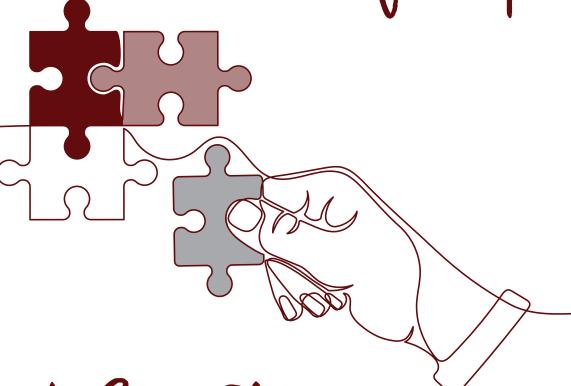


### 2025-26 EMPLOYEE BENEFITS GUIDE



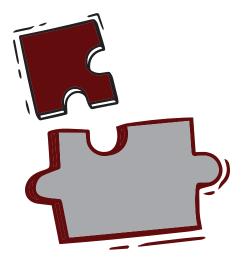
# Pieces of the puzzle



# Table Contents

Directory	03
Welcome	04
Eligibility	05
Enrollment Instructions	06
Medical	07
HSA	10
FSA	11
Dental	12
Vision	13
Telemedicine	14
Life AD&D	15
Disability	16

Accident	17
Critical Illness	18
Hospital Indemnity	19
Universal Life	20
Cancer	21
Cancer Genetic Testing	22
Legal	23
ID Protection	24
Medical Transportation	25
Employee Assistance Program	26
Health Insurance Terms	27



## Directory

### **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

## 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.

Benefit/Carrier	Policy	Phone/Website
ActiveCare Primary ActiveCare Primary+ ActiveCare HD ActiveCare 2 Medical - BCBSTX	385003 385001 385000 385002	(866) 355-5999 trs.texas.gov
Health Savings Account Flexible Spendings Accounts NBS	NBS358093	(800) 274-0503 nbsbenefits.com
<b>Dental</b> MetLife	251300	(800) 942-0854 <b>MetLife.com</b>
<b>Vision</b> VSP	40155564	(800) 877-7195 <b>vsp.com</b>
<b>Telemedicine</b> 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
<b>Employee Assistance Program</b> The Standard	171601	(888) 293-6948 standard.com
<b>Cancer</b> Transamerica	G000053023	(888) 763-7474 www.tebcs.com
Cancer Genetic Testing Genomic Life	WALL-GL-2023-3625	(844) 694-3666 genomiclife.com
<b>Universal Life</b> Transamerica	G000053023	(888) 763-7474 www.tebcs.com
<b>Legal</b> Arag	19039	(800) 247-4184 araglegal.com
Identity Protection Allstate/AIP	9420	(800) 789-2720 allstate.com/aip
<b>Medical Transportation</b> 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









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

### 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.









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!

## **BCBSTX-TRS-Active Care**

### **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**



<sup>\*</sup>Available for all plans

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			
	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY +	TRS-ACTIVECARE HD
HIGHLIGHTS	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	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	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				
	TRS-ACTIVECARE PRIMARY	TRS-ACTIVECARE PRIMARY +	TRS-ACTIV	ECARE HD
TYPE OF COVERAGE	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	Nationwid	le Network
PCP Required	Yes	Yes	N	lo
		Doctor Visits		
Primary care	\$30 copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	100 pay 50% after deductible	rou pay 50% after deductible
		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% a	fter 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 medic	al consultation
		Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated v	vith medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	' '	le; \$0 coinsurance for certain erics
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	



Insulin Out-of-Pocket Costs

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

THIS PLAN IS CLOSE	D AND NOT ACCEPTING NEV	V ENROLLEES. IF YOU'RE CURRENTLY ENROLLED IN TR	S-ACTIVECARE 2, YOU CAN REMAIN IN THIS PLAN.	
		TRS ActiveCare Per Pay (24) Deductions		
MEDICAL DEDUCTIONS		TRS-ACTIVECARE 2 GRANDFATHER	ED PLAN	
Employee	\$319.00			
Employee + Spouse	\$1,013.50			
Employee + Children		\$566.00		
Employee + Family		\$1,233.00		
		TRS-ACTIVECARE 2 GRANDFATHER	ED PLAN	
HIGHLIGHTS	Closed to new enrollees     Current enrollees can choose to stay in plan			
		Plan Features		
		TRS-ACTIVECARE 2 GRANDFATHERED PLAN		
TYPE OF COVERAGE		IN-NETWORK	OUT-OF-NETWORK	
Individual/Family Dedu	ctible	\$1,000/\$3,000	\$2,000/\$6,000	
Coinsurance		You pay 20% after deductible	You pay 40% after deductible	
Individual/Family Maxir	num Out of Pocket	\$7,900/\$15,800	\$23,700/\$47,400	
Network	Network Nationwide Network		de Network	
PCP Required		1	No	
	Doctor Visits Doctor Visits			
Primary care		\$30 copay	You pay 40% after deductible	
Specialist		\$70 copay	Tou pay 40% after deductible	
		Immediate Care		
Urgent care		\$50 copay	You pay 40% after deductible	
Emergency Care		You pay a \$250 copay p	olus 20% after deductible	
TRS Virtual Health-RediMD™		\$0 per medic	\$0 per medical consultation	
TRS Virtual Health-Telac	loc®	\$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 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 \$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-servicerelated 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.

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	

<sup>\*</sup> 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.







### 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.

Habiaba	PPO Plan	
Highlights	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%	100%
Examinations Full Mouth X-Rays Bitewing X-Rays Prophylaxis - Cleanings Fluoride Emergency Palliative Treatment  Basic	100%	
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	9%

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.

TRAIN LO	PPO Plan	
Highlights	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		\$30 allowance
Bifocal	Covered in full (\$25 censy)	\$50 allowance
Trifocal	Covered in full (\$25 copay)	\$60 allowance
Lenticular		\$50 allowance
Contact Lenses*		
Medically Necessary	\$175 allowance	\$210 allowance
Elective	\$60 copay	\$100 allowance
Frames**	\$150 allowance	\$50 allowance
VSP Laser VisionCareSM 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		
Exams	Every 12 Months	
Lenses		
Frames		

<sup>\*</sup>Contact lenses are in lieu of eyeglasses and frames.

<sup>\*\*\*</sup>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



<sup>\*\*</sup>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.





### **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

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



Scan QR code for more information about this benefit.

### **CONDITIONS TREATED**

- Acne / Rashes
- Allergies
- Cold / Flu / Cough
- Gl 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







### 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	

<sup>\*</sup>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.







### **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		
	Option 1: 14/14 days following injury/illness*		
	Option 2: 30/30 days following injury/illness*		
Elimination Period Options	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)		
	If you had a medical condition or received treatment for a condition within		
Pre-Existing Limitations	3 months before your policy effective date, any disability resulting from that		
The Existing Ellineations	condition within the first 12 months of your policy coverage will only be covered for		
	a maximum period of 90 days.		

<sup>\*</sup>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.







### 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	Per Pay (24) Deductions		
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 15 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 Spouse Child	\$10,000 to \$30,000 in \$10,000 increments \$5,000 to \$15,000 in \$5,000 increments 50% of employee coverage amount	
Guaranteed Issue		
Employee Spouse	\$30,000 \$15,000	
Health Maintenance Screening	\$50	
Reoccurrence Treatment-Free Period	6 months	
Cancer		
Heart Attack		
Major Organ Failure		
End-Stage Renal Failure		
Stroke		
Advance Alzheimer's Disease	- 100%	
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 Arteriosis, 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	Pay Per (24) Deductions		
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	





### **NEW PROVIDER**





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.

### 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.

### **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.

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

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



### **NEW PROVIDER**





### **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.

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

### **HOW IT WORKS**

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

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
<b>Pre-Existing Conditio</b>	n Limitation***	1:	2 months	12 months
Hospital Confinemen	t	\$2	00 per day	\$300 per day
Private Duty Nurse			confined, must be authorized by the pe 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/Chemoth	erapy		t per 12 month period; pays actual charges	\$10,000 maximum benefit per 12 month period; pays actual charges
Inpatient Drugs and		. ,	hile hospital confined	\$45 per day while hospital confined
Blood, Plasma, Bloo Marrow, and Stem C	d Components, Bone Cell Transplant		\$10,000 maximum benefit per 12	month period; pays actual charges
Anesthesia			pays 25% of cover	red surgery benefit
	herapy, Hematological Orugs, 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		Plan Option 1	Plan Option 2	Policy Pays
Maximum of 45 days per covered	Intensive Care Unit	None	\$300	per day of confinement in an ICU such as a cardiac care unit, burn unit, or neonatal unit
confinement Step-Down Unit		None	\$150	per day of confinement in a step-down unit for progressive, sub-acute or intermediate care
Services				
Physician's Attenda	nce	\$40 per day while hospital confined. One visit per 24 hour period		\$60 per day while hospital confined. One visit per 24 hour period
Ambulance		\$200 for service by a licensed ambulance service for transportation to a hospital; admittance required		\$300 for service by a licensed ambulance service for transportation to a hospital; admittance required
Ambulatory Surgica	al 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		Maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment		Maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment
Surgery Benefits		2.00 Units	3.00 Units	Policy Pays
Inpatient Outpatient		\$2,000	\$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

<sup>\*</sup>Skin cancer does not include malignant melanoma or mycosis fungoides.



<sup>\*\*</sup>Pays a one-time lump sum benefit when an insured person is initially diagnosed with cancer for the first time ever after the effective date of insurance (except skin cancer).

<sup>\*\*\*</sup>No benefits are provided during the first 12 months for pre-existing conditions for which the insured person has been diagnosed, treated, incurred expenses, or taken medication within 12 months prior to the effective date.

## 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	Cancer Information Line: Speak with an oncology specialist for cancer-related questions, concerns, risk-mitigation strategies, or caregiving guidance  Cancer Support Specialist: If diagnosed with cancer, a dedicated Cancer Support Specialist (CSS) is assigned to provide practical, emotional, and clinical support  Expert Pathology Review: Obtain expert second opinion review of diagnosis
Advance DA Testing	Genetic Health Screen: Better understand your genetic risk for certain hereditary cancers, heart conditions, and additional conditions  Pharmacogenomics (PGx): 25 biomarkers highlight drug-gene interactions and efficacy  Carrier Testing: A genetic test that highlights 289 common recessive issues affecting healthy births  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  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
Cancer Navigation	<ul> <li>1-on-1 Nurse Advocate         (includes personalized care plans, virtual physician visit, and general assistance)</li> <li>Clinical trial matching</li> <li>Peer-to-peer physician review</li> <li>Digital pathology review (confirmation of cancer diagnosis, grade, and molecular status)</li> <li>Comprehensive Genomic Profile</li> </ul>





### 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, quardianship
- 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.



## 1D 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**

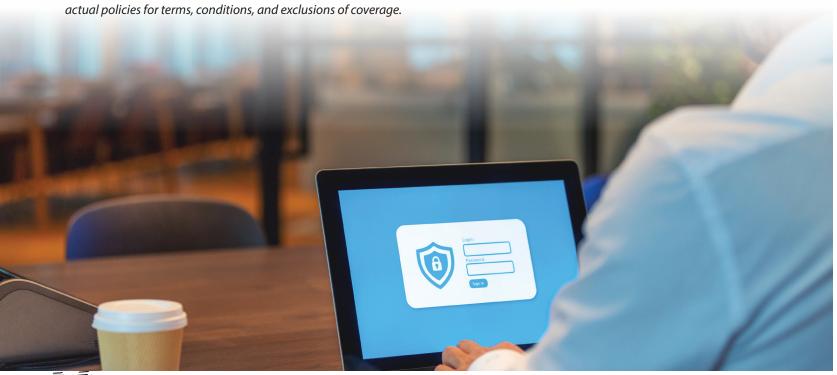
- Identity, financial account, and credit monitoring
- Cyber protection for mobile devices
- 24/7 support, plus up to \$1 million in fraud expense reimbursement — or up to \$2 million for families\*\*

\*\*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

### 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

### 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 T

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.



## Notes





## Notes











Contract Administrator FBMC Benefits Management, Inc. PO Box 1878 • Tallahassee, Florida 32302-1878 myFBMC.com

**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.