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### Online Enrollment Information for

- Supplemental Benefits
- Section 125 Cafeteria Plan
- Supplemental Retirement Plan

**NOTE:** All new 457 RETIREMENT PLAN elections will be payroll-deducted and effective September 1, 2017

Any changes made to Flexible Spending Account (FSA) contributions and supplemental insurance benefits are deducted from payroll in September, and coverage is effective September 1, 2017



New Flexible Spending Account (FSA) app for your phone!  
See page 8 for more information



## 2017-18 BENEFIT SUMMARY

COVERAGE SEPTEMBER 1, 2017 TO AUGUST 31, 2018

**OPEN ENROLLMENT WILL BEGIN MONDAY, JULY 17TH**

◆ Once open, you may enroll online at any time, see links below.

◆ If you would like assistance with your online enrollment, FFGA will have Benefits Advisors available:

**Wednesday, August 2nd, Bastrop ISD Service Center 9:00-5:00**

**Thursday, August 3rd, Bastrop ISD Service Center 9:00-5:00**

**Thursday, August 10th, Bastrop ISD Service Center 9:00-5:00**

**Friday, August 11th, Bastrop ISD Service Center 9:00-5:00**

**Thursday, August 17th, Bastrop ISD Service Center 9:00-5:00**

**Friday, August 18th, Bastrop ISD Service Center 9:00-5:00**



### NEW ENROLLMENT PLATFORM AND WEBSITE

Open Enrollment will take place on FEnroll, the new enrollment platform. Please visit <https://ffga.benselect.com/Enroll> to enroll. Also see page 11 for instructions



### NEW EMPLOYEE BENEFITS CENTER

We've created a custom site just for you! Visit <http://benefits.ffga.com/bastropisd> for detailed information about current and upcoming benefits, voluntary product offerings and employer programs, Section 125 and Flex information, important contact numbers and links, and downloadable forms and brochures

### KEY ITEMS:

**PERMANENT LIFE INSURANCE**—Texas Life Insurance is the NEW provider this year. Employee, spouse, children, and grandchildren are Express Issue available THIS YEAR—with a NEW Chronic Illness rider—and no medical history required

**ACCIDENT PLAN**—We are returning to AFLAC Accident!

**MEDICAL FLEXIBLE SPENDING ACCOUNT (FSA)**—You must RE-ENROLL every year in the FSA "use-it-or-lose-it" account—even if the amount is the same as last year; Bastrop ISD has a \$500 rollover. \$2,600 maximum.

✓ All employees will need to enroll to confirm their Benefit needs for the upcoming plan year.

✓ Employees need to add their **email** and **phone number** when enrolling.

# Contacts

Benefit	VENDOR	PHONE	WEBSITE	DEPENDENT ELIGIBILITY AGE
Medical	TRS ActiveCare	800.222.9205	<a href="http://www.trsactivecareatna.com">www.trsactivecareatna.com</a>	To age 26—whether a dependent or not
Dental	Humana	800.233.4013	<a href="http://www.humana.com">www.humana.com</a>	To age 26
Vision	Superior Vision	800.507.3800	<a href="http://www.superiorvision.com">www.superiorvision.com</a>	To age 26
Critical Illness	Allstate	800.521.3535	<a href="http://www.allstateatwork.com">www.allstateatwork.com</a>	To age 26
Cancer	Allstate	800.521.3535	<a href="http://www.allstateatwork.com">www.allstateatwork.com</a>	To age 26
Educator Disability	Unum	866.679.3054	<a href="http://www.unum.com">www.unum.com</a>	n/a
Accident	Aflac	800.992.3522	<a href="http://www.aflac.com">www.aflac.com</a>	To age 26
Individual Life Insurance	Texas Life	254.745.6393	<a href="http://www.texaslife.com">www.texaslife.com</a>	To age 26
Group Term Life Insurance	Unum	866.679.3054	<a href="http://www.unum.com">www.unum.com</a>	To age 26
Identity Theft Protection	iLOCK360	855.287.8888	<a href="http://www.iLOCK360.com">www.iLOCK360.com</a>	To age 18
Roadside Assistance	Fortegra Plus Motor Club	800.544.3895	<a href="http://www.fortegra.com">www.fortegra.com</a>	Licensed drivers living at same residence
457 Retirement Plan	TCG Administrators	800.943.9179	<a href="http://www.region10rams.org">www.region10rams.org</a>	n/a
403(b) Retirement Plan	TCG Administrators	800.943.9179	<a href="http://www.region10rams.org">www.region10rams.org</a>	n/a
Flexible Spending Accounts (FSA)	First Financial	800.523.8422	<a href="http://www.ffga.com">www.ffga.com</a>	n/a
Health Savings Account (HSA)	First Financial	800.523.8422	<a href="http://www.ffga.com">www.ffga.com</a>	n/a

## Section 125 Cafeteria Plan Rules

The 125 Cafeteria Plan allows you to deduct certain benefit premiums from your gross earnings, before federal withholding taxes are calculated. The amount you elect to have deducted “pretax” lowers your taxable income.

### TWO IMPORTANT ISSUES TO KEEP IN MIND

- You must make an election each plan year to continue your eligibility for cafeteria plan benefits
- 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 status
  - 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
<ul style="list-style-type: none"> <li>• Medical Insurance</li> <li>• Dental Insurance</li> <li>• Vision Insurance</li> <li>• Critical Illness Insurance</li> <li>• Cancer Insurance</li> <li>• Accident Insurance</li> <li>• Flexible Spending Accounts</li> <li>• Health Savings Account</li> </ul>

### NOTES:

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**2017-18 SEMI-MONTHLY PAYCHECK RATES  
FOR TRS ACTIVECARE and SCOTT & WHITE INSURANCE PLANS**

All plans and rates effective 9-1-2017

2017-2018 TRS-ActiveCare Coverage ActiveCare 1-HD	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay after monthly employer contribution*)	2017-18 Semi-Monthly Paycheck** Rate
Individual	\$351.00	\$26.00	<b>\$13.00</b>
+Spouse	\$991.00	\$666.00	<b>\$333.00</b>
+Children	\$671.00	\$346.00	<b>\$173.00</b>
+Family	\$1,316.00	\$991.00	<b>\$495.50</b>

2017-2018 TRS-ActiveCare Coverage ActiveCare Select	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay after monthly employer contribution*)	2017-18 Semi-Monthly Paycheck** Rate
Individual	\$514.00	\$189.00	<b>\$94.50</b>
+Spouse	\$1,264.00	\$939.00	<b>\$469.50</b>
+Children	\$834.00	\$509.00	<b>\$254.50</b>
+Family	\$1,589.00	\$1,264.00	<b>\$632.00</b>

2017-2018 TRS-ActiveCare Coverage ActiveCare 2	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay after monthly employer contribution*)	2017-18 Semi-Monthly Paycheck** Rate
Individual	\$714.00	\$389.00	<b>\$194.50</b>
+Spouse	\$1,694.00	\$1,369.00	<b>\$684.50</b>
+Children	\$1,062.00	\$737.00	<b>\$368.50</b>
+Family	\$2,004.00	\$1,679.00	<b>\$839.50</b>

2017-2018 Scott & White Coverage	Monthly Premium (Before BISD Contribution*)	Monthly Cost (amount you pay after monthly employer contribution*)	2017-18 Semi-Monthly Paycheck** Rate
Individual	\$561.04	\$236.04	<b>\$118.02</b>
+Spouse	\$1,263.08	\$938.08	<b>\$469.04</b>
+Children	\$888.42	\$563.42	<b>\$281.71</b>
+Family	\$1,400.98	\$1,075.98	<b>\$537.99</b>

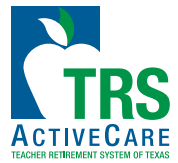
<b>Who can enroll:</b>	Employees working 20 or more hours per week	Substitutes who regularly work 10 or more hours per week
<b>Eligible for:</b>	All types of plans, and the District Contribution to the medical premium	Medical plans only, No District Monthly Contribution

\* Bastrop ISD contributes \$325 per month to all full-time employees' monthly medical insurance premiums.  
 \*\*Bastrop ISD employees receive a paycheck semi-monthly; on the 15th and the next to last business day of each month.

TRS-ActiveCare is a self-funded program, not an insured plan.  
 Rates and benefits are not determined by the vendors administering the program.  
 Rates and benefits are established by the TRS Trustees based on the claims experience of the plan.

# 2017 – 2018 TRS-ActiveCare Plan Highlights

Effective September 1, 2017 through August 31, 2018 | In-Network Level of Benefits\*



Medical Coverage	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	ActiveCare 2
<b>Deductible</b> (per plan year) <b>In-Network</b> <b>Out-of-Network</b>	\$2,500 employee only/\$5,000 family \$5,000 employee only/\$10,000 family	\$1,200 individual/\$3,600 family Not applicable. This plan does not cover out-of-network services except for emergencies.	\$1,000 individual/\$3,000 family \$2,000 individual/\$6,000 family
<b>Out-of-Pocket Maximum</b> (per plan year; medical and prescription drug deductibles, copays, and coinsurance count toward the out-of-pocket maximum) <b>In-Network</b> <b>Out-of-Network</b>	The individual out-of-pocket maximum only includes covered expenses incurred by that individual. \$6,550 individual/\$13,100 family \$13,100 individual/\$26,200 family	\$7,150 individual/\$14,300 family Not applicable. This plan does not cover out-of-network services except for emergencies.	\$7,150 individual/\$14,300 family \$14,300 individual/\$28,600 family
<b>Coinsurance</b> <b>In-Network</b> Participant pays (after deductible) <b>Out-of-Network</b> Participant pays (after deductible)	20% 40% of allowed amount	20% Not applicable. This plan does not cover out-of-network services except for emergencies.	20% 40% of allowed amount
<b>Office Visit Copay</b> Participant pays	20% after deductible	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist
<b>Diagnostic Lab</b> Participant pays	20% after deductible	Plan pays 100% (deductible waived) if performed at a Quest facility; participant pays 20% after deductible at other facility	Plan pays 100% (deductible waived) if performed at a Quest facility; participant pays 20% after deductible at other facility
<b>Preventive Care</b> See below for examples	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Teladoc<sup>®</sup> Physician Services</b>	\$40 consultation fee (counts toward deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
<b>High-Tech Radiology</b> (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
<b>Inpatient Hospital (preauthorization required) (facility charges)</b> Participant pays	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
<b>Emergency Room</b> (true emergency use) Participant pays	20% after deductible	\$200 copay plus 20% after deductible (copay waived if admitted)	\$200 copay plus 20% after deductible (copay waived if admitted)
<b>Outpatient Surgery</b> Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
<b>Bariatric Surgery</b> Physician charges (only covered if performed at an IOQ facility) Participant pays	\$5,000 copay (does apply to out-of-pocket maximum) plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
<b>Annual Vision Examination</b> (one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments) Participant pays	20% after deductible	\$60 copay for specialist	\$50 copay for specialist
<b>Annual Hearing Examination</b> Participant pays	20% after deductible	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist

## Preventive Care

Some examples of preventive care frequency and services:

- **Routine physicals** – annually age 12 and over
- **Mammograms** – 1 every year age 35 and over
- **Smoking cessation counseling** – 8 visits per 12 months
- **Well-child care** – unlimited up to age 12
- **Colonoscopy** – 1 every 10 years age 50 and over
- **Healthy diet/obesity counseling** – unlimited to age 22; age 22 and over – 26 visits per 12 months
- **Well woman exam & pap smear** – annually age 18 and over
- **Prostate cancer screening** – 1 per year age 50 and over
- **Breastfeeding support** – 6 lactation counseling visits per 12 months

**Note:** Covered services under this benefit must be billed by the provider as “preventive care.” Non-network preventive care is not paid at 100%. If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the ActiveCare 1-HD and ActiveCare 2. There is no coverage for non-network services under the ActiveCare Select plan or ActiveCare Select Whole Health.

For a complete listing of preventive care services, please view the Benefits Booklet at [www.trselectivecareetna.com](http://www.trselectivecareetna.com) for the latest list of covered services.

## 2017 – 2018 TRS-ActiveCare Plan Highlights

Prescription Coverage	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Kelsey Select; Memorial Hermann Accountable Care Network; Seton Health Alliance)	ActiveCare 2
<b>Drug Deductible</b> (per person, per plan year)	Must meet plan-year deductible before plan pays.**	\$0 generic; \$200 brand	\$0 generic; \$200 brand
<b>Short-Term Supply at a Retail Location</b> (up to a 31-day supply) Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	20% coinsurance after deductible, except for certain generic preventive drugs that are covered at 100%.**	\$20 for a 1- to 31-day supply \$40 for a 1- to 31-day supply*** 50% coinsurance for a 1- to 31-day supply***	\$20 for a 1- to 31-day supply \$40 for a 1- to 31-day supply*** \$65 for a 1- to 31-day supply***
<b>Extended-Day Supply at Mail Order or Retail-Plus Pharmacy Location</b> (60- to 90-day supply)**** Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	20% coinsurance after deductible	\$45 for a 60- to 90-day supply \$105 for a 60- to 90-day supply*** 50% coinsurance for a 60- to 90-day supply***	\$45 for a 60- to 90-day supply \$105 for a 60- to 90-day supply*** \$180 for a 60- to 90-day supply***
<b>Specialty Medications</b>	20% coinsurance after deductible	20% coinsurance per fill	\$200 per fill (up to 31-day supply) \$450 per fill (32- to 90-day supply)
<b>Short-Term Supply of a Maintenance Medication at Retail Location</b> (up to a 31-day supply) The second time a participant fills a short-term supply of a maintenance medication at a retail pharmacy, they will pay a convenience fee. They will be charged the coinsurance and copays in the row below the second time they fill a short-term supply of a maintenance medication. Participants can avoid paying the convenience fee by filling a larger day supply of a maintenance medication through mail order or at a Retail-Plus location.			
Tier 1 – Generic Tier 2 – Preferred Brand Tier 3 – Non-Preferred Brand	20% coinsurance after deductible	\$35 for a 1- to 31-day supply \$60 for a 1- to 31-day supply 50% coinsurance for a 1- to 31-day supply	\$35 for a 1- to 31-day supply \$60 for a 1- to 31-day supply \$90 for a 1- to 31-day supply

### What is a maintenance medication?

Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

### When does the convenience fee apply?

For example, if you are covered under TRS-ActiveCare Select, the first time you fill a 31-day supply of a generic maintenance drug at a retail pharmacy you will pay \$20, then you will pay \$35 each month that you fill a 31-day supply of that generic maintenance drug at a retail pharmacy. A 90-day supply of that same generic maintenance medication would cost \$45, and you would save \$225 over the year by filling a 90-day supply.

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician.

\*Illustrates benefits when in-network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the ActiveCare Select or ActiveCare Select Whole Health Plan; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which may be considerable.

\*\*For ActiveCare 1-HD, certain generic preventive drugs are covered at 100%. Participants do not have to meet the deductible (\$2,500 - individual, \$5,000 - family) and they pay nothing out of pocket for these drugs. The list of drugs is on the TRS-ActiveCare website.

\*\*\*If a participant obtains a brand-name drug when a generic equivalent is available, they are responsible for the generic copay plus the cost difference between the brand-name drug and the generic drug.

\*\*\*\*Participants can fill 32-day to 90-day supply through mail order.

# Scott and White Health Plan

## TRS-ActiveCare 2017-2018 Summary of Benefits

Fully Covered Health Care Services	
Preventive Services	No Charge
Standard Lab and X-Ray	No Charge
Disease Management and Complex Case Management	No Charge
<b>Well Child Care Annual Exams</b>	<b>No Charge</b>
Immunizations (age appropriate)	No Charge
Plan Provisions	
Annual Deductible	\$1,000 Individual/ \$3,000 Family
Annual out-of-pocket maximum (including medical and prescription co-pays and co-insurance)	\$6,550 Individual/ \$13,100 Family (includes combined Medical and Rx copays, deductibles and coinsurance)
Lifetime Paid Benefit Maximum	None
Outpatient Services	
Primary Care <sup>1</sup>	\$20 Copay (First Primary Care Visit for Illness - \$0 Copay <sup>2</sup> )
Specialty Care	\$50 copay
Other Outpatient Services	20% after deductible <sup>3</sup>
Diagnostic/Radiology Procedures	20% after deductible
Eye Exam (one annually)	No Charge
Allergy Serum & Injections	20% after deductible
Outpatient Surgery	\$150 copay and 20% of charges after deductible
Maternity Care	
Prenatal Care	No Charge
Inpatient Delivery	\$150 per day <sup>4</sup> and 20% of charges after deductible
Inpatient Services	
Overnight hospital stay: includes all medical services including semi-private room or intensive care	\$150 per day <sup>4</sup> and 20% of charges after deductible
Diagnostic & Therapeutic Services	
Physical and Speech Therapy	\$50 copay
Manipulative Therapy <sup>5</sup>	20% without office visit \$40 plus 20% with office visit
Equipment and Supplies	
Preferred Diabetic Supplies and Equipment	\$5/\$10 copay; no deductible
Non-Preferred Diabetic Supplies and Equipment	30% after Rx deductible
Durable Medical Equipment/Prosthetics	20% after deductible

Home Health Services															
Home Health Care Visit	\$50 copay														
Worldwide Emergency Care															
Nurse Advice Line	1-877-505-7947														
Online Services	No Charge — go to <a href="http://trs.swhp.org">trs.swhp.org</a>														
After-Hours Primary Care Clinics	\$20 copay														
Ambulance and Helicopter	\$40 copay and 20% of charges after deductible														
Emergency Room <sup>6</sup>	\$150 copay and 20% of charges after deductible														
Urgent Care Facility	\$55 copay														
Prescription Drugs															
Annual Benefit Maximum	Unlimited														
Rx Deductible Does not apply to preferred generic drugs	\$150														
<b>Ask an SWHP Pharmacy representative how to save money on your prescriptions.</b>	<table border="1"> <thead> <tr> <th>Retail Quantity (Up to a 30-day supply)</th> <th>Maintenance Quantity (Up to a 90-day supply) Only at BSW Pharmacies, including Mail Order</th> </tr> </thead> <tbody> <tr> <td>Preferred Generic<sup>7</sup></td> <td>\$5 copay</td> </tr> <tr> <td>Preferred Brand<sup>7</sup></td> <td>30% after Rx deductible</td> </tr> <tr> <td>Non-Preferred</td> <td>50% after Rx deductible</td> </tr> <tr> <td>Non-Formulary</td> <td>Greater of \$50 or 50% after Rx deductible</td> </tr> <tr> <td>Online Refills</td> <td><a href="http://trs.swhp.org">trs.swhp.org</a></td> </tr> <tr> <td>Mail Order</td> <td>1-800-707-3477 or 1-855-388-3090</td> </tr> </tbody> </table>	Retail Quantity (Up to a 30-day supply)	Maintenance Quantity (Up to a 90-day supply) Only at BSW Pharmacies, including Mail Order	Preferred Generic <sup>7</sup>	\$5 copay	Preferred Brand <sup>7</sup>	30% after Rx deductible	Non-Preferred	50% after Rx deductible	Non-Formulary	Greater of \$50 or 50% after Rx deductible	Online Refills	<a href="http://trs.swhp.org">trs.swhp.org</a>	Mail Order	1-800-707-3477 or 1-855-388-3090
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Mail Order	1-800-707-3477 or 1-855-388-3090														
Specialty Medications															
(up to a 30-day supply)	20% after Rx deductible														

**The SWHP MOMS Program provides you with** specialized nurses who are notified of the delivery of your baby. These licensed professionals will contact you after you return home and help you with everything from the general well-being of both you and your baby, to breast/bottle feeding, to information on how to add your baby to your health plan.

<sup>1</sup>Including all services billed with office visit

<sup>2</sup>Does not apply to wellness or preventive visits

<sup>3</sup>Includes other services, treatments, or procedures received at time of office visit

<sup>4</sup>\$750 maximum copay per admission and 20% after deductible

<sup>5</sup>5 visits max per month, 35 max visits per year

<sup>6</sup>Copay waived if admitted within 24 hours

<sup>7</sup>If a brand name drug is dispensed when a generic is available, 50% copay applies



## PPO Dental Plan by Humana

Dependents covered up to age 26

Visiting the dentist can help you and your family keep a great smile as well as maintaining good health. These plans are designed to help you keep your teeth in the best shape possible. This is how they work:

Dental	Low Plan	High Plan
Annual deductible	\$50 per individual; \$150 per family	\$50 per individual; \$150 per family
Annual maximum*	\$1000 per person	\$1250 per person
Preventative care (e.g., cleaning, exam, x-rays)	100% paid	100% paid
Basic filing services (e.g., fillings, extractions)	Covered at 50% after deductible is met	Covered at 80% after deductible is met
Major services (e.g., crowns, root canals)	Covered at 30% after deductible is met	Covered at 50% after deductible is met
Orthodontia for eligible children and adults	\$1000 per person	\$1000 per person

PPO Dental (semimonthly rates)	Low Plan	High Plan
Employee Only	\$11.75	\$17.71
Employee + Spouse	\$24.56	\$46.62
Employee + Children	\$30.32	\$48.71
Employee + Family	\$42.91	\$71.13



\* After annual maximum is met, you will receive 30% coinsurance benefit on preventative, basic, and major services for the rest of the year (this excludes orthodontia).

## Vision Plan by Superior Vision

Dependents covered up to age 26

Keeping up with routine eye exams is extremely important—regardless how perfect your vision might be. On top of providing you with prescriptions for glasses or contacts, your eye doctor can check you for diseases or infections. This plan is designed to help you and your family's vision stay as healthy as possible. Highlights include:

- Richer benefits with in-network provider
- \$10 co-pay for eye exam
- \$10 co-pay for eyeglasses or contacts
- \$150 frame allowance OR \$150 contact lens allowance
- This plan allows for new frames every 24 months
- New enrollees will receive their ID card via USPS



Vision Plan (semi-monthly rates)	
Employee Only	\$3.83
Employee + Spouse	\$8.24
Employee + Children	\$6.20
Employee + Family	\$11.31

## Critical Illness Plan by Allstate

Dependents covered up to age 26

Receiving news that you've been diagnosed with a critical illness can impact your financial and emotional stability. Paying for treatment can be costly and your savings may not cover everything. These plans are designed to help you through the illness. Highlights include:

- Plan is Guaranteed Issue this year only
- Low and High plans available to meet your needs
- You choose lump-sum benefit amount of \$10,000 or \$20,000
- Dependents coverage is 50% of employee's coverage
- Wellness benefit pays you \$50 for annual health screening
- 12 month waiting period for pre-existing conditions
- A percentage of the basic-benefit is payable for each covered person in each category and a recurrence benefit is payable in the critical illness and cancer categories
- Smoker and Non-Smoker, Age-Banded rates listed in Reference Center



Covered Illnesses
<ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Stroke</li> <li>• Major organ transplant</li> <li>• End stage renal failure</li> <li>• Invasive cancer</li> <li>• Coronary artery bypass (25%)</li> <li>• Carcinoma in situ (25%)</li> </ul>

## Cancer Plan by Allstate

Dependents covered up to age 26

If you are suddenly diagnosed with cancer, it might present a challenge to your family's financial and emotional stability. This plan can help provide financial security as you undergo treatment and are not able to work. Benefits include:

- Plans pay directly to offset expenses related to the treatment of cancer and other specified diseases like Lupus, Cystic Fibrosis, Lyme Disease, etc.
- Choose Low Plan or High Plan
- Low Plan pays \$5,000 annually for radiation/chemotherapy benefit; High Plan pays \$10,000 annually for radiation/chemotherapy benefit
- Both plans include a \$75 Wellness Benefit
- Both plans include an Intensive Care Unit benefit that will pay \$400 daily, up to 45 days, if you are confined to the ICU for ANY reason
- Both High and Low plans pay you \$4,000 upon initial cancer diagnosis.

Cancer Plan (semimonthly rates)	Low Plan	High Plan
Employee Only	\$10.53	\$15.20
Employee + Spouse	\$16.80	\$23.83
Employee + Children	\$14.94	\$21.69
Family	\$21.20	\$30.31

New Hires only (within 31 days of hire) and their dependents who apply for coverage during this open enrollment will be guaranteed coverage. Pre-existing condition limitations will apply for one year for those who are not currently in the group cancer plan. A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received within the twelve-month period prior to the effective date of coverage. Allstate does not pay for any loss due to a pre-existing condition during the first 12 months of coverage.

## Accident Insurance Plan by Aflac

Dependents covered up to age 26

This plan is designed to help you cope with the costs associated with unexpected accidents. Despite having health insurance, out-of-pocket costs may add up quickly when you factor in expenses like co-payments and deductibles. Highlights of the plan include:

- Guaranteed issue for employees and dependents
- No deductibles required
- Plan is fully portable even if you leave your employer
- Coverage includes—but is limited to—accidents, fractured bones, burns, concussions, broken teeth, emergency room treatment, ambulance, hospital confinement, chiropractic, emergency dental, rehabilitation, sports injuries, accidental death
- Pays directly to the employee, based on the schedule of benefits
- Wellness benefit of \$25 (once per year)



Accident Plan (semimonthly rates)	
Employee Only	\$7.17
Employee + Spouse	\$12.21
Employee + Children	\$15.74
Employee + Family	\$20.78

## Educator Disability Plan by Unum

Having disability insurance can help protect your income in the event you become sick, injured, or pregnant, and the doctor says you're unable to work. This plan can help provide financial security for you and your family so you can focus on recovering and focusing on your health. Here's how it works:

- In the event that you become sick, injured, or pregnant, and are unable to work, disability insurance helps take the place of your missing paycheck
- Your monthly benefit will pay you up to 66⅔% of your salary for as long as you are medically disabled—up to the age of 65
- Prices vary based on how much insurance you select, and on how long of an "elimination period" you select (see rate chart at <http://benefits.ffga.com/bastropisd>; elimination periods tell you how long you have to wait after being diagnosed as "medically disabled" before you get paid your disability benefit; elimination periods for illness/accident are 7 days, 14 days, 30 days, 60 days, 90 days, or 180 days
- If you select an elimination period of 30 days or less, your waiting period is waived upon in-patient hospital admittance of 24 hours or more



Highlights
<ul style="list-style-type: none"><li>• Pays in \$100 increments; up to 66⅔% of salary or maximum of \$8,000</li><li>• Pays until the doctor says you can return to work, or to age 65</li><li>• Guaranteed Issue for everyone, but any new or enhanced coverage has a 12 month pre-existing condition* limitation</li></ul>

*This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the contracts, the terms of the contract will prevail. For a more detailed explanation of benefits you may contact 1-800-523-8422 or visit <http://benefits.ffga.com>.*



## Individual Life Insurance by Texas Life (New Carrier)

Dependents coverage can be elected and covered up to age 26

**Texas Life is the new life insurance carrier.** Texas Life offers individual, portable life insurance with a new Chronic Illness rider to help cover unexpected long term care expenses. See brochure for more details. *Combined Life Insurance will no longer be payroll deducted.* Please contact Taylor Silguero at 512-630-6654 for more information on how to continue coverage.

- Coverage available for **EMPLOYEE, SPOUSE, CHILD(REN), and GRANDCHILDREN**
- **Chronic Illness Rider**- the Policy holder is eligible to withdraw 92% of the face value to help cover the cost of unexpected expenses caused by the loss of two activities of daily living or serious cognitive impairment.\* Only the employee is eligible. See brochure for details
- Employees age 49 and under: eligible to receive up to \$300,000 Express Issue
- Employees age 50-65: eligible receive up to 100,000 Express Issue
- Spousal coverage available up to \$75,000. Express Issue amounts vary depending on spouses age
- Child(ren) and Grandchildren eligible to receive up to \$50,000
- See FAQs page for definition of “express issue”
- Detailed rate chart at <http://benefits.ffga.com/bastropisd>



### Highlights

- Portable
- Coverage up to age 121
- No scheduled rate increase
- Rider for children and grandchildren
- Chronic Illness Rider- pays up to 92% of policy value

## Basic Life with AD&D, and Voluntary Group Term Life Insurance and Voluntary AD&D by Unum

Dependent coverage can only be carried on one employee, if both work for the district. Dependents covered up to age 26

Although no dollar amount can ever be placed on the value of your life, this insurance plan can provide stability and protection to your loved ones after you are gone. Bastrop ISD provides all eligible employees with a \$10,000 Basic Life and AD&D policy. Here's how this plan works:

- Amounts of coverage still in underwriting after September 1, 2017, the effective date of coverage will be the first day of the month following the date of approval by Unum
- Employees with current coverage can increase coverage by \$10,000 increments to a maximum of the Guaranteed Issue amount up to \$200,000 this year without health questions for approval
- Employees without current coverage can elect 5 times their salary up to \$500,000 of voluntary employee coverage but are subject to health questions
- Coverage available for spouse and child(ren) only if you have coverage for yourself

Existing Employees—subject to underwriting

- Employee: Increments of \$10,000 up to 5 times salary not to exceed \$500,000
- Spouse: Increments of \$5,000 up to 100% of the employee's election up to \$100,000
- Child(ren): Increments of \$1,000 up to \$10,000
- Spouse and dependent child(ren) coverage is limited to 100% of the employee's coverage election

New Hires (within 31 days of hire)—Guaranteed issue

- Employee: Increments of \$10,000, beginning at \$10,000 up to a maximum of \$200,000
- Spouse: Increments of \$5,000 up to \$25,000
- Child(ren): Up to \$10,000
- Spouse and dependent child(ren) coverage is limited to 100% of the employee's coverage election.
- Dependent coverage can only be carried on one employee, if both work for the district



Voluntary AD&D is also available and is ALWAYS Guaranteed Issue. Options for AD&D coverage are as follow:

- Employee: Up to 5 times salary in \$10,000 increments, not to exceed \$500,000
- Spouse: Up to 100% of employee amount in \$5,000 increments, not to exceed \$100,000
- Child(ren): Up to 100% of employee amount in \$1,000 increments, not to exceed \$10,000

PLEASE NOTE: For any amounts that are subject to health and underwriting guidelines for approval, you will be prompted to complete the Evidence of Insurability and submit. If the Evidence of Insurability is not completed by August 31, 2017, the elected coverage will be declined.

*This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the contracts, the terms of the contract will prevail. For a more detailed explanation of benefits you may contact 1-800-523-8422 or visit <http://benefits.ffga.com>.*

# Identity Theft Protection by iLOCK360

Dependents covered up to age 18

Your identity may be your most important asset. It defines who you are, determines how much you can borrow and can be a deciding factor in employment. These factors are why your identity is a target for online criminals. In 2016, 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 with iLOCK360's comprehensive identity protection. Here's how it works:

- Basic coverage provided **FREE** to all eligible employees
- Monitors your identity 24/7/365
- Personal email address required to sign up for this program
- Plan can protect individual or family



iLOCK360 (semimonthly rates)	Basic	Plus	Premium
Employee Only	\$0	\$4.00	\$7.50
Employee + Spouse	N/A	\$7.50	\$11.00
Employee + Children	N/A	\$6.50	\$10.00
Employee + Family	N/A	\$10.00	\$13.50

Service	Basic	Plus	Premium
CyberAlert®	✓	✓✓	✓✓
Social Security number trace		✓✓	✓✓
Change of address		✓	✓
Sex offender alerts		✓	✓
Payday loan		✓	✓
Court/criminal records		✓	✓
Full service restoration and lost wallet		✓	✓✓
\$1M insurance		✓	✓
Daily monitoring of one credit bureau (TransUnion)	✓	✓	
Daily monitoring of three credit bureaus (TransUnion, Equifax, Experian)			✓
ScoreTracker™			✓
✓ adults ✓ children			

# Fortegra Plus Motor Club

This comprehensive plan can provide drivers great benefits such as roadside assistance, aid and support for legal traffic defense fees, and many others. Benefits include

- Cruise with confidence knowing Fortegra is available to help 24/7/365
- Family plan will cover you and all licensed drivers in your household
- Some of the benefits include
  - request a tow
  - change a flat tire
  - get a jumpstart
  - stolen auto reward
  - deliver emergency car fluids
  - provide lockout service
  - traffic court defense
  - and many more



Motor Club Plan (semimonthly rates)	Premium
Employee	\$3.00
Employee and Family	\$4.50

## NOTES:

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## 457(b) Retirement Savings Plan

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Section 457(b) Deferred Compensation Plan refers to Section 457(b) of the Internal Revenue Code of 1986. This is a district-sponsored voluntary retirement savings plan that allows an employee to save money for retirement on a tax-deferred basis. This plan allows you to start, stop, increase or decrease contributions at any time. The plan contains most of the same features of the 403(b) plan, but is particularly different in one unique way: distributions from the 457(b) Deferred Compensation Plan are not subject to the 10% excise tax for early withdrawal.

In 2017, you can contribute 100% of your includible compensation up to \$18,000, whichever is less. If you are age 50 or older, you can contribute up to an additional \$6,000 for a total of \$24,000 for the year. TCG Administrators (formerly JEM Resource Partners) is the plan administrator; you can elect salary deductions at [www.region10rams.org](http://www.region10rams.org). Your initial password to enroll online is **bastr457** (case sensitive). **All investing involves risk. Past performance is not a guarantee of future returns.**



## 403(b) Retirement Savings Plan

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A 403(b) is a retirement savings plan generally offered by public schools and other tax-exempt organizations that allows employees to make contributions on a pretax basis. Most plans allow you to start, stop, increase or decrease contributions at any time. The employer determines the investment providers and employees must open an account with one of those providers to contribute. TCG Administrators (formerly JEM Resource Partners) is the plan administrator; you can elect salary deductions at [www.region10rams.org](http://www.region10rams.org). Your initial password to enroll online is **bastr403** (case sensitive). **All investing involves risk. Past performance is not a guarantee of future returns.**



## Health Savings Account (HSA)

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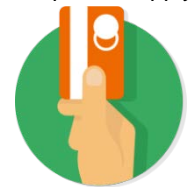
The Health Savings Account is only available for employees that elect a High Deductible Health Plan (HDHP). This would include the TRS ActiveCare 1HD. So to be eligible for the HSA, you would need to be enrolled in or elect this medical plan for next year. 2017 HSA Contribution limits: Individuals (self-only coverage)—\$3,350; Family coverage—\$6,750. HSA Catch-up contributions (age 55 or older): \$1,000. The HSA is very different from the Flexible Spending Account (FSA), as it is not pre-funded and you can only utilize the account as the monies from your paycheck are received to the HSA. Also the HSA is NOT a use-it-or-lose-it plan. The monies will continue to stay in your account until utilized for qualified expenses. The HSA can be increased, decreased, started or stopped at any time throughout the plan year. Employees who select a general purpose FSA, or whose spouse has a general purpose FSA, cannot have an HSA too.



## Flexible Spending Account (FSA)—Medical

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This plan allows for tax savings on most medical, dental, and vision expenses not covered by insurance. Non-covered expenses apply to all dependent family members even if not covered by a particular insurance plan. The employee estimates an annual election based upon the amount of non-covered expenses expected to be incurred. **The maximum election amount for 2017 is \$2,600**—this amount is deducted in equal amounts from each paycheck, before taxes are calculated, and then set aside for the employee in a special account. A MasterCard debit card will be issued to you to pay for most expenses incurred. Your employer has chosen the \$500 roll-over option for your plan. This option allows you the opportunity to roll-over \$500 of unclaimed medical FSA funds into the following plan year. Any amount in excess of \$500 will be forfeited under the use-it-or-lose-it rule.



## Flexible Spending Account (FSA)—Dependent Care

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This is a plan that allows for a tax savings on day care expenses for children under the age of 13 and for dependent adults unable to care for themselves. The employee estimates an annual election for the amount of expenses to be incurred. The annual election amount is deducted in equal parts from each paycheck, before taxes are calculated, and then set aside in a special account for the employee. As expenses are incurred the employee submits a claim and the money is reimbursed to the employee from the employee's account as the monies come in from each paycheck. **The IRS does not allow the Dependent Care Account (DCA) to be pre-funded.** Where accepted, the debit card may be used for payment of dependent care expenses. Please see the summary plan description located on the enrollment website for more information. Note: Any money not claimed by the employee within ninety days (90) after the end of the plan year is **forfeited**. The maximum annual election amount is \$5,000 per household. If you are married and filing separately, each spouse may only elect up to \$2,500.



# Resources for FSA Management

## Flexible Benefits Card

The Flex Benefits Card is available to all employees that participate in Medical FSA and or a Dependent Care FSA. The Benefits Flex Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and eligible dependents that are at least 18 years old.

*The IRS requires validation of most transactions. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.*

## FF Flex Mobile App

With the FF Flex Mobile App you can submit claims, view account balance & history, see claim status, view alerts, upload receipts and documentation and more! The FF Flex Mobile App is available for Apple® or Android™ devices on the App Store<sup>SM</sup> or the Google Play Store<sup>TM</sup>.

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.

## FSA Store

First Financial has partnered with the FSA Store to bring you an easy to use online store to better understand and manage your FSA. Visit <http://www.ffga.com/fsaextras> for more details & special deals!

- Shop at FSA 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 FSA Eligibility List
- Visit the FSA Learning Center to help find answers to questions you may have about your FSA



## Frequently Asked Questions

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### What is Express Issue?

You may apply for the Texas Life permanent, portable coverage, not only for yourself, but also for your spouse, children and grandchildren by answering just 3 questions:



During the last six months, has the proposed insured:

- Been actively at work on a full time basis, performing usual duties?
- Been absent from work due to illness or medical treatment for a period of more than five consecutive working days?
- Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse?

### What is a "pre-existing condition"?

A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received prior to the effective date of coverage.

### What is a deductible?

A deductible is what you must pay for your health care before your insurance pays its part. Most plans have deductibles, which start over when your "PLAN YEAR" starts over. For example, if your plan has a \$1,000 deductible and you have surgery that costs \$5,000, you'll pay \$1,000 before your insurer helps you cover your bills.

### What is a co-pay?

A copay is a small, fixed amount—often \$15 or \$20—that you pay for covered services like a prescription or a doctor's visit. Some health plans also apply coinsurance to certain services. With it, you pay a percentage of the total cost of care. For example, if you have a 20% coinsurance, and your doctor's appointment costs \$300, you'd pay \$60. That's if you've met your deductible.

### What is out-of-pocket maximum mean?

Your out-of-pocket maximum is the most you have to pay each year toward your medical services or prescription drugs before your insurance pays for all your care. This amount does not include what you pay in premiums. The Affordable Care Act limits the out-of-pocket maximums. In 2016, for one adult, it can be no more than \$6,850, and for a family, it can be no more than \$13,700.

### What does EOB mean?

After you've visited your doctor or had a procedure in a hospital, you'll receive an explanation of benefits (EOB) form explaining how much of the charges your insurance will pay. The EOB isn't a bill itself, but it can tell you what your doctor may charge you. Look for the words "due from patient" to see how much you may owe after your insurance pays.

### Dependent Care Accounts

#### **If I contribute to a Dependent Care Account, can I also write-off my daycare expenses on my taxes?**

No, you may not. If you use the Dependent Care Account, you save money up-front on your taxes. Your per-paycheck deductions are taken out of your paycheck before you pay taxes on your income. Thus, your taxable income is less, and you pay less in taxes.

#### **What kinds of care does this cover?**

- Before-school and after-school care
- Expenses for preschool/nursery school
- Extended day programs
- Au pair services (amounts paid for the actual care of the dependent)
- Baby sitter (in or out of the home)
- Nanny services (amounts paid for the actual care of the dependent)
- Summer day camp for your qualifying child under the age of 13
- Elder day care for a qualifying individual



#### **Can I use the dependent care account to fund elder care for my mother/father/spouse?**

Yes, you may use your Dependent Care account to fund care for individuals who qualify as your dependent child under the age of 13 who lives with you for more than half the year (and for whom you are the custodial parent in cases of divorce) your spouse, or other tax dependent, who is incapable of self-care and lives with you for more than half the year.

# How to Enroll

Your First Financial Account Manager will be on site to assist you in enrolling in your benefits. To find out when your Account Manager will be at your location, refer to the schedule on page 2. You also have the option to enroll online 24/7 through FEnroll during your enrollment period.

To prepare for your enrollment, visit your Employee Benefits Center at <http://benefits.ffga.com>.

Once you have reviewed available benefits for the upcoming plan year, visit FEnroll, <https://ffga.benselect.com/enroll>, to review currently enrolled benefits and dependent information.

## Onsite Enrollment

What to have ready for your enrollment:

- Social Security Numbers for all dependents
- Any Status/Life Event or address changes
- Questions about available benefits

## Online Enrollment

To enroll online, log in to FEnroll (<https://ffga.benselect.com/enroll>).

For detailed information on how to enroll, visit the how to enroll tab on your Employee Benefits Center

## Login & Pin

Your login is your social security number (no dashes) and your PIN is the last four digits of your social security number and the last two digits of your birth year (678977)

**Once you login you will arrive at the Welcome Screen. Click “Next”, then:**

- Verify your personal information
- Verify all dependent information (SSN/date of birth) **\*\*Very Important\*\***
- View employment information

## USEFUL INFORMATION TO KNOW

- Write your PIN number down
- Contact First Financial at 855-523-8422 with any technical questions
- No changes will be permitted until annual enrollment, unless you have an IRS S125 qualified event

