



EMPLOYEE BENEFITS GUIDE

BASTROP INDEPENDENT SCHOOL DISTRICT

ENCLOSED YOU WILL FIND:

- Step by step instructions on how to enroll.
- Summary information about each medical, dental, vision, life, disability and many other benefit options.
- Information on many more additional benefits such as flexible spending, health savings account and the employee assistance program (EAP).
- Directory and contact information, in case you have questions, and much more!

If you are a NEW HIRE, please note: You have 31 days from your date of hire to complete the online enrollment. After 31 days the portal will be closed and you will not be eligible for benefits until Open Enrollment for the following plan year. Don't delay!

FLEXIBLE SPENDING ACCOUNT (FSA)—You must RE-ENROLL every year in the FSA "use-it-or-lose-it" account—even if you want to keep the amount the same as last year.

Have questions? We're here to help!



MARSHA GOERTZ, BISD BENEFITS MANAGER

BASTROP ISD OFFICE: 512-772-7135
EMAIL: mgoertz@bisdtx.org



TAYLOR SILGUERO, FFGA ACCOUNT MANAGER

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2021-2022 BASTROP ISD EMPLOYEE BENEFITS TABLE OF CONTENTS

Providing great benefit choices to you and your family is just one of the many ways Bastrop ISD looks after the health and financial welfare of the people who make our district work so well. Our goal at BIRD is to provide you with an array of benefit options that will meet your personal needs as part of your total compensation and rewards.

Bastrop ISD is pleased to provide you with the information you'll need to enroll for next year's benefits. We believe this comprehensive enrollment guide will make it easier for you to learn about your benefit plan options, decide on the levels of coverage that are best for you and your family, and compare costs before completing your on-line enrollment.

If you have questions, feel free to reach out to your First Financial Account Manager,

Taylor Silguero, at 512-630-6654 or taylor.silguero@ffga.com, or

Marsha Goertz, Bastrop ISD Benefits Manager at mgoertz@bisdtx.org or 512-772-7135

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ELIGIBILITY

Employees regularly scheduled to work 20 or more hours each work week are eligible to participate in all benefit plans on the first day of the month following date of hire. Eligible dependents include your legal spouse and dependent children up to age 26, unless disabled. You must be actively at work on the plan effective date for new benefits to be effective. This means you are physically capable of performing the functions of your job on the day your benefits would become effective.

NOTE:This Booklet is an outline of benefits only. If there is a conflict between the terms of this outline of benefits and the contract, the terms of the contract will prevail.

IT'S TIME TO ENROLL!

Bastrop ISD Open Enrollment for Employee Benefits starts July 12, 2021



ENROLLMENT DATES: JULY 12 - AUGUST 20, 2021

FFGA Representatives will be available to assist you individually during the dates and times below.

DATE	DAY OF THE WEEK	LOCATION	TIME
July 12, 2021	Monday	Cedar Creek High School	8:00 - 4:00
July 13, 2021	Tuesday	Cedar Creek High School	8:00 - 4:00
July 14, 2021	Wednesday	Board Room/Service Center	8:00 - 4:00
July 15, 2021	Thursday	Board Room/Service Center	8:00 - 4:00
July 26, 2021	Monday	Board Room/Service Center	8:00 - 4:00
July 29, 2021	Thursday	Cedar Creek High School	8:00 - 4:00
August 3, 2021	Tuesday	Cedar Creek High School	8:00 - 4:00
August 5, 2021	Thursday	Board Room/Service Center	8:00 - 4:00
August 11, 2021	Wednesday	Board Room/Service Center	8:00 - 4:00
August 12, 2021	Thursday	Cedar Creek High School	8:00 - 4:00

For more information regarding benefit descriptions, brochures, and plan documents, please visit ffbenefits.ffga.com/bastropisd.



Need help?

Contact Taylor Silguero at Taylor.Silguero@ffga.com

OFFICE: 800-672-9666 | CELL: 512-630-6654



A MESSAGE FROM YOUR BISD BENEFITS MANAGER

If you are new to Bastrop ISD, welcome, you're one of us now! If you are a returning employee, we're happy you're still here!

Please don't hesitate to reach out to me with any questions you may have. This booklet contains a lot of information that you may need throughout the plan year, you can also access the information online at <https://benefits.ffga.com/bastropisd>. -Marsha Goertz, BISD Benefits Manager



This is when your benefits will begin:

If your official date of hire is in "**August**," your benefits must begin effective **September 1**. (The first day of the month following your "actively at work" date.) You have the option for your *medical insurance* to begin on your "actively at work" date, but please note that you will have to pay for the entire month, even if you were to start at the end of the month. All supplemental benefits must begin the first day of the month following your date of hire.



This is how you will be paid and when your deductions will start:

Please note that the rates you see in this booklet are "per paycheck" rates and that we pay twice a month. You will be paid on the 15th and the next to the last working day of each month. The payday schedule is available on the BISD website under "Staff Resources". You will pay for the insurance in the month that you receive it, so if you are hired in August, your first deduction for your elections will be from your September 15th paycheck for coverage beginning 9/1/2021.



If you don't want to enroll in anything you still have to do something:

Everyone must complete either the enrollment or decline process!

Because of the Affordable Care Act (ACA), we both have requirements that must be met. We, (BISD), must offer health insurance to both you and your eligible dependents. And you, (our new employee), must either enroll or decline health insurance for yourself and your eligible dependents.

Please complete the enrollment (or declination if you are choosing to opt out) process as soon as possible in order to expedite the uploading of information and receipt of cards, etc.



There is a deadline you don't want to miss:

For new hires, the enrollment portal for all benefits offered from Bastrop ISD will only be open for 31 days after your actively at work date. If you do not complete the enrollment within that time frame, the portal will be closed until Open Enrollment begins for the 2022-2023 Plan Year. **For current BISD employees, open enrollment begins July 12, and ends August 20, 2021!**

A MESSAGE FROM YOUR BISD BENEFITS MANAGER (cont.)



So who are your eligible dependents?

Your eligible dependents are:

- Your Spouse if you are married.
- Your children under the age of 26.
- Your children *over* the age of 26 if they are disabled.

These people, even if you never have any intention of covering them, are still "eligible" for coverage.

- Your spouse, even if they have other coverage and have had other coverage for 20 years, are still "eligible" to be covered. You must decline for them.
- Your children under the age of 26, even if they live in another State and have been married for 3 years, are still "eligible" to be covered. You must decline for them.

Two major reasons why you need to list your eligible dependents:

- 1) It's the law, thanks to the ACA. The IRS wants you to verify that you have enrolled or declined coverage for your eligible dependents. (That's why you receive a form 1095-C from your employer each year.)
- 2) If for whatever reason, your spouse were to lose their job and need insurance, or perhaps your child gets divorced and moves back home....IF you didn't decline coverage for them at this time, you will not be able to add them at that time.

So please add your eligible dependents. Super easy, add them once and then you can decline for them as you go through the online process. Done!



If you are a current employee and have TRS ActiveCare and you do nothing to your current plan during open enrollment....

Your medical insurance and supplemental benefits will stay the same.

There is one thing that WON'T automatically roll-over....

You **MUST** re-enroll in the HSA, DCA and/or FSA account each year if you want to continue your participation in those accounts.

ENROLLMENT, HELPFUL TOOLS AND TIPS



Ready to start the online enrollment process?

To begin online enrollment, visit www.benefitsolver.com

NEW HIRES:

- 1) Click "Register"
- 2) Enter Company Key (**bastrop**), your full Social Security Number (**with dashes**), and your Date of Birth (**mm/dd/yyyy**).
- 3) After you have completed these fields, click on Continue to move to the next step.

CURRENT BISD EMPLOYEES:

- 1) Login with your username and password that you have created
- 2) If you have forgotten your username and/or password, click the Forgot your username or password?



Not sure that you're ready to give it a go alone?

FFGA Representatives will be available to assist you individually during the dates and times below.

DATE	DAY OF THE WEEK	LOCATION	TIME
7/12/2021	Monday	Cedar Creek High School	8:00 - 4:00
7/13/2021	Tuesday	Cedar Creek High School	8:00 - 4:00
7/14/2021	Wednesday	Board Room/Service Center	8:00 - 4:00
7/15/2021	Thursday	Board Room/Service Center	8:00 - 4:00
7/26/2021	Monday	Board Room/Service Center	8:00 - 4:00
7/29/2021	Thursday	Cedar Creek High School	8:00 - 4:00
8/3/2021	Tuesday	Cedar Creek High School	8:00 - 4:00
8/5/2021	Thursday	Board Room/Service Center	8:00 - 4:00
8/11/2021	Wednesday	Board Room/Service Center	8:00 - 4:00
8/12/2021	Thursday	Cedar Creek High School	8:00 - 4:00

HELPFUL TOOLS AND TIPS

EMPLOYEE BENEFITS CENTER

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

VIEW CURRENT BENEFITS

Your current plan summary can be found by clicking on your name in the upper right-hand corner and clicking on "Benefit Summary".

PERSONAL AND DEPENDENT INFORMATION

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

CHANGING YOUR ELECTIONS

Your current elections will be displayed on the screen for you to verify and make changes if you need to. **Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.**



MID-YEAR BENEFIT CHANGES

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

QUALIFYING LIFE EVENTS INCLUDE:

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

DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, you must waive each benefit. **You are automatically enrolled in the Basic Life Insurance provided by BISD and must complete the beneficiary information.**

SECTION 125 CAFETERIA PLAN RULES

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

IMPORTANT REQUIREMENT TO KEEP IN MIND:

- **A benefit cannot be changed during the plan year unless you have a qualified family status change.** These changes include, but are not limited to,
 - Marriage or divorce
 - Birth, adoption, or death of a spouse or child
 - Change in a spouse’s or dependent’s employment
 - Change in eligibility status of a dependent
 - Substantial increase in a benefit premium
 - Becoming Medicare eligible
 - Spousal Open Enrollment (not all plans allow this)

Eligible Benefits Under Section 125

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Critical Illness Insurance
- Cancer Insurance
- Accident Insurance
- Flexible Spending Accounts
- Health Savings Account

ID CARDS

TRS-ActiveCare ID cards will be mailed to the employee’s mailing address. The employee’s name will appear on the card. Employees on a TRS-ActiveCare Primary or TRS-ActiveCare Primary+ family plan will each get their own card with their PCP’s name printed on it. Employees on a TRS-ActiveCare HD or TRS-ActiveCare 2 family plan will receive 2 cards. The cards will only have the primary subscriber/policyholders name on them with all covered family members listed and can be used by all dependents enrolled under the policy. Should a participant have any questions upon receiving their ID card, please contact a Personal Health Guide at 1-866-355-5999.

Plan participants enrolled in the TRS-ActiveCare plans will have two ID cards — one from Blue Cross and Blue Shield of Texas for the medical benefits and a separate card from Caremark for the prescription drug benefits.

Scott and White Health Plan ID cards

For employees on the Scott and White Health Plan, they will receive one ID card with all covered dependents listed on it. The employee will receive one ID card for individual coverage, two ID cards if additional dependents are covered. Contact customer service at 1-844-633-5325 to request additional ID cards. Or, you can request additional ID cards or see an electronic version through Member Portal at the trs.swhp.org website.

2021-2022 PREMIUMS

TRS ACTIVECARE BCBSTX and SCOTT & WHITE INSURANCE PLANS

2021-2022 TRS-ActiveCare Primary	Monthly Premium (Before BIRD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2021-2022 Semi-Monthly Paycheck** Rate
Individual	\$417.00	\$0.00	\$0.00
+Spouse	\$1,176.00	\$747.00	\$373.50
+Children	\$751.00	\$322.00	\$161.00
+Family	\$1,405.00	\$976.00	\$488.00
2021-2022 TRS-ActiveCare HD	Monthly Premium (Before BIRD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2021-2022 Semi-Monthly Paycheck** Rate
Individual	\$429.00	\$0.00	\$0.00
+Spouse	\$1,209.00	\$780.00	\$390.00
+Children	\$772.00	\$343.00	\$171.50
+Family	\$1,445.00	\$1,016.00	\$508.00
2021-2022 TRS-ActiveCare Primary +	Monthly Premium (Before BIRD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2021-2022 Semi-Monthly Paycheck** Rate
Individual	\$542.00	\$113.00	\$56.50
+Spouse	\$1,334.00	\$905.00	\$452.50
+Children	\$879.00	\$450.00	\$225.00
+Family	\$1,675.00	\$1,246.00	\$623.00
2021-2022 TRS-ActiveCare 2	Monthly Premium (Before BIRD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2021-2022 Semi-Monthly Paycheck** Rate
Individual	\$1,013.00	\$584.00	\$292.00
+Spouse	\$2,402.00	\$1,973.00	\$986.50
+Children	\$1,507.00	\$1,078.00	\$539.00
+Family	\$2,841.00	\$2,412.00	\$1,206.00
2021-2022 Scott & White	Monthly Premium (Before BIRD Contribution*)	Monthly Cost (amount you pay per month after employer contribution*)	2021-2022 Semi-Monthly Paycheck** Rate
Individual	\$542.48	\$113.48	\$56.74
+Spouse	\$1,362.70	\$933.70	\$466.85
+Children	\$872.16	\$443.16	\$221.58
+Family	\$1,568.42	\$1,139.42	\$569.71

* In order to offer two EO plans at no cost to the full-time employee, Bastrop ISD contributes \$417 per month toward the EO Primary Plan premium and \$429 per month toward all other TRS ActiveCare plan premiums.

**Bastrop ISD employees receive a paycheck semi-monthly; on the 15th and the next to last business day of each month.

All plans and rates effective 9-1-2021

2021-22 TRS-ActiveCare Plan Highlights Sept. 1, 2021 – Aug. 31, 2022



All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

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 Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan summary	<ul style="list-style-type: none"> Lowest premium of the plans Copays for doctor visits before you meet deductible Statewide network PCP referrals required to see specialists Not compatible with a health savings account (HSA) 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 than the other plans Statewide network PCP referrals required to see specialists Not compatible with a health savings account (HSA) No out-of-network coverage 	<ul style="list-style-type: none"> Compatible with a health savings account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care

TRS-ActiveCare 2
<ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in this plan Lower deductible Copays for many drugs and services Nationwide network with out-of-network coverage No requirement for PCPs or referrals

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$417	\$0	\$542	\$113	\$429	\$0
Employee and Spouse	\$1,176	\$747	\$1,334	\$905	\$1,209	\$780
Employee and Children	\$751	\$322	\$879	\$450	\$772	\$343
Employee and Family	\$1,405	\$976	\$1,675	\$1,246	\$1,445	\$1,016

Total Premium	Your Premium
\$1,013	\$584
\$2,402	\$1,973
\$1,507	\$1,078
\$2,841	\$2,412

Plan Features	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare 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/\$3,600	\$3,000/\$6,000 / \$5,500/\$11,000
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	\$8,150/\$16,300	\$6,900/\$13,800	\$7,000/\$14,000 / \$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network
Primary Care Provider (PCP) Required	Yes	Yes	No

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

Doctor Visits	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Primary Care	\$30 copay	\$30 copay	You pay 30% after deductible / You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible / You pay 50% after deductible
TRS Virtual Health	\$0 per consultation	\$0 per consultation	\$30 per consultation

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

Immediate Care	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
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	\$0 per consultation	\$0 per consultation	\$30 per consultation

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

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

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
You pay 20% after deductible (\$200 min/\$900 max)

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 per procedure copay	You pay 40% after deductible + \$100 per procedure copay
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay 30% after deductible + \$500 copay	You pay 50% after deductible + \$500 copay	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility – You pay 30% after deductible	Facility – You pay 20% after deductible	Not Covered	Not Covered	Facility – You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services – You pay \$5,000 copay + 30% after deductible	Professional Services – You pay \$5,000 copay + 20% after deductible			Professional Services – You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility.	Only covered if rendered at a BDC+ facility.			Only covered if rendered at a BDC+ facility.	
Annual Vision Examination (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

TRS-ActiveCare Primary

No benefits changes!

This plan still has the lowest monthly costs and copays. Your Primary Care Provider copay is \$30 and TRS Virtual Health is \$0.

TRS-ActiveCare HD Key benefit changes:

- In-network deductible rose by \$200 for individuals and \$400 for families
- In-network coinsurance rate rose from 20% to 30%
- Out of network coinsurance rate rose from 40% to 50%
- In-network maximum out-of-pocket rose by \$100 for individuals and \$200 for families

* All changes are for medical only. There are no changes to prescription drug coinsurance rates.

TRS-ActiveCare Primary+

No benefits changes!

This plan still has copays and the lowest deductibles, maximum out-of-pockets, and coinsurance rates. Your Primary Care Provider copay is \$30 and TRS Virtual Health is \$0.

TRS-ActiveCare 2

No benefits changes!

This plan is still closed to new enrollees.



BCBSTX Participant Support

www.bcbstx.com/trsactivecare

- Find an in-network doctor, hospital, or other provider
- Get plan information
- Get the latest news and updates
- Download forms and documents
- Learn about health and wellness resources
- Register for Blue Access for Members
- Select or change your PCP
- Check the costs of doctors and services covered under your plan
- Download a temporary ID Card



You can check the cost of your medication online at:
<https://info.caremark.com/trsactivecare> then select the 'Check Drug Cost Tool.'



Call toll-free: 1-866-355-5999

Access 24/7

Personal Health Guides (PHGs)

- **Answer questions about benefits**
 - Assist with prior authorizations and referrals
 - Find and assign an in-network PCP
 - Address claim and billing inquiries
- **Explain health care costs and options for care**
 - Locate in-network provider options
 - Scheduling appointments
- **Help you use self-service tools**
- **Connect you to other resources**
 - Clinicians
 - Community resources
 - TRS benefits vendors

2021-22 Health Maintenance Organizations: Premiums for Regional Plans

REMEMBER:

When you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas another option.



Scott & White
CARE PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH



Central and North Texas Scott and White Care Plan	
	<p>You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson</p>

Total Monthly Premiums	Total Premium	Your Premium
Employee Only	\$542.48	\$113.48
Employee and Spouse	\$1,362.70	\$933.70
Employee and Children	\$872.16	\$443.16
Employee and Family	\$1,568.42	\$1,139.42

Plan Features	
Type of Coverage	In-Network Coverage Only
Individual/Family Deductible	\$1,150/\$3,450
Coinsurance	You pay 20% after deductible
Individual/Family Maximum Out-of-Pocket	\$7,450/\$14,900

Doctor Visits	
Primary Care	\$20 copay
Specialist	\$70 copay

Immediate Care	
Urgent Care	\$50 copay
Emergency Care	\$500 copay after deductible

Prescription Drugs	
Drug Deductible	\$200 (excl. generics)
Days Supply	30-day supply/90-day supply
Generics	\$10/\$25 copay
Preferred Brand	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible
Specialty	You pay 15%/25% after deductible (preferred/non-preferred)

trs.texas.gov

Scott & White Participant Support

Welcome to Scott & White Care Plans (SWCP), a wholly owned subsidiary of Scott and White Health Plan, and part of the Baylor Scott & White family of companies. Whether you're a returning Scott and White Health Plan member, previously had coverage through FirstCare Health Plans, or you're new to us, we're glad you're here. With Scott & White Care Plans, you will have access to the renowned doctors, specialists and facilities of the Baylor Scott & White Health system. Baylor Scott & White Health (BSWH) provides full-range, inpatient, outpatient, rehabilitation and emergency medical services.

Beyond the Baylor Scott & White Health system, Scott & White Care Plans offers access to thousands of providers throughout Central and West Texas to ensure members have plenty of in-network options for care. You'll find useful information about what we have to offer in this booklet—and if you have questions, we're happy to answer them.

Got a question

Our highly trained Customer Advocates can help you with things like finding a provider and answering questions about your benefits or claims. Whatever your question or concern may be, our Customer Advocates will work with you to resolve it as quickly as possible—in most cases, before you hang up the phone.

Contact us by phone

800.321.7947

844.633.5325 (on/after Sept. 1, 2020)

7 AM – 7 PM

Monday – Friday

Contact us through the member portal

Log in at trs.swhp.org to send a secure email and receive a secure response.

Explore your member portal

There's a wealth of online information, resources, and functionality available 24/7 in our member portal, accessible from your computer or mobile device. You'll find a link to the portal on our website: trs.swhp.org.

Download and or print:

- ID cards
- Benefit plan documents
- Claims summaries and Explanations of Benefits
- Prescription medication history
- Drug formulary
- Pending, approved and denied authorizations

If you need detailed pharmacy claim information, pharmacy deductible information, explanation of benefits, or drug information and pricing, visit trs.swhp.org or call Customer Service at **800.321.7947**. (On/after Sept. 1, 2020 call **844.633.5325**)

Plus you can:

- Find a provider
- Make an appointment with a BSWH doctor
- Complete a health assessment
- Access virtual care options
- Track your deductible and out-of-pocket maximum
- Message your BSWH doctor
- Refill a prescription at BSWH pharmacies
- Verify eligibility
- View/update demographic information
- Learn about, and register for, the Expecting the Best® Maternity Program

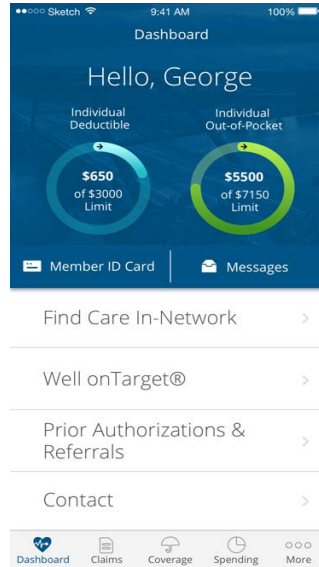


BCBSTX Mobile App

Features:

- Find a doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- Ability to view and email your ID
- Available in Spanish
- Available for iPhone and Android users.

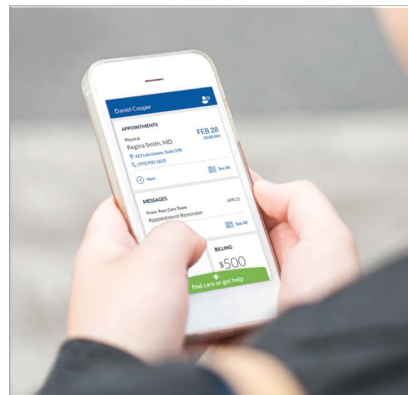
To download the app, text* BCBSTXAPP to 33633 or it is available for Apple® or Android™ devices on the App StoreSM or the Google Play StoreTM



Download the MyBSWHealth App

Features:

- Find a provider
- Send a secure message
- See copays, track deductible and out-of-pocket max
- Pay bills and track claims
- View test results and past visit summaries
- Experience eVisits or video visits
- Manage and refill prescriptions
- View your digital ID card

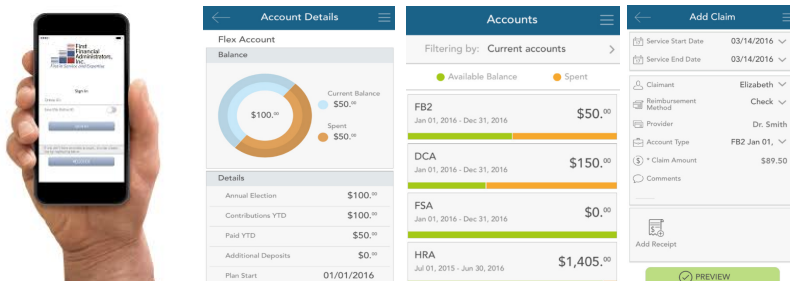


Just a download away:



FF Flex Mobile App

Access Account Information, View Card Details & Profile Information, Submit Claims, View Pending claims, Upload Receipts & Documentation.



DOWNLOAD OUR FF FLEX MOBILE APP

The *FF Flex Mobile App* is available for Apple® or Android™ devices on the App StoreSM or the Google Play StoreTM. Submit claims, set up text mobile alerts, and much more, all from our convenient mobile app.

Your Employer ID Number is FFA987. You must have this number or your Flex Benefits Card number to register your account on the FF Flex Mobile App.



DENTAL - HUMANA

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

DENTAL—HUMANA (NO CHANGES)		
	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$12.17	\$18.34
EMPLOYEE + SPOUSE	\$25.44	\$48.29
EMPLOYEE + CHILD(REN)	\$31.41	\$50.46
EMPLOYEE + FAMILY	\$44.45	\$73.68



VISON - SUPERIOR VISION

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

Your employer provides you with a vision plan to take care of you and your family's needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction.

VISION—SUPERIOR VISION (NO CHANGES)	
EMPLOYEE ONLY	\$3.98
EMPLOYEE + SPOUSE	\$8.57
EMPLOYEE + CHILD(REN)	\$6.45
EMPLOYEE + FAMILY	\$11.76



TELEMEDICINE - WELLVIA

Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room. Board Certified physicians will diagnose your illness, recommend treatment and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They are able to treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

TELEHEALTH—WELLVIA (NO CHANGES)	
EMPLOYEE ONLY	\$5.00
EMPLOYEE + FAMILY	\$5.00



CANCER INSURANCE - AMERICAN FIDELITY

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

Anyone can sign up for the Cancer plan as there are no medical questions that could deny anyone. However, they will be subject to pre-existing conditions for any claims made in the first year of coverage. Any claims after the first year, there will be no questions.

CANCER INSURANCE—AMERICAN FIDELITY		
	BASIC PLAN	ENHANCED PLAN
EMPLOYEE ONLY	\$ 7.90	\$15.81
EMPLOYEE + SPOUSE	\$13.43	\$26.90
EMPLOYEE + CHILD(REN)	\$13.43	\$26.90
EMPLOYEE + FAMILY	\$13.43	\$26.90



ACCIDENT INSURANCE - AFLAC

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

ACCIDENT INSURANCE—AFLAC (NO CHANGES)	
EMPLOYEE ONLY	\$7.17
EMPLOYEE + SPOUSE	\$12.21
EMPLOYEE + CHILD(REN)	\$15.74
EMPLOYEE + FAMILY	\$20.78



CRITICAL ILLNESS INSURANCE - AFLAC

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected, this plan helps you focus on getting well rather than worrying about finances.



HOSPITAL INDEMNITY PLAN - AFLAC

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

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

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

HOSPITAL INDEMNITY INSURANCE—AFLAC (NO CHANGES)		
	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$11.16	\$16.74
EMPLOYEE + SPOUSE	\$20.27	\$32.49
EMPLOYEE + CHILD(REN)	\$16.54	\$25.65
EMPLOYEE + FAMILY	\$25.65	\$41.40



DISABILITY INSURANCE - UNUM

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period of time you are unable to work due to those reasons. You are able to choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments. How do you decide if you need disability insurance?

Consider these questions when making your decision:

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?



IDENTITY THEFT PROTECTION - iLOCK360

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud. Identity theft insurance will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep.

IDENTITY THEFT PROTECTION—iLock360 (NO CHANGES)		
	PLUS PLAN	PREMIUM PLAN
EMPLOYEE ONLY	\$4.00	\$7.50
EMPLOYEE + SPOUSE	\$7.50	\$46.62
EMPLOYEE + CHILD(REN)	\$6.50	\$48.71
EMPLOYEE + FAMILY	\$10.00	\$71.13



MEDICAL TRANSPORT - MASA

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs. Most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill. With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.

MEDICAL TRANSPORT—MASA		
	EMERGENT PLUS	PLATINUM PLAN
EMPLOYEE ONLY	\$7.00	\$19.50
EMPLOYEE + FAMILY	\$7.00	\$19.50



EMPLOYEE ASSISTANCE PROGRAM - UNUM

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities and family time, it seems like we don't have enough time in day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you successfully face emotional issues.

An employee assistance program, or EAP, is a free, voluntary program offered by your employer. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem.

Employee assistance programs address a wide range of issues including mental and emotional well-being, substance abuse and grief. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.

EMPLOYEE ASSISTANCE PROGRAM—UNUM	
EMPLOYEE + FAMILY	FREE TO EMPLOYEE AND FAMILY - AVAILABLE 24/7



PET INSURANCE - NATIONWIDE® (This is not a payroll deduction)

Nationwide® provides affordable pet health coverage from preventive care to significant medical incidents. Your employees are eligible for preferred pricing which makes this peace-of-mind protection even more affordable. Find out why Nationwide is the #1 choice in America for pet insurance.

Just like all other pet insurers, we don't cover preexisting conditions. However, we go above and beyond with extra features such as emergency boarding, lost pet advertising and more. This plan has a low \$250 annual deductible and a generous \$7,500 maximum annual benefit. Also available with wellness.

Please Note: This will not be payroll deducted but you can get a discount using the link provided or calling and letting them know you have special pricing with Bastrop ISD.

Visit www.petinsurance.com/bisdtx to get a quote.

UNUM EMPLOYER-PAID BASIC TERM LIFE & AD&D INSURANCE

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

UNUM VOLUNTARY TERM LIFE INSURANCE

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by BISD. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Limitations apply, visit the Employee Benefits Center for more details.

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

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

HIGHLIGHTS

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



ANSWERS TO MANY OF YOUR LIFE INSURANCE QUESTIONS CAN BE FOUND BY VISITING THE EMPLOYEE BENEFITS CENTER.

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

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



PRESCRIPTION ASSISTANCE TOOL - CLEVER RX

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

HIGHLIGHTS:

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

Use Clever RX every time you pay for a medication for instant savings! Download the app or visit the site to price a drug. [Clever RX | https://partner.cleverrx.com/ffga](https://partner.cleverrx.com/ffga) | 800-873-1195

CLEVER **RX** PRESCRIPTION SAVINGS CARD CLEVERRX.COM

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

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

For even greater savings,
download the app for FREE!

Download on the App Store | GET IT ON Google play

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

THIS CARD IS NOT INSURANCE

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



BASTROP EDUCATION FOUNDATION - BEF

Please consider joining your colleagues enrolled in the BEF donation program and directly impact your district. You can make a decision to support BEF through a payroll contribution. Your tax-deductible contribution can be \$1 or more per month.

The Bastrop Education Foundation is a local, grassroots, philanthropic organization committed to improving education and educational opportunities throughout Bastrop ISD. The Foundation has awarded nearly 350 grants, totaling more than \$1.6 million dollars. The scope of the grants varies widely: affecting individual classrooms, a full grade level, multiple campuses, or the entire district.

The Foundation's activities and programs are funded exclusively by donations - large and small - that collectively create an impact for the community far greater than any of us might achieve individually.

FLEXIBLE SPENDING ACCOUNTS, DEPENDENT CARE ACCOUNTS & HEALTH SAVINGS ACCOUNTS

First Financial Administrators, Inc.
| <http://www.ffga.com> | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

HEALTHCARE FSA

A Health Flexible Spending Account (Health FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan.

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

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

HIGHLIGHTS

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront so you don't have to spend money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

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

DEPENDENT CARE FSA

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

HIGHLIGHTS

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Contributions are not loaded upfront. Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

HEALTH SAVINGS ACCOUNT

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

HIGHLIGHTS

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

Comparing HSAs & FSAs

Differences in HSAs and FSAs



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

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

HSA	FSA
ELIGIBILITY REQUIREMENTS	
Must have qualified HDHP and no other disqualified health plan. Cannot be covered under a traditional FSA or spouses traditional health plan. Can not be enrolled in MediCare.	No FSA specific eligibility requirements.
YEARLY CONTRIBUTION AMOUNTS	
\$3,600 Individual, \$7,200 Family (2021). Employee and employer contributions both count towards the limit.	IRS limit of \$2,750 Per FSA (2021). Limits are set by the employer
AVAILABILITY OF FUNDS	
Funds are available as contributions are made.	The full election amount is available on the first day of the plan year.
CHANGING CONTRIBUTION AMOUNTS	
Contributions can be changed at any time.	May be adjusted at open enrollment or with a qualifying life event in employment or family status.
ROLLOVER	
Any unused balance always rolls over to the next plan year.	FSAs are “use it or lose it” and you forfeit any unused balance at the end of the plan year. Your employer may opt to allow a 2 1/2 month grace period to submit charges made in plan year or allow a \$500 rollover allowing you to use funds up to \$500 for expenses in the new plan year.

HSA	FSA
PORTABILITY	
It's your account. You can take it with you wherever you go.	You will lose your FSA with a change in employment.
EFFECT ON TAXES	
Contributions may be taken out of your paycheck pre-tax. Growth and distributions for qualified expenses are tax free or be made on the portal with after-tax contributions. Tax deduction on taxes at end of year.	Contributions are taken out of your paycheck pre-tax. Distributions are tax free for qualified expenses.
DOCUMENTATION	
You are responsible to maintain documentation in case of an IRS audit.	You will be requested to provide documentation to substantiate the expense.
TAX DOCUMENTS	
1099-SA distributions will be sent to you by January 31. 5498 Contributions will be issued in May.	Reported on W-2.
INVESTMENTS	
Investment options available once you have accumulated over \$1,000. Investments can be made online by logging into the secure portal at www.ffga.com .	No investment options
DISTRIBUTIONS	
Any distribution amount not used exclusively to pay for qualified medical expenses is included in your gross income and may be subject to an additional 20% tax.	Expenses must be incurred during the plan year.



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

Congratulations on enrolling in your Flexible Spending Account

VIEW YOUR FLEX ACCOUNT DETAILS ONLINE

Sign up to view your Flex Account balance, find claim forms, and view claim status and history on our secure website. Go to www.ffga.com and log in.

After log in is complete, you may sign up for direct deposit for your reimbursements.

Notice: For quality control and security purposes, we did not transfer any of your banking information when transitioning to our new and improved portals. If you previously signed up for direct deposit for your FSA, you will need to reestablish your banking information.

DOWNLOAD OUR FF FLEX MOBILE APP

The **FF Flex Mobile App** is available for Apple® or Android™ devices on the App StoreSM or the Google Play Store™. Submit claims, set up text mobile alerts, and much more, all from our convenient mobile app.

USE YOUR FLEX BENEFITS CARD

For qualified FSA purchases, you may pay with your **FFA Benefits Flex Card** at the time you incur the expense. You can find a list of eligible products and services on our website, www.ffga.com.

3 EASY WAYS TO SUBMIT RECEIPTS:

1. UPLOAD PHOTO TO OUR
SECURE, ONLINE PORTAL



2. USE THE FF FLEX
MOBILE APP



3. SEND TO US BY MAIL OR FAX



TIPS FOR USING YOUR FLEX BENEFITS CARD:

- » **Save Your Receipts!** The IRS requires validation of transactions. Upon request, you will have 60 days from the date of the transaction to provide documentation. Failure to provide documentation will result in suspension of your card privileges until the necessary documentation is received. With our updated system we will be sending receipt notification using the email address you provided during open enrollment.
- » **Take a photo of your receipt.** You can upload documentation by taking a photo using the FF Flex Mobile App or by logging into your participant account portal.
- » **Dependent Day Care contributions must be received from your employer and deposited to your account before they are available for use.** Funds cannot be reimbursed until the expense has been incurred.
- » **The card cannot be used for prescribed over-the-counter drugs.**

FFGA-2022-0815

QUESTIONS? CONTACT US TODAY!

Online: www.ffga.com | Email: flex@ffga.com | Phone: 866-853-FLEX | Fax: 800-298-7785

First Financial Group of America • FSA Department • PO Box 670329 • Houston, TX 77267-0329



HEALTH SAVINGS ACCOUNTS

Administered by First Financial Administrators, Inc.

What is a Health Savings Account (HSA)?

HSAs were created to help control healthcare costs. They provide a savings vehicle that allows you to set aside money to pay for higher deductibles associated with lower monthly premium High Deductible Health Plans (HDHP). The money you save in monthly insurance premiums may be aside for eligible medical expenses you incur in the future. Your HSA balance rolls over from year-to-year earning interest along the way. The account is portable. Upon retirement or separation of service, you take the HSA with you because it's your money and your account.

HSAs Offer a Triple Tax Advantage

- » The money you put in to the account is deducted from your paycheck before tax
- » The interest and earnings you make on the account grow tax free
- » Distributions for eligible medical expenses are tax free

Key Advantages of an HSA

- » No end-of-year forfeiture of funds
- » Portable account
- » Provides an excellent savings vehicle for healthcare expenses
- » No monthly account fees
- » Free eStatements when you opt in for electronic delivery

Year-to-year Comparison

Minimum Health Insurance Plan Deductible Amounts for the Qualifying HDHP

	2020	2021
Individual coverage	\$1,400	\$1,400
Family coverage	\$2,800	\$2,800

Annual Maximum Contribution Levels

	2020	2021
Individual coverage	\$3,550	\$3,600
Family coverage	\$7,100	\$7,200

Catch up allowed for those 55 and over - \$1,000

Maximums for HDHP Out-of-Pocket Expenses

	2020	2021
Individual coverage	\$6,900	\$7,000
Family coverage	\$13,800	\$14,000

**2022 limits and contributions have not been released.*

Who can participate in an HSA and are there any restrictions?

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



FFGA-2048-0421

Examples of Eligible HSA Expenses

For a complete list, visit <https://www.ffga.com/individuals>

- » Copays & Deductibles
- » Prescriptions
- » Dental Care
- » Contacts & Eyeglasses
- » Hearing aids
- » Laser Eye Surgery
- » Orthodontia
- » Chiropractic Care

Your HSA as an Investment Account

HSA's are often overlooked as powerful retirement tools. The more you save, the more you earn. The account offers significant tax advantages and provides opportunities to invest in mutual funds. Account holders can choose to invest any funds over the minimum threshold the bank requires for various investment options. This is a great way to potentially grow your savings for future healthcare costs or retirement.

Distributions and accessing the funds in your HSA

Online Reimbursement

You can request funds online and receive a check or a direct deposit into your selected account.

Online Bill Pay

You can request funds online to pay your provider directly from your HSA account.

Distribution Request Form

You can fax or mail a Distribution Request Form to receive your funds by check or direct deposit.

Is it possible to get a distribution without an eligible medical expense?

- » If you are 65 and older, the funds may be used for any expense with no penalty. The distribution is subject to taxation.
- » If you are under 65, you may incur a 20% penalty and the funds are subject to taxation.

Keep good records of your expenses

Receipts are NOT required at the time of distribution. Be sure to keep receipts for all of your medical expenses, for which you received a reimbursement, for at least three years for tax-reporting purposes. Keep track of your receipts and payments by using the portal to see balances, view transactions, create reports, and upload receipts.

HSA RESOURCES

Benefits Card

The Benefits Card is available to all employees that participate in a Health Savings Account (HSA) and Limited Purpose Flexible Spending Account. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse, and eligible dependents that are at least 18 years old.

Online & Mobile Access

Get account information from our easy-to-use online portal and mobile application. See your account and investment balances in real time, request distributions, and save receipts by snapping a photo!

Visit www.ffga.com to set up your online account.

Search for **FF Mobile Account App** from your Apple or Android device to download the mobile app today!

HSA Store

<https://www.ffga.com/individuals>

First Financial has partnered with the HSA Store to bring you an easy to use online store to better understand and manage your HSA. Shop at the HSA Store for eligible items from bandages to wheel chairs and thousands of products in between, browse or search for eligible products and services using the HSA Eligibility List, and visit the HSA Learning Center to help find answers to questions you may have about your HSA.



2021-2022 LEAVE BENEFITS AT A GLANCE

Paid Leave

State Personal Leave – 5 days

Local Leave – 5 days

Sick Leave Bank – Must opt-in during open enrollment to be eligible. Must meet criteria, available for Employee, Spouse or child. Leave based on years of BISD service.

Catastrophic Injury or Illness Leave – Must meet criteria, available for Employee, Spouse or child.

Assault Leave – Must be requested by the employee

Unpaid Leave

Family Medical Leave – Up to 12 weeks

Temporary Disability Leave – 180 days (for SBEC certified employees only). Runs concurrent with FMLA when applicable.

State Personal Leave

- Earned at a rate of 1/2 day per 18 days worked
- Prorated for employees who start after the official beginning date of their position
- Requires approval 3 days in advance
- May not take more than 3 days in a semester without approval
- May not take more than 5 days in a year without approval
- Runs concurrent with FMLA and Temporary Disability Leave when applicable
- End of year balance carries over to next year
- Used for personal reasons, illness in extended family, or death in extended family

Local Sick Leave

- Earned at a rate of 1/2 day per 18 days worked
- Prorated for employees who start after the official beginning date of their position
- Must have a Dr.'s note if out for more than 3 consecutive days
- Runs concurrent with FMLA and Temporary Disability Leave when applicable
- End of year balance carries over to next year
- Used for personal illness, illness in immediate family or death in immediate family

Sick Leave Bank

- Leave available after all state and local leave has been exhausted. Will be allocated based on years of experience with the district.
- May be used for the employee or employee's parent, spouse, or child.
- Participation is voluntary for all employees who receive leave, and are eligible for BISD insurance benefits.
- Employees join during annual open enrollment.
- Only employees who contribute and join are eligible to use the sick leave bank.

Catastrophic Leave

- Must be certified by a doctor and approved by the district's physician.
- Leave granted with full pay
- Available after all state and local leave has been exhausted.

Family Medical Leave

- Completed medical certification must be received
- Unpaid leave if all paid leave is exhausted
- **Runs concurrently with all types of leave**
Used for the birth/adoption or foster placement of a child or a serious health condition of a child, spouse, parent or the employee, qualifying exigency because of a family member's active military duty or to care for a covered service member with a serious injury or illness
- Must be employed with the district for one year and worked a minimum of 1,250 hours

Temporary Disability Leave

- Qualified employees may be eligible for up to 180 calendar days with proper medical certification
- Unpaid leave if employee has exhausted all paid leave
- Runs concurrent with district paid leave and Family Medical Leave
- Must be certified by a doctor
- May not be taken on intermittent basis
- For own personal illness only

Neutral Absence Control

If an employee does not return to work after exhausting all available paid and unpaid leave, the District shall provide the employee written notice that he or she no longer has leave available for use. The District shall automatically pursue termination of an employee who has exhausted all available leave, regardless of the reason for the absence. The employee's eligibility for reasonable accommodations, as required by the Americans with Disabilities Act, shall be considered before termination. If terminated, the employee may apply for reemployment with the District.

Please contact **Marsha Goertz, BISD Leave and Benefits Manager at mgoertz@bisdtx.org or 512-772-7135** for paperwork, eligibility requirements or any leave related questions you may have.

This is only a summary of Policies:

DEC(LOCAL) and DEC(LEGAL)

Please refer to the policies themselves for full details.

Humana Dental Traditional Plus 14

SEMI MONTHLY RATES

TEXAS
LOW PLAN

EE- \$12.17 EESP- \$25.44 EECH-\$31.41 FAM - \$44.45

BASTROP ISD

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$50	\$150	\$50	\$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$1,000 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)			
Preventive services	100% no deductible		100% no deductible	
<ul style="list-style-type: none"> Routine oral examinations (2 per year) Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) Routine cleanings (2 per year) Fluoride treatment (1 per year, through age 14) Sealants (permanent molars, through age 14) Space maintainers (primary teeth, through age 14) Oral Cancer Screening (1 per year, ages 40 and older) 				
Basic services	50% after deductible		50% after deductible	
<ul style="list-style-type: none"> Emergency care for pain relief Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) Oral surgery (tooth extractions including impacted teeth) Stainless steel crowns Harmful habit appliances for children (1 per lifetime, through age 14) 				
Major services	30% after deductible		30% after deductible	
<ul style="list-style-type: none"> Crowns (1 per tooth every 5 years) Inlays/onlays (1 per tooth every 5 years) Bridges (1 per tooth every 5 years) Dentures (1 per tooth every 5 years) Denture relines/rebases (1 every 3 years, following 6 months of denture use) Denture repair and adjustments (following 6 months of denture use) Implants (1 every 5 years for implant placement, crowns, bridges, and dentures) Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 				
Orthodontia services	Adult/child orthodontia. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.			

Humana Dental Traditional Plus 14

SEMI MONTHLY RATES

TEXAS

HIGH PLAN

EE- \$18.34 EESP- \$48.29 EECH- \$50.46 FAM- \$73.68

BASTROP ISD

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$50	\$150	\$50	\$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$1,250 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)			
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (2 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (2 per year) • Fluoride treatment (1 per year, through age 14) • Sealants (permanent molars, through age 14) • Space maintainers (primary teeth, through age 14) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible		100% no deductible	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) 	80% after deductible		80% after deductible	
Major services <ul style="list-style-type: none"> • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implants (1 every 5 years limited to crowns, bridges, and dentures. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered) • Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	50% after deductible		50% after deductible	
Orthodontia services	Adult/child Orthodontia. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to \$1,000 lifetime orthodontia maximum.			



2021-2022 Vision Plan Benefits for Bastrop Independent School District

Co-Pays	
Exam	\$10
Materials	\$10

Semi-Monthly Premiums	
Emp. only	\$3.98
Emp. + spouse	\$8.57
Emp. + child(ren)	\$6.45
Emp. + family	\$11.76

Services/Frequency	
Exam	12 months
Frame	24 months
Lenses Contact	12 months
Lenses	12 months

(Based on date of service)

Benefits

	<u>In-Network</u>	<u>Out-of-Network</u>
Exam	Covered in full	Up to \$35 retail
Frames	\$150 retail allowance	Up to \$70 retail
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description ¹	Up to \$45 retail
UV coating	Covered in full	Up to \$20 retail
Scratch coating	Covered in full	Up to \$25 retail
Lenticular	Covered in full	Up to \$80 retail
Contact Lenses ²	\$150 retail allowance	Up to \$80 retail
Medically Necessary Contact Lenses	Covered in full	Up to \$150 retail
Lasik Vision Correction	\$200 allowance ³	

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

¹Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

²Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit Lasik

³Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

Discount Features

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

Customer Service

contactus@superiorvision.com
800.507.3800

Monday—Friday 5:00 am to 6:00 pm PT
Saturday 8:00 am to 1:30 pm PT

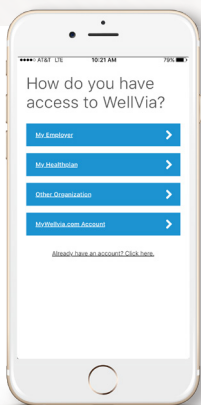
SuperiorVision.com gives you quick access to your vision benefits information. Member account information is shared by all covered family dependents—family members may log in as the primary member.

Available
24/7/365

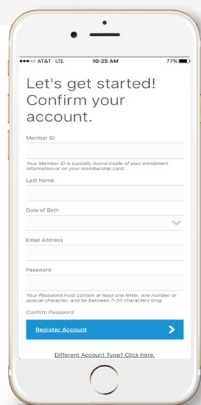
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For the entire
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SIGN IN



SECURITY



GET WELL



www.WellViaSolutions.com



Patient Care Center: (855) WELLVIA

Congratulations and welcome to WellVia!

First Financial Group of America is pleased to provide you with access to WellVia, your new telemedicine provider at no cost to you starting September 1st! WellVia has a national network of board certified, state licensed doctors offering medical consultations 24 hours a day, 7 days a week! WellVia doctors diagnose acute non-emergent medical conditions and prescribe medications when clinically appropriate. Speak to our doctor within minutes from anywhere - home - work - or while traveling.



When to use WellVia

- ✓ acid reflux
- ✓ allergies
- ✓ asthma
- ✓ bladder infection
- ✓ bronchitis
- ✓ cold
- ✓ flu
- ✓ infections
- ✓ nausea
- ✓ rashes
- ✓ sinus conditions
- ✓ sore throat
- ✓ thyroid conditions
- ✓ urinary tract infection
- ✓ and more...



Activate your WellVia account

1. Access by WellVia mobile app, online or phone
2. Enter your employer member ID located on your card
3. Create your username and password
4. Complete the required fields to begin your electronic medical record
5. Request a consult - ***-\$0 Consult Fee for you and your family!***
**Registering your account is not required to use the service, you can call (855) WELLVIA anytime for 24/7 access to doctors.*



Prescription Policy

- If medically necessary a prescription will be called in to your pharmacy of choice.
- Our doctors do not prescribe DEA (schedule I-IV) controlled substances or lifestyle drugs.



(855) WELLVIA
(855) 935-5842



Online Portal:
www.WellViaSolutions.com





AF™ Group Cancer Insurance

Focus on the fight.

A cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of cancer treatment.

AF™ **Limited Benefit Group Cancer Insurance** offers a solution to help you and your family focus on fighting the disease.

Did You Know?

New cancer cases in America are diagnosed at the rate of about 4,626 per day.

American Cancer Society: Cancer Facts and Figures 2017, pg. 4.

Plan Highlights

- **Helps cover expenses**
for the treatment of cancer, transportation, hospitalization, and more.
- **Benefits paid directly to you**
to be used however you see fit.
- **Portable to take with you**
even if you leave employment.
- **Coverage options available**
for you, your spouse, and your children under age 26.

Cancer Insurance Benefits

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, AF™ **Group Cancer Insurance** may help pay for expenses not covered by your major medical insurance.

Example cancer insurance benefits include:



Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for our AFQuickClaims®.



Travel Expenses

This benefit may help pay for qualified transportation and lodging for the patient and family.



Choose Your Coverage

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (actual charges)	\$10,000	\$15,000
Administrative/Lab Work Benefit (per calendar month)	\$50	\$75
Hormone Therapy Benefit (per treatment - max 1 treatment/ calendar month)	\$50	\$50
Experimental Treatment Benefit	Paid in the same manner and under the same maximums as any other treatment	
Blood, Plasma, and Platelets Benefit (\$10,000 Basic, \$15,000 Enhanced Plus per calendar year max)	\$200/day	\$300/day
Medical Imaging Benefit (per image - max 2 per calendar year)	\$200	\$300
Surgical Benefit	\$20 surgical unit/ Max per operation: \$2,000	\$40 surgical unit/ Max per operation: \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Second and Third Surgical Opinion Benefit(per diagnosis)	\$300	\$300
Outpatient Hospital or Ambulatory Surgical Center Benefit	\$200/day of surgery	\$600/day of surgery
Bone Marrow or Stem Cell Transplant Benefit		
Patient Provided (per calendar year)	\$500	\$1,500
Donor Provided (per calendar year)	\$1,500	\$4,500
Prosthesis and Orthotic Benefit and Related Services	\$1,000	\$2,000
Surgical (1/site; lifetime max 2/ covered person)	\$100	\$200
Non-surgical (1/site; lifetime max 3/ covered person)	\$100	\$200
Hair Prosthesis (once per life)		
Hospital Confinement Benefit		
Day 1-30	\$100/day	\$300/day
Day 31+	\$200/day	\$600/day
U.S. Government/Charity Hospital Benefit (paid in lieu of most benefits) (inpatient and outpatient)	\$100/day	\$300/day
Extended Care Facility Benefit (up to the same number of days of paid hospital confinement)	\$100/day	\$300/day
Home Health Care (up to the same number of days of paid hospital confinement)	\$100/day	\$300/day
Hospice Care Benefit (\$18,000 lifetime max for Basic; \$54,000 lifetime max for Enhanced Plus)	\$100/day	\$300/day
Inpatient Special Nursing Services Benefit	\$100/day	\$300/day

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Dread Disease Benefit (paid per day while hospital confined)		
Day 1-30	\$100/day	\$300/day
Day 31+	\$200/day	\$600/day
Donor Benefit	\$1,000/donation	
Drugs and Medicine Benefit		
Inpatient (payable per confinement)	\$50	\$200
Outpatient (\$50/prescription/ calendar month up to max shown)	\$50	\$100
Attending Physician Benefit (while hospital confined)	\$50/day	\$50/day
Transportation & Lodging Benefit (Patient & Family Member)		
Transportation (\$1,500 max per round trip; max 12 trips/calendar year)	Coach fare or \$.50/ mile by car	Coach fare or \$.50/ mile by car
Lodging (per day up to 90 days per calendar year)	\$50	\$75
Ambulance Benefit		
Ground (per trip, up to 2 per confinement)	\$200	\$200
Air (per trip, up to 2 per confinement)	\$2,000	\$2,000
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$50	\$50
Diagnostic and Prevention Benefit (one per calendar year)	\$25	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$25	\$75
Waiver of Premium (employee only)	After 90 days of continuous disability	
Internal Cancer Diagnosis Benefit (paid once/Covered Person/Lifetime; Benefits reduce 50% at age 70)	\$2,500	\$5,000
Heart Attack or Stroke Diagnosis Benefit (paid once/covered person/lifetime; benefits reduce 50% at age 70)	N/A	\$5,000

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Semi-Monthly Premium

	BASIC	ENHANCED PLUS
Individual	\$7.90	\$15.81
Family	\$13.43	\$26.90

The premium and amount of benefits provided vary depending upon the plan selected.

Exclusions, limitations and specific plan information can be found on the Employee Benefits Center website, <https://benefits.ffga.com/bastropisd>.

Employee Benefit Center



GROUP ACCIDENT INSURANCE



INITIAL ACCIDENT TREATMENT BENEFITS	BENEFIT AMOUNT
<p>INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:</p>	
Hospital emergency room with X-Ray / without X-Ray	\$200/\$150
Urgent care facility with X-Ray / without X-Ray	\$200/\$150
Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray	\$150/\$100
<p>AMBULANCE (once per day, within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.</p>	\$400 Ground \$1,000 Air
<p>MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.</p>	\$100
<p>EMERGENCY ROOM OBSERVATION (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.</p>	\$200 Each 24 hour period \$100 Less than 24 hours, but at least 4 hours
<p>PRESCRIPTIONS (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured. This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).</p>	\$10
<p>BLOOD/PLASMA/PLATELETS (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.</p>	\$600
<p>PAIN MANAGEMENT (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.</p>	\$100
<p>CONCUSSION (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.</p>	
<p>COMA (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.</p>	\$10,000

EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.	\$50 Extraction \$200 Repair with a crown
BURNS (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.	
Second Degree	
Less than 10%	\$100
At least 10% but less than 25%	\$200
At least 25% but less than 35%	\$500
35% or more	\$1,000
Third Degree	
Less than 10%	\$1,000
At least 10% but less than 25%	\$5,000
At least 25% but less than 35%	\$10,000
35% or more	\$20,000
EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.	\$200
FRACTURES (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one bone fractured in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.	Up to \$4,000 based on a schedule
DISLOCATIONS (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.	Up to \$3,000 based on a schedule
LACERATIONS (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):	
Over 15 centimeters	\$200
5-15 centimeters	\$100
Under 5 centimeters	\$25
Lacerations not requiring stitches	\$12.50
OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	\$500
FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).	\$50

<p>OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of one procedure per accident, within one year of the accident)</p> <p>Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.</p>	\$50
<p>INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	\$2,000
<p>TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident)</p> <p>Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital care or diagnostic study that is not available in the insured's resident city.</p>	\$1,000 Plane \$300 Any ground transportation

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

LIFE CHANGING EVENTS BENEFITS

DISMEMBERMENT (once per accident, within 6 months after the accident)

Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident.

Dismemberment means:

- Loss of a hand -The hand is removed at or above the wrist joint;
- Loss of a foot -The foot is removed at or above the ankle;
- Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or
- Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).

If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)	BENEFIT AMOUNT
Employee	\$20,000
Spouse	\$5,000
Child(ren)	\$2,500

DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)

Employee	\$40,000
Spouse	\$10,000
Child(ren)	\$5,000

LOSS OF ONE OR MORE FINGERS OR TOES

Employee	\$4,000
Spouse	\$500
Child(ren)	\$250

PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)

Employee	\$400
Spouse	\$125
Child(ren)	\$125

<p>PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident) Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury. Paraplegia Quadriplegia</p>	<p>\$15,000 \$30,000</p>
<p>PROSTHESIS (once per accident, one replacement per device per insured)* Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements. * We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.</p>	<p>\$1,000</p>
<p>RESIDENCE/VEHICLE MODIFICATION (once per accident, within one year after the accident) Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:</p> <ul style="list-style-type: none"> • The sight of one eye; • The use of one hand/arm; or • The use of one foot/leg. 	<p>\$1,000</p>
<p>HOSPITALIZATION BENEFITS</p>	<p>BENEFIT AMOUNT</p>
<p>HOSPITAL ADMISSION (once per accident, within 6 months after the accident) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.</p>	<p>\$1,000 per confinement</p>
<p>HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident) Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.</p>	<p>\$200 per day</p>
<p>HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.</p>	<p>\$400 per day</p>
<p>FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident) Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:</p> <ul style="list-style-type: none"> • The insured must be confined to a hospital for treatment of a covered accidental injury; • The hospital and motel/hotel must be more than 100 miles from the insured's residence; and • The treatment must be prescribed by the insured's treating doctor. 	<p>\$200 per day</p>

AFTER CARE BENEFITS**BENEFIT AMOUNT****APPLIANCES** (within 6 months after the accident)

Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.

Cane, Ankle Brace

\$250

Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar

\$250

Wheelchair, Knee Scooter, Body Jacket, Back Brace

\$250

ACCIDENT FOLLOW-UP TREATMENT (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident)

Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident.

\$100

Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.

REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)

Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement.

\$200
per day

We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.

THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident)

Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.

\$60

OUTPATIENT DOCTOR'S OFFICE VISIT RIDER**BENEFIT AMOUNT****OUTPATIENT DOCTOR'S OFFICE VISIT BENEFIT** (per day/2 visits per person)

Payable when an insured is treated by a doctor outside a hospital for a covered accidental injury or preventive care.

This benefit is only payable for treatment performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. Visits to a chiropractor's office are not payable under the rider. We will not pay the Outpatient Doctor's Office Visit Benefit for the same day that a Wellness Benefit (if applicable to the plan) is paid. We will pay the highest eligible benefit.

\$25

ACCIDENTAL DEATH RIDER**BENEFIT AMOUNT****ACCIDENTAL DEATH BENEFIT** (within 90 days after the accident*)

Payable if a covered accidental injury causes the insured to die.

The spouse benefit is 50% of the employee benefit shown. The child benefit is 20% of the employee benefit shown.

We will pay 300% of the amount payable if the insured:

- Is a fare-paying passenger on a common carrier;
- Is injured in a covered accident; and
- Dies within 90 days* after the covered accident.

\$50,000

Exclusions, limitations and specific plan information can be found on the Employee Benefits Center website, <https://benefits.ffga.com/bastropisd>.

Employee Benefit Center



AFLAC GROUP CRITICAL ILLNESS ADVANTAGE



Here's why the Aflac Group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac Group Critical Illness plan is just another innovative way to help make sure you're well protected under our wing.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

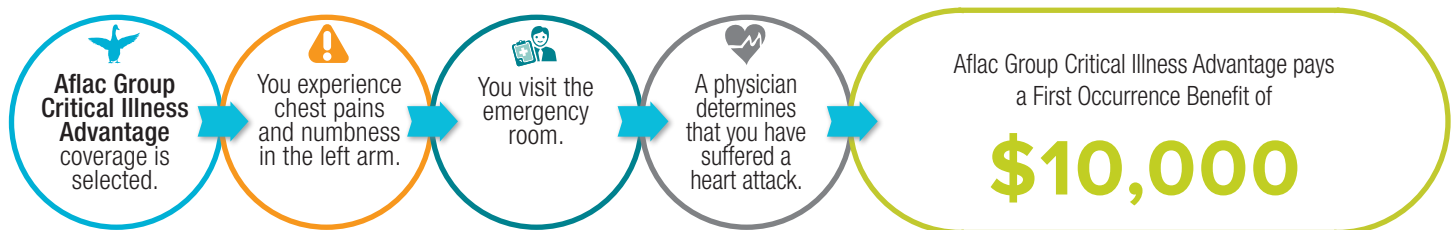
The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
 - Cancer
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Kidney Failure (End-Stage Renal Failure)
 - Major Organ Transplant
 - Bone Marrow Transplant (Stem Cell Transplant)
 - Sudden Cardiac Arrest
 - Coronary Artery Bypass Surgery
 - Non-Invasive Cancer
 - Skin Cancer
 - Coma
 - Severe Burns
 - Paralysis
 - Loss of Speech/Sight/Hearing
- Health Screening Benefit

Features:

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

How it works



Amount payable based on \$10,000 First Occurrence Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Benefits Overview

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
SEVERE BURNS*	100%
PARALYSIS**	100%
COMA**	100%
LOSS OF SPEECH / SIGHT / HEARING**	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

**These benefits are payable for loss due to a covered underlying disease or a covered accident.

SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$100 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

This benefit is not paid for dependent children.

COVERED HEALTH SCREENING TESTS INCLUDE:

- | | |
|---|---|
| <ul style="list-style-type: none">• Blood test for triglycerides• Bone marrow testing• Breast ultrasound• CA 15-3 (blood test for breast cancer)• CA 125 (blood test for ovarian cancer)• CEA (blood test for colon cancer)• Chest X-ray• Colonoscopy• DNA stool analysis• Fasting blood glucose test• Flexible sigmoidoscopy | <ul style="list-style-type: none">• Hemocult stool analysis• Mammography• Pap smear• PSA (blood test for prostate cancer)• Serum cholesterol test to determine level of HDL and LDL• Serum protein electrophoresis (blood test for myeloma)• Spiral CT screening for lung cancer• Stress test on a bicycle or treadmill• Thermography |
|---|---|

OPTIONAL BENEFITS RIDER

BENIGN BRAIN TUMOR	100%
ADVANCED ALZHEIMER'S DISEASE	25%
ADVANCED PARKINSON'S DISEASE	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

The plan has limitations and exclusions that may affect benefits payable.

PROGRESSIVE DISEASE RIDER:

AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

SPECIFIED DISEASES RIDER (These benefits will be paid based at 25% of the face amount in effect on the critical illness date of diagnosis.)

Addison's Disease, Cerebrospinal Meningitis, Diphtheria, Huntington's Chorea, Legionnaire's Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis

CHILDHOOD CONDITIONS RIDER

CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
TYPE 1 DIABETES	50%

One Time Benefit Amount

AUTISM SPECTRUM DISORDER (ASD)	\$3,000
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Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

Exclusions, limitations and specific plan information can be found on the Employee Benefits Center website, <https://benefits.ffga.com/bastropisd>.

Employee Benefit Center



AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help.

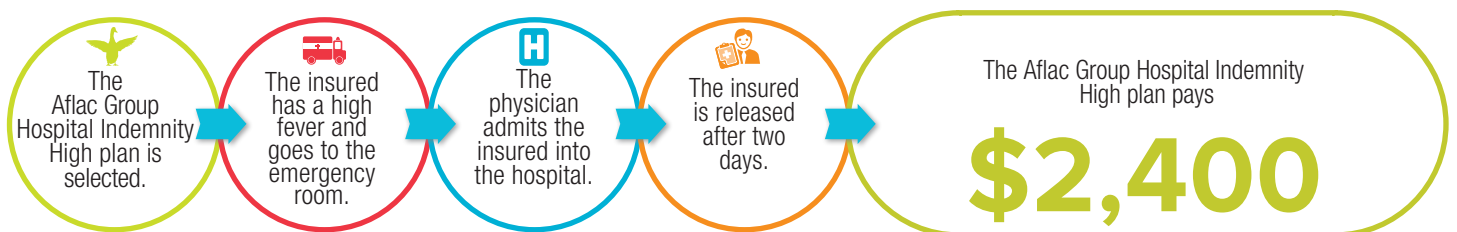
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit



How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$2,000), and Hospital Confinement (\$200 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

Benefits Overview

	HIGH	LOW
<p>HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured) Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p>	\$2,000	\$1,000
<p>HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured) Payable for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	\$200	\$150
<p>HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured) Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$200	\$150
<p>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured) Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$100	\$75

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).

Exclusions, limitations and specific plan information can be found on the Employee Benefits Center website, <https://benefits.ffga.com/bastropisd>.

Employee Benefit Center





COMPREHENSIVE IDENTITY PROTECTION AT YOUR FINGERTIPS

- » Complete CyberAlert™ protection
- » Credit bureau monitoring
- » Lost wallet protection
- » \$1M insurance

PROTECT YOURSELF AGAINST ONE OF THE FASTEST GROWING CRIMES

Your identity is your most important asset. It who you are, determines how much you can borrow, and can be a deciding factor in employment. For these reasons, your identity is a target for online criminals. iLOCK360's identity protection solution provides multiple layers of defense to ensure the integrity of your identity.

In 2015, identity fraud affected 13.1 million consumers costing a total of \$15 billion. Last year, 20% of all fraud losses were due to new account fraud—meaning that fraudsters were opening new accounts under stolen identities, going beyond the usual credit card fraud many consumers anticipate. Keep your identity protected 24/7/365 with iLOCK360's comprehensive identity theft protection.

Coverage Plan (semimonthly rates)		Plus	Premium
Individual		\$4.00	\$7.50
Individual and Spouse	-	\$7.50	\$11.00
Individual and Children	-	\$6.50	\$10.00
Individual and Family	-	\$10.00	\$13.50

Service		Plus	Premium
CyberAlert™ monitors: • one Social Security number • two phone numbers • two email addresses • • two medical ID numbers • nts • one driver's license number • one passport		✓ ✓	✓ ✓
Social Security number trace		✓ ✓	✓ ✓
Change of address		✓	✓
Sex offender alerts		✓	✓
Payday loan		✓	✓
Court/criminal records		✓	✓
Full service restoration and lost wallet protection		✓	✓ ✓
\$1M insurance		✓	✓
Daily monitoring of TransUnion credit bureau		✓	✓
Daily monitoring of Experian credit bureau			✓
Daily monitoring of Equifax credit bureau			✓
ScoreT			✓
✓ adults ✓ children to age 18			




The Harrison's Story

- Jim and his family were at a local festival when his daughter, Sara, suddenly began experiencing horrible abdominal and back pain, after a fall from earlier in the day.
- His wife, Heather, called 911 and Sara was transported to a local hospital, where it was decided that she needed to be flown to another hospital.
- Upon arrival, Sara underwent multiple procedures and her condition was stabilized.
- After further testing, it was discovered that Sara needed additional specialized treatment at another hospital requiring transport on a non-emergent basis.



Based on a true story. Names were changed to protect identities in compliance with HIPAA.

And then, the bills came...

		As a MASA Member	If a Non-MASA Member	
		Sara would pay*	If In-Network**	If Out-of-Network**
911 Ground Ambulance Cost: \$1,800		\$0	\$300	\$1,600
Emergent Air Ambulance Cost: \$45,000		\$0	\$4,000	\$30,000
Non-Emergent Air Transport† Cost: \$20,000		\$0	\$20,000	\$20,000
Total Out-of-Pocket Cost		\$0	\$24,300	\$51,600

*Benefit is dependent on Membership Enrolled.

**Out-of-pocket dollars vary dependent on provider, distance, health plan design, current status of deductible and out-of-pocket max. These figures are an example of the costs one may incur.

†More and more health plans are not covering interfacility transports on a non-emergent basis.

Any Ground. Any Air. Anywhere.TM

No matter how comprehensive your local in-network coverage may be, you still have significant exposure to out-of-network emergency transportation. Moreover, when you and your family travel outside your area, there is an 80% chance of being picked up by an out-of-network provider.

A MASA Membership prepares you for the unexpected. ONLY MASA MTS provides you with:

- **Coverage ANYWHERE** in all 50 states and Canada whether at home or away
- Coverage for BOTH emergent ground ambulance and air ambulance transport **REGARDLESS of the provider**
- **Non-emergent transport services**, which are frequently covered inadequately by your insurance, if at all



EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DONOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS 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!

Worldwide coverage is also available with our Platinum Membership.

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.



Any Ground. Any Air. Anywhere.™

OUR BENEFITS

Benefit*	Platinum \$39/Month	Emergent Plus \$14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	
Mortal Remains Transportation	Worldwide	
Visitor Transportation	BCA**	
Minor Children/Grandchildren Return	BCA**	
Vehicle Return	BCA**	
Pet Return	BCA**	
Organ Retrieval	U.S./Canada	
Organ Recipient Transportation	U.S./Canada	



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access 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

* Please refer to the MSA for a detailed explanation of benefits and eligibility.

** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).

Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™
— helps you save on medical bills



Who is covered?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.



Employee Assistance Program — Work/Life Balance

Toll-free 24/7 access:

- 1-800-854-1446
(multi-lingual)
- www.unum.com/lifebalance



Turn to us, when you don't know where to turn.

Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Family and parenting problems
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- And more

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Financial services, debt management, credit report issues
- Elder care
- Even reducing your medical/dental bills!
- Legal questions
- And more
- Identity theft

Help is easy to access:

- **Online/phone support:** Unlimited, confidential, 24/7.
- **In-person:** You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult

your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Insurance products are underwritten by the subsidiaries of Unum Group.

unum.com

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Unum's Employee Assistance Program

Medical Bill Saver™ makes Unum's EAP even more valuable



The Medical Bill Saver advantage



- Negotiations for medical/dental bills with a non-covered balance of \$400 or more
- Expert use of critical pricing-trend information to obtain discounts from providers
- Easy-to-read Savings Result Statement summarizing the outcome of the negotiation
- Provider sign-off on payment terms and conditions
- Speedy provider payments

Employee Assistance Program services are available 24/7 at:



1-800-854-1446 (multi-lingual)
www.unum.com/lifebalance

As health care costs continue to rise, many people have trouble paying medical expenses that insurance doesn't cover. Luckily, our EAP — with the Medical Bill Saver feature — can help.

How does it work?



When a covered employee has a medical or dental bill totaling over \$400 in out-of-pocket costs, our skilled negotiating team works with the provider(s) to get a discount. Successful negotiations can save employees hundreds, and sometimes thousands, of dollars.



Our experts can also show employees how to keep bills lower in the future — for example, by using in-network providers.



By helping reduce employees' out-of-pocket-costs, Medical Bill Saver can make consumer-driven health plans (CDHPs) more attractive — and more effective.

Medical Bill Saver is one more way the Unum Employee Assistance Program helps employees manage the stresses of modern life.

Real stories. Real people. Real results.

MEDICAL BILL SAVER: CASE #1

Issue: An employee had an outstanding bill for surgery performed at an out-of-network hospital.

Resolution: Unum's EAP service worked with the provider to reduce the bill.



Billed Charges: \$5,032

Negotiated Discount: 50%

Savings: \$2,516

MEDICAL BILL SAVER: CASE #2

Issue: An employee received a bill for a dental implant that was not covered by her dental plan.

Resolution: Unum's EAP service worked with the provider, who agreed to accept a lower fee.



Billed Charges: \$1,600

Negotiated Discount: 55%

Savings: \$880

MEDICAL BILL SAVER: CASE #3

Issue: Following a surgery, an employee received a large bill from a non-participating anesthesia group.

Resolution: Unum's EAP service negotiated an arrangement that reduced the employee's responsibility.

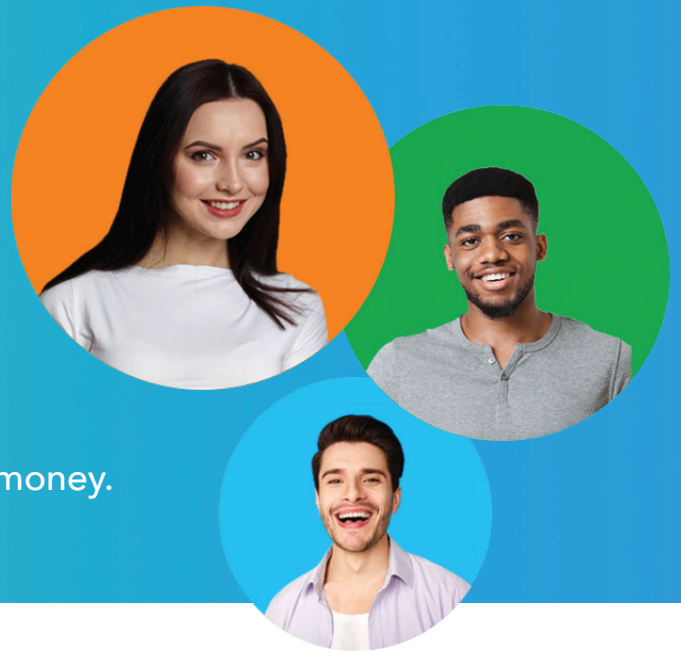


Billed Charges: \$3,275

Negotiated Discount: 38%

Savings: \$1,245

* The savings in these case studies cannot be guaranteed. Results may vary.



Helping You Take Control of Your Money

Money management doesn't require a lot of money. It just involves a little extra planning.

What is FinPath?

7 in 10 Americans report high levels of financial stress, but you shouldn't be part of that statistic. FinPath is a financial literacy program paid by your employer to help you take control of your money and help decrease your stress.

If you've ever felt like you're living paycheck to paycheck or like your dollar can go farther, we have just the tools to make a difference. FinPath can help you with topics like:

- Creating an emergency savings fund
- Managing and lowering your debt
- Improving your credit score
- Saving for big purchases like a home or a car
- Planning for retirement with savings plans
- Protecting your paycheck from insurance overcharges
- Exploring student loan forgiveness
- ...and more

What You Get



FinPath University Courses

Participate in financial courses taught by professional investment advisors.



Wellness Score Tracker

Your personalized score helps you plan and track your improvement progress.



Budgeting Tools & Calculators

Ditch your old spreadsheet! Use FinPath to create budgets and track spending.



Unbiased & Confidential Personal Advice

Get access to a coach who will answer questions about managing your money.

Ready to fight financial stress?

Get started for free at finpathwellness.com today!

FinPath Customer Service: (833) 777-6545

Remember all investing involves risk.

ERASING STUDENT DEBT JUST GOT EASIER

SAVINGS AVERAGE \$1,880 A YEAR

Through a new partnership with Savi, you now have access to **FREE** student debt relief tools and resources in your FinPath account.



- Determine eligibility for student loan forgiveness, including PSLF and TLF
- Identify potential savings on monthly payments
- Maintain annual eligibility & paperwork - including getting credit during the Federal payments freeze even if you're not currently making payments
- Provide clear path to apply for full forgiveness through the Department of Education

Access your FinPath account to learn more at
www.FinPathWellness.com



2021

Retirement Savings Guide



Learn about:

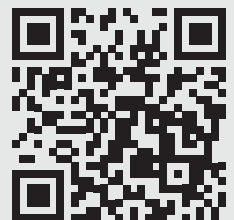
- Plan Rules
- 457(b) and 403(b) Plans
- TRS Benefits
- Rollover Options

Enrollment Assistance is Available

Schedule a TeleWealth Meeting today!

Online: www.region10rams.org/telewealth

Advisor Hotline: 512-600-5204



Let's prepare for the retirement you deserve

This guide was created to help you understand key elements of the retirement saving plans available to you through your employer. Having a clear understanding of the Teachers Retirement System (TRS), 403(b), and 457(b) Retirement Saving Plans can help lead a successful journey towards financial independence.

Don't become another statistic

7 in 10

Americans report high financial stress



66%

of millennials have zero in retirement saving



77%

of pre-retirees have concerns about meeting inflation



TCG is here to help you spend less time worrying about your money and more time making memories with your loved ones.

Plan Information

What is RAMS?

The Region 10 Education Service Center has partnered with TCG to establish a cooperative program called the Retirement Asset Management Services (RAMS) program that provides participating school districts services related to the management of supplemental retirement savings plans. Region 10 partners with school superintendents and CFO's to ensure the RAMS program looks out for teachers' best interest.

Who is TCG?

TCG is an investment advisor and retirement plan administrator based in Austin, Texas. Your employer has chosen TCG as the primary group retirement plan partner for your organization. TCG will help manage any questions pertaining to your 457(b) retirement account and can help process limited transactions for your 403(b) account.

How do I register for a new plan?

Check each plan page for specific instructions how to register.

How do I request a distribution or a loan?

Visit www.region10rams.org for a list of all available plan forms and requirements. Please fill in the required information and send via fax to 888-989-9247 or by email to info@tcgservices.com.

What are the eligibility requirements?

Eligibility for plans depend on your status as an employee. Please consult with your HR department for specific requirements and eligibility questions.

Important Contacts

Plan	Vendor	Phone Number	Website
457(b) Retirement Savings Plan	TCG Administrators	800.943.9179	www.region10rams.org
403(b) Retirement Savings Plan	TCG Administrators	800.943.9179	www.region10rams.org
TRS	Teacher Retirement System	800.223.8778	www.trs.texas.gov
Social Security	Social Security	800.772.1213	www.ssa.gov

457(b) Savings Plan

Your employer offers the RAMS 457(b) plan as a way to help you save for life beyond your prime working years. A 457(b) plan allows you to save money by making salary contributions on pre-tax basis or Roth (if your plan allows). You have full ability to start, stop, increase or decrease contributions at any time.

While your TRS pension may be enough to cover your expenses when you first retire, your reduced monthly income may not be sufficient for factors like medical bills, taxes, and your desired standard of living. You need a low-fee, high quality savings plan to help you meet a comfortable lifestyle upon retirement.

Plan Highlights

- ✓ Low and transparent fees
- ✓ No 10% early distribution penalty tax
- ✓ No surrender charges or hidden fees
- ✓ No product commissions
- ✓ Start/stop contributions at any time
- ✓ Professionally-managed portfolios
- ✓ Fiduciary oversight by TCG Advisors
- ✓ FinPath Wellness (more on next page)

Investment Options



Target Date Funds

EASY CHOICE

This is a simple investment strategy based on your desired retirement date. Target Date Funds automatically adjust for you over time so there's no need to worry about reviewing the plan often.

Select your target retirement date from the list below and sit back as the fund manages the allocations for you.

- » TIAA-CREF **Target Date 2020**
- » TIAA-CREF **Target Date 2025**
- » TIAA-CREF **Target Date 2030**
- » TIAA-CREF **Target Date 2035**
- » TIAA-CREF **Target Date 2040**
- » TIAA-CREF **Target Date 2045**
- » TIAA-CREF **Target Date 2050**
- » TIAA-CREF **Target Date 2055**
- » TIAA-CREF **Target Date 2060**
- » TIAA-CREF **Retirement Income**



Managed Portfolios

EASY CHOICE

Our customized investment portfolios are adjusted to your desired risk tolerance and retirement readiness. Decide your approach and select any of the portfolio options below.

- » **Aggressive Growth** (Age Range 20-45)
- » **Growth** (Age Range 30-40)
- » **Signature Portfolio*** (Age Range 35-60)
- » **Moderately Conservative** (Age Range 40-60)
- » **Conservative** (Age Range 50-60)
- » **Preservation** (Age Range 55+)

*This is the default portfolio for the RAMS 457(b) plan.



Self-Directed

ADVANCED

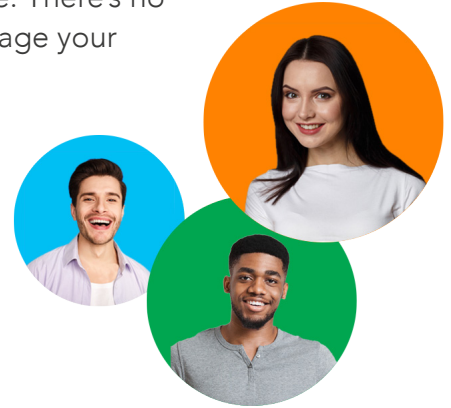
If you are a hands-on type of investor, you can customize your own set of investment strategies. This option is best left for experienced investors, so it's not recommended for just anyone.

FinPath - Helping you approach your money with confidence

FinPath is personal financial wellness platform that combines technology and personalized support from certified Wellness Coaches to help you understand complex topics like retirement, banking, budgeting, insurance, debt management and more. There's no need scramble all over the internet next time you're unsure how to manage your money. Eliminating your family's financial stress is within your control.

With FinPath, you'll have access to:

- ✓ Year-round access to financial coaching sessions
- ✓ Budgeting, planning, and debt management online tools
- ✓ Monthly workshops and events
- ✓ FinPath University courses with new content updated regularly
- ✓ Exclusive access to FinPath Member Perks (discounts, contests, and more)



2021 Contribution Limits

IRS guidelines allow you to contribute up to \$19,500 if you are under the age of 50. Individuals over the age of 50 qualify to make an additional contribution of \$6,500 for a combined total of \$26,000.

Retirement Contributions Tax Credit

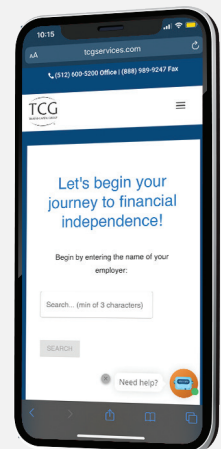
Also known as the Saver's Credit, an individual may be able to take a tax credit of up to \$1,000 (\$2,000 if filing jointly) for making eligible contributions to an employer-sponsored retirement plan.

How to Open Your 457(b) Account

1. Visit www.region10rams.org/enroll and click **Enroll**.
2. Enter the name of your employer and choose the **457(b) Savings Plan**.
3. Follow the steps on screen to select your salary contribution and investment options. Don't forget to designate an account beneficiary.

Note: If you're unsure about which investment option to select, please contact us at 512-600-5204 or at www.region10rams.org/telewealth.

4. Continue until you get a **confirmation notice**, and you're done!



403(b) Savings Plan

Another option you may consider when planning for retirement is a 403(b) Savings Plan. While very similar to a 457(b) plan, there is a more involvement required on your behalf to get started. You must first establish a 403(b) account with an investment provider from a list of 50+ approved vendors, and then elect contributions on a pretax or Roth basis (if available).

Enrolling in a 403(b) savings plan can help bring financial stability and security for life upon retirement. By participating, you can lower your current taxes or earn tax-free income, bridge your retirement income gap, and achieve financial independence.

Why Contribute

- ✓ Avoid a gap in your income during retirement
- ✓ Take advantage of tax benefits
- ✓ Improve your financial wellbeing
- ✓ Automatic payroll deductions take stress out of planning
- ✓ Decrease your dependency on government-funded pension plans

Investment Options

Investments in the plan are managed by a provider of your choosing, and plan administration services are provided by TCG Administrators. Once you have established your plan, TCG can help with distributions, transfers, loans, and rollovers. Investment questions must always be directed to your individual plan provider.

2021 Contribution Limits

You may contribute up to \$19,500 if you are under the age of 50. Individuals over the age of 50 qualify to make an additional contribution of \$6,500 for a combined total of \$26,000. The contribution limits are independent of a 457(b) and you can simultaneously contribute to both a 403(b) and a 457(b) plan.

How to Register

STEP ONE: Create an account with an approved vendor

- » Visit www.region10rams.org/enroll and find your employer's Approved Vendor list.
- » Evaluate and contact a vendor on the list directly to establish your account.

STEP TWO: Set up RAMS 403(b) plan administration account access

- » Visit www.region10rams.org/enroll.
- » Click Enroll, enter your employer, and select the 403(b) Admin Plan.
- » Follow each step until you get a confirmation notice... & you're done!

457(b) vs 403(b) Plan Comparison

Feature	457(b)	403(b)
Contribution maximum limits (can contribute to both plans)	2021: \$19,500; \$26,000 age 50+	2021: \$19,500; \$26,000 age 50+
Retirement Contributions Tax Credit	Up to \$1,000 (\$2,000 if filing jointly)	Up to \$1,000 (\$2,000 if filing jointly)
Early withdrawal penalty tax	None	10% (goes away at age 59 ½)
Investment options	Target date funds, risk-based managed portfolios, or self-directed mutual funds	Fixed/Variable interest annuities or mutual funds/custodial accounts
Investment committee/advisor oversight	Yes, managed by TCG Advisors and Investment Advisory Committee (made up of school superintendents & chief financial officers)	No
Distribution restrictions	Funds can be requested upon: <ul style="list-style-type: none"> • Age 59 ½ • Separation from employer • Disability • Death • Unforeseeable emergency 	Funds can be requested upon: <ul style="list-style-type: none"> • Age 59 ½ • Separation of service • Disability • Death • Financial hardship
Financial hardship distributions	<ul style="list-style-type: none"> • Medical care • Casualty loss 	<ul style="list-style-type: none"> • Medical care • Foreclosure/eviction • Tuition payment • Buying a home • Funeral costs • Home repair costs • Disaster relief
Loans	Permitted with loans from all qualified plans limited to the lesser of 50,000 or one half of vested benefits (or \$10,000 if greater)	Permitted with loans from all qualified plans limited to the lesser of 50,000 or one half of vested benefits (or \$10,000 if greater)
Required minimum distributions	RMD rules apply at age of 72 or if later, severance from employment or death	RMD rules apply at age of 72 or if later, severance from employment or death

Teachers Retirement System (TRS)

About TRS

The Teacher Retirement System of Texas (TRS) administers a pension trust fund that has been serving the needs of Texas public education employees for over 75 years.

How much do I qualify for at retirement with TRS?

See the following example of how to apply the TRS Formula.

John started working as a teacher for the school district in September of 1991 right out of college. He is ready to retire at the end of this school year (2021) so he has worked a total of 30 years. His highest 3 years of salary were \$58,000, \$60,000, and \$62,000. John would like to know how much he qualifies for at retirement.

John can use the **TRS Formula** below to find this out:

$$\begin{array}{ccccccc} \text{Years of Service} & \times & \text{State Multiplier (2.3\%)} & \times & \text{Average 3-5 Highest} & = & \text{Maximum Benefit} \\ & & & & \text{Years of Income} & & \\ \hline 30 & \times & 2.3\% & \times & \$60,000 & = & \$41,400 \end{array}$$

Your turn!

Let's break up the TRS formula for your own individual situation!

Part One

$$\frac{\text{Your Years of Service}}{\text{Your Years of Service}} \times 2.3\% \text{ (State Multiplier)} = \frac{\text{Income Percentage from TRS Pension}}{\text{Income Percentage from TRS Pension}}$$

Part Two

$$\frac{\text{Income Percentage from TRS Pension}}{\text{Income Percentage from TRS Pension}} \times \frac{\text{Average 3-5 Highest Years of Income}}{\text{Average 3-5 Highest Years of Income}} = \frac{\text{Maximum Benefit}}{\text{Maximum Benefit}}$$



Rollover Options

One of the most important decisions you must make when leaving an employer is what to do with any open retirement accounts. Whether it is keeping the account as-is or rolling the funds into a new account, it is important for you to understand all your available options. The information provided below highlights the benefits and disadvantages of every possibility and can help you decide what to do next.

AVAILABLE OPTIONS	BENEFITS AND DISADVANTAGES
<p>Leave money in previous employer's plan (if employee permits)</p>	<p>Benefits: no immediate action required; earnings remain tax-deferred</p> <p>Disadvantages: can no longer contribute; it can be complicated managing multiple plans</p>
<p>Rollover your money to your new employer's plan</p>	<p>Benefits: plan remains tax-deferred; you can continue to contribute; plans are consolidated</p> <p>Disadvantages: requires paperwork and approvals; this process can be somewhat time-consuming</p>
<p>Rollover money into an IRA</p>	<p>Benefits: plan remains tax-deferred; you may have access to more investment providers and investment options</p> <p>Disadvantages: you cannot borrow money from these accounts</p>

We're here to help decide what's right for you

For more information, contact **Nic Hauptmann** at 512-600-5247 or email nhauptmann@tcgservices.com.



TeleWealth Virtual Assistance

We know planning for the future isn't easy. TCG Retirement Plan Specialists are available to help review your options and assist in creating a plan for your retirement.

Get started at
www.region10rams.org/telewealth
or contact the Advisor Hotline at 512-600-5204

IMPORTANT DISCLOSURES

TCG Advisory Services LLC ("TCG Advisors") is a registered investment advisor regulated by the U.S. Securities and Exchange Commission (SEC) and registered municipal advisor, subject to the Rules and Regulations of the Investment Advisor Act of 1940 and the rules of the Municipal Securities Rulemaking Board (MSRB), and is a part of TCG Group Holdings, LLP. Registration does not imply a certain level of skill or training.


TCG Advisors' parent company, TCG Group Holdings, LLP, owns and operates several other entities which provide various services to employers across the U.S. Those affiliates (wholly-owned subsidiaries of TCG Group Holdings, LLP) sometimes provide services to TCG Advisors' Clients. These affiliates are TCG Consulting Services, LLC and TCG Administrators, LP (f/k/a JEM Resource Partners, LP). The business activities of these companies are discussed in its ADV Part 2A and Part 3A. TCG Advisors is located in Austin, Texas, and a copy of its Form ADV Part 2 and Part 3 are available upon request.


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This brochure includes forward-looking statements. All statements that are not historical facts are forward-looking statements, including any statements that relate to future market conditions, results, operations, strategies or other future conditions or developments and any statements regarding objectives, opportunities, positioning or prospects. Forward-looking statements are necessarily based upon speculation, expectations, estimates and assumptions that are inherently unreliable and subject to significant business, economic and competitive uncertainties and contingencies. Forward-looking statements are not a promise or guaranty about future events.

TRUSTED CAPITAL GROUP REGION 10 RAMS

 900 S Capital of Texas Hwy,
Suite 350 Austin, TX 78746

 Customer Service: 800-943-9179
Fax: 888-989-9247

 www.region10rams.org
www.tcgservices.com



FFGA COBRA ADMINISTRATION

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

First Financial Administrators, Inc. | <https://cobrapoint.benaissance.com> | 1.800.523.8422, option 4

HIGHLIGHTS

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

HEALTH INSURANCE COBRA ADMINISTRATION

Health Plan	Contacts for Applications and Inquiries
TRS-ActiveCare Plans	bswift (TRS-ActiveCare) P.O. Box 860620 Minneapolis MN 55486-0620 Phone: 1-833-682-8972 7:00 a.m.-7:00 p.m. CT (Mon-Fri)
Scott and White Health Plan	WageWorks, Inc. P.O. Box 226101 Dallas, TX 75222-6101 Fax to: 877-353-2948 Phone: 1-877-722-2667 7:00 a.m.-7:00 p.m. (Mon-Fri) MyBenefits.WageWorks.com

