

WACO ISD 2023 *BENEFITS GUIDE*

2023 Plan Year
January 1 - December 31

Open Enrollment
October 17 - November 8



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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.

Enrollment Schedule

ONSITE ENROLLMENT

Campus	Weekday	Date	Time
Cedar Ridge	Monday	10/17/2022	8:00 AM - 4:00 PM
Indian Spring / Carver Middle	Monday	10/17/2022	8:00 AM - 4:30 PM
Waco High School	Tuesday	10/18/2022	8:00 AM - 5:00 PM
University High School	Wednesday	10/19/2022	8:00 AM - 5:00 PM
Dean Highland	Thursday	10/20/2022	8:00 AM - 4:00 PM
Crestview	Thursday	10/20/2022	8:00 AM - 4:00 PM
Bell's Hills	Friday	10/21/2022	8:00 AM - 4:00 PM
Lake Air Mont.	Friday	10/21/2022	8:00 AM - 4:00 PM
Provident Heights	Monday	10/24/2022	8:00 AM - 4:00 PM
Hillcrest PDS	Monday	10/24/2022	8:00 AM - 4:00 PM
G.L. Wiley	Monday	10/24/2022	8:00 AM - 4:00 PM
Cesar Chavez Middle	Tuesday	10/25/2022	8:00 AM - 4:30 PM
Tennyson Middle	Tuesday	10/25/2022	8:00 AM - 4:30 PM
Mountainview	Wednesday	10/26/2022	8:00 AM - 4:00 PM
West Avenue	Wednesday	10/26/2022	8:00 AM - 4:00 PM
J.H. Hines	Thursday	10/27/2022	8:00 AM - 4:00 PM
Brook Avenue	Thursday	10/27/2022	8:00 AM - 4:00 PM
Warehouse/ Maintenance	Monday	10/31/2022	8:00 AM - 11:00 AM
MCCA / North Waco	Monday	10/31/2022	12:00 PM - 4:00 PM
GWAMA	Monday	10/31/2022	12:00 PM - 4:00 PM
GWAHCA	Monday	10/31/2022	12:00 PM - 4:00 PM
Brazos Credit Recovery	Monday	10/31/2022	12:00 PM - 4:00 PM
Parkdale	Tuesday	11/1/2022	8:00 AM - 4:00 PM
Kendrick	Tuesday	11/1/2022	8:00 AM - 4:00 PM
South Waco	Wednesday	11/2/2022	8:00 AM - 4:00 PM
Alta Vista	Wednesday	11/2/2022	8:00 AM - 4:00 PM
Administration Building	Friday	11/4/2022	8:00 AM - 5:00 PM
Administration Building	Monday	11/7/2022	8:00 AM - 5:00 PM
Administration Building	Tuesday	11/8/2022	8:00 AM - 5:00 PM

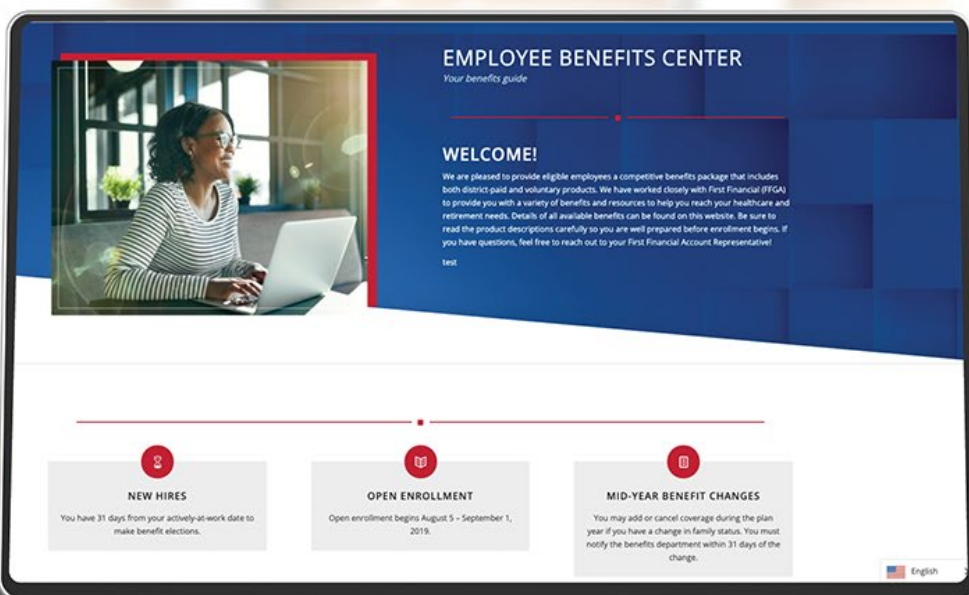
EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Waco 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://ffbenefits.ffga.com/wacoisd>



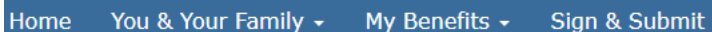
ONLINE ENROLLMENT

Step 1: Go to <https://ffga.benselect.com> and enter your login information. Enter your full SSN with no dashes in the top box. Your PIN is the last 4 digits of your SSN and the last 2 digits of the year you were born. It is a 6 digit number. Ex: If the last 4 of your SSN is 1234 and you were born in 1975, your PIN is 123475.



The image shows the login page for the FFenroll Enrollment Site. At the top is the FFenroll logo. Below it, the text "ENROLLMENT SITE" is centered. There are two input fields: "Employee ID or Social Security Number" and "Personal Identification Number (PIN)". Below the PIN field is a small disclaimer: "By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Connect to Enroll Electronically](#)". At the bottom is a blue "Log In" button.

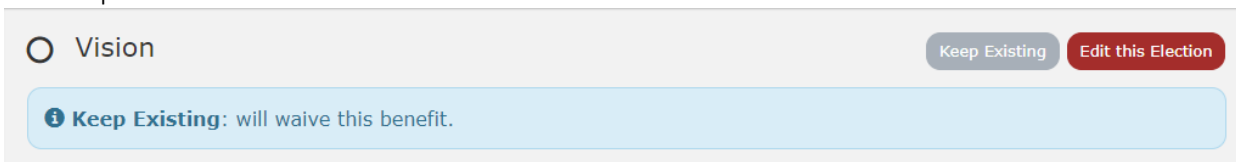
2. Once logged in, you will see the blue bar at the top with different headings (see below). Make sure you go through each heading before completing your enrollment.



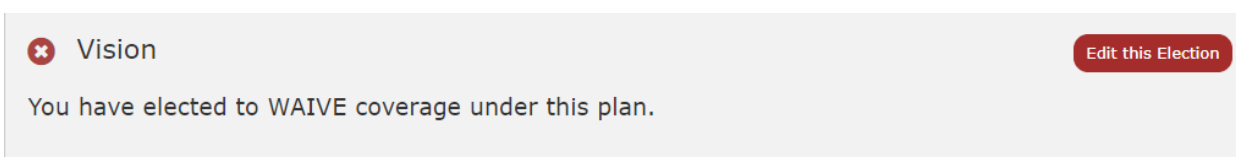
A horizontal blue navigation bar with four items: "Home", "You & Your Family" with a dropdown arrow, "My Benefits" with a dropdown arrow, and "Sign & Submit".

3. Under You & Your Family, verify/update all of your personal and dependent information. This includes names, date of births, SSNs and genders. If you need to add a Dependent, click the Add Dependent button.

4. When you get to the My Benefits heading, you will need to either enroll or decline/waive each product that is offered. You must choose one before the system will let you complete your enrollment. For example, if you want to enroll in the Vision plan, you would click the "Edit this Election" button seen below. This will open the Vision benefit with more information/pricing and allow you to enroll. If you do not want to enroll in the Vision plan, you can click the "Keep Existing" button and it will automatically decline/waive the benefit and change to the 2nd picture below.



The image shows a selection screen for the "Vision" benefit. It has a radio button next to "Vision". To the right are two buttons: "Keep Existing" (grey) and "Edit this Election" (red). Below these is a light blue box with an information icon and the text: "Keep Existing: will waive this benefit."



The image shows a selection screen for the "Vision" benefit. It has a red "x" icon next to "Vision". To the right is a red button: "Edit this Election". Below this is a grey box with the text: "You have elected to WAIVE coverage under this plan."

5. Enroll or decline/waive each benefit until all have been completed.

6. Once you have made a decision on each benefit, you will be taken to the Sign & Submit page (see below). Review all of your information and benefit elections. Once verified, enter your PIN at the bottom of the page and click "Sign Form."

[illegible]

7. Once you have received the Congratulations message below, you will know you have completed your benefits.

Sign/Submit Complete

Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

If you have any questions or issues regarding your enrollment, please contact your First Financial representative, Taylor Silguero, at 512-630-6654 or Taylor.Silguero@ffga.com.

ELIGIBILITY

ELIGIBILITY

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

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 Qualifying Life Event (QLE). You must notify the benefits department within 31 days of the event.

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.**

MEDICAL INSURANCE

Plan 1 Blue Choice HSA \$4000 Ded	Total Monthly Premium	District Monthly Contribution	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$455.88	\$455.88	\$0.00	\$0.00
Employee/Spouse	\$1,055.40	\$456.00	\$599.40	\$299.70
Employee/Child(ren)	\$809.96	\$456.00	\$353.96	\$176.98
Employee/Family	\$1,345.38	\$456.00	\$889.38	\$444.69

Plan 2 Blue Essentials HMO \$3500 Ded	Total Monthly Premium	District Monthly Contribution	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$516.16	\$456.00	\$60.16	\$30.08
Employee/Spouse	\$1,154.72	\$456.00	\$698.72	\$349.36
Employee/Child(ren)	\$884.76	\$456.00	\$428.76	\$214.38
Employee/Family	\$1,473.66	\$456.00	\$1,017.66	\$508.83

Plan 3 Blue Choice EPO \$2500 Ded	Total Monthly Premium	District Monthly Contribution	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$617.70	\$456.00	\$161.70	\$80.85
Employee/Spouse	\$1,386.98	\$456.00	\$930.98	\$465.49
Employee/Child(ren)	\$1,061.50	\$456.00	\$605.50	\$302.75
Employee/Family	\$1,771.56	\$456.00	\$1,315.56	\$657.78

Waco ISD 2023 Medical Insurance Plans

	Plan 1 BlueCross BlueShield of TX Blue Choice with an H.S.A.		Plan 2 BlueCross BlueShield of TX Blue Essentials \$3500 HMO Plan		Plan 3 BlueCross BlueShield of TX Blue Choice \$2500 EPO Plan	
DOCTORS	WHAT YOU PAY IN- NETWORK	WHAT YOU PAY OUT OF NETWORK	WHAT YOU PAY IN- NETWORK	WHAT YOU PAY OUT OF NETWORK	WHAT YOU PAY IN- NETWORK	WHAT YOU PAY OUT OF NETWORK
Primary Care	20% after deductible		\$40 copay	\$30 copay		
\$0 copay for children under the age of 19	N/A		\$0 no copay	\$0 no copay		N/A
Specialist Network	20% after deductible	N/A	\$80 copay	\$60 copay		
Preventive Care	\$0 no copay		\$0 no copay	\$0 no copay		
HOSPITAL						
In-Patient Hospital	20% after deductible		20% after deductible	20% after deductible		
Out-Patient Surgery	20% after deductible	N/A	\$0 after deductible \$1,000 copay per visit	20% after deductible		N/A
EMERGENCY HEALTH SERVICES						
Emergency Room	20% after deductible		\$0 after deductible	20% after deductible		20% after deductible
Ambulance	20% after deductible	20% after deductible	\$1,250 copay per visit. Waived if admitted. 20% after deductible	\$1,000 copay per visit. Waived if admitted. 20% after deductible		\$1,000 copay per visit. Waived if admitted. 20% after deductible
ADDITIONAL SERVICES						
Pregnancy	20% after deductible		\$40 / \$80 copay then 20% after deductible	\$30 copay then 20% after deductible		
Mental Health	20% after deductible	N/A				N/A
Rehab / Habilitation Services	20% after deductible					
URGENT CARE SERVICES						
Urgent Care Facility	20% after deductible	N/A	\$0 after deductible \$100 copay per visit	\$0 after deductible		N/A
LAB & X-RAY SERVICES						
Minor lab & x-ray	20% after deductible		20% after deductible	20% after deductible		
Major lab & x-ray (MRI, CT Scan, PET Scan)	20% after deductible	N/A	\$500 copay per service	20% after deductible		
CALENDAR YEAR DEDUCTIBLE						
INDIVIDUAL	\$4,000		\$3,500	\$2,500		
FAMILY	\$8,000	N/A	\$10,500	\$5,000		N/A
MAXIMUM OUT OF POCKET						
INDIVIDUAL	\$7,000 **		\$7,900 **	\$7,500 **		
FAMILY	\$14,000 **	N/A	\$15,800 **	\$15,000 **		N/A
LIFETIME MAXIMUM BENEFIT						
	Unlimited	N/A	Unlimited	Unlimited		Unlimited

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

Show this to your doctor and discuss ways to pay less with your consumer-directed health plan.

For medications you take on a long-term basis, you'll save money by using the Express Scripts PharmacySM.

What you'll pay after meeting your deductible

	Home delivery from the Express Scripts Pharmacy	Retail pharmacy (in network)
Generics	\$50.00	\$20.00
Preferred brands	\$125.00	\$50.00
Nonpreferred brands (no generic)	\$250.00	\$100.00
Nonpreferred brands (generics available)	\$250.00*	\$100.00*

You might pay different amounts for eligible medications, depending on which phase of your plan's three phases you're in:

- 1. Shared Medical/Rx Deductible:** \$4,000 for you or \$8,000 for your family. You pay full cost of your medical and prescription expenses until you meet this amount.
- 2. Copayment or Coinsurance:** the amount shown in the table. This is what you pay after you met the shared medical/Rx deductible but before the annual out-of-pocket maximum is met.
- 3. Out-of-Pocket Maximum:** \$7,000 for you or \$14,000 for your family. If you pay this much in a year, most medications for the rest of the year are covered 100%.

*Penalties may be applied when filling brand medications when a generic equivalent is available.

Save with home delivery and generics

Home Delivery: With home delivery, you could get up to a 90-day supply with **free** standard shipping, delivered right to you. **Call us at the number on your member ID card or visit Express-Scripts.com to get started.**

Generics: FDA-approved generics are just as safe and effective as brand-name drugs and they cost about 50% to 70% less.¹ Sounds good, right? Ask your doctor if a less expensive generic could help you.

Manage your prescriptions online and on the go

- REFILL HOME DELIVERY PRESCRIPTIONS
- FIND POTENTIAL LOWER-COST OPTIONS
- CHECK ORDER STATUS
- FIND THE NEAREST IN-NETWORK PHARMACY



Express-Scripts.com
Sign in today!



The Express Scripts Mobile App
Download it for FREE today from your app store!

1. U.S. Food and Drug Administration. <http://www.fda.gov/regulatoryinformation/legislation/federalfooddrugandcosmeticactfdca/significantamendmentstothefdcact/fdasia/ucm310992.htm>. Accessed August 5, 2014.

See how you can get the most from your benefit.

Show this to your doctor and ask if you could pay less by filling a generic prescription through home delivery.

Home delivery: savings and to-your-door convenience

Did you know you could avoid paying more money if you use home delivery? For your long-term drugs (those you take for at least 3 months), you'll typically pay less with home delivery from the Express Scripts PharmacySM. You'll get up to a 90-day supply with **free** standard shipping.

It's easy to start! Just call us at the number on your member ID card, and we'll ask your doctor for a new prescription. Or ask your doctor to e-prescribe or fax a 90-day prescription to us. You can also get started at **Express-Scripts.com**.

Generics: benefits for your health and budget

FDA-approved generics are just as safe and effective as brand-name drugs. The difference? Generics can cost about 50% to 70% less.¹ Today, nearly 8 in 10 prescriptions filled in the U.S. are for generic drugs.²

If you're taking a brand-name drug, ask your doctor if a less expensive generic is available.

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Preferred brands	\$125.00	\$50.00
Nonpreferred brands (no generic)	\$250.00	\$100.00
Nonpreferred brands (generics available)	\$250.00*	\$100.00*

* Penalties may be applied when filling brand medications when a generic equivalent is available.

Your plan has an out-of-pocket maximum of \$7,900 for you or \$15,800 for your family. If you pay this much in a year, most medications for the rest of the year are covered 100%.

Manage your prescriptions online and on the go

- REFILL HOME DELIVERY PRESCRIPTIONS
- FIND POTENTIAL LOWER-COST OPTIONS
- CHECK ORDER STATUS
- FIND THE NEAREST IN-NETWORK PHARMACY



Express-Scripts.com
Sign in today!



The Express Scripts Mobile App.
Download it for FREE today from your app store!

1. U.S. Food and Drug Administration. <http://www.fda.gov/regulatoryinformation/legislation/federalfooddrugandcosmeticactfdca/significantamendmentstotheact/fdasia/ucm310992.htm>. Accessed August 5, 2014.

2. U.S. Food and Drug Administration. <http://www.fda.gov/Drugs/ResourcesForYou>. Accessed August 5, 2014.

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Show this to your doctor and ask if you could pay less by filling a generic prescription through home delivery.

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Did you know you could avoid paying more money if you use home delivery? For your long-term drugs (those you take for at least 3 months), you'll typically pay less with home delivery from the Express Scripts PharmacySM.

You'll get up to a 90-day supply with **free** standard shipping.

It's easy to start! Just call us at the number on your member ID card, and we'll ask your doctor for a new prescription. Or ask your doctor to e-prescribe or fax a 90-day prescription to us. You can also get started at **Express-Scripts.com**.

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Nonpreferred brands (generics available)	\$250.00*	\$100.00*

* Penalties may be applied when filling brand medications when a generic equivalent is available.

Your plan has an out-of-pocket maximum of \$7,500 for you or \$15,000 for your family. If you pay this much in a year, most medications for the rest of the year are covered 100%.

Manage your prescriptions online and on the go

- Refill home delivery prescriptions
- Find potential lower-cost options
- Check order status
- Find the nearest in-network pharmacy



Express-Scripts.com
Sign in today!



The Express Scripts Mobile App.
Download it for FREE today from your app store!

1. U.S. Food and Drug Administration <http://www.fda.gov/regulatoryinformation/legislation/federalfooddrugandcosmeticactfdca/significantamendmentstothefda/fdasia/ucm310992.htm>. / Accessed August 5, 2014.

2. U.S. Food and Drug Administration. <http://www.fda.gov/Drugs/ResourcesForYou>. Accessed August 5, 2014.

Get all the advantages your health plan offers



Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Texas (BCBSTX) secure member website, Blue Access for Members (BAMSM).

With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one

It's easy to get started

- 1 Go to bcbstx.com/member
- 2 Click Register Now
- 3 Use the information on your BCBSTX ID card to complete the registration process.



Text* BCBSTXAPP to 33633 to get the BCBSTX App that lets you use BAM while you're on the go.

*Message and data rates may apply



BlueCross BlueShield of Texas

Find what you need with Blue Access for Members

The screenshot shows the BlueCross BlueShield of Texas member portal. At the top, the user is logged in as NATHAN SMITH with a Settings dropdown (9). Navigation links include Home (1), My Coverage (2), Claims Center (3), My Health (4), Doctors & Hospitals (5), and Forms & Documents (6). A 'CURRENTLY VIEWING MY PLAN' banner (8) shows 'PPO' and a 'View My Plans' button. The main content area includes a 'Message Center' (6) with 'You have no messages' and a 'View all messages' link. A 'Quick Links' section (7) lists: Stop receiving paper statements, Connect, Member Discount Program, Manage preferences, and Verification of Coverage. The 'MY COVERAGE' section displays Plan Type: PPO, Group Number: 098765, and ID Number: ABC123456789. Below this is a 'MEDICAL BENEFITS' table for the Preferred Network:

MEDICAL BENEFITS	
Preferred Network	
Individual Deductible	N/A
Family Deductible	N/A
Family Out of Pocket Maximum	\$8,500.00
Coinurance	N/A

On the right, the 'My Care Profile' section features a 'Blue Button' (download icon) with the text 'Learn how to get your health care profile electronically' and a 'Get Started »' button. At the bottom, a footer contains links for Important Information, Non-Discrimination Notice, Help, and Contact Us (10, 11).

- 1 My Coverage:** Review benefit details for you and family members covered under your plan.
- 2 Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 Message Center:** Communicate with a Customer Service Advocate here. You can also learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 View My Plan:** See the details of your current health plan, as well as other plans you've had in the past.
- 9 Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 10 Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- 11 Contact Us:** Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.



BlueCross BlueShield of Texas

The BCBSTX App!



Stay connected with Blue Cross and Blue Shield of Texas (BCBSTX) and access important health benefit information wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card
- Log in securely with your fingerprint
- Access Health Care Accounts and Health Savings Accounts
- Download and share your Explanation of Benefits*
- Get Push Notifications and access to Message Center*

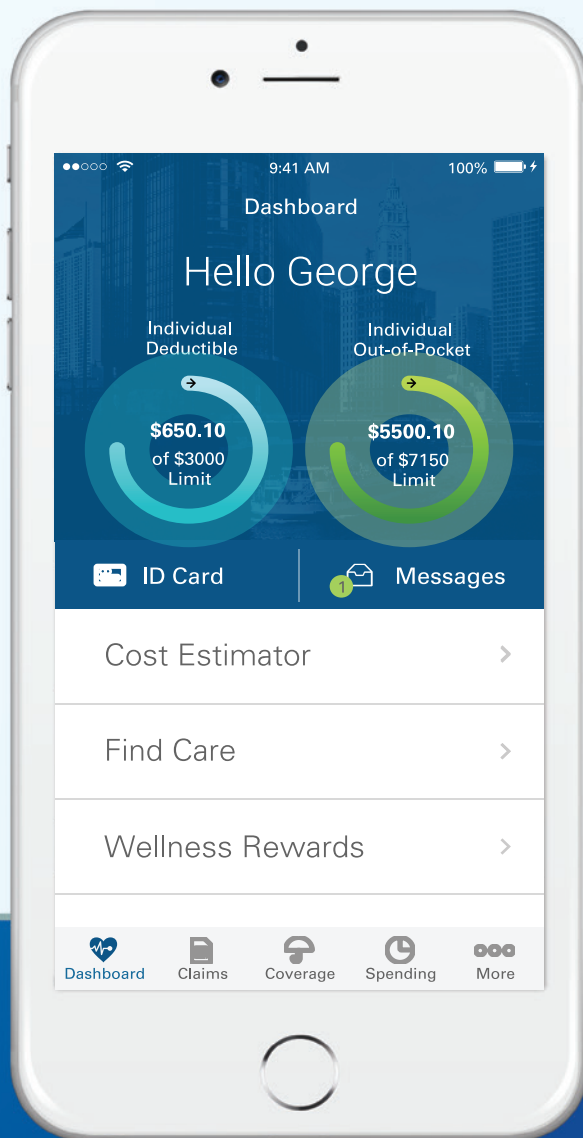
Text** **BCBSTXAPP** to **33633** to get the app.

* Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

** Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.



Available in Spanish



bcbstx.com/mobile



Experience a New Kind of Wellness — Log In to the Well onTarget Portal

Well onTarget is designed to give you the support you need to make healthy lifestyle choices — and reward you for your hard work.

MEMBER WELLNESS PORTAL

The Well onTarget Wellness Portal uses the latest technology to give you the tools you need for better health. Your wellness journey begins with a suggested list of activities based on the information you provided in the Health Assessment.* Now you have a step-by-step plan to guide you on the way to living your best life. The suite of programs and tools include:

- **Digital Self-management Programs:** Learn about nutrition, fitness, weight loss, quitting smoking, managing stress and more!
- **Health and Wellness Library:** The health library has useful articles, podcasts and videos on health topics that are important to you.
- **Blue PointsSM Program:**** Earn points for wellness activities. Redeem your points for a wide variety of merchandise in the online shopping mall.
- **Tools and Trackers:** These interactive resources help keep you on track while making wellness fun.
- **Health Assessment:** Answer some questions to learn more about your health and receive a personal wellness report.
- **Fitness Tracking:** Get Blue Points for tracking activity with popular fitness devices and mobile apps.
- **Nutrition Help:** Members can choose a nutrition app to connect and monitor their food intake via the [View Nutrition](#) page. Enter calorie targets, carbs, fats, protein and more. Apps include Fitbit, MyFitnessPal and others.
- **Personal Challenges:** Join a personal challenge to help you reach your goals. There are over 30 challenges, so you can choose the best one to fit your wellness journey. Topics include stress, sleep, physical activity and more!

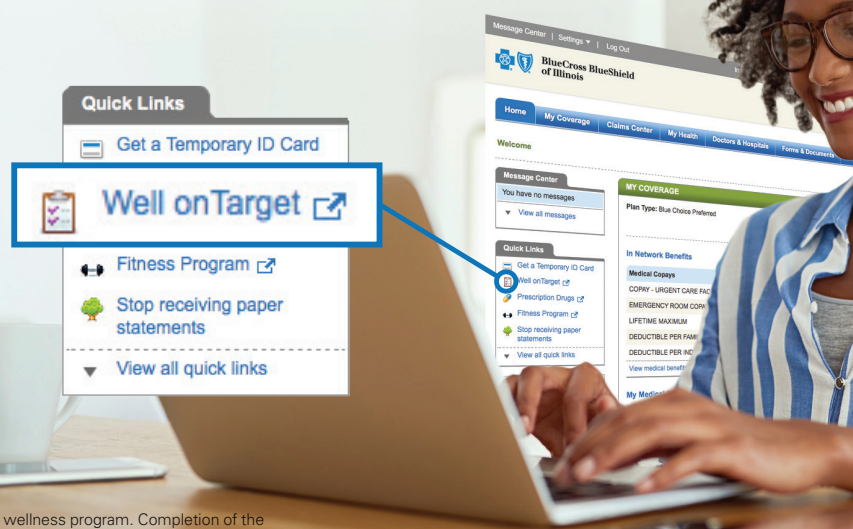
HOW TO ACCESS THE PORTAL

Use your Blue Access for MembersSM (BAMSM) account:

- Log in to BAM at bcbstx.com/members. If this is your first time logging in, you will need to register your account. Click [Register Now](#) on the login screen.
- Once you are in BAM, click on the [Well onTarget](#) link on the left side of the screen. You will be taken to the portal.

QUESTIONS?

If you have any questions about Well onTarget, call Customer Service at [877-806-9380](tel:877-806-9380).

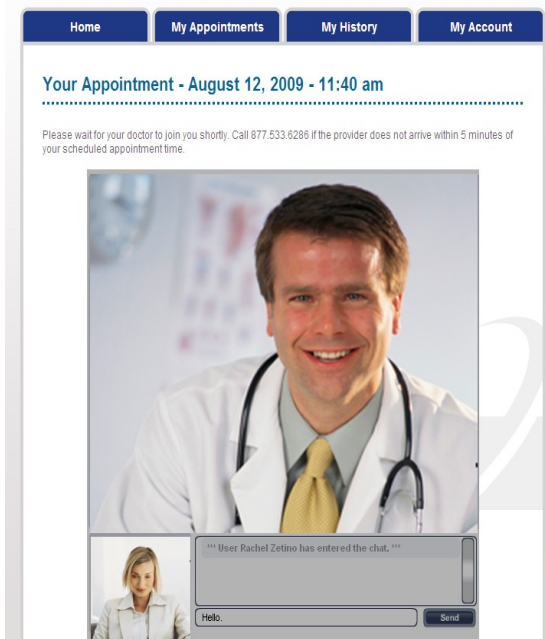


* Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

**Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for further information.

***Code = wacoisd**

***Code = wacoisd25**



RediMD gives you the option to have a regular doctor's visit online or by phone. No Copay Required for some plans. Visit us at : www.redimd.com

RediMD provides primary medical care online via webcam, smart phone, or by telephone. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.

RediMD service is available for you to use

- At your home during days, nights, and weekends for you and your family on your plan.
- **If you and your dependents are covered under Waco ISD HMO or EPO medical insurance then you have free access to RediMD.**
- **If you are covered under Waco ISD HDHP medical insurance then you, the employee, can have access to RediMD with a cost of \$25/visit.**

***wacoisd** code for Waco ISD insurance **HMO/EPO**

***wacoisd25** code for Waco ISD insurance **HDHP**

REDIMD TREATS MOST PRIMARY CARE AILMENTS INCLUDING, BUT NOT LIMITED TO:

<i>Cold</i>	<i>Cough</i>	<i>Flu</i>	<i>Sore Throat</i>
<i>Allergies</i>	<i>Skin Issues</i>	<i>Blood Pressure</i>	<i>Headaches</i>
<i>Diabetes</i>	<i>Sinus Infection</i>	<i>Stress Problems</i>	<i>Stomach Problems</i>

- RediMD is available for you and your dependents to use at home.
- A computer with internet connection and web camera, or a smart phone with internet connection is required for all face-to-face visits telemedicine visit. You can sent an appointment and have a phone consult as well.
- If you forget your password. RediMD uses the highest encryption possible. We will not send out passwords to unsecured emails for your protection. Please call the RediMD number below to have it reset.
- Visit us at www.RediMD.com for more information and to register

For help, call RediMD at 866-989-CURE, option 3



RediMD visits available from work or home
24/7. Please schedule online at
16 www.RediMD.com

DENTAL INSURANCE

MetLife | www.metlife.com | 800 275-4638
QCD | www.qcdofamerica.com | 800-229-0304

Waco ISD offers a traditional Dental insurance plan through MetLife. This is a PPO plan with In- and Out-of-Network coverage. They also offer a discount dental plan through QCD of America. This is an HMO plan where you must choose from In-Network dentists only and offers a discount on each procedure. 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. A range of procedures may be covered, such as:

- Comprehensive exams
 - Cleanings
 - X-Rays
- Fillings
 - Tooth Extractions
 - General Anesthesia
- Crowns
 - Root Canals

METLIFE DENTAL SEMI - MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$10.78
EMPLOYEE + ONE	\$21.56
EMPLOYEE + FAMILY	\$33.38

QCD DENTAL SEMI - MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$0
EMPLOYEE + ONE	\$4.00
EMPLOYEE + FAMILY	\$6.00



VISION INSURANCE

Superior Vision | www.superiorvision.com | 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 SEMI-MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$3.30
EMPLOYEE + ONE	\$6.38
EMPLOYEE + FAMILY	\$9.38



FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539

P.O. Box 161968 | Altamonte Springs, FL 32716

MEDICAL FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. Your plan includes a grace period of 2 and a half extra months. This means you have until March 15th, 2024 to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2023 is \$2,850.

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.

LIMITED PURPOSE FSA

A Limited Purpose Flexible Spending Account (LPFSA) works together with a Health Savings Account (HSA) for you to further optimize your tax savings. By establishing an LPFSA, you can save money on taxes by using the account for eligible dental and vision expenses while preserving your HSA funds for other purposes, including simply saving those funds for the future.

Your maximum contribution amount for 2023 is \$2,850.

HIGHLIGHTS

- Only certain dental and vision expense are eligible such as eye exams, contact lenses and eyeglasses.
- Funds can be accessed by submitting a claim or paying for expenses upfront with a benefits debit card.
- Purchases may need to be verified during the claims process, so be sure to save your receipts.

FSA RESOURCES

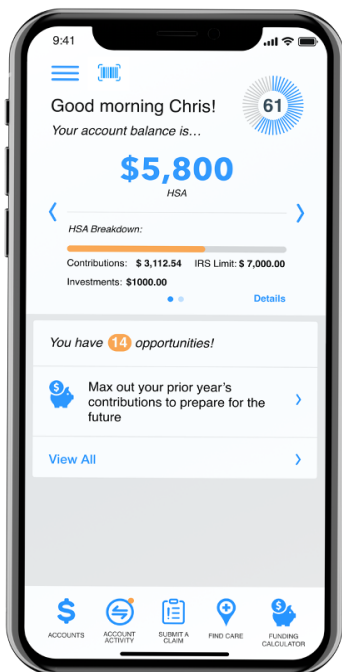
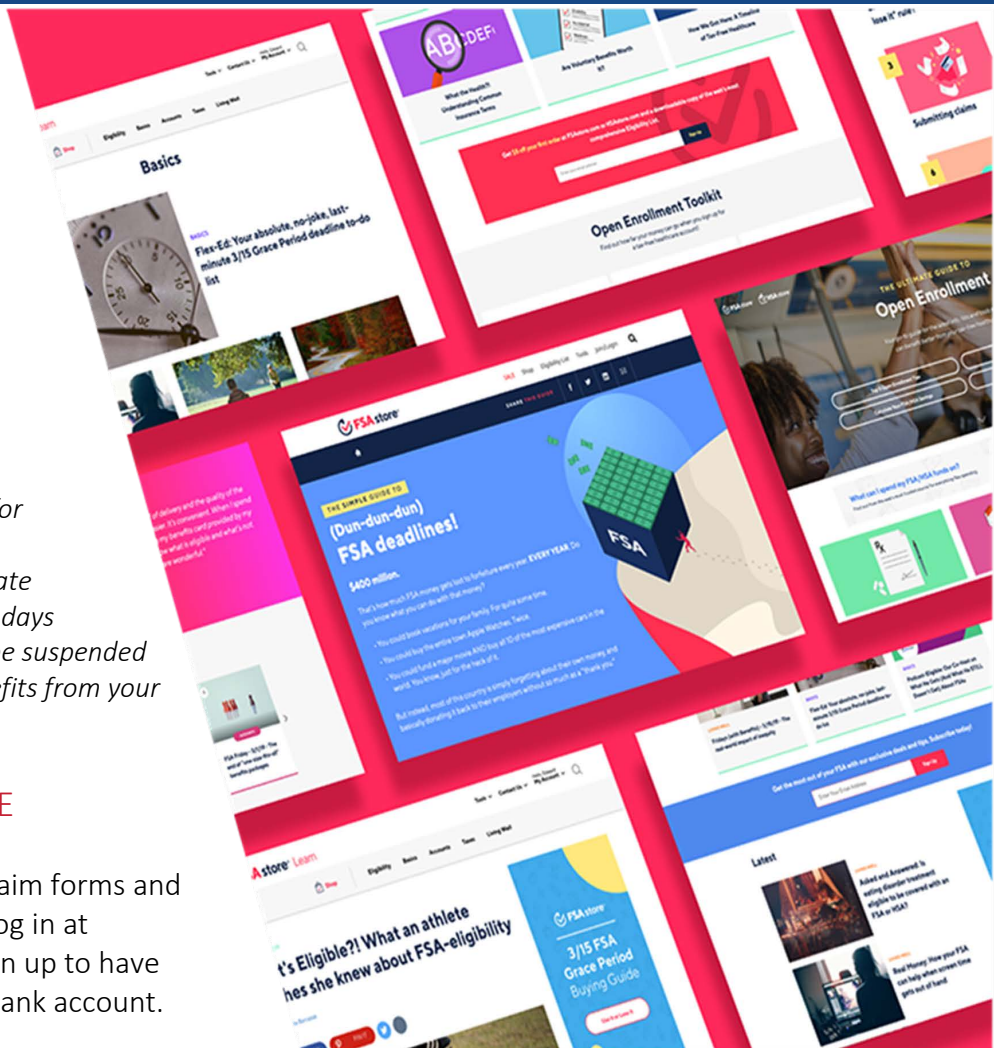
BENEFITS CARD

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

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

VIEW YOUR ACCOUNT DETAILS ONLINE

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



FF MOBILE ACCOUNT APP

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

FSA STORE

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



HEALTH SAVINGS ACCOUNTS

Optum Bank | www.optumbank.com | 866-234-8913

HEALTH SAVINGS ACCOUNTS

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with the Plan 1 Blue Choice HSA Medical plan to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium 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.

2023 HSA Annual Contribution Limits

Individual: \$3,650

Family: \$7,300

HIGHLIGHTS

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

WHO CAN PARTICIPATE IN AN HSA?

- **You must be enrolled in the Plan 1 Blue Choice HSA Medical plan.**
- You cannot be enrolled in Tricare or Medicare or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- Limited Purpose Flexible Spending Accounts are permitted (dental and vision expenses only).
- You cannot participate if your spouse has a general purpose FSA or HRA at their place of employment.
- You cannot participate if you are being claimed as a dependent on another person's tax return.

If you enroll in or have an HSA account, visit <https://enrollhsa.optumbank.com/enrollment#/> to create your online account.

GROUP TERM LIFE & AD&D

Blue Cross Blue Shield | www.bcbstx.com/ancillary | 877-442-4207

EMPLOYER-PAID GROUP TERM LIFE INSURANCE

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

VOLUNTARY GROUP TERM LIFE INSURANCE

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by Waco ISD. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.

TEXAS LIFE – PERMANENT LIFE

Texas Life Insurance | www.texaslife.com | 800-283-9233

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

The peace of mind 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, 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 | 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

American Fidelity | www.americanfidelity.com | 800-654-8489

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

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

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.

CANCER SEMI-MONTHLY PREMIUMS		
	BASIC	ENHANCED
EMPLOYEE	\$7.90	\$15.81
EMPLOYEE + FAMILY	\$13.43	\$26.90

CRITICAL ILLNESS INSURANCE

The Standard | www.standard.com | 866-851-2429

Cancer, heart attacks, strokes, kidney failure, organ transplants and more are considered critical illnesses. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

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

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

ACCIDENT INSURANCE

Guardian | www.guardianlife.com | 888-482-7342

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit

ACCIDENT SEMI-MONTHLY PREMIUMS		
	VALUE	PREMIER
EMPLOYEE	\$3.50	\$6.25
EMPLOYEE + SPOUSE	\$6.00	\$11.00
EMPLOYEE + CHILDREN	\$8.00	\$13.00
EMPLOYEE + FAMILY	\$10.50	\$17.75

HOSPITAL INDEMNITY INSURANCE

Aetna | www.aetna.com | 888-772-9682

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 SEMI-MONTHLY PREMIUMS		
	LOW PLAN	HIGH PLAN
EMPLOYEE	\$8.26	\$12.51
EMPLOYEE + SPOUSE	\$17.10	\$25.82
EMPLOYEE + CHILDREN	\$12.95	\$19.61
EMPLOYEE + FAMILY	\$20.39	\$30.85

EMPLOYEE ASSISTANCE PROGRAM

American Fidelity | www.americanfidelity.mysupportportal.com | 800-295-8323

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you successfully face emotional issues. An employee assistance program, or EAP, is a free, voluntary program offered by Waco ISD. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem.

Employee assistance programs address a wide range of issues including mental and emotional well-being, substance abuse and grief. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.

IDENTITY THEFT PROTECTION

iLock360 | www.iLock360.com | 855-287-8888

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud. Waco ISD provides all eligible employees with a free CyberAlert plan through iLock360.

LEGAL PLAN

LegalShield | www.legalshield.com | 800-654-7757

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

IDENTITY THEFT PROTECTION AND LEGAL SEMI-MONTHLY PREMIUMS				
	iLOCK360 BASIC	iLOCK360 PLUS	LEGAL	iLOCK360 AND LEGAL COMBINED
EMPLOYEE	\$0.00	\$4.48	\$9.48	\$13.95
EMPLOYEE + FAMILY	N/A	\$9.48	\$9.48	\$16.95

457 RETIREMENT PLAN - FFINVEST

TCG | www.tcgservices.com | 512-600-5204

A 457(b) plan is a Retirement Plan available to employees of state and local governmental agencies, including public school employees. They are similar to 401(k) plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You have the option to contribute pre-tax (Traditional) or after-tax (Roth).

BENEFITS

- Investment options: including Mutual Funds, Bonds and Money Market funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan
- Receive quarterly account statements
- No 10% federal penalty on interest or earnings for early withdrawal

CONTRIBUTION LIMITS

Participants may contribute up to \$20,500 for year 2023. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$6,500 in 2023, for a total of \$27,000.

ENROLL ONLINE

- Go to www.tcgservices.com/enroll
- Type Waco ISD, choose it from the dropdown menu, and click Search
- Click Enroll next to the 457(b) Savings Plan
- Follow the steps and enter the required information



403(b) RETIREMENT PLANS

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

BENEFITS

- 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 2023. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$6,500 in 2023, for a total of \$27,000.

COBRA

First Financial Administrators, Inc. | www.ffga.com | 800-523-8422, option 4

Life is full of unexpected events that may impact your insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your medical, dental, vision 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.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

ART

Active to Retirement Transitioning

**HELPING YOU HAVE A SMOOTH
AND EASY TRANSITION**



CONGRATULATIONS!

After years of hard work, you are finally able to retire. While this is an exciting time to start the next chapter of your life, it also can be overwhelming to know which steps to take first.

First Financial Group of America is here to assist you so that you can smoothly adjust to your new lifestyle. Schedule time to talk with us to discuss the following questions.

Retirement Planning

- How do I find out how much income can I expect from TRS?
- What happens to my 403(b) or 457(b) plans?
- What about Social Security Income?

Health Insurance

- What happens to my Health Insurance?
- Should I stay in TRS Care or transition to Medicare?
- How does Medicare work?
- What is the difference between the Medicare Advantage Plan and a Medicare supplement (Medigap) plan?
- Are there deadlines?
- Do I pay for it? If so, what is the cost and how are premiums deducted?

Supplemental Benefits

If you have supplemental plans like life insurance, dental, vision, cancer insurance, disability insurance, long term care/assisted living, we can explain the effect retirement may have on them.

- What plans can I keep?
- How do I pay for them?
- Will the premiums change?

**Planning for your future is important, and you don't have to do it alone!
Let the experts at First Financial assist you through this process. Contact us today!**



Taylor Silguero, Account Executive
512-630-6654
Taylor.Silguero@ffga.com
www.ffga.com

Dental

Metropolitan Life Insurance Company

Network: PDP Plus

Coverage Type	In-Network % of Negotiated Fee *	Out-of-Network % of Negotiated Fee *
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%
Type D: Orthodontia	50%	50%

Deductible [†]		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum		
Per Person	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26 and unmarried.

Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

[†]Applies only to Type B & C Services.

You will not receive a Dental ID card. You can use the paper copy below or when scheduling a dentist appointment, you should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

Front

PDP NETWORK

Employee Name

Employee ID

Waco ISD

119197

Group Name

Group Number

This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.



Back

www.metlife.com/mybenefits

- Locate a participating dentist.
- Verify eligibility and plan design information.
- Review claim status and claim history for your entire family.
- View and print processed claims with one click.
- Obtain claims forms and educational information (including interactive risk assessment).
- Get instant answers to Frequently Asked Questions.
- Access trained customer service representatives.

1 800 GET-MET 8 (1-800-438-6388)

- Virtually 24 hours a day, 7 days a week call to confirm eligibility, order claim forms or request dentist directories.
- Monday–Friday, 8 a.m. to 11 p.m. EST, call to speak with a live customer service representative.
- MetLife Dental Claims, P.O. Box 981282, El Paso, TX 79998-1282.
- For International Dental Travel Assistance call 1-312-356-5970 (collect).

If you would like to download a digital ID card, please visit <https://online.metlife.com/edge/web/public/benefits?> and type in Waco Independent School District. Then click Register and enter the required information.

List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Type A – Preventive	How Many/How Often
Oral Examinations	• One exam every 6 months
X-rays	• Full mouth X-rays: once every 5 years • Bitewing X-rays: one set every 12 months
Prophylaxis (cleanings)	• One every 6 months
Topical Fluoride Applications	• Topical fluoride treatment for children under age 14 once in 12 months
Sealants	• One sealant or sealant repair per tooth every 60 months for each non-restored, non-decayed 1 st and 2 nd molar of children under age 16
Type B – Basic Restorative	How Many/How Often
Fillings	• Replacement once every 24 months
Oral Surgery	
Simple Extractions	
General Anesthesia	• When dentally necessary in connection with oral surgery, extractions or other covered dental services
Crown, Denture and Bridge Repair/Recementations	• Once in a 12 month period
Space Maintainers	• Space maintainers for children under age 14 once per lifetime per tooth area
Type C – Major Restorative	How Many/How Often
Bridges and Dentures	• Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement: one every 10 years • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	• Replacement once every 10 years
Endodontics	• Root canal treatment limited to once per tooth
Periodontics	• Periodontal scaling and root planing once per quadrant in any 24 month period • Periodontal surgery once per quadrant in any 36 month period • Total number of periodontal maintenance treatments and prophylaxis cannot exceed one treatment in a 6 month period
Implants	• Replacement once every 10 years • Repair once in a 12 month period
Type D – Orthodontia	How Many/How Often
	• You, your spouse and your children, up to age 26, are covered while Dental insurance is in effect • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia • Payments are on a repetitive basis • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary • Orthodontic benefits end at cancellation of coverage



THE ESTABLISHED STANDARD

(Not an Insurance Plan)

Monthly

Employee Only	\$0.00
Employee + One	\$8.00
Employee + Family	\$12.00

- ◆ No Claim Forms, Deductibles or Coverage Maximums
- ◆
- ◆ Immediate Coverage for all Pre-Existing Conditions
- ◆
- ◆ Orthodontics (Braces) for Children and Adults
- ◆

SAMPLE DENTAL PROCEDURE ¹	FEE PAID WITH QCD OF AMERICA®	NATIONAL AVERAGE DENTAL FEES ²	SAVINGS WITH QCD OF AMERICA®
Oral Exam	\$9	\$35	74%
Full Mouth X-Ray	\$28	\$77	64%
Teeth Cleaning	\$24	\$54	56%
Amalgam (1Surface)	\$28	\$79	65%
Simple Extraction	\$36	\$80	55%
Root Canal (1Canal)	\$185	\$387	52%
Porcelain w/ Metal Crown (lab fees additional)	\$350	\$652	46%
Complete Upper or Lower Denture \$400 (lab fees additional)		\$770	48%

¹ A fee of \$8.00 is charge per appointment for infection control costs. There will be an additional charge for all lab fees less a 20% discount.

² The schedule represents a sample of highly utilized dental procedures. The average costs are estimated from data gathered by the U.S. Bureau of Labor Statistics, the American Dental Association, and the Chamber of Commerce Research Association.

- ◆ After you sign and turn in your enrollment form, QCD will send you a membership card.
- ◆ Please select any dentist within the QCD Affiliated Dentist Team and make an appointment.
- ◆ Please be sure to identify yourself as a QCD member and the reduced fee schedule will apply to all charges.
- ◆ Please call the QCD Member Services Department at 972.726.0444 or 1.800.229.0304 for assistance.
- ◆ Information may be obtained from the web site at www.qcdofamerica.com

Vision Plan Benefits for Waco ISD

Co-Pays		Semi-Monthly Premiums		Services/Frequency	
Exam	\$10	Employee Only	\$3.30	Exam	12 months
Materials	\$25	Employee + 1	\$6.38	Frame	12 months
		Employee + Family	\$9.38	Lenses	12 months
				Contact Lenses	12 months

(Based on date of service)

Benefits through [Superior Select Southwest Network](#)

	<u>In-Network</u>	<u>Out-of-Network</u>
Exam	Covered in full	Up to \$35 retail
Frames	\$150 retail allowance	Up to \$70 retail
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description ¹	Up to \$45 retail
Contact Lenses ²	\$150 retail allowance	Up to \$80 retail
Medically Necessary Contact Lenses	Covered in full	Up to \$150 retail
Lasik Vision Correction ³	\$200 allowance	

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ 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

² Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

³ Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

Discount Features

Non-Covered Eyewear Discount: Members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.

The National LASIK Network of laser vision correction providers, featuring LasikPlus, offers members special program pricing on services. The program pricing should be verified prior to service.

SuperiorVision.com
Customer Service
800.507.3800

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions



WACO ISD / TEEBC TRUST F021842 - 337 Class 2

Eligibility

All Active Full Time Employees regularly working 20 hours per week are eligible for insurance on the first of the month following their date of hire.

Supplemental Life/AD&D Insurance

Employee Benefit: **\$10,000 - \$100,000 in \$10,000 increments.**

Dependent Life Only

Dependent Benefit:	Spouse	Child(ren)
Option 1	\$5,000	\$2,000
Option 2	\$10,000	\$5,000
Option 3	\$15,000	\$5,000
Option 4	\$20,000	\$5,000
Option 5	\$25,000	\$5,000

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

Employee: Life and AD&D benefits reduce by 35% of the original amount at age 65, by 55% at age 70, by 70% at age 75 and by 80% at age 80. All benefits terminate at retirement.
 Spouse: Benefits terminate at Employee's age 70.

Supplemental Life/AD&D Insurance

Semi-Monthly Premium Cost (Based on 24 payroll deductions per year)

Employee			Dependent Spouse & Child (Life Only)		
Benefit Amount		Premium		Option	Premium
\$10,000		\$0.67		1	\$0.25
\$20,000		\$1.33		2	\$0.53
\$30,000		\$2.00		3	\$0.63
\$40,000		\$2.66		4	\$0.73
\$50,000		\$3.33		5	\$0.83
\$60,000		\$3.99			
\$70,000		\$4.66			
\$80,000		\$5.32			
\$90,000		\$5.99			
\$100,000		\$6.65			

EMPLOYEE Supplemental Life/AD&D	
Semi-Monthly rates per \$1,000	
Age	Rates
All Ages	\$0.067

Guarantee Issue:	
Employee:	\$100,000
Spouse:	\$10,000
Child:	\$5,000

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.



WOW!

LIFE INSURANCE YOU CAN KEEP!

LIFE INSURANCE HIGHLIGHTS

For the employee

PURELIFE-PLUS



IT'S AFFORDABLE
YOU OWN IT



YOU CAN TAKE IT
WITH YOU WHEN YOU
CHANGE JOBS OR RETIRE



YOU CAN COVER YOUR SPOUSE, CHILDREN
AND GRANDCHILDREN, TOO¹



YOU CAN GET A LIVING BENEFIT IF YOU
BECOME TERMINALLY ILL²



YOU PAY FOR IT THROUGH CONVENIENT
PAYROLL DEDUCTIONS: NO CHECKS TO
WRITE OR LINKS TO CLICK



YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU BECOME
CHRONICALLY ILL³



YOU CAN QUALIFY BY ANSWERING JUST 3 QUESTIONS - NO EXAM OR NEEDLES

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 5 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, dialysis treatment, or treatment for alcohol or drug abuse?



TEXASLIFE INSURANCE
COMPANY
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

ADDITIONAL POLICY BENEFITS

Accelerated Death Benefit Due to Chronic Illness Rider

Here's how it works:

- If you're no longer able to perform any two of the six activities of daily living (eating, bathing, dressing, toileting, transferring, maintaining continence) or if you suffer serious cognitive impairment, you can receive a living benefit.⁴
 - Example: You own a \$100,000 Texas Life insurance policy with the Chronic Illness rider. A medical professional certifies that you can no longer perform 2 of the 6 activities or have suffered serious cognitive impairment, you can receive \$92,000 minus a \$150 processing fee.³
- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

For pennies a day, you can get both a living benefit, should you need it, and a death benefit if you don't.

¹ Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

² Conditions apply. See rider for details. Form ICCo7-ULABR-o7 or Form Series ULABR-o7.

³ The Accelerated Death Benefit Rider for Chronic Illness is available for an additional cost for employees only. This rider pays 92% of the insurance proceeds less a \$150 administration fee (\$100 in FL) in lieu of the benefit payable at death. Conditions apply. Any outstanding loans will reduce the cash value and death benefit. Contract Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15.

⁴ Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									Age to Which Coverage is Guaranteed at
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Table Premium
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		6.53	11.93	17.33	22.73	33.53	44.33	55.13	65.93	75
21-22		6.67	12.20	17.74	23.28	34.35	45.43	56.50	67.58	74
23		6.80	12.48	18.15	23.83	35.18	46.53	57.88	69.23	75
24-25		6.94	12.75	18.57	24.38	36.00	47.63	59.25	70.88	74
26		7.22	13.30	19.39	25.48	37.65	49.83	62.00	74.18	75
27-28		7.35	13.58	19.80	26.03	38.48	50.93	63.38	75.83	74
29		7.49	13.85	20.22	26.58	39.30	52.03	64.75	77.48	74
30-31		7.63	14.13	20.63	27.13	40.13	53.13	66.13	79.13	73
32		8.04	14.95	21.87	28.78	42.60	56.43	70.25	84.08	74
33		8.32	15.50	22.69	29.88	44.25	58.63	73.00	87.38	74
34		8.73	16.33	23.93	31.53	46.73	61.93	77.13	92.33	75
35		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	76
36		9.55	17.98	26.40	34.83	51.68	68.53	85.38	102.23	76
37		9.97	18.80	27.64	36.48	54.15	71.83	89.50	107.18	77
38		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	77
39		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	78
40	5.38	11.75	22.38	33.00	43.63	64.88	86.13	107.38	128.63	79
41	5.76	12.72	24.30	35.89	47.48	70.65	93.83	117.00	140.18	80
42	6.20	13.82	26.50	39.19	51.88	77.25	102.63	128.00	153.38	81
43	6.59	14.78	28.43	42.08	55.73	83.03	110.33	137.63	164.93	82
44	6.97	15.74	30.35	44.97	59.58	88.80	118.03	147.25	176.48	83
45	7.36	16.70	32.28	47.85	63.43	94.58	125.73	156.88	188.03	83
46	7.80	17.80	34.48	51.15	67.83	101.18	134.53	167.88	201.23	84
47	8.18	18.77	36.40	54.04	71.68	106.95	142.23	177.50	212.78	84
48	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	85
49	9.06	20.97	40.80	60.64	80.48	120.15	159.83	199.50	239.18	85
50	9.61	22.34	43.55	64.77	85.98					86
51	10.27	23.99	46.85	69.72	92.58					87
52	10.99	25.78	50.43	75.08	99.73					88
53	11.54	27.15	53.18	79.20	105.23					88
54	12.09	28.53	55.93	83.33	110.73					88
55	12.69	30.04	58.95	87.87	116.78					89
56	13.24	31.42	61.70	91.99	122.28					89
57	13.90	33.07	65.00	96.94	128.88					89
58	14.51	34.58	68.03	101.48	134.93					89
59	15.17	36.23	71.33	106.43	141.53					89
60	15.59	37.29	73.45	109.62	145.78					90
61	16.31	39.08	77.03	114.98	152.93					90
62	17.19	41.28	81.43	121.58	161.73					90
63	18.07	43.48	85.83	128.18	170.53					90
64	19.00	45.82	90.50	135.19	179.88					90
65	20.05	48.43	95.73	143.03	190.33					90
66	21.20									90
67	22.47									91
68	23.84									91
69	25.22									91
70	26.65									91

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

21Mo72-C-SM-EE-ADB-CI NT 2012 (expo523)

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									PERIOD
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Age to Which Coverage is Guaranteed at Table Premium
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	71
21-22		9.69	18.25	26.82	35.38	52.50	69.63	86.75	103.88	71
23		10.10	19.08	28.05	37.03	54.98	72.93	90.88	108.83	72
24-25		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	71
26		10.65	20.18	29.70	39.23	58.28	77.33	96.38	115.43	72
27-28		10.93	20.73	30.53	40.33	59.93	79.53	99.13	118.73	71
29		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	71
30-31		12.44	23.75	35.07	46.38	69.00	91.63	114.25	136.88	72
32		12.85	24.58	36.30	48.03	71.48	94.93	118.38	141.83	72
33		12.99	24.85	36.72	48.58	72.30	96.03	119.75	143.48	72
34		13.13	25.13	37.13	49.13	73.13	97.13	121.13	145.13	71
35		14.09	27.05	40.02	52.98	78.90	104.83	130.75	156.68	72
36		14.50	27.88	41.25	54.63	81.38	108.13	134.88	161.63	72
37		15.47	29.80	44.14	58.48	87.15	115.83	144.50	173.18	73
38		15.88	30.63	45.38	60.13	89.63	119.13	148.63	178.13	73
39		16.98	32.83	48.68	64.53	96.23	127.93	159.63	191.33	74
40	8.07	18.49	35.85	53.22	70.58	105.30	140.03	174.75	209.48	76
41	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	77
42	9.17	21.24	41.35	61.47	81.58	121.80	162.03	202.25	242.48	78
43	9.94	23.17	45.20	67.24	89.28	133.35	177.43	221.50	265.58	80
44	10.33	24.13	47.13	70.13	93.13	139.13	185.13	231.13	277.13	80
45	10.88	25.50	49.88	74.25	98.63	147.38	196.13	244.88	293.63	81
46	11.32	26.60	52.08	77.55	103.03	153.98	204.93	255.88	306.83	81
47	11.87	27.98	54.83	81.68	108.53	162.23	215.93	269.63	323.33	82
48	12.36	29.22	57.30	85.39	113.48	169.65	225.83	282.00	338.18	82
49	13.08	31.00	60.88	90.75	120.63	180.38	240.13	299.88	359.63	83
50	13.68	32.52	63.90	95.29	126.68					83
51	14.29	34.03	66.93	99.83	132.73					83
52	15.17	36.23	71.33	106.43	141.53					84
53	15.94	38.15	75.18	112.20	149.23					85
54	16.65	39.94	78.75	117.57	156.38					85
55	17.42	41.87	82.60	123.34	164.08					85
56	18.30	44.07	87.00	129.94	172.88					85
57	19.18	46.27	91.40	136.54	181.68					86
58	20.12	48.60	96.08	143.55	191.03					86
59	21.05	50.94	100.75	150.57	200.38					86
60	21.64	52.42	103.70	154.99	206.28					86
61	22.91	55.58	110.03	164.48	218.93					86
62	24.12	58.60	116.08	173.55	231.03					87
63	25.33	61.63	122.13	182.63	243.13					87
64	26.54	64.65	128.18	191.70	255.23					87
65	27.86	67.95	134.78	201.60	268.43					87
66	29.29									88
67	30.83									88
68	32.42									88
69	34.13									88
70	35.94									89

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1				4.63					8.13	81
2-4				4.75					8.38	80
5-8				4.88					8.63	79
9-10				5.00					8.88	79
11-16				5.13					9.13	77
17-20				6.13	7.13	8.13	9.13	10.13	11.13	75
21-22				6.25	7.28	8.30	9.33	10.35	11.38	74
23				6.38	7.43	8.48	9.53	10.58	11.63	75
24-25				6.50	7.58	8.65	9.73	10.80	11.88	74
26				6.75	7.88	9.00	10.13	11.25	12.38	75
27-28				6.88	8.03	9.18	10.33	11.48	12.63	74
29				7.00	8.18	9.35	10.53	11.70	12.88	74
30-31				7.13	8.33	9.53	10.73	11.93	13.13	73
32				7.50	8.78	10.05	11.33	12.60	13.88	74
33				7.75	9.08	10.40	11.73	13.05	14.38	74
34				8.13	9.53	10.93	12.33	13.73	15.13	75
35		5.63	7.13	8.63	10.13	11.63	13.13	14.63	16.13	76
36		5.78	7.33	8.88	10.43	11.98	13.53	15.08	16.63	76
37		6.00	7.63	9.25	10.88	12.50	14.13	15.75	17.38	77
38		6.23	7.93	9.63	11.33	13.03	14.73	16.43	18.13	77
39		6.60	8.43	10.25	12.08	13.90	15.73	17.55	19.38	78
40	5.03	6.98	8.93	10.88	12.83	14.78	16.73	18.68	20.63	79
41	5.38	7.50	9.63	11.75	13.88	16.00	18.13	20.25	22.38	80
42	5.78	8.10	10.43	12.75	15.08	17.40	19.73	22.05	24.38	81
43	6.13	8.63	11.13	13.63	16.13	18.63	21.13	23.63	26.13	82
44	6.48	9.15	11.83	14.50	17.18	19.85	22.53	25.20	27.88	83
45	6.83	9.68	12.53	15.38	18.23	21.08	23.93	26.78	29.63	83
46	7.23	10.28	13.33	16.38	19.43	22.48	25.53	28.58	31.63	84
47	7.58	10.80	14.03	17.25	20.48	23.70	26.93	30.15	33.38	84
48	7.93	11.33	14.73	18.13	21.53	24.93	28.33	31.73	35.13	85
49	8.38	12.00	15.63	19.25	22.88	26.50	30.13	33.75	37.38	85
50	8.88	12.75	16.63	20.50						86
51	9.48	13.65	17.83	22.00						87
52	10.13	14.63	19.13	23.63						88
53	10.63	15.38	20.13	24.88						88
54	11.13	16.13	21.13	26.13						88
55	11.68	16.95	22.23	27.50						89
56	12.18	17.70	23.23	28.75						89
57	12.78	18.60	24.43	30.25						89
58	13.33	19.43	25.53	31.63						89
59	13.93	20.33	26.73	33.13						89
60	14.28	20.85	27.43	34.00						90
61										90
62										90
63										90
64										90
65										90
66										90
67										91
68										91
69										91
70										91

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				8.63	10.13	11.63	13.13	14.63	16.13	71
21-22				9.00	10.58	12.15	13.73	15.30	16.88	71
23				9.38	11.03	12.68	14.33	15.98	17.63	72
24-25				9.63	11.33	13.03	14.73	16.43	18.13	71
26				9.88	11.63	13.38	15.13	16.88	18.63	72
27-28				10.13	11.93	13.73	15.53	17.33	19.13	71
29				10.25	12.08	13.90	15.73	17.55	19.38	71
30-31				11.50	13.58	15.65	17.73	19.80	21.88	72
32				11.88	14.03	16.18	18.33	20.48	22.63	72
33				12.00	14.18	16.35	18.53	20.70	22.88	72
34				12.13	14.33	16.53	18.73	20.93	23.13	71
35		8.25	10.63	13.00	15.38	17.75	20.13	22.50	24.88	72
36		8.48	10.93	13.38	15.83	18.28	20.73	23.18	25.63	72
37		9.00	11.63	14.25	16.88	19.50	22.13	24.75	27.38	73
38		9.23	11.93	14.63	17.33	20.03	22.73	25.43	28.13	73
39		9.83	12.73	15.63	18.53	21.43	24.33	27.23	30.13	74
40	7.48	10.65	13.83	17.00	20.18	23.35	26.53	29.70	32.88	76
41	7.93	11.33	14.73	18.13	21.53	24.93	28.33	31.73	35.13	77
42	8.48	12.15	15.83	19.50	23.18	26.85	30.53	34.20	37.88	78
43	9.18	13.20	17.23	21.25	25.28	29.30	33.33	37.35	41.38	80
44	9.53	13.73	17.93	22.13	26.33	30.53	34.73	38.93	43.13	80
45	10.03	14.48	18.93	23.38	27.83	32.28	36.73	41.18	45.63	81
46	10.43	15.08	19.73	24.38	29.03	33.68	38.33	42.98	47.63	81
47	10.93	15.83	20.73	25.63	30.53	35.43	40.33	45.23	50.13	82
48	11.38	16.50	21.63	26.75	31.88	37.00	42.13	47.25	52.38	82
49	12.03	17.48	22.93	28.38	33.83	39.28	44.73	50.18	55.63	83
50	12.58	18.30	24.03	29.75						83
51	13.13	19.13	25.13	31.13						83
52	13.93	20.33	26.73	33.13						84
53	14.63	21.38	28.13	34.88						85
54	15.28	22.35	29.43	36.50						85
55	15.98	23.40	30.83	38.25						85
56	16.78	24.60	32.43	40.25						85
57	17.58	25.80	34.03	42.25						86
58	18.43	27.08	35.73	44.38						86
59	19.28	28.35	37.43	46.50						86
60	19.78	29.10	38.43	47.75						86
61										86
62										87
63										87
64										87
65										87
66										88
67										88
68										88
69										88
70										89

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".



Long-Term Disability Income Insurance

Waco ISD
Enhanced Plus Plans

AMERICAN FIDELITY

a different opinion



**First
Financial
Group
of America**
First in Service and Expertise

*This brochure highlights important features of the policy.
Please refer to your certificate for complete details.*

Long-Term Disability Income Insurance

Disability income insurance is here for you.

- **Salary Protection for You and Your Loved Ones**
Provides a steady benefit to cover expenses while you are unable to work. The plan makes it easy to help protect your future income in case of a sudden injury or sickness.
- **Several Elimination Periods Available**
Based on your individual need, there are various elimination periods for you to choose from. The plan pays a percentage of your gross monthly income once you have satisfied the elimination period.
- **Benefit Payments Made Directly to You**
Your monthly benefit payments may be deposited directly into your bank account. This gives you the freedom to pay your living expenses and make other purchases as you see fit.
- **Social Security Filing Assistance**
If we determine you are a likely candidate for social security disability benefits, we can assist you with the application and appeal process.

Choose the Right Plan for You

Benefits Begin

- Plan I -** On the 1st day of Disability due to a covered Injury and on the 4th day of Disability due to a covered Sickness.
- Plan II -** On the 15th day of Disability due to a covered Injury or Sickness.
- Plan III -** On the 31st day of Disability due to a covered Injury or Sickness.
- Plan IV -** On the 61st day of Disability due to a covered Injury or Sickness.
- Plan V -** On the 91st day of Disability due to a covered Injury or Sickness.
- Plan VI -** On the 151st day of Disability due to a covered Injury or Sickness.

Injury means physical harm or damage to the body you sustained which results directly from an accidental bodily injury, is independent of disease or bodily infirmity; and takes place while your coverage is in force.

Sickness means a disease or illness (including pregnancy). Disability must begin while your coverage is in force.

Hospital- the term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

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



In 2015, 77% of injuries requiring medical attention suffered by workers occurred off the job.

National Safety Council, Injury Facts, 2017 Edition, p. 63.



Benefits Are Payable

Benefits are payable to the period of time shown in the chart below, based on your age as of the date Disability due to a covered Injury or Sickness begins.

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, or to SSNRA*, whichever is greater
65	24 months, or to SSNRA*, whichever is greater
66	21 months, or to SSNRA*, whichever is greater
67	18 months, or to SSNRA*, whichever is greater
68	15 months, or to SSNRA*, whichever is greater
Age 69 or older	12 months, or to SSNRA*, whichever is greater

*Age at which you are entitled to unreduced Social Security benefits based on current Social Security Amendments.

Policy Provisions and Plan Features

Eligibility

All permanent employees in subscribing group working 20 hours or more per week. Regarding your eligibility, we may require proof of good health and will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

When Coverage Begins

Certificates will become effective on the requested effective date following the date we approve the application, provided you are on active employment and premium has been paid.

Physician Expense Benefit

Injury - \$150.00 per Injury
Sickness - \$50.00

If you need personal treatment by a Physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the Policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to Sickness, you must have returned to work for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Injury benefit.

Accidental Death Benefit

A lump sum of \$20,000 will be paid to your designated beneficiary if you die as the direct result of an injury within 90 days after the injury.

Hospital Confinement Benefit

A Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to an Injury or Sickness, for up to 60 days. The amount payable is 1 times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The Hospital confinement must be at least 18 continuous hours in duration. This benefit will begin after your satisfaction of the elimination period.

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after disability payments have been received for 180 consecutive days. We will require proof annually that you remain disabled during that time.

Donor Benefit

If you are disabled as a result of being an organ or tissue donor, we will pay your benefit as any other sickness under the terms of the plan.

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group disability income.
- Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability.
- State Disability.
- Unemployment compensation.
- Workers' Compensation law, occupational disease law or any similar act or law.
- Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 90 (Plans I, II, III, IV, and V) and 150 (Plan VI) calendar days from the date of disability.

We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your Certificate.

Minimum Disability Benefit

The Minimum Disability Benefit is 10% of the Monthly Disability Benefit or \$100.00, whichever is greater.

If You Are Disabled Due to a Covered Disability and Not Working

Your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Disability or disabled for the first 12 months of disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

Return To Work Incentives: Disabled and Working

If you are disabled and working, you may be eligible to continue to receive a percentage of your disability payment in addition to your disability earnings. If your disability earnings exceed 80% of your monthly compensation, payments will stop and your claim will end.

• Family Care Benefit

If you are disabled and working and have one or more eligible family members, you may be eligible for a family care benefit. This benefit is for expenses incurred up to 25% of your monthly disability benefit. Your disability earnings, gross disability benefit, and family care benefit cannot exceed 100% of your monthly compensation. Payment of this benefit ends when you cease to be eligible for benefits under the Disabled and Working provision of the policy.

• Worksite Accommodation

As a part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

Policy Benefit Limitations and Exclusions



Mental Illness Limited Benefit

If you are disabled due to a mental illness, benefits will be provided for up to 2 years, not to exceed the maximum disability period.

Alcoholism and Drug Addiction Limited Benefit

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for injury or sickness, it will be covered the same as any other sickness.

Special Conditions Limited Benefit

If you are disabled due to special conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 2 years. Special conditions means: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit will be payable for Disability due to a Pre-Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a Physician, for 12 consecutive months for such condition(s).

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the Policy for 24 months.

Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied with respect to any increase applied for and approved by us.

Pre-existing condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, injury, sickness, physical condition, or mental illness.

Exclusions

The Policy does not cover any loss, fatal or non-fatal, resulting from:

- Intentionally self-inflicted injury while sane or insane.
- An act of war, declared or undeclared.
- Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.

Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.



There is a **3 in 10** chance of a person suffering a disabling illness or injury that would keep them out of work for three months or more.

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your Monthly Compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Semi-Monthly Premiums					
			Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$4.94	\$3.52	\$2.82	\$2.20	\$1.84	\$1.38
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$7.41	\$5.28	\$4.23	\$3.30	\$2.76	\$2.07
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$9.88	\$7.04	\$5.64	\$4.40	\$3.68	\$2.76
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$12.35	\$8.80	\$7.05	\$5.50	\$4.60	\$3.45
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$14.82	\$10.56	\$8.46	\$6.60	\$5.52	\$4.14
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$17.29	\$12.32	\$9.87	\$7.70	\$6.44	\$4.83
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$19.76	\$14.08	\$11.28	\$8.80	\$7.36	\$5.52
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$22.23	\$15.84	\$12.69	\$9.90	\$8.28	\$6.21
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$24.70	\$17.60	\$14.10	\$11.00	\$9.20	\$6.90
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$27.17	\$19.36	\$15.51	\$12.10	\$10.12	\$7.59
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$29.64	\$21.12	\$16.92	\$13.20	\$11.04	\$8.28
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$32.11	\$22.88	\$18.33	\$14.30	\$11.96	\$8.97
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$34.58	\$24.64	\$19.74	\$15.40	\$12.88	\$9.66
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$37.05	\$26.40	\$21.15	\$16.50	\$13.80	\$10.35
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$39.52	\$28.16	\$22.56	\$17.60	\$14.72	\$11.04
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$41.99	\$29.92	\$23.97	\$18.70	\$15.64	\$11.73
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$44.46	\$31.68	\$25.38	\$19.80	\$16.56	\$12.42
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$46.93	\$33.44	\$26.79	\$20.90	\$17.48	\$13.11
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$49.40	\$35.20	\$28.20	\$22.0	\$18.40	\$13.80
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$51.87	\$36.96	\$29.61	\$23.10	\$19.32	\$14.49
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$54.34	\$38.72	\$31.02	\$24.20	\$20.24	\$15.18
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$56.81	\$40.48	\$32.43	\$25.30	\$21.16	\$15.87
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$59.28	\$42.24	\$33.84	\$26.40	\$22.08	\$16.56
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$61.75	\$44.00	\$35.25	\$27.50	\$23.00	\$17.25
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$64.22	\$45.76	\$36.66	\$28.60	\$23.92	\$17.94
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$66.69	\$47.52	\$38.07	\$29.70	\$24.84	\$18.63
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$69.16	\$49.28	\$39.48	\$30.80	\$25.76	\$19.32
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$71.63	\$51.04	\$40.89	\$31.90	\$26.68	\$20.01
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$74.10	\$52.80	\$42.30	\$33.00	\$27.60	\$20.70
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$76.57	\$54.56	\$43.71	\$34.10	\$28.52	\$21.39
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$79.04	\$56.32	\$45.12	\$35.20	\$29.44	\$22.08
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$81.51	\$58.08	\$46.53	\$36.30	\$30.36	\$22.77
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$83.98	\$59.84	\$47.94	\$37.40	\$31.28	\$23.46
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$86.45	\$61.60	\$49.35	\$38.50	\$32.20	\$24.15
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$88.92	\$63.36	\$50.76	\$39.60	\$33.12	\$24.84
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$91.39	\$65.12	\$52.17	\$40.70	\$34.04	\$25.53
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$93.86	\$66.88	\$53.58	\$41.80	\$34.96	\$26.22

Benefit Policy Schedule (continued)

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your Monthly Compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Semi-Monthly Premiums					
			Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$96.33	\$68.64	\$54.99	\$42.90	\$35.88	\$26.91
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$98.80	\$70.40	\$56.40	\$44.00	\$36.80	\$27.60
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$101.27	\$72.16	\$57.81	\$45.10	\$37.72	\$28.29
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$103.74	\$73.92	\$59.22	\$46.20	\$38.64	\$28.98
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$106.21	\$75.68	\$60.63	\$47.30	\$39.56	\$29.67
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$108.68	\$77.44	\$62.04	\$48.40	\$40.48	\$30.36
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$111.15	\$79.20	\$63.45	\$49.50	\$41.40	\$31.05
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$113.62	\$80.96	\$64.86	\$50.60	\$42.32	\$31.74
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$116.09	\$82.72	\$66.27	\$51.70	\$43.24	\$32.43
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$118.56	\$84.48	\$67.68	\$52.80	\$44.16	\$33.12
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$121.03	\$86.24	\$69.09	\$53.90	\$45.08	\$33.81
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$123.50	\$88.00	\$70.50	\$55.00	\$46.00	\$34.50
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$125.97	\$89.76	\$71.91	\$56.10	\$46.92	\$35.19
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$128.44	\$91.52	\$73.32	\$57.20	\$47.84	\$35.88
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$130.91	\$93.28	\$74.73	\$58.30	\$48.76	\$36.57
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$133.38	\$95.04	\$76.14	\$59.40	\$49.68	\$37.26
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$135.85	\$96.80	\$77.55	\$60.50	\$50.60	\$37.95
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$138.32	\$98.56	\$78.96	\$61.60	\$51.52	\$38.64
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$140.79	\$100.32	\$80.37	\$62.70	\$52.44	\$39.33
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$143.26	\$102.08	\$81.78	\$63.80	\$53.36	\$40.02
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$145.73	\$103.84	\$83.19	\$64.90	\$54.28	\$40.71
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$148.20	\$105.60	\$84.60	\$66.00	\$55.20	\$41.40
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$150.67	\$107.36	\$86.01	\$67.10	\$56.12	\$42.09
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$153.14	\$109.12	\$87.42	\$68.20	\$57.04	\$42.78
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$155.61	\$110.88	\$88.83	\$69.30	\$57.96	\$43.47
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$158.08	\$112.64	\$90.24	\$70.40	\$58.88	\$44.16
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$160.55	\$114.40	\$91.65	\$71.50	\$59.80	\$44.85
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$163.02	\$116.16	\$93.06	\$72.60	\$60.72	\$45.54
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$165.49	\$117.92	\$94.47	\$73.70	\$61.64	\$46.23
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$167.96	\$119.68	\$95.88	\$74.80	\$62.56	\$46.92
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$170.43	\$121.44	\$97.29	\$75.90	\$63.48	\$47.61
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$172.90	\$123.20	\$98.70	\$77.00	\$64.40	\$48.30
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$175.37	\$124.96	\$100.11	\$78.10	\$65.32	\$48.99
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$177.84	\$126.72	\$101.52	\$79.20	\$66.24	\$49.68
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$180.31	\$128.48	\$102.93	\$80.30	\$67.16	\$50.37
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$182.78	\$130.24	\$104.34	\$81.40	\$68.08	\$51.06
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$185.25	\$132.00	\$105.75	\$82.50	\$69.00	\$51.75

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

This rider is designed to pay a daily benefit amount for a Hospital Confinement, up to a maximum of 90 days, if you are confined to a Hospital.

Summary of Hospital Indemnity Limited Benefit Rider Benefits:

Benefits are not payable for Injury or Sickness incurred in the first 12 months of coverage due to a pre-existing condition as defined in the base policy. Patient must be confined to a Hospital for a minimum of 18 hours and charged room and board.

Hospital Indemnity Limited Benefit Rider	
Daily Benefit Amount	Semi-Monthly Premium
\$100.00	\$3.00
\$150.00	\$4.50

Spousal Accident Only Disability Benefit Rider

This rider is designed to provide a monthly benefit if your spouse suffers a Disability due to a non-occupational accident.

Summary of Accident Only Spousal Benefit Rider Benefits:

Pays a monthly benefit amount to you for your spouse who is disabled as a result of a non-occupational accident. Benefits begin on the 31st consecutive day after the Injury and will continue for up to two years.

Spousal Accident Only Disability Benefit Rider		
Monthly Benefit Amount	Annual Salary	Semi-Monthly Premium
\$500.00	up to \$10,000.00	\$2.00
\$1,000.00	\$10,001.00 - \$20,000.00	\$4.00
\$1,500.00	\$20,001.00 - \$30,000.00	\$6.00
\$2,000.00	\$30,001.00 and over.	\$8.00

COBRA Funding Rider

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

Summary of COBRA Funding Rider Benefits:

In order to receive benefits under this Rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

COBRA Funding Rider	
Monthly Benefit Amount	Semi-Monthly Premium
\$300.00	\$2.25
\$600.00	\$4.50

Survivor Benefit Rider

This rider is designed to provide a benefit to your beneficiary or estate, if you die while receiving Disability Benefits.

Summary of Survivor Benefit Rider Benefits:

Benefits are payable if you have been disabled and not working for at least 90 days, and die while receiving Disability Benefits. Pays a monthly benefit up to one year or until the maximum disability period is exhausted, whichever occurs first.

Survivor Benefit Rider	
Monthly Benefit Amount	Semi-Monthly Premium
\$2,000.00	\$1.70

Critical Illness Benefit Rider

This rider is designed to provide a lump sum benefit based on diagnosis of a certain critical illness.

Summary of Critical Illness Benefit Rider Benefits:

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions Heart Attack, Stroke, Kidney Failure, Paralysis, or Major Organ Failure. In the case of Heart Attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Critical Illness Benefit Rider	
Benefit Amount	Semi-Monthly Premium
\$10,000.00	\$4.90
\$15,000.00	\$6.59
\$20,000.00	\$8.28
\$25,000.00	\$9.97



AF™ Group Cancer Insurance

Focus on the fight.

A cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of cancer treatment.

AF™ **Limited Benefit Group Cancer Insurance** offers a solution to help you and your family focus on fighting the disease.

Did You Know?

New cancer cases in America are diagnosed at the rate of about 4,626 per day.

American Cancer Society: Cancer Facts and Figures 2017, pg. 4.

Plan Highlights

- **Helps cover expenses**
for the treatment of cancer, transportation, hospitalization, and more.
- **Benefits paid directly to you**
to be used however you see fit.
- **Portable to take with you**
even if you leave employment.
- **Coverage options available**
for you, your spouse, and your children under age 26.

Cancer Insurance Benefits

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, AF™ **Group Cancer Insurance** may help pay for expenses not covered by your major medical insurance.

Example cancer insurance benefits include:



Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for our AFQuickClaims®.



Travel Expenses

This benefit may help pay for qualified transportation and lodging for the patient and family.

**AMERICAN
FIDELITY** 
a different opinion

Choose Your Coverage

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (actual charges)	\$10,000	\$15,000
Administrative/Lab Work Benefit (per calendar month)	\$50	\$75
Hormone Therapy Benefit (per treatment - max 1 treatment/ calendar month)	\$50	\$50
Experimental Treatment Benefit	Paid in the same manner and under the same maximums as any other treatment	
Blood, Plasma, and Platelets Benefit (\$10,000 Basic, \$15,000 Enhanced Plus per calendar year max)	\$200/day	\$300/day
Medical Imaging Benefit (per image - max 2 per calendar year)	\$200	\$300
Surgical Benefit	\$20 surgical unit/ Max per operation: \$2,000	\$40 surgical unit/ Max per operation: \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Second and Third Surgical Opinion Benefit(per diagnosis)	\$300	\$300
Outpatient Hospital or Ambulatory Surgical Center Benefit	\$200/day of surgery	\$600/day of surgery
Bone Marrow or Stem Cell Transplant Benefit		
Patient Provided (per calendar year)	\$500	\$1,500
Donor Provided (per calendar year)	\$1,500	\$4,500
Prosthesis and Orthotic Benefit and Related Services	\$1,000	\$2,000
Surgical (1/site; lifetime max 2/ covered person)	\$100	\$200
Non-surgical (1/site; lifetime max 3/ covered person)	\$100	\$200
Hair Prosthesis (once per life)		
Hospital Confinement Benefit		
Day 1-30	\$100/day	\$300/day
Day 31+	\$200/day	\$600/day
U.S. Government/Charity Hospital Benefit (paid in lieu of most benefits) (inpatient and outpatient)	\$100/day	\$300/day
Extended Care Facility Benefit (up to the same number of days of paid hospital confinement)	\$100/day	\$300/day
Home Health Care (up to the same number of days of paid hospital confinement)	\$100/day	\$300/day
Hospice Care Benefit (\$18,000 lifetime max for Basic; \$54,000 lifetime max for Enhanced Plus)	\$100/day	\$300/day
Inpatient Special Nursing Services Benefit	\$100/day	\$300/day
Dread Disease Benefit (paid per day while hospital confined)		
Day 1-30	\$100/day	\$300/day
Day 31+	\$200/day	\$600/day

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Donor Benefit	\$1,000/donation	
Drugs and Medicine Benefit		
Inpatient (payable per confinement)	\$50	\$200
Outpatient (\$50/prescription/ calendar month up to max shown)	\$50	\$100
Attending Physician Benefit (while hospital confined)	\$50/day	\$50/day
Transportation & Lodging Benefit (Patient & Family Member)		
Transportation (\$1,500 max per round trip; max 12 trips/calendar year)	Coach fare or \$.50/ mile by car	Coach fare or \$.50/ mile by car
Lodging (per day up to 90 days per calendar year)	\$50	\$75
Ambulance Benefit		
Ground (per trip, up to 2 per confinement)	\$200	\$200
Air (per trip, up to 2 per confinement)	\$2,000	\$2,000
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$50	\$50
Diagnostic and Prevention Benefit (one per calendar year)	\$25	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$25	\$75
Waiver of Premium (employee only)	After 90 days of continuous disability	
Internal Cancer Diagnosis Benefit (paid once/Covered Person/Lifetime; Benefits reduce 50% at age 70)	\$2,500	\$5,000
Heart Attack or Stroke Diagnosis Benefit (paid once/covered person/lifetime; benefits reduce 50% at age 70)	N/A	\$5,000
Hospital Intensive Care Unit Benefit (per day; max 30 days/confinement; benefits reduce 50% at age 70)		\$600
Ambulance		\$100

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Semi-Monthly Premium

	BASIC	ENHANCED PLUS
Individual	\$7.90	\$15.81
Family	\$13.43	\$26.90

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

Group Critical Illness Insurance

Help cover out-of-pocket expenses associated with a serious illness.

You may have medical insurance. But that doesn't mean you're covered for all of the expenses resulting from a serious illness that you probably haven't budgeted for — things like copays, deductibles, loss of income, child care and travel expenses. Group Critical Illness insurance helps fill the gap caused by these out-of-pocket costs, creating a financial safety net for you and your family.



Nearly 20% of cancer patients

more than \$20,000 each year in total out-of-pocket costs.

40% reported having difficulties paying medical bills.¹



Cancer patients are

2½ times more likely

to declare bankruptcy.²

Help ensure your financial plans stay healthy even when you're not.

Critical Illness insurance is an affordable way to make up the difference between what your medical insurance covers and what you'd owe out of pocket if you or a family member were to be diagnosed with a covered critical illness.

1 - The Mesothelioma Center at Asbestos.com, 2019

2 - Hutchinson Institute for Cancer Outcomes Research, 2016

Here's how it works:

John has \$15,000 of Critical Illness insurance coverage. He makes an appointment with his doctor after feeling off for the past few weeks. Diagnosis: cancer, with a good prognosis but a long road ahead. Within days of making a claim, John receives his Critical Illness insurance benefit paid directly to him. As John undergoes intensive treatment over the next few months, he can use the benefit for any purpose, including to pay for things that his medical insurance does not cover. Things like the deductible, copays, child care, certain medications, time away from work, alternative treatments and a special diet.

Critical Illness insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness that are not covered by medical insurance.

SAMPLE OUT-OF-POCKET EXPENSES	
Medical insurance deductible	\$1,300
Out-of-pocket expenses over the course of six months.....	\$5,000
Lost wages	\$4,500
Alternative treatments and diets
not covered by medical plan	\$4,500
TOTAL OUT-OF-POCKET EXPENSES.....	\$15,300
CRITICAL ILLNESS BENEFIT	\$15,000
OUT-OF-POCKET EXPENSES	\$300

Costs are hypothetical. Actual costs will vary by state, cancer type, stage at diagnosis, treatments received and personal factors.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational hepatitis
- ALS (Lou Gehrig's disease)
- Advanced Alzheimer's disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass surgery
- Carcinoma in situ (cancer that has not metastasized)

Diagnosis and recommendation must occur after your coverage becomes effective.

Affordable Group Rates

Because you'll be buying this insurance through Waco Independent School District, you'll have access to affordable group rates.

Coverage for...	Coverage Amount...
You	\$5,000-\$30,000 in increments of \$5,000
Your spouse	\$5,000-\$30,000 in increments of \$5,000, as long as it's not more than your coverage amount
Your child(ren) through age 25	Automatically covered at 100% of your coverage amount

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

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

Employee Semi-Monthly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.15	\$1.60	\$3.00	\$5.98	\$10.80	\$18.80
\$10,000	\$2.30	\$3.20	\$6.00	\$11.95	\$21.60	\$37.60
\$15,000	\$3.45	\$4.80	\$9.00	\$17.93	\$32.40	\$56.40
\$20,000	\$4.60	\$6.40	\$12.00	\$23.90	\$43.20	\$75.20
\$25,000	\$5.75	\$8.00	\$15.00	\$29.88	\$54.00	\$94.00
\$30,000	\$6.90	\$9.60	\$18.00	\$35.85	\$64.80	\$112.80

Spouse Semi-Monthly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.15	\$1.60	\$3.00	\$5.98	\$10.80	\$18.80
\$10,000	\$2.30	\$3.20	\$6.00	\$11.95	\$21.60	\$37.60
\$15,000	\$3.45	\$4.80	\$9.00	\$17.93	\$32.40	\$56.40
\$20,000	\$4.60	\$6.40	\$12.00	\$23.90	\$43.20	\$75.20
\$25,000	\$5.75	\$8.00	\$15.00	\$29.88	\$54.00	\$94.00
\$30,000	\$6.90	\$9.60	\$18.00	\$35.85	\$64.80	\$112.80



Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

What does it cover?

Accident insurance pays you lump sum benefits after an accident happens. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer an increased benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

The child must be covered at the time the accident occurred and be 18 years of age or younger.

Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



Added support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **\$2,500**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **\$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **\$1,700**

Amanda's Guardian Accident policy pays her a benefit of **\$1,700**, which covers all of her out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your accident coverage

ACCIDENT		
COVERAGE - DETAILS	Option 1: Value	Option 2: Premier
Your Semi-monthly premium	\$3.50	\$6.25
You and Spouse/Domestic Partner	\$6.00	\$11.00
You and Child(ren)	\$8.00	\$13.00
You, Spouse/Domestic Partner and Child(ren)	\$10.50	\$17.75
Accident Coverage Type	Off Job	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included	Included
ACCIDENTAL DEATH AND DISMEMBERMENT		
Benefit Amount(s)	Employee \$12,500 Spouse \$5,000 Child \$5,000	Employee \$20,000 Spouse \$10,000 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50	\$75
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
RAINY DAY FUND	Benefit Amount: \$300 Rollover Maximum: \$150 Fund Maximum: \$600	Benefit Amount: \$500 Rollover Maximum: \$250 Fund Maximum: \$1,000
FEATURES		
Air Ambulance	\$750	\$1,250
Ambulance	\$200	\$400
Blood/Plasma/Platelets	\$100	\$200



Your accident coverage

FEATURES (Cont.)	Option 1: Value	Option 2: Premier
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$1,700 18 sq inches To 35 sq inches: \$850/\$3,350 Over 35 sq inches: \$2,500/\$10,000	Not Included
Burns - Skin Graft	50% of burn benefit	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits	25% increase to child benefits
Chiropractic Visits	\$25/visit, up to 6 visits	\$25/visit, up to 6 visits
Coma	\$5,000	\$10,000
Concussion Baseline Study	\$25	\$25
Concussions	\$250	\$500
Diagnostic Exam (Major)	\$100	\$200
Dislocations	Schedule up to \$3,000	Schedule up to \$6,000
Doctor Follow-Up Visits	\$25, up to 6 treatments	\$50, up to 6 treatments
Emergency Dental Work	\$100/Crown, \$25/Extraction	\$200/Crown, \$50/Extraction
Emergency Room Treatment	\$100	\$200
Epidural Anesthesia Pain Management	\$50, 2 times per accident	\$100, 2 times per accident
Eye Injury	\$100	\$300
Fractures	Schedule up to \$4,000	Schedule up to \$8,000
Gun Shot Wound	\$500	\$1,000
Hospital Admission	\$750	\$1,000
Hospital Confinement	\$150/day - up to 1 year	\$225/day - up to 1 year
Hospital ICU Admission	\$1,500	\$2,000
Hospital ICU Confinement	\$300/day - up to 15 days	\$450/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$100	\$150
Knee Cartilage	\$250	\$750
Laceration	Schedule up to \$400	Schedule up to \$800
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay	\$150/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$300	Schedule up to \$500
Outpatient Therapies	\$25/day, up to 10 days	\$35/day, up to 10 days
Post-Traumatic Stress Disorder	\$200	\$200
Prosthetic Device/Artificial Limb	1: \$750 2 or more: \$1,500	1: \$1,500 2 or more: \$3,000
Rehabilitation Unit Confinement	\$50/day, up to 15 days	\$75/day, up to 15 days
Ruptured Disc With Surgical Repair	\$250	\$1,000
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$500 Hernia: \$100	Schedule up to \$1,000 Hernia: \$200

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America



Your accident coverage

FEATURES (Cont.)	Option 1: Value	Option 2: Premier
Surgery (Exploratory or Arthroscopic)	\$250	\$500
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500	1: \$1,000 2 or more: \$2,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$0.50 per mile, limited to \$300/round trip, up to 3 times per accident	\$0.50 per mile, limited to \$600/round trip, up to 3 times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	\$2,500	\$5,000
X - Ray	\$30	\$50

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.



Less stress

Aetna Hospital Indemnity Plan

Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, you can plan ahead to give yourself an extra financial cushion.

What is the Hospital Indemnity Plan?

The insurance plan pays benefits when you have a planned, or unplanned hospital stay for an illness, injury, surgery or having a baby. The plan pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with a stay in the hospital.

The Aetna Hospital Indemnity Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can use the money any way you want, like:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or for anything else you choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered stay in a hospital. And, benefits get paid directly to you by check or direct deposit.

The Aetna Hospital Indemnity Plan is underwritten by Aetna Life Insurance Company (Aetna).

[Aetna.com](https://www.aetna.com)

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Inpatient Stays

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



RATE SHEET

Rates shown are based on **Semi-Monthly** deductions. Your payroll deductions will be taken after taxes are taken.



Hospital Indemnity Plan

You may enroll in one option only.

<u>Low</u>	<u>Cost</u>	<u>High</u>	<u>Cost</u>
Yourself only	\$8.26	Yourself only	\$12.51
Yourself & spouse	\$17.10	Yourself & spouse	\$25.82
Yourself plus child(ren)	\$12.95	Yourself plus child(ren)	\$19.61
Yourself and family	\$20.39	Yourself and family	\$30.85

THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE A SUPPLEMENT TO HEALTH INSURANCE AND NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

Plans are underwritten by Aetna Life Insurance Company (Aetna). Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Supplemental health plans provide limited benefits. The benefit payments are not intended to cover the full cost of medical care. Providers are independent contractors and are not agents of Aetna. This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

American Fidelity Employee Assistance Program (EAP)

Support for Everyday Issues, Every Day

American Fidelity EAP provides emotional wellness and work/life balance resources for you and your immediate family members.

Everyone faces problems or situations that are difficult to resolve. When these instances arise, American Fidelity EAP will be there to help. American Fidelity EAP provides confidential resources to help you navigate life's ups and downs. This includes professional referrals for a wide variety of concerns, such as:

Anxiety

Depression

Marriage and Relationship Problems

Grief and Loss

Substance Abuse

Anger Management

Work Related Pressures

Stress

Expert Referrals and Consultation

Whether you are a new parent, a caregiver, selling your home, or looking for legal advice, you're likely to need guidance and referrals to expert resources.

- **Legal Assist** Free telephonic or face-to-face legal consultation
- **Financial Assist** Expert financial planning and consultation
- **Family Assist** Consultation and referrals for everyday issues, such as: dependent care, auto repair, pet care, and home improvement



Easy Digital Access

Mobile

- eConnect® mobile app for on-the-go access to the EAP
- Call or live chat with a licensed counselor
- Review a summary of the program

Web

- Secure video counseling through the eConnect® Portal
- Discounted fitness center memberships
- Library of online seminars and eLearning modules
- Bilingual content (English and Spanish)
- Thousands of helpful articles and tip sheets for personal and work related topics
- Search engines and directories for child care, elder care, education, legal, financial, and convenience services

Access eConnect® Mobile App

Username: americanfidelity

Confidentiality: American Fidelity EAP upholds strict confidentiality standards. Nobody, including your employer, will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information. Some products and services may be provided by third party contractors and affiliated companies.

800-295-8323

americanfidelity.mysupportportal.com

American Fidelity Assurance Company
SB-32903-0120

HAVE YOU EVER?












- ☐ Needed your Will prepared or updated
- ☐ Been overcharged for a repair or paid an unfair bill
- ☐ Had trouble with a warranty or defective product
- ☐ Signed a contract
- ☐ Received a moving traffic violation
- ☐ Had concerns regarding child support
- ☐ Worried about being a victim of identity theft
- ☐ Been concerned about your child's identity
- ☐ Lost your wallet
- ☐ Worried about entering personal information online
- ☐ Feared the security of your medical information
- ☐ Been pursued by a collection agency

WHAT ARE LEGALSHIELD & iLOCK360?

LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs.

In 2012, TCG Services developed iLOCK360 in order to protect its clients and their employees from the growing threat of identity theft. Today, iLOCK360 helps educators, businesses, employees, and individuals Live Safely™, knowing their identities are monitored around the clock.

THE LEGALSHIELD MEMBERSHIP INCLUDES

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

THE iLOCK360 MEMBERSHIP INCLUDES

-  **CyberAlert Internet Surveillance**
Our exclusive technology scours the web 24/7/365 to identify trading or selling of your personal information online.
-  **Social Security Number Tracing**
Know if your SSN becomes associated with another individual's name or address.
-  **Credit Monitoring**
Find out your credit score, analyze your credit report, and monitor your identity for credit-related activity.
-  **Full Service Restoration**
An iLOCK360 Certified Identity Theft Restoration Specialist will work diligently on your behalf to restore all aspects of your identity.
-  **\$1 Million in Identity Theft Insurance**
You are insured with a one million dollar insurance policy to cover identity theft restoration expenses.

Semi-Monthly Payroll Deduction	Individual	Family
iLOCK360	\$4.48	\$9.48
LegalShield	\$9.48	\$9.48
Combined	\$13.95	\$16.95

Plan	Cyber Alert SM	Credit Bureau Monitoring	SSN Trace	Court Records	Address Change	24/7 Support	\$1M Insurance
Plus	✓	✓	✓	✓	✓	✓	✓
Basic	✓						

All district employees receive free Basic coverage that includes only CyberAlertSM

Women's Health & Cancer Rights Act

Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physician complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

\$4000, \$3500, or \$2500, deductibles and coinsurance applicable to these benefits

If you would like more information on WHCRA benefits, call your plan administrator at

1-800-521-2227 OR 1-877-299-2377.

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 1-800-521-2227 OR 1-877-299-2377 for more information.

LANGUAGE FOR NON-GRANDFATHERED PLANS

Blue Cross Blue Shield generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Blue Cross Blue Shield designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Blue Cross Blue Shield at 1-800-521-2227 or 1-877-299-2377.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Blue Cross Blue Shield or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Blue Cross Blue Shield at 1-800-521-2227 or 1-877-299-2377.

Newborns' and Mothers' Health Protection Act (NMHPA)

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) is a federal law that affects the length of time a mother and newborn child are covered for a hospital stay in connection with childbirth. In general, group health plans and health insurance issuers that are subject to NMHPA may NOT restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.

If you deliver your baby in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery. If you deliver your baby outside the hospital and you are later admitted to the hospital in connection with childbirth (as determined by the attending provider), the period begins at the time of the hospital admission.

If the attending provider, in consultation with the mother, determines that either the mother or the newborn child can be discharged before the 48-hour (or 96-hour) period, the group health plan or health insurance issuer does

not have to continue covering the stay for the one ready for discharge. An attending provider is an individual, licensed under State law, who is directly responsible for providing maternity or pediatric care to the mother or the newborn child. In addition to physicians, an individual such as a nurse midwife, physician assistant, or nurse practitioner may be an attending provider. A health plan, hospital, insurance company, or HMO would NOT be an attending provider.

This law applies to two different types of coverage:

Group health plans (provided by an employer or union);

Individual health insurance policies (not based on employment).

Group health plans can either be “insured” plans that purchase health insurance from a health insurance issuer, or “self-funded” plans that pay for coverage directly. How they are regulated depends on whether they are sponsored by private employers, or state or local (“non-federal”) governmental employers. Private group health plans are regulated by the Department of Labor. State and local governmental plans, for purposes of WHCRA, are regulated by CMS. If any group health plan buys insurance, the insurance itself is regulated by the State’s insurance department.

If you are in a private, self-funded group health plan, your health coverage must comply with NMHPA standards. If you are enrolled in a group health plan through your own or a spouse’s employment, you can contact the employer’s plan administrator to find out if your group coverage is insured or self-funded, and determine what entity or entities regulate your benefits.

However, if you are in an insured group health plan or if you have individual (non-employment based) insurance coverage, the Federal NMHPA standards might NOT apply directly if your State has a law with similar protections. Contact your State’s insurance department to find out what law applies in your state, and about whether any additional protections apply to your coverage.

Individual health insurance policies (not sold in connection with employment) are primarily regulated by the State insurance departments.

NMHPA does not apply to high risk pools since the pool is not an issuer of health insurance. The pool is a means by which individuals obtain health coverage.

It is important to note that the coverage subject to NMHPA is the mother’s coverage, regardless of whether the newborn is covered separately. In order to have your newborn added to a policy, you must enroll the newborn within the timeframe specified by the plan.

Note: A non-Federal governmental employer that does not purchase insurance may elect to exempt the plan from the requirements of the NMHPA (opt out) by following the Procedures & Requirements for HIPAA Exemption Election posted on the Self-Funded Non-Federal Governmental Plans webpage at http://cciio.cms.gov/resources/files/hipaa_exemption_election_instructions_04072011.html, including issuing a notice of opt-out to enrollees at the time of enrollment and on an annual basis. For a list of plans that have opted out of NMHPA, go to <http://cciio.cms.gov/resources/other/index.html#nonfed> and click on “List of HIPAA Opt-out Elections for Self-funded Non-Federal Governmental Plans.”

If you have concerns about your plan’s compliance with NMHPA, contact our help line at 1-877-267-2323 extension 6-1565 or at phig@cms.hhs.gov

Wellness

Your health plan wants to help you take charge of your health. Join Well of Target for exercise, nutrition and weight loss benefits. This Wellness program is participation contingent and not health contingent.

Health Risk Assessments

In answering this question, you should not include genetic information. That is, please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling, or genetic disease for which you believe you may be at risk.

GINA Disclosure Notice

The specific “safe harbor” language that should be included with any request for FMLA certification (or any request for medical information) to employees or their medical providers is as follows:

The **Genetic Information Nondiscrimination Act of 2008** (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.

Genetic information may be obtained by an employer without violating GINA when it requests family medical history to comply with the certification provisions of the FMLA, state or local family leave laws, or pursuant to a policy that permits the use of leave to care for a sick family member and that requires all employees to provide information about the health condition of the family member to substantiate the need for leave.

Continuation Rights Under COBRA Notice

Waco ISD’s Notice of Your COBRA Rights

You are receiving this notice because you have recently become covered under a group health plan (United Health Care). **This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage will pay for their coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent–employee dies;
- The parent–employee's hours of employment are reduced;
- The parent–employee's employment ends for any reason other than his or her gross misconduct;
- The parent–employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a “dependent child.”

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child, you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to: The Waco ISD Benefits Office.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee becomes entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18month period of COBRA continuation coverage can be extended.

Disability extension of 18 month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18month period of continuation coverage.

Second qualifying event extension of 18 month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Waco ISD Benefits Office, Tammy Boyett

Family and Medical Leave Act-Overview

The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to:

- Twelve work weeks of leave in a 12-month period for:
 - the birth of a child and to care for the newborn child within one year of birth;
 - the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
 - to care for the employee's spouse, child, or parent who has a serious health condition;
 - a serious health condition that makes the employee unable to perform the essential functions of his or her job;
 - any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" **or**
- Twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

See supplemental information provided regarding FMLA. For additional questions please refer to the Waco ISD Benefits Office.

Dependent Child Status

Note: For plan years beginning on or after January 1, 2014, grandfathered plans will no longer be permitted to exclude children under age 26 who are eligible for employment-based coverage not through a parent (e.g., as an employee or as a spouse). Non-grandfathered plans cannot exclude these children for plan years that begin before January 1, 2014.

If you have a natural, adopted or step child who is losing eligibility for coverage under the plan, please notify Human Resources as soon as possible. For example, if your child age 26 or older is graduating from college, you should notify Human Resources once your child graduates. You should also notify Human Resources if your child over age 26 married, loses dependent status (even if not because of graduation), ceases being your tax dependent, or reaches the maximum coverage age under our plan. You must notify Human Resources within 60 days after the event in order to retain COBRA rights.

If you have a child other than a natural or adopted (if appropriate add step or foster) child who is losing eligibility for coverage under the plan for reasons such as marriage, loss of student status, loss of dependency status or attainment of a specific age you must notify Human Resources within 60 days after the event in order to retain COBRA rights. For example, if your domestic partner's child graduates from college, you must notify Human Resources (this paragraph must be modified to reflect the specific plan provisions. It may be eliminated if not applicable).

HIPAA PRIVACY REMINDER

Blue Cross Blue Shield

Protecting Your Health Information Privacy Rights

September 1, 2017

Waco ISD is committed to the privacy of your health information. The administrators of the **Blue Cross Blue Shield** (the "plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources Benefits Office at 254-755-9547. The notice also is available on-line at www.wacoisd.org.

Waco ISD's Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Waco ISD's Group Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after you or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources Benefits Office, Tammy Boyett, Supervisor of Benefits, Leave and Risk Management.

Important Warning

*If you decline enrollment for yourself or for an eligible dependent, **you must complete the attached "Form for Employee to Decline Coverage."** On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.*

Patient Protection Disclosure

Blue Cross Blue Shield generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation Blue Cross Blue Shield designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Blue Cross Blue Shield at t 1-877-299-2377. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Blue Cross Blue Shield or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-

approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Blue Cross Blue Shield at **1-877-299-2377**.

MAKING ENROLLMENT CHANGES DURING THE YEAR

The open enrollment period for eligible employees will be held in

October 2022. Your new benefits will be effective January 1, 2023.

In most cases, your benefit elections will remain in effect for the entire plan year. During the annual enrollment period, you have the opportunity to review your benefit elections and make changes for the coming year. You may only make changes to your elections during the year if you have one of the following status changes:

- ☐ Marriage, divorce or legal separation (if your state recognizes legal separation);
- ☐ Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, reaching the dependent child age limit; or
- ☐ Significant changes in employment or employer-sponsored benefit coverage that affect you or your spouse's benefit eligibility.
- ☐ Your benefit change must be consistent with your change in family status.

IRS regulations require that for enrollment due to the qualifying events above, changes must be submitted within 30 days of that qualifying event.

Please contact Tammy Boyett, Supervisor of Benefits, Leave & Risk Management, 254-755-9547 with any questions.

BENEFICIARY DESIGNATION

As you complete the enrollment process, please take a few moments to review your beneficiary designations to ensure that they are accurate and up-to-date. Don't forget to look at your designations for all of your benefits – basic life insurance, supplemental life insurance, voluntary AD&D, pension, and 401(k).

If you are married, your spouse (as defined under Federal law) is automatically your beneficiary for the pension and 401(k) plans. If you wish to select another beneficiary under those plans, your spouse's notarized signature is required.

If you designate a trust as a beneficiary you must provide additional information such as the name of the trust, name of the trustee, contact information for the trustee (e.g., address) and date of the trust instrument. You should consult with your legal advisor if you intend to name a trust as your beneficiary.

If you want your minor child (or children) to be your beneficiary(ies), you should discuss your plans with your legal advisor. Neither the plan nor the insurance company will pay benefits directly to a minor child. Benefits from the plan – such as life insurance – must be paid to an adult, such as a guardian, or to a trust established for the benefit of your child. Your legal advisor can help you determine the best way to accomplish this.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Waco Independent School District		4. Employer Identification Number (EIN) 74-6002532	
5. Employer address P.O. BOX 27		6. Employer phone number 254-755-9473	
7. City WACO		8. State Tx	9. ZIP code 76703
10. Who can we contact about employee health coverage at this job? TAMMY BOYETT			
11. Phone number (if different from above) 254-755-9547		12. Email address tammy.boyett@wacoisd.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - ☐ All employees. Eligible employees are:

- ☐ Some employees. Eligible employees are:

Employees who work a minimum of 20 hours per week (and are members of the Teacher Retirement System of Texas) are eligible for group health insurance coverage, effective the first day of the month following their date of hire.

- With respect to dependents:
 - ☐ ☒ We do offer coverage. Eligible dependents are:

Eligible dependent is a spouse, child(ren), stepchild(ren), legally adopted child(ren).

- ☐ We do not offer coverage.

- ☐ ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

****** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☒ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? __ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

How much would the employee have to pay in premiums for this plan? \$ 0

How often? Weekly Every 2 weeks ☒ Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medical/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Services Employee Benefits Security Administration
Services www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human
Centers for Medicare & Medicaid
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.