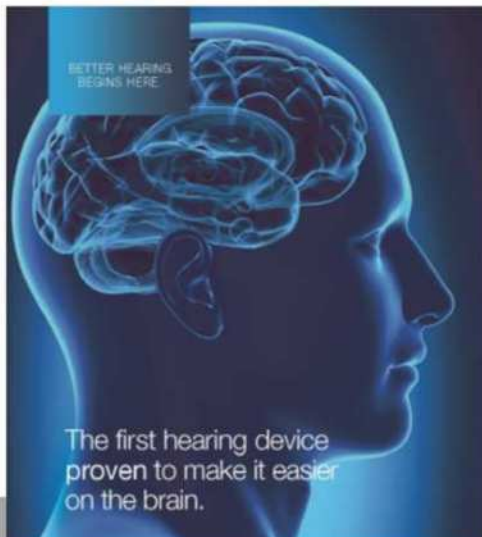
All Hearing Aids must be supplied through a Your Hearing Network Participating Provider. We have negotiated exceptional price reductions to provide Eartopia® Members access to a wide array of hearing aids. Eartopia® offers five classifications of hearing aids from basic aids to premium aids. The following chart shows your expected out-of-pocket costs after the Eartopia® benefit is applied at each classification.

Type:	Standard		Value		Mid Level		Advanced		Premium	
	1 Aid	2 Aids	1 Aid	2 Aids	1 Aid	2 Aids	1 Aid	2 Aids	1 Aid	2 Aids
MSRP	\$1,100	\$2,200	\$1,475	\$2,950	\$1,800	\$3,600	\$2,800	\$5,600	\$4,200	\$8,400
Allowance*	The Following Table shows the out of pocket amount after applying the Allowance									
\$750.00	Covered	\$750.00	\$245.00	\$1,240.00	\$850.00	\$2,450.00	\$1,245.00	\$3,240.00	\$1,800.00	\$4,350.00
\$1,600.00	Covered	Covered	Covered	\$390.00	Covered	\$1,600.00	\$395.00	\$2,390.00	\$950.00	\$3,500.00
\$2,550.00	Covered	Covered	Covered	Covered	Covered	\$650.00	Covered	\$1,440.00	Covered	\$2,550.00

* The allowance is applied at the time of service against a contracted discounted price. All remaining out of pocket costs are due at the time of service. Incremental spending of the allowance is not available.

There are no Out-of-Network benefits, therefore you must call (877) 381-9813 to schedule an appointment with Your Hearing Network's Participating Providers to exercise your benefit.

Treating Hearing Loss - Hearing aids can help.



- Abundance of research confirms that hearing aids can reverse the consequences of untreated hearing loss
- Better overall health, lessened feelings of depression and isolation, improved cognition
- Increased attentiveness resulting in a decreased risk of personal injury
- Less likely to suffer from depression and anxiety
- Decrease in the risk of onset dementia
- An increase in job performance



For more information, please contact customer service at (830) 964-6444 or toll free 800-662-8264
Support@Eyetopia.org or www.Eyetopia.org

AMERITAS VISION - HIGH PLAN

Focus® High Plan Summary

Effective Date: 9/1/2022

	VSP Choice Network + Affiliates	Out of Network
Deductibles	\$10 Exam \$10 Eye Glass Lenses or Frames*	\$10 Exam \$10 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$200	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$150**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected. **The Costco and Walmart allowance will be the wholesale equivalent.

Lens Options (member cost) *

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Solid Plastic Dye	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

LASIK Advantage®

Plan 1	Lifetime Benefit Earned per Eye		
	Year 1	Year 2	Year 3
	\$175	\$175	\$350

Monthly Rates

Employee Only (EE)	\$11.16
EE + Spouse	\$22.20
EE + Children	\$23.80
EE + Spouse & Children	\$38.20

AMERITAS VISION - LOW PLAN

Low Plan - Focus® Plan Summary

Effective Date: 9/1/2022

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$10 Exam	\$10 Exam
	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$125**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected. **The Costco and Walmart allowance will be the wholesale equivalent.

Lens Options (member cost) *

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
	\$33 adults	
Solid Plastic Dye	\$15	No benefit
	(except Pink I & II)	
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

LASIK Advantage®

Plan 1	Lifetime Benefit Earned per Eye		
	Year 1	Year 2	Year 3
	\$175	\$175	\$350

Monthly Rates

Employee Only (EE)	\$8.88
EE + Spouse	\$17.76
EE + Children	\$19.60
EE + Spouse & Children	\$29.88

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 and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

DISABILITY INSURANCE

American Fidelity Assurance Company

If your paycheck suddenly stopped today, could you afford to pay for your mortgage, car payments, food, and other monthly expenses? How could you maintain your current lifestyle?

American Fidelity Assurance Company knows one of the most important assets a person possesses is their ability to earn an income. Our Disability Income Insurance is a cost-effective solution designed to help protect you if you become disabled and cannot work due to a covered injury or sickness.

HOW THE PLAN WORKS

If you become disabled due to a covered injury or sickness, Disability Income Insurance will pay a percentage of your gross monthly income once you have satisfied the elimination period. Disability benefits will be payable up to the benefit period stated in your policy.

FEATURES

- **Multiple Elimination Periods**
Based on your individual need, you can select from multiple elimination periods.
- **Waiver of Premium Benefit**
Premiums are not required while you are disabled based on the length of your disability.
- **Return to Work Benefit**
This allows you to return to work, on a part-time basis, and still receive a portion of the benefit.
- **Accidental Death Benefit**
Your beneficiary will receive a lump sum payment if you die within the period stated in your policy as a result of an accidental injury.

Optional riders available including: Critical Illness Rider, Accident Only Spousal Rider, Hospital Indemnity Rider, Survivor Benefit Rider and COBRA Funding Rider.

Marketed by: First Financial Capital Corporation. Underwritten by: American Fidelity Assurance Company

These products may contain limitations, exclusions, and waiting periods. Applicant's eligibility for this program may be subject to insurability.

Please see brochure for full plan details - www.benefits.ffga.com/plainviewisd

PERMANENT, PORTABLE LIFE

Texas Life Insurance

Voluntary permanent life insurance can be an ideal complement to the group term and optional term your employer might provide. Designed to be in force when you die, this voluntary universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium.

Group and voluntary term, on the other hand, typically are not portable if you change jobs and even if you can keep it after you retire, usually costs more and declines in death benefit.

You may apply for this permanent, portable coverage, not only for yourself, but also for your spouse/domestic partner, and minor children and grandchildren by just answering 3 questions.^{1,2,3}

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

1. Policies not available for children and grandchildren in Washington. 2. Texas Life complies with all state laws regarding marriages, domestic and civil union partnerships, and legally recognized familial relationships. 3 Coverage and spouse/domestic partner eligibility may vary by state. Texas Life complies with all state laws regarding marriages, domestic and civil union partnerships, and legally recognized familial relationships. Coverage not available on children and grandchildren in Washington.

Please see brochure for full plan details - www.benefits.ffga.com/plainviewisd

BLUE CROSS BLUE SHIELD GROUP LIFE



GROUP BENEFIT PROGRAM SUMMARY For PLAINVIEW ISD / TEEBC TRUST F021842 - 294

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the security they can depend on.

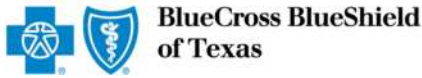
EMPLOYER PAID BASIC GROUP TERM LIFE/AD&D

Eligibility	All Eligible Active Full Time Employees who regularly work 20 hours per week & Bus Drivers are eligible for insurance on their date of hire.
Group Term Life/AD&D Benefit:	\$10,000
Guarantee Issue Amount – Employee	\$10,000
Age Reduction Schedule	Life and AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Definition of Disability	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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.

BLUE CROSS BLUE SHIELD GROUP LIFE



GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PROGRAM SUMMARY

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Speech or Hearing	50%
Loss of Thumb and Index Finger of Same Hand	25%
Uniplegia	25%

* Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

Exclusions – Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that, directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof;
2. infections, except those from an accidental cut or wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. war or act of war;
6. travel or flight in any aircraft while a member of the crew;
7. commission of, or participation in a felony;
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician; or
9. intoxication as defined in the jurisdiction where the accident occurred;
10. participation in a riot.

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BLUE CROSS BLUE SHIELD GROUP LIFE



BENEFIT PROGRAM SUMMARY For PLAINVIEW ISD / TEEBC TRUST F021842 - 294

SUPPLEMENTAL GROUP TERM LIFE/AD&D

Eligibility	All Eligible Active Full Time Employees who regularly work 20 hours per week & Bus Drivers are eligible for insurance on their date of hire.
Group Term Life/AD&D Benefit: Employee	\$10,000 - \$500,000, in increments of \$10,000, not to exceed 5 times your annual earnings.
Guarantee Issue Amount – Employee	\$150,000 under age 65, \$30,000 ages 65-69
Group Term Life/AD&D Benefit: Spouse (Includes Domestic Partners)	\$5,000 - \$250,000, in increments of \$5,000, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount – Spouse	\$50,000 under 60, \$10,000 ages 60-69
Group Term Life Benefit: Child(ren)	Live Birth to Age 26 - \$10,000
Age Reduction Schedule	Employee Basic and Supplemental Group Term Life and AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement. Spouse Supplemental Group Term Life and AD&D benefits terminate upon the Employee's attainment of age 70.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)	Included. (Employee)
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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BLUE CROSS BLUE SHIELD GROUP LIFE

SUPPLEMENTAL GROUP LIFE and AD&D PREMIUM RATE GRID



BlueCross BlueShield
of Texas

PLAINVIEW ISD / TEEBC TRUST F021842 - 294

Eligibility

All Active Full Time Employees who regularly work 20 hours per week & Bus Drivers are eligible for insurance on their date of hire.

Supplemental Life Insurance/AD&D

Employee Benefit: **\$10,000 - \$500,000 in \$10,000 increments, not to exceed 5 times annual earnings.**

Spouse Benefit: **\$5,000 - \$250,000 in \$5,000 increments, but not to exceed 50% of the employee benefit.**

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

Child Coverage (Life Only)

Live birth to Age 26: **\$10,000**

Employee: Life and AD&D benefits reduce by 50% of the original amount at age 70.
All benefits terminate at retirement.

Spouse: Benefits terminate at Employee's age 70.

Guarantee Issue:

Employee \$150,000 under age 65, \$30,000 ages 65-69

Spouse \$50,000 under age 60, \$10,000 ages 60-69

Supplemental Life Insurance/AD&D

Monthly Premium Cost (Based on 12 payroll deductions per year)

EMPLOYEE Benefit Amount	ATTAINED AGE												
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	
\$10,000	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90	\$24.00	\$36.70	
\$20,000	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80	\$48.00	\$73.40	
\$30,000	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70	\$72.00	\$110.10	
\$40,000	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60	\$96.00	\$146.80	
\$50,000	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50	\$120.00	\$183.50	
\$60,000	\$4.80	\$5.40	\$6.60	\$7.80	\$10.80	\$16.80	\$26.40	\$42.00	\$52.20	\$89.40	\$144.00	\$220.20	
\$70,000	\$5.60	\$6.30	\$7.70	\$9.10	\$12.60	\$19.60	\$30.80	\$49.00	\$60.90	\$104.30	\$168.00	\$256.90	
\$80,000	\$6.40	\$7.20	\$8.80	\$10.40	\$14.40	\$22.40	\$35.20	\$56.00	\$69.60	\$119.20	\$192.00	\$293.60	
\$90,000	\$7.20	\$8.10	\$9.90	\$11.70	\$16.20	\$25.20	\$39.60	\$63.00	\$78.30	\$134.10	\$216.00	\$330.30	
\$100,000	\$8.00	\$9.00	\$11.00	\$13.00	\$18.00	\$28.00	\$44.00	\$70.00	\$87.00	\$149.00	\$240.00	\$367.00	
\$110,000	\$8.80	\$9.90	\$12.10	\$14.30	\$19.80	\$30.80	\$48.40	\$77.00	\$95.70	\$163.90	\$264.00	\$403.70	
\$120,000	\$9.60	\$10.80	\$13.20	\$15.60	\$21.60	\$33.60	\$52.80	\$84.00	\$104.40	\$178.80	\$288.00	\$440.40	
\$130,000	\$10.40	\$11.70	\$14.30	\$16.90	\$23.40	\$36.40	\$57.20	\$91.00	\$113.10	\$193.70	\$312.00	\$477.10	
\$140,000	\$11.20	\$12.60	\$15.40	\$18.20	\$25.20	\$39.20	\$61.60	\$98.00	\$121.80	\$208.60	\$336.00	\$513.80	
\$150,000	\$12.00	\$13.50	\$16.50	\$19.50	\$27.00	\$42.00	\$66.00	\$105.00	\$130.50	\$223.50	\$360.00	\$550.50	

SPOUSE (Employee attained Age)

\$5,000	\$0.40	\$0.45	\$0.55	\$0.65	\$0.90	\$1.40	\$2.20	\$3.50	\$4.35	\$7.45
\$10,000	\$0.80	\$0.90	\$1.10	\$1.30	\$1.80	\$2.80	\$4.40	\$7.00	\$8.70	\$14.90
\$15,000	\$1.20	\$1.35	\$1.65	\$1.95	\$2.70	\$4.20	\$6.60	\$10.50	\$13.05	\$22.35
\$20,000	\$1.60	\$1.80	\$2.20	\$2.60	\$3.60	\$5.60	\$8.80	\$14.00	\$17.40	\$29.80
\$25,000	\$2.00	\$2.25	\$2.75	\$3.25	\$4.50	\$7.00	\$11.00	\$17.50	\$21.75	\$60.00
\$30,000	\$2.40	\$2.70	\$3.30	\$3.90	\$5.40	\$8.40	\$13.20	\$21.00	\$26.10	\$44.70
\$35,000	\$2.80	\$3.15	\$3.85	\$4.55	\$6.30	\$9.80	\$15.40	\$24.50	\$30.45	\$52.15
\$40,000	\$3.20	\$3.60	\$4.40	\$5.20	\$7.20	\$11.20	\$17.60	\$28.00	\$34.80	\$59.60
\$45,000	\$3.60	\$4.05	\$4.95	\$5.85	\$8.10	\$12.60	\$19.80	\$31.50	\$39.15	\$67.05
\$50,000	\$4.00	\$4.50	\$5.50	\$6.50	\$9.00	\$14.00	\$22.00	\$35.00	\$43.50	\$74.50

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ACCIDENT ONLY INSURANCE

American Fidelity Assurance Company

Whether you are a weekend warrior with an active lifestyle or the stay-at-home type, accidents can happen anytime, anywhere, without warning. Being prepared for the unexpected can make all the difference.

American Fidelity Assurance Company's Limited Benefit Accident Only Insurance plan is designed to help cover some of the expenses that can result from a covered accident, and benefit payments are made directly to you.

HOW THE PLAN WORKS

This plan provides 24-hour coverage for accidents that occur both on and off the job. With more than 25 available benefits, this plan pays for a wide range of benefits and can help offset the financial cost of medical expenses.

FEATURES

- **Four Coverage Options**
Choose the coverage that best fits your lifestyle and financial needs.
- **Wellness Benefit**
The plan pays an annual Wellness Benefit for one Covered Person to receive their routine physical exam, including immunizations and preventive testing.
- **Accidental Death and Dismemberment Benefit**
The plan pays a benefit when an Accidental Death or Dismemberment occurs within 90 days of a covered accident.

Please see brochure for full plan details - www.benefits.ffga.com/plainviewisd

Accident Only Insurance Premiums

Monthly Premiums for Base Plan and Benefit Enhancement Rider

	Basic	Enhanced
Individual	\$19.90	\$26.10
Individual & Spouse	\$28.30	\$34.90
Individual & Child(ren)	\$31.50	\$41.00
Family	\$39.90	\$49.80

³The premium and amount of benefits provided vary based upon the plan selected.

Plan Options

- » **Individual Plan**
The Insured, age 18 through 64, at the date of policy issue, is the only Person.
- » **Individual and Lawful Spouse Plan**
Covers you and your Lawful Spouse (ages 18 to 64 at Policy Issue).
- » **Individual and Child(ren) Plan**
Covers you (ages 18 to 64 at Policy Issue) and each Eligible Child, as defined in the policy.
- » **Family Plan**
Covers you, your Lawful Spouse (ages 18 to 64 at Policy Issue) and each Eligible Child, as defined in the policy.

CRITICAL ILLNESS



U.S. men have slightly less than a 1 in 2 risk of developing cancer; for women, the risk is a little more than 1 in 3.
- American Cancer Society

Critical illness/cancer voluntary coverages pay benefits however you want

With our critical illness and cancer plans, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, coronary artery disease, or cancer is diagnosed. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

Why do I need critical illness and cancer coverages?

These plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on direct or indirect costs associated with the illness:

- Make your mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Help cover medical bills as well as therapy and training
- Pay for travel to treatment facilities away from home – and for family visits

In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with these diseases.

Here's how it works

All benefit payments are made directly to you in most cases, placing you in control at a time when you may feel that your options are limited. Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most. You'll save on your premiums because coverage through your employer typically is less expensive than purchasing on your own. And you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

Act now

You've probably taken some steps to protect your assets and future financial stability with a health plan, life insurance, savings, etc. Take an additional step to round out your coverage and help you and your loved ones in the event of an unexpected critical illness or cancer.



manhattanlife.com

Please see brochure for full plan details - www.benefits.ffga.com/plainviewisd

CANCER INSURANCE

Benefit coverage for
Plainview ISD

group voluntary cancer

PROTECTION
solutions

HOSPITAL AND RELATED BENEFITS	LOW	MEDIAN	HIGH	
Continuous Hospital Confinement (daily)	\$100	\$200	\$300	
Government or Charity Hospital (daily)	\$100	\$200	\$300	
Private Duty Nursing Services (daily)	\$100	\$200	\$300	
Extended Care Facility (daily)	\$100	\$200	\$300	
At Home Nursing (daily)	\$100	\$200	\$300	
Hospice Care Center (daily) or Hospice Care Team (per visit)	1. \$100 2. \$100	1. \$200 2. \$200	1. \$300 2. \$300	
RADIATION, CHEMOTHERAPY & RELATED BENEFITS				
Radiation/Chemotherapy for Cancer (every 12 mos.)	\$10,000*	\$15,000*	\$20,000*	
Blood, Plasma, and Platelets (every 12 mos.)	\$10,000*	\$15,000*	\$20,000*	
Medical Imaging (yearly)	\$500* ⁴	\$750* ⁴	\$1,000* ⁴	
Hematological Drugs (yearly)	\$200*	\$300*	\$400*	
SURGERY AND RELATED BENEFITS				
Surgery	\$1,500* ²	\$4,500* ²	\$6,000* ²	
Anesthesia (% of surgery)	25%	25%	25%	
Ambulatory Surgical Center (daily)	\$250	\$750	\$1,000	
Second Opinion	\$200	\$600	\$800	
Bone Marrow or Stem Cell Transplant	1. Autologous 2. Non-autologous 3. Non-autologous for leukemia	1. \$500* 2. \$1,250* 3. \$2,500*	1. \$1,500* 2. \$3,750* 3. \$7,500*	1. \$2,000* 2. \$5,000* 3. \$10,000*
MISCELLANEOUS BENEFITS				
Inpatient Drugs and Medicine (daily)	\$25	\$25	\$25	
Physician's Attendance (daily)	\$50	\$50	\$50	
Ambulance (per confinement)	\$100	\$100	\$100	
Non-Local Transportation (per trip or mile)	Coach Fare or \$0.40	Coach Fare or \$0.40	Coach Fare or \$0.40	
Outpatient Lodging (daily)	\$50* ¹	\$50* ¹	\$50* ¹	
Family Member Lodging (daily) and Transportation (per trip or mile)	\$50* Coach Fare or \$0.40	\$50* Coach Fare or \$0.40	\$50* Coach Fare or \$0.40	
Physical or Speech Therapy (daily)	\$50	\$50	\$50	
New or Experimental Treatment (every 12 mos.)	\$5,000*	\$5,000*	\$5,000*	
Prosthesis	\$2,000* ³	\$2,000* ³	\$2,000* ³	
Hair Prosthesis (every 2 years)	\$25	\$25	\$25	
Nonsurgical External Breast Prosthesis	\$50*	\$50*	\$50*	
Anti-Nausea Benefit (yearly)	\$200*	\$200*	\$200*	
Waiver of Premium (primary insured only)	Yes	Yes	Yes	
ADDITIONAL BENEFITS				
Cancer Initial Diagnosis	\$1,000 ⁵	\$2,000 ⁵	\$3,000 ⁵	
Wellness (yearly)	\$50 ⁴	\$75 ⁴	\$100 ⁴	
Intensive Care	1. Intensive Care Confinement (daily) 2. Step-down Confinement (daily) 3. Air/Surface Ambulance	1. \$200 2. \$100 3. Charges	1. \$400 2. \$200 3. Charges	1. \$600 2. \$300 3. Charges

Listed to the left are benefit amounts associated with the benefits described in the brochure.

* Benefit pays for charges/costs up to amount listed

¹ Limit \$2,000/12 mo. period

² Based on procedure up to maximum shown

³ Per amputation

⁴ Payable once/per covered person/per calendar year

⁵ One time benefit

premiums

MODE	PLAN	EE	EE + SP	EE + CH	F
Monthly	Low	\$18.68	\$28.99	\$26.49	\$36.78
	Median	\$32.06	\$49.82	\$45.69	\$63.43
	High	\$43.54	\$67.80	\$62.09	\$86.35

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Children; F = Family.

Issue Ages: 18 and over if Actively at Work

Please see brochure for full plan details -
www.benefits.fga.com/plainviewisd



HOSPITAL INDEMNITY

Cash benefits help pay for hospital visits

ManhattanLife Hospital Indemnity pays cash benefits when you're hospitalized.

You can use the benefits however you want – to help pay medical bills or everyday living expenses such as housing, car payments, utility bills, childcare, groceries, and credit card bills.



Here are some more benefits to you

- Receive a cash benefit regardless of any other insurance you have
- Don't worry about a physical exam; it's not required
- Pay your premiums through payroll deduction

Here's how it works

You'll be reimbursed a specified amount for covered hospital confinement, physical exams, and doctor's office visits. Benefits are paid directly to you, and you can use the cash however you want. It's that simple.

If you want a little extra peace of mind and a cash benefit if you need it, ManhattanLife can help you.

Average length of a hospital stay: 4.8 days.

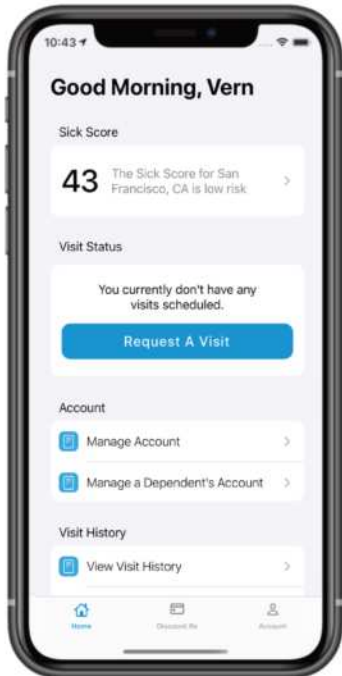
- Centers for Disease Control and Prevention

ManhattanLife Hospital Indemnity Plan	
Hospital Indemnity	If a covered person is confined as an inpatient in a hospital, pays \$100 per day. Hospital confinement must be for at least 18 hours. Max 30 days
Waiver of Premium Benefit	Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability. This waives an employee's premium if he or she becomes totally disabled for at least 90 days after the effective date of coverage. There is no lifetime maximum.
Issue ages	Employee issue ages 18+. Spouse issue ages 18+. Child issue age is 0-25. Coverage ends at age 26.
Pre-Existing Condition Limitation	Unless explicitly indicated in the product contingencies, and/or takeover provision, all pre-existing exclusions apply. Please refer to your policy for specific pre-existing limitations. 12/12
Maternity	300 day waiting period
Plan Design	ManhattanLife Hospital Indemnity
Included plan riders. Must be included on all policies:	
Portability First Hospital Admission Benefit	None If a covered person is confined as an inpatient in a hospital for the first time during a calendar year, pays a one time lump sum per year. Hospital confinement must be for at least 18 hours as an inpatient. \$1,000
Office Visit Benefit	Benefit pays when a covered person is seen by a Doctor for an Office Visit for follow-up treatment after being confined as an inpatient in a Hospital. A covered visit is not an Emergency Room visit. Include - Max 5 per year \$25

TELEMEDICINE



Accessible Care • Secure Sessions • Virtual Access



24/7/365 Access to Doctors

Primary Care - Pediatrics - Urgent Care

WellVia has a national network of board certified, state licensed doctors offering medical consultations 24 hours a day, 7 days a week! WellVia doctors diagnose acute non emergent medical conditions and prescribe medications when clinically appropriate. Speak to our doctor within minutes from anywhere – home – work – or while traveling.

Simply make an appointment on your lunch break, while traveling, or weekends to utilize this service anytime, anywhere.

HEALTHCARE THAT MAKES CENTS

Type of Visit	Average Cost
Primary Care	\$100
Urgent Care	\$150
Emergency Room	\$1400
WELLVIA®	\$0

2013 Medical Expenditure Panel Survey / MEPS

COMMON CONDITIONS TREATED

- Acid Reflux
- Allergies
- Asthma
- Bladder Infection
- Bronchitis
- Cold & Flu
- Infections
- Nausea
- Rashes
- Sinus Conditions
- Sore Throat
- Thyroid Conditions
- Urinary Tract Infection
- and more...

www.WellViaSolutions.com



Member Services: (855) WELLVIA

Disclaimer: WellVia Services are for non-emergency conditions only. WellVia does not replace the primary care doctor, services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. WellVia doctors do not prescribe DEA controlled substances (schedule I-IV) and do not guarantee that a prescription will be written. Available nationwide where allowable by law. For updated full disclosures, please visit www.wellviasolutions.com.

MEDICAL TRANSPORTATION



EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DONOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.**

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



Any Ground. Any Air. Anywhere.™

OUR BENEFITS

Benefit*	Platinum \$39/Month	Emergent Plus \$14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	
Mortal Remains Transportation	Worldwide	
Visitor Transportation	BCA**	
Minor Children/Grandchildren Return	BCA**	
Vehicle Return	BCA**	
Pet Return	BCA**	
Organ Retrieval	U.S./Canada	
Organ Recipient Transportation	U.S./Canada	

* Please refer to the MSA for a detailed explanation of benefits and eligibility.
 ** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the **entire family**
- **NO** deductibles
- **NO** health questions
- **Easy** claims process

For more information, please contact

Your Broker or Local MASA Representative

EVERY FAMILY DESERVES A MASA MEMBERSHIP

LEGAL/ID THEFT PROTECTION



Have You Ever

- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?
- Worried about being a victim of identity theft?
- Been concerned about your child's identity?
- Lost your wallet?

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** - Will/Living Will/Health Care Power of Attorney
- **Speeding Ticket Assistance** (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **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, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

The IDShield Membership Includes:

- **High Risk Application and Transaction Monitoring** We can detect fraud up to 90 days earlier than traditional credit monitoring services; we carefully watch all your accounts, reorders, loans and more. If a new account is opened, you will receive an alert.
- **Social Media Monitoring** for privacy concerns and reputational risks
- **Credit Monitoring** continuous credit monitoring through TransUnion
- **Monthly Score Tracker** watch your credit score and map your credit trends
- **Credit Inquiry Alerts** (instant hard inquiry alerts)
- **Consultation** on any cyber security question
- **\$1 Million Insurance** (coverage for lost wages, legal defense fees, stolen funds and more)
- **Full Service Restoration & Unlimited Service Guarantee** We don't give up until your identity is restored!
- **24/7 Emergency Access** in the event of an identity theft emergency



Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

Plan	Family Price Monthly	Individual Price Monthly
LegalShield	\$18.95	\$18.95
IDShield	\$18.95	\$8.95
Combined	\$33.90	\$27.90

Prepared for:

For more information, contact your Independent Associate:

Kacy Lavender
lavenderk@legalshieldassociate
512.923.5303

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.

NOTES

CONTACT INFORMATION

Plainview ISD

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Employee Benefits Center

Find detailed information about current and upcoming benefits, voluntary product offerings, employer programs, Section 125 & Flex information, important contact numbers, links, downloadable forms and brochures.

www.benefits.ffga.com/plainviewisd

BENEFIT	CARRIER	WEBSITE	PHONE
FSA	First Financial	ffga.com	800-853-3539
HSA	First Financial	ffga.com	800-853-3539
Dental	Ameritas	ameritas.com	866-662-2731
Vision	Eyetopia	eyetopia.org	800-662-8264
Vision	Ameritas	ameritas.com	800-487-5553
Disability	American Fidelity	americanfidelity.com	800-654-8489
Permanent, Portable Life	Texas Life	texaslife.com	800-283-9233
Group & Voluntary Life	BCBSTX	bcbstx.com/ancillary	800-348-4512
Accident	American Fidelity	americanfidelity.com	800-654-8489
Critical Illness	Manhattan Life	manhattanlife.com	800-877-7705
Cancer	Allstate	allstate.com	800-521-3535
Hospital Indemnity	Manhattan Life	manhattanlife.com	800-877-7705
Telemedicine	WellVia	wellviasolutions.com	855-935-5842
Medical Transport	MASA	masamts.com	800-423-3226