



Edna ISD

EMPLOYEE BENEFITS GUIDE

2021 - 2022 Plan Year

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Edna 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/ednaisd/>.

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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Edna ISD Benefits Office
601 N Wells Edna TX 77957 | 361-782-3573

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/ednaisd/> today!

NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. To enroll please contact your First Financial representative Thomas Marroquin at 210-849-2088

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative will be available 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

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

Online Enrollment

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)

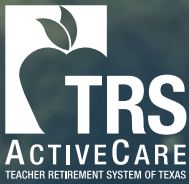
TRS-ActiveCare Plan Prescription Benefits

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.

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

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



ACTIVATE YOUR HEALTH:

TRS-ActiveCare Plan Highlights 2020-21

► **This new year brings new opportunities to unlock your potential and take charge of your wellness.**

After connecting with your district leaders to learn how we could enhance the quality of your coverage, we're providing improved pricing, more network choices, simplified coverage and a new plan with a lower premium and copays.

Welcome to the 2020-21 TRS-ActiveCare, where you can empower the best you.

What to Know

How to Calculate Your Monthly Premium

Total Monthly Premium	
⊖ Your District and State Contributions	
⊖ Your Premium	
<hr/>	
Calculate Your Monthly Premium	
⊖	
⊖	

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

Learn the Terms

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

2020-21 TRS-ActiveCare Plan Highlights

Sept. 1, 2020 – Aug. 31, 2021



What's New

- Primary plan with a **lower premium and copays**
- Primary+ (formerly Select) **decreased premiums** by up to 8%
- **Broader networks** of health care providers
- **Lower premiums** for families with children

Leverage Your \$0 Preventive Care*

- Annual routine physicals (ages 12+)
- Annual mammogram (ages 40+)
- Annual OB/GYN exam & pap smear (ages 18+)
- Annual prostate cancer screening (ages 45+)
- Well-child care (unlimited up to age 12)
- Healthy diet/obesity counseling (unlimited to age 22; ages 22+ get twenty-six visits per year)
- Smoking cessation counseling (8 visits per year)
- Breastfeeding support (six per year)
- Colonoscopy (ages 50+ once every ten years)

*Available for all plans. See benefits guides for more details.

Did You Know

- Our provider search tool will be available in June.
- Choosing a PCP helps you meet your health goals faster.
- Generic medications save money! Ask your provider if your medicine has a generic.

All TRS-ActiveCare participants have **three plan options**. Each is designed with the unique needs of our members in mind.

	NEW: TRS-ActiveCare Primary	TRS-ActiveCare HD	NEW: TRS-ActiveCare Primary+
Plan summary	<ul style="list-style-type: none"> • Lower premium • Copays for doctor visits before you meet deductible • Statewide network • PCP referrals required to see specialists • Not compatible with health savings account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Similar to current 1-HD • Lower premium • Compatible with health savings account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet deductible before plan pays for non-preventive care 	<ul style="list-style-type: none"> • Simpler version of the current Select plan • Lower deductible than HD and primary plans • Copays for many services and drugs • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a health savings account (HSA) • No out-of-network coverage
If you make no changes during Annual Enrollment, you'll have the following plan...	Only employees that choose this new plan during Annual Enrollment will be enrolled in it.	If you're currently in TRS-ActiveCare 1-HD and you make no change during Annual Enrollment, this will be your plan next year.	If you're currently in TRS-ActiveCare Select and you make no changes during Annual Enrollment, this will be your plan next year.

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$386	\$	\$514	\$
Employee and Spouse	\$1,089	\$	\$1,264	\$
Employee and Children	\$695	\$	\$834	\$
Employee and Family	\$1,301	\$	\$1,588	\$

Plan Features	In-Network Coverage Only	In-Network	Out-of-Network	In-Network Coverage Only
Type of Coverage				
Individual/Family Deductible	\$2,500/\$5,000	\$2,800/\$5,600	\$5,500/\$11,000	\$1,200/\$3,600
Coinurance	You pay 30% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$20,250/\$40,500	\$6,900/\$13,800
Network	Statewide Network	Nationwide Network	Nationwide Network	Statewide Network
Primary Care Provider (PCP) Required	Yes	No	No	Yes

Doctor Visits	Primary Care	Specialist	TRS Virtual Health
	\$30 copay	\$70 copay	\$0 per consultation
	You pay 20% after deductible	You pay 20% after deductible	\$30 per consultation
	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
	\$30 copay	\$70 copay	\$0 per consultation
	You pay 20% after deductible	You pay 20% after deductible	\$0 per consultation

Immediate Care	Urgent Care	Emergency Care	TRS Virtual Health
	\$50 copay	You pay 30% after deductible	\$0 per consultation
	You pay 20% after deductible	You pay 20% after deductible	\$30 per consultation
	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible

Prescription Drugs	Drug Deductible	Generics (30-Day Supply / 90-Day Supply)	Preferred Brand	Non-preferred Brand	Specialty
	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical
	\$200 brand deductible	\$15/\$45 copay; \$0 for certain generics	You pay 20% after deductible, \$0 for certain generics	You pay 20% after deductible, \$0 for certain generics	You pay 20% after deductible, \$0 for certain generics
	\$200 brand deductible	\$15/\$45 copay	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible
	\$200 brand deductible	You pay 20% after deductible, \$0 for certain generics	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible
	\$200 brand deductible	You pay 20% after deductible, \$0 for certain generics	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
	\$200 brand deductible	You pay 20% after deductible, \$0 for certain generics	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible
	\$200 brand deductible	You pay 20% after deductible, \$0 for certain generics	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
	\$200 brand deductible	You pay 20% after deductible, \$0 for certain generics	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible
	\$200 brand deductible	You pay 20% after deductible, \$0 for certain generics	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
	\$200 brand deductible	You pay 20% after deductible, \$0 for certain generics	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible
	\$200 brand deductible	You pay 20% after deductible, \$0 for certain generics	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible

TRS-ActiveCare 2
<ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many drugs and services • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals
If you're currently in TRS-ActiveCare 2, and you make no changes during Annual Enrollment, you will remain in TRS-ActiveCare 2 next year.

Total Premium	Your Premium
\$937	\$
\$2,222	\$
\$1,393	\$
\$2,627	\$

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

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible
\$0 per consultation	

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per consultation	

\$200 brand deductible	
\$20/\$45 copay	
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)	
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	
You pay 20% after deductible (\$200 min/\$900 max)/ No 90-Day Supply of Specialty Medications	

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

Compare Pricing for Common Medical Services

REMEMBER:

You can use the cost estimator tool on www.bcbstx.com/trsactivecare starting Sept. 1 to shop for the best prices through different providers.

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

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

State of Texas Alternative Medical Program (STAMP)
Effective: 09.01.2021
School Districts Outside the Imagine Health Footprint. Zone E

Benefit Plan Designs

	Current Option - TRS ActiveCare Primary		Proposed Option - STAMP Primary
	Tier 1	Tier 2	Tier 1
	INN Only	None Except ER	ELAP + Multiplan All Facilities All Providers (including Multiplan)
Monthly Premiums			
Employees Only		\$417	\$368
Employee and Spouse		\$1,176	\$1,107
Employee and Children		\$751	\$713
Employee and Family		\$1,405	\$1,356
Preventive Care			
Well Care (Up to Age 19)	Covered 100%, Ded Waived		Covered 100%, Ded Waived
Routine Adult Care	Covered 100%, Ded Waived		Covered 100%, Ded Waived
Plan Deductible & Co-Insurance	Embedded		Embedded
Deductible - Individual	\$2,500		\$1,500
Deductible - Individual + 1 or more	\$5,000		\$3,000
Plan Co-Insurance (except where noted)	70%		80%
Plan Out-of-Pocket Maximum			
Max OOP - Individual	\$8,150		\$6,500
Max OOP - Individual + 1 or more	\$16,300		\$13,000
Prescription Drugs			
Drug Deductible	Integrated with medical		Integrated with medical
Generics (30 day/90 day supply)	\$15/\$45 copay		\$5/\$15 copay
Preferred Brand	You pay 30% after Deductible		You pay 20% after Deductible
Non-Preferred Brand	You pay 50% after Deductible		You pay 50% after Deductible
Specialty	You pay 30% after Deductible		Not Covered by Plan *
Telehealth			
	Included		No charge
Office Visits			
Primary Care	\$30		\$15
Specialist Care	\$70		\$50
Physical, Occupational & Speech Therapy			
	You pay 30% after Deductible		\$50
Hospital Benefits			
In-Patient (Facility)	You pay 30% after Deductible		You pay 20% after Deductible
In-Patient (Surgeon)	You pay 30% after Deductible		You pay 20% after Deductible
Out-Patient (Facility)	You pay 30% after Deductible		You pay 20% after Deductible
Out-Patient (Surgeon)	You pay 30% after Deductible		You pay 20% after Deductible
Independent Labs, Imaging & Diagnostics (Includes Quest for Imagine Health)			
Participating Lab	Place of Service		Place of Service
Standard X-Ray	Place of Service		Place of Service
Complex Imaging	You pay 30% after Deductible		You pay 20% after Deductible
Urgent Care & Emergency Services			
Urgent Care	\$50		\$50
Ambulance (Air & Land) - Emergency	You pay 30% after Deductible	INN benefit level	You pay 20% after Deductible
Emergency Room	You pay \$500 + ded/coins	INN benefit level	You pay \$500 + ded/coins

Assumptions / Caveats:

* Specialty drugs are not covered by the plan. An alternate funding program for assistance in possibly obtaining specialty drugs may be available. Please call GPA for assistance.

State of Texas Alternative Medical Program (STAMP)
Effective: 09.01.2021
School Districts Outside the Imagine Health Footprint. Zone E

Benefit Plan Designs

	Current Option - TRS ActiveCare Primary+		Proposed Option - STAMP Primary+
	Tier 1	Tier 2	Tier 1 ELAP + Multiplan All Facilities All Providers (including Multiplan)
	INN Only	None Except ER	
Monthly Premiums			
Employees Only		\$542	\$400
Employee and Spouse		\$1,334	\$1,225
Employee and Children		\$879	\$787
Employee and Family		\$1,675	\$1,500
Preventive Care			
Well Care (Up to Age 19)	Covered 100%, Ded Waived		Covered 100%, Ded Waived
Routine Adult Care	Covered 100%, Ded Waived		Covered 100%, Ded Waived
Plan Deductible & Co-Insurance	Embedded		Embedded
Deductible - Individual	\$1,200		\$500
Deductible - Individual + 1 or more	\$3,600		\$1,500
Plan Co-Insurance (except where noted)	80%		90%
Plan Out-of-Pocket Maximum			
Max OOP - Individual	\$6,900		\$5,250
Max OOP - Individual + 1 or more	\$13,800		\$10,500
Prescription Drugs			
Drug Deductible	\$200 Brand Deductible		\$150 Brand Deductible
Generics (30 day/90 day supply)	\$15/\$45 copay		\$10/\$30 copay
Preferred Brand	You pay 25% after Deductible		You pay 20% after Deductible
Non-Preferred Brand	You pay 50% after Deductible		You pay 50% after Deductible
Specialty	You pay 20% after Deductible		Not Covered by Plan *
Telehealth			
	Included		No charge
Office Visits			
Primary Care	\$30		\$15
Specialist Care	\$70		\$50
Physical, Occupational & Speech Therapy			
	You pay 20% after Deductible		\$50
Hospital Benefits			
In-Patient (Facility)	You pay 20% after Deductible		You pay 10% after Deductible
In-Patient (Surgeon)	You pay 20% after Deductible		You pay 10% after Deductible
Out-Patient (Facility)	You pay 20% after Deductible		You pay 10% after Deductible
Out-Patient (Surgeon)	You pay 20% after Deductible		You pay 10% after Deductible
Independent Labs, Imaging & Diagnostics (Includes Quest for Imagine Health)			
Participating Lab	Place of Service		Place of Service
Standard X-Ray	Place of Service		Place of Service
Complex Imaging	You pay 20% after Deductible		You pay 10% after Deductible
Urgent Care & Emergency Services			
Urgent Care	\$50		\$50
Ambulance (Air & Land) - Emergency	You pay 20% after Deductible	INN benefit level	You pay 10% after Deductible
Emergency Room	You pay \$500 + ded/coins	INN benefit level	\$500 + ded/coins

Assumptions / Caveats:

* Specialty drugs are not covered by the plan. An alternate funding program for assistance in possibly obtaining specialty drugs may be available. Please call GPA for assistance.

State of Texas Alternative Medical Program (STAMP)
Effective: 09.01.2021
School Districts Outside the Imagine Health Footprint. Zone E

Benefit Plan Designs			
	Current Option - TRS ActiveCare HD		Proposed Option - STAMP HD
	Tier 1	Tier 2	Tier 1 ELAP + Multiplan
	INN	OON	All Facilities All Providers (including Multiplan)
Monthly Premiums			
Employees Only		\$429	\$371
Employee and Spouse		\$1,209	\$1,121
Employee and Children		\$772	\$721
Employee and Family		\$1,445	\$1,355
Preventive Care			
Well Care (Up to Age 19)	Covered 100%, Ded Waived	50% after Deductible	Covered 100%, Ded Waived
Routine Adult Care	Covered 100%, Ded Waived	50% after Deductible	Covered 100%, Ded Waived
Plan Deductible & Co-Insurance		Embedded	Embedded
Deductible - Individual	\$3,000	\$5,500	\$1,400
Deductible - Individual + 1 or more	\$6,000	\$11,000	\$2,800
Plan Co-Insurance (except where noted)	70%	50%	80%
Plan Out-of-Pocket Maximum			
Max OOP - Individual	\$7,000	\$20,250	\$4,000
Max OOP - Individual + 1 or more	\$14,000	\$40,500	\$8,000
Prescription Drugs			
Drug Deductible	Integrated with medical	Integrated with medical	Integrated with medical
Generics (30 day/90 day supply)	You pay 20% after Deductible	You pay 20% after Deductible	You pay 10% after Deductible
Preferred Brand	You pay 30% after Deductible	You pay 30% after Deductible	You pay 20% after Deductible
Non-Preferred Brand	You pay 50% after Deductible	You pay 50% after Deductible	You pay 30% after Deductible
Specialty	You pay 30% after Deductible	You pay 30% after Deductible	Not Covered by Plan *
Telehealth			
	Included	Included	No charge
Office Visits			
Primary Care	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Specialist Care	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Physical, Occupational & Speech Therapy			
	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Hospital Benefits			
In-Patient (Facility)	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
In-Patient (Surgeon)	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Out-Patient (Facility)	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Out-Patient (Surgeon)	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Independent Labs, Imaging & Diagnostics (Includes Quest for Imagine Health)			
Participating Lab	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Standard X-Ray	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Complex Imaging	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Urgent Care & Emergency Services			
Urgent Care	You pay 30% after Deductible	You pay 50% after Deductible	You pay 20% after Deductible
Ambulance (Air & Land) - Emergency	You pay 30% after Deductible	INN benefit level	You pay 20% after Deductible
Emergency Room	You pay 30% after Deductible	INN benefit level	You pay 20% after Deductible

Assumptions / Caveats:

* Specialty drugs are not covered by the plan. An alternate funding program for assistance in possibly obtaining specialty drugs may be available. Please call GPA for assistance.

Dental Insurance



Ameritas | www.ameritas.com | 1.800.487.5553

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

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

DENTAL MONTHLY PREMIUMS		
	LOW	HIGH
EMPLOYEE ONLY	\$18.08	\$33.38
EMPLOYEE + SPOUSE	\$36.12	\$64.24
EMPLOYEE + CHILD(REN)	\$40.08	\$65.98
EMPLOYEE + FAMILY	\$57.84	\$93.08

Low Plan: Dental Plan Summary

Effective Date: 9/1/2021

Plan Benefit	
Type 1	80%
Type 2	50%
Type 3	25%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	U&C
Waiting Period	None

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exams Bitewing X-rays Full Mouth/Panoramic X-rays Cleanings Fluoride for Children 18 and under Sealants (age 13 and under) 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites (anterior and posterior teeth) Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions 	<ul style="list-style-type: none"> Space Maintainers Onlays Crowns Crown Repair Prostodontics (fixed bridge; removable complete/partial dentures) Anesthesia

Monthly Rates

Employee Only (EE)	\$18.08
EE + Spouse	\$36.12
EE + Children	\$40.08
EE + Spouse & Children	\$57.84

Ameritas Information

We're Here to Help
This plan was designed specifically for the associates of Edna ISD. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Your provider network is Ameritas Classic Network.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on September 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

Section 125

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

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

High Plan: Dental Plan Summary

Effective Date: 9/1/2021

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,500 per calendar year
Allowance	U&C
Waiting Period	None

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

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

Type 1	Type 2	Type 3
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Monthly Rates

Employee Only (EE)	\$33.38
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Vision Insurance



Superior | www.superiorvision.com | 1.800.507.3800

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

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

- Eye exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction

VISION MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$7.08
EMPLOYEE + SPOUSE	\$14.16
EMPLOYEE + CHILD(REN)	\$16.19
EMPLOYEE + FAMILY	\$24.96



Vision plan benefits for ESC Region 3 RFP

Copays		Monthly premiums		Services/frequency	
Exam ¹	\$10	Emp. only	\$7.08	Exam	12 months
Eyewear ²	\$25	Emp. + spouse	\$14.16	Frame	12 months
		Emp. + child(ren)	\$16.19	Lenses	12 months
		Emp. + family	\$24.96	Contact lenses	12 months

(Based on date of service)

Benefits through Superior Select Southwest network

	In-network	Out-of-network
Exam	Covered in full	Up to \$35 retail
Frames	\$150 retail allowance	Up to \$70 retail
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$40 retail
Bifocal	Covered in full	Up to \$60 retail
Trifocal	Covered in full	Up to \$65 retail
Progressive	See description ³	Up to \$65 retail
Contact lenses ⁴	\$150 retail allowance	Up to \$80 retail
Medically necessary contact lenses	Covered in full	Up to \$150 retail
LASIK vision correction ⁵		\$200 allowance

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

¹ Eye exam copay is a single payment due to the provider at the time of service.

² Eyewear copay applies to eyeglass lenses / frame and contact lenses. Eyewear copay is a single payment that applies to the entire purchase of eyeglasses (frame and lenses)

³ Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

⁴ Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

⁵ Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

Discount features

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

LASIK

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

superiorvision.com

(800) 507-3800

The Plan discount features are not insurance.

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

Discounts are subject to change without notice.

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

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.

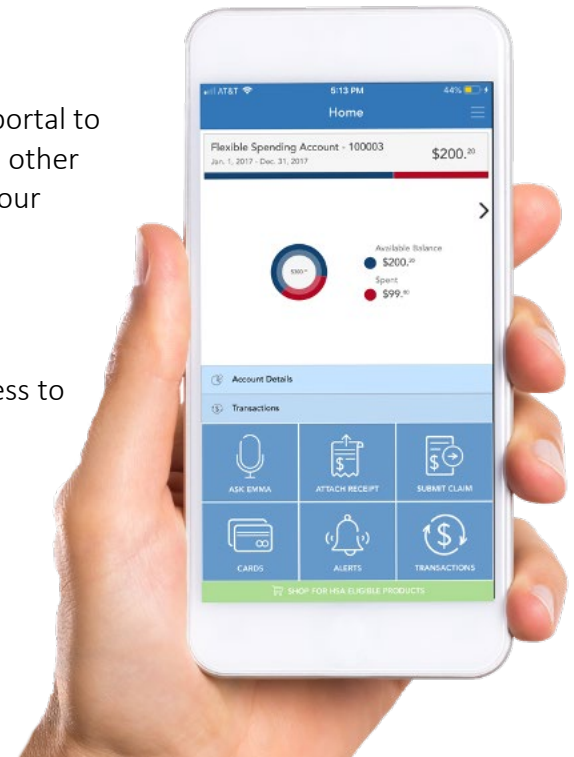
ONLINE FSA PORTAL

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 FLEX MOBILE APP

Managing your benefit accounts on the go is made easy with *FF Flex Mobile 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

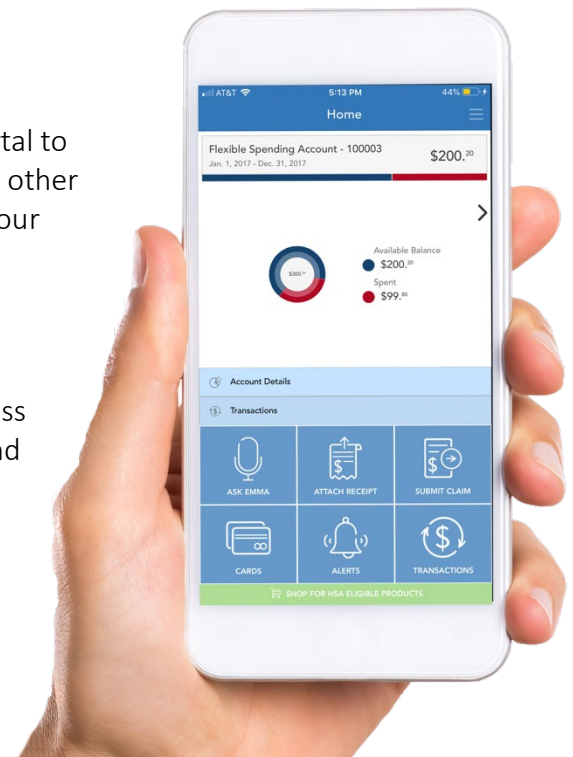
ONLINE HSA PORTAL

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 FLEX MOBILE APP

Managing your benefit accounts on the go is made easy with *FF Flex Mobile 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.

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.

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?

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.

Critical Illness Insurance



Aetna | www.aetna.com | 1.800.607.3366

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



Metlife | www.metlife.com | 1.800.438.6388

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

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

Hospital Indemnity Insurance



Aetna | www.aetna.com | 1.800.607.3366

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

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

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

Identity Theft Protection



iLOCK360 | www.iLOCK360.com | 1.855.287.8888

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

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

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

Legal Plan



LegalShield | www.legalshield.com | 1.800.654.7757

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

Medical Transport



MASA | www.masamts.com | 1.800.643.9023

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs.

Most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill.

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

Telehealth



WellVia | www.wellviasolutions.com | 1.855.935.5842

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

Board Certified physicians will diagnose your illness, recommend treatment and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They 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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EMPLOYEE BENEFITS CENTER – <https://benefits.ffga.com/ednaisd>

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/ednaisd> today!