



2025-26 EMPLOYEE BENEFITS GUIDE

Waller
Independent School District

Pieces of the puzzle

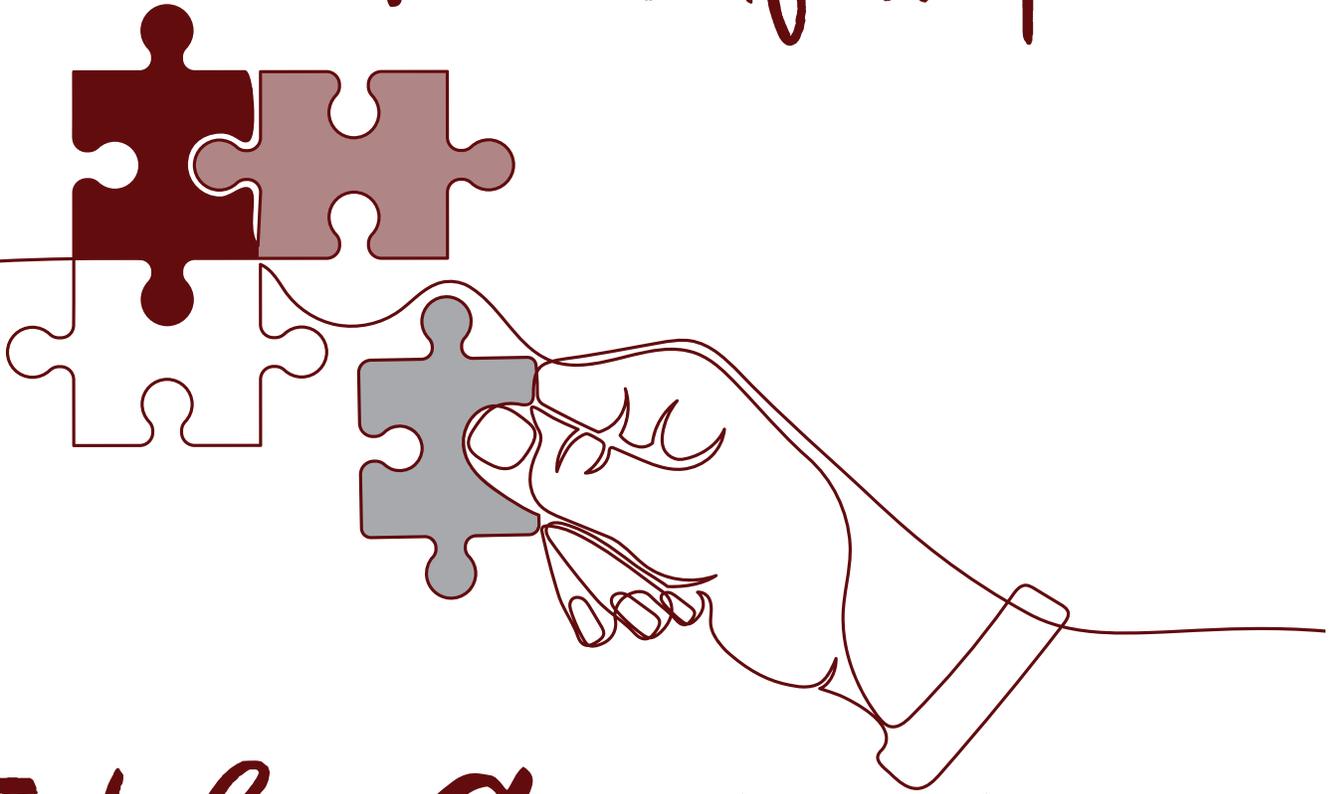
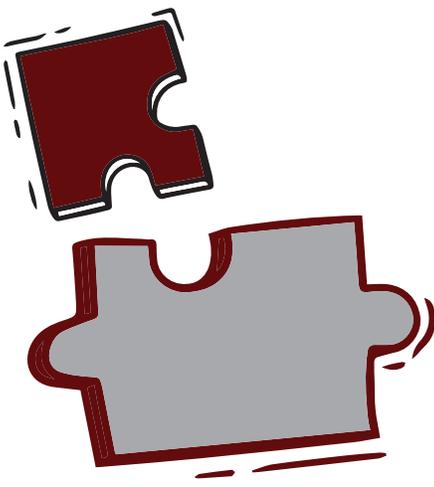


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Directory

For any questions or concerns you may have regarding your 2025-2026 Employee Benefits, you can contact the following:

- For claims assistance, you can contact the insurance carrier. You will need your Social Security number, date of service, and provider name.
- For additional assistance or questions, please contact one of our Benefits Counselors at the Benefits Service Center to learn more about your benefits.

Before you speak with a Benefits Counselor, please have the following information ready: dependents' names, birth dates, Social Security numbers, addresses, and phone numbers.

| Benefits Service Center | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 877-298-8572 | | |
| http://wallerisd.fbmcbenefits.com 7 a.m. to 6 p.m. CST | | |
| Waller ISD Benefits Department - benefits@wallerisd.net | | |
| Benefit/Carrier | Policy | Phone/Website |
| ActiveCare Primary | 385003 | (866) 355-5999 trs.texas.gov |
| ActiveCare Primary+ | 385001 | |
| ActiveCare HD | 385000 | |
| ActiveCare 2 | 385002 | |
| Medical - BCBSTX | | |
| Health Savings Account Flexible Spendings Accounts NBS | NBS358093 | (800) 274-0503 nbsbenefits.com |
| Dental MetLife | 251300 | (800) 942-0854 metlife.com |
| Vision VSP | 40155564 | (800) 877-7195 vsp.com |
| Telemedicine Recuro Health | N/A | (855) 673-2876 recurohealth.com |
| Basic Life and AD&D Voluntary Life and AD&D Long Term Disability Accident Critical Illness Hospital Indemnity The Standard | 171601 | (800) 628-8600 (800) 628-8600 (800) 368-1135 (800) 634-1743 (800) 634-1743 (800) 634-1743 standard.com |
| Employee Assistance Program The Standard | 171601 | (888) 293-6948 standard.com |
| Cancer Transamerica | G000053023 | (888) 763-7474 www.tebcs.com |
| Cancer Genetic Testing Genomic Life | WALL-GL-2023-3625 | (844) 694-3666 genomiclife.com |
| Universal Life Transamerica | G000053023 | (888) 763-7474 www.tebcs.com |
| Legal Arag | 19039 | (800) 247-4184 araglegal.com |
| Identity Protection Allstate/AIP | 9420 | (800) 789-2720 allstate.com/aip |
| Medical Transportation MASA | MKWISD | (800) 643-9023 masamts.com |



Welcome



Each year, we strive to offer comprehensive and competitive benefit plans to our employees. In the following pages, you will find a summary of our benefit plans for the September 1, 2025 to August 31, 2026 Plan Year. Please read this benefits guidebook carefully as you prepare to make your elections for the upcoming plan year.

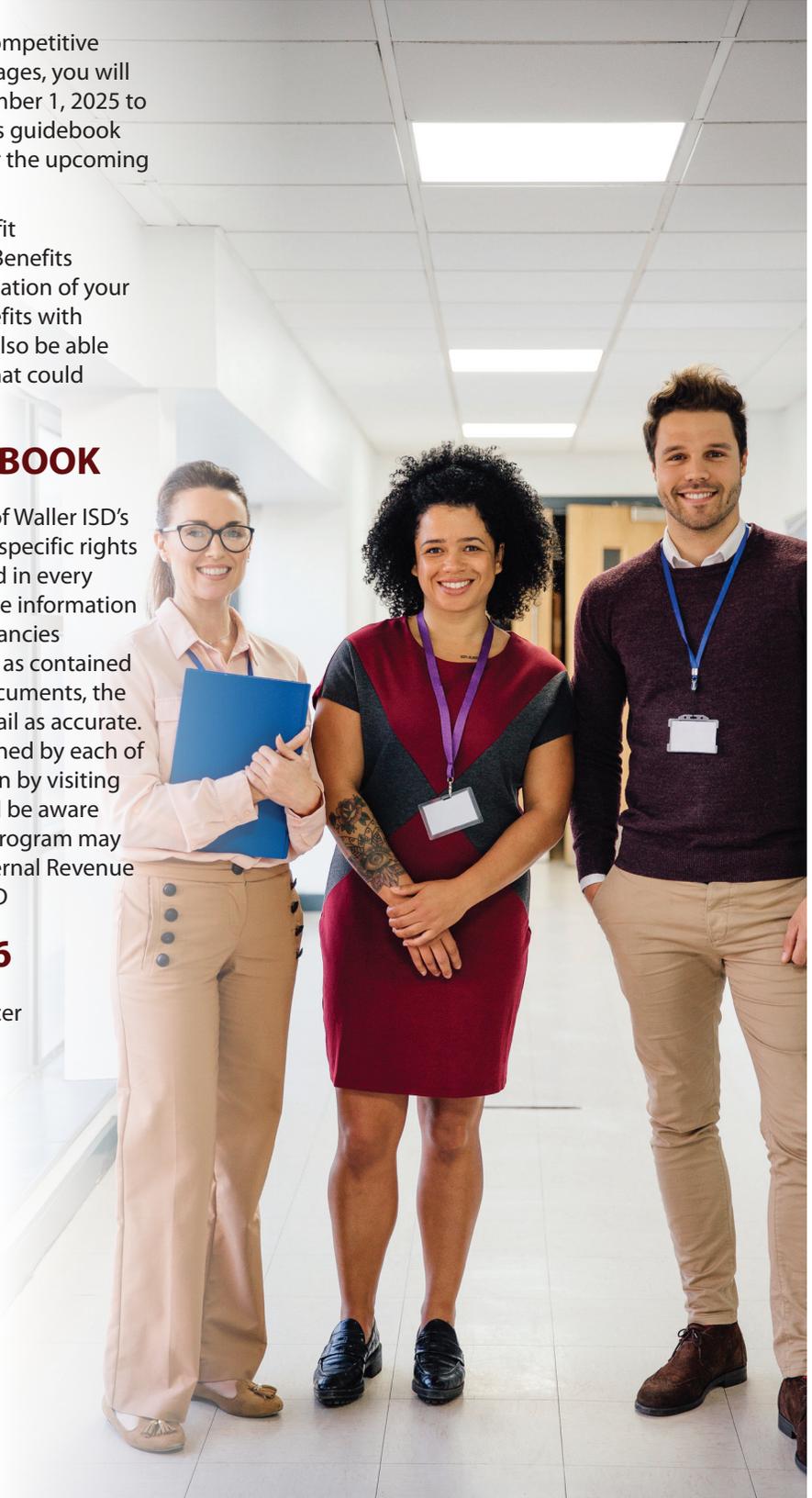
Waller ISD is utilizing FBMC's services for our benefit communication and enrollment this year. FBMC's Benefits Counselors will provide you with a detailed explanation of your entire benefit program. They will review your benefits with you on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.

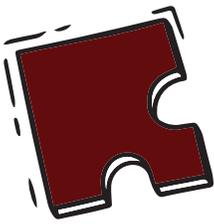
ABOUT THIS BENEFITS GUIDEBOOK

This benefits guidebook describes the highlights of Waller ISD's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this benefits guidebook. If there are any discrepancies between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information by visiting <https://wallerisd.fbmcbenefits.com/>. You should be aware that any and all elements of Waller ISD's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Waller ISD

KEY CHANGES FOR 2025-2026

- Transamerica Cancer will replace MetLife Cancer
- Transamerica Life will replace Trustmark Life
- Rate increase on MetLife Dental





Eligibility

Waller ISD encourages the health and financial well-being of its employees by providing access to quality and affordable healthcare. Eligible full-time employees have access to Waller ISD's comprehensive benefits program.

Please note that any time during the plan year, Waller ISD may conduct audits requesting supporting documentation on all eligible dependents.

EMPLOYEE ELIGIBILITY

Full-time employees who work a minimum of 20+ hours per week and are at least 18 years of age are eligible to participate in the benefits program, with an effective date of the first of the month following your date of hire. We ask that all employees review their plan options and complete enrollment before the end of the month prior to your benefits taking effect.

Part-time employees who work a minimum of 10 hours per week and are at least 18 years of age are eligible to participate in the Medical program only with no employer contributions. Benefits will be effective the first of the month following your hire date.

Once your enrollment is completed, you may not make any changes to your elections unless you have a Qualifying Life Event (QLE) or your hours worked per week drop below the minimum.

DEPENDENT ELIGIBILITY

You may also cover your eligible dependents, including:

- Legal spouse
- Your eligible children up to age 26.
- "Children" are defined as your natural children, stepchildren, legally-adopted children, and children for whom you are the court-appointed legal guardian.
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested.

QUALIFYING LIFE EVENTS (QLE)

If you experience a Qualifying Life Event (QLE), please contact the Waller ISD Benefits Department at benefits@wallerisd.net. Proof of the QLE must be submitted within 30 days of the life event in order to change current benefits elections.

- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A dependent's loss of eligibility (attainment of limiting age or change in student status);
- A change in employee's, spouse's, or dependents' work hours;
- A termination or commencement of employment of employee's spouse or eligible dependent with coverage;
- Other events as the administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service.



Enrollment Instructions



HOW TO ENROLL

Contact the Benefits Service Center and speak to a Benefits Counselor to learn more about your benefit options and to complete your enrollment.

Before you speak with a Benefits Counselor, please have the following information ready: dependents' names, birth dates, Social Security numbers, addresses, and phone numbers.

CALL CENTER ENROLLMENT

Benefits Service Center: 877-298-8572
Monday - Friday: 7:00 AM - 6:00 PM (CST)

ONLINE ENROLLMENT

Go to <https://transamerica.benselect.com/Waller>

SSN: Your Social Security Number

PIN: The last four digits of your SSN followed by the last two digits of your birth year.

Example:

John Smith

SSN: 123-45-6789

DOB: 1-27-2003

PIN: 678903

BENEFITS EFFECTIVE DATE

You cannot make any changes to your benefits during the year, unless you experience a Qualifying Life Event (QLE).

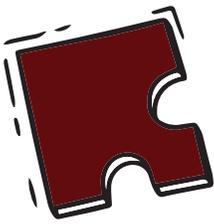
- **New Hires.** Your coverage begins the first of the month following your date of hire.
- **Current Employees.** Any changes you make during the annual open enrollment period will become effective on September 1.

The benefits plan year is September 1 through August 31.

2025-2026 OPEN ENROLLMENT

Open Enrollment (OE) is active. If no changes are made to existing elections, benefits will roll over to new plan year effective 9/1/2025, with the exception of HSA, FSA, and Dependent Care coverage. Please make sure to review and update your beneficiaries if applicable. OE runs from July 21, 2025 - August 8, 2025.





Medical

BCBSTX-TRS-Active Care

The medical program is administered by Blue Cross Blue Shield of Texas (BCBSTX) - TRS-ActiveCare, and provides the framework for your good health and well-being. In order to meet the varying needs of our employees, Waller ISD is offering the TRS ActiveCare medical plans as described on pages 8-9.

NETWORK PROVIDERS

Network: Listed under plan features by plan. For a list of network providers, see trs.texas.gov/www.bcbstx.com/trsactivecare/doctors-and-hospitals or call (866) 355-5999.

PRESCRIPTION

Rx Benefits!

- Express Scripts is your pharmacy benefits manager. CVS pharmacies and most of your preferred pharmacies and medications are included.
- Certain specialty drugs are \$0 through SaveOnSP.

WELLNESS BENEFITS AT NO EXTRA COST*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- OviaTM pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

**Available for all plans*

Deductible

The amount of money you must pay each year to cover eligible medical expenses before your insurance policy starts paying.

Out of Pocket Maximum

The most money you will pay during a year for coverage (including deductibles, copays, and coinsurance).

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 healthcare plan pays 80%.

KEY PLAN CHANGES

TRS-ActiveCare Primary and TRS-ActiveCare Primary+ Plans:

The following services will no longer require a referral:

- Dermatologist Visits
- Eye Exams (both routine and diagnostic)
- Physical Therapy



| TRS ActiveCare Per Pay (24) Deductions | | | |
|----------------------------------------|------------------------|--------------------------|-------------------|
| MEDICAL DEDUCTIONS | TRS-ACTIVECARE PRIMARY | TRS-ACTIVECARE PRIMARY + | TRS-ACTIVECARE HD |
| Employee | \$71.00 | \$115.50 | \$78.00 |
| Employee + Spouse | \$497.00 | \$587.50 | \$516.00 |
| Employee + Children | \$218.50 | \$294.50 | \$230.50 |
| Employee + Family | \$622.00 | \$743.50 | \$646.00 |

| Highlights | | | |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HIGHLIGHTS | TRS-ACTIVECARE PRIMARY | TRS-ACTIVECARE PRIMARY + | TRS-ACTIVECARE HD |
| | <ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage | <ul style="list-style-type: none"> • Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage | <ul style="list-style-type: none"> • Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referral • Must meet your deductible before plan pays for non-preventative care |

| Plan Features | | | | |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| TYPE OF COVERAGE | TRS-ACTIVECARE PRIMARY | TRS-ACTIVECARE PRIMARY + | TRS-ACTIVECARE HD | |
| | IN-NETWORK COVERAGE ONLY | IN-NETWORK COVERAGE ONLY | IN-NETWORK | OUT-OF-NETWORK |
| Individual/Family Deductible | \$2,500/\$5,000 | \$1,200/\$2,400 | \$3,300/\$6,600 | \$6,600/\$13,200 |
| Coinsurance | You pay 30% after deductible | You pay 20% after deductible | You pay 30% after deductible | You pay 50% after deductible |
| Individual/Family Maximum Out of Pocket | \$8,050/\$16,100 | \$6,900/\$13,800 | \$8,300/\$16,600 | \$20,500/\$41,000 |
| Network | Statewide Network | Statewide Network | Nationwide Network | |
| PCP Required | Yes | Yes | No | |

| Doctor Visits | | | | |
|---------------|------------|------------|------------------------------|------------------------------|
| Primary care | \$30 copay | \$15 copay | You pay 30% after deductible | You pay 50% after deductible |
| Specialist | \$70 copay | \$70 copay | | |

| Immediate Care | | | | |
|-----------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------|
| Urgent care | \$50 copay | \$50 copay | You pay 30% after deductible | You pay 50% after deductible |
| Emergency Care | You pay 30% after deductible | You pay 20% after deductible | You pay 30% after deductible | |
| TRS Virtual Health-RediMD™ | \$0 per medical consultation | \$0 per medical consultation | \$30 per medical consultation | |
| TRS Virtual Health-Teladoc® | \$12 per medical consultation | \$12 per medical consultation | \$42 per medical consultation | |

| Prescription Drugs | | | | |
|------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| Drug Deductible | Integrated with medical | \$200 deductible per participant (brand drugs only) | Integrated with medical | |
| Generics (31-Day Supply/90-Day Supply) | \$15/\$45 copay; \$0 copay for certain generics | \$15/\$45 copay | You pay 20% after deductible; \$0 coinsurance for certain generics | |
| Preferred (Max does not apply if brand is selected and generic is available) | You pay 30% after deductible | You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max) | You pay 25% after deductible | |
| Non-preferred | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible | |
| Specialty (31-Day Max) | \$0 if SaveOnSP eligible; You pay 30% after deductible | \$0 if SaveOnSP eligible; You pay 30% after deductible | You pay 20% after deductible | |
| Insulin Out-of-Pocket Costs | \$25 copay for 31-day supply; \$75 for 61-90 day supply | \$25 copay for 31-day supply; \$75 for 61-90 day supply | You pay 25% after deductible | |

THIS PLAN IS CLOSED AND NOT ACCEPTING NEW ENROLLEES. IF YOU'RE CURRENTLY ENROLLED IN TRS-ACTIVECARE 2, YOU CAN REMAIN IN THIS PLAN.

| TRS ActiveCare Per Pay (24) Deductions | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| MEDICAL DEDUCTIONS | TRS-ACTIVECARE 2 GRANDFATHERED PLAN | |
| Employee | \$319.00 | |
| Employee + Spouse | \$1,013.50 | |
| Employee + Children | \$566.00 | |
| Employee + Family | \$1,233.00 | |
| HIGHLIGHTS | TRS-ACTIVECARE 2 GRANDFATHERED PLAN | |
| | <ul style="list-style-type: none"> • Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals | |
| Plan Features | | |
| | TRS-ACTIVECARE 2 GRANDFATHERED PLAN | |
| TYPE OF COVERAGE | IN-NETWORK | OUT-OF-NETWORK |
| Individual/Family Deductible | \$1,000/\$3,000 | \$2,000/\$6,000 |
| Coinsurance | You pay 20% after deductible | You pay 40% after deductible |
| Individual/Family Maximum Out of Pocket | \$7,900/\$15,800 | \$23,700/\$47,400 |
| Network | Nationwide Network | |
| PCP Required | No | |
| Doctor Visits | | |
| Primary care | \$30 copay | You pay 40% after deductible |
| Specialist | \$70 copay | |
| Immediate Care | | |
| Urgent care | \$50 copay | You pay 40% after deductible |
| Emergency Care | You pay a \$250 copay plus 20% after deductible | |
| TRS Virtual Health-RediMD™ | \$0 per medical consultation | |
| TRS Virtual Health-Teladoc® | \$12 per medical consultation | |
| Prescription Drugs | | |
| Drug Deductible | \$200 brand deductible | |
| Generics (31-Day Supply/90-Day Supply) | \$20/\$45 copay | |
| Preferred (Max does not apply if brand is selected and generic is available) | You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max) | |
| Non-preferred | You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max) | |
| Specialty (31-Day Max) | \$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications | |
| Insulin Out-of-Pocket Costs | \$25 copay for 31-day supply; \$75 for 61-90 day supply | |

Health Savings Account



NBS

A Health Savings Account (HSA) works with a High Deductible Health Plan (HDHP), and lets you set aside a portion of your paycheck, before taxes, into an account to help you pay for qualified medical expenses that aren't covered by your plan. It can also help you plan for future medical expenses.

HOW DOES A HSA WORK?

In 2025, the IRS increased the HSA maximums. You can deposit up to \$4,300 for yourself or up to \$8,550 for your family, into your HSA. Employees age 55 and older can contribute an additional \$1,000 each calendar year.

The HSA limits set by the IRS can be used to pay for insurance deductibles and other medical care expenses, including dentistry, ophthalmology, and prescription drugs.

Once you enroll, an account will be created for you where you can access a secure, easy-to-use web portal to track your account balance and submit requests for reimbursements.

In addition, you'll be issued an HSA Benefits Card you can use at point-of-sale to pay for qualified medical expenses. You can request reimbursement distributions online at www.nbsbenefits.com or call (800) 274-0503.

Unlike a Flexible Spending Account (FSA), where funds are advanced at the beginning of the plan year, HSA funds are not advanced.

Instead, only the funds available in the HSA can be withdrawn as needed to cover medical expenses. The account balance can roll over from year to year, allowing the account holder to accumulate savings in the HSA for future medical expenses.

Distributions can be made payable to you or a provider. Contributions above the yearly limit are called excess contributions and could be subject to a 6-percent excise tax.

2025-2026 HSA LIMITS

| | |
|----------------------|---------|
| INDIVIDUAL | \$4,300 |
| INDIVIDUAL (AGE 55+) | \$5,300 |
| FAMILY | \$8,550 |
| FAMILY (AGE 55+) | \$9,550 |

HSA ELIGIBILITY

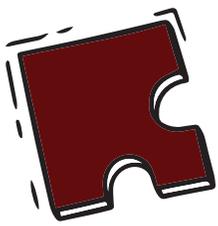
You are eligible to open and contribute to an HSA if:

- You are enrolled in a High Deductible Health Plan (HDHP);
- You are not covered by your spouse or domestic partner's non-HDHP health plan;
- You are not eligible to be claimed as a dependent on someone else's tax return;
- You are not enrolled in Medicare or TRICARE; and
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care (**service-related care will not be taken into consideration**).

TRIPLE TAX SAVINGS!

You can take advantage of "triple tax savings" when you open an HSA with NBS. That's because...

- Your contributions are pretax (or tax deductible);
- Your account balance grows tax-free; and
- Withdrawals for qualified medical expenses are also tax-free.



Flexible Spending Account

NBS

The Flexible Spending Accounts (FSA) administered by NBS allow you to set aside pretax dollars from your paycheck to pay for many health care and dependent care expenses. By paying for these expenses with pretax dollars, you reduce the amount of your taxable income and increase your take-home pay. You may choose to participate in one or both FSAs - whether you elect any other benefits.

HOW MUCH CAN I CONTRIBUTE?

To participate, decide how much you would like to contribute to one or both accounts for the year. The money you allocate to each account is automatically deducted from your paycheck each pay period before taxes are calculated.

- Health Care FSA you could contribute up to the maximum of \$3,300 for the 2025 year.
- Dependent Care FSA you could contribute up to the maximum of \$5,000 for the 2025 year. The exceptions are:
 - If you and your spouse file separate tax returns, you may contribute \$2,500 per year.
 - If your spouse is employed, your maximum contribution is the lesser of your spouse's taxable income (but no more than \$5,000)
 - If your spouse is a full-time student or they are physically or mentally disabled, your maximum contribution is \$2,500 a year if you claim expenses for one dependent and \$5,000 a year if you claim expenses for two or more dependents.

| 2025-2026 LIMITS | |
|------------------------------|---------|
| HEALTH CARE FSA (INDIVIDUAL) | \$3,300 |
| DEPENDENT CARE FSA | \$5,000 |

* Note: Health Care FSA funds can carry over a maximum of \$500 for 2025

GENERAL RULES AND RESTRICTIONS

In exchange for the tax advantages FSAs offer, the IRS has imposed the following rules and restrictions for both Health Care FSA and Dependent Care FSA:

- You may only use the money in your FSAs to reimburse expenses that you have incurred during the plan year for which the FSA was established.
- IRS requires you to use all of the money in your account by the end of the year or you lose it. This is called the "use it or lose it" rule.
- You cannot transfer monies between a Health Care FSA and a Dependent Care FSA.
- You cannot begin, stop, or change the amount of your FSA contributions during the calendar year unless you experience a Qualifying Life Event (such as: marriage, divorce, or the birth/adoption of a child). Contact Waller ISD Benefits Department.
- You cannot claim expenses that are reimbursed through your FSA as a deduction on your income tax return.
- Reimbursement for Dependent Care FSA claims is only up to the total amount that is in your account at that time.
- The dependent care provider cannot be anyone considered your dependent for income tax purposes (such as one of your older children). In order to be reimbursed, you are required to provide the tax identification number or Social Security number of the party providing care.



Dental



Metlife

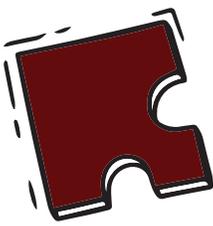
MetLife gives you the freedom to choose whether you would like to visit a participating dentist or an out-of-network dentist. There are considerable cost savings when using a dentist who is in-network. The following is a brief summary of the major plan provisions.

Network: PDP Plus

See www.metlife.com or call (800) 942-0854 for a list of network providers.

| Highlights | PPO Plan | |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|
| | In-Network (Negotiated Fee Schedule) | Out-of-Network (80th Percentile) |
| Plan Year Deductible | | |
| Individual | \$50 | \$50 |
| Family | \$150 | \$150 |
| Plan Year Maximum Benefit | \$1,250 | \$1,250 |
| Orthodontia Lifetime Maximum | \$1,000 | \$1,000 |
| Diagnostic & Preventive | 100% | |
| Examinations Full Mouth X-Rays Bitewing X-Rays Prophylaxis - Cleanings Fluoride Emergency Palliative Treatment | 100% | |
| Basic | | |
| Selants Amalgam Fillings Root Canal Surgery Periodontal Scaling Simple/Surgical Extraction | 80% | |
| Major | | |
| Inlays/Onlays/Crowns Dentures Implants | 50% | |
| Orthodontia (Children to age 19) | 50% | |

| Dental Deductions | Pay Per (24) Deductions |
|--------------------------|-------------------------|
| Employee | \$15.92 |
| Employee + One | \$32.66 |
| Employee + Family | \$56.04 |



VSP is pleased to offer you vision benefits designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health.

With Exclusive Member Extras, members can save more than \$3,000 with special offers and deals through VSP and other leading industry brands.

Network: VSP Advantage

See www.vsp.com or call (800) 877-7195 for a list of network providers.

| Highlights | PPO Plan | |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| | In-Network | Out-of-Network |
| Exams | Covered in full (\$10 copay) | \$45 allowance |
| Routine Retinal Screening | No more than a \$39 copay | N/A |
| Lenses | | |
| Single Bifocal Trifocal Lenticular | Covered in full (\$25 copay) | \$30 allowance \$50 allowance \$60 allowance \$50 allowance |
| Contact Lenses* | | |
| Medically Necessary Elective | \$175 allowance \$60 copay | \$210 allowance \$100 allowance |
| Frames** | \$150 allowance | \$50 allowance |
| VSP Laser VisionCare SM Program*** | Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, and Custom LASIK. | |
| Service Frequencies | Every 12 Months | |
| Exams Lenses Frames | | |

*Contact lenses are in lieu of eyeglasses and frames.

**Members who select a featured frame brand, including bebe, Calvin Klein, Cole Haan, Dragon®, Flexon®, Longchamp, Nike and more, will receive an extra \$20 toward their frame allowance. 20% off any amount above the retail allowance.

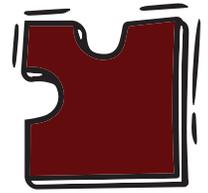
***Members can save up to \$1,000 on LASIK at LasikPlus, NVISION Eye Center, TLC Laser Eye Centers and The LASIK Vision Institute.

| Vision Deductions | Per Pay (24) Deductions |
|------------------------|-------------------------|
| Employee | \$4.80 |
| Employee + 1 Dependent | \$8.20 |
| Family | \$11.99 |



Telemedicine

Recuro Health



WELCOME TO RECURO HEALTH!

Recuro Health is a telemedicine and behavioral health provider with a national network of board-certified, state-licensed doctors offering medical consultations 24 hours a day, 7 days a week. Recuro Health doctors diagnose acute non-emergent medical conditions and prescribe medications when clinically appropriate. Along with on demand medical consultations, you can now virtually connect with a Psychiatrist or Licensed Counselor* through secure video consultations. Speak to your doctor within minutes from anywhere – home – work – or while traveling.

** Additional fees apply at the time of consult for Psychiatrist or Licensed Counselor.*

ACTIVATE YOUR RECURO HEALTH ACCOUNT

- Access by Recuro Care mobile app, online or phone
- Enter your employer member ID
- Create your username and password
- Complete your medical history
- Schedule your consult



Scan QR code for more information about this benefit.

Registering your account is not required to use the service, you can call (855) 6RECURO anytime for 24/7 access to doctors.

CONDITIONS TREATED

- Acne / Rashes
- Allergies
- Cold / Flu / Cough
- GI Issues
- Ear Problems
- Fever / Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Respiratory Issues
- UTI's / Vaginitis
- And More

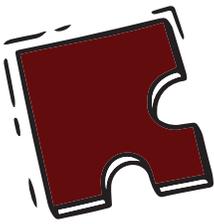
PRESCRIPTION CATEGORIES

- Antibiotics
- Antihistamine
- Antifungal
- Infection
- Constipation
- Allergy
- Asthma
- Vitamins
- Influenza
- Fever
- Headache
- And More

BEHAVIORAL HEALTH CONDITIONS

- ADHD / ADD
- Anger Management
- Anxiety
- Bipolar Disorder
- Sleeping Disorders
- Smoking Addiction
- Substance Abuse
- Depression
- Stress
- Eating Disorders
- Grief & Loss
- PTSD
- OCD
- And More

| Recuro Health Deductions | Pay Per (24) Deductions |
|--------------------------|-------------------------|
| Employee + Family | \$5.00 |



Life and AD&D

The Standard

GROUP BASIC LIFE INSURANCE & AD&D - EMPLOYER PAID

Waller ISD provides a guaranteed issue amount of \$30,000 of Basic Life and Accidental Death and Dismemberment (AD&D) at no cost to you during your employment. To designate or update beneficiary information, please call the Benefits Service Center at 877-298-8572.

The AD&D insurance provides a monetary benefit to an employee or beneficiary when the employee experiences certain bodily injuries or death resulting from a covered accident while insured. The company provides a guaranteed issue amount equal to the basic life insurance amount.

Note: Life and AD&D benefit reduces to 50% at age 70.

VOLUNTARY LIFE INSURANCE & AD&D - EMPLOYEE PAID

In addition to the company paid life insurance, you have the opportunity to elect additional life insurance and AD&D on yourself, your spouse, and your children. The amount you choose for Voluntary Life will reflect the same for the AD&D.

| Highlights | Voluntary Life and AD&D* |
|-------------------------|--------------------------------------------------------------------------------|
| Employee Benefit | |
| Benefit Amount | Increments of \$10,000 up to the lesser of 5 times annual salary or \$500,000 |
| Maximum Benefit | \$500,000 |
| Guarantee Issue | \$250,000 |
| Spouse Benefit | |
| Benefit Amount | Increments of \$5,000 up to \$250,000, not to exceed 100% of employee's amount |
| Maximum Benefit | \$250,000 |
| Guarantee Issue | \$50,000 |
| Child Benefit | |
| Benefit Amount | Flat amount of \$10,000 |
| Maximum Benefit | \$10,000 |
| Guarantee Issue | \$10,000 |

*Voluntary Life and AD&D benefit reduces to 50% at age 70.

Evidence of Insurability will be required for the following:

- Increases in elected benefit amounts from the current plan to this plan.
- Members who are eligible under the current plan but are not enrolled.
- Spouses who are eligible under the current plan but are not enrolled.

Evidence of Insurability is not required for child coverage, but if the employee newly elects coverage and is not approved, the child nor spouse will be approved. Employee must have active coverage in order for the spouse/child to have coverage.

Please call the Benefits Service Center at 877-298-8572, and speak to a licensed Benefits Counselor for personalized rates.



Disability

The Standard



LONG-TERM DISABILITY (LTD)

The Standard's Long-Term Disability Insurance provides income replacement benefits in the unfortunate event you are unable to work due to injury or illness.

As long as you remain disabled, you can receive payments for up to Social Security Normal Retirement Age (SSNRA). This covers injuries and illnesses from both on or off-the-job.

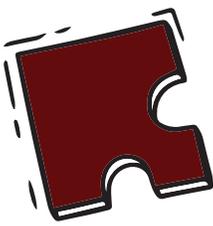
WHY IS THIS COVERAGE VALUABLE

- **It's flexible.** You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.
- **It's affordable.** Your cost is based on your age when you buy the insurance and will not increase when you move into the next age band.
- **It's convenient.** Your premiums are automatically deducted from your paycheck.

| Highlights | Voluntary Life and AD&D |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Benefit | 66.67% of gross monthly benefit, to a maximum of \$7,500 |
| Elimination Period Options | Option 1: 14/14 days following injury/illness* Option 2: 30/30 days following injury/illness* Option 3: 60/60 days following injury/illness Option 4: 90/90 days following injury/illness Option 5: 180/180 days following injury/illness |
| Benefit Duration | Social Security Normal Retirement Age (SSNRA) |
| Pre-Existing Limitations | If you had a medical condition or received treatment for a condition within 3 months before your policy effective date, any disability resulting from that condition within the first 12 months of your policy coverage will only be covered for a maximum period of 90 days. |

**If employee is hospitalized during the waiting period, then the waiting period will be waived.*

Please call the Benefits Service Center at 877-298-8572, and speak to a licensed Benefits Counselor for personalized rates.



Accident

The Standard

The Standard's Accident insurance policy pays a scheduled cash benefit upon diagnosis of covered injuries. The Accident insurance policy will pay a **\$200 wellness benefit** once per calendar year, per covered person(s).

WHY IS THIS COVERAGE VALUABLE?

- It can help you with out-of-pocket costs that your medical plan doesn't cover, like copays and deductibles.
- You're guaranteed base coverage, without answering health questions.
- The cost is conveniently deducted from your paycheck.
- You can keep your coverage if you leave Waller ISD or retire. You will be billed directly.

YOUTH ORGANIZED SPORTS BENEFITS

A Youth Organized Sports benefit is included with Employee and Child(ren) or Family coverage.

If a covered child age 18 or younger is injured while playing an organized sport, the Standard pays an additional 25% of the total benefits for treatment received.

| Accident Deductions | Per Pay (24) Deductions | |
|-----------------------|-------------------------|--------------|
| | Enhanced Plan | Premier Plan |
| Employee | \$5.99 | \$8.60 |
| Employee + Spouse | \$10.02 | \$14.01 |
| Employee + Child(ren) | \$11.00 | \$15.96 |
| Family | \$17.44 | \$25.20 |

| Highlights | Enhanced Plan | Premier Plan |
|-----------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
| Health Maintenance Screening | \$200 | \$200 |
| Accidental Death & Dismemberment | Employee: \$50,000 Spouse: \$25,000 Child: \$12,500 | Employee: \$100,000 Spouse: \$50,000 Child: \$25,000 |
| Fractures | Up to \$8,000 | Up to \$10,500 |
| Dislocations | Up to \$5,000 | Up to \$7,000 |
| Burns | Up to \$10,000 | Up to \$12,500 |
| Skin Grafts | 25% of Burn Benefit | 50% of Burn Benefit |
| Concussion | \$150 | \$200 |
| Coma | \$7,500 | \$15,000 |
| Surgical Benefits | Up to \$1,500 | Up to \$2,000 |
| Lacerations | Up to \$500 | Up to \$800 |
| Initial Physician's Office | \$50 | \$60 |
| Major Diagnostic Exam/Urgent Care/X-Ray | Up to \$200 | Up to \$300 |
| Hospital Admission | \$1,000 | \$1,500 |
| Critical Care Unit Admission | \$750 | \$1,000 |
| Daily Hospital Confinement (per day/up to 365 days) | \$200 | \$400 |
| Daily Critical Care Unit Confinement (per day/ up to 365 days) | \$200 | \$200 |
| Therapy Services | \$50 up to 3 days | \$50 up to 4 days |
| Prosthetic Devices or Artificial Limb | Up to \$1,000 | Up to \$2,000 |
| Appliance | \$100 | \$200 |
| Ambulance - Ground/Air | \$300/\$800 | \$600/\$1,500 |
| Blood, Plasma, Platelets | \$300 | \$600 |
| Emergency Room | \$150 | \$200 |

Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.

Critical Illness



The Standard

The Standard's Critical Illness insurance pays a lump-sum cash benefit upon diagnosis of a covered critical illness, to help ease your financial and emotional worries. You can use the benefit any way you wish, such as treatment, bill, or child care. The Critical Illness policy will pay a **\$50 wellness benefit** once per calendar year, per covered person(s).

WHY IS THIS COVERAGE VALUABLE?

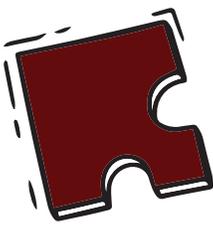
- It's more affordable when you buy it through your employer.
- The cost is conveniently deducted from your paycheck.
- You can keep your coverage if you leave Waller ISD or retire. You will be billed directly.

| Highlights | Plan |
|-------------------------------------------|---------------------------------------------|
| Benefit Amount | |
| Employee | \$10,000 to \$30,000 in \$10,000 increments |
| Spouse | \$5,000 to \$15,000 in \$5,000 increments |
| Child | 50% of employee coverage amount |
| Guaranteed Issue | |
| Employee | \$30,000 |
| Spouse | \$15,000 |
| Health Maintenance Screening | \$50 |
| Reoccurrence Treatment-Free Period | 6 months |
| Cancer | 100% |
| Heart Attack | |
| Major Organ Failure | |
| End-Stage Renal Failure | |
| Stroke | |
| Coma | |
| Advance Alzheimer's Disease | |
| Benign Brain Tumor | |
| Loss of Hearing/Speech/Sight | |
| 21 Childhood Diseases* | |
| Coronary Artery Bypass Surgery | 25% |
| Carcinoma in Situ | |

*Anal Atresia, Anencephaly, Biliary Atresia, Cerebral Palsy, Cleft Lip or Cleft Palate, Club Foot, Coarctation of the Aorta, Cystic Fibrosis, Diaphragmatic Hernia, Down's Syndrome, Gastroschisis, Hirschsprung's Disease, Hypoplastic Left Heart Syndrome, Infantile Hypertrophic Pyloric Stenosis, Muscular Dystrophy, Omphalocele, Patent Ductus Arteriosus, Spina Bifida Cystica with Myelomeningocele, Tetralogy of Fallot, Transposition of the Great Arteries.

Note: Rates for both the employee and spouse are based on the age and tobacco status of the employee.

Please call the Benefits Service Center at 877-298-8572, and speak to a licensed Benefits Counselor for personalized rates.



Hospital Indemnity

The Standard

The Standard’s Hospital Indemnity plan can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds that can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, copays, and deductibles.

This plan also allows you to continue coverage in the event that your employment ends or when the policy is terminated and not being replaced. The Hospital Indemnity plan will pay a **\$50 wellness benefit** once per calendar year, per covered person(s).

Note: The benefits in this plan are compatible with a Health Savings Account (HSA).

IMPORTANT: THIS IS A FIXED INDEMNITY POLICY, NOT HEALTH INSURANCE

This fixed indemnity policy may pay you a limited dollar amount if you’re sick or hospitalized. You’re still responsible for paying the cost of your care.

- The payment you get isn’t based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn’t a substitute for comprehensive health insurance.
- Since this policy isn’t health insurance, it doesn’t have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit HealthCare.gov online or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member’s job, contact the employer.

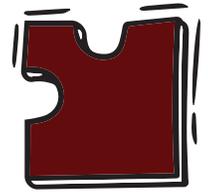
Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners’ website (naic.org) under “Insurance Departments.”
- If you have this policy through your job, or a family member’s job, contact your employer.

| Highlights | Low Plan | High Plan |
|------------------------------------------------------------------------------------------------------------------|-------------|-------------|
| Hospital Confinement Benefit (up to 30 days) | \$150 | \$150 |
| Hospital Admission (per calendar year) | \$1,000 | \$2,000 |
| Critical Care Unit (CCU) Confinement (Pays in addition to Hospital Confinement benefit, up to 15 days) | \$150 | \$150 |
| Health Maintenance Screening | \$50 | \$50 |
| Pre-existing Limitation | None | None |

| Hospital Indemnity Deductions | Pay Per (24) Deductions | |
|-------------------------------|-------------------------|-----------|
| | Low Plan | High Plan |
| Employee | \$7.71 | \$12.05 |
| Employee + Spouse | \$13.17 | \$20.58 |
| Employee + Child(ren) | \$10.98 | \$16.82 |
| Family | \$19.48 | \$30.10 |





Universal Life

Transamerica

Universal Life Insurance with Living Benefits through Transamerica offers lifelong financial protection that adapts to your needs. This policy not only provides a death benefit to help your loved ones with expenses such as funeral costs, living expenses, or college tuition—but it also includes living benefits you can use while you’re still alive. With features like the ability to build cash value over time, borrow against the policy, and access benefits in the event of a chronic or terminal illness, this coverage goes beyond traditional life insurance. It’s available without medical exams, offers flexible payment options through payroll deduction, and is portable if you leave employment. It’s a smart way to help protect both your present and your family’s future.

HOW YOU MIGHT USE THIS POLICY

- If you pass away – your family receives a lump sum for funeral expenses, mortgage, or college.
- If you get seriously ill – you can tap into your death benefit while living.
- Need emergency funds – you may borrow against your policy’s cash value.

COVERAGE HIGHLIGHTS

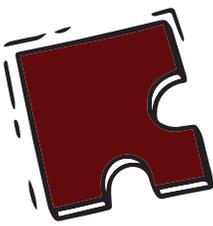
- **Death Benefit:** Pays your chosen amount to beneficiaries upon your passing (e.g., \$10,000–\$150,000 in \$5,000 increments, up to 5x your salary).
- **Builds Cash Value:** Over time, your policy accumulates value that you can borrow against.
- **Living Benefits Riders:** Access part of your death benefit early if diagnosed with a chronic or terminal illness.
- No physicals or lab work required (just answer application questions).
- **Guaranteed Minimum Interest Rate:** 2% on cash value.
- Easy payroll deductions for convenience.
- **Portable:** You can keep your coverage if you leave Waller ISD.

YOUR UNIVERSAL LIFE INSURANCE BENEFITS

Transamerica Universal Life Insurance provides a cash benefit after you pass that can assist with your final expenses and your dependents’ care, living expenses, or college tuition.

| EMPLOYEE | SPOUSE | CHILD |
|--------------------------------------|-------------------------------------|--------------------------------------|
| ▶ Age Range: 18 - 80 | ▶ Age Range: 18 - 65 | ▶ Age Range: 15 days - 26yrs. |
| ▶ Guaranteed Issue: \$150,000 | ▶ Guaranteed Issue: \$25,000 | ▶ Guaranteed Issue: \$20,000 |

Please call the Benefits Service Center at 877-298-8572, and speak to a licensed Benefits Counselor for personalized rates.



NEW PROVIDER

Cancer

Transamerica

Transamerica's CancerSelect® Plus insurance is a supplemental policy designed to help cover out-of-pocket expenses related to cancer diagnosis and treatment—costs that may not be fully covered by your major medical insurance. This benefit pays cash directly to you so you can focus on recovery instead of bills. Whether it's hospital stays, chemotherapy, transportation, or lodging during treatment, this plan can help provide critical support when you need it most.

HOW IT WORKS

- Pays benefits directly to you.
- Spouse and dependent benefits available.
- Payroll-deducted premiums.
- Easy enrollment process.

| Per Pay (24) Deductions | Plan Option 1 | Plan Option 2 |
|-------------------------|---------------|---------------|
| Employee | \$10.13 | \$14.12 |
| Employee + Child(ren) | \$11.40 | \$16.05 |
| Employee + Family | \$18.12 | \$25.24 |

| Health Screening Benefit | Plan Option 1 | Plan Option 2 |
|--------------------------|---------------|---------------|
| Per Calendar Year | \$50 | \$100 |

| | Plan Option 1 | Plan Option 2 |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Skin Cancer* | \$150 for one removal/\$70 per additional removal | \$225 for one removal/\$105 per additional removal |
| Initial Diagnosis Benefit | \$3,000 one time lump sum | \$3,000 one time lump sum |
| Pre-Existing Condition Limitation | 12 months | 12 months |
| Hospital Confinement | \$200 per day | \$300 per day |
| Private Duty Nurse | \$200 per day while hospital confined, must be authorized by the attending physical; cannot be hospital staff or a family member. | \$300 per day while hospital confined, must be authorized by the attending physical; cannot be hospital staff or a family member. |
| Radiation/Chemotherapy | \$10,000 maximum benefit per 12-month period; pays actual charges | \$10,000 per day maximum benefit per 12-month period; pays actual charges |
| Inpatient Drugs and Medicines | \$30 add per day while hospital confined | \$45 add per day while hospital confined |
| Blood, Plasma, Blood Components, Bone Marrow, and Stem Cell Transplant | \$10,000 maximum benefit per 12-month period; pays actual charges | |
| Anesthesia | pays 25% of covered surgery benefit | |
| Anti-Nausea Drugs Cancer Suppressive Therapy, Hematological Drugs, Anti-Nausea Drugs, Motility Agents | Up to \$1,000 maximum benefit per 12-month period; pays actual charges | Up to \$2,000 maximum benefit per 12-month period; pays actual charges |
| ICU Rider | Intensive Care Unit – none/step-down unit – none | Intensive care unite - \$300/step down unit - \$150 – maximum 45 days per covered confinement |
| Services | | |
| Physician's Attendance | \$40 per day while hospital confined. One visit per 24hour period | \$60 per day while hospital confined. One visit per 24hour period |
| Ambulance | \$200 or service by a licensed ambulance service for transportation to a hospital; admittance required | \$300 or service by a licensed ambulance service for transportation to a hospital; admittance required |
| Ambulatory Surgical Center | \$300 maximum per day | \$450 maximum per day |
| Physical or Speech Therapy | \$25 per treatment; limit one treatment per day | \$50 per treatment; limit one treatment per day |
| Extended Care Facility | \$200 per day; up to the number of days for the prior hospital stay; admittance must be within 14 days of hospital discharge | \$300 per day; up to the number of days for the prior hospital stay; admittance must be within 14 days of hospital discharge |
| Hospice Care | \$200 per day 100 day lifetime maximum not payable while hospital confined | \$300 per day 100 day lifetime maximum not payable while hospital confined |
| Hairpiece | Life Max \$100 per covered person | Life Max \$150 per covered person |
| Surgery Benefits | 2.00 Units | 3.00 Units |
| Inpatient | \$2,000 | \$3,000 |
| Outpatient | \$3,000 | \$4,500 |
| | | Maximum benefit; actual benefit is determined by the surgery schedule in the contract; for multiple procedures in the same incision only the highest benefit is paid; for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure |

*Skin cancer does not include malignant melanoma or mycosis fungoides.



Cancer Genetic Testing



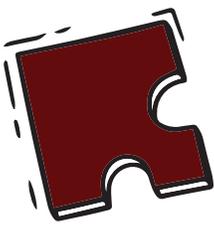
Genomic Life

Through Cancer Genetic Testing, you will have access to proactive genetic tests that will unlock insights into your inherited risks for cancer and other diseases.

When you sign-up, the Genomic Life Platform provides you with access to clinically relevant genetic testing and specialized services, including:

| Cancer Genetic Testing Deductions | Pay Per (24) Deductions |
|-----------------------------------|-------------------------|
| Employee | \$7.50 |
| Employee + Child(ren) | \$7.50 |
| Employee + Spouse | \$15.00 |
| Family | \$15.00 |

| Highlights | Plan |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cancer Support Specialist | <p>Cancer Information Line: Speak with an oncology specialist for cancer-related questions, concerns, risk-mitigation strategies, or caregiving guidance</p> <p>Cancer Support Specialist: If diagnosed with cancer, a dedicated Cancer Support Specialist (CSS) is assigned to provide practical, emotional, and clinical support</p> <p>Expert Pathology Review: Obtain expert second opinion review of diagnosis</p> |
| Advance DA Testing | <p>Genetic Health Screen: Better understand your genetic risk for certain hereditary cancers, heart conditions, and additional conditions</p> <p>Pharmacogenomics (PGx): 25 biomarkers highlight drug-gene interactions and efficacy</p> <p>Carrier Testing: A genetic test that highlights 289 common recessive issues affecting healthy births</p> <p>Genetic Counseling: All testing through Genomic Life includes expert genetic counselors who are trained to interpret and educate members and their physicians on the results of their genetic tests</p> <p>Comprehensive Genomic Profiling (CGP): If diagnosed with cancer, CGP interrogates more than 300 cancer-related genes in the tumor, helping inform treatment decisions and clinical trial eligibility</p> |
| Cancer Navigation | <ul style="list-style-type: none"> • 1-on-1 Nurse Advocate (includes personalized care plans, virtual physician visit, and general assistance) • Clinical trial matching • Peer-to-peer physician review • Digital pathology review (confirmation of cancer diagnosis, grade, and molecular status) • Comprehensive Genomic Profile |



PROTECT YOURSELF, YOUR FAMILY & YOUR FUTURE

ARAG UltimateAdvisor® Legal Insurance Plan offers affordable access to experienced attorneys, help preparing legal documents, and coverage for common and unexpected legal needs.

WHAT'S COVERED

Legal insurance includes a wide range of services, such as:

- Estate Planning – Wills, trusts, and powers of attorney
- Family Matters – Divorce, adoption, name changes, guardianship
- Home & Property – Buying or selling a home, foreclosure, neighbor disputes
- Debt & Consumer Issues – Bankruptcy, debt collection, consumer fraud
- Traffic & Driving – Tickets, license suspension
- Tenant Rights – Lease disputes, evictions
- Tax Issues – IRS audits and collections

WHY LEGAL INSURANCE IS VALUABLE

- **Save Money:** Legal fees can cost hundreds per hour. ARAG covers 100% of attorney fees for most covered issues when using a network attorney.
- **Reduce Stress:** Let experienced attorneys handle the complicated stuff—ARAG makes it simple to get support.
- **Be Prepared:** Whether you're planning a will, dealing with a traffic ticket, or going through a major life change, you're covered.
- **Easy to Use:** Access attorneys and legal tools online, through the ARAG app, or by phone.

| Legal Deductions | Pay Per (24) Deductions |
|------------------|-------------------------|
| Ultimate Advisor | \$9.13 |

For the complete list of what your plan covers, visit: ARAGlegal.com/myinfo

Access Code: 19039wal

HOW IT WORKS

Need Legal Help?

- Log into your account online, via the app, or call ARAG Customer Care.
- **Get Matched**
ARAG will confirm your coverage and connect you with local attorneys who can help.
- **Meet with an Attorney**
Work with a network attorney in person, virtually, or by phone. Most services are covered in full.
- **Take Action**
Attorneys can review and prepare documents, give legal advice, write letters, make calls, and even represent you in court.

ID Protection



Allstate/AIP

Identity theft and cybercrime can happen to anyone — 1 in 4 Americans have experienced cybercrime.

Allstate Identity Protection is proud to have a broad, inclusive definition of “family” that covers everyone under your roof (or under your wallet) — no matter their age.*

Get comprehensive identity monitoring and fraud resolution designed to help you protect yourself and your family against today’s digital threats, plus cybersecurity features designed to identify and address vulnerabilities before they can be exploited.

** Only available with a family plan. Ability to enroll in family plans is dependent on enrollment method. Allstate Identity Protection’s coverage definition can be aligned with client’s benefits eligibility. Contact your Allstate Identity Protection representative for more details.*

COVERAGE HIGHLIGHTS

- Identity, financial account, and credit monitoring
- Cyber protection for mobile devices
- 24/7 support, plus up to \$1 million in fraud expense reimbursement — or up to \$2 million for families**

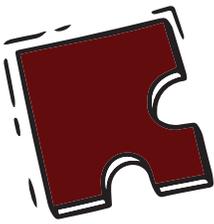
***Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage.*

It’s easy to get started

- **Choose your plan** - You’re protected from your effective date.
- **Activate key features** - Explore additional features in our easy-to use portal and apps.
- **Live your best life online** - We’ve got you covered with 24/7 alerts.

| ID Protection Deductions | Pay Per (24) Deductions |
|--------------------------|-------------------------|
| Employee | \$4.75 |
| Family | \$9.25 |





Medical Transportation

MASA

EMERGENCY TRANSPORTATION COSTS

Most people assume that their health insurance will cover most, if not all, the costs for emergency medical transports. Usually, the opposite is true, leaving you with financial responsibilities. MASA's Medical Transport coverage pays these costs so you don't have to.

HOW IS MASA DIFFERENT?

- Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a payer and not a provider.
- ONLY MASA provides over 1.6 million members with coverage for BOTH ground ambulance and air ambulance transport, regardless of which provider transports them.
- Members are covered ANYWHERE in all 50 states and Canada!
- Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.

YOUR MEMBERSHIP

A MASA membership gives you access to vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

| Highlights | Emergent Plus |
|-----------------------------------|-------------------------|
| Emergent Ground Transportation | U.S./Canada |
| Emergent Air Transportation | U.S./Canada |
| Non-Emergent Air Transportation | U.S./Canada |
| Repatriation | U.S./Canada |
| Medical Transportation Deductions | Pay Per (24) Deductions |
| Employee + Family | \$7.00 |



Employee Assistance Program



The Standard (Health Advocate)

At some point, we all need help coping or making difficult decisions. The Employee Assistance Program (EAP) makes it easy to access support, guidance, and resources.*

Waller ISD provides the EAP at no cost to you during your employment. EAP is there for you and your family through your Group Long Term Disability insurance from Standard Insurance Company (The Standard). And it's confidential — information will be released only with your permission or as required by law.

Health AdvocateSM provides our EAP services. Their professionals can help with referrals to support groups, a network counselor, community resources, or your health plan. If necessary, their professionals can connect you to emergency services.

EAP SERVICES CAN HELP WITH:

- Depression, grief, loss, and emotional well-being
- Family, marital, and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft resolution
- Online will preparation and other legal documents

COUNSELING SESSIONS

Your program offers up to **three counseling sessions** for each issue that each eligible person wants to address. Sessions can be in person, on the phone, through video, or by text.

GET THE EAP MOBILE APP

- Visit Google Play or the App Store.
- Find the EAP Mobile App.
- Choose The Standard — EAP — 3 Visits.



ADDITIONAL SERVICES

- Legal Services
- Financial Services
- Money Management
- WorkLife Services

** The EAP service is provided through an arrangement with Health Advocate, which is not affiliated with The Standard, to groups of 10 – 2,499 covered employees. This service is only available while insured under The Standard's Long Term Disability (LTD) policy. The Standard may change providers or terminate service at any time. Health Advocate is solely responsible for providing and administering the service.*

Getting Help Is Easy

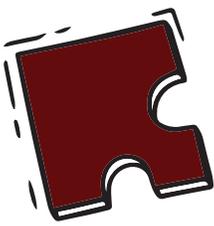
Connect with EAP support by phone, email, online, and live chat. There's even a mobile app.

Contact EAP 24 Hours a Day, Seven Days a Week

888-293-6948 (phone)
For TTY services dial 711
answers@healthadvocate.com
healthadvocate.com/standard3

Online Resources

Visit healthadvocate.com/standard3 to explore articles, webinars, financial calculators, health assessments, and web links to many government and nonprofit services.



Health Insurance Terms

In order to get the most out of your health care benefits, the following are terms used by insurance companies, health plans, and health care providers:

- **Benefits** - The amount of money payable by an insurance company to a claimant under the insurance policy.
- **Claim** - A request by an individual (or his /her provider) for the insurance company to pay for services obtained.
- **Co-insurance** - The money that an individual is required to pay for services, after deductible has been paid. It is often a specified percentage of the charges. For example, the employee pays 20% of the charges while the health plan pays 80%.
- **Co-payment** - An arrangement where an individual pays a specified amount for various health care services and the health plan or insurance company pays the remainder. The individual must usually pay his or her share when services are rendered.
- **Deductible** - A set dollar amount that a person must pay before insurance coverage for medical expenses can begin. They are usually charged on an annual or contract year basis.
- **Exclusions and Limitations** - Specific conditions or circumstances for which an insurance policy or plan will not provide coverage (exclusions), or for which coverage is specifically limited (limitations).
- **Health Savings Account (HSA)** - An individual/person savings account where an insured can set aside pre-tax money to pay for qualified items (reference IRS Publication 502). You must be covered by a high deductible health plan (HDHP) in order to contribute to an HSA.
- **Flexible Spending Account (FSA)** - An individual/person savings account where an insured can set aside pretax money to pay for qualified items (reference IRS Publication 502).
- **High Deductible Health Plan (HDHP)** - A health plan that meets the requirements of being considered an HDHP. There are NO copayments on an HDHP. All medical and prescription drug expenses are applied towards the deductible first, then once a member has satisfied his/her deductible, the coinsurance will apply.
- **In-Network** - Typically refers to physicians, hospitals, or other health care providers who contract with the insurance plan to provide services to its members. Coverage for services received from in-network providers will typically be greater than for services received from out-of-network providers, depending on the plan.
- **Medically Necessary** - A term used to describe the supplies and services needed to diagnose and treat a medical condition in accordance with the standards of good medical practice. Many health plans will only pay for treatment deemed medically necessary. For example, most plans will not cover elective cosmetic surgery.
- **Out-of-Network** - Typically refers to physicians, hospitals, or other health care providers who do not contract with the insurance plan to provide services to its members. Depending upon the insurance plan, expenses incurred for services provided by out-of-network providers might not be covered, or coverage may be less than for in-network providers.
- **Maximum Out-of-Pocket Maximum** - The total amount paid each year by the deductible and coinsurance. After reaching the out-of-pocket maximum, the plan pays 100% of the allowable charges for covered services the rest of that plan year.
- **Pre-Existing Condition** - Any medical condition that was diagnosed or treated within a specified period immediately before a health insurance policy became effective. These conditions may not be covered for a specified period of time under the new policy.
- **Preferred Provider Organizations (PPO)** - A type of managed care plan in which doctors and hospitals agree to provide discounted rates to plan members. Patients are typically reimbursed 80-100% for treatment received within the network, versus 50-70% outside the network.
- **Primary Care Physician (PCP)** - A health care professional who is responsible for monitoring an individual's overall health care needs. Typically, a PCP serves as a gatekeeper for an individual's care, referring him or her to specialists and admitting him or her to hospitals when needed.
- **Reasonable and Customary Charges** - The commonly charged or prevailing fees for health services within a geographic area. If charges are higher than what an insurance carrier considers reasonable and customary, the carrier will not pay the full amount and instead will pay what is deemed appropriate for the particular service. The remaining charges then are the responsibility of the patient.
- **Explanation of Benefits (EOB)** - A summary of claims processed which will be provided to you after a claim is processed for you or for a dependent. This statement outlines year-to-date deductibles and out-of-pocket amounts met during the year. This statement will be mailed unless it is turned off on the website.

Waller

Independent School District



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Disclaimer: This guide does not contain an exhaustive list of the terms and conditions of each benefit. Please refer to the policy, certificate of coverage, or the carrier for more information. Information contained herein does not constitute an insurance certificate or policy. Certificates or policies will be provided to participants following the start of the plan year, if applicable.