



GREGORY PORTLAND ISD

EMPLOYEE BENEFITS GUIDE

2021 - 2022 Plan Year



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Gregory Portland ISD offers eligible employees a competitive benefits package that includes both district-paid and voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on the Employee Benefits Center website, <https://ffbenefits.ffga.com/gregoryportlandisd/>.

Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to your First Financial Account Manager or your Benefits department.

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Gregory Portland ISD Benefits Office
608 College St, Portland TX 78374 | 361.777.1091

ELIGIBILITY

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

BENEFITS ENROLLMENT

EMPLOYEE BENEFITS CENTER

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



NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. To do so please contact your First Financial Representative.

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative will be available by phone to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

Online Enrollment

ENROLL ONLINE

To begin online enrollment, visit <https://ffga.benselect.com/Enroll/login.aspx>



LOGIN

- Login: Your Employee ID or Social Security Number (no dashes)
- PIN (first login only): The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)
- New PIN: The first time you log in you will be required to change to a new PIN. Please note your new PIN because you will use the new PIN from that point forward.

VIEW CURRENT BENEFITS

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

VIEW/ADD DEPENDENTS

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

BEGIN ELECTIONS

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

MID-YEAR BENEFIT CHANGES

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

QUALIFYING LIFE EVENTS INCLUDE:

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

DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

SECTION 125 PLAN INFORMATION AND RULES

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

Here's How It Works

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

Is It Right for Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer's Section 125 Plan – that's a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!

**The figures in the sample paycheck above are for illustrative purposes only.*

Gregory-Portland ISD
 Monthly Benefit Premiums for 2021-2022

Cigna Dental		
	Low	High
Employee Only	\$19.64	\$36.30
Employee + Spouse	\$39.26	\$69.82
Employee + Children	\$43.11	\$71.74
Employee + Family	\$62.75	\$101.18

MetLife Hospital Indemnity		
	Low	High
Employee Only	\$17.24	\$31.64
Employee + Spouse	\$31.08	\$56.83
Employee + Children	\$25.95	\$47.45
Employee + Family	\$39.79	\$72.65

American Fidelity Disability		
Elimination Period	Per \$500	
	Low	High
7 Days Injury or Sickness	\$16.40	\$20.00
17 Days Days Injury/Sickness	\$14.00	\$18.20
30 Days Days Injury/Sickness	\$12.90	\$14.50
60 Days Days Injury/Sickness	\$7.10	\$12.30
90 Days Days Injury/Sickness	\$5.30	\$10.40
150 Days Days Injury/Sickness	\$3.40	\$7.80

Aetna Accident Insurance		
	Low	High
Employee Only	\$6.64	\$10.26
Employee + Spouse	\$11.48	\$17.80
Employee + Children	\$12.87	\$19.58
Employee + Family	\$17.36	\$26.43

Superior Vision	
Employee Only	\$7.23
Employee + Spouse	\$14.36
Employee + Children	\$14.06
Employee + Family	\$21.41

Supplemental Life	
Employee or Spouse	
Age	
Under 25	\$0.048
25-29	\$0.048
30-34	\$0.067
35-39	\$0.076
40-44	\$0.095
45-49	\$0.143
50-54	\$0.228
55-59	\$0.371
60-64	\$0.561
65-69	\$1.083
70-74	\$1.758
75-79	\$2.480
80-84	\$2.480
85+	\$2.480

Voluntary AD&D	
	\$0.30 per \$10,000

MDLive Telehealth	
Employee Only	\$8.00
Employee + Family	\$8.00

Unum Critical Illness		
	\$10,000	\$5,000
Age	Employee	Spouse
Under 25	\$3.84	\$2.84
25-29	\$4.74	\$3.29
30-34	\$5.84	\$3.84
35-39	\$7.84	\$4.84
40-44	\$10.24	\$6.04
45-49	\$13.44	\$7.64
50-54	\$17.44	\$9.64
55-59	\$23.54	\$12.69
60-64	\$32.94	\$17.39
65-69	\$47.74	\$24.79
70-74	\$73.44	\$37.64
75-79	\$107.14	\$54.49
80-84	\$154.44	\$78.14
85+	\$247.44	\$124.64

American Fidelity Cancer		
	Basic	Enhanced
Employee Only	\$15.80	\$31.62
Employee + Family	\$26.86	\$53.80

Medical Transport		
	Emergent	Platinum
Employee Only	\$9.00	\$24.50
Employee + Family	\$9.00	\$32.00

iLock 360 ID Theft		
	Plus	Premium
Employee Only	\$7.95	\$11.95
Employee + Family	\$14.95	\$22.95

Self Enrollment

<https://ffbenefits.ffga.com/gregoryportlandisd/>

Medical



TRS-ACTIVECARE

The district's medical plans are offered through TRS. From in- and out-of-network options to comprehensive prescription drug coverage and special health and wellness programs, TRS-ActiveCare has been designed to flexibly meet the needs of nearly half a million public education employees.

Administered by BCBSTX

Blue Cross Blue Shield of Texas | <https://www.bcbstx.com/trsactivecare/> | 1.866.355.5999



TRS-ActiveCare Primary

- Copays for doctor visits and generic prescriptions before you meet deductible
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive 2 ID cards (BCBS & Caremark)

TRS-ActiveCare HD

- Must meet deductible before plan pays for non-preventive care
- In-network and out-of-network benefits – separate out-of-network deductible/out-of-pocket maximum
- Nationwide network
- Deductible applies to medical and pharmacy
- No requirement for PCP or referrals
- Compatible with health savings account (HSA)
- Employee will receive 2 ID cards (BCBS & Caremark)

TRS-ActiveCare Primary+

- Copays for many services and drugs
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive 2 ID cards (BCBS & Caremark)

TRS-ActiveCare 2 – CLOSED TO NEW ENROLLEES

- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- Employee will receive 2 ID cards (BCBS & Caremark)

TRS-ActiveCare Plan Prescription Benefits

CVS Caremark | <https://info.caremark.com/trsactivecare/> | 1.866.355.5999

When you enroll in a BCBSTX Plan, you automatically receive prescription drug coverage through CVS Caremark which gives you access to a large, national network of retail pharmacies.



TRS ActiveCare & STAMP Health Multi-Plan

G-PISD Benefits Highlights for 2021-2022

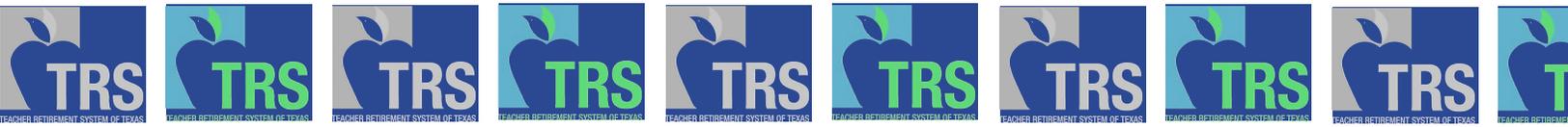
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https://www.trs.texas.gov/Pages/healthcare_benefits.aspx





INSURANCE & BENEFITS TERMINOLOGY

PREMIUM: The monthly amount **you pay** for health care coverage.

DEDUCTIBLE: The annual amount for medical expenses **you're responsible to pay before** your plan begins to pay its portion.

COPAY: The set amount **you pay** for a covered service at the time you receive it. The amount can vary by the type of service.

COINSURANCE: The portion **you're required to pay** for services *after* you meet your deductible. It's often a specified percentage of the costs; i.e. *you pay 30%* while the health care plan pays 70%.

MAXIMUM: Often referred to as "**Out-of-pocket-maximum.**" Is The **maximum amount you pay each year for medical costs.** *After* reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services

WHICH PLAN IS BEST FOR ME?

There are 3 plans that you can enroll into for the 2021-2022 year. Each plan has components that may benefit you and your personal medical situation. Refer to the graphic to the right to see the major details of each plan.

TRS-ActiveCare Primary

- Lowest premium of the plans
- Copays for doctor visits before you meet deductible
- Statewide network
- PCP referrals required to see specialists
- *Not compatible with a health savings account (HSA)*
- *No out-of-network coverage*

PRR

TRS-ActiveCare Primary+



- Lower deductible than the HD and Primary plans
- Copays for many services and drugs
- Higher premium than the other plans
- Statewide network
- PCP referrals required to see specialists
- *Not compatible with a health savings account (HSA)*
- *No out-of-network coverage*

TRS-ActiveCare HD

- Compatible with a health savings account (HSA)
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals
- Must meet your deductible before plan pays for non-preventive care

HD

ActiveCare Details

closed for enrollment

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



TRS ActiveCare Plans

PRIMARY

PRIMARY +

PRIMARY HD

FEATURES

Type of coverage	In-Network Coverage Only
Ind./family deductible	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible
Max Out-of-Pocket	\$8,150/\$16,300
Network	Statewide Network
Primary Care Required	Yes

In-Network Coverage Only	
Ind./family deductible	\$1,200/\$3,600
Coinsurance	You pay 20% after deductible
Max Out-of-Pocket	\$6,900/\$13,800
Network	Statewide Network
Primary Care Required	Yes

In-Network		Out-of-Network	
Ind./family deductible	\$3,000/\$6,000	Ind./family deductible	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	Coinsurance	You pay 50% after deductible
Max Out-of-Pocket	\$7,000/\$14,000	Max Out-of-Pocket	\$20,250/\$40,500
Network			
Nationwide Network			
Primary Care Required			
No			

DOCTOR VISITS

Primary Care	\$30 copay
Specialist	\$70 copay
TRS Virtual Health	\$0 per consultation

Primary Care	\$30 copay
Specialist	\$70 copay
TRS Virtual Health	\$0 per consultation

Primary Care	You pay 30% after deductible	Specialist	You pay 50% after deductible
Specialist	You pay 30% after deductible	TRS Virtual Health	You pay 50% after deductible
TRS Virtual Health			
\$30 per consultation			

IMMEDIATE CARE

Urgent Care	\$50 copay
Emergency Care	You pay 30% after deductible
TRS Virtual Health	\$0 per consultation

Urgent Care	\$50 copay
Emergency Care	You pay 20% after deductible
TRS Virtual Health	\$0 per consultation

Urgent Care	You pay 30% after deductible	Emergency Care	You pay 50% after deductible
Emergency Care			
You pay 30% after deductible			
TRS Virtual Health			
\$30 per consultation			

RX DRUGS

Drug Deductible	Integrated with medical
Generics 30/90 supply	\$15/\$45 copay; \$0 for certain generics
Preferred Brand	You pay 30% after deductible
Non-Preferred Brand	You pay 50% after deductible
Specialty	You pay 30% after deductible

Drug Deductible	\$200 brand deductible
Generics 30/90 supply	\$15/\$45 copay
Preferred Brand	You pay 25% after deductible
Non-Preferred Brand	You pay 50% after deductible
Specialty	You pay 20% after deductible

Drug Deductible		Integrated with medical	
Generics 30/90 supply		You pay 20% after deductible; \$0 for certain generics	
Preferred Brand		You pay 25% after deductible	
Non-Preferred Brand		You pay 50% after deductible	
Specialty		You pay 20% after deductible	

NA, TRS. "Healthier Together." Trs.texas.gov, 2021, www.trs.texas.gov/TRS%20Documents/2021-22-TRS-ActiveCare-plan-highlights.pdf.

TRS ActiveCare Primary			
\$2,500 Individual /\$5,000 Family Deductible, \$30 Copay, 70% Covered after Deductible			
Coverage Category	Cost	Employer's Contribution	Net Monthly Cost
Employee Only	\$417.00	\$250.00	\$167.00
Employee and Spouse	\$1,176.00	\$250.00	\$926.00
Employee and Children	\$751.00	\$250.00	\$501.00
Employee and Family	\$1,405.00	\$250.00	\$1,155.00
TRS ActiveCare HD			
\$3,000 Individual /\$6,000 Family Deductible (In Network)			
Coverage Category	Cost	Employer's Contribution	Net Monthly Cost
Employee Only	\$429.00	\$250.00	\$179.00
Employee and Spouse	\$1,209.00	\$250.00	\$959.00
Employee and Children	\$772.00	\$250.00	\$522.00
Employee and Family	\$1,445.00	\$250.00	\$1,195.00
TRS ActiveCare Primary +			
\$1,200 Individual /\$3,600 Family Deductible, \$30 Copay, 80% Covered after Deductible			
Coverage Category	Cost	Employer's Contribution	Net Monthly Cost
Employee Only	\$542.00	\$250.00	\$292.00
Employee and Spouse	\$1,334.00	\$250.00	\$1,084.00
Employee and Children	\$879.00	\$250.00	\$629.00
Employee and Family	\$1,675.00	\$250.00	\$1,425.00

Further information for TRS ActiveCare



HEALTHCARE BENEFITS: THE CHOICE IS YOURS



Choosing a Health Plan that works for You

Gregory-Portland ISD



State of Texas Alternative Medical Program (STAMP)

A better healthcare experience built to deliver exceptional member support

We understand healthcare is complex and we are committed to making it easy for you. With a compassionate support team, intelligent technology and clinical expertise, we make sure every member gets the care and guidance they need.



You get:

- One Number to Call
- Complete Healthcare Guidance
- Health and Clinical Support
- Price Protection and Billing Support

You're at the center of all we do. Our team is made up of real people who listen and are passionate about answering your questions and advocating on your behalf. We proactively look after you and your family and make it easy for you to get the help you need.



One Call – That's All

Our team is ready and able to help resolve most issues in just one call. Contact us if:

You have questions about your benefits

Need help with a claim

Need to find a provider

Just call us at 800-716-2852.

One Number to Call

Our Member Care Team is ready to assist you no matter what you are inquiring about: benefits information; assistance finding a doctor; or questions about a claim or bill. Your time is valuable, and we are committed to helping you get the most out of your health plan with just one call.

Complete Healthcare Guidance (live and digital resources)

Get expert support to find right provider for your needs. Compare providers based on quality metrics, cost and other information so that you can make an informed choice. Finally, no more random internet searches – get real-time, industry-leading data.

Health and Clinical Support

We will take care of you throughout your healthcare journey. Our team of experts will answer questions and provide education regarding your treatment plan, diagnosis care options and medications. We can also assist you with scheduling appointments and obtaining your medical records.

Price Protection and Billing Support

Your health plan has built-in price protection to make sure you don't overpay for care. Claims are reviewed to make sure they don't exceed your plan's allowable limits. If a provider does not accept your plan's payment, they may send you a bill for the difference. (You just need to compare it to your Explanation of Benefits, or EOB.) We can work to get it resolved; be sure to notify us right away if you have a question about a bill.



Benefits ID Card

Your benefits ID card has all the information you and your provider need. Make sure to:

Always have your Benefits ID Card with you when you go to a healthcare provider

Provide your Benefits ID Card at check-in

Ask the provider to call the phone number on the card if they have any questions about your benefits coverage

Here to help with just one call.

Phone: 800-716-2852 | Hours: Mon-Thurs: 7am-9pm CST Friday: 7am-7pm CST

Email: myplan@gpatpa.com

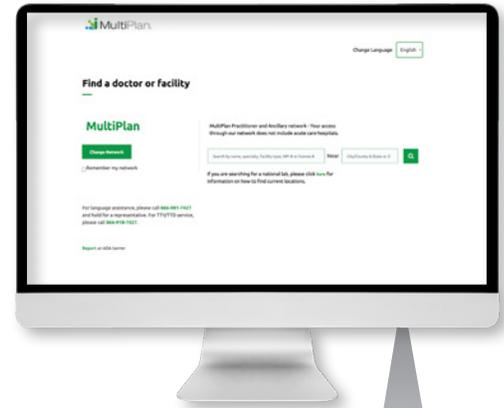
Provider Choices

Finding quality healthcare is easy. We've got you covered with access to the network of Multiplan providers. You also have the ability to choose to see any provider you wish.

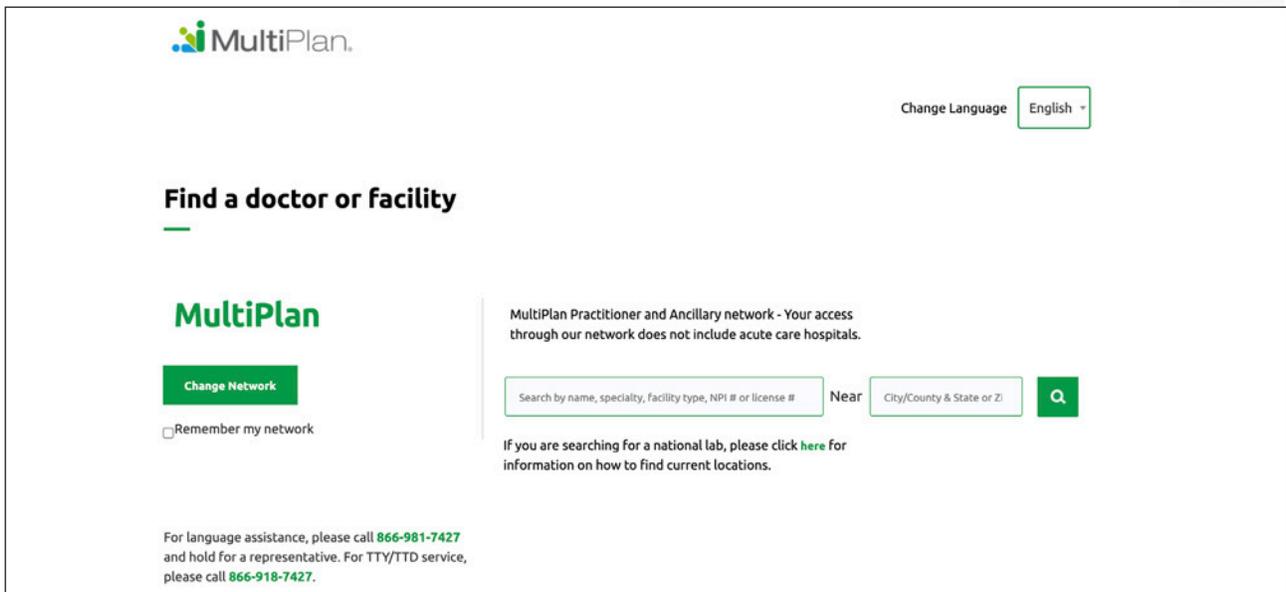


Find a Multiplan Provider

- Visit www.multiplan.com/mpipracanc.
- Click on Search by Name, Specialty and then scroll down and select Provider Type.
- Enter your city/county/zip code in the next field.
- Click the search button or hit "Enter".
- Hit ok at the bottom of the pop-up screen.



*Please note that if you see a provider outside Multiplan you may be asked to pay upfront and will need to submit a claim to GPA.



Need Help Finding a Provider? Call!

We are happy to help you select a provider that works with your plan. Just call the number on your benefits ID card.



GREGORY-PORTLAND INDEPENDENT SCHOOL DISTRICT
 STATE OF TEXAS ALTERNATIVE MEDICAL PROGRAM
ELAP-MULTI HEALTH PLANS



Individual deductible: **\$1,500** // Individual + 1 or more: **\$3,000**

**PRIMARY
PLAN**

Coverage Type	Cost	G-PISD Contribution	Net Monthly Cost
Employee Only	\$368	\$250	\$118
Employee w/ Spouse	\$1,107	\$250	\$857
Employee w/ Children	\$713	\$250	\$463
Employee w/ Family	\$1,356	\$250	\$1,106

Individual deductible: **\$500** // Individual + 1 or more: **\$1,500**

**PRIMARY+
PLAN**

Coverage Type	Cost	G-PISD Contribution	Net Monthly Cost
Employee Only	\$400	\$250	\$150
Employee w/ Spouse	\$1,225	\$250	\$975
Employee w/ Children	\$787	\$250	\$537
Employee w/ Family	\$1,500	\$250	\$1,250

Individual deductible: **\$1,400** // Individual + 1 or more: **\$2,800**

**HIGH
DEDUCTIBLE
PLAN**

Coverage Type	Cost	G-PISD Contribution	Net Monthly Cost
Employee Only	\$371	\$250	\$121
Employee w/ Spouse	\$1,121	\$250	\$992
Employee w/ Children	\$721	\$250	\$471
Employee w/ Family	\$1,355	\$250	\$1,085

STAMP Primary

	Tier 1 ELAP + Multiplan
	All Facilities All Providers (including Multiplan)
Monthly Premiums	
Employees Only	\$368
Employee and Spouse	\$1,107
Employee and Children	\$713
Employee and Family	\$1,356
Preventive Care	
Well Care (Up to Age 19)	Covered 100%, Ded Waived
Routine Adult Care	Covered 100%, Ded Waived
Plan Deductible & Co-Insurance	Embedded
Deductible - Individual	\$1,500
Deductible - Individual + 1 or more	\$3,000
Plan Co-Insurance (<i>except where noted</i>)	80%
Plan Out-of-Pocket Maximum	
Max OOP - Individual	\$6,500
Max OOP - Individual + 1 or more	\$13,000
Prescription Drugs	
Drug Deductible	Integrated with medical
Generics (30 day/90 day supply)	\$5/\$15 copay
Preferred Brand	You pay 20% after Deductible
Non-Preferred Brand	You pay 50% after Deductible
Specialty	Not Covered by Plan *
Telehealth	
	No charge
Office Visits	
Primary Care	\$15
Specialist Care	\$50
Physical, Occupational & Speech Therapy	
	\$50
Hospital Benefits	
In-Patient (Facility)	You pay 20% after Deductible
In-Patient (Surgeon)	You pay 20% after Deductible
Out-Patient (Facility)	You pay 20% after Deductible
Out-Patient (Surgeon)	You pay 20% after Deductible
Independent Labs, Imaging & Diagnostics (Includes Quest for Imagine Health)	
Participating Lab	Place of Service
Standard X-Ray	Place of Service
Complex Imaging	You pay 20% after Deductible
Urgent Care & Emergency Services	
Urgent Care	\$50
Ambulance (Air & Land) - Emergency	You pay 20% after Deductible
Emergency Room	You pay \$500 + ded/coins

STAMP HD

	Tier 1 ELAP + Multiplan All Facilities All Providers (including Multiplan)
Monthly Premiums	
Employees Only	\$371
Employee and Spouse	\$1,121
Employee and Children	\$721
Employee and Family	\$1,355
Preventive Care	
Well Care (Up to Age 19)	Covered 100%, Ded Waived
Routine Adult Care	Covered 100%, Ded Waived
Plan Deductible & Co-Insurance	Not Embedded
Deductible - Individual	\$1,400
Deductible - Individual + 1 or more	\$2,800
Plan Co-Insurance (<i>except where noted</i>)	80%
Plan Out-of-Pocket Maximum	
Max OOP - Individual	\$4,000
Max OOP - Individual + 1 or more	\$8,000
Prescription Drugs	
Drug Deductible	Integrated with medical
Generics (30 day/90 day supply)	You pay 10% after Deductible
Preferred Brand	You pay 20% after Deductible
Non-Preferred Brand	You pay 30% after Deductible
Specialty	Not Covered by Plan *
Telehealth	
	No charge
Office Visits	
Primary Care	You pay 20% after Deductible
Specialist Care	You pay 20% after Deductible
Physical, Occupational & Speech Therapy	
	You pay 20% after Deductible
Hospital Benefits	
In-Patient (Facility)	You pay 20% after Deductible
In-Patient (Surgeon)	You pay 20% after Deductible
Out-Patient (Facility)	You pay 20% after Deductible
Out-Patient (Surgeon)	You pay 20% after Deductible
Independent Labs, Imaging & Diagnostics (Includes Quest for Imagine Health)	
Participating Lab	You pay 20% after Deductible
Standard X-Ray	You pay 20% after Deductible
Complex Imaging	You pay 20% after Deductible
Urgent Care & Emergency Services	
Urgent Care	You pay 20% after Deductible
Ambulance (Air & Land) - Emergency	You pay 20% after Deductible
Emergency Room	You pay 20% after Deductible

STAMP Primary +

	Tier 1 ELAP + Multiplan All Facilities All Providers (including Multiplan)
Monthly Premiums	
Employees Only	\$400
Employee and Spouse	\$1,225
Employee and Children	\$787
Employee and Family	\$1,500
Preventive Care	
Well Care (Up to Age 19)	Covered 100%, Ded Waived
Routine Adult Care	Covered 100%, Ded Waived
Plan Deductible & Co-Insurance	Embedded
Deductible - Individual	\$500
Deductible - Individual + 1 or more	\$1,500
Plan Co-Insurance (except where noted)	90%
Plan Out-of-Pocket Maximum	
Max OOP - Individual	\$5,250
Max OOP - Individual + 1 or more	\$10,500
Prescription Drugs	
Drug Deductible	\$150 Brand Deductible
Generics (30 day/90 day supply)	\$10/\$30 copay
Preferred Brand	You pay 20% after Deductible
Non-Preferred Brand	You pay 50% after Deductible
Specialty	Not Covered by Plan *
Telehealth	
	No charge
Office Visits	
Primary Care	\$15
Specialist Care	\$50
Physical, Occupational & Speech Therapy	
	\$50
Hospital Benefits	
In-Patient (Facility)	You pay 10% after Deductible
In-Patient (Surgeon)	You pay 10% after Deductible
Out-Patient (Facility)	You pay 10% after Deductible
Out-Patient (Surgeon)	You pay 10% after Deductible
Independent Labs, Imaging & Diagnostics (Includes Quest for Imagine Health)	
Participating Lab	Place of Service
Standard X-Ray	Place of Service
Complex Imaging	You pay 10% after Deductible
Urgent Care & Emergency Services	
Urgent Care	\$50
Ambulance (Air & Land) - Emergency	You pay 10% after Deductible
Emergency Room	\$500 + ded/coins



One Call — That's All

Phone: 800-716-2852 | **Hours:** Mon-Thurs: 7am-9pm CST Friday: 7am-7pm CST

Email: myplan@gpatpa.com

Cigna Dental Benefit Summary
Gregory Portland ISD - Low Plan
Plan Effective Date: 09/01/2021

EE Only \$19.64
 EE + Spouse \$39.26
 EE + Children \$43.11
 EE + Family \$62.75



Insured by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations.

Cigna Dental Choice Plan				
Network Options	In-Network: Total Cigna DPPO Network		Out-of-Network: See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II & III expenses	\$1,000		\$1,000	
Calendar Year Deductible Individual Family	\$50 \$150		\$50 \$150	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Emergency Care to Relieve Pain	80% No Deductible	20% No Deductible	80% No Deductible	20% No Deductible
Class II: Basic Restorative Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures Anesthesia: general and IV sedation Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments Space Maintainers: non-orthodontic	25% After Deductible	75% After Deductible	25% After Deductible	75% After Deductible
Class IV: Orthodontia Coverage for Dependent Children to age 19 Lifetime Benefits Maximum: \$1,000	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees.			
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			
Late Entrant Limitation Provision	Payment will be reduced by 50% for Class III and IV services for 12 months for eligible members that are allowed to enroll in this plan outside of the designated open enrollment period. This provision does not apply to new hires.			

Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Oral Health Integration Program (OHIP)	Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the plan deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Missing Tooth Limitation	For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 12 months; thereafter, considered a Class III expense.
Oral Evaluations	2 per calendar year
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months
Diagnostic Casts	Payable only in conjunction with orthodontic workup
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy
Fluoride Application	1 per calendar year for children under age 19
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14
Space Maintainers	Limited to non-orthodontic treatment for children under age 19
Inlays, Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once
Denture Adjustments, Rebases and Relines	Covered if more than 6 months after installation
Prosthesis Over Implant	1 every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.
Benefit Exclusions:	
Covered Expenses will not include, and no payment will be made for the following:	
Procedures and services not included in the list of covered dental expenses;	
Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;	
Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars; Periodontics: bite registrations; splinting;	
Prosthodontics: precision or semi-precision attachments; initial placement of a complete or partial denture per plan guidelines;	
Implants: implants or implant related services;	
Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;	
Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines;	
Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs	
Charges in excess of the Maximum Reimbursable Charge.	

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

EE Only	\$36.30
EE + Spouse	\$69.82
EE + Children	\$71.74
EE + Family	\$101.18



Cigna Dental Benefit Summary
Gregory Portland ISD - High Plan
Plan Effective Date: 09/01/2021

Insured by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations.

Cigna Dental Choice Plan				
Network Options	In-Network: Total Cigna DPPO Network		Out-of-Network: See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II & III expenses	\$1,500		\$1,500	
Calendar Year Deductible Individual Family	\$50 \$150		\$50 \$150	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures Anesthesia: general and IV sedation Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments Space Maintainers: non-orthodontic	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class IV: Orthodontia Coverage for Dependent Children to age 19 Lifetime Benefits Maximum: \$1,000	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees.			
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			

Late Entrant Limitation Provision	Payment will be reduced by 50% for Class III and IV services for 12 months for eligible members that are allowed to enroll in this plan outside of the designated open enrollment period. This provision does not apply to new hires.
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Oral Health Integration Program (OHIP)	Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the plan deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Missing Tooth Limitation	For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 12 months; thereafter, considered a Class III expense.
Oral Evaluations	2 per calendar year
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months
Diagnostic Casts	Payable only in conjunction with orthodontic workup
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy
Fluoride Application	1 per calendar year for children under age 19
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14
Space Maintainers	Limited to non-orthodontic treatment for children under age 19
Inlays, Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once
Denture Adjustments, Rebases and Relines	Covered if more than 6 months after installation
Prosthesis Over Implant	1 every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.
Benefit Exclusions:	
Covered Expenses will not include, and no payment will be made for the following:	
Procedures and services not included in the list of covered dental expenses;	
Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;	
Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars; Periodontics: bite registrations; splinting;	
Prosthodontics: precision or semi-precision attachments; initial placement of a complete or partial denture per plan guidelines;	
Implants: implants or implant related services;	
Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;	
Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines;	
Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs	
Charges in excess of the Maximum Reimbursable Charge.	

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.



Vision plan benefits for Gregory-Portland ISD

Copays		Monthly premiums		Services/frequency	
Exam	\$10	Emp. only	\$7.23	Exam	12 months
Materials ¹	\$25	Emp. + spouse	\$14.36	Frame	12 months
Contact lens fitting (standard & specialty)	\$25	Emp. + children	\$14.06	Contact lens fitting	12 months
		Emp. + family	\$21.41	Lenses	12 months
				Contact lenses	12 months

(Based on date of service)

Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$42 retail
Exam (optometrist)	Covered in full	Up to \$37 retail
Frames	\$130 retail allowance	Up to \$68 retail
Contact lens fitting (standard ²)	Covered in full	Not covered
Contact lens fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$32 retail
Bifocal	Covered in full	Up to \$46 retail
Trifocal	Covered in full	Up to \$61 retail
Standard progressive ³	Covered in full	Up to \$46 retail
Polycarbonate	Covered in full	Not covered
Contact lenses ⁴	\$130 retail allowance	Up to \$100 retail

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

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

³ If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

Discount features

Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

superiorvision.com

(800) 507-3800

Discounts on covered materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail standard progressive lens, including lens options
Specialty contact lens fit:	10% off retail, then apply allowance

Discounts on non-covered exam, services and materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

Maximum member out-of-pocket

The following options have out-of-pocket maximums⁵ on standard (not premium, brand, or progressive) lenses.

	Single vision	Bifocal & trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

⁵ Discounts and maximums may vary by lens type. Please check with your provider.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.

Refractive surgery

Superior Vision has a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks who offer members a discount. These discounts range from 10%-50%, and are the best possible discounts available to Superior Vision.



Flexible Spending Accounts



First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

HEALTHCARE FSA

A Health Flexible Spending Account (Health FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

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

HIGHLIGHTS

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

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

DEPENDENT CARE FSA

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

You may allocate up to \$5,000 per tax year for reimbursement of dependent care services. If you are married and file a separate tax return, the limit is \$2,500.

HIGHLIGHTS

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

FSA RESOURCES

BENEFITS CARD

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

- **The IRS requires validation of most transactions for FSAs.** You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 90 days of the purchase or date of service your card will be suspended until the necessary, receipt or explanation of benefits from your insurance provider is received.
- **Dependent Care FSA Contributions are not loaded upfront.** Funds become available as contributions are made to your account.

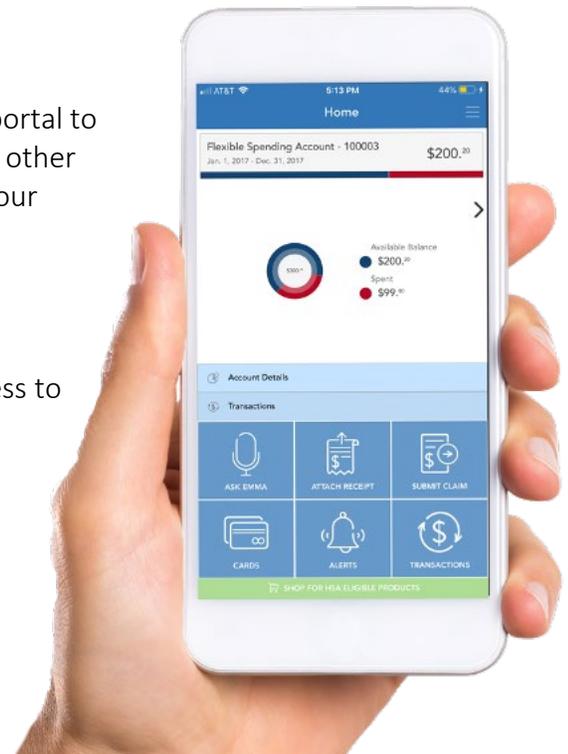
ONLINE FSA PORTAL

Flexible Spending Account participants can log in to their online FSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

FF FLEX MOBILE APP

Managing your benefit accounts on the go is made easy with *FF Flex Mobile App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Access account Information
- View card details and profile information
- Submit FSA claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Update direct deposit information



FSA STORE

First Financial has partnered with the FSA Store to bring you an easy to use online store to better understand and manage your FSA. An online marketplace that connects consumers to FSA-eligible products, seasonal deals, and account support resources such as open enrollment guides and educational videos.

Visit <http://www.ffga.com/fsaextras> for more details & special deals!

- Shop for eligible items from bandages to wheelchairs and thousands of products in between
- Browse or search for eligible products and services using the Eligibility List
- Visit the Learning Center to help find answers to questions you may have about your account.

Health Savings Accounts



First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

HEALTH SAVINGS ACCOUNTS

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

HIGHLIGHTS

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.

HSA RESOURCES

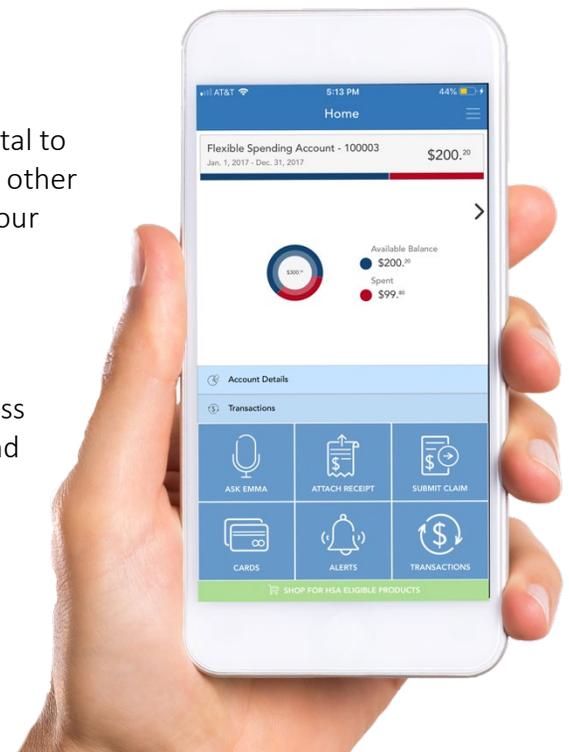
ONLINE HSA PORTAL

Health Savings Account participants can log in to their online HSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

FF FLEX MOBILE APP

Managing your benefit accounts on the go is made easy with *FF Flex Mobile App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Request distributions
- Invest in HSA funds
- Make additional contributions
- Pay a provider or pay yourself
- Download tax forms



HSA STORE

First Financial has partnered with the HSA Store to bring you an easy to use online store to better understand and manage your HSA. An online marketplace that connects consumers to HSA-eligible products, seasonal deals, and account support resources such as a national database of providers as well as an HSA Learning Center.

Visit <http://www.ffga.com/fsaextras> for more details & special deals!

- Shop for eligible items from bandages to wheel chairs and thousands of products in between
- Browse or search for eligible products and services using the Eligibility List
- Visit the Learning Center to help find answers to questions you may have about your account.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

Life & AD&D Insurance



Blue Cross Blue Shield | www.bcbstx.com/ancillary | 1.877.442.4207

EMPLOYER-PAID TERM LIFE & AD&D INSURANCE

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

Texas Life - Permanent Life



Texas Life | www.texaslife.com | 1.800.283.9233

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

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

HIGHLIGHT

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

Disability Insurance



American Fidelity | www.americanfidelity.com | 1.800.654.8489

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

How do you decide if you need disability insurance? Consider these questions when making your decision:

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

Cancer Insurance



American Fidelity | www.americanfidelity.com | 1.800.654.8489

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

It is likely that your major medical coverage will not cover all of the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.

Critical Illness Insurance



UNUM | www.UNUM.com | 1.866.679.3054

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

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

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.

Accident Insurance



Aetna | www.aetna.com | 1.800.

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

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit

Hospital Indemnity Insurance



Metlife | www.metlife.com | 1.800.438.6388

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

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

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

Identity Theft Protection



iLOCK360 | www.iLOCK360.com | 1.855.287.8888

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud.

Identity theft insurance won't prevent your identity from being stolen. But it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep. The sooner you can take action to close your accounts, the quicker you can recover your identity.

It takes years to establish a good reputation with credit lenders and employers. Make sure it remains yours by taking advantage of the identity theft insurance offered through your employer.

Employee Assistance Program



Deer Oaks EAP Services | www.deeroakseap.com | 1.888.993.7650

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

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

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

Telehealth



MDLive | www.MDLIVE/benadmin.com | 1.888.539.2649

Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room.

Board Certified physicians will diagnose your illness, recommend treatment and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They are able to treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!

Note: Telehealth (Virtual Health) is included in all medical options offered by the district. TRS ActiveCare Primary, Primary + and ActiveCare 2 includes consultation at no cost per call. TRS ActiveCare HD has a fee of \$30 per call.

Individual must be enrolled in a medical plan in order to receive the above virtual health services.

If you or your dependents are not enrolled in a medical plan, you may elect to enroll in MDLive as a separate benefit.

Medical Transport



MASA | www.masamts.com | 1.800.643.9023

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are only partially covered for these high costs.

Most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill.

With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.

403(b) Retirement Plans



National Benefit Services (NBS) | www.nbsbenefits.com | 1.800.274.0503

The 403(b) can be an excellent way to save money for retirement. It can serve as a supplement to a traditional pension plan or other retirement plan(s), or as a stand-alone plan. The 403(b) is a tax deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. The 403(b) is named after the section of the IRS code governing it.

HOW A 403(b) WORKS

Employees enroll and participate through their employer. Contributions to a 403(b) are made on a pre-tax basis through a Salary Reduction Agreement. This is an arrangement where the participating employee agrees to take a reduction in salary. The amount by which the salary is reduced is directed to investments offered through the employer and selected by the employee. These contributions are called elective deferrals and are excluded from the employee's taxable income. Contributions grow tax-deferred until the time of retirement, when withdrawals are taxed as ordinary income.

BENEFITS

- Tax deferred growth: no annual taxation on earnings
- Investment options: fixed annuities, variable annuities, or mutual funds
- Competitive interest rates
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan.
- Receive periodic account statements

CONTRIBUTION LIMITS

Participants may contribute up to \$19,500 for year 2021. Participants age 50 and older at any time during the calendar year are permitted to contribute an additional \$6,500 in 2021, for a total of \$26,000.

457(b) Retirement Plans



National Benefit Services (NBS) | www.nbsbenefits.com | 1.800.274.0503

A 457(b) plan is a Tax Deferred Retirement Plan available to employees of state and local governmental agencies, including public school employees. They are similar to 401(k) plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on what you contribute or your earnings made until you withdraw the money.

BENEFITS

- Investment options: fixed annuities, variable annuities, or mutual funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan
- Receive periodic account statements
- No 10% federal penalty on interest or earnings for early withdrawal
- No current federal income taxes on the money you put into the plan until it is time to take withdrawals

CONTRIBUTION LIMITS

Participants may contribute up to \$19,500 for year 2021. Participants age 50 and older at any time during the calendar year are permitted to contribute an additional \$6,500 in 2021, for a total of \$26,000.

COBRA

First Financial Administrators, Inc. | www.cobrapoint.benaissance.com | 1.800.523.8422, option 4

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

HIGHLIGHTS

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

Clever RX



Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

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

HIGHLIGHTS

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

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CONTACT INFORMATION



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EMPLOYEE BENEFITS CENTER – <https://ffbenefits.ffga.com/gregoryportlandisd>

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