



FLORENCE ISD

EMPLOYEE BENEFITS GUIDE

2021 Plan Year



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Florence ISD offers eligible employees a competitive benefits package that includes both district-paid and voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on the Employee Benefits Center website, <https://benefits.ffga.com/florenceisd/>.

Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to your First Financial Account Manager or your Benefits department.

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Florence ISD Benefits Office

306 College Ave, Florence TX 76701 | 254.793.2850

ELIGIBILITY

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

BENEFITS ENROLLMENT

EMPLOYEE BENEFITS CENTER

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

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 by phone 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.

ENROLLMENT ASSISTANCE CENTER INSTRUCTIONS

ENROLLMENT RESERVATION CENTER

To schedule an appointment to enroll over the phone go to <https://florenceisd.timetap.com> and select a date and time from the available options.

ONLINE ENROLLMENT

ENROLL ONLINE

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

LOGIN

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

VIEW CURRENT BENEFITS

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

VIEW/ADD DEPENDENTS

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their social security numbers and birth dates.

BEGIN ELECTIONS

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

MID-YEAR BENEFIT CHANGES

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

QUALIFYING LIFE EVENTS INCLUDE:

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

DECLINING COVERAGE

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

SECTION 125 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 have to 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



TRS-ACTIVECARE

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

Administered by BCBSTX

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

TRS-ActiveCare Primary

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

TRS-ActiveCare HD

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

TRS-ActiveCare Primary+

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

TRS-ActiveCare 2 – CLOSED TO NEW ENROLLEES

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

TRS-ActiveCare Plan Prescription Benefits

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

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



“Ask Emma”

To access “Ask Emma” visit the [TRS-ActiveCare Enrollment Home Page](#), choose your district, click “Go to Log In Page” and then select the “First Time User” link and follow the instructions to set up your account. Once your account has been set up you can log in again using your username and password.

HMO Plans

Baylor Scott & White HMO | trs.swhp.org | 800.728.7947

- Copays for doctor visits and generic prescriptions before you meet deductible
- In-Network only – no out-of-network benefits
- Employee will receive 1 ID card for medical and prescription benefits. If you are covering dependents you will receive 2 cards. Additional cards can be added

For more information please refer to the TRS-ActiveCare website.

https://www.trs.texas.gov/Pages/healthcare_activecare_new_rates_2021.aspx



Your dental coverage

Option 1 or 2: LOW or HIGH plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: LOW		Option 2: HIGH	
Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Your Monthly premium	\$34.16		\$39.86	
You and 1 dependent (Spouse or Child)	\$61.70		\$71.99	
You, Spouse/Domestic Partner and Child(ren)	\$96.19		\$112.22	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50	\$50	\$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%	100%	100%
Basic Care	80%	80%	80%	80%
Major Care	50%	50%	50%	50%
Orthodontia	50%	50%	50%	50%
Annual Maximum Benefit	\$1000	\$1000	\$2000	\$2000
Maximum Rollover	Yes		Yes	
Rollover Threshold	\$500		\$800	
Rollover Amount	\$250		\$400	
Rollover Account Limit	\$1000		\$1500	
Lifetime Orthodontia Maximum	\$1000		\$1500	
Dependent Age Limits	26		26	



Your dental coverage

A Sample of Services Covered by Your Plan:

		Option 1: LOW		Option 2: HIGH	
		<i>Plan pays (on average)</i>		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 14		Under Age 14	
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	80%	80%	80%	80%
	Fillings‡	80%	80%	80%	80%
	Simple Extractions	80%	80%	80%	80%
	Surgical Extractions	80%	80%	80%	80%
Major Care	Bridges and Dentures	50%	50%	50%	50%
	Inlays, Onlays, Veneers**	50%	50%	50%	50%
	Perio Surgery	50%	50%	50%	50%
	Periodontal Maintenance	50%	50%	50%	50%
	Frequency:	Once Every 6 Months		Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%	50%	50%
	Root Canal	50%	50%	50%	50%
	Scaling & Root Planing (per quadrant)	50%	50%	50%	50%
	Single Crowns	50%	50%	50%	50%
Orthodontia	Orthodontia	50%	50%	50%	50%
	Limits:	Child(ren)		Adults & Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.



Your dental coverage

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00580262

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-I-DG2000 et al.
- **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

Eyetopia Benefits	
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.	
Benefit One ² (choose either one of the following 2 options every 12 months):	Co-pay ¹
1. Refractive Exam. One routine Vision Exam.	\$10.00
2. \$45 allowance towards a medical eye exam copay or other services or materials. ²	None
Benefit Two (choose only one of the following Vision Correction Options): Eyetopia provides you with 3 material options every 12 months. ³	
1a. Prescription Lenses (Not using Eyetopia Optics) ⁴	Co-pay ¹
Standard Prescription Lenses – covered 100%	\$20.00
◆ Non-coated CR-39 plastic single vision, bifocal, trifocal. Progressive no-line lenses (PAL) are covered up to \$120.00.	
◆ Polycarbonate upgrade ⁶	\$35.00
◆ Basic Anti-Reflective Coating (Ultraviolet Protection & Scratch Resistant Coating)	\$25.00
◆ Mid-Level Anti-Reflective Coating	\$65.00
◆ Premium Anti-Reflective Coating	\$130.00
1b. Prescription Lenses from Eyetopia Optics ^{4,5}	
◆ Eyetopia Optics Standard single vision or bifocal flat top 28 lenses with a mid-level Anti-Reflective Coating. ⁵	\$20
◆ Eyetopia Optics polycarbonate material and a mid-level AR Coating upgrade for child dependents (under age 26).	None
◆ Eyetopia Optics non-prescription anti-fatigue lenses.	None
◆ Eyetopia Optics high definition PAL or free form SV in CR-39 with a mid-level anti-reflective coating. ⁵	\$65.00
◆ Eyetopia Optics premium blue light blocking, high definition PAL or SV in CR-39 with mid-level AR coating. ⁵	\$105.00
◆ Eyetopia Optics photochromatic or polarized lenses	\$90.00
◆ Medically necessary spectacles for Aniseikonia or Amblyopia - \$400.00 lens allowance.	None
◆ Additional upgrade for lenses from any lab source; Tint (Solid and Gradient)	\$12.00
◆ Frame: The member may select any frame on display. Eyetopia provides an allowance of \$120.00 to be applied toward the frame selected. The member pays any amount exceeding the \$120.00 allowance.	None
2. Contact Lens Option: ⁶ Eyetopia provides a \$145.00 allowance to be applied toward prescription contact lenses.	\$20.00
◆ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses.	
◆ Medically necessary contact lenses - \$145.00 evaluation allowance and \$400.00 contact lens allowance. ⁷	None
3. Refractive Surgery Option. ⁸ You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia provides a \$350.00 per eye with contracted surgeons or a \$75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care, for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	None

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

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

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

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

⁵ Members can upgrade from standard non-coated lens to an Eyetopia Optics premium coated lenses at no charge. They can upgrade to an Eyetopia Optics high definition PAL or high definition single vision in CR-39 plastic for an additional \$65.00. A \$105.00 co-pay applies to premium blue light resistance lenses.

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

⁷ The Participating Provider must pre-authorize medical necessity.

⁸ Non-covered Items and Exclusions – Facility fees, medications and enhancements or treatments related to complications. Access to surgeons must come by referral from a Primary Eye Care Provider who provides pre and post-op care and counseling.

Exclusions & Limitations

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

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

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



Find us on Facebook.com/eyetopiaivision

Emp - \$10
E+1 - \$17
Fam - \$24

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

Eyetopia Benefits	
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.	
BENEFIT ONE ² (choose either one of the following 2 options every 12 months):	Co-pay¹
1. Refractive Exam. One routine vision exam.	\$5.00
2. \$65 allowance toward medical eye exam co-pay or other services or materials. ²	None
BENEFIT TWO (choose only 1 of the following Vision Correction Options) Eyetopia provides you with 3 options for correcting your vision every 12 months. ³	
1a. Prescription Lenses (Not using Eyetopia Optics) ^{3,4} Single vision, bifocal or trifocal lenses in polycarbonate, Trivex®, 1.60 or 1.67 index plastic that also include a basic anti-reflective coating are covered 100%. Progressive no-line lenses (PAL) are covered up to \$120.00.	Co-pay¹ None
<ul style="list-style-type: none"> • Mid-Range Anti-Reflective Coating - \$45.00 allowance • Premium Anti-Reflective Coating - \$60.00 allowance 	None None
1b. Prescription Lenses from Eyetopia Optics ^{3,4} Bi-focal, Tri-focal, high definition single vision or Progressive (no line) lenses in polycarbonate, Trivex®, 1.60 or 1.67 index plastic with a mid-range ⁵ one year warranted anti-reflective coating are covered 100%.	None
<ul style="list-style-type: none"> • Eyetopia Optics blue light blocking coating add on • Eyetopia Optics premium blue light blocking, high definition with premium anti-reflective coating. • Medically necessary spectacles for Aniseikonia or Amblyopia - \$400.00 lens allowance. • Non-Prescription Gaming/Computer (Anti-Fatigue) lenses (limited materials) from any lab source. 	None \$50.00 None None
Additional upgrade for lenses from any lab source: <ul style="list-style-type: none"> • Tint (Solid and Gradient) 	\$12.00
♦ Frame: The member may select any frame on display. Eyetopia provides an allowance of \$180.00 to be applied toward the frame selected. The member pays any amount exceeding the \$180.00 allowance.	None
2. Contact Lens Option Eyetopia provides a \$300.00 allowance to be applied toward prescription contact lenses. ♦ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. ⁶	None
♦ Medically necessary contact lenses - \$250.00 evaluation allowance and \$400.00 contact lens allowance. ⁷	None
3. Refractive Surgery Option. ⁸ You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia provides a \$500.00 per eye with contracted surgeons or a \$150.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care, for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	None
4. Hearing Aid Option. ⁹ If you do not use any of the other Materials options you can elect to apply your benefit toward hearing aids. Current year is a maximum benefit of \$750.00 toward one or both hearing aids. If not used in year 1, the benefit increases to \$1,600.00 in year 2. If not used in Year 2 or Year 1, the benefit increases to \$2,550.00 for Year 3 (see full Summary)	None

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

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

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

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

⁵ The charge for a premium anti-reflective coating is a \$65 co-pay plus the difference of the retail price of the mid-range anti-reflective coating and the premium coating.

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

⁷ Total maximum benefit allowance is \$650.00. The Participating Provider must pre-authorize medical necessity.

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

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

Exclusions & Limitations

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

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

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

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

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

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

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

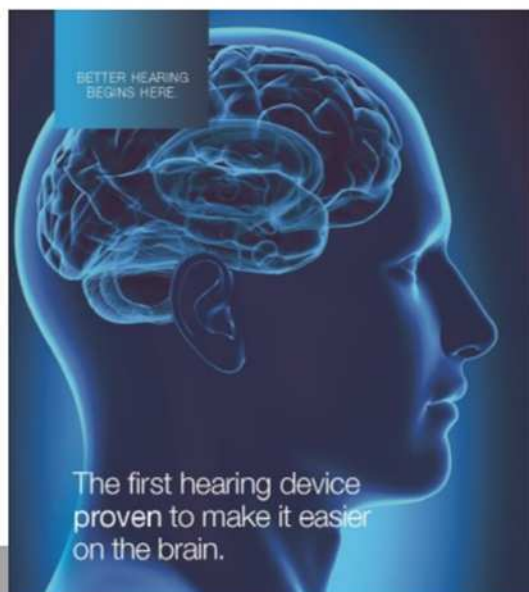
All Hearing Aids must be supplied through a Your Hearing Network Participating Provider. We have negotiated exceptional price reductions to provide Eartopia® Members access to a wide array of hearing aids. Eartopia® offers five classifications of hearing aids from basic aids to premium aids. The following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

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

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

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

Treating Hearing Loss - Hearing aids can help.



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



Comparing HSAs & FSAs

Differences in HSAs and FSAs



Health Savings Accounts (HSAs), and Flexible Spending Accounts (FSAs) are common types of reimbursement accounts offered by First Financial Administrators, Inc. These accounts allow you to set aside money for qualified medical expenses, while reducing your overall tax burden.

However, there are significant differences between an HSA and a FSA. With an HSA, you own the account and can take it with you wherever you go, with funds that you can't lose. Also – unlike a FSA – your funds are generally available in your account only as contributions are made, instead of from the beginning of the plan year.

HSA	FSA
ELIGIBILITY REQUIREMENTS	
Must have qualified HDHP and no other disqualified health plan. Cannot be covered under a traditional FSA or spouses traditional health plan. Can not be enrolled in MediCare.	No FSA specific eligibility requirements.
YEARLY CONTRIBUTION AMOUNTS	
\$3,600 Individual, \$7,200 Family (2021). Employee and employer contributions both count towards the limit.	IRS limit of \$2,750 Per FSA (2021). Limits are set by the employer
AVAILABILITY OF FUNDS	
Funds are available as contributions are made.	The full election amount is available on the first day of the plan year.
CHANGING CONTRIBUTION AMOUNTS	
Contributions can be changed at any time.	May be adjusted at open enrollment or with a qualifying life event in employment or family status.
ROLLOVER	
Any unused balance always rolls over to the next plan year.	FSAs are “use it or lose it” and you forfeit any unused balance at the end of the plan year. Your employer may opt to allow a 2 1/2 month grace period to submit charges made in plan year or allow a \$550 rollover allowing you to use funds up to \$550 for expenses in the new plan year.

HSA	FSA
PORTABILITY	
It's your account. You can take it with you wherever you go.	You will lose your FSA with a change in employment.
EFFECT ON TAXES	
Contributions may be taken out of your paycheck pre-tax. Growth and distributions for qualified expenses are tax free or be made on the portal with after-tax contributions. Tax deduction on taxes at end of year.	Contributions are taken out of your paycheck pre-tax. Distributions are tax free for qualified expenses.
DOCUMENTATION	
You are responsible to maintain documentation in case of an IRS audit.	You will be requested to provide documentation to substantiate the expense.
TAX DOCUMENTS	
1099-SA distributions will be sent to you by January 31. 5498 Contributions will be issued in May.	Reported on W-2.
INVESTMENTS	
Investment options are available once you have accumulated the minimum required balance. Investments can be made online by logging into the secure portal at www.ffga.com .	No investment options
DISTRIBUTIONS	
Any distribution amount not used exclusively to pay for qualified medical expenses is included in your gross income and may be subject to an additional 20% tax.	Expenses must be incurred during the plan year.



**For more information on your HSA,
call (866) 853-3539 or visit www.ffga.com.**

Flexible Spending Accounts



First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

HEALTHCARE FSA

A Health Flexible Spending Account (Health 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 \$500 roll-over option for your Health FSA plan. This option allows you the opportunity to roll over up to \$500 of unclaimed Health FSA funds into the following plan year. Keep in mind that balances more than \$500 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2021 is \$2,750.

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 so you don't have to spend 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: 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 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 child care, 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.
- Contributions are not loaded upfront. 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 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 eligible dependents that are at least 18 years old.

- **The IRS requires validation of most transactions for FSAs.** You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 90 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.
- **Dependent Care FSA Contributions are not loaded upfront.** Funds become available as contributions are made to your account.

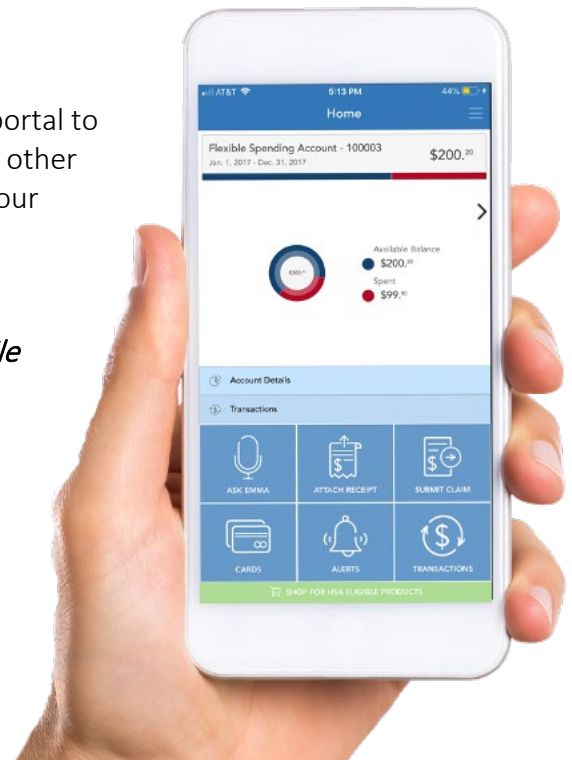
ONLINE FSA PORTAL

Flexible Spending Account participants can log in to their online FSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

FF MOBILE ACCOUNT APP

Managing your benefit accounts on the go is made easy with *FF Mobile Account App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Access account information
- View card details and profile information
- Submit FSA claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Update direct deposit information



FSA STORE

First Financial has partnered with the FSA Store to bring you an easy to use online store to better understand and manage your FSA. An online marketplace that connects consumers to FSA-eligible products, seasonal deals, and account support resources such as open enrollment guides and educational videos.

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

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

Health Savings Accounts



First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

HEALTH SAVINGS ACCOUNTS

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

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.

HSA RESOURCES

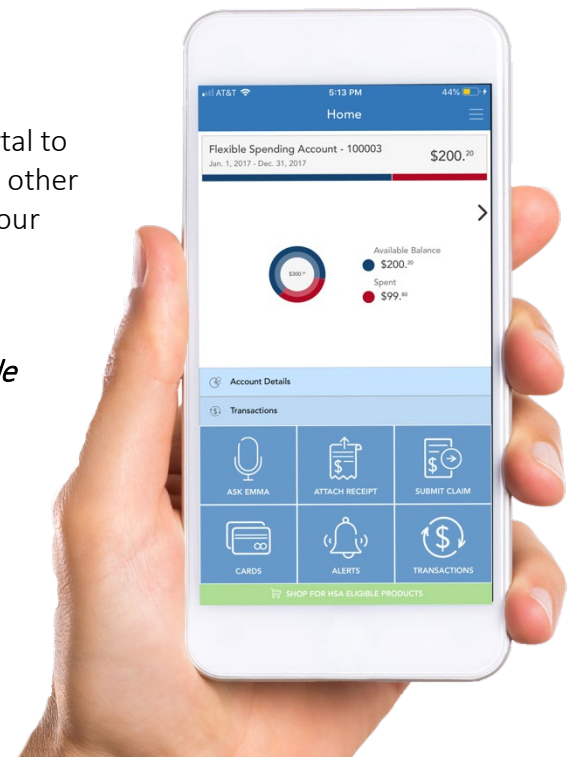
ONLINE HSA PORTAL

Health Savings Account participants can log in to their online HSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

FF MOBILE ACCOUNT APP

Managing your benefit accounts on the go is made easy with **FF Mobile Account App**. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Request distributions
- Invest in HSA funds
- Make additional contributions
- Pay a provider or pay yourself
- Download tax forms



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 HSA. An online marketplace that connects consumers to HSA-eligible products, seasonal deals, and account support resources such as a national database of providers as well as an HSA Learning Center.

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

- Shop for eligible items from bandages to wheel chairs and thousands of products in between
- Browse or search for eligible products and services using the Eligibility List
- Visit the Learning Center to help find answers to questions you may have about your account.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

Life & AD&D Insurance



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

EMPLOYER-PAID TERM LIFE & AD&D INSURANCE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$10,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

Term Life Insurance



American Fidelity | www.americanfidelity.com | 1.800.654.8489

VOLUNTARY TERM LIFE INSURANCE

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

Texas Life - Permanent Life



Texas Life | www.texaslife.com | 1.800.283.9233

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

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

HIGHLIGHT

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121, as long as 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.

Are you helping to protect your paycheck?



If you had to miss work due to an injury or sickness, how long could you go without your paycheck? Could you afford everyday living expenses while maintaining the lifestyle you're use to?

Disability is the leading cause of personal bankruptcies.¹

AF™ Disability Income Insurance can help protect your future finances by providing a benefit to help pay for expenses while you are unable to work due to a covered disability, paying a percentage of your gross monthly earnings.



Learn more at

americanfidelity.com/info/disability

**NO HEALTH
QUESTIONS ASKED**

Pre-existing conditions will still apply for new coverage, increase in benefit, or enhancement of benefit/elimination period.

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

AMERICAN FIDELITY 
a different opinion

AF™ Disability Income Insurance

AF™ Disability Income Insurance



Salary Protection

Help protect your finances for you and your loved ones



Coverage Options

Benefit amount and elimination periods that meet your needs



Return-to-Work Benefit

Partial benefit for part-time work



Employee Assistance Program*

Telephonic life coaching, legal assistance, and more

Features

- Benefits paid directly to you
- No required medical questions or exams so you are guaranteed coverage
- Critical Illness Benefit Rider provides a lump sum benefit upon diagnosis of a qualified critical illness
- Hospital Indemnity Limited Benefit Rider pays daily benefit amount for a hospital confinement



Your benefits, all in one place.

Manage your American Fidelity benefits and reimbursement accounts through your online account or the AFmobile® app.

¹Disability World: Disability Insurance Claims and Benefits Information; March 1, 2019

**Employee Assistance Program: Included in within AF™ Long Term Disability Income Insurance policies. Service not provided by American Fidelity.*

Disability Income Insurance: This product may contain limitations, exclusions, and waiting periods.

Riders may not be available for all plans.



American Fidelity
Assurance Company
americanfidelity.com

Disability Insurance



American Fidelity | www.americanfidelity.com | 1.800.654.8489

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period of time you are unable to work due to those reasons. You are able to 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?

Critical Illness Insurance



American Fidelity | www.americanfidelity.com | 1.800.654.8489

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often 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



American Fidelity | www.americanfidelity.com | 1.800.654.8489

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

Hospital Indemnity Insurance



American Fidelity | www.americanfidelity.com | 1.800.654.8489

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits.

The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!

Cancer Insurance



American Fidelity | www.americanfidelity.com | 1.800.654.8489

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 of 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.

403(b) Retirement Plans



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

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

HOW A 403(b) WORKS

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

BENEFITS

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

CONTRIBUTION LIMITS

Participants may contribute up to \$19,500 for year 2021. Participants age 50 and older at any time during the calendar year are permitted to contribute an additional \$6,500 in 2020, for a total of \$26,000.

457(b) Retirement Plans



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

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 \$19,500 for year 2021. Participants age 50 and older at any time during the calendar year are permitted to contribute an additional \$6,500 in 2020, for a total of \$26,000.

Telehealth



WellVia | www.wellviasolutions.com | 1.855.935.5842

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

Board Certified physicians will diagnose your illness, recommend treatment and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They are able to 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!

COBRA

First Financial Administrators, Inc. | www.cobrapoint.benaissance.com | 1.800.523.8422, option 4

Life is full of unexpected events that may impact your health insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your group health coverage such as medical, dental, vision insurance and flexible spending accounts for a limited period of time.

HIGHLIGHTS

- Temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work, divorce, death or a child no longer qualifying as a dependent. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
- Either you or your family member are responsible for notifying your employer of a divorce, legal separation or child losing dependent status within 60 days of the event. In the case of termination, death or reduction in hours, your employer will be responsible for letting the provider know that you have the right to continue coverage under COBRA.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

Clever RX



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

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

HIGHLIGHTS

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

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

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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**.

CONTACT INFORMATION



FLORENCE ISD BENEFITS OFFICE

306 COLLEGE AVE
FLORENCE, TX 76701
254-793-2850
www.florenceisd.net

FIRST FINANCIAL GROUP OF AMERICA

Edith Bergman, Account Executive
edith.bergman@ffga.com | 281-272-7638

EMPLOYEE BENEFITS CENTER – <https://benefits.ffga.com/florenceisd>

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