La Vernia ISD 2022-2023

BENEFITS GUIDE



Group of America

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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.

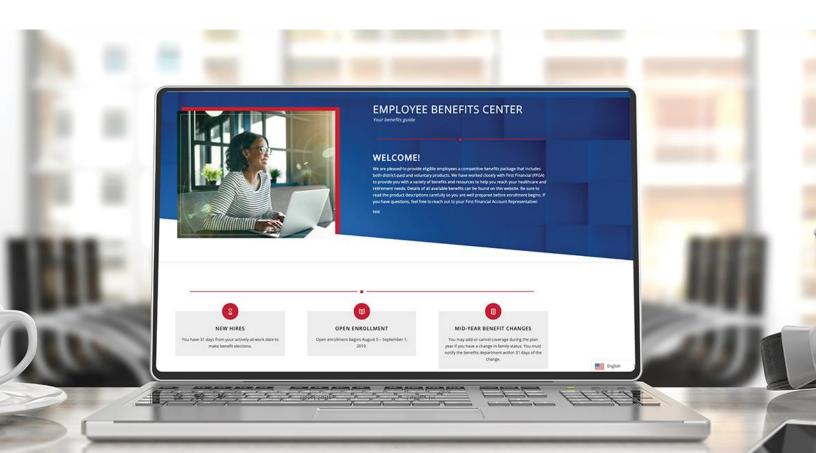
EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

La Vernia 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/laverniaisd



HOW TO ENROLL

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.

ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections. Visit your EBC to view the on-site enrollment schedule.

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. To enroll please contact your First Financial representative Thomas Marroquin at 210-849-2088.

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

SECT	TON 125 PLAN SAMPLE PA	YCHECK
	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
VOLLCOLUD SAVE \$70 PER	MONTH IN TAXES BY PAYING FOR YOU	R RENEEITS ON A PRE-TAX BASISI

^{*}The figures in the sample paycheck above are for illustrative purposes only.

MEDICAL

TRS-ACTIVECARE

The district's medical plans are offered through TRS. From in- and out-of-network options to comprehensive prescription drug coverage and special health and wellness programs, TRS-ActiveCare has been designed to flexibly meet the needs of nearly half a million public education employees.

BCBSTX

Blue Cross Blue Shield of Texas | https://www.bcbstx.com/trsactivecare/ | 1.866.355.5999

TRS-ACTIVECARE PRIMARY

- Copays for doctor visits and generic prescriptions before you meet deductible
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Caremark)

TRS-ACTIVECARE HD

- Must meet deductible before plan pays for non-preventive care
- In-network and out-of-network benefits separate out-of-network deductible/out-of-pocket maximum
- Nationwide network
- Deductible applies to medical and pharmacy
- No requirement for PCP or referrals
- Compatible with health savings account (HSA)
- Employee will receive two (2) ID cards (BCBS & Caremark)

TRS-ACTIVECARE PRIMARY+

- Copays for many services and drugs
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive 2 ID cards (BCBS & Caremark)

TRS-ACTIVECARE 2 — CLOSED TO NEW ENROLLEES

- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Caremark)

TRS-ACTIVECARE PLAN PRESCRIPTION BENEFITS

CVS Caremark | https://info.caremark.com/trsactivecare | 1.866.355.5999

When you enroll in a BCBSTX Plan, you automatically receive prescription drug coverage through CVS Caremark which gives you access to a large, national network of retail pharmacies.

LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS. TRS-ActiveCare Plan Highlights 2022-23



From the North Texas plains to the Gulf Coast, TRS-ActiveCare is where you live and work. We have more Texas doctors than any other plan and more ways to make your health plan yours.



- Premium: The monthly amount you pay for health care coverage.
- Deductible: The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- Copay: The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- Coinsurance: The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- Out-of-Pocket Maximum: The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 - Aug. 31, 2023

Monthly Premium How to Calculate Your

Your District and State **Total Monthly Premium**

Your Premium

Contributions

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

No Extra Cost* Wellness Benefits at

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia[™] pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more.

Immediate Care

*Available for all plans.
See the benefits guide for more details.

Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

All TRS-ActiveCare participants have three plan options. Each includes a wide range of wellness benefits

Plan Summary Copays for doctor visits before you meet your deductible Statewide network Primary Care Provider (PCP) referrals required to see Lowest premium of all three plans Not compatible with a Health Savings Account (HSA) No out-of-network coverage TRS-ActiveCare Primary Lower deductible than the HD and Primary plans Copays for many services and drugs Higher premium Statewide network PCP referrals required to see specialists Not compatible with a Health Savings Account (HSA) No out-of-network coverage TRS-ActiveCare Primary+ Compatible with a Health Savings Account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care TRS-ActiveCare HD

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium		Your Premium
Employee Only	\$346	\$ 61.00	\$434	\$ 149.00	\$357	\$	72.00
Employee and Spouse	\$976	\$ 691.00	\$1,062	\$ 777.00	\$1,005	\$ 7	720.00
Employee and Children	\$622	\$ 337.00	\$699	\$ 414.00	\$641	\$ 3	356.00
Employee and Family	\$1,168	\$ 883.00	\$1,336	\$ 1051.00	\$1,202	\$ 5	917.00

PCP Required	Network	Individual/Family Maximum Out of Pocket	Coinsurance	Individual/Family Deductible	Type of Coverage	Plan Features
Yes	Statewide Network	\$8,150/\$16,300	You pay 30% after deductible	\$2,500/\$5,000	In-Network Coverage Only	
Yes	Statewide Network	\$6,900/\$13,800	You pay 20% after deductible	\$1,200/\$3,600	In-Network Coverage Only	
N	Nationwid	\$7,050/\$14,100	You pay 30% after deductible	\$3,000/\$6,000	In-Network	
No	Nationwide Network	\$20,250/\$40,500	You pay 30% after deductible You pay 50% after deductible	\$5,500/\$11,000	Out-of-Network	

	Specialist \$70 copay \$70 copay \$70 copay \$70 copay You pay 30% after deductible You pay 50% after deductible	Primary Care \$30 copay \$30 copay \$30 copay You pay 30% after deductible You pay 50% after deductible	DUCKUT VISITS
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Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	ter deductible
TRS Virtual Health-RediMD (TM)	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation	al consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation	ત્રો consultation
Prescription Drugs				
Drug Deductible	Integrated with medical	\$200 brand deductible	Integrated with medical	ith medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics	coinsurance for certain generics
Preferred Brand	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	fter deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	ter deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible	iter deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible	fter deductible

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

RS ACTIVECARE

TRS-ActiveCare 2

- Closed to new enrollees
 Current enrollees can choose to stay in plan
- Lower deductible
- Copays for many services and drugs
 Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals

\$2,841	\$1,507	\$2,402	\$1,013	Total Premium
\$	\$	\$	\$	Your Premium

	Nationwi	\$7,900/\$15,800	You pay 20% after deductible	\$1,000/\$3,000	In-Network
No	Nationwide Network	\$23,700/\$47,400	You pay 40% after deductible	\$2,000/\$6,000	Out-of-Network

\$70 copay	\$30 copay
You pay 40% after deductible	You pay 40% after deductible

\$12 per medical consultation	\$0 per medical consultation	You pay a \$250 copay plus 20% after deductible	\$50 copay	
al consultation	l consultation	us 20% after deductible	You pay 40% after deductible	

more compared at the compared to the compared	\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications	You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)	\$20/\$45 copay	\$200 brand deductible	

What's New and What's Changing



regional price for your Education Service Center. This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23

	enrollees) Employee	e '2'	Employee Only	Employee	Primary+ Employee	TRS-ActiveCare Employee	Employee Only	Employee		TRS_ActiveCare Un Employee	Employee Only	Employee	Primary Employee	TRS-ActiveCare Employee	Employee Only	
Employee and Family	Employee and Children	Employee and Spouse	Only	Employee and Family	Employee and Children	Employee and Spouse	Only	Employee and Family	Employee and Children	Employee and Spouse	Only	Employee and Family	Employee and Children	Employee and Spouse	Only	
\$2,841	\$1,507	\$2,402	\$1,013	\$1,675	\$879	\$1,334	\$542	\$1,445	\$772	\$1,209	\$429	\$1,405	\$751	\$1,176	\$417	Total Premium
\$2,841	\$1,507	\$2,402	\$1,013	\$1,336	\$699	\$1,062	\$434	\$1,202	\$641	\$1,005	\$357	\$1,168	\$622	\$976	\$346	Total Premium
\$0	\$0	\$0	\$0	(\$339)	(\$180)	(\$272)	(\$108)	(\$243)	(\$131)	(\$204)	(\$72)	(\$237)	(\$129)	(\$200)	(\$71)	Change in Dollar Amount

Key Plan Changes

- Member Rewards was expanded to include more than 100 new procedures
- Copay for Teladoc® rose from \$0 to \$12
- Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
- In-network maximum rose by \$50/individual; \$100/families
- The Member Rewards program is now available for HD participants
 Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses
- Consult fee for Teladoc rose from \$30 to \$42
- Member Rewards was expanded to include more than 100 new procedures
- Copay for Teladoc rose from \$0 to \$12
- Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
- Copay for Teladoc rose from \$0 to \$12
- Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
- This plan is still closed to new enrollees

No	Yes	No	HSA-eligible?
Yes	No	Yes	PCP Required?
Statewide network	Nationwide network	Statewide network	Network
Yes	No	Yes	Copays
Low	High	Mid-range	Deductible
Higher	Lower	Lowest	Premiums
Primary+	HD	Primary	
	lance	At a Glance	

Effective: Sept. 1, 2022

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at **www.bcbstx.com/trsactivecare** to use the cost estimator tool. This will help you find the best prices through different providers.

Benefit	TRS-ActiveCare TRS-ActiveCare Primary Primary+		TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Indpendent Lab: You pay \$0	Office/Indpendent Lab: You pay \$0	You pay 30% after		Office/Indpendent Lab: You pay \$0	You pay 40% after deductible
- 1.0	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible	deductible	deductible	Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered		Facility: You pay 20% after deductible (\$150 facility copay per day)	
Bariatric Surgery	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible		Not Covered	Professional Services: You pay \$5,000 copay + 20% after deductible	Not Covered
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

^{*}Pre-certification for genetic and specialty testing may apply. Contact a Personal Health Guide at 1-866-355-5999 with questions.

DENTAL INSURANCE

Ameritas | www.ameritas.com | 1.800.487.5559

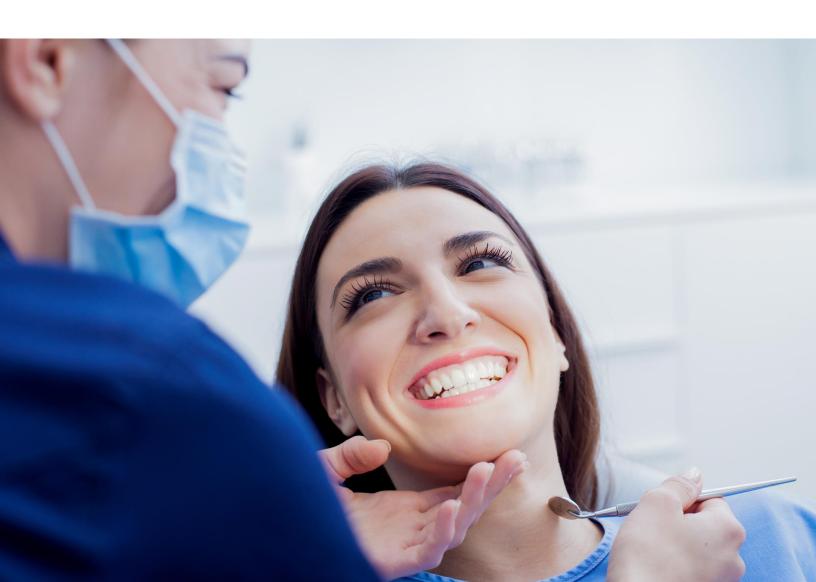
Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family's dental needs.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

- Comprehensive Exams
- Cleanings
- X-Rays

- Fillings
- Tooth Extractions
- General Anesthesia

- Crowns
- Root Canals

DENTAL MONTHLY PREMIUMS		
EMPLOYEE ONLY	\$28.16	
EMPLOYEE + 1	\$63.96	
EMPLOYEE + 2 OR MORE	103.96	



LA VERNIA ISD

Dental Highlight Sheet



Dental Plan Summary Policy# 400401 Effective Date: 9/1/2022

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3
	Waived Type 1
	3 Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	U&C
Dental Rewards®	Included
Waiting Period	Type 3 – 12 months

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	12 months

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

	Type 1		Type 2		Type 3
•	Routine Exams	•	Restorative Amalgams	•	Onlays
	(1 in 6 months)	•	Restorative Composites	•	Crowns
	Bitewing X-rays		(anterior and posterior teeth)		(1 in 10 years per tooth)
	(1 in 12 months)	•	Denture Repair	•	Crown Repair
	Full Mouth/Panoramic X-rays	•	Simple Extractions	•	Endodontics (nonsurgical)
	(1 in 5 years)	•	Complex Extractions	•	Endodontics (surgical)
	Periapical X-rays	•	Anesthesia	•	Periodontics (nonsurgical)
	Cleanings			•	Periodontics (surgical)
	(1 in 6 months)			•	Prosthodontics (fixed bridge; removable
,	Fluoride for Children 13 and under				complete/partial dentures)
	(1 in 12 months)				(1 in 10 years)
	Sealants (age 13 and under)				
	Space Maintainers				

Monthly Rates

Employee Only (EE)	\$28.16
EE + 1 Dependent	\$63.96
EE + 2 or more Dependents	\$103.96

Ameritas Information

We're Here to Help: This plan was designed specifically for the associates of LA VERNIA 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.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

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.

VISION INSURANCE

Superior | www.superiorvision.com | 1.800.507.3800

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

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

• Eye exams

Eyeglasses

Contact lenses

Eye surgeries

Vision correction

VISION MONTHLY PREMIUMS		
EMPLOYEE ONLY \$7.13		
EMPLOYEE + SPOUSE	\$14.27	
EMPLOYEE + CHILD(REN)	\$16.27	
EMPLOYEE + FAMILY	\$25.11	





Vision Care Plan for La Vernia ISD

Benefits through Superior National network

Frequency		
Exam	12 months	
Frame	12 months	
Contact lens fitting	12 months	
Eyeglass lenses	12 months	
Contact Lenses	12 months	
(based on date of service)		



Need help? Contact 1 (800) 507-3800 or visit superiorvision.com for assistance.



Exams

Materials Materials

Materials copay:

\$25

Eye exam copay:

\$10

Contact lens fitting² copay (standard and specialty):

\$25

Specialty In-network allowance:

\$50



Contacts⁴ in lieu of glasses

In-network allowance:

\$130

In-network allowance:

\$130

Monthly Premiums

Employee only: \$7.13

Employee + spouse: \$14.27

Employee + child(ren): \$16.27

Employee + family: \$25.11

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$26
Bifocal	Covered-in-full	Up to \$34
Trifocal	Covered-in-full	Up to \$50
Progressives	See description ³	Up to \$50

Shop with convenience while using your benefits through these in-network online retailers.



Lens Add-Ons⁵	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid / gradient	\$15/\$18
Polycarbonate lenses	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (standard / premium / ultra / ultimate)	\$55/\$110/\$150/\$225
Anti-reflective coating (standard / premium / ultra / ultimate)	\$50/\$70/\$85/\$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80/\$120

Overage Discounts ⁵	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance

Non-Covered Services Discounts ⁵	Amount
Exams, frames, prescription lenses	30% offretail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$42
Eye exam (OD)	Up to \$37
Frame	Up to \$52
Contact lens fitting (standard / specialty) ²	Not covered
Contact lenses	Up to \$100



LASIK Discounts⁵

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit superiorvision.com or contact your benefits coordinator.



Hearing Aid Discounts⁵

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit superiorvision.com or contact your benefits coordinator.



Free Mobile App

With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.

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 reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$570 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$570 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$570 will be forfeited under the use-it-or-lose-it rule.

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

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 with 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.

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.

	2022	2023
HSA Contribution Limit	• Self Only: \$3,650	• Self Only: \$3,850
	• Family: \$7,300	• Family: \$7,750
HDHP Minimum Deductibles	• Self Only: \$1,400	• Self Only: \$1,500
	• Family: \$2,800	• Family: \$3,000
\$1,000 catch-up contributions (age 55 or older)		

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.

FSA & HSA RESOURCES

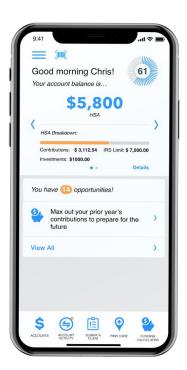
BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in a Flexible Spending Account or 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.

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

VIEW YOUR ACCOUNT DETAILS ONLINE

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



FF MOBILE ACCOUNT APP

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

t's Eligible?! What an athlete

FSA & HSA STORE

First Financial has partnered with the FSA & HSA 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.





LIFE & AD&D INSURANCE

Security Mutual | Reliance Standard | www.reliancestandard.com | 1.800.351.7500

EMPLOYER-PAID TERM LIFE & AD&D INSURANCE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$25,000. 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.

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.

DISABILITY INSURANCE

American Fidelity | www.americanfidelity.com | 1.800.654.8489

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

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

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

CANCER INSURANCE

Guardian | www.guardiananytime.com | 1.800.627.4200

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.

CRITICAL ILLNESS INSURANCE

Aflac | www.aflac.com | 1.800.992.3522

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, 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

Metlife | www.metlife.com | 1.800.438.6388

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

MEDICAL TRANSPORT

MASA | 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.

TELEHEALTH

WellVia | www.wellviasolutions.com | 1.855.935.5842

Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room.

Board Certified physicians will diagnose your illness, recommend treatment, and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They can treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!

403(b) RETIREMENT PLANS

First Financial Administrators, Inc. | www.ffga.com | 1.800.523.8422, option 2 | retirement@ffga.com

The 403(b) can be an excellent way to save money for retirement. It can serve as a supplement to a traditional pension plan or other retirement plan(s), or as a stand-alone plan. The 403(b) is a tax deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. The 403(b) is named after the section of the IRS code governing it.

HOW A 403(B) WORKS

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

BENEFITS

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

CONTRIBUTION LIMITS

Participants may contribute up to \$20,500 for year 2022. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$6,500 in 2022, 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.

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.

