

Raymondville ISD 2022-2023

BENEFITS GUIDE



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TABLE OF CONTENTS

TABLE OF CONTENTS

- EMPLOYEE BENEFITS CENTER
- HOW TO ENROLL
- MEDICAL
- DENTAL
- VISION
- FLEXIBLE SPENDING ACCOUNTS & FSA RESOURCES
- HEALTH SAVINGS ACCOUNTS & HSA RESOURCES
- VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS
 - EMPLOYER-PAID TERM LIFE INSURANCE
 - PERMANENT LIFE INSURANCE
 - LONG TERM DISABILITY
 - CANCER INSURANCE
 - CRITICAL ILLNESS
 - ACCIDENT ONLY INSURANCE
 - HOSPITAL GAP INSURANCE
 - IDENTITY THEFT PROTECTION
 - MEDICAL TRANSPORT
 - TELEHEALTH
 - HOSPITAL INDEMNITY
 - VOLUNTARY
 - 403(b) PLANS
 - COBRA
 - CLEVER RX

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

Raymondville 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/raymondvilleisd>



HOW TO ENROLL

ENROLLMENT ASSISTANCE CENTER INSTRUCTIONS

Call 855-765-4473 and select Option 2 to be connected to your local First Financial branch office. Hours of operation are 8 a.m. to 5 p.m. (local time) Monday through Friday. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours.

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 Nick Sullenger 956-998-8117.

EXISTING EMPLOYEES

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

MID-YEAR BENEFIT CHANGES

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

QUALIFYING LIFE EVENTS INCLUDE:

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

DECLINING COVERAGE

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

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

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

HERE'S HOW IT WORKS

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

IS IT RIGHT FOR ME?

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

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

IRS specified changes in family status include:

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

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

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

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

The Partnership Plan

A health plan designed to help you get the most out of your healthcare dollars.



An affordable health plan

The Partnership Plan is built around a partnership between you and your Primary Care Team, which includes your primary care doctor, nurse practitioners, physician assistants and other medical providers in their practice. When you coordinate your care with your Team, you'll get:

- No deductible
- **FREE** visits with your Primary Care Team
- **FREE** preventive care, including an annual physical, immunizations and screenings
- Predictable copays for specialist visits and procedures when you coordinate your care with your Primary Care Team

The value of a Primary Care Team

At the heart of the Partnership Plan is the partnership between you and your Primary Care Team. You'll choose a primary care doctor at the start of your plan year (this is what we call "activation"). Your Team will get to know you and your healthcare needs, identify health issues early on and help you navigate the healthcare system.

As your partner and advocate, your Primary Care Team should be your first stop for all your care. If needed, they'll refer you to trusted, local specialists and services.

The doctors you can see

Primary care

The Partnership Plan has a network of primary care providers for you to choose from. **When you use a Centivo primary care network provider to coordinate your care, you'll pay less in out-of-pocket costs.**

Care beyond your Primary Care Team

When you need care beyond your Primary Care Team, you have access to any doctors, hospitals or facilities in the U.S. This is possible, because this plan uses a method known as Reference-Based Reimbursement (RBR). RBR is what Raymondville Independent School District uses to establish the payment amount to medical providers.

Partnership Plan

Un plan médico diseñado para ayudarlo a aprovechar al máximo su dinero para atención médica.



Un plan médico asequible

Partnership Plan se basa en una asociación entre usted y su Primary Care Team, que incluye a su médico de atención primaria, enfermeros de práctica avanzada, asistentes médicos y otros proveedores médicos en el consultorio. Cuando coordine su atención con su equipo, usted obtendrá:

- Cero deducible
- Consultas **GRATIS** con su Primary Care Team
- Atención preventiva **GRATIS**, incluyendo un examen físico anual, vacunas y pruebas de detección
- Copagos predecibles para visitas a especialistas y procedimientos cuando coordina la atención con su Primary Care Team

El valor de un Primary Care Team

Partnership Plan se basa en una asociación entre usted y su Primary Care Team. Usted elegirá un médico de atención primaria al inicio del año de su plan (esto es lo que llamamos "activación"). El equipo lo conocerá y conocerá sus necesidades de atención médica, identificará sus problemas de salud a tiempo, lo ayudará a moverse por el sistema de atención médica.

Como su socio y defensor, su Primary Care Team debería ser la primera parada para toda su atención. Si es necesario, lo remitirán a especialistas y servicios confiables locales.

Los médicos que puede consultar

Atención primaria

Partnership Plan tiene una red de proveedores de atención primaria para que usted elija. **Cuando use un proveedor de atención primaria de la red de Centivo para coordinar su atención, pagará menos en gastos de bolsillo.**

Atención más allá de su Primary Care Team

Si usted necesita atención más allá de su Primary Care Team, tiene acceso a cualquier médico, hospital o centro en los EE. UU. Esto es posible porque este plan usa un método conocido como Reembolso basado en referencias (RBR). RBR es lo que usa el Distrito Escolar Independiente de Raymondville para establecer cuánto se les paga a los proveedores médicos.

Prescription coverage

New for 2022–2023, your pharmacy benefits will be managed by EHIM

EHIM provides access to over 62,000 pharmacies across the U.S. You can find participating pharmacies by visiting ehimrx.com or by contacting the EHIM Pharmacy Help Desk at **800-311-3446**.



Get to know Asserta Health

Asserta
HEALTH

Raymondville Independent School District and Centivo have partnered with Asserta Health to administer Reference-Based Reimbursement and support you for all your healthcare needs. The Asserta Health Concierge Team can help you with:

- Questions about your benefits
- Finding providers
- Arranging cash payments for any scheduled surgeries or procedures, which result in no out-of-pocket costs for you
- And more

More information about Reference-Based Reimbursement and Asserta Health will be available in your welcome materials.

Centivo's an easy-to-use app and member portal

Once the plan year starts, access the Centivo app and member portal to:

- Activate your plan by choosing a primary care doctor to lead your Primary Care Team
- View or print your ID card
- Search for in-network providers
- View details about your plan coverage
- View your care history and Explanations of Benefits (EOBs)
- And more

To get started with the Centivo app or member portal, you'll need to create an account with your Centivo member ID, which you'll receive with your welcome materials if you're new to the plan for 2022–2023.

Note: If you were enrolled in the Partnership Plan for 2021–2022, you do not need to activate again.



Have a question about the Partnership Plan?

If you have questions about about the Partnership Plan, the doctors you can see or Reference-Based Reimbursement, call the Asserta Health Concierge at **833-576-6490**, Monday through Friday from 8 am-6 pm CT.



Cobertura de medicamentos con receta

En 2022–2023, EHIM comenzará a administrar sus beneficios de farmacia

EHIM da acceso a más de 62,000 farmacias en los EE. UU. Puede encontrar farmacias participantes visitando ehimrx.com o comunicándose con el servicio de asistencia de farmacia de EHIM al **800-311-3446**.



Conozca Asserta Health

Asserta
HEALTH

El Distrito Escolar Independiente de Raymondville y Centivo se han asociado con Asserta Health para administrar el Reembolso basado en referencias y darle apoyo para todas sus necesidades de atención médica. El Asserta Health Concierge Team puede ayudarlo:

- Con las preguntas sobre sus beneficios
- A encontrar proveedores
- A organizar pagos de dinero en efectivo para las operaciones o los procedimientos programados, lo que no tiene gastos de bolsillo para usted
- Y más

Encontrará más información sobre el Reembolso basado en referencias y Asserta Health en el material de bienvenida.

La aplicación y el portal para miembros de Centivo son fáciles de usar

Después que comience el año del plan, visite la aplicación y el portal para miembros de Centivo para:

- Activar el plan eligiendo un médico de atención primaria para que dirija su Primary Care Team
- Ver o imprimir su tarjeta de identificación
- Buscar proveedores dentro de la red
- Ver información sobre la cobertura del plan
- Ver su historia de atención y la Explicación de beneficios (EOB)
- Y más

Para empezar con la aplicación o el portal para miembros de Centivo, deberá crear una cuenta con su identificación de miembro de Centivo, que recibirá con su material de bienvenida si es nuevo en el plan para 2022–2023.

Nota: Si se inscribió en el Partnership Plan para 2021–2022, no necesita hacer la activación de nuevo.



¿Tiene alguna pregunta sobre el Partnership Plan?

Si tiene preguntas sobre el Partnership Plan, los médicos que puede ver o el Reembolso basado en referencias, llame a Asserta Health Concierge al **833-576-6490**, de lunes a viernes de 8 a. m. a 6 p. m. CT.



Your benefit summary

Partnership Plan

		COORDINATED 1. Activate online or by phone, and 2. Get referrals for specialty care from your Primary Care Team.	UNCOORDINATED 1. Do not activate, and/or 2. Use a non-designated primary care physician, and/or 3. Do not get referrals for specialty care.
Plan features	Deductible (individual/family)	None	\$1,000/\$3,000
	Out-of-pocket maximum (individual/family)	\$4,000/\$8,000	\$4,000/\$8,000
Preventive care	Annual physical, immunizations and screenings	FREE	FREE
Office visits	Primary care (in-person or virtual, includes pediatricians)	FREE	\$35 copay (not subject to deductible)
	Specialist (in-person or virtual)	\$25 copay	\$50 copay (not subject to deductible)
	Physical therapy	\$25 copay	Deductible + 20% coinsurance
	Chiropractic care	\$25 copay	Deductible + 20% coinsurance
	Annual vision exam (one per plan year — must be performed by an ophthalmologist)	\$25 copay	\$50 copay (not subject to deductible)
	Annual hearing exam (only for children up to age of 19)	\$25 copay	\$50 copay (not subject to deductible)
Diagnostic procedures	Lab work	FREE if ordered by your PCP; 20% coinsurance otherwise	Deductible + 20% coinsurance
	Imaging (X-rays, MRIs, PET scans)	20% coinsurance	Deductible + 20% coinsurance
Surgeries and hospital	Outpatient surgery	No charge for professional services; \$300 copay for facility	Deductible + 20% coinsurance
	Inpatient hospitalization	No charge for professional services; \$500 copay for facility for surgical and medical admissions	Deductible + 20% coinsurance
Emergency care	Urgent care visits	\$25 copay	\$50 copay (not subject to deductible)
	Emergency room	\$250 copay if true emergency; not covered otherwise	\$250 copay if true emergency (not subject to deductible); not covered otherwise

Prescription drug coverage



Plan features	Pharmacy deductible	None
Drug type	Preferred Generic drugs ⁺	\$10 copay
	Preferred Brand drugs	\$50 copay
	Non-Preferred drugs	Not covered

+ There may be a small number of generic drugs that fall under the brand drug copay. Please check the prescription drug list or contact EHIM for any questions about specific medications.

Defining key terms:

Copay

A fixed dollar amount that you pay for a healthcare service or visit.

Deductible

The portion that you pay out-of-pocket before the plan pays towards your healthcare expenses.

Out-of-pocket max.

The cap on how much you'll pay for any covered healthcare and pharmacy expenses during the plan year.

Coinsurance

After you meet your deductible for the year, you'll be responsible for a certain percentage of the costs. This is known as coinsurance. For example, if the coinsurance amount is 20%, that means you'll owe 20% of the cost after you have reached your deductible.

If you have any questions, call the Asserta Health Concierge at **833-576-6490**, Monday through Friday from 8 am-6 pm CT.

Su resumen de beneficios

Partnership Plan

		COORDINADO	NO COORDINADO
		1. Lo activa en línea o por teléfono, y 2. Obtiene remisiones de su Primary Care Team atención especializada	1. No lo activa, y 2. Usa un médico de atención primaria no designado, y 3. No obtiene remisiones para atención especializada.
Características del plan	Deducible (individual/familiar)	No hay	\$1,000/\$3,000
	Máximo de gastos de bolsillo (individual/familiar)	\$4,000/\$8,000	\$4,000/\$8,000
Atención preventiva	Examen físico anual, vacunas y pruebas de detección	GRATIS	GRATIS
Visitas en el consultorio	Atención primaria (en persona o virtual, incluye pediatras)	GRATIS	Copago de \$35 (no está sujeto al deducible)
	Especialista (en persona o virtual)	Copago de \$25	Copago de \$50 (no está sujeto al deducible)
	Fisioterapia	Copago de \$25	Deducible + coseguro del 20 %
	Atención quiropráctica	Copago de \$25	Deducible + coseguro del 20 %
	Examen anual de la vista (uno por año del plan, debe hacerlo un oftalmólogo)	Copago de \$25	Copago de \$50 (no está sujeto al deducible)
	Examen anual de la audición (solo para niños hasta los 19 años)	Copago de \$25	Copago de \$50 (no está sujeto al deducible)
Procedimientos de diagnóstico	Análisis de laboratorio	GRATIS si lo ordena su PCP; de lo contrario, 20 % de coseguro	Deducible + coseguro del 20 %
	Imágenes (radiografías, MRI, PET)	Coseguro del 20 %	Deducible + coseguro del 20 %
Operaciones y hospital	Cirugía ambulatoria	Sin cargo por servicios profesionales; copago de \$300 por centro	Deducible + coseguro del 20 %
	Hospitalización	Sin cargo por servicios profesionales; copago de \$500 por centro para ingresos quirúrgicos o médicos	Deducible + coseguro del 20 %
Atención de emergencia	Visitas de atención de urgencia	Copago de \$25	Copago de \$50 (no está sujeto al deducible)
	Sala de emergencias	Copago de \$250 si es una verdadera emergencia; de lo contrario, no está cubierto	Copago de \$250 si es una verdadera emergencia (no está sujeto al deducible); no de lo contrario, no está cubierto

Cobertura de medicamentos con receta



Características del plan	Deducible de farmacia	No hay
Tipo de medicamento	Medicamentos de marca genéricos preferidas*	Copago de \$10
	Medicamentos de marca preferidos	Copago de \$50
	Medicamentos de marca no preferidas	No está cubierto

+ Es posible que haya unos pocos medicamentos genéricos que estén en el copago de medicamentos de marca. Consulte la lista de medicamentos con receta o comuníquese con EHIM si tiene preguntas sobre medicamentos específicos.

Definición de términos clave:

Copago

Una cantidad fija de dinero que usted paga por un servicio de atención médica o una visita.

Deducible

La parte que usted paga de su bolsillo antes de que el plan pague sus gastos de atención médica.

Máximo de gastos de bolsillo

El máximo que pagará por cualquier gasto cubierto de atención médica y de farmacia durante el año del plan.

Coseguro

Después de que alcance el deducible del año, tendrá que pagar un cierto porcentaje de los costos. Esto se llama coseguro. Por ejemplo, si el coseguro es del 20 %, significa que usted deberá pagar el 20 % del costo después de haber alcanzado su deducible.

Si tiene alguna pregunta, llame a Asserta Health Concierge al **833-576-6490**, de lunes a viernes de 8 a. m. a 6 p. m. CT.



DENTAL INSURANCE

CIGNA | www.cigna.com | 1.800.244.6224

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



Cigna Healthcare Financial Exhibit for:
Raymondville ISD - High Plan
 Effective Date: October 01, 2022



This is a summary of benefits for your dental plan.
 All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.
 Your DPPO** plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Plan Design	Total Cigna DPPO Network**	Out-of-Network
Calendar Year Maximum (Class I, II, III, IX Expenses)	Progressive Plan	
	Class I applies Year 1: \$1500, Year 2: \$1600 Year 3: \$1700, Year 4: \$1800	Class I applies Year 1: \$1500, Year 2: \$1600 Year 3: \$1700, Year 4: \$1800
Calendar Year Deductible		
Per Individual	\$50	\$50
Per Family	\$150	\$150
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency Care to Relieve Pain	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Brush Biopsy	80%, After Deductible	80%, After Deductible
Class III Expenses - Major Restorative Care		
Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia		
Coverage for Eligible Children Only Lifetime Maximum	50%, No Ortho Deductible \$1500	50%, No Ortho Deductible \$1500
Class IX Expenses - Implants		
Plan Calendar Year Max	50%, After Deductible \$1500	50%, After Deductible \$1500
Dental Plan Reimbursement Levels	Based on Contracted Fees	90th Percentile of Submitted Charges***
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***
Student/Dependent Age	26/26	
Progression	Members progress to the next level by utilizing Class I services in the prior year.	

Cigna Healthcare Financial Exhibit for:
Raymondville ISD - Low Plan
 Effective Date: October 01, 2022



This is a summary of benefits for your dental plan.
 All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.
 Your DPPO** plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Plan Design	Total Cigna DPPO Network**	Out-of-Network
Calendar Year Maximum (Class I, II, III, IX Expenses)	Progressive Plan	
	Class I applies Year 1: \$750, Year 2: \$850 Year 3: \$950, Year 4: \$1050	Class I applies Year 1: \$750, Year 2: \$850 Year 3: \$950, Year 4: \$1050
Calendar Year Deductible		
Per Individual	\$50	\$50
Per Family	\$150	\$150
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays Emergency Care to Relieve Pain	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Brush Biopsy	60%, After Deductible	60%, After Deductible
Class III Expenses - Major Restorative Care		
Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	40%, After Deductible	40%, After Deductible
Class IV Expenses - Orthodontia		
	Not Covered	Not Covered
Class IX Expenses - Implants		
Plan Calendar Year Max	40%, After Deductible \$750	40%, After Deductible \$750
Dental Plan Reimbursement Levels	Based on Contracted Fees	90th Percentile of Submitted Charges***
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***
Student/Dependent Age	26/26	
Progression	Members progress to the next level by utilizing Class I services in the prior year.	

VISION INSURANCE

Superior | www.superior.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	\$7.47
EMPLOYEE + SOUSE	\$12.77
EMPLOYEE + CHILD(REN)	\$13.39
EMPLOYEE + FAMILY	\$20.29



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 will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

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

DEPENDENT CARE FSA

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

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

HIGHLIGHTS

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

FSA RESOURCES

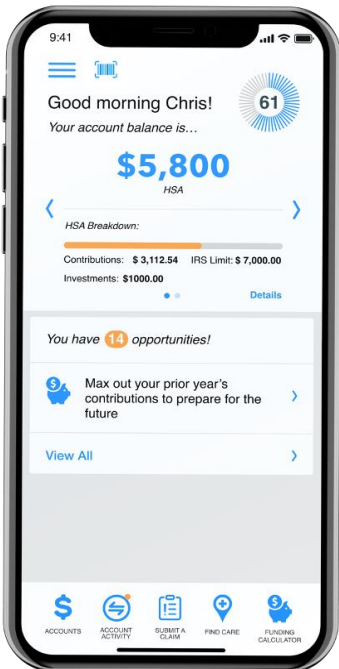
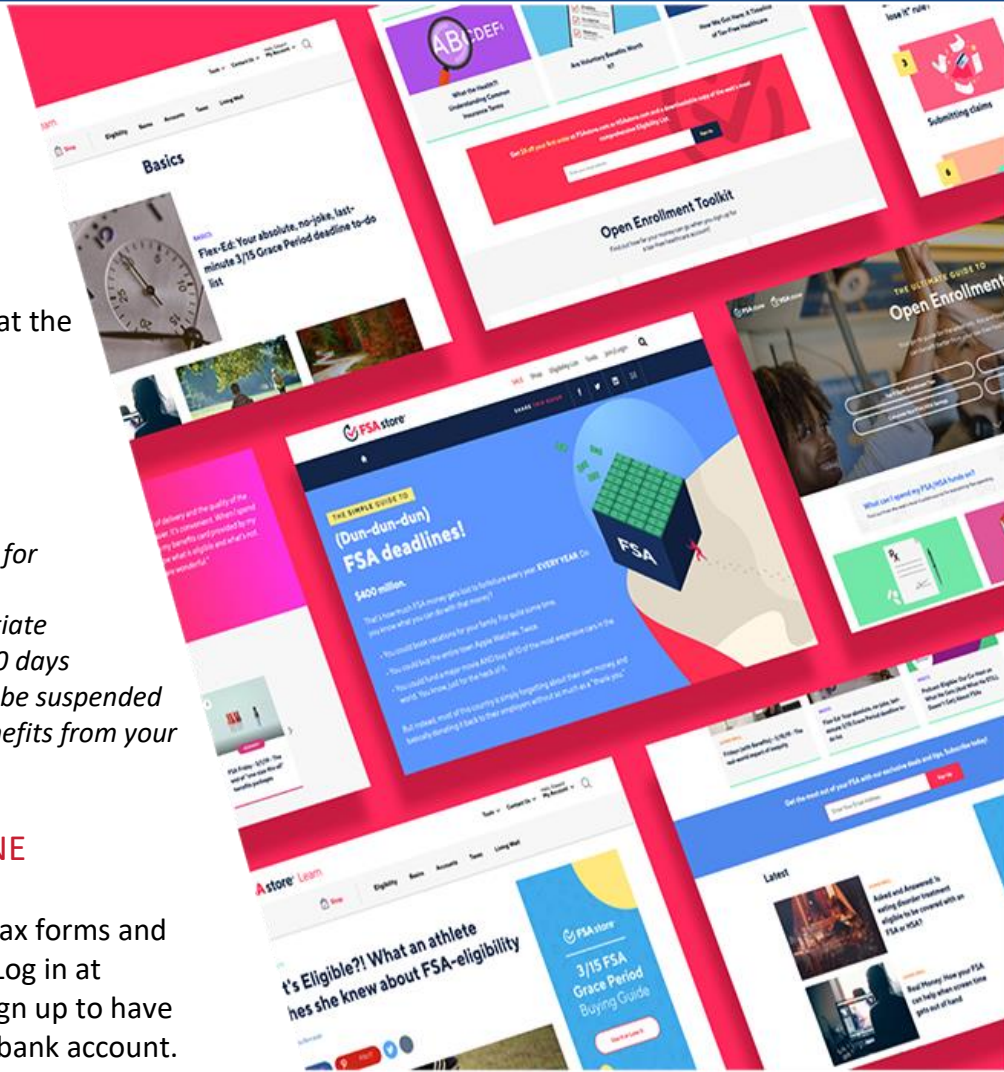
BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in a 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](#).

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.



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.

LIFE & AD&D INSURANCE

Blue Cross Blue Shield | www.bcbstx.com/ancillary | 1.877.442.4207

EMPLOYER-PAID TERM LIFE & AD&D INSURANCE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$10,000. 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.

American Fidelity | www.americanfidelity.com | 1.800.654.8489

VOLUNTARY TERM LIFE AND WHOLE LIFE INSURANCE

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

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.guardianlife.com | 1.800.541.7846

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

AFLAC | www.AFLAC.com | 1.800.992.3522

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

GAP INSURANCE

American Fidelity | www.americanfidelity.com | 1.800.654.8489

You may think major medical insurance is enough to cover your needs, but the reality is that many plans may only cover a portion of your overall expenses. It's important to protect yourself in the event of a sudden hospitalization. A Hospital Gap Insurance plan pays benefits directly to you and is designed to help cover the gap between what your traditional medical plan will cover and the out-of-pocket expenses you will pay. The plan may include benefits you can use to help pay for inpatient hospital stays and surgeries, doctor's office treatments and diagnostic testing costs. With Hospital Gap Insurance, you can have peace of mind knowing that unexpected medical expenses will be less of a financial burden for you and your family members.

HOSPITAL INDEMNITY INSURANCE

Guardian | www.guardianlife.com | 1.800.541.7846

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden. Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits. The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!

IDENTITY THEFT PROTECTION

ID Watchdog | www.idwatchdog.com | 1.800.970.5182

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

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

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

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

MDLive | www.MDLIVE/benadmin.com | 1.888.539.2649

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.

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>.

