

LUBBOCK-COOPER ISD BENEFITS GUIDE



Lee Hayes, Sr. Account Executive

lee.hayes@ffga.com

First Financial Group of America

[https://ffbenefits.ffga.com/lubbockcooperisd/
2023-2024 plan-year/](https://ffbenefits.ffga.com/lubbockcooperisd/2023-2024-plan-year/)



LUBBOCK-COOPER ISD

...building the future, one student at a time!

Megan Politte, Benefits Office

806-993-2300 x. 10128

mpolitte@lcisd.net

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

EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Lubbock-Cooper 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 claims, important phone numbers, 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/lubbockcooperisd>

You can also access this link through the district website at www.lcisid.net. Click on Departments, Human Resources, 2023-2024 LCISD Benefits.



ELIGIBILITY

ELIGIBILITY

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

NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections.

EXISTING EMPLOYEES

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

MID-YEAR BENEFIT CHANGES

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

QUALIFYING LIFE EVENTS INCLUDE:

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

DECLINING COVERAGE

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

RATE SHEET

TEXAS HEALTH BENEFITS POOL (Formerly TML Health)

Employer Group Medical Plans

Plan	Benefit Percent	In Network Deductible	Out of Network Deductible	In Network Out-of-Pocket Maximum	Office Visit	Coverage	2023-2024 Rates (Employer Contribution of \$325 Reflected Below)
Gold Plan	80/50	\$1,200	\$2,400	\$7,000	\$30	Eligible Employee Only	\$179.39
						Eligible Employee + Spouse	\$698.93
BlueCross BlueShield						Eligible Employee + Child(ren)	\$562.73
						Eligible Employee + Family	\$1,162.96
Silver Plan	80/50	\$2,500	\$5,000	\$8,000	\$30	Eligible Employee Only	\$130.17
						Eligible Employee + Spouse	\$598.98
BlueCross BlueShield						Eligible Employee + Child(ren)	\$476.11
						Eligible Employee + Family	\$1,017.75
Bronze Plan	80/50	\$3,000	\$6,000	\$6,900	N/A	Eligible Employee Only	\$98.41
						Eligible Employee + Spouse	\$534.51
BlueCross BlueShield						Eligible Employee + Child(ren)	\$420.20
						Eligible Employee + Family	\$924.05

In Network Deductible applies towards In Network Out-of-Pocket maximum.

Medical Plan Accumulators will be based on Plan Year (September 1 - August 31).

Benefit Waiting Period: 1st of the month after date of hire.

As a benefit-eligible employee you may choose to decline medical coverage, but you are required to indicate one of the following reasons for declining:

<input type="checkbox"/>	You were hired after retiring and are receiving medical coverage through your previous employer due to retirement.
<input type="checkbox"/>	You are under age 26 and have medical coverage through your parents.
<input type="checkbox"/>	You are covered by your spouse's employer-sponsored medical plan.
<input type="checkbox"/>	You are covered by the Veterans Administration (VA) or TRICARE.
<input type="checkbox"/>	You are enrolled in Medicare.
<input type="checkbox"/>	You are enrolled in Tribal Medical coverage.
<input type="checkbox"/>	You are employed by another employer and are enrolled in that medical plan.
<input type="checkbox"/>	You were enrolled in a qualified medical plan prior to employment with LCISD and chose to keep that medical plan. <i>A qualified health plan provides all essential health benefits as defined by the ACA and follows established limits on cost sharing.</i>

RATE SHEET

DENTAL		
	LOW	HIGH
EMPLOYEE ONLY	\$18.20	\$26.78
EMPLOYEE + ONE	\$53.40	\$78.54
EMPLOYEE + FAMILY	\$78.60	\$115.56

VISION	
EMPLOYEE ONLY	\$0
EMPLOYEE + ONE	\$14.35
EMPLOYEE + FAMILY	\$20.83

SHORT TERM DISABILITY – premium costs depends on benefit amount chosen

Use this formula to calculate your premium payment:

$$\underline{\hspace{2cm}} \times 0.60 \times \frac{\$0.271}{\underline{\hspace{2cm}}} \div 10 = \underline{\hspace{2cm}} \rightarrow \underline{\hspace{2cm}}$$

Enter your weekly earnings (cannot be more than \$2,500).

Rate per \$10 of weekly benefit

This amount is an estimate of how much you'd pay each month.

Your employer is paying up to \$10 towards your premium. Minus up to \$10 for your actual monthly premium.

LONG TERM DISABILITY – premium cost depends on benefit amount chosen

Use this formula to calculate your premium payment:

$$\underline{\hspace{2cm}} \times \frac{\underline{\hspace{2cm}}}{100} = \underline{\hspace{2cm}}$$

Enter your monthly earnings (cannot be more than \$12,500).

Enter your rate from the rate table.

This amount is an estimate of how much you'd pay each month.

ACCIDENT INSURANCE		
MONTHLY PREMIUM	LOW PLAN	HIGH PLAN
EMPLOYEE	\$6.80	\$9.88
EMPLOYEE + SPOUSE	\$13.41	\$19.40
EMPLOYEE + CHILDREN	\$16.18	\$23.29
EMPLOYEE + FAMILY	\$19.07	\$27.49
CANCER INSURANCE		
MONTHLY PREMIUM	BASIC	ENHANCED PLUS
EMPLOYEE	\$15.80	\$31.62
EMPLOYEE + FAMILY	\$26.86	\$53.80
MASA-MEDICAL TRANSPORT		
EMERGENT PLUS		\$14.00
PLATINUM		\$39.00

RATE SHEET

CRITICAL ILLNESS INSURANCE – EMPLOYEE UNI-TOBACCO

AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.45	\$3.55	\$4.66	\$5.76	\$6.87	\$7.97	\$9.08	\$10.18	\$11.29	\$12.40
30-39	\$3.18	\$5.03	\$6.87	\$8.71	\$10.56	\$12.40	\$14.24	\$16.09	\$17.93	\$19.77
40-49	\$4.48	\$7.63	\$10.77	\$13.91	\$17.06	\$20.20	\$23.34	\$26.49	\$29.43	\$32.77
50-59	\$6.58	\$11.82	\$17.06	\$22.31	\$27.55	\$32.79	\$38.03	\$43.27	\$48.51	\$53.76
60+	\$10.04	\$18.74	\$27.44	\$36.14	\$44.84	\$53.54	\$62.24	\$70.94	\$79.64	\$88.34

CRITICAL ILLNESS INSURANCE – SPOUSE UNI-TOBACCO

AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.16	\$2.98	\$3.79	\$4.61	\$5.43	\$6.25	\$7.06	\$7.88	\$8.70	\$9.52
30-39	\$2.90	\$4.45	\$6.01	\$7.56	\$9.12	\$10.67	\$12.23	\$13.78	\$15.34	\$16.89
40-49	\$4.20	\$7.05	\$9.91	\$12.76	\$15.62	\$18.47	\$21.33	\$24.19	\$27.04	\$29.90
50-59	\$6.29	\$11.25	\$16.20	\$21.16	\$26.11	\$31.06	\$36.02	\$40.97	\$45.92	\$50.88
60+	\$9.75	\$18.17	\$26.58	\$34.99	\$43.30	\$51.82	\$60.23	\$68.64	\$77.05	\$85.47

HOSPITAL INDEMNITY INSURANCE

	LOW PLAN	HIGH PLAN
EMPLOYEE	\$13.20	\$24.72
EMPLOYEE & SPOUSE	\$23.34	\$43.69
EMPLOYEE & CHILD(REN)	\$19.86	\$37.14
EMPLOYEE & FAMILY	\$30.01	\$56.11

AD&D Rate per \$1,000 of coverage

EMPLOYEE	\$0.03
EMPLOYEE & FAMILY	\$0.065

FLEXIBLE SPENDING

Healthcare	\$3,050
DEPENDENT CARE	\$5,000

HEALTH SAVINGS ACCOUNT

Individual	\$3,850
Family	\$7,750

IDENTITY THEFT PROTECTION

	PLUS PLAN	PREMIUM PLAN
EMPLOYEE	\$8.00	\$15.00
EMPLOYEE & SPOUSE	\$15.00	\$22.00
EMPLOYEE & CHILD(REN)	\$13.00	\$20.00
EMPLOYEE & FAMILY	\$20.00	\$27.00

RATE SHEET

Permanent Life-TEXAS LIFE									
Rate per \$1,000 of total coverage									
AGE	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
24-25	~	\$13.88	\$25.50	\$37.13	\$48.75	\$72.00	\$95.25	\$118.50	\$141.75
30	~	\$15.25	\$28.25	\$41.25	\$54.25	\$80.25	\$106.25	\$132.25	\$158.25
35	~	\$18.55	\$34.85	\$51.15	\$67.45	\$100.05	\$132.65	\$165.25	\$197.85
40	\$10.75	\$23.50	\$44.75	\$66.00	\$87.25	\$129.75	\$172.25	\$214.75	\$257.25
45	\$14.71	\$33.40	\$64.55	\$95.70	\$126.85	\$189.15	\$251.45	\$313.75	\$376.05
50	\$19.22	\$44.68	\$87.10	\$121.28	\$160.95	\$240.30	\$319.65	\$399.00	\$478.35
55	\$25.38	\$60.08	\$117.90	\$175.73	\$233.55	~	~	~	~
60	\$31.18	\$74.58	\$146.90	\$219.23	\$291.55	~	~	~	~
65	\$40.09	\$96.85	\$191.45	\$286.05	\$380.65	~	~	~	~
70	\$53.29	~	~	~	~	~	~	~	~
<i>Limited coverages only shown</i>					<i>Spouse and child(ren) benefits also available</i>				
To view more detailed ages, coverages and premiums visit: https://ffbenefits.fga.com/lubbockcooperisd/texas-life/									

Group Life-STANDARD	
Rate per \$1,000 of total coverage - EMPLOYEE	
AGE >30	\$0.038
30-34	\$0.054
35-39	\$0.069
40-44	\$0.092
45-49	\$0.161
50-54	\$0.199
55-59	\$0.421
60-64	\$0.635
65-69	\$1.077
70-74	\$1.690
75+	\$3.011
CHILD(REN) 0 – 26 yrs \$1.00	
Benefit subject to EOI during open enrollment	

Rate Sheet General Disclaimer:

The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at the Lubbock-Cooper ISD Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

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

HERE'S HOW IT WORKS

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

IS IT RIGHT FOR ME?

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

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

IRS specified changes in family status include:

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

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

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

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

MEDICAL PLANS

Plan Year 2023-2024

Bronze – HD Medical Plan (Consumer HSA-3K-6900 E)



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

These Plan Highlights address only particular aspects of the benefits available under the Plan. Various other expenses, limits, exclusions, and other rules also apply. For more details about your benefits, please refer to the individual summary plan descriptions (SPDs), plan document, certificate of coverage, or (where applicable) insurance contracts for each plan. If there is any discrepancy, these more complete descriptions will govern. TX Health Benefits Pool reserves the right to amend or terminate the plan at any time, which may affect the information provided in these Plan Highlights.

BENEFIT COVERAGE	NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
Deductible Individual	\$3,000	\$6,900
Family ¹	\$6,000	\$12,000
Out of Pocket Maximum (includes deductible, copays, and coinsurance)		
Individual	\$6,900	Unlimited
Family	\$13,800	Unlimited
Coinsurance	20% after deductible	50% after deductible
Office Visits	20% after deductible	50% after deductible
Preventive Care	No Charge	50% after deductible
Telehealth (General)	\$44 per visit until deductible is met	Not Covered
Diagnostic Lab / X-Ray	20% after deductible	50% after deductible
Major Imaging (CT scan, PET scan, MRI, nuclear medicine)	20% after deductible	50% after deductible
Inpatient Hospital (Prior Authorization required)	20% after deductible	50% after deductible
Emergency Room Facility Charges – (\$500 Emergency Room Fee waived if admitted)	\$500 Emergency Room Fee plus 20% after deductible	\$500 Emergency Room Fee plus 20% after deductible
Physician Charges	20% after deductible	20% after deductible
Urgent Care	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Prescription Drug Plan After Deductible		
<i>(Per 30-day/60-day/90-day supply Retail or Mail Order)</i>		
Disease Management Maintenance (generic)		
Tier 1 (lower-cost generics and some brand name drugs)	\$0 copay	\$0 copay
Tier 2* (includes most brands and some higher cost generics)	\$10 copay	\$20 copay
Tier 2 (insulins)	\$30 copay	\$30 copay
Tier 3* (non-preferred drugs)	\$45 copay	\$90 copay
Tier 4 (specialty drugs)	\$25 copay	\$50 copay
Tier 5 (cost share drugs)	\$90 copay	\$180 copay
	\$150 copay	N/A
	\$175 copay	\$350 copay
		\$525 copay
		Not Covered

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

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

This contains proprietary and confidential information of TX Health Benefits Pool. TX Health Benefits Pool is a non-profit trust organization created by political subdivisions to provide group benefits services to participating political subdivisions and is not an insurance company. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Plan Year 2023-2024 Silver Medical Plan (Copay-2500-8K ER)



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

These Plan Highlights address only particular aspects of the benefits available under the Plan. Various other expenses, limits, exclusions, and other rules also apply. For more details about your benefits, please refer to the individual summary plan descriptions (SPDs), plan document, certificate of coverage, or (where applicable) insurance contracts for each plan. If there is any discrepancy, these more complete descriptions will govern. TX Health Benefits Pool reserves the right to amend or terminate the plan at any time, which may affect the information provided in these Plan Highlights.

BENEFIT COVERAGE	NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out of Pocket Maximum (includes deductible, copays, and coinsurance)		
Individual	\$8,000	Unlimited
Family	\$16,000	Unlimited
Coinsurance	20%	50%
Office Visits		
Primary Care	\$30 copay	50% after deductible
Specialist	\$60 copay	50% after deductible
Preventive Care	No Charge	50% after deductible
Telehealth (General)	No Charge	Not Covered
Diagnostic Lab / X-Ray <i>In an office, lab drawing site or free-standing imaging center setting. In a facility setting</i>	No Charge 20% after deductible	50% after deductible 50% after the deductible
Major Imaging <i>(CT scan, PET scan, MRI, nuclear medicine)</i>	20% after deductible	50% after deductible
Inpatient Hospital <i>(Prior Authorization required)</i>		
Facility Charges	20% after deductible	50% after deductible
Physician Charges	20% after deductible	50% after deductible
Emergency Room		
Facility Charges – <i>(\$500 Emergency Room Fee waived if admitted)</i>	\$500 Emergency Room Fee <i>plus</i> 20% after deductible	\$500 Emergency Room Fee <i>plus</i> 20% after deductible
Physician Charges	20% after deductible	20% after deductible
Urgent Care	\$75 copay	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Prescription Drug Plan <i>(Per 30-day/60-day/90-day supply Retail or Mail Order)</i>		
Disease Management Maintenance (generic)		
Tier 1 <i>(lower-cost generics and some brand name drugs)</i>	\$0 copay	\$0 copay
Tier 2* <i>(includes most brands and some higher cost generics)</i>	\$10 copay	\$20 copay
Tier 2 <i>(insulins)</i>	\$45 copay	\$90 copay
Tier 3* <i>(non-preferred drugs)</i>	\$25 copay	\$50 copay
Tier 4 <i>(specialty drugs)</i>	\$90 copay	\$180 copay
Tier 5 <i>(cost share drugs)</i>	\$150 copay	N/A
	\$175 copay	\$350 copay
		\$525 copay

Not Covered

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

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Plan Year 2023-2024 Gold Medical Plan (Copay-1200-7K ER)



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

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Deductible																										
Individual	\$1,200	\$2,400																								
Family	\$2,400	\$4,800																								
Out of Pocket Maximum (includes deductible, copays, and coinsurance)																										
Individual	\$7,000	Unlimited																								
Family	\$14,000	Unlimited																								
Coinsurance	20%	50%																								
Office Visits																										
Primary Care	\$30 copay	50% after deductible																								
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\$175 copay	\$330 copay	\$525 copay																								

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

This contains proprietary and confidential information of TX Health Benefits Pool. TX Health Benefits Pool is a non-profit trust organization created by political subdivisions to provide group benefits services to participating political subdivisions and is not an insurance company. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

DENTAL INSURANCE

Metlife | www.metlife.com | 1.800.942.0854

Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family's dental needs. A range of procedures may be covered IN and OUT of Network, such as:

DENTAL MONTHLY PREMIUMS		
	Low	High
EMPLOYEE ONLY	\$18.20	\$26.78
EMPLOYEE + ONE	\$53.40	\$78.54
EMPLOYEE + FAMILY	\$78.60	\$115.56

Network: PDP Plus

	Plan option 1 Low Plan		Plan option 2 High Plan	
	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of Maximum Allowable Charge*	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ 90% of R&C Fee**
Coverage Type				
Type A: Preventive (cleanings, exams, X-rays)	100%	100%	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%	50%	50%
Type D: Orthodontia	50%	50%	50%	50%
Deductible[†]				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Annual Maximum Benefit				
Per Person	\$1,000	\$1,000	\$1,750	\$1,750
Orthodontia Lifetime Maximum				
Per Person***	\$1,500	\$1,500	\$2,000	\$2,000

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

FOR FULL PREMIUM DETAILS PLEASE VISIT THE EBC SITE: <https://ffbenefits.ffga.com/lubbockcooperisd/dental/>

DENTAL INSURANCE cont'd



Find out how you can save on your dental costs



As a participant in a MetLife dental plan featuring the Preferred Dentist Program, you have options to help you and your family achieve your oral health goals and save money.

When you visit a general dentist or a specialist who is in the network, your out-of-pocket costs will be lower. That's because participating dentists have agreed to accept negotiated fees that are usually 30-45% less than the average charges in the same community.¹ Lower fees can help you cut your final costs and stretch your annual maximums.

In particular, the cost of specialty care / services like implants, root canals and crowns can really add up. That's why it's good to know the network is there to help you manage your out-of-pocket costs. You can view your potential savings² on in-network vs. out-of-network fees by using the Dental Cost Estimator³ located on metlife.com/mybenefits. Take a look at the sample below which shows how much you could save by going to an in-network dentist.

Average charge in 794 3-digit zip code for a crown is \$1,192.

	In-Network	Out-of-Network
Average Charge ⁴	\$1,192	
MetLife Negotiated Fee	\$671	NA
MetLife Pays ⁵ (based on 50% coinsurance amount for this type of service)	\$335.50	\$335.50
Your Out-of-Pocket Cost ⁶	\$335.50	\$856.50

Approximate savings from visiting a participating dentist: \$521⁶

Your savings is the difference between the in-network out-of-pocket cost and the out-of-network out-of-pocket cost.

*This is a hypothetical example that reviews a crown – porcelain/ceramic substrate (D2740) in the Lubbock, TX area, 3-digit zip code 794. The chart above is a typical example of average in-network savings in your area. It shows that you usually save more when you stay in the network. So the next time you need dental care, find out what your plan covers and what you could save by going to a participating general dentist or specialist.

To check your coverage or find a general dentist or specialist, log in to metlife.com/mybenefits or call 1-800-942-0854. You can also ask your dentist to recommend a network specialist in your community.

Best of all, participating dentists and specialists have undergone a careful selection process.⁷ You will never need a referral. So you get convenient access to quality care and support for better savings.

Stay in the network and save!

VISION INSURANCE

Metlife | www.metlife.com | 1.855.638.3931

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. In and Out of Network benefits.

VISION MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$0
EMPLOYEE + ONE	\$14.35
EMPLOYEE + FAMILY	\$20.83

Eye exam

Once every **12** months

- Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a **\$10** copay.
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

Frame

Once every **24** months

- Allowance: **\$150** after **\$25** eyewear copay
- Costco: **\$85** allowance after **\$25** eyewear copay

You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.

Standard corrective lenses

Once every **12** months

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **\$25** eyewear copay.

Standard lens enhancements¹

Once every **12** months

- Ultraviolet (UV) coating, Polycarbonate (child up to age 18): Covered in full.
- Progressive Standard, Progressive Premium/Custom, Polycarbonate (adult), Scratch-resistant coatings, Tints, Anti-reflective and Photochromic: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits.

Contact lenses (instead of eye glasses)

Once every **12** months

- Contact fitting and evaluation: Covered in full with a maximum copay of **\$60**.
- Elective lenses: **\$150** allowance.
- Necessary lenses: Covered in full after eyewear copay.

Second pair

This benefit gives you additional eyewear coverage. You can get:

- Two pairs of prescription eyeglasses; or
- One pair of prescription eyeglasses and an allowance toward contact lenses; or
- Double your contact lens allowance

DISABILITY INSURANCE

The Standard | www.standard.com | 1.800.368-2869

SHORT TERM DISABILITY - EMPLOYER CONTRIBUTION UP TO \$10 PER MONTH

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? Disability coverage 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?

About This Coverage

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

What Your Benefit Provides

This is the benefit you'd receive if you were to suffer a qualifying disability. Eligible earnings are your weekly insured predisability earnings, as defined by the group policy. Your benefit amount will be reduced by deductible income; see the Important Details section for a list of deductible income sources.

60% of your eligible earnings, up to a maximum benefit of **\$1,500** per week. Plan minimum **\$15** per week.

Benefit Waiting Period

If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your weekly benefit.

30 days for accidental injury
30 days for physical disease, pregnancy or mental disorder

Extended Benefit Waiting Period

This applies if you do not apply for this coverage within 31 days of becoming eligible, were eligible for coverage under a prior plan for more than 31 days but were not insured, or if your insurance ends because you failed to pay your premium and is later reinstated.

60 days for any qualifying disability caused by physical disease, pregnancy or mental disorder occurring during the first 12 months of coverage.

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive a weekly disability benefit.

90 days

FOR FULL PREMIUM DETAILS PLEASE VISIT THE EBC SITE: <https://ffbenefits.ffga.com/lubbockcooperisd/disability/>

DISABILITY cont'd

The Standard | www.standard.com | 1.800.368-2869

GROUP LONG TERM TERM DISABILITY

? About This Coverage

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

What Your Benefit Provides

This is the amount per month you would receive if you were to suffer a qualifying disability. Eligible earnings are your monthly insured predisability earnings, as defined by the group policy. Your monthly benefit will be reduced by deductible income. Please see the Important Details section for a list of deductible income sources.

60% of your eligible earnings, up to a maximum benefit of **\$7,500** per month. Plan minimum per month: **\$100**.

Benefit Waiting Period

If you experience a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you become eligible to receive your monthly benefit

90 days

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive disability benefits for a continuous disability.

Until your Social Security Normal Retirement Age (SSNRA)

Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the "Maximum Benefit Period" table in the Important Details section for specifics.

FOR FULL PREMIUM DETAILS PLEASE VISIT THE EBC SITE: <https://ffbenefits.ffga.com/lubbockcooperisd/disability/>

ACCIDENT INSURANCE

Metlife | www.metlife.com | 1.8.00.300.4296

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 INSURANCE		
MONTHLY PREMIUM	LOW PLAN	HIGH PLAN
EMPLOYEE	\$6.80	\$9.88
EMPLOYEE + SPOUSE	\$13.41	\$19.40
EMPLOYEE + CHILDREN	\$16.18	\$23.29
EMPLOYEE + FAMILY	\$19.07	\$27.49

Benefit Payment Example

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event ³	Benefit Amount
Ambulance (ground)	\$400
Emergency Care	\$200
Physician Follow-Up (\$100 x 2)	\$200
Medical Testing	\$200
Concussion	\$500
Broken Tooth (repaired by crown)	\$300
Benefits paid by MetLife Group Accident Insurance	\$1,800

Benefit amount is based on a sample MetLife plan design. Actual plan design and benefits may vary.

FOR FULL PREMIUM DETAILS PLEASE VISIT THE EBC SITE: <https://ffbenefits.ffga.com/lubbockcooperisd/accident/>

CANCER INSURANCE

American Fidelity | www.americanfidelity.com | 1.800.662.1113

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

It is likely that your major medical coverage will not cover all the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more. Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money.

CANCER INSURANCE		
MONTHLY PREMIUM	BASIC	ENHANCED PLUS
EMPLOYEE	\$15.80	\$31.62
EMPLOYEE + FAMILY	\$26.86	\$53.80

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

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Dread Disease Benefit (paid per day while hospital confined) Day 1-30 Day 31+	\$100/day \$200/day	\$300/day \$600/day
Donor Benefit	\$1,000/donation	
Drugs and Medicine Benefit Inpatient (payable per confinement) Outpatient (\$50/prescription/ calendar month up to max shown)	\$50 \$50	\$200 \$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) Lodging	Coach fare or \$.50/mile by car \$50	Coach fare or \$.50/mile by car \$75

FOR FULL PREMIUM and BENEFIT DETAILS PLEASE VISIT THE EBC SITE: <https://ffbenefits.ffga.com/lubbockcooperisd/cancer-insurance/>

CRITICAL ILLNESS INSURANCE

AFLAC | www.aflacgroupinsurance.com | 1.800.433.3036

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. 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. There are plans available to provide coverage for you, your spouse and dependent children.



Group Critical Illness Insurance Premium Rates

Employee Uni-Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.45	\$3.55	\$4.66	\$5.76	\$6.87	\$7.97	\$9.08	\$10.18	\$11.29	\$12.40
30-39	\$3.18	\$5.03	\$6.87	\$8.71	\$10.56	\$12.40	\$14.24	\$16.09	\$17.93	\$19.77
40-49	\$4.48	\$7.63	\$10.77	\$13.91	\$17.06	\$20.20	\$23.34	\$26.49	\$29.63	\$32.77
50-59	\$6.58	\$11.82	\$17.06	\$22.31	\$27.55	\$32.79	\$38.03	\$43.27	\$48.51	\$53.76
60+	\$10.04	\$18.74	\$27.44	\$36.14	\$44.84	\$53.54	\$62.24	\$70.94	\$79.64	\$88.34

Spouse Uni-Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.16	\$2.98	\$3.79	\$4.61	\$5.43	\$6.25	\$7.06	\$7.88	\$8.70	\$9.52
30-39	\$2.90	\$4.45	\$6.01	\$7.56	\$9.12	\$10.67	\$12.23	\$13.78	\$15.34	\$16.89
40-49	\$4.20	\$7.05	\$9.91	\$12.76	\$15.62	\$18.47	\$21.33	\$24.19	\$27.04	\$29.90
50-59	\$6.29	\$11.25	\$16.20	\$21.16	\$26.11	\$31.06	\$36.02	\$40.97	\$45.92	\$50.88
60+	\$9.75	\$18.17	\$26.58	\$34.99	\$43.40	\$51.82	\$60.23	\$68.64	\$77.05	\$85.47

The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Kidney Failure (End-Stage Renal Failure)
 - Major Organ Transplant
 - Bone Marrow Transplant (Stem Cell Transplant)
 - Sudden Cardiac Arrest
 - Coronary Artery Bypass Surgery
- Health Screening Benefit

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

FOR FULL PREMIUM DETAILS PLEASE VISIT THE EBC SITE: <https://ffbenefits.ffga.com/lubbockcooperisd/critical-illness/>

TEXAS LIFE – PERMANENT LIFE

Texas Life | www.texaslife.com | 1.800.283.9233

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

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

HIGHLIGHTS

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

MONTHLY NON-TOBACCO PREMIUMS
EMPLOYEES ONLY with Accidental Death & Chronic Illness Riders

TEXASLIFE INSURANCE
 COMPANY

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77

FOR FULL PREMIUM DETAILS PLEASE VISIT THE EBC SITE: <https://ffbenefits.ffga.com/lubbockcooperisd/texas-life/>

GROUP LIFE & AD&D INSURANCE

The Standard | www.standard.com | 1.800.628.8600

EMPLOYER-PAID GROUP LIFE INSURANCE VIA EQUITABLE – 866-274-9887

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. Your employer provides all eligible employees a \$50,000 policy. This is a term life policy that is in effect while you are actively employed with Lubbock-Cooper ISD.

- Full cost of coverage of this policy is paid 100% by your employer.

VOLUNTARY GROUP LIFE INSURANCE

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

FOR FULL PLAN DETAILS PLEASE VISIT THE EBC SITE: <https://ffbenefits.ffga.com/lubbockcooperisd/group-life/>

How Much Can I Apply For? Amount may not exceed a maximum of 7 times your annual earnings. Note: You cannot buy more coverage for your spouse or child(ren) than you buy for yourself. The coverage amount for your spouse cannot exceed 100 percent of your Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Life coverage.	For You:	\$10,000 – \$500,000 in increments of \$10,000
	For Your Spouse:	\$5,000 – \$250,000 in increments of \$5,000
	For Your Child(ren):	\$1,000 – \$10,000 in increments of \$1,000
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to \$200,000
	For Your Spouse:	Up to \$50,000
	For Your Child(ren):	Up to \$10,000

VOLUNTARY GROUP AD&D INSURANCE

A common misconception is that Accidental Death and Dismemberment insurance, or AD&D, is the same as life insurance. But that's not the case. The difference is that AD&D insurance covers you in the event you were to die due to an accident. It would also pay a benefit if you were severely injured due to an accident.

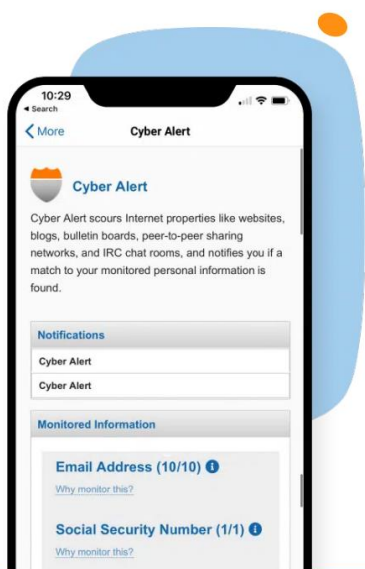
FOR FULL PREMIUM DETAILS PLEASE VISIT THE EBC SITE: <https://ffbenefits.ffga.com/lubbockcooperisd/add/>

How Much Can I Apply For? Note: You can't buy more coverage for your spouse and child(ren) than you buy for yourself.	For You:	\$10,000 – \$500,000 in increments of \$10,000
	For Your Family:	
	Spouse Only:	50% of your AD&D coverage amount
	Child only:	10% of your AD&D coverage amount for each child
	Spouse and Children:	50% of your AD&D coverage amount 10% of your AD&D coverage amount for each child

IDENTITY THEFT PROTECTION

iLock 360 | www.ilock360.com | 855.287.8888

Identity theft is the fastest growing crime. With iLOCK360, you can rest easier knowing you have experienced professionals in your corner restoring your identity. Your identity is more than simply reviewing your credit card charges. That's why we offer a comprehensive monitoring service of online activity, financial affairs, and immediate resolution.



Defend

Your personal information is monitored 24 / 7 / 365



Protect

Alerts inform you of potential threats for immediate action



Restore

iLOCK360 does the work to restore your identity

Sign up during enrollment

For educator pricing

Coverage plan	Plus	Premium
Employee	\$8	\$15
Employee + Spouse	\$15	\$22
Employee + Children	\$13	\$20
Employee + Family	\$20	\$27

Please note: A valid email address is required for enrollment in iLOCK360. All iLOCK360 alerts and/or notifications are sent via email. Consider utilizing an email address that you check regularly. Account activation & setup of monitored elements is required upon the start of your new benefit plan year.

FOR FULL PLAN DETAILS PLEASE VISIT THE EBC SITE: <https://ffbenefits.ffga.com/lubbockcooperisd/identity-theft/>

MEDICAL TRANSPORT

MASA MTS | www.masamts.com | 954.334.8261

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs. Most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill.

With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.

	EMERGENT PLUS MEMBERSHIP	PLATINUM MEMBERSHIP
Emergent Air Transportation	●	●
Emergent Ground Transportation	●	●
Non-Emergency Inter-Facility Transportation	●	●
Repatriation/ Recuperation	●	●
Escort Transportation		●
Visitor Transportation		●
Return Transportation		●
Mortal Remains Transportation		●
Minor Return		●
Organ Retrieval/ Organ Recipient Transportation		●
Vehicle Return		●
Pet Return		●
Worldwide Coverage		●
	\$14 /MONTH	\$39 /MONTH

FOR FULL DETAILS PLEASE VISIT THE EBC SITE: <https://ffbenefits.fga.com/lubbockcooperisd/medical-transport/>

VOLUNTARY RETIREMENT PLANS

TCG Administrators | www.tcgservices.com | 800.943.9179 |

403(b) RETIREMENT PLAN

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

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

BENEFITS

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

CONTRIBUTION LIMITS

Participants may contribute up to \$22,500 for year 2023. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500 in 2023, for a total of \$30,000.

457(b) RETIREMENT PLAN

A 457(b) plan is a Tax Deferred 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 will not have to pay taxes on what you contribute or your earnings made until you withdraw the money.

BENEFITS

- Investment options: fixed annuities, variable annuities, or mutual funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan
- Receive periodic account statements
- No 10% federal penalty on interest or earnings for early withdrawal
- No current federal income taxes on the money you put into the plan until it is time to take withdrawals

CONTRIBUTION LIMITS

Participants may contribute up to \$22,500 for year 2023. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500 in 2023, for a total of \$30,000.

FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | www.ffga.com | 866.853.3539

MEDICAL FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$570 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$570 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$570 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2023 is \$3050.

HIGHLIGHTS

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

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

DEPENDENT CARE FSA

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

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

HIGHLIGHTS

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

FSA RESOURCES

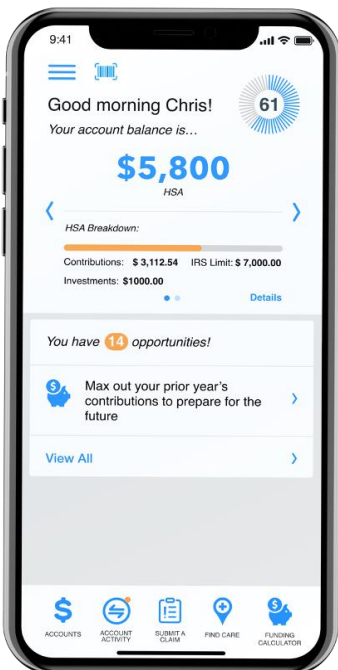
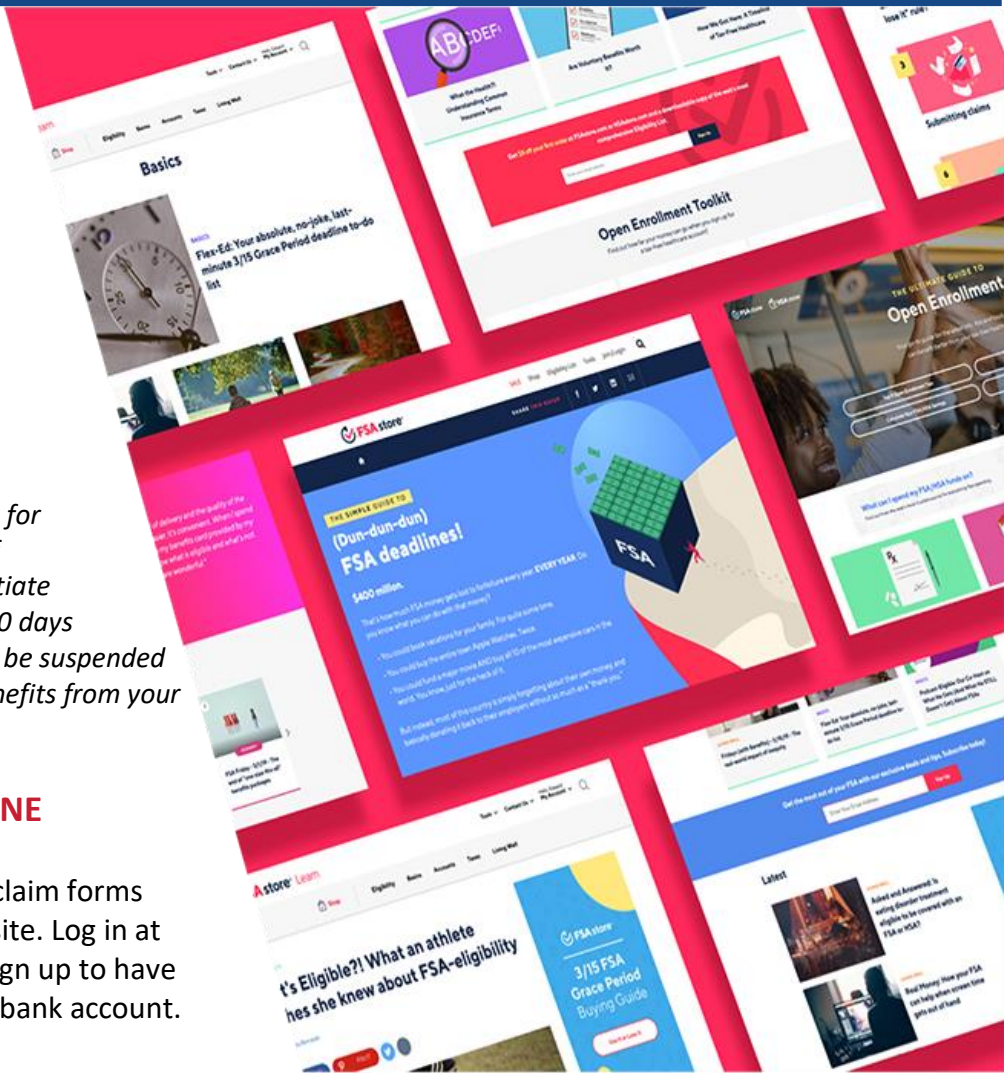
BENEFITS CARD

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

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

VIEW YOUR ACCOUNT DETAILS ONLINE

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



FF MOBILE ACCOUNT APP

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

FSA STORE

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



HEALTH SAVINGS ACCOUNTS

EECU HSA Department. | www.eecu.org/HSA | 871.882.0800

HEALTH SAVINGS ACCOUNTS

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like co-pays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies.

2023	
HSA Contribution Limit	<ul style="list-style-type: none">• Self Only: \$3,850• Family: \$7,750
HDHP Minimum Deductibles	<ul style="list-style-type: none">• Self Only: \$1,500• Family: \$3,000
<i>\$1,000 catch-up contributions (age 55 or older)</i>	

HIGHLIGHTS

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

WHO CAN PARTICIPATE IN AN HSA?

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

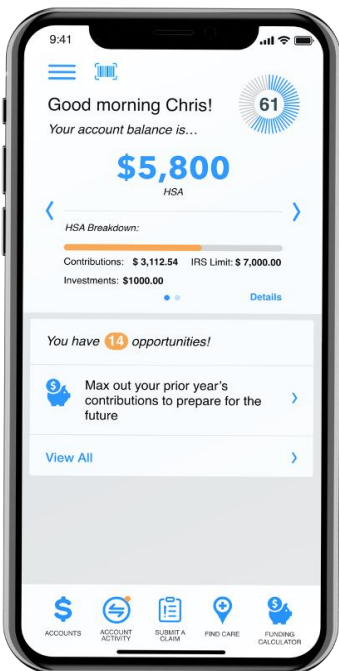
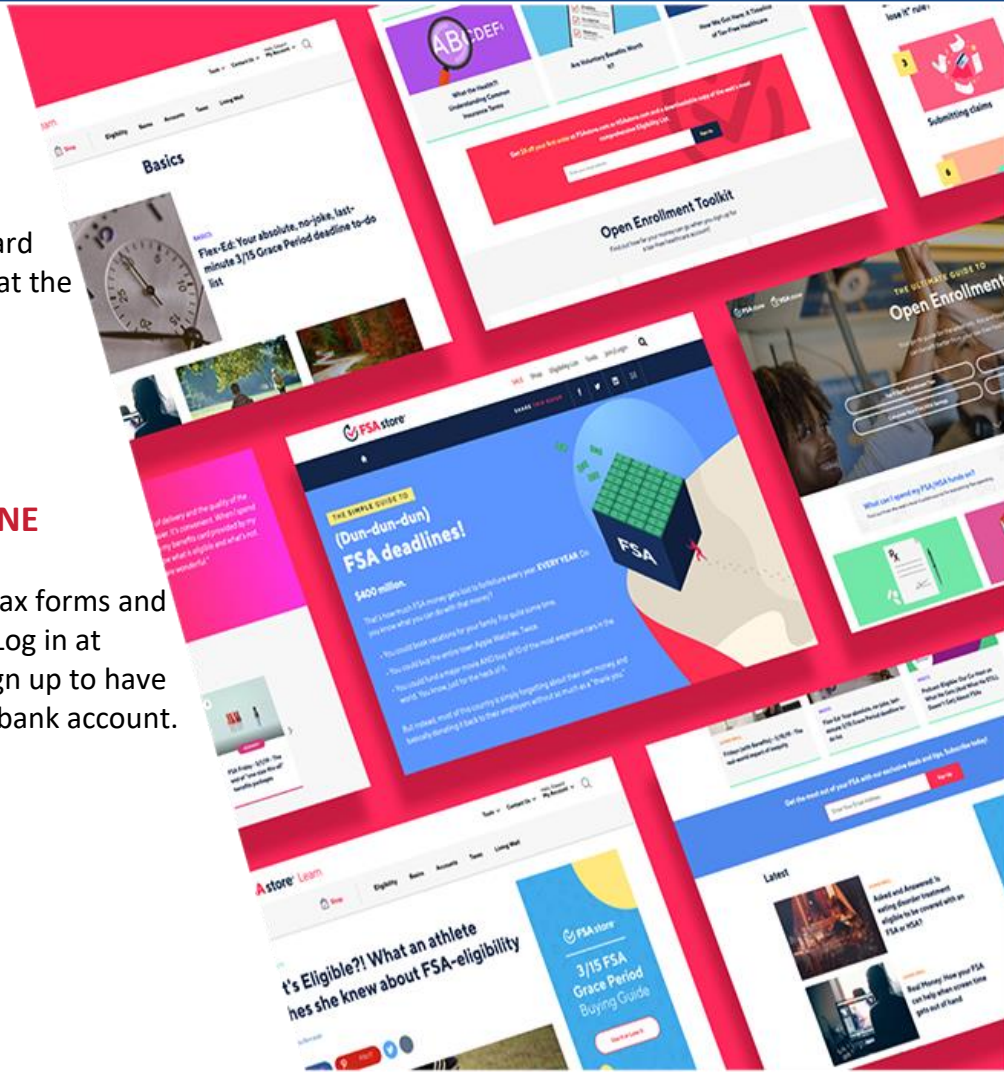
HSA RESOURCES

BENEFITS CARD

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

VIEW YOUR ACCOUNT DETAILS ONLINE

Sign up to view your account balance, find tax forms and check claims status on our secure website. Log in at www.eecu.org. After you log in, you may sign up to have reimbursements directly deposited to your bank account. View the [eeecu.org/onlinebanking](http://www.eecu.org/onlinebanking) now!



EECU MOBILE ACCOUNT APP

With the Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The Mobile Account App is available for Apple® and Android™ devices on either the App Store™ or Google Play Store™. View the Mobile Account App <https://www.eecu.org/home>

HSA STORE

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



TELEHEALTH

Recuro | www.eecu.org/HSA | 855-935-5842

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

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

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

WellVia is becoming Recuro! Here's what you need to know.

WellVia's making an exciting brand transition to Recuro! The existing app will be retired in November, and all current users will be required to download and sign into the Recuro Care app to continue receiving services. Rest assured:

There will be no changes to your available services and benefits

The Recuro Care app is the same app, just with a new 'look and feel'

Your login, profile, and medical records will remain the same

It's quick and easy to begin using the new Recuro Care app

FOR FULL DETAILS PLEASE VISIT THE EBC SITE: <https://ffbenefits.ffga.com/lubbockcooperisd/telehealth/>

HOSPITAL INDEMNITY INSURANCE

MetLife | www.metlife.com | 800.300.4296

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!

Two comprehensive plans called the Low Plan and High Plan which provides lump sum cash payments for covered events regardless of any other payments you may receive from your medical plan.

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Hospital Benefits				
		Admission ²	\$500	\$1,000
Admission Benefit	3 time(s) per calendar year ¹	ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$500	\$1,000
		Confinement ⁴	\$125	\$200
Confinement Benefit	30 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 30 of those days	ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$125	\$200
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care ⁵	\$25	\$50
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	\$100	\$200
Surgery Benefits				
Inpatient Surgery Benefit*	1 time(s) per calendar year Requires administration of general anesthesia.	Inpatient Surgery	\$250	\$500
Outpatient Surgery Benefit	1 time(s) per calendar year	Outpatient Surgery (For Injury or Sickness)	\$250	\$500

Hospital Indemnity Insurance

Coverage Options	Low Plan	High Plan
Monthly Cost to You		
Employee	\$13.20	\$24.72
Employee & Spouse	\$23.34	\$43.69
Employee & Child(ren)	\$19.86	\$37.14
Employee & Spouse/Child(ren)	\$30.01	\$56.11

FOR FULL PREMIUM DETAILS PLEASE VISIT THE EBC SITE <https://ffbenefits.ffga.com/lubbockcooperisd/hospital-indemnity-insurance/>

CLEVER RX

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

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

HIGHLIGHTS

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

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

C L E V E R **RX** PRESCRIPTION SAVINGS CARD C L E V E R **RX** CLEVERRX.COM

SAVE UP TO 80% on prescription drugs at virtually all U.S. pharmacies!

BIN: 610378
PCN: SC 1
Group: 1062
Member ID: 1000

For even greater savings,
download the app for **FREE!**

Download on the App Store | GET IT ON Google play

Pharmacist Help Line: 800-974-3135
Customer Help Line: 800-873-1195

THIS CARD IS NOT INSURANCE

This card valid exclusively at CVS, Target, Longs Drugs, Walmart, Kroger, Fry's, Harris Teeter, Walgreens, and Duane Reade. For thousands more pharmacies, download the [Clever RX App](#).

HOW TO SELF-ENROLL

ONLINE ENROLLMENT

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

LOGIN

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

VIEW CURRENT BENEFITS

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

VIEW/ADD DEPENDENTS

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their social security numbers and birth dates along with proof of dependency such as a marriage certificate, birth certificate, etc.

BEGIN ELECTIONS

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

ON-SITE ENROLLMENT

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

CONTACT INFORMATION

LUBBOCK-COOPER ISD BENEFITS OFFICE

13807 Indiana Avenue | Lubbock, TX 79423

Megan Politte

806-993-2300 ext 10128

mpolitte@lcisd.net

FIRST FINANCIAL GROUP OF AMERICA

Lee Hayes

Sr Account Executive

325-260-2291

Lee.Hayes@ffga.com

CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Medical	BCBS via TML	www.tmlhealthbenefits.org	800-282-5385
Dental	MetLife	www.metlife.com	800-942-0854
Vision	MetLife	www.metlife.com	855-638-3931
Disability	The Standard	www.standard.com	800-368-2859
Accident	MetLife	www.metlife.com	800-300-4296
Cancer	American Fidelity	www.americanfidelity.com	800-662-1113
Critical Illness	MetLife	www.metlife.com	855-564-6638
Permanent Life	Texas Life	www.texaslife.com	800-283-9233
Group Life	The Standard	www.standard.com	800-628-8600
ID Theft Protection	iLock	www.ilock360.com	855-287-8888
Medical Transport	MASA MTS	www.masamts.com	954-334-8261
Retirement Plans	TCG Administrators	www.tcgservices.com	800-943-9179
FSA & Depend Care	First Financial	www.ffga.com	866-853-3539
HSA	EECU HSA Dept.	www.eecu.org/HSA	817-882-0800
Telehealth	Recuro	www.recurohealth.com/	855-935-5841
Hospital Indemnity	MetLife	www.metlife.com	800-330-4296
Prescription Drug Savings	Clever Rx	www.partner.cleverrx.com/ffga	800-873-1195