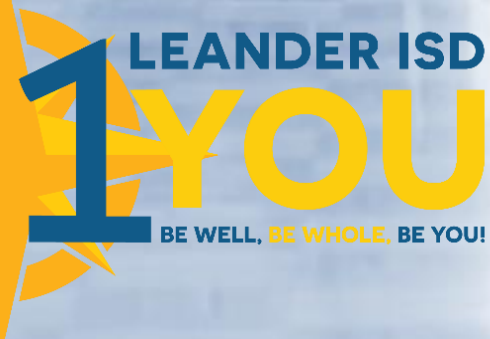




2026 EMPLOYEE BENEFITS GUIDE



Welcome!

2026 Benefits

Leander ISD Benefits is pleased to provide you with the information you'll need to enroll in 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 online enrollment.

BenefitsDept@leanderisd.org

**Benefits Service Center
833-667-1172**

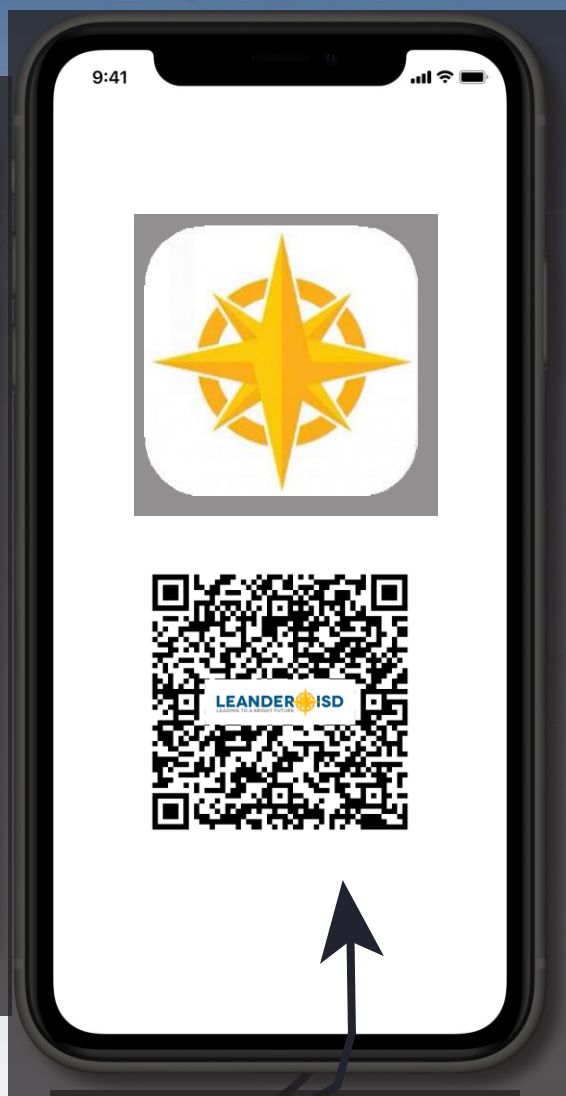
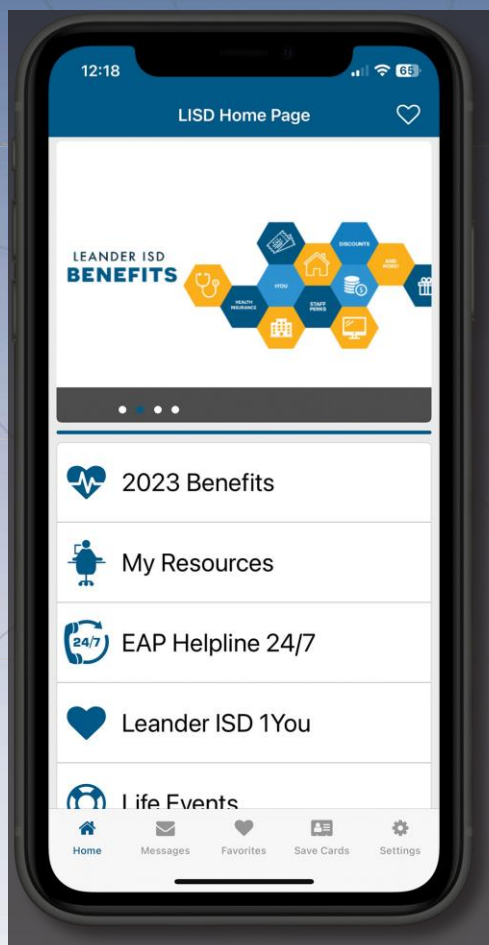


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Download The LISD Benefits App Now!



Scan the QR Code!



EVERYTHING YOU NEED IN ONE PLACE!

Step 1: From the camera on your smartphone scan the above QR code.

Step 2: Follow the steps to complete the registration and create a username and password.

Step 3: Choose your app store.

Step 4: Download and open your free app. Sign in with your newly created username and password. Enjoy!

If you have any questions, please email: app-support@ingaged.me

Available for Apple & Android Devices

1 YOU

BE WELL, BE WHOLE, BE YOU!

What is 1You?

1You is a comprehensive wellness strategy made up of six key initiatives to support the whole you. LISD wants to partner with you on your whole health and well-being. To empower you to be your best at work! Leander ISD cares about the whole student and the whole employee!



Social

- Team Building/ROPES
- ELE Childcare Program
- LISD Volunteer Opportunities
- LEEF Mudstacle
- Heroes Mentoring
- Wellness Champion Program

Financial

- Retirement Planning Workshops
- Personal Finance 101
- District Provided \$10K in Life Insurance
- ID Theft Protection Option

Intellectual

- Professional Dev. Opportunities
- IT Classes
- Aspiring Leaders Program Mentor program
- IA to Teacher Pipeline
- New to Profession Learning Community

Physical

- Flu Clinics
- Gym Discounts
- Nurse Chat
 - Medical, Dental, Vision Insurance

Mindfulness

- Web Resources
- Massage Discounts
- Free Headspace App

Emotional

- EAP Counseling Sessions
- LISD Baby Showers
- Parental Leave
- Failing forward Culture

To learn more, visit leanderisd.org/benefits
Questions? Contact BenefitsDept@leanderisd.org



DO I HAVE TO ENROLL DURING OPEN ENROLLMENT?

Yes. All benefits eligible Leander ISD employees must complete Open Enrollment to elect or waive benefits for the 2026 Plan Year. In order to continue your benefits, enrollment must be completed by the deadline.

This includes recent new hires.

HOW DO I ENROLL?

Visit www.leanderisd.org/benefits or call the Benefits Service Center at 833-667-1172.

USER NAME:

Enter your Leander ISD email:

firstname.lastname@leanderisd.org

(Please note - your email address may include a middle initial)

PASSWORD:

Last Name (First letter of last name is capitalized) + Last 4 Digits of Social Security Number

WHO IS ELIGIBLE?

You are eligible to enroll in the LISD Benefits Program if you are a regular employee working at least 20 hours per week in a permanent position.

WHO IS AN ELIGIBLE DEPENDENT?

- Your legal spouse
- Children under the age of 26, yours or your spouse's
- Dependent children of any age who are disabled
- Children under your legal guardianship

When adding dependents for the first time, **supporting documents are required** to prove dependency. For a spouse, we require a copy of a marriage certificate. For a child, we require a copy of the birth certificate. Please upload documents to Benefit Place. Without documents, coverage will be dropped.

DISABLED DEPENDENT FORM

To enroll a disabled dependent, please complete the Disabled Dependent Authorization form and submit to carrier. This form is located in the Document Library at the upper right-hand corner of the enrollment screen.

MID-YEAR CHANGES

The benefits you choose will remain in effect throughout the plan year (from January 1—December 31). You may only add or cancel coverage during the year if you have a qualifying change in family or employment status that causes you to gain or lose eligibility for benefits. Qualifying changes may include:

- A change in your legal marital status
- A change in your number of dependents as a result of birth, adoption, legal custody, or if your dependent child satisfies or ceases to satisfy eligibility requirements for coverage, or the death of a dependent child or spouse
- A change in employment status for you or your spouse
- Loss or gain of eligibility for other insurance (including CHIP & Medicaid—60 day notification deadline)

[Notify leanderisdbenefits@benefitfocus.com](mailto:leanderisdbenefits@benefitfocus.com) or call 833-667-1172 of the requested change within 30 calendar days of the change in status. There are no exceptions to this rule.

WHEN WILL I RECEIVE ID CARDS?

Employees will receive new Medical card. For most plans, you can login into the carrier website and print a temporary ID card or give your provider the insurance company's phone number to call and verify your coverage. Only new participants of the Flexible Spending Account and Health Savings Account will receive cards. Dental and Vision cards will be provided; however, they are also not required.

WHO DO I CONTACT WITH QUESTIONS?

Questions: Contact your LISD Benefits Service Center at 833-667-1172 or email leanderisdbenefits@benefitfocus.com.



How to Log into **Benefitplace**TM

1

Use your browser to navigate to this website:

<https://secure3-enroll.com/go/LeanderISD>

2

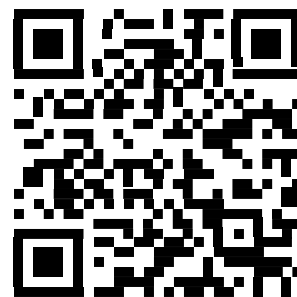
Enter your username and password.

USERNAME: Leander ISD Email

For Example: john.smith@leanderisd.org

PASSWORD: Last Name (case sensitive, first letter of last name must be capitalized) + Last 4 digits of Social Security Number

For Example: The password for John Smith whose SSN is 123-45-6789 would be Smith6789



Can't login? Call the Benefit Service Center at 833-667-1172

2026 MONTHLY PREMIUM SUMMARY

MEDICAL—BCBSTX *LISD CONTRIBUTES A SEPARATE \$510/MONTH TO ALL MEDICAL PLANS

	HDHP 3400	HDHP 1700	PPO 1500
Employee Only	\$31.00	\$83.00	\$209.00
Employee + Spouse	\$758.00	\$1,042.00	\$1,383.00
Employee + Child(ren)	\$409.00	\$515.00	\$751.00
Employee + Family	\$896.00	\$1,052.00	\$1,624.00
LISD Family (2 Married LISD Employees)	\$358.00	\$459.00	\$841.00

MEDICAL—HEALTHCARE HIGHWAYS *LISD CONTRIBUTES A SEPARATE \$510/MONTH TO ALL MEDICAL PLANS

	ACO CO-PAY 5000	ACO CO-PAY 1000
Employee Only	\$20.00	\$55.00
Employee + Spouse	\$714.00	\$925.00
Employee + Child(ren)	\$355.00	\$465.00
Employee + Family	\$816.00	\$1,009.00
LISD Family (2 Married LISD Employees)	\$234.00	\$425.00

HOSPITAL INDEMNITY—THE HARTFORD

	PLAN 1	PLAN 2
Employee Only	\$15.60	\$27.18
Employee & Spouse	\$28.31	\$49.08
Employee & Children	\$28.89	\$49.72
Employee & Family	\$43.79	\$75.36

DENTAL—METLIFE

	LOW DHMO PLAN	MID MAC PLAN	HIGH PPO PLAN
Employee Only	\$15.74	\$34.61	\$57.47
Employee + Spouse	\$29.92	\$62.85	\$104.56
Employee + Child(ren)	\$31.48	\$77.21	\$128.97
Employee + Family	\$48.80	\$105.11	\$175.14

VISION—VSP

Employee Only	\$8.46
Employee + Spouse	\$16.90
Employee + Child(ren)	\$18.09
Employee + Family	\$28.91

The Enrollment System will calculate rates based on your specific information.

2026 MONTHLY PREMIUM SUMMARY



DISABILITY—THE HARTFORD

	0/7	14/14	30/30	60/60	90/90	180/180
40% of Monthly Salary	\$1.70	\$1.37	\$1.09	\$0.73	\$0.64	\$0.49
50% of Monthly Salary	\$1.91	\$1.53	\$1.23	\$0.82	\$0.71	\$0.55
60% of Monthly Salary	\$2.24	\$1.80	\$1.45	\$0.97	\$0.84	\$0.65
70% of Monthly Salary	\$2.99	\$2.40	\$1.94	\$1.30	\$1.12	\$0.87

VOLUNTARY GROUP LIFE—OneAmerica

CHILD(REN) BENEFIT/RATE	Child(ren) < 6 months	Child(ren) 6 months to age 26
	\$1,000/\$1.72	\$10,000/\$1.72
EMPLOYEE / SPOUSE RATES	PER \$10,000 OF COVERAGE	
Age <29	\$0.33	
30-34	\$0.43	
35-39	\$0.61	
40-44	\$0.92	
45-49	\$1.38	
50-54	\$2.21	
55-59	\$3.36	
60-64	\$4.02	
65-69	\$5.93	
70-74	\$12.52	
75+	\$23.49	

VOLUNTARY AD&D RATES - OneAmerica

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$100,000	\$200,000	\$300,000	\$400,000	\$500,000
Employee Only	\$0.16	\$0.32	\$0.48	\$0.64	\$0.80	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00
Employee + Family	\$0.27	\$0.54	\$0.81	\$1.08	\$1.35	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50

PERMANENT INDIVIDUAL LIFE—TransAmerica

AGE BANDED RATES	NON-TOBACCO, PER \$50,000 OF COVERAGE
25	\$21.67
35	\$32.04
45	\$54.21
55	\$101.33
65	\$220.16

The Enrollment System will calculate rates based on your specific information.

2026 MONTHLY PREMIUM SUMMARY

CANCER—GUARDIAN		
	PLAN 1	PLAN 2
Employee Only	\$11.51	\$19.83
Employee & Spouse	\$24.20	\$41.62
Employee & Children	\$13.13	\$22.25
Employee & Family	\$25.82	\$44.04

CRITICAL ILLNESS—GUARDIAN		
PER \$10,000 OF COVERAGE		
ISSUE AGE	NON-TOBACCO	TOBACCO USER
< 25	\$3.60	\$5.60
25-29	\$3.60	\$5.60
30-34	\$5.40	\$8.00
35-39	\$7.60	\$11.20
40-44	\$10.80	\$17.10
45-49	\$14.80	\$25.10
50-54	\$20.30	\$36.00
55-59	\$26.70	\$50.30
60-64	\$35.50	\$63.40
65-69	\$43.80	\$75.90
70+	\$64.10	\$99.40

ACCIDENT—HARTFORD	
Employee Only	\$11.22
Employee & Spouse	\$17.75
Employee & Children	\$18.58
Employee & Family	\$29.31

MEDICAL TRANSPORT—MASA		
	EMERGENT PLUS	PLATINUM
	\$11	\$39

LEGAL—TEXAS LEGAL	
EMPLOYEE/EMPLOYEE + FAMILY \$18	

The Enrollment System will calculate rates based on your specific information.

Benefit Contacts



BENEFIT	VENDOR	PHONE NUMBER	WEBSITE
LISD Benefits Department		512-570-0142 benefitsdept@leanderisd.org	www.leanderisd.org/benefits/
MEDICAL—BCBS	 Blue Cross Blue Shield of Texas	512-570-0137	www.bcbstx.com
MEDICAL—HCH	 Healthcare Highways	833-841-6710	www.hchhealthplan.com
PRESCRIPTION	 PRIME THERAPEUTICS®	800-424-0472	www.primetherapeutics.com
FRONTIER DIRECT CARE	 FRONTIER HEALTH	956-983-9272	www.frontierdirectcare.com
MEDICAL TRANSPORT	 MASA Medical Transport Solutions	800-423-3226 EMERGENCY 800-643-9023	www.masamts.com
HEALTH SAVINGS ACCOUNT	 wex™	866-451-3399	www.wexinc.com
FLEXIBLE SPENDING ACCOUNT	 nbs national benefit services	800-274-0503	www.nbsbenefits.com
DISABILITY (LTD) HOSPITAL INDEMNITY ACCIDENT	 THE HARTFORD	866-547-9124 (LTD) 866-547-4205 (HI/ACC)	www.thehartford.com
TERM LIFE/AD&D	 ONEAMERICA	800-553-3522	www.oneamerica.com
PERMANENT LIFE	 TRANSAMERICA®	888-763-7474	www.transamerica.com
CRITICAL ILLNESS CANCER	 Guardian®	800-541-7846	www.guardiananytime.com
VISION	 vsp vision care for life	800-877-7195	www.vsp.com
DENTAL PET INSURANCE	 MetLife	800-GET-MET8	www.metlife.com
LEGAL INSURANCE	 Texas Legal Always by your side	800-252-9346	www.texaslegal.org
EMPLOYEE ASSISTANCE	 ALL ONE HEALTH	888-993-7650	www.allonehealth.com/deeroaks
TEACHER RETIREMENT SYSTEM	 TRS	800-223-8778	www.trs.texas.gov
403(B)/457 RETIREMENT PLANS	 TCG GROUP HOLDINGS	800-943-9179	www.region10rams.org
BEXA	 Bexa	888-469-2392	www.mybexa.com
GALLERI		545-620-0035	www.galleri.com

Leander Educational Excellence Foundation (LEEF)

**HELP US
PIECE
TOGETHER
OPPORTUNITIES**



LEEF GIVING LEVELS

-  ▶ \$5 per month
-  ▶ \$10 per month
-  ▶ \$20 per month
-  ▶ \$50 per month
-  ▶ \$100 per month

**100% of monthly giving funds
go towards supporting LEEF
Teaching Grants!**

LEEF helps provide resources for...



Mental Health



Student Innovation



Staff Empowerment



College & Career
Readiness



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facebook.com/leef tx



@LEEF_TX



www.leef tx.org

BlueCross BlueShield

Group Number: 113206

Medical insurance is essential to your well-being, and you have five options available to you with LISD. There is a traditional PPO Plan and two High-Deductible Health Plans (HDHP) provided through BlueCross BlueShield of Texas. There are also two coverage options provided through Healthcare Highways. See page 19 for information regarding the Healthcare Highway plans.

PPO

Under the Preferred Provider Organization (PPO) plan, you will be covered with the same provider network as the HDHP plans but have lower out-of-pocket expenses for medical services. You are able to go in-network and out-of-network for your practitioners. Keep in mind that going in-network will give you the most coverage and lowest out-of-pocket expense.



District health insurance will be primary coverage even if you are enrolled in coverage elsewhere.

HDHP

When a High-Deductible Health Plan (HDHP) meets certain guidelines, it can be paired with a Health Savings Account (HSA), where you set aside pre-tax dollars for qualified health care related expenses for you and your dependents. The HDHP plans (also referred to as high-deductible plans) allow you to save money on your medical premium and access all of the same providers as PPO participants.

BlueCross BlueShield has a 24/7 nurse line that can be reached at **800-581-0393**.

**For assistance, please contact
Blue Cross Blue Shield
at 512-570-0137**

MEDICAL COVERAGE	HDHP 3400	HDHP 1700	PPO 1500
EMPLOYEE ONLY	\$31.00	\$83.00	\$209.00
EMPLOYEE + SPOUSE	\$758.00	\$1042.00	\$1383.00
EMPLOYEE + CHILD(REN)	\$409.00	\$515.00	\$751.00
FAMILY	\$896.00	\$1052.00	\$1624.00
FAMILY (MARRIED LISD*)	\$358.00	\$459.00	\$841.00

*Employee is married to another LISD employee.

BLUE CROSS BLUE SHIELD MEDICAL PLAN COMPARISON CHART

MEDICAL	HDHP 3400		HDHP 1700		PPO 1500	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
INDIVIDUAL DEDUCTIBLE	\$3400	\$6600	\$1700*	\$2850*	\$1500	\$4500
FAMILY DEDUCTIBLE	\$5300	\$13,200	\$3650*	\$7250*	\$4500	\$13,500
CO-INSURANCE PAID BY THE PLAN (AFTER DEDUCTIBLE)	80% (after deductible)	60% (after deductible)	80% (after deductible)	60% (after deductible)	75%	50%
INDIVIDUAL MAXIMUM OUT OF POCKET	\$6600	\$13,200	\$6050	\$8050	\$4500	\$12,000
FAMILY MAXIMUM OUT OF POCKET	\$13,200	\$26,400	\$12,050	\$16,050	\$12,000	\$24,000
HSA CONTRIBUTIONS	N/A		N/A		N/A	
PRIMARY OFFICE VISIT	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)	\$50 copay	50% (after deductible)
SPECIALIST OFFICE VISIT	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)	\$75 copay	50% (after deductible)
PREVENTIVE CARE	100%	40% (after deductible)	100%	40% (after deductible)	100%	50% (after deductible)
INPATIENT HOSPITAL	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)	25% after \$250 per admit copay	50% after \$250 per admit copay
OUTPATIENT SURGERY	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)	25% (after deductible)	50% (after deductible)
EMERGENCY – FACILITY	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)	25% after \$300 copay	50% (after deductible)
URGENT CARE	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)	\$75 copay	50% (after deductible)
LAB/X-RAY BILLED BY DOCTOR	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)	Included in office visit	50% (after deductible)
LAB/X-RAY BILLED BY OUTSIDE FACILITY	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)	100%	50% (after deductible)
INPATIENT/OUTPATIENT ADVANCED IMAGING	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)	25% (after deductible)	50% (after deductible)
RETAIL PRESCRIPTION DRUGS (30 DAYS)	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)	Generic: \$10 Preferred Brand: \$35 Non-preferred Brand: \$50 Specialty: 20%	Not Covered
MAIL ORDER <i>After Deductible</i>	20% (after deductible)	40% (after deductible)	20% (after deductible)	40% (after deductible)	Generic: \$30 Preferred Brand: \$105 Non-preferred Brand: \$150	Not Covered
PRESCRIPTION DRUGS (90 DAYS)						



MEDICAL

*Employee + Child, Employee + Spouse, and Family coverage must meet the total family deductible amount before coinsurance applies, individual deductible does not apply under this plan.



BlueCross BlueShield
of Texas

Your Health Your Way

Blue Access for MembersSM



Life doesn't only happen during business hours. Blue Cross and Blue Shield of Texas has you covered. BAMSM gives you the tools you need to get the most from your benefits whenever and wherever you need them.

Your Access, Your Way

You choose how to access your benefits

Use BAM from your desktop, mobile device or download the free BCBSTX App from The App Store or Google Play. Whether you're at your desk or on the go, BAM is there for you with tools and features that give you the freedom to manage your health care your way.



Digital Member ID

- Share your digital ID card with your doctor's office to stay ahead of check-in.
- You can also view, download, print or reorder it.

Find Care

- Find nearby care providers whether you're at home or traveling.
- Schedule a virtual visit when you're traveling, need after-hours care or just want to skip the waiting room.

Secure Messaging

- Send messages to our trained clinicians.
- Message customer service with questions about your claims.
- All messages are private and secure.
- Send messages* on your schedule.

Use Account Settings to set Your Preferences

- Get your notifications by text, email or mail.
- Choose your language.
- Go paperless to get your explanation of benefits more quickly and securely.

Claims, Coverage and Wellness

- Review your benefit highlights, claims or download your EOB.
- View your dependent coverage.
- Opt in to healthy programs, get preventive guidelines, wellness tips and other topics that you choose.

Register Now to Start Getting the Most from Your Benefits

Register online for BAM. Use the same login for the app. No matter how you choose to connect, BAM gives you 24/7 access to your benefits so you can live your life and manage your health your way. You can do it all. With your BAM.



Get Started

Online: Go to mybam.bcbstx.com to log in or create an account – **OR**

Get the App: Scan the QR code or text BCBSTXAPP to 33633** for a download link.

*Clinicians respond during business hours. Please allow two business days for replies. You can send and read messages anytime.

** Message and data rates may apply. Terms and conditions and privacy policy are available at bcbstx.com/mobile/text-messaging.

This material is only for illustration purposes. Your group's coverage types and benefits may be different.



Are You Living a Healthy Lifestyle?

Take the Health Assessment and Find Out

Answer a few questions to get your wellness report.

Monitoring your health status and tracking progress can help you achieve your health goals. Your Health Assessment is the recommended starting point once you've registered on the portal. See logon instructions on page two.

Can you spare some time for your health?

Answer questions about your health status, diet, exercise, sleep and other daily activities.¹

You'll get feedback immediately.

Discover your healthiest habits along with top risks and strengths revealed in your Personal Wellness Report.

You can explore helpful tips, strategies and personalized digital tools to jump start your health journey.

After you log in, you can learn more about the portal and valuable resources including: self-management programs, fitness and nutrition device integration, personal challenges and more.

You'll stay motivated by tracking your progress using the health trackers and self-progress check-in tools.

The Health Assessment consists of questions you can answer **all at once or over time**, as your schedule permits. It includes questions about your:

- Diet
- Physical activity
- Tobacco use
- Emotional health
- Stress and more key areas of health

Get started today.

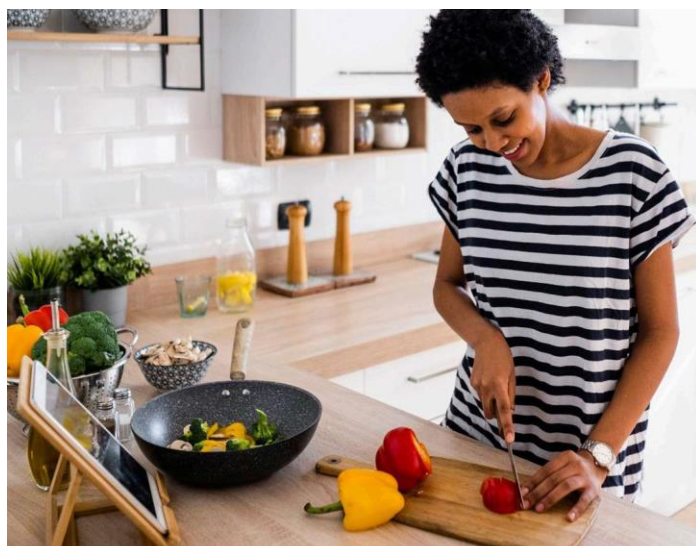
You can earn 2,500 Blue Points^{SM2} for taking your HA. With the Blue Points program, you can earn points for participating in many different healthy activities. You can redeem points for gift cards for yourself or friends and family. Follow these simple steps to get started:

- 1. Visit wellontarget.com and log in.** If you have an existing Blue Access for MembersSM (BAMSM) account, use your BAM username and password. If you aren't a registered user yet, click "Register Now" to create an account.
- 2. If you have not taken your HA, there will be a pop-up notification after you log in.** You can also take your HA by clicking on "Start" in the "Health Assessment" box at the top of your dashboard. Once you have completed the HA, your reports will be available in this section.

How will the Health Assessment be personalized?

You will begin by answering a few basic questions. Then, you'll answer more detailed questions based on your answers. Your health status and lifestyle will determine which questions you will be asked.

Your answers will help tailor the Well onTarget portal with programs that may help you reach your health goals. You can take the HA twice a year to check your progress and earn Blue Points.



Take Your Health Assessment on the Go

Check out the Well onTarget mobile app (AlwaysOn), available for iPhone® and Android™ smartphones. You can complete your HA and work on your health and wellness goals — anytime and anywhere.



What should I do with my results?

After completing the HA, you will receive a confidential Personal Wellness Report. This report will show your current health status and where and how you can improve.

When you know your risks, you can engage in activities to reduce them. When you know your strengths, you can decide to build on them.

Have questions about the HA or the Well onTarget program? Call 877-806-9380.

¹ Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program. Well onTarget is an informational resource provided to members and is not a substitute for the independent medical judgment of a health care provider. Members are instructed to consult with their health care provider before beginning their journey toward wellness.

² Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

AlwaysOn is owned and operated by Onlife Health Inc. an independent company that provides digital health management for members with coverage through Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas. No endorsement, representations or warranties regarding third-party vendors and the products and services offered by them are being made.

Healthcare Highways

Group Number: HCH1004

In addition to the three plans available with BlueCross BlueShield of Texas, you also have access to two more medical plans through Healthcare Highways (HCH).

EXCLUSIVE PROVIDER ORGANIZATION

It's important to note that both HCH plan options are EPO (Exclusive Provider Organization) plans. Meaning, when you select one of the Healthcare Highways Health plans, you must access health care services from doctors, hospitals, and other care providers who are within the HCH Sync network. **Costs will not be covered when utilizing care outside of the HCH Sync network.**



District health insurance will be primary coverage even if you are enrolled in coverage elsewhere.

HCH SYNC NETWORK

Healthcare Highways Sync network provides access to local quality doctors and hospitals found not only in Leander and surrounding areas, but across the whole state of Texas and Oklahoma.

ACO COPAY 5000

This high-deductible plan is ideal for individuals that only frequent the doctor a few times a year and are ok paying a slightly higher co-pay for services in exchange for a lower monthly premium

ACO COPAY 1000

This lower deductible co-pay plan is ideal for individuals with more healthcare needs and can benefit from lower out-of-pocket expenses.



For assistance, please contact Healthcare Highways at 833-841-6710.

MEDICAL COVERAGE	ACO COPAY 5000	ACO COPAY 1000
EMPLOYEE ONLY	\$20.00	\$55.00
EMPLOYEE + SPOUSE	\$714.00	\$925.00
EMPLOYEE + CHILD(REN)	\$355.00	\$465.00
FAMILY	\$816.00	\$1,009.00
FAMILY (MARRIED LISD*)	\$234.00	\$425.00

*Employee is married to another LISD employee.

HEALTHCARE HIGHWAYS PLAN COMPARISON



MEDICAL	ACO CO-PAY 5000		ACO CO-PAY 1000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
INDIVIDUAL DEDUCTIBLE	\$5000	N/A	\$1000	N/A
FAMILY DEDUCTIBLE	\$10,000	N/A	\$3000	N/A
CO-INSURANCE PAID BY THE PLAN (AFTER DEDUCTIBLE)	75%	N/A	75%	N/A
INDIVIDUAL MAXIMUM OUT-OF-POCKET	\$7500	N/A	\$3000	N/A
FAMILY MAXIMUM OUT-OF-POCKET	\$15,000	N/A	\$9000	N/A
HSA CONTRIBUTIONS	N/A		N/A	
PRIMARY OFFICE VISIT	\$75 copay	N/A	\$50 copay	N/A
SPECIALIST OFFICE VISIT	\$100 copay	N/A	\$75 copay	N/A
PREVENTIVE CARE	100%	N/A	100%	N/A
INPATIENT HOSPITAL	25%	N/A	25%	N/A
OUTPATIENT SURGERY	25%	N/A	25%	N/A
EMERGENCY – FACILITY	\$300 copay + 25%	*True Emergency	\$300 copay + 25%	* True Emergency
URGENT CARE	\$150 copay (No Deductible)	N/A	\$100 copay (No Deductible)	N/A
LAB/X-RAY BILLED BY DOCTOR	\$100 copay (No Deductible)	N/A	\$75 copay (No Deductible)	N/A
LAB/X-RAY BILLED BY OUTSIDE FACILITY	25%	N/A	25%	N/A
INPATIENT/OUTPATIENT ADVANCED IMAGING	25%	N/A	25%	N/A
RETAIL PRESCRIPTION DRUGS (30 DAYS)	Generic: \$10 Preferred Brand: \$35 Non-preferred brand: \$50 Specialty: 20%	Not Covered	Generic: \$10 Preferred Brand: \$35 Non-preferred brand: \$50 Specialty: 20%	Not Covered
MAIL ORDER PRESCRIPTION DRUGS (90 DAYS)	3 x Retail	Not Covered	3 x Retail	Not Covered

*True emergencies are covered as In-Network even when using an Out of Network provider

Understanding Your Network

Leander ISD Healthcare Highways Health Plan



Navigating the healthcare landscape can be tricky. Whether you are staying at home or traveling, rest assured that you have medical coverage no matter where you are.



What is the name of my health plan?

You are accessing your Leander ISD healthcare benefits through Healthcare Highways Health Plan.



What is HCH Sync?

HCH Sync is the network of providers that you can access if you seek medical care inside Texas or Oklahoma. Always be sure to check that your provider is in the **HCH Sync - TX** network so that you are accessing your in-network benefit coverage. To find an in-network provider, visit providersearch.healthcarehighways.com or call **833-841-6710**.



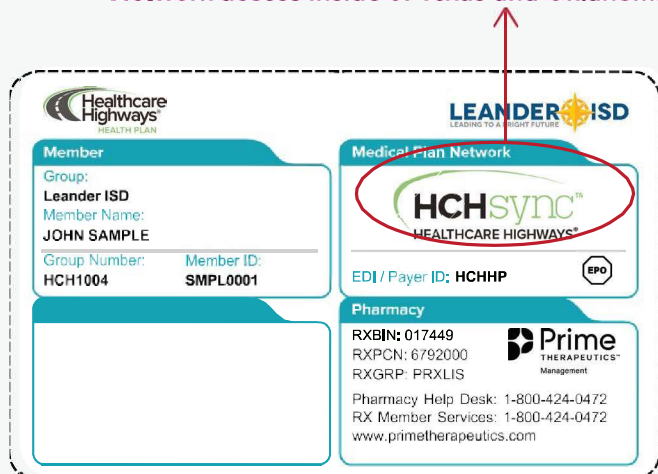
What if I don't see my provider in the network?

To nominate a provider, go to our website at healthcarehighways.com/nominate-provider.

Traveling outside of Texas or Oklahoma? Don't worry, we've got you covered.

Below is a helpful guide showing your network access.

Network access inside of Texas and Oklahoma



Network access outside of Texas and Oklahoma



Check our website for in-network providers at providersearch.healthcarehighways.com

Select **"HCH Sync - TX"** to search in-network providers within Texas.

Select **"HCH Sync - OK"** to search in-network providers within Oklahoma.

For a listing of providers in the First Health network go to myfirstthealth.com

What Providers are in the HCH Sync Network in the Austin Area?

Key Hospital Partners Serving the Austin Area



- 6 Acute Care Hospitals
- 2 Heart Hospitals
- 4 Surgical Hospitals
- 1 Pediatric Hospital
- 3 Behavioral Health Hospitals

Key Physician Partners Serving the Austin Area

- 17 Ambulatory Surgery Centers
- 6 Free-Standing Emergency Rooms
- 53 Urgent Care Centers
- 4 Endoscopy Centers
- 900 Primary Care Providers
- 4,811 Specialists
- 22 Behavioral Health Facilities



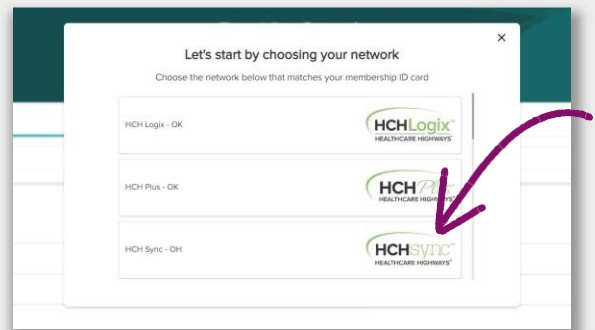
Healthcare Highways Provider Search Tool

Access your provider search tool with these simple steps.

1. Visit www.healthcarehighways.com and select "Find A Provider" at the top right corner of the home page.

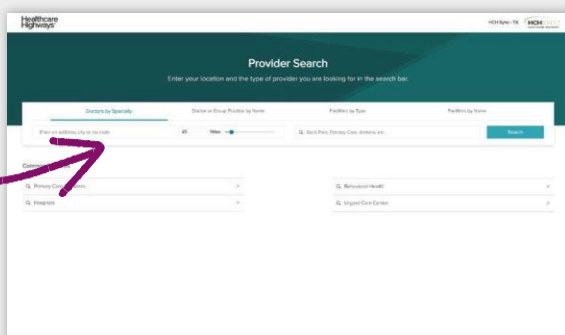


2. Select the **HCH Sync - TX** network from the drop-down menu.

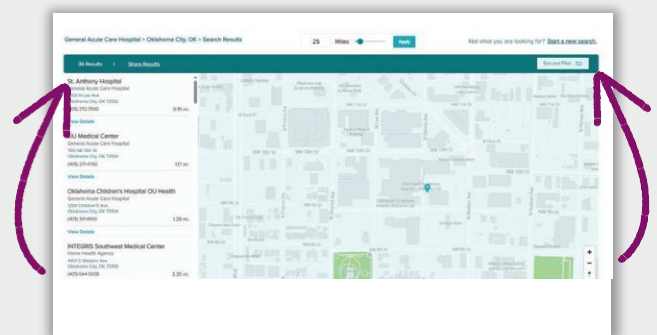


3. Then, choose to search:
 - Doctor by Specialty
 - Doctor or Group Practice by Name
 - Facility Type
 - Facility Name

Enter your address, city, or zip code, and mile radius. Type what you are searching for, then click **Search**.



4. Your search results will appear.
 - Use the toggle above the list on the left to view **Practitioners** or **Group Practices**
 - Sort and filter results with the **Sort and Filter** button on the right.
 - Click **View Details** for more information about a practitioner or group practice.



For more information or additional assistance,
reach out to your Customer Service Team at (833) 841-6710.

Care Coordination

We provide you with personalized care management and navigation assistance to help eliminate barriers to health and well-being. Our care coordination team is comprised of care coordinators, registered nurses (known as care managers), and behavioral health professionals.

This team works directly with you and your primary care providers (PCPs) to identify, understand, and take control of health risks and chronic diseases so that you have the best health outcomes possible.



Care Decision Support

Helping you decide where, when and how to get the right and more affordable medical care.



Quality and Prevention

Helping you take advantage of preventable services to maintain a healthy lifestyle.



Provider Selection Assistance

Helping you locate the right doctor or facility based on your need.



Complex Care Support

Helping you maintain a healthy lifestyle when facing a major health event.



Transition of Care

Providing you with education and resources from a hospital or care facility with what you need to heal.



Behavioral Health Support

Helping you establish care with a behavioral health provider for disabilities, stress, behavioral health needs and substance abuse.



Medication Support

Helping you understand your medications and provide guidance on how to take them correctly.



Chronic Disease Support

Helping you with an ongoing condition like COPD, asthma, diabetes, hypertension, heart disease and obesity to maintain a healthy lifestyle.

Contact your LISD care coordination team today at (855) 205-1793.

LISD MEDICAL PLAN COMPARISON CHART

	ACO Co-pay 5000	HDHP 3400	ACO Co-pay 1000	HDHP 1700	PPO 1500
	Healthcare Highways	BlueCross BlueShield	Healthcare Highways	BlueCross BlueShield	BlueCross BlueShield
Individual Deductible	\$5,000	\$3,400	\$1,000	\$1,700	\$1,500
Family Deductible	\$10,000	\$5,300	\$3,000	\$3,650	\$4,500
Individual Max Out-of-Pocket	\$7,500	\$6,600	\$3,000	\$6,050	\$4,500
Family Max Out-of-Pocket	\$15,000	\$13,200	\$9,000	\$12,050	\$12,000
Network Primary Care Office Visit	\$75 co-pay	20% after deductible	\$50 co-pay	20% after deductible	\$50 co-pay
Frontier Primary Care Office Visit	\$0	\$0	\$0	\$0	\$0
Generic Prescription Coverage	\$10 co-pay	20% after deductible	\$10 co-pay	20% after deductible	\$10 co-pay
District HSA Contribution	n/a	n/a	n/a	n/a	n/a

Monthly Premiums

Employee Only	\$20.00	\$31.00	\$55.00	\$83.00	\$209.00
Employee + Spouse	\$714.00	\$758.00	\$925.00	\$1,042.00	\$1,383.00
Employee + Child(ren)	\$355.00	\$409.00	\$465.00	\$515.00	\$751.00
Employee + Family	\$816.00	\$896.00	\$1,009.00	\$1,052.00	\$1,624.00
LISD Family	\$234.00	\$358.00	\$425.00	\$459.00	\$841.00



**BlueCross BlueShield
of Texas**



- Strong local network of providers you may already use
- No Out-of-Network coverage, except for emergencies
- Care coordination

- Frontier Direct Care
- Prime Rx

- Access to BCBS's full network
- Out-of-Network included
- Wellness Program
- Onsite Representative

FRONTIER DIRECT



App Store



Google Play



MEDICAL

WHAT IS FRONTIER DIRECT?

Frontier Direct is the front door to your healthcare. Our goal is to restore the provider-patient relationship by giving you 24/7 access to a dedicated Frontier Primary Care Provider (PCP).

Frontier is included as a standard health benefit by Leander ISD for all medical plans, regardless of which carrier or plan you elect. Frontier does not replace your medical plan, rather we compliment the care you get through your medical plan.

Frontier removes barriers to care by providing:



Direct Access

- Call, text, or message your PCP via the Frontier Health app.
- Virtual and in-person appointments available.



Quality Care

- Comprehensive, whole-person care.
- Longer visits with your PCP.



Low Costs

- \$0 costs for your PCP visits.
- \$0 costs for referrals coordinated by Frontier. (1)

(1) Members who contribute to an HSA are subject to IRS regulations.

WHAT'S INCLUDED?

Starting, January 1, 2026, the following benefits are available to employees enrolled in any LISD medical plan:

Primary Care

The heart of Frontier - you get unlimited, personal time with your Frontier PCP who knows you and is there when you need care most.

Continued Care

Your trusted guide through specialty and hospital care, with dedicated personal support every step of the way.

Medication Management

Affordable prescriptions made simple, with everyday, urgent and specialty medications covered so you never have to worry about access or cost.

WHAT YOU PAY?

Primary
Care

\$0

Continued
Care

\$0

Medication
Management

\$0



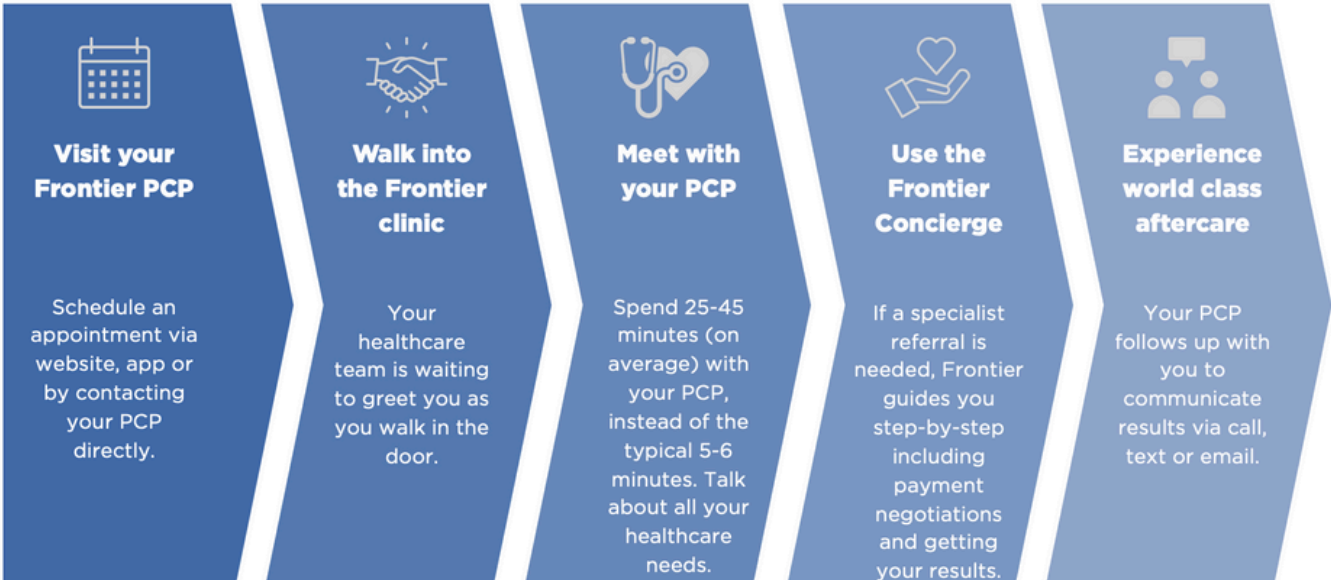
HOW DO I ACCESS CARE?

Once your LISD benefits are active, you will receive an email with direct contact information for your Frontier PCP, including their cell phone number. You can call, text or FaceTime them as needed. For urgent medical concerns after hours, you can message your Frontier PCP for around-the-clock access to care.

HOW FRONTIER COMPARES TO TRADITIONAL PRIMARY CARE?

	FRONTIER DIRECT	Traditional Care (US Avg)
SCHEDULING	Same/Next Day	25+ Days
AVG. VISIT TIME	45 Minutes	5-6 Minutes
WAIT TIME	0-2 Minutes	up to 3 hours
PCP AVAILABILITY	24/7	Office Hours Only

TYPICAL MEMBER JOURNEY



FRONTIER DIRECT



WHAT CAN MY FRONTIER PCP ASSIST WITH?

- **Preventive care** (pediatrics/children visits, well women exams, annual physicals, etc.)
- **Sick visits**
- **Testing/Labs** (strep, flu, urinalysis, etc.)
- **Allergies**
- **Sinus Congestion**
- **Headache**
- **Skin Rash**
- **Skin Tag Removal**
- **Basic Stitches**
- **Referrals to specialists**
- **Rx** (prescriptions and refills)
- **Allergies**
- **Sports Physicals**
- **Weight Management**
- **Mental Health**
- **Sleep Problems**
- **Muscle Strain/Sprain**
- **AND MORE!**

FRONTIER CLINIC INFORMATION

- **Address:** 11840 Hero Way W, Suite #200, Leander, TX 78641
- **Clinic Hours:** Monday-Friday, 8AM-5PM CT
- **Access for:** Anyone enrolled in an LISD medical plan (Employees + Dependents)
- **Ways to Schedule:**
 - Frontier Health app
 - Contact your PCP Directly (via Call/Text)
 - Call Member Services: 956-983-9272



DOWNLOAD THE FRONTIER APP!



App Store



Google Play

Behavioral Health

Whether you are looking to cope with a specific health problem, handle your emotions better, or simply to feel more positive and energetic, there are plenty of ways to take control of your mental health - starting today.

EMPLOYEE ASSISTANCE PROGRAM

Remember to take care of your mental and emotional health! Sometimes it's hard to balance the demands of family, work, and personal needs. Your Employee Assistance Program (EAP) is here to help:

- 8 counseling sessions per need are available
- No cost to you and the members of your household. **Available 24/7/365**
- Financial information and resources
- Legal support and resources



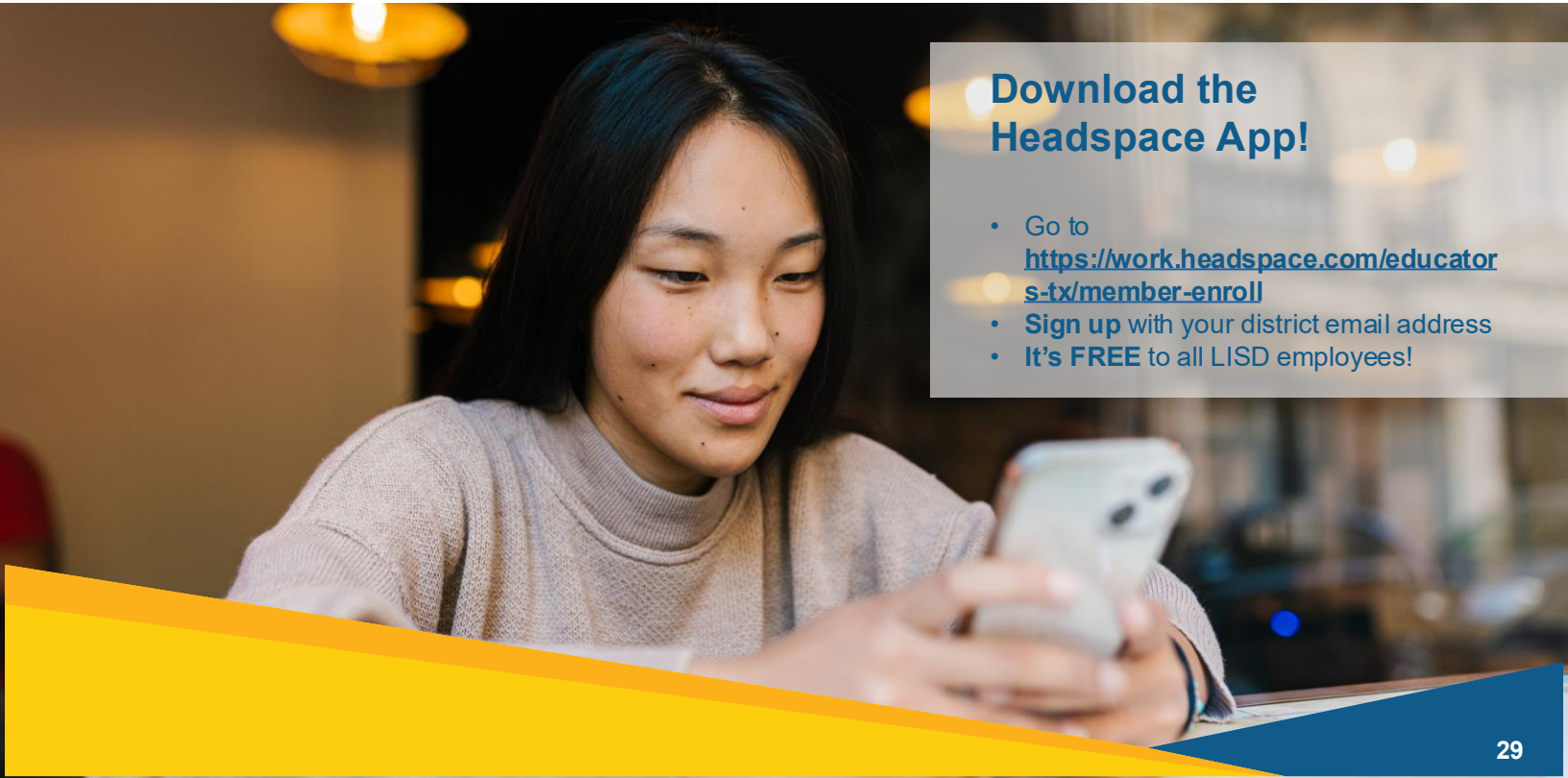
Did you know?

LISD Medical Insurance includes coverage for marriage and family counseling.



BEHAVIOR HEALTH CLAIM FEES

BEHAVIORAL HEALTH CONSULT DESCRIPTION	HDHP CLAIM FEE	PPO CLAIM FEE
Psychiatric diagnostic evaluation with medical services	\$200/250	\$35
Office/outpatient medication management	\$75-150	\$35
Psychiatric diagnostic evaluation	\$90	\$35
Psychotherapy with patient and/or family member	\$45/90	\$35



Download the Headspace App!

- Go to <https://work.headspace.com/educators-tx/member-enroll>
- **Sign up** with your district email address
- **It's FREE** to all LISD employees!

Pharmacy Benefits

For those enrolled in Leander ISD Medical Insurance, Prime Therapeutics is your Pharmacy Benefit Manager (PBM).



PHARMACY



USING YOUR BENEFITS AT RETAIL PHARMACIES

There is not a separate card for Prime. Pharmacy information is listed on your medical ID card. Prime Therapeutics offers a large network of major chains, regional pharmacies and independent stores. Visit [PrimeTherapeutics.com/Member/Documents](https://www.PrimeTherapeutics.com/Member/Documents) to see a list of network pharmacies.



USING HOME DELIVERY BY PRIME THERAPEUTICS PHARMACY

With home delivery, you can get up to a 90-day supply of many of the medications you may take every day. To get started, ask your provider to write two prescriptions: one for a 30-day supply to fill right away at your local pharmacy, and one for a 90-day supply with refills, to start your home delivery service. Then, choose one of the options below:

- Ask your provider to **prescribe** to Prime Therapeutics Pharmacy LLC (Home Delivery, Orlando).
- Ask your provider to **fax** your prescription to 888.282.1349. Faxed orders need to come from a doctor's office and include patient info and diagnosis.
- **Mail** us your 90-day prescription and home delivery order form with payment to Prime Therapeutics Pharmacy, P.O. Box 620968, Orlando, FL 32862. To find home delivery order forms, visit [PrimeTherapeutics.com/PatientForms](https://www.PrimeTherapeutics.com/PatientForms).



FINDING DRUG LIST AND PHARMACY INFORMATION

You can access the Accord drug list by visiting [PrimeTherapeutics.com/Member/Documents](https://www.PrimeTherapeutics.com/Member/Documents). Additional helpful resources are also available, including:

- Drug search tools
- Coverage limits and other restrictions
- Copayment tier placement
- Pharmacy listing



REACHING PRIME

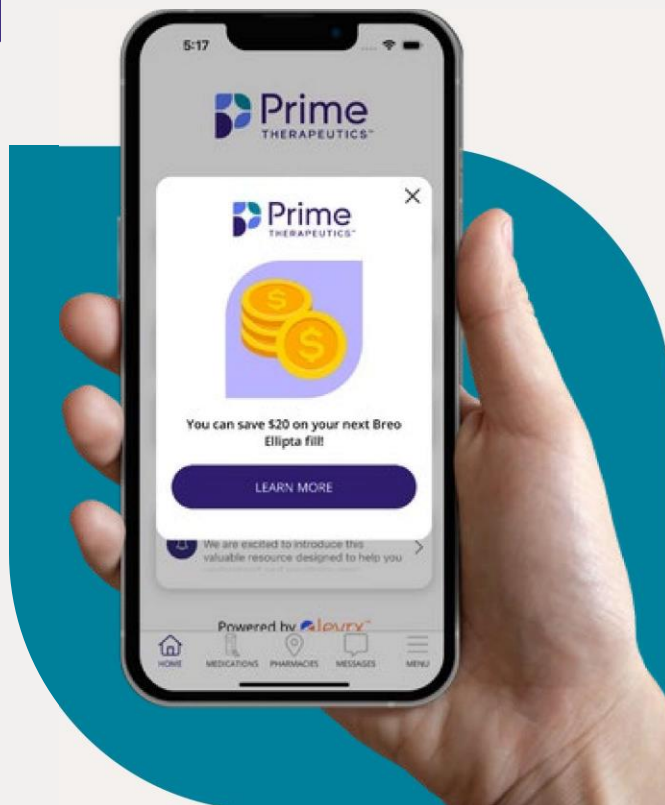
Visit [PrimeTherapeutics.com](https://www.PrimeTherapeutics.com) or call 800.424.0472. Support is available to members, pharmacies and prescribers 24 hours a day, 7 days a week.



INTRODUCING

PrimeCentralTM

Your one-stop app to
manage your
medications



WHEN TO USE PRIMECENTRAL:



To Find Savings

Be alerted to cost-saving opportunities and take action with a single tap.



With Your Doctor

Search for meds and choose the best option at the point of prescribing.



Before the Pharmacy

Check pricing and verify coverage details to avoid surprises at the pharmacy counter.



To Stay Informed

Access your Rx benefits card and turn on notifications to stay up-to-date.

Scan to download & enable push notifications for savings alerts!



*This is not a guarantee of savings.
The image shown is for illustrative purposes only.*

WEX | Health Savings Account

Health Savings Account is a tax-advantaged medical savings account available to employees who are enrolled in a high-deductible health plan. The funds contributed to the account are not subject to federal income tax at the time of deposit. Unlike a flexible spending account (FSA), funds roll over and accumulate year to year if not spent.

HOW AN HSA WORKS

You can contribute to your HSA via payroll deduction, online banking transfer, or by sending a personal check to WEX.

You can pay for qualified medical expenses with your WEX Debit Card directly to your medical provider or pay out-of-pocket. You can either choose to reimburse yourself or keep the funds in your HSA to grow your savings.

You can make a withdrawal at any time. Reimbursements for qualified medical expenses are tax free. If you are disabled or reach age 65, you can receive non-medical distributions without penalty, but you must report the distributions as taxable income. You may also use your funds for a spouse or tax dependent not covered by your High-Deductible Health Plan (HDHP).

Unused funds will roll over from year to year. After age 65, funds can be withdrawn for any purpose without penalty (subject to ordinary income taxes).

FRONTIER DIRECT PRIMARY CARE

Starting January 1, 2026, you may access Direct Primary Care Services provided by Frontier Direct Care at no cost without your ability to make pre-tax contributions to your HSA as part of your Leander ISD medical plan, subject to limitations.

This means the members who contribute to an HSA are [subject to their Deductible*](#) for all services not considered primary care services, which include:

- Referral services
- General anesthesia
- Prescription drugs (other than vaccines or ACA preventive medications), and
- Complex laboratory services

*Please consult a tax advisor about the regulations concerning Direct Primary Care services, as they may affect your eligibility to contribute to your Health Savings Account (HSA).

HOW CAN YOU BENEFIT FROM TAX SAVINGS?

An HSA provides triple tax savings. Here's how:

1. Contributions to your HSA can be made with pre-tax dollars and any after-tax contributions that you make to your HSA are tax deductible.
2. HSA funds earn interest and investment earnings are tax-free.
3. When used for IRS-qualified medical expenses, distributions are free from tax.

ARE YOU ELIGIBLE FOR AN HSA?

If you have a qualified High Deductible Health Plan (HDHP) - through LISD - chances are you can open an HSA.

Exceptions:

- ✦ You cannot be covered by any other non-HSA - compatible health plan, including Medicare Parts A and B.
- ✦ You cannot be covered by TriCare.
- ✦ You cannot have accessed your VA medical benefits in the past 90 days (to contribute to an HSA).
- ✦ You cannot be claimed as a dependent on another person's tax return (unless it's your spouse).
- ✦ You must be covered by the qualified HDHP on the first day of the month.
- ✦ You or your spouse cannot be enrolled in a full-purpose FSA.

When you open an account, WEX will request certain information to verify your identity and to process your application.



HSA

WEX | Health Savings Account



HSA

WHAT ARE THE 2026 IRS CONTRIBUTION LIMITS?

Contributions made to an HSA cannot exceed the annual HSA limit set by the Internal Revenue Service (IRS).

Individual = \$4,400

Family = \$8,750

CATCH-UP CONTRIBUTIONS

Account holders who meet these qualifications are eligible to make an HSA catch-up contribution of \$1,000: Health savings account holder; age 55 or older (regardless of when in the year an account holder turns 55); not enrolled in Medicare (if an account holder enrolls in Medicare mid-year, catch-up are 55 or older must have their own HSA in order to make the catch-up contribution).

IRS-QUALIFIED MEDICAL EXPENSES

You can use your HSA to pay for a wide range of IRS-qualified medical expenses for yourself, your spouse, or tax dependents. An IRS-qualified medical expense is defined as an expense that pays for healthcare services, equipment, or medications. Funds used to pay for IRS-qualified medical expenses are always tax-free. HSA funds can be used to reimburse yourself for past medical established. While you do not need to submit any receipts to WEX, you must save your bills and receipts for tax purposes.

Examples of IRS QUALIFIED MEDICAL EXPENSES can be found at [IRS.GOV](https://www.irs.gov)

HSA SELF-DIRECTED INVESTMENT OPTIONS

WEX provides unique opportunities to invest Health Savings Account (HSA) funds in self-directed investment options. Only HSA funds above \$1,000 in your HSA WEX cash account can be transferred to your investment account. It's a great way to potentially grow HSA funds for healthcare expenses, or save funds as a nest egg for retirement. Additional investment information can be found at www.wexinc.com.

HEALTH SAVINGS ACCOUNT CARD INFO

New participants in a WEX Health Savings Account will receive a new card mailed to them to the mailing address listed on file. If re-enrolling, you will continue to use your current WEX HSA card. You can request a duplicate or replacement by contacting WEX directly.



BENEFITS CONTACT INFORMATION



Toll-free: **866-451-3399**

Note: For login help, select Option 2.



Ask a question:

customerservice@wexhealth.com

National Benefit Services | FSA

Flexible Savings Account

A Flexible Spending Account allows you to save money by paying out-of-pocket health and/or dependent care-related expenses with pre-tax dollars. Your contributions are deducted from your pay before taxes are withheld and your account is front-loaded with an annual amount. Because you are taxed on a lower amount of pay, you pay less in taxes and you have more to spend.

HOW DOES AN FSA BENEFIT ME?

A Cafeteria plan enables you to save money on group insurance, health-related expenses, and dependent-care expenses. You may save as much as 35 percent on the cost of each benefit option. Eligible expenses must be incurred with the plan year and contributions are use-it-or-lose-it. Remember to retain all your receipts.

ENROLLMENT CONSIDERATIONS

After the enrollment period ends, you may increase, decrease, or stop your contribution only when you experience a qualifying "change of status" (marriage status, employment change, dependent change. Be conservative in the total amount you elect to avoid forfeiting money that may be left in your account at the end of the year.

FSA CONTRIBUTION LIMITS

- Medical FSA - \$3,300
- Limited Purpose FSA - \$3,300
- Dependent Care FSA - \$7,500

WHAT HAPPENS IF I DON'T USE ALL OF MY FUNDS BY THE END OF THE PLAN YEAR (DECEMBER 31ST)?

LISD grace periods state that you have until March 15th of 2027 to incur expenses on your past year FSA and until March 31st to submit claims.

NBS FLEXCARD

You may use the card to pay merchants or service providers that accept MasterCard® credit cards, so there is no need to pay cash up front, then wait for reimbursement.

LIMITED PURPOSE FSA EXAMPLE EXPENSES

Dental • Vision • Lasik surgery • Root canal

DEPENDENT CARE FSA EXAMPLE EXPENSES

- Before and After School and/or Extended Day Programs.
- The actual care of the dependent in your home.
- Preschool tuition.

MEDICAL FSA EXAMPLE EXPENSES

Acupuncture • Body scans • Breast pumps • Chiropractor
• Co-payments • Deductible • Diabetes Maintenance •
Eye Exam & Glasses • Fertility treatment
• First aid • Hearing aids & batteries • Lab fees • Laser
Surgery • Orthodontia • Physical exams • Expenses •
Pregnancy tests • Prescription drugs • Vaccinations

For over-the-counter products, you can visit:
www.fsastore.com



For assistance, please contact
NBS Client Account Services
at 800-274-0503



FSA

HSA & FSA COMPARISON CHARTS

FSAs	HEALTH CARE FSA		DEPENDENT CARE FSA	
	Without Account	With Account	Without Account	With Account
Weekly Earnings	\$400	\$400	\$400	\$400
Contribution (before taxes)	\$0	\$20	\$0	\$75
Taxable Wages	\$400	\$380	\$400	\$325
Total Taxes - 28%	\$112	\$106	\$112	\$91
Expenses (after taxes)	\$20	-	\$75	-
Take Home	\$268	\$274	\$213	\$234
Weekly Savings	\$0	\$6	\$0	\$21
Annual Savings	\$6	\$291	\$0	\$1,092

	HEALTH SAVINGS ACCOUNT (HSA)	FLEXIBLE SPENDING ACCOUNT (FSA)
DESCRIPTION	Approved by Congress in 2003, HSAs are actual bank accounts in employees' names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles & certain services not covered by medical plan, tax-free. This also allows employees to pay for qualifying dependent care tax-free. Limited FSA funds can be applied to eligible dental & vision expenses only.
EMPLOYER ELIGIBILITY	BCBS HDHP 1700 Plan & BCBS HDHP 3400 Plan	All employers
CONTRIBUTION SOURCE	Employee only	Employee only
ACCOUNT OWNER	Individual	Employer
UNDERLYING INSURANCE REQUIREMENT	High-deductible health plan	None
MAXIMUM CONTRIBUTION	\$4,400 single (2026) \$8,750 family (2026)	FSA: \$3,300 (2026) Dep. Care: \$3,750 single/\$7,500 family (2026) (Contingent on Tax Filing Status)
PERMISSIBLE USE OF FUNDS	Employees may use funds any way they wish. If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
CASH-OUTS OF UNUSED AMOUNTS (IF NO MEDICAL EXPENSES)	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
YEAR-TO-YEAR ROLLOVER OF ACCOUNT BALANCE?	Yes	No, Leander ISD does have a Grace Period which allows employees to file claims up to March 31st.
DOES THE ACCOUNT EARN INTEREST?	Yes	No
PORTABLE?	Yes	No

Hartford | Hospital Indemnity

Group Number: 681692

Hospital Indemnity insurance pays a cash benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. The benefits are paid in lump sum amounts to you and can help offset expenses that primary health insurance doesn't cover (like deductibles, co-insurance amounts or co-pays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.).

MONTHLY PREMIUMS	OPTION 1	OPTION 2
Employee	\$15.60	\$27.18
Employee + Spouse	\$28.31	\$49.08
Employee + Child(ren)	\$28.89	\$49.72
Employee + Family	\$43.79	\$75.36

**For assistance,
please contact
The Hartford at
866-547-4205.**

BENEFIT	COVERAGES		OPTION 1	OPTION 2
HOSPITAL CARE	First Day Hospital Confinement	Up to 1 day per year	\$1,000	\$2,000
	Daily Hospital Confinement (Day 2+)	Up to 30 days per year	\$100	\$100
	Daily ICU Confinement (Day 1+)	Up to 10 days per year	\$200	\$200
FEATURES	Ability Assist EAP—24/7/365 access to help for financial, legal or emotional issues		Included	Included
	HealthChampion—Administrative & clinical support following serious illness or injury		Included	Included

Did you know?

If you're planning to have an in-patient hospital procedure in 2026, this plan does NOT have pre-existing exclusions. (Childbirth is eligible.)



HOSPITAL INDEMNITY

MetLife | Dental (DHMO)

Group Number: 223569

Under a DHMO Dental Plan, **you must pre-select a dentist at time of enrollment**, who participates in the network in order to receive benefits. Each enrolled family member may select a different participating dentist, and has the ability to change dentists up to one time each month. To change dentist, please login into member portal at www.metlife.com or contact member services at 800-438-6388.

If your selected participating dentist determines that you need the services of a specialty care provider, he/she will provide you with the name of a network specialist.

**Dental Health Maintenance
Organization(DHMO)/Managed Care
Group #223569
www.metlife.com**



MONTHLY RATES	
EE Only	\$15.74
EE + Spouse	\$29.92
EE + Child(ren)	\$31.48
EE + Family	\$48.80

**For assistance, please
contact MetLife at 800-438-6388.**

CALENDAR YEAR DEDUCTIBLE

CALENDAR YEAR MAXIMUM

PREVENTIVE

BASIC RESTORATION

MAJOR RESTORATION

WAITING PERIODS

COVERED FAMILY MEMBERS

Please See Schedule of Benefits for Fee Schedule/Co-Payment Amounts

(Schedule of Benefits is listed in Enrollment System on Dental Page)

No deductibles or annual maximums. You have access to hundreds of dental services at costs that may be considerably lower than your cost would be without this plan. You are responsible for the co-payment(s) for each covered service that is listed in your Schedule of Benefits, so you know what your out-of-pocket costs will be up front.

**When you choose coverage yourself, you can also provide coverage for:
Your spouse, Dependent children up to age 26**



DENTAL

MetLife| Dental (Mid MAC Plan)

Group Number: 223569



Did you know?

MetLife dental covers
THREE routine cleanings
per calendar year.



DENTAL

MONTHLY RATES	
EE Only	\$34.61
EE + Spouse	\$62.85
EE + Child(ren)	\$77.21
EE + Family	\$105.11

MID-OPTION (IN-NETWORK PLAN)		CONTRACTING DENTIST	NON-CONTRACTING DENTIST
CALENDAR YEAR DEDUCTIBLE	Individual: Family (Member Responsibility)	\$50 \$150	\$50 \$150
CALENDAR YEAR MAXIMUM	Applies to Class I, II, III expenses	\$1,250	\$1,250
PREVENTATIVE*	Oral evaluations - 2 per calendar year Prophylaxis: routine cleanings 3 per calendar year X-rays: routine - 2 per calendar year X-rays non-routine Fluoride application - through age 18 Sealants: per tooth - through age 14 Space Maintainers: non-orthodontic	100%	100% (Fee Schedule)
BASIC RESTORATION*	Emergency Care to relieve pain Restorative fillings Oral Surgery: simple extractions only Crowns: prefabricated stainless steel/resin	80%	80% (Fee Schedule)
MAJOR RESTORATION*	Inlays and Onlays Prosthesis Over Implant Crowns: permanent cast & porcelain Bridges & Dentures Oral Surgery: all except extractions Extractions of impacted teeth Anesthesia: General & IV sedation Periodontics: minor & major Endodontics: minor & major Denture Relines, Rebases & Adjustments Repairs: Bridges, Crowns & Inlays Repairs: Dentures	50%	50% (Fee Schedule)
ORTHODONTICS	Orthodontic treatment: - Including Orthodontic Exams X-rays, Extractions, Study Models & Appliances – through age 18	50%	50% (Fee Schedule)
ORTHO MAXIMUM	Ortho Maximum per lifetime	\$1,000	\$1,000
TMJ		50%	50% (Fee Schedule)
WAITING PERIODS	No Waiting Periods		
COVERED FAMILY MEMBERS	When you choose coverage yourself, you can also provide coverage for: Your spouse, Dependent children up to age 26		

*Carrier Responsibility

MetLife | Dental (High PPO Plan)

Group Number: 223569



Did you know?

MetLife dental covers
THREE routine cleanings
per calendar year.



DENTAL

MONTHLY RATES	
EE Only	\$57.47
EE + Spouse	\$104.56
EE + Child(ren)	\$128.97
EE + Family	\$175.14

HIGH PPO PLAN: DENTAL BENEFITS		CONTRACTING DENTIST	NON-CONTRACTING DENTIST
CALENDAR YEAR DEDUCTIBLE	Individual: Family	\$0 \$0	\$0 \$0
CALENDAR YEAR MAXIMUM	Applies to Class I, II, III expenses	\$1,500	\$1,500
PREVENTATIVE*	Oral evaluations - 2 per calendar year Prophylaxis: routine cleanings 3 per calendar year X-rays: routine - 2 per calendar year X-rays non-routine Fluoride application - through age 18 Sealants: per tooth - through age 14 Space Maintainers: non-orthodontic	100%	100% (U&C)
BASIC RESTORATION*	Emergency Care to relieve pain Restorative fillings Oral Surgery: simple extractions only Crowns: prefabricated stainless steel/resin	80%	80% (U&C)
MAJOR RESTORATION*	Inlays and Onlays Prosthesis Over Implant Crowns: permanent cast & porcelain Bridges & Dentures Oral Surgery: all except extractions Extractions of impacted teeth Anesthesia: General & IV sedation Periodontics: minor & major Endodontics: minor & major Denture Relines, Rebases & Adjustments Repairs: Bridges, Crowns & Inlays Repairs: Dentures	50%	50% (U&C)
ORTHODONTICS	Orthodontic treatment: - Including Orthodontic Exams X-rays, Extractions, Study Models & Appliances – through age 18	50%	50% (U&C)
ORTHO MAXIMUM	Ortho Maximum per lifetime	\$1,000	\$1,000
TMJ		50%	50% (U&C)
WAITING PERIODS	No Waiting Periods		
COVERED FAMILY MEMBERS	When you choose coverage yourself, you can also provide coverage for: Your spouse, Dependent children up to age 26		

*Carrier Responsibility

VSP | Vision Insurance

Group Number: 40151384

Vision insurance provides coverage for routine eye examinations and may cover all or part of the costs associated with contact lenses, eyeglasses and vision correction.



Print a Card at
vsp.com

**For assistance, please contact
VSP at 800-877-7195.**

MONTHLY RATES

EE Only	\$8.46
EE + Spouse	\$16.90
EE + Child(ren)	\$18.09
EE + Family	\$28.91

IN-NETWORK BENEFITS

EYE EXAM	Eye health exam, dilation, prescription and refraction for glasses	\$20 Co-pay	Once every 12 months
	Retinal imaging: Covered in full Up to a \$39 copay on routine retinal screening when performed by a private practice	Up to \$39 Co-pay	Once every 12 months
FRAME	Allowance: \$150 after co-pay	\$20 Co-pay	Once every 24 months
	Costco, Walmart, and Sam's Club: \$85 allowance after eyewear	\$20 Co-pay	Once every 24 months
	You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club		
STANDARD CORRECTIVE LENSES	Single vision, lined bifocal, lined trifocal, lenticular	\$20 Co-pay	Once every 12 months
STANDARD LENS ENHANCEMENTS	Polycarbonate (child up to age 18), and Ultraviolet (UV) coating	\$20 Co-pay	Once every 12 months
	Progressive, Polycarbonate (adult), Photochromic, Anti reflective and scratch resistant coating and tints	Standard: \$55 copay, Premium: \$95 - \$105 co-pay, Custom: \$150 - \$175 co-pay	Once every 12 months
CONTACT LENSES	Contact fitting and evaluation	\$20 Co-pay	Once every 12 months
	Selective lenses	\$150 Allowance	Once every 12 months

The Hartford | Disability

Group Number: 681692

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income if you become physically unable to work due to sickness or injury.



Did you know?

Be aware of Elimination periods. For example, you must be disabled for 60, 90, or 180 calendar days before benefits apply.



**For assistance, please contact
The Hartford at 866-547-9124.**



DISABILITY

WHY DO I NEED LONG-TERM DISABILITY COVERAGE?	Most accidents and injuries that keep people off the job happen outside the workplace and therefore are not covered by workers' compensation.
WHAT IS DISABILITY?	Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings. Once you have been disabled for 24 months, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are 60% or less of your pre-disability earnings.
HOW MUCH COVERAGE WOULD I HAVE?	You may purchase coverage that will pay you a monthly benefit of 40%, 50%, 60% or 70% of your monthly income, to a maximum monthly benefit of \$7,500. Your plan includes a minimum benefit of 10% of your elected benefit.
WHAT DOES "ACTIVELY AT WORK" MEAN?	You must be at work with your Employer on your regularly scheduled workday. On that day, you must be performing for wage or profit all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all of the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.
HOW LONG DO I HAVE TO WAIT BEFORE I CAN RECEIVE MY BENEFIT?	You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a Long-Term Disability benefit payment. *For those employees electing an elimination period of 30 days or less, if you're are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of disability.

The Hartford | Disability



DISABILITY

	AGE	BENEFITS PAYABLE	AGE	BENEFITS PAYABLE
HOW LONG WILL MY DISABILITY BENEFITS CONTINUE IF I ELECT THE PREMIUM BENEFIT?	Less than Age 63	To Normal Retirement Age or 48 months if greater	Age 66	27 months
	Age 63	To Normal Retirement Age or 42 months if greater	Age 67	24 months
	Age 64	36 months	Age 68	21 months
	Age 65	30 months	Age 69 and over	18 months
ARE THERE EXCLUSIONS?	You cannot receive Disability benefit payments for disabilities that are caused or contributed to by: • War or act of war (declared or not) • Military service for any country engaged in war or other armed conflict • The commission of, or attempt to commit a felony • An intentionally self-inflicted injury • Any case where you're being engaged in an illegal occupation that was a contributing cause to your disability • You must be under the regular care of a physician to receive benefits. Mental Illness, Alcoholism & Substance Abuse: • You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime. • Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24-month lifetime limit. Pre-existing Conditions: (Initial 12 month only) • If you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, benefits are limited to 4 weeks. • Your benefit payments may be reduced by other income you receive or are eligible to receive due to your disability.			

EDUCATOR DISABILITY INSURANCE PREMIUM COSTS (Rates per \$100 of Monthly Benefit)						
BENEFIT ELIMINATION PERIOD (ACCIDENT/SICKNESS)						
	0/7	14/14	30/30	60/60	90/90	180/180
1st Day Hospitalization Benefit				N/A	N/A	N/A
40% OF MONTHLY SALARY	\$1.70	\$1.37	\$1.09	\$0.73	\$0.64	\$0.49
50% OF MONTHLY SALARY	\$1.91	\$1.53	\$1.23	\$0.82	\$0.71	\$0.55
60% OF MONTHLY SALARY	\$2.24	\$1.80	\$1.45	\$0.97	\$0.84	\$0.65
70% OF MONTHLY SALARY	\$2.99	\$2.40	\$1.94	\$1.30	\$1.12	\$0.87

OneAmerica | Group Life Insurance

Group Number: 00616338

How will my loved ones be taken care of when I'm gone? This question isn't something anyone wants to think about, but if someone depends on you for financial support, then life insurance is your answer.

VOLUNTARY TERM LIFE INSURANCE TERMS AND DEFINITIONS

Eligible Employees

This benefit is available for full-time employees who are actively at work on the effective date and working a minimum of 20 hours per week.

Flexible Choices

Since everyone's needs are different, this plan offers flexibility for you to choose a benefit amount that fits your needs and budget.

Guaranteed Issue (for those with current coverage only)

Employees are eligible to increase by \$10,000 and spouses by \$5,000 with no evidence of insurability requirements.

Evidence of Insurability

If you elect a benefit amount over the Guaranteed Issue Amount shown above for you or your eligible dependents, you will need to submit a Statement of Insurability form for review. Based on health history, you and/or your dependents will be approved or declined for insurance coverage by OneAmerica.

Life Event Benefit

You may be able to add coverage or increase your benefit amount if you apply within 30 days from the date of a life event. Examples of a life event include marriage, the birth of a child, or adoption.

Did you know?

Leander ISD provides \$10,000 Basic Life Insurance Policy for all employees. Be sure to add your beneficiary information when enrolling.



GROUP LIFE



For assistance, please contact
OneAmerica at 800-553-3522.

OneAmerica | Group Life Insurance

CONTINUATION OF COVERAGE OPTIONS

Portability

Should your coverage terminate for any reason, you may be eligible to take the term life insurance with you without providing Evidence of Insurability. You must apply within 31 days from the last day you are eligible. The portability option is available until you reach age 70.

OR

Conversion

Should your life insurance coverage, or a portion of it, cease for any reason, you may be eligible to convert your Group Term Coverage to Individual Coverage without providing Evidence of Insurability. You must apply within 31 days from the last day you are eligible.

ACCELERATED LIFE BENEFIT

If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.

WAIVER OF PREMIUM

If approved, this benefit waives your and your dependents' insurance premium in case you become totally disabled and are unable to collect a paycheck.

REDUCTIONS

Upon reaching certain ages, your original benefit amount will reduce to a percentage as shown in the following schedule.

BASIC LIFE—\$10,000			GROUP LIFE	
Age:	65	70	Age:	65
Reduces To:	65%	50%	Reduces To:	65%

MONTHLY PAYROLL DEDUCTION ILLUSTRATION

- You may select a minimum Life benefit of \$10,000 up to a maximum amount of \$500,000, in increments of \$10,000, not to exceed five times your annual salary.
- Employee must select coverage to select any spouse or child coverage.
- Married couples who both work at LISD cannot cover each other as spouses and only one of the employees may cover dependent children.
- Dependent coverage cannot exceed 100% of the Voluntary Term Life amount selected by the Employee.

VOLUNTARY GROUP LIFE—ONE AMERICA		
CHILD(REN) BENEFIT/COST	Child(ren) < 6 months	
	Child(ren) 6 months to age 26	
	\$1,000/\$1.72	\$10,000/\$1.72
EMPLOYEE / SPOUSE RATES	PER \$10,000 OF COVERAGE	
Age <25	\$0.33	
25-29	\$0.33	
30-34	\$0.43	
35-39	\$0.61	
40-44	\$0.92	
45-49	\$1.38	
50-54	\$2.21	
55-59	\$3.36	
60-64	\$4.02	
65-69	\$5.93	
70-74	\$12.52	
75+	\$23.49	



GROUP LIFE

OneAmerica | Group Life Insurance

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS



GROUP LIFE

Accidental Death and Dismemberment (AD&D)

If AD&D is selected, additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract.

Flexible AD&D Options

- Employee: Up to \$500,000, in \$10,000 increments
- Spouse: 50% of the employee AD&D benefit
- Child: 10% of the employee AD&D benefit

AD&D Guaranteed Issue

Employee: \$500,000, Spouse: \$250,000, Child: \$50,000

Dependent AD&D Coverage

Optional dependent AD&D coverage is available to eligible employees. You must select employee coverage in order to cover your spouse and/or child(ren). If employee AD&D is declined, no dependent AD&D will be included.

Reductions

Upon reaching certain ages, your original benefit amount will reduce to the percentage shown in the following schedule:

GROUP LIFE	
Age:	65
Reduces To:	65%

MONTHLY PAYROLL DEDUCTION ILLUSTRATION: AD&D OPTIONS

Employee AD&D	Employee Only	Employee + Family	Employee AD&D	Employee Only	Employee + Family
\$10,000	\$0.16	\$0.27	\$260,000	\$4.16	\$7.02
\$20,000	\$0.32	\$0.54	\$270,000	\$4.32	\$7.29
\$30,000	\$0.48	\$0.81	\$280,000	\$4.48	\$7.56
\$40,000	\$0.64	\$1.08	\$290,000	\$4.64	\$7.83
\$50,000	\$0.80	\$1.35	\$300,000	\$4.80	\$8.10
\$60,000	\$0.96	\$1.62	\$310,000	\$4.96	\$8.37
\$70,000	\$1.12	\$1.89	\$320,000	\$5.12	\$8.64
\$80,000	\$1.28	\$2.16	\$330,000	\$5.28	\$8.91
\$90,000	\$1.44	\$2.43	\$340,000	\$5.44	\$9.18
\$100,000	\$1.60	\$2.70	\$350,000	\$5.60	\$9.45
\$110,000	\$1.76	\$2.97	\$360,000	\$5.76	\$9.72
\$120,000	\$1.92	\$3.24	\$370,000	\$5.92	\$9.99
\$130,000	\$2.08	\$3.51	\$380,000	\$6.08	\$10.26
\$140,000	\$2.24	\$3.78	\$390,000	\$6.24	\$10.53
\$150,000	\$2.40	\$4.05	\$400,000	\$6.40	\$10.80
\$160,000	\$2.56	\$4.32	\$410,000	\$6.56	\$11.07
\$170,000	\$2.72	\$4.59	\$420,000	\$6.72	\$11.34
\$180,000	\$2.88	\$4.86	\$430,000	\$6.88	\$11.61
\$190,000	\$3.04	\$5.13	\$440,000	\$7.04	\$11.88
\$200,000	\$3.20	\$5.40	\$450,000	\$7.20	\$12.15
\$210,000	\$3.36	\$5.67	\$460,000	\$7.36	\$12.42
\$220,000	\$3.52	\$5.94	\$470,000	\$7.52	\$12.69
\$230,000	\$3.68	\$6.21	\$480,000	\$7.68	\$12.96
\$240,000	\$3.84	\$6.48	\$490,000	\$7.84	\$13.23
\$250,000	\$4.00	\$6.75	\$500,000	\$8.00	\$13.50

TRANSAMERICA

Lifetime Benefit Term helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses.

PERMANENT TERM LIFE

Guaranteed Issue

Guaranteed Issue is available to all employees, spouses, and child(ren).

Guaranteed Benefits During Working Years

Death Benefit is guaranteed 100% when it is needed most—during your working years when your family is relying on your income.

Qualified Terminal Condition Rider

Accelerates up to the lesser of \$150,000 or 75% of the applicable death benefit.

Benefit Restoration Rider

The rider will restore 100% of the death benefit that is accelerated under the Chronic Condition Rider, leaving a full death benefit for the beneficiary.

Long Term Care

If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC.

SAMPLE LIFE MONTHLY PREMIUMS

Age Banded Rates	Non-Tobacco Rates Per \$50,000
25	\$26.88
35	\$37.92
45	\$54.72
55	\$87.68
65	\$196.37

Accelerated Death Benefit for Chronic Condition

Accelerates either 4% of the death benefit amount for a monthly benefit or 20% of the death benefit amount as one-time lump sum payment.

Portability

You and your family continue coverage with no loss of benefits or increase in cost should you terminate employment.



PERMANENT LIFE

Guardian | Cancer Insurance

Group Number: 00565453

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.



Did you know?

A Cancer Policy pays you cash benefits based on diagnosis, certain procedures, screenings, and treatments.

MONTHLY RATES	ADVANTAGE	PREMIER
EMPLOYEE ONLY	\$11.51	\$19.83
EMPLOYEE & SPOUSE	\$24.20	\$41.62
EMPLOYEE & CHILD(REN)	\$13.13	\$22.25
EMPLOYEE & FAMILY	\$25.82	\$44.04

For assistance, please contact
Guardian at 800-541-7846.

WHEN YOU HEAR THAT YOU HAVE CANCER, YOU THINK ABOUT A LOT OF THINGS. THE ONE THING YOU DON'T WANT TO THINK ABOUT IS HOW TO PAY FOR ALL THE EXPENSES THAT COME FROM YOUR MEDICAL CARE AND RECOVERY.

BENEFIT	ADVANTAGE	PREMIER
INITIAL DIAGNOSIS BENEFIT AMOUNT	Employee: \$2,500 Spouse: \$2,500 Child: \$2,500	Employee: \$5,000 Spouse: \$5,000 Child: \$5,000
INITIAL DIAGNOSIS WAITING PERIOD	30 days	30 days
PORTABILITY	Included without Evidence of Insurability	Included without Evidence of Insurability
RADIATION THERAPY CHEMOTHERAPY	Schedule amounts up to a \$10,000 benefit year maximum	Schedule amounts up to a \$20,000 benefit year maximum
RADIATION THERAPY & CHEMOTHERAPY SCHEDULES	Injected Cytotoxic Meds: \$800/Week; Pump Dispensed Cytotoxic Meds: \$800/Week Refills; Oral Cytotoxic Meds: \$400/Prescription, \$1,200/Month; Cytotoxic Meds Administration by Other Method: \$800/Week; Exter- Method: \$1,500/Week; External Radiation Radiation Therapy: \$650/Week; Insertion of Interstitial/Intracavity Adm in of Radioisotopes/Radium: \$800/Week; Oral or IV Radiation : \$650/Week	Injected Cytotoxic Meds: \$1,600/Week; Pump Dispensed Cytotoxic Meds: \$1,500/Week Refills; Oral Cytotoxic Meds: \$750/Prescription, \$2,250/ Month; Cytotoxic Meds Administration by Other Method: \$1,500/Week; External Radiation Therapy: \$1,300/Week; Insertion of Interstitial/Intracavity Admin of Radioisotopes/Radium: \$1,625/Week; Oral or IV Radiation: \$1,300/Week
PRE-EXISTING CONDITION LIMITATION	3 month look back period, 6 months treatment free/12 month exclusion period	3 month look back period, 6 months treatment free/12 month exclusion period



CANCER

Guardian | Cancer Insurance



CANCER

PLAN NAME	ADVANTAGE	PREMIER
AIR AMBULANCE	\$1,500/trip, limit 2 trips per hospital confinement	\$2,000/trip, limit 2 trips per hospital confinement
AMBULANCE	\$200/trip, limit 2 trips per hospital stay	\$250/trip, limit 2 trips per hospital stay
ANESTHESIA	25% of surgery benefit	25% of surgery benefit
ANTI-NAUSEA	\$50/day up to \$150 per month	\$50/day up to \$250 per month
BLOOD/PLASMA/PLATELETS	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant \$1,000 benefit if a donor	Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2nd transplant \$1,500 benefit if a donor
EXPERIMENTAL TREATMENT	\$100/day up to \$1,000/month	\$200/day up to \$2,400/month
EXTENDED CARE FACILITY/SKILLED NURSING	\$100/day up to 90 days per year	\$150/day up to 90 days per year
HOME HEALTH	\$50/visit up to 30 visits per year	\$100/visit up to 30 visits per year
HORMONE THERAPY	\$25/Treatment up to 12 treatments per year	\$50/Treatment up to 12 treatments per year
HOSPICE	\$50/day up to 100 days/lifetime	\$100/day up to 100 days/lifetime
HOSPITAL CONFINEMENT	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$400/day for first 30 days; \$800/day for 31st day thereafter per confinement
ICU CONFINEMENT	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement	\$600/day for first 30 days; \$800/day for 31st day thereafter per confinement
IMMUNOTHERAPY	\$500 per month \$2500 lifetime max	\$500 per month \$2500 lifetime max
MEDICAL IMAGING	\$100/image up to 2 per year	\$200/image up to 2 per year
OUTPATIENT / AMBULATORY SURGICAL CENTER	\$250/day, 3 days per procedure	\$350/day, 3 days per procedure
PROSTHETIC	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max	Surgically Implanted: \$3,000/device, \$6,000 lifetime max Non-Surgically: \$300/device, \$600 lifetime max
RECONSTRUCTIVE SURGERY	Breast TRAM Flap \$2,000 Breast Reconstruction \$500 Breast Symmetry \$250 Facial Reconstruction \$500	Breast TRAM Flap \$3,000 Breast Reconstruction \$700 Breast Symmetry \$350 Facial Reconstruction \$700
SKIN CANCER	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
SURGICAL BENEFIT	Schedule amount up to \$4,125	Schedule amount up to \$5,500

Guardian | Critical Illness

Group Number: 00565453

Critical Illness Insurance is designed to supplement your medical and disability coverage easing the financial impacts by covering some of your additional expenses. It provides a benefit payable directly to the insured upon diagnosis of a covered condition or event, like a heart attack or stroke.

WHAT IS CRITICAL ILLNESS INSURANCE?

Critical Illness Insurance pays a lump sum benefit if you are diagnosed with a covered illness or condition. Critical Illness Insurance is a limited benefit policy.

Features of Critical Illness Insurance include:

- ✿ **Guaranteed Issue:** No medical questions or tests required for coverage.
- ✿ **Flexible:** You can use the benefit money for any purpose you like.
- ✿ **Portable:** Should you leave your current employer or retire, you can take your coverage with you.



**For assistance,
please contact
Guardian at
1-866-569-9900**



Did you know?

Your premium is based on your Issue Age, meaning your initial rate is based on your age at the time your coverage becomes effective. Rates will not increase due to age.

CRITICAL ILLNESS	INITIAL BENEFIT	REQUIREMENTS
EMPLOYEE	\$10,000 - \$30,000 in \$10,000 increments	Coverage is guaranteed provided you are actively at work
SPOUSE	100% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the Certificate
DEPENDENT CHILD(REN)	100% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate



CRITICAL ILLNESS

Guardian | Critical Illness

BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a covered condition. Your plan pays a recurrence benefit for the following covered conditions: heart attack, stroke, coronary artery bypass graft, full benefit cancer, partial benefit cancer and all other cancer. A recurrence benefit is only available if an initial benefit has been paid for the covered condition. There is a benefit suspension period between recurrences. Initial benefits and recurrence benefits will be paid until the total benefit amount has been reached.

Employee may choose a lump sum benefit of \$10,000 to \$30,000 in increments of \$10,000.

- Spouse: 100% of Employee Benefit.
- Child: 50% of Employee Benefit.

COVERED CONDITIONS	INITIAL BENEFIT	RECURRENCE BENEFIT
INVASIVE CANCER (LEUKEMIA, MULTIPLE MYELOMA)	100% of Initial Benefit	100% of Initial Benefit
BONE MARROW FAILURE	100% of Initial Benefit	100% of Initial Benefit
HEART ATTACK	100% of Initial Benefit	100% of Initial Benefit
STROKE (SEVERE)	100% of Initial Benefit	100% of Initial Benefit
CORONARY ARTERY BYPASS GRAFT	50% of Initial Benefit	N/A
KIDNEY FAILURE	100% of Initial Benefit	N/A
ALZHEIMER’S DISEASE	100% of Initial Benefit	N/A
MAJOR ORGAN TRANSPLANT BENEFIT	100% of Initial Benefit	N/A
CHILDHOOD ILLNESSES & DISORDERS: Autism Spectrum Disorder, Cerebral Palsy, Cleft Lip or Cleft Palate, Clubfoot, Congenital Heart Defect, Cystic Fibrosis, Diabetes-Type 1, Down Syndrome, Hemophilia, Multisystem Inflammatory Syndrome (MIS), Muscular Dystrophy, and Spina Bifida	100% of Initial Benefit	N/A

Guardian | Critical Illness

HEALTH SCREENING BENEFIT

After your coverage has been in effect for thirty days, Guardian will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. Guardian will pay only one health screening benefit per covered person per calendar year.

WILL MY RATES INCREASE?

Your premium is based on your Issue Age, meaning your initial rate is based on your age at the time your coverage becomes effective, and your rates will not increase due to age.

EMPLOYEE-MONTHLY PREMIUMS

NON-TOBACCO										
BENEFIT AMOUNTS	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$3.60	\$5.40	\$7.60	\$10.80	\$14.80	\$20.30	\$26.70	\$35.50	\$43.80	\$64.10
\$20,000	\$7.20	\$10.80	\$15.20	\$21.60	\$29.60	\$40.60	\$53.40	\$71.00	\$87.60	\$128.20
\$30,000	\$10.80	\$16.20	\$22.80	\$32.40	\$44.40	\$60.90	\$80.10	\$106.50	\$131.40	\$192.30
TOBACCO										
BENEFIT AMOUNTS	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$5.60	\$8.00	\$11.20	\$17.10	\$25.10	\$36.00	\$50.30	\$63.40	\$75.90	\$99.40
\$20,000	\$11.20	\$16.00	\$22.40	\$34.20	\$50.20	\$72.00	\$100.60	\$126.80	\$151.80	\$198.80
\$30,000	\$16.80	\$24.00	\$33.60	\$51.30	\$75.30	\$108.00	\$150.90	\$190.20	\$227.70	\$298.20

SPOUSE-MONTHLY PREMIUMS

NON-TOBACCO										
BENEFIT AMOUNTS	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$3.60	\$5.40	\$7.60	\$10.80	\$14.80	\$20.30	\$26.70	\$35.50	\$43.80	\$64.10
\$20,000	\$7.20	\$10.80	\$15.20	\$21.60	\$29.60	\$40.60	\$53.40	\$71.00	\$87.60	\$128.20
\$30,000	\$10.80	\$16.20	\$22.80	\$32.40	\$44.40	\$60.90	\$80.10	\$106.50	\$131.40	\$192.30
TOBACCO										
BENEFIT AMOUNTS	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$5.60	\$8.00	\$11.20	\$17.10	\$25.10	\$36.00	\$50.30	\$63.40	\$75.90	\$99.40
\$20,000	\$11.20	\$16.00	\$22.40	\$34.20	\$50.20	\$72.00	\$100.60	\$126.80	\$151.80	\$198.80
\$30,000	\$16.80	\$24.00	\$33.60	\$51.30	\$75.30	\$108.00	\$150.90	\$190.20	\$227.70	\$298.20

The Hartford | Accident

Group Number: 681692

Accident Insurance pays cash benefits directly to you or anyone you choose regardless of any other coverage you have. Benefits are designed to cover health plan gaps for out-of-pocket expenses like deductibles, copays, and coinsurance. Accident Insurance can help take care of your bills, so you can take care of yourself and your family.

ACCIDENT INSURANCE MONTHLY PREMIUMS

EMPLOYEE	\$11.22
EMPLOYEE + SPOUSE	\$17.75
EMPLOYEE + CHILD(REN)	\$18.58
EMPLOYEE + FAMILY	\$29.31

**For assistance, please contact
The Hartford at 800-547-4205.**



Did you know?

Improve your health and fitness through our wellness benefits.

BENEFITS INCLUDE

FIRST ACCIDENT

Pays you \$100 soon after you report your first claim for covered benefits. If you get injured, they can begin processing your claim right over the phone so you can get cash fast.

SPORTS PACKAGE

Your benefits increase 25%, up to \$1,000 per person per year, for injuries resulting from participating in organized sports. Playing sports can lead to injuries and unwelcome expenses. The Hartford will increase your benefits to help pay those expenses.

REHABILITATION PACKAGE

They pay cash benefits for admission, daily confinement and recovery. Whether you are released to a Rehabilitation Center following a hospital stay or you recover at home, they pay a daily recovery benefit to help with your transition.

GUARANTEED RENEWABLE

Your coverage cannot be canceled as long as your premiums are paid as due.

FULLY PORTABLE

You can keep your coverage even if you change employers or retire.



ACCIDENT

The Hartford | Accident



ACCIDENT

CONDITION	BENEFIT	CONDITION	BENEFIT
Ambulance — Ground	\$400	Physical Therapy (Per visit, up to 10 visits)	\$50
Ambulance — Air	\$4,000	Prosthetics	\$2,000
Emergency Room	\$200	Tendon, Ligament, or Rotator Cuff Surgery	\$2,000
Initial Doctor's Office Visit	\$75	Transportation (for treatment over 100 miles away; per trip, up to three trips)	\$600
Urgent Care	\$75	X-ray	\$70
Emergency Dental—Crown	\$600	Burns—2nd/3rd Degree	\$2,000-\$20,000
Emergency Dental—Extraction	\$150	Skin Graft	50% of the burn benefit
Hospital Admission	\$2,500	Coma	\$15,000
Eye Injury	\$500	Dislocations	\$250-\$8000
Hospital Confinement (per day, up to 365 days)	\$400	Fractures	\$250-\$10,500
ICU Confinement (per day, up to 30 days)	\$200	Blood, Plasma, Platelets	\$600
Rehabilitation Confinement (per day, up to 30 days)	\$150	Knee Cartilage—Torn	\$1,000
Abdominal or Thoracic Surgery	\$3,0000	Lacerations	\$500-\$1,000
Loss of Thumb & index Finger on Same Hand	\$10,000	Loss of Hands, Feet or Sight	\$30,000
Chiropractic Care (per visit, up to three visits)	\$50	Accidental Death (adult/child)	EE \$50,000 SP \$25,000 CH \$12,500
Concussion	\$200	Accident Death Common Carrier (adult/child/adult age 70 and up)	EE \$150,000 SP \$75,000 CH \$37,500
Follow-up Treatment (per visit, up to three visits)	\$70	Family Care (for each child in childcare center: per day, up to 30 days)	\$75
Lodging (for treatment over 100 miles away; per night, up to thirty nights)	\$250	Sports Package Benefits (Increases total benefit by 25% when an accident is due to participation in organized sports. Up to \$1,000 per person per year)	
Major Diagnostic Exam	\$300		

MASA | Medical Transportation

Group Code: MKLEAN

Every day, families face the financial burden of unexpected emergency medical transportation. A medical transport membership ensures the peace of mind in knowing that a life-saving medical transport doesn't have to jeopardize your family's financial security.



Emergencies can happen to anyone, anytime and anywhere. Are you prepared?

Emergent Ground Ambulance transport can easily surpass \$2,000 and can reach as high as \$5,000. Emergent Air Ambulance transports frequently cost more than \$40,000, reaching as high as \$70,000.

The monthly fee covers employee, spouse and children up to age 26. No deductibles. Easy claim process.

**For assistance, please contact
MASA at 800-423-3226**

BENEFIT	EMERGENT PLUS \$11/MONTH	PLATINUM \$39/MONTH
EMERGENT GROUND TRANSPORTATION	U.S./Canada	U.S./Canada
EMERGENCY AIR TRANSPORTATION	U.S./Canada	U.S./Canada
REPATRIATION	U.S./Canada	Worldwide
NON-EMERGENT AIR TRANSPORTATION	N/A	Worldwide
ESCORT TRANSPORTATION	N/A	Worldwide
MORTAL REMAINS TRANSPORTATION	N/A	Worldwide
VISITOR TRANSPORTATION	N/A	BCA*
MINOR CHILDREN RETURN	N/A	BCA*
VEHICLE RETURN	N/A	BCA*
PET RETURN	N/A	BCA*
ORGAN RETRIEVAL	N/A	U.S. Only
ORGAN RECIPIENT TRANSPORTATION	N/A	U.S. Only

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



MEDICAL TRANSPORTATION

Texas Legal Insurance

Group Number: 2018001

Each of the benefits listed below in the first column are available to Texas Legal Members once per plan year per account unless otherwise specified. Pre-existing matters are not covered (although the In-Network Discount applies). See end for more general exclusions.¹



LEGAL INSURANCE

(although the In-Network Discount applies). See end for more general exclusions. ¹		IMPORTANT EXCLUSIONS	IN NETWORK ²	OUT OF NETWORK ³ (up to)
COVERAGE / BENEFIT	DESCRIPTION			
GENERAL ATTORNEY ACCESS & DISCOUNTS				
Legal Access Line	Telephone-based general legal advice and consultation, meant for quick answers to your legal questions. This service only provides general guidance and is not intended for individual legal representation. For further legal services please use our online Texas Legal Attorney Finder to locate an attorney in your area. Hours of operation: 8 a.m. to 6:30 p.m., Mon – Fri	None	Unlimited	N/A
Consultations	Members may seek legal advice regarding a potential or current legal issue to assess whether an Attorney is agreeable and satisfactory for the establishment of an Attorney-Client relationship.	One per attorney per matter within 60-day period	Up to 4 per year	4 at \$50 per Consult
General Legal Services	Legal advice, negotiations, correspondence, and document review and preparation. This benefit is available in a variety of areas of law including but not limited to the following matters: Debtor / Creditor, Tenant, Medical Claims, and HOA Disputes. This benefit is designed to cover services that are not excluded from coverage, but not explicitly covered.	None	Up to 6 hours	6 hours at \$50/hour
In-Network Discount	For legal services rendered beyond the plan's maximum benefit limits or the legal matter is not covered but not excluded, the Participating Attorney will bill the Member directly at a 25% discount from the Participating Attorney's customary rate.	Bankruptcy excluded.	25% discount	N/A
ESTATE PLANNING				
Estate Planning 1 or 1a or 1b, 2, 3 or 4 or any combination of the numbered options	1. Codicil(s) - An update or change to a Will	None	All hours covered	\$75/\$100 for 1/2 Participant(s)
	1a. Will(s) & Testamentary Trust(s) - Wills that provide for the distribution of assets and/or a Trust(s) that forms upon the death of the Participant(s)			\$200
	1b. Will(s) & Living Trust(s) - An estate plan that includes Will(s), Testamentary Trust(s) and revocable or irrevocable Living Trust(s).		Up to 8 hours	8 hours at \$50/hour
	2. Living Will(s) / Advance Directive(s) to Physician for up to 2 Participants, 1 Document per Participant		All hours covered	\$25/\$50 for 1/2 Participant(s)
	3. Power(s) of Attorney for up to 2 Participants, 2 Documents per Participant			\$100/\$200 for 1/2 Participant(s)
	4. Additional Documents: Declaration of Guardianship, HIPAA Release, and/or Disposition of Remains for up to 2 Participants, 3 Documents per Participant			\$75/\$150 for 1/2 Participant(s)
Elder Law	Includes legal advice and reviewing of documents for parents/grandparents that affect the Participant.	Up to 4 hours	4 hours at \$50/hour	
Social Security/ Veterans/Medicare	Includes representation in an administrative hearing and legal services arising out of Social Security/Veterans/Medicare/Medicaid benefits.	Up to 4 hours	4 hours at \$50/hour	
Probate Proceeding	Includes representation for probate proceedings for estates with or without a will, including petitioning a court to admit a will to probate and/or appointing an administrator. The participant must be an executor or devisee of the will or an heir of an estate without a will. Does not apply for filing claims against an estate as a creditor.			
	With a Will and Uncontested	None	All hours covered	15 hours at \$50/hour
	With a Will and Contested, Without a Will and Contested or Uncontested		Up to 15 hours	15 hours at \$50/hour

COVERAGE/ BENEFIT	DESCRIPTION	IMPORTANT EXCLUSIONS	IN NETWORK ²	OUT OF NETWORK ³ (up to)
FAMILY LAW				
Prenuptial or Postnuptial Agreements	Includes representation for a Participant for creating a premarital (prior to marriage) or marital property agreement(after getting married) where no issue is contested.	Named participant only.	All hours covered	\$300
Adoption	Consultations, negotiations, preparation and pleadings through trial, if needed. Includes terminating parental rights.			
	Uncontested	None	All hours covered	\$500
	Contested			\$1000
Name Change	Includes representation in an uncontested name change proceeding for a Participant or a minor of which the Participant is a conservator.	None	All hours covered	\$200
Gender Identifier Change	Includes representation to obtain a court order for the purpose of changing a gender marker on government documents.	None	All hours covered	\$200
Divorce, Annulment and Modification	Divorce, Uncontested	Named participant only.	All hours covered	15 hours at \$50/hour
	Divorce, Contested without children		Up to 15 hours	15 hours at \$50/hour
	Divorce, Contested with children		Up to 30 hours	30 hours at \$50/hour
	Modification, Enforcement or Establishment of Family Law Order, Uncontested		All hours covered	15 hours at \$50/hour
	Modification, Enforcement or Establishment of Family Law Order, Contested		Up to 20 hours	20 hours at \$50/hour
Protective Order	Includes representation in proceedings for a protective order designed to protect someone against family violence where a Participant is either the applicant or respondent.	None	All hours covered	\$200
Guardianship or Conservatorship	Includes representation in a proceeding where a Participant petitions to be appointed as a guardian. Not intended to provide services for suits affecting the parent-child relationship.			
	Uncontested	None	All hours covered	\$400
	Contested		Up to 15 hours	15 hours at \$50/hour
Annual Accounting of Guardianship	Includes the preparation of annual accounting of guardianships on behalf of the appointed guardian.	None	Up to 6 hours	6 hours at \$50/hour
Family Immigration Assistance	Includes the review and drafting of immigration documents and helping the Participant prepare for hearings.	None	Up to 6 hours	6 hours at \$50/hour
CIVIL LAW				
Defense of Civil Action	Includes preparation, filings and appearance for pleadings, motions, discovery, pre-trial and/or settlement conferences and/or trial preparation and trial in the defense of most civil actions.	Car accident and family law matters excluded.	Up to 20 hours	20 hours at \$50/hour
Consumer Protection	Includes representation for negotiations and any legal action required for the enforcement of written or implied warranties or promises (e.g. a refrigerator warranty or poor/incomplete workmanship from a home contractor).	None	All hours covered	\$300 Negotiations only \$600 Without Trial \$1500 With Trial
School Administrative Hearings	Includes representation during a school administrative proceeding regarding disabilities, special education, and/or student policy violations.	None	Up to 4 hours	4 hours at \$50/hour

COVERAGE/ BENEFIT	DESCRIPTION	IMPORTANT EXCLUSIONS	IN NETWORK ²	OUT OF NETWORK ³ (up to)
CRIMINAL LAW				
Habeas Corpus ("Get out of jail")	Includes court proceeding for preliminary matters in a criminal action such as bond reduction or failure to provide speedy trial or hearing.	None	All hours covered	\$200
Misdemeanor	Includes arraignment, plea negotiations resulting in disposition without trial, and/or trial preparation and proceedings. Does not apply to traffic violations, DWI/BWI, disorderly conduct, disturbing the peace, and public intoxication.			\$800
Felony	Includes initial appearance, plea negotiations resulting in disposition without trial, and/or trial preparation and proceedings, and sentencing hearing, if applicable.			\$1000 Without Trial \$2000 With Trial
Driving / Boating While Intoxicated	Includes arraignment, plea negotiations resulting in disposition without trial, and/or trial preparation and proceedings for defense of driving/boating while intoxicated or under the influence of drugs.	Felonies (3+ offenses) excluded.		\$800
Public Intoxication	Includes defense of a charge of public intoxication including arraignment and preparation and plea negotiations resulting in disposition without trial or trial.	None		\$200
Incompetency or Infirmity Defense	Defense of incompetency in trial to determine competency to stand trial.			\$800
	Defense of infirmity where the state seeks the involuntary commitment of Participant.			\$800
Juvenile Court	Includes representation for Juvenile court proceedings for Dependents listed on plan under the age of 18.			\$800
Traffic Ticket	Includes defense of a traffic violation, punishable by fine only, in which a Participant is the defendant, including misdemeanor arraignment or initial appearance and preparation and plea negotiations resulting in disposition without trial.			\$150
Defense of Driving Privileges	Includes arraignment, plea negotiations resulting in disposition without trial, and/or trial preparation and proceedings.	Occupational driver's license excluded.		\$600 Suspension/Revocation \$300 ALR Hearing
Expunction / Order of Nondisclosure	Includes representation where a Participant petitions a court to purge, alter, or forbid release of records of arrests, prosecutions, and criminal dispositions.	None		\$400
REAL ESTATE & FINANCIAL				
Residential Real Estate Transaction	Includes representation in the transaction of selling or purchasing a primary residence single piece of real property including the review and drafting of all legal documents. Does not apply to construction or improvements.	Named participant only.	All hours covered	\$200
Bankruptcy	Preparation and court proceedings for Chapter 7 - liquidation.	All participants must be members.	All hours covered	\$500
	Preparation and court proceedings for Chapter 13 - all or partial repayment.		Up to \$1,500	\$700
Property Tax- Primary Residence	Includes representation in an administrative action to reduce the property tax assessment on participant's primary residence.	None	All hours covered	\$200
Deeds	Includes the drafting of a real property deed on behalf of a Participant.		Up to 2 hours	2 hours at \$50/hour
Tax Audit	Includes Legal assistance in the event of a personal IRS tax audit.	Tax preparation excluded.	Up to 4 hours	4 hours at \$50/hour
Financial Counseling	Members have access to a broad array of services offered by BALANCE (texaslegal.balancepro.org), including a financial coaching hotline, debt and budget counseling, debt management planning, home ownership education, money management webinars, online education resources and more.			

COVERAGE/ BENEFIT

DESCRIPTION

EXPERIAN IDENTITYWORKS MEMBERSHIP

Experian Credit Report at Sign Up	See what information is associated with your credit file. Daily credit reports are available for online members only.*
Credit Monitoring	Actively monitors your Experian file for indicators of fraud.
Internet Surveillance	Technology searches the web, chat rooms & bulletin boards 24/7 to identify trading or selling of your personal information on the Dark Web.
Identity Restoration	Identity Restoration specialists are immediately available to help you address credit and non-credit related fraud.
\$1 Million Identity Theft Insurance**	Provides coverage for certain costs and unauthorized electronic fund transfers.
Lost Wallet	Provides assistance with canceling/replacing lost or stolen credit, debit, and medical cards.
Child Monitoring	For 10 children up to 18 years old, Internet Surveillance and monitoring to determine whether enrolled minors in your household have an Experian credit report are available. Also included are Identity Restoration and up to \$1M Identity Theft Insurance.**

* Offline members will be eligible to call for additional reports quarterly after enrolling.

** The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual plans for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

This information is a general explanation of the Group Legal Services Preferred Plan. A detailed Texas Legal Certificate of Coverage is included in new member kits, and in case of discrepancy between the Summary of Benefits and the Certificate of Coverage, the Certificate of Coverage controls.

- 1 General Exclusions: Pre-existing matters, appeals, pro-active lawsuits (outside of Family Law and Consumer Protection), intellectual property and business matters (any activity that produces revenue), car accident related matters. Incidental costs such as filing fees, photocopies, postage, etc. are not covered. This is not a comprehensive list of exclusions; please see your Certificate of Coverage for details and additional limitations and exclusions.
- 2 In-Network: Applies to services rendered by a Texas Legal Participating Attorney. PAYMENTS FOR SERVICES ISSUED DIRECTLY TO TEXAS LEGAL PARTICIPATING ATTORNEYS.
- 3 Out-of-Network: Services rendered by a non-Texas Legal Participating Attorney. PAYMENT FOR SERVICES ISSUED DIRECTLY TO TEXAS LEGAL NAMED PARTICIPANT. No payments issued to non-Texas Legal Participating Attorney.

MONTHLY RATES

Individual/Family \$18.00

Dependents must be added into the enrollment system to be covered on the plan.

For assistance, please contact Texas Legal at 800-252-9346.



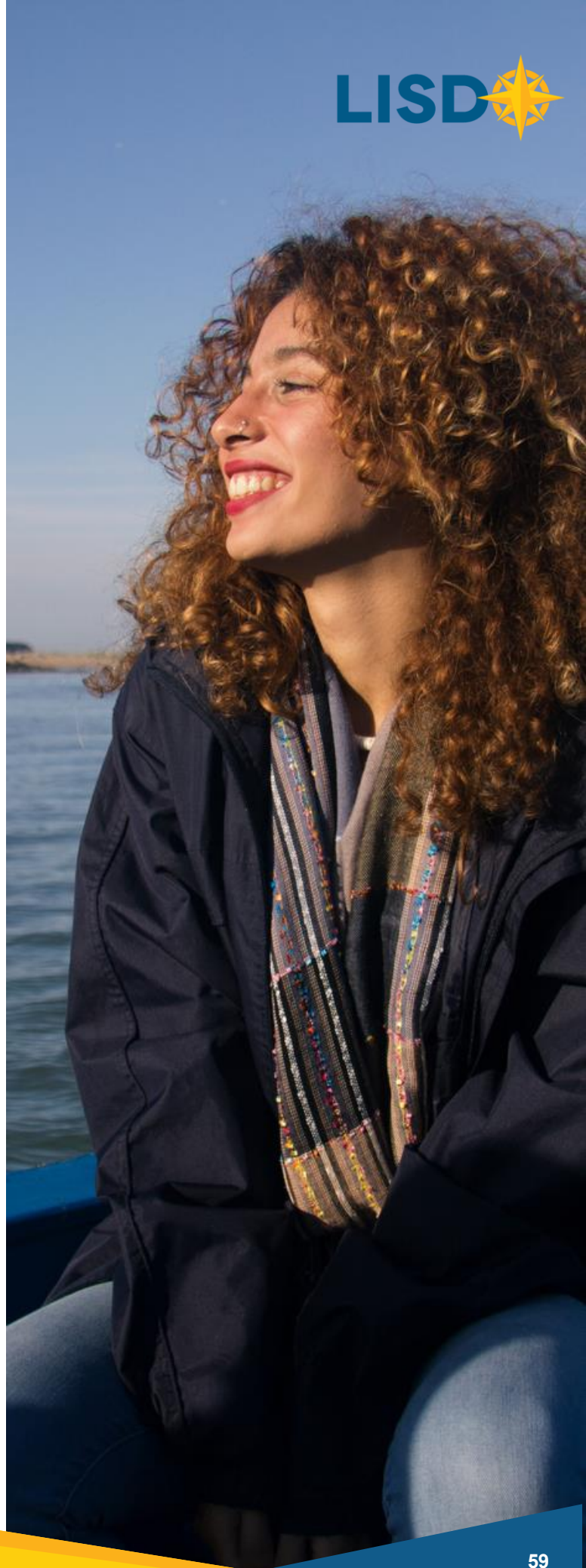
Give your family the protection they deserve

Join Today! For more information, visit TexasLegal.org or contact us at **1.800.252.9346**.



Additional Benefits

The benefits on the following pages are always available and do not require enrollment during designated enrollment periods.



LISD Leave Benefits

HOW MANY LEAVE DAYS DO I GET EACH SCHOOL YEAR?

- If you join or leave LISD in the middle of your duty calendar, your leave days will be pro-rated based on actual days employed.
- Both state and local days accumulate and carry over to the next school year, but local days cap out at 30 days.
- If you came to LISD from another TX school district, official service records are required to update State day balances. To inquire about transferring state leave balance, please email humanresources@leanderisd.org.

Your Duty Calendar Days	State Leave Days	Local Leave Days	Total per School Year
180 - 199	5	5	10
200 - 220	5	6	11
221+	5	7	12

Employees will receive up to 5 days of bereavement leave upon the death of an immediate family member. The leave request must be submitted along with documentation of the family member's death (documentation can include an obituary, funeral service program, certificate of death, newspaper article, or other similar document).



FOR QUESTIONS, PLEASE EMAIL:
leaverequest@leanderisd.org

ADDRESS & PHONE NUMBER CHANGE THROUGH INCIDENT IQ

- Go to LeanderISD.org/staff/ and scroll down to "Change of Address, Phone" and click on 'Current Employee'
- Select 'Human Resources'
- Click 'Employee Information Changes'
- Click 'Address/Phone Change'
- Fill in your Updated Information
- Click 'Submit Ticket'



HOW TO CHECK LEAVE BALANCES

IN KRONOS

If you have any questions,
please reach out to the leave
department at
leaverequest@leanderisd.org

SCAN HERE
FOR A STEP
BY STEP W/
PHOTOS



How to check leave balances:

- ✓ Log into Kronos using your district login.
- ✓ Go to 'My Information' to view your timecard.
- ✓ Select 'Week to Date' from the dropdown in the top right corner.
- ✓ Click the grey tab on the bottom, middle of the screen.
- ✓ Select 'Accruals' to view available time.

ALL ONE HEALTH

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your Employee Assistance Program regularly helps people much like yourself locate the services they need to help family members and themselves cope with life's challenges. Frequently the hardest part of a decision is doing the research to make your choice.

EAP provides you and your household members with valuable, 24/7, FREE confidential services.

MENTAL HEALTH SESSIONS

Manage stress, anxiety, and depression, resolve conflict, improve relationships, and address any personal issues. Choose from in-person sessions, video counseling, or telephonic counseling.

LIFE COACHING

Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and achieve greater balance.

LEGAL REFERRALS

Receive referrals for personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

MEDICAL ADVOCACY

Get help navigating insurance, obtaining doctor referrals, securing medical equipment, and planning for transitional care and discharge.

WORKLIFE RESOURCES AND REFERRALS

Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

PERSONAL ASSISTANT

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

MEMBER PORTAL

Access your benefits 24/7/365 through your member portal with online requests and chat options. Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.



EMPLOYEE ASSISTANCE PROGRAM SERVICES: 888-993-7650

Academic Services

Financial

Nutrition

Adoption

Fitness

Parenting

Career Resources

Grief, Loss, Renewal

Pre- & Post-Natal

Childcare

Health & Wellness

Retirement Transition

College Planning

Hotlines

Scholarships

Elder Care

Legal

Support Groups



Life comes with challenges.

Your Assistance Program is here to help.

Your Employee Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.



All services are free, confidential, and available to you and your family members.
This includes access to short-term counseling and the wide range of services listed below:



**Mental Health
Sessions**



**Life
Coaching**



**Financial
Consultation**



**Legal
Referrals**



**Work-Life
Resources**



**Medical
Advocacy**



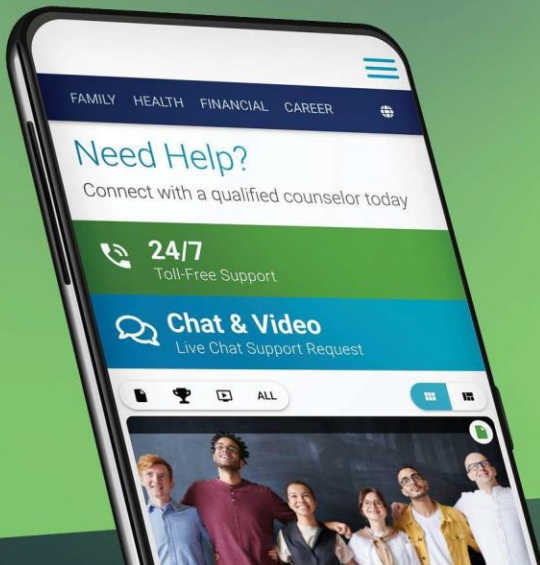
Unlimited Resources, Always Available

Access your benefits 24/7/365 through your member portal with online requests and chat options. Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.

Contact AllOne Health

Call: 888-993-7650

Visit: www.allonehealth.com/deeroaks



Introducing Your Member Portal

Browse benefits. Request services.
Enjoy 24/7/365 access.

Your Assistance Program offers a wide range of benefits to help improve mental health, reduce stress and make life easier—all easily accessible through your member portal.

Request a Mental Health Session

Request counseling by submitting an online form or live chat. Choose from in-person or virtual counseling options to meet your needs.

Request Referrals & Resources

Submit a request for family care and lifestyle support including childcare and eldercare referrals, legal referrals and financial consultation, personal assistant referrals and medical advocacy consultation.

Explore Thousands of Self-Care Articles & Resources

Health and lifestyle assessments, interactive checklists, soft skills courses, podcasts, resource locators, exclusive discounts, and expansive articles on whole health and well-being.

Visit Your Online Financial Center

Featuring worksheets, calculators, and a wide range of financial resources and tools to help reach personal goals and build financial wellness.

Getting Started Is Easy

1. Visit allonehealth.com/deeroaks and click on "Sign Up" below the login form
2. Enter your email address and the company code provided by your organization to create an account and sign in
3. For login assistance, select "Email Support"

** You can always call to access services, without needing to create an account or log in to the portal.*



Contact AllOne Health

Call: 1-888-993-7650

Visit: allonehealth.com/deeroaks





Receive Lifestyle Support with Personal Assistant Referrals

Life is often busy, and responsibilities can feel overwhelming. Your Assistance Program is here to help save time and clear your mind with personal assistant referrals.

Our personal assistant team listens to your requests, conducts research, and provides comprehensive referrals, resources, and information to help with your needs. **Personal Assistant** referrals can include:

- Home care, renovation, and repair services
- Grocery and meal delivery services
- Transportation, car maintenance and repair
- Travel research, planning and itineraries
- Self-care, spas, gyms, and local services
- Theatre, concerts, and sporting events referrals
- Children's sports, programs, and activities
- Donations and volunteer opportunities

*Personal Assistant referrals are non-transactional.
Your Assistance Program is free to use, confidential, and open to family members.*

Contact AllOne Health
Call: 1-888-993-7650
Visit: allonehealth.com/deeroaks



Virtual Counseling

Your assistance program offers virtual counseling as well as traditional in-person counseling, to ensure everyone has fast, effective and easy access to mental health support.

Whether you're looking for mental health support, dealing with change, trying to build self-awareness, working through relationship issues, managing a personal challenge, or simply wanting to talk, **your assistance program is here to help.**

Services Are:

- **Professional & Private**
All counseling is provided by Master's Level Clinicians and all information is confidential and HIPAA-compliant.
- **Convenient & Accessible**
Request support anytime by phone, online, or member portal with live chat.
- **Free to Get Started**
Short-term counseling sessions are included in your assistance program benefits at no additional charge.
- **Available to Family Members**
The assistance program is open to family members too.
- **Personalized**
Our team of care connectors will make sure you are matched with a provider and counseling support that fits your needs.

How to Request Virtual Counseling Support:

- **Call 1-888-993-7650**
- **Visit allonehealth.com/deeroaks** and submit an online request form or login to your member portal for live chat support.

Receive care your way
with convenient options for
mental health support.



In-the-Moment Counseling Support

Instantly connect to a clinician
by phone



Video Counseling

Schedule a video session



Telephonic Sessions

Schedule a telephonic session



In-Person Sessions

Meet with a local clinician
from our network

Contact AllOne Health

Call: 1-888-993-7650

Visit: allonehealth.com/deeroaks





Let's Talk About **Mental Health**

LISD has some great FREE resources for YOU!

www.leanderisd.org/benefits

EMPLOYEE ASSISTANCE PROGRAM

The EAP Benefit covers 8 confidential short-term counseling visits FREE of charge to employees and their families. Employees also have access to unlimited 30-minute chat sessions for in-the-moment support. These do not count toward your 8 sessions

1-888-993-7650 | www.allonehealth.com/deeroaks

Username: leanderisd

Password: leanderisd

HEADSPACE APP

Headspace is a meditation and sleep app that teaches you how to meditate, breathe, and live mindfully. For FREE access:

- On your mobile phone or computer, visit <https://work.headspace.com/educator-tx/member-enroll>
- Enter your Leander ISD email address
- Click Get Started and you will receive an email invitation to join



Enrollment in LISD benefits is not required. These benefits are automatically available to all LISD employees.



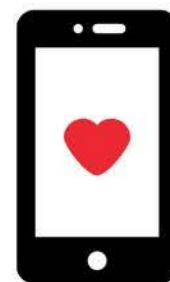
988 SUICIDE & CRISIS LIFELINE

If you or someone you know needs
support now

Call or Text 988

or

Chat 988lifeline.org



There is hope



Local Crisis Lines

Bluebonnet (Williamson County) (800) 841-1255

Integral Care (Travis County) (512) 472-4357





METLIFE PET INSURANCE

-  **Enroll** – Select and enroll in the coverage that’s right for you and your pet and download the MetLife Pet App
-  **Care** – Take your pet to the vet and pay the bill
-  **Cover** – Send the bill and your claim documents to Metlife and receive reimbursement by check or direct deposit if the claim expense is covered



FETCH YOUR QUOTE
HERE or
800-GET-METS



Bexa is Included in LISD's 1YOU BENEFITS PROGRAM

WE'RE COMMITTED TO BREAST CANCER SCREENING

We're thrilled to include Bexa Breast Exams as a part of our 1You Benefits Package, supporting the holistic well-being of our LISD staff!

KEY BENEFITS:

- + **NON-INVASIVE:** No discomfort or radiation exposure.
- + **QUICK AND CONVENIENT:** Exams take just a few minutes.
- + **EARLY DETECTION:** Highly effective in identifying early signs of breast issues.

WHY CHOOSE BEXA?

- + **PEACE OF MIND:** Regular exams help in early detection, ensuring better outcomes.
- + **COMFORT:** A gentle and hassle-free process designed with your comfort in mind.
- + **ACCESSIBILITY:** Easily scheduled appointments to fit your busy schedule.

What LISD employees are saying about their Bexa experience:

"I love that our district does this. Thank you."

"It was easy & painless...great preventative care."

"Very friendly, very fast and comfortable. Best exam ever – recommend 100%."

"Please keep offering this. It's great!"



THIS IS BEXA

It's a breast exam that's quick,
painless, accurate, and it
doesn't use radiation.

THE BEXA BREAST EXAM IS NOT A MAMMOGRAM.

It is a new form of early detection that is effective and designed to be relaxing and comfortable. Bexa is an FDA-cleared, handheld device that is lightly moved across the surface of the breast to detect abnormal breast tissue.

Our highly trained, female examiners conduct every Exam onsite at the employer's location and the complete Exam takes about 30 minutes, including reviewing the results.



SCAN THE CODE
TO LEARN MORE!



How Is The Bexa Experience Different?

- PAINLESS • QUICK
- NO RADIATION
- CONVENIENT
- IMMEDIATE RESULTS
- ACCURATE



TO BE ELIGIBLE FOR A BREAST EXAM WITH BEXA, YOU MUST BE A FEMALE
EMPLOYEE AGE 40+ & ON LEANDER ISD MEDICAL PLAN

3 reasons to screen for cancer

1

As you age, your healthcare needs change.

13x

People 50 and over are 13 times more likely to develop cancer than younger people.¹

Getting older means you're more likely to develop certain conditions and diseases, including cancer.

What if there was a new screening tool that could detect cancer early and increase cancer treatment options?

2

With changing cancer screening technology, you can screen for more.

5

Only five types of cancer have recommended screening, according to CDC.gov.²

A majority of cancers do not have recommended screening, meaning most cancers are only detected after symptoms appear.

What if in addition to recommended screenings you added a test that screens for multiple cancers at once?

3

Many cancers are only found accidentally or when symptoms appear.

~70%

of cancer deaths are caused by cancers with no recommended screening.^{2,3}

Getting screened for more cancers using a breakthrough tool allows you to be proactive about your health.

What if cancers could be screened for during a routine lab visit with a simple blood draw?

Request the Galleri[®] multi-cancer early detection test

Leander ISD offers the Galleri test as a benefit to full-time eligible employees and their dependents age 50+ and enrolled in a health plan. With a single blood draw, the Galleri test screens for a unique "fingerprint" of over 50 types of cancers.⁴

The earlier you know, the sooner you can act.



The Galleri test does not detect a signal for all cancers and not all cancers can be detected in the blood. False positive and false negative results do occur. The Galleri test identifies DNA in the bloodstream shed by cancer cells and does not predict future genetic risk for cancer. The Galleri test should be used in addition to healthcare provider recommended screening tests. The test is available by prescription only.

Important Safety Information

The Galleri test is recommended for use in adults with an elevated risk for cancer, such as those aged 50 or older. The Galleri test does not detect all cancers and should be used in addition to routine cancer screening tests recommended by a healthcare provider. Galleri is intended to detect cancer signals and predict where in the body the cancer signal is located. Use of Galleri is not recommended in individuals who are pregnant, 21 years old or younger, or undergoing active cancer treatment. Results should be interpreted by a healthcare provider in the context of medical history, clinical signs and symptoms. A test result of No Cancer Signal Detected does not rule out cancer. A test result of Cancer Signal Detected requires confirmatory diagnostic evaluation by medically established procedures (e.g. imaging) to confirm cancer. If cancer is not confirmed with further testing, it could mean that cancer is not present or testing was insufficient to detect cancer, including due to the cancer being located in a different part of the body. False-positive (a cancer signal detected when cancer is not present) and false-negative (a cancer signal not detected when cancer is present) test results do occur. **Rx only.**

Laboratory / Test Information

The GRAIL clinical laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and accredited by the College of American Pathologists. The Galleri test was developed and its performance characteristics were determined by GRAIL. The Galleri test has not been cleared or approved by the Food and Drug Administration. The GRAIL clinical laboratory is regulated under CLIA to perform high-complexity testing. The Galleri test is intended for clinical purposes.

References ¹ Surveillance, Epidemiology, and End Results (SEER) Program SEER*Stat Database: Incidence - SEER Research Limited-Field Data, 21 Regs, 2000-Nov Sub (2000-2018) - Linked to County Attributes - Time Dependent (1990-2018): Income/Rurality, 1969-2019 Counties. National Cancer Institute, DCCPS, Surveillance Research Program, released 2021 Apr, based on the 2020 Nov submission. [Risk Factor Data on file. American Cancer Society. Cancer Prevention Studies II/III.] ² US Preventive Services Task Force. A.B.C grade recommendations: cancer: screenings. [cited 2023 Oct 23]. https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results ³ Data on file from Surveillance, Epidemiology, and End Results (SEER) 18 Regs Research Data, Nov 2017 Submission. Includes persons ages 50-79. Estimated deaths per year in 2020 from American Cancer Society Facts and Figures 2020. Available from: www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2020/cancer-facts-and-figures-2020.pdf ⁴ Klein EA, et al. Clinical validation of a targeted methylation-based multi-cancer early detection test using an independent validation set. *Ann Oncol*. 2021; 32(3):1167-1177. doi: 10.1016/j.annonc.2021.05.805.



Go to Galleri.com/LISD or use the QR code to get more details about the Galleri test and who qualifies to take it.

TEACHER RETIREMENT SYSTEM

The **Teacher Retirement System of Texas Plan** is a defined benefit plan. Once you qualify for normal retirement, you are eligible to receive a monthly pension.

WHO IS ELIGIBLE FOR TRS?

Texas law requires all benefits-eligible employees to be automatically enrolled in TRS at the time they are hired.

HOW DOES MY TRS PENSION WORK?

Your TRS pension provides monthly payments for life at your retirement. Not many retirees enjoy such security these days. You've been saving for this!

The TRS retirement plan is a governmental, tax-exempt plan that ranks as the sixth largest public pension plan in the U.S. TRS' sheer size and history of success attract many excellent investment opportunities that ultimately benefit you. Employee and employer contributions go into a large trust fund managed by financial professionals. Benefits available from TRS are determined by a formula using a combination of years of service credit in TRS, annual salary and a multiplier established by state law.

As you plan to retire, take advantage of TRS' personal approach. Meet with a TRS benefits counselor at a local session, visit the Austin office, or give them a call. TRS can help you choose the best timing and payment schedule for your needs. You can also choose options that extend monthly benefits to your loved ones after your death.

RETIREE HEALTHCARE BENEFITS

If you have 10 years of service with TRS when you retire, you can also qualify for retirement healthcare benefits. TRS offers retiree health plans for retirees that are both eligible and not eligible for Medicare.

WHEN CAN I RECEIVE A BENEFIT?

A TRS member has the right to receive a lifetime annuity after 5 years of service credit with TRS and upon meeting age and service requirements.



For more information regarding your TRS account, please visit the **TRS** website at www.trs.state.tx.us or call 1-800-223-8778.

LISD - Contact:

Brenda

Federal & State Reporting Analyst / 512-570-0062

TCG ADMINISTRATORS

OPTIONAL RETIREMENT

To help supplement your TRS retirement, LISD offers both a 403(b) and 457 (b) retirement plans. Employees can begin contributing to either of these optional retirement plans at any time (there is no Open Enrollment period). TCG is the third-party administrator for LISD's optional retirement plans.



	403(B) PLAN	457(B) PLAN
2026 CONTRIBUTION MAXIMUM LIMITS (CAN CONTRIBUTE TO BOTH PLANS)	2026: \$24,500; \$31,000 age 50+	2026: \$24,500; \$31,000 age 50+
INVESTMENT OPTIONS:	Fixed/Variable interest annuities or mutual funds/custodial accounts	Managed allocation or self-directed mutual funds.
EARLY WITHDRAWAL PENALTY TAX	10% (goes away at age 59 1/2 or age 55 and retired)	None
WHEN CAN I WITHDRAW MONEY FROM MY ACCOUNT?	• Age 59 1/2 • Separation from employer • Disability • Death • Unforeseeable emergency	• Age 59 1/2 • Separation from service • Disability • Death • Financial hardship
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 for all qualified plans limited to the lesser of \$50,000 or one-half of vested benefits (or \$10,000 if greater)
HOW TO ENROLL	STEP ONE: Create an account with an approved vendor: www.region10rams.org/403b-vendors. STEP TWO: Set up online RAMS account access: www.region10rams.org/enroll. » Click the enroll button and enter your employer on the following page. » Follow each step until you get a confirmation notice... & you're done!	Register at: www.region10rams.org/enroll. » Simply choose your desired monthly contribution and investment option! For assistance, please contact TCG Administrator at 1-800-943-9179.

**For assistance, please contact
TCG at 800-943-9179.**



Helpful Definitions

Actively at Work

You are able to perform your regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires you to travel. If you will not be actively at work at the beginning of the year, please notify your benefit's administrator.

Annual Open Enrollment

The period once per year during which existing employees are given the opportunity to enroll in or change their current elections.

Annual Deductible

The amount you pay each plan year before the plan begins to pay covered expenses.

Beneficiary

Individual designated to receive the proceeds of your life insurance policy in the event of your death.

Calendar Year

January 1st through December 31st.

Co-insurance

After any applicable deductible, your share of the cost of a covered healthcare service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

Co-payment

Specific dollar amount you must pay your provider per visit.

Evidence of Insurability

Statement or proof of individual's physical condition, occupation and other information, determining acceptance of applying employee for coverage.

Guaranteed Issue (GI)

The amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed coverage is only available during initial eligibility period. Actively-at-work and/or pre-existing condition exclusion provisions do apply, as applicable by carrier.

In-Network/Out-of-Network

In-network doctors, hospitals, optometrists, dentists, and other providers who have contracted with the plan as a network provider. Lowers charges and reduces out-of-pocket expenses. **Out-of-network** charges a higher payment and higher out-of-pocket cost.

New Hire Eligibility Period

30 business days—the amount of time after your Start Date that you must make benefit elections within.

Out-of-Pocket/Out-of-Pocket Maximum

Out-of-Pocket: expenses you must pay for health-related services that are above your monthly premium.

Out-of-Pocket Maximum: The most an eligible or insured person can pay in co-insurance for covered expenses per plan year.

Plan Year

January 1st through December 31st.

Pre-Existing Conditions

Applies to any illness, injury, or condition for which the participant has been under the care of a health care provider, taken prescription drugs or is under a health care provider's orders to take drugs, or received medical care or services (including diagnostic and/or consultation services). See the plan outline for more specific information on each benefit.

Qualifying Event

IRS guidelines allow you to make changes outside of Open Enrollment for the following defined reasons:

- Marriage/Divorce
- Birth or Adoption
- Death of spouse or covered child
- Change in your or your spouse's work status that affects eligibility
- Child Eligibility
- Medicare Eligibility

Reasonable and Customary (R&C)

Traditional amounts charged for a particular service by most physicians. R&C charges vary by location and by service provided to you. R&C charges apply when you go out-of-network and you must pay amounts exceeding the R&C maximum.

LEGAL NOTICES

Legal Notices can be found on

LEANDERISD.ORG

**Leander Independent School District / Departments /
Human Resources / Benefits**

HIPAA Special Enrollment Notice
HIPAA Privacy Practices Notice
Children's Health Insurance Program (CHIP) Notice
Women's Health & Cancer Rights (WHCRA) Notice
Newborns' and Mothers' Health Protection Act Notice
Mental Health Parity Opt-Out Notice
Medicare Part D Creditable Coverage Notice
USERRA Continuation Coverage Notice
Genetic Information Nondiscrimination Act (GINA) Notice
COBRA Continuation Coverage Rights Notice
Choice of Healthcare Provider Notice
Family Medical Leave Act Notice

This Benefit Guide is a summary of benefits drafted in plain language to assist an employee's understanding of what benefits are offered and does not constitute a policy. Detailed provisions are contained in each provider's plan document. If there is a discrepancy between what is presented here and the official plan documents, the plan documents will govern.



833-667-1172

LeanderISDBenefits@BenefitFocus.com