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uplifteducation

PLAN YEAR 2023 -2024 EMPLOYEE BENEFITS





HEALTH BENEFITS

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DIRECTORY

For any questions or concerns you may have regarding your 2023-2024 Employee Benefits, you can contact the following:

- For claims assistance, you can contact the insurance carrier. You will need your ID number or Social Security number, date of service and provider name.
- For additional assistance or questions, please contact one of our Benefit Counselors at the Benefits Service Center.

Before you speak with a Benefit Counselor, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.

Benefits Service Center		
Monday - Friday: 8:00 am - 7:00 pm CST Saturday: 9:00 am - 3:00 pm CST	(866) 409-3174 Microsite link is - www.uplifteducationbenefits.org	
Benefit/Carrier	Policy/ Group #	Telephone/ Website or Email
Medical BCBSTX PPO High Deductible HMO Low Deductible HMO High Deductible PPO Grandfathered (Closed)	368172 368173 368175 368171	(800) 521-2227 - PPO (877) 299-2377 - HMO www.bcbstx.com
Health Savings Account Flexible Spendings Accounts CAS	N/A	(877) 941-5956 www.consolidatedadmin.com
Dental BCBSTX Low Plan High Plan	368176 368177	(800) 521-2227 www.bcbstx.com
Vision BCBSTX	VF028267	(855) 556-8796 member.evemedvisioncare.com/bcbstx/en
Short Term Disability Long Term Disability Basic Life and AD&D Voluntary Life and AD&D Dearborn Life	VF028267	(877) 442-4207 www.bcbstx.com/ancillary ancillaryquestionstx@bcbstx.com
Universal Life Transamerica Life Insurance	G000046991	(800) 797-2643 www.transamerica.com
Accident Critical Illness Cancer Insurance Hospital Indemnity Guardian	551834	(800) 268-2525 www.guardiananytime.com
403(b) Retirement Benefit TCG Group Holdings	N/A	(800) 943-9179 www.region10rams.org 403b@tcgservices.com
Employee Assistance Program ComPsych/GuidanceResources	U: TBD P: TBD	(888) 628-4824 www.guidanceresources.com
Uplift Talent Management Uplift Education	N/A	iHelp Tickets





WELCOME

To Your Employee Benefits



uplifteducation

Each year, we strive to offer comprehensive and competitive benefit plans to our employees. In the following pages, you will find a summary of our benefit plans for the **September 1, 2023 to August 31, 2024** Plan Year. Please read this Benefits Guidebook carefully as you prepare to make your elections for the upcoming Plan Year.

Uplift Education will be utilizing Professional Enrollment Concepts' (PEC) services for our benefit communication and enrollment this year. PEC's Benefit Counselors will provide you with a detailed explanation of your entire benefit program. They will review your benefits with you on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.

ABOUT THIS BENEFITS GUIDEBOOK

This Benefits Guidebook describes the highlights of Uplift Education's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this Benefits Guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of Uplift Education's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Uplift Education.



WHAT'S NEW THIS 2023-2024 YEAR?

- **Blue Cross Blue Shield of Texas** will be the new Medical, Dental, and Vision provider.
- **Dearborn Life** will be the new Life & AD&D, Long-Term Disability, and Short-Term Disability provider.
- The annual contribution limit for **Health Savings Accounts** increased from \$3,650 to \$3,850 per plan year for employees enrolled in Employee Only medical coverage and from \$7,300 to \$7,750 per plan year for employees enrolled Employee & Children, Spouse, or Family coverage.
- The annual contribution limit for the **Health Care FSA** plan increased from \$2,850 to \$3,050 per plan year.





NEW HIRE CHECKLIST

Welcome to the Uplift Family! We are honored to offer a competitive benefits package designed to meet the needs of you and your family. You have thirty days from your date of hire (printed on your offer letter) to complete your New Hire Enrollment elections.

Whether this is your first time accepting benefits from an employer or your 10th, there are many things to consider prior to and after enrollment. We have created the following checklist of tasks to guide you through the enrollment process.



Within 30 days from your date of hire:

- ☐ **Complete New Hire Orientation (NHO).** Benefits training is included in the material that you are required to review within your first thirty days of employment. The training video provides a high-level overview of each of our benefit programs and your enrollment options.
- ☐ **Review the Benefits Guidebook & Benefits Website.** Plan and eligibility details, premium information, required notices and disclosures, useful reference material are provided within our Benefits Guide. The benefits website houses indepth plan descriptions/ documents, and useful links to carrier resources. It is important that you review all documents related to any plan that you intend to enroll in. Click the link to access the Benefits Website: <http://uplifteducationbenefits.org/>.
- ☐ **Evaluate any in-force insurance policies.** If you are currently enrolled in coverage outside of Uplift, it may benefit you to compare your current plan documents to the plan documents for Uplift's coverage. Our benefit counselors are equipped to help you verify that your benefits package compliments the coverage that your family currently has in place.
- ☐ **Ask questions.** If you have questions about any of the material that you have reviewed, you may contact the Benefits Service Center at (866) 409-3174.
- ☐ **Gather dependent and beneficiary information.** You will be required to provide the name, date of birth, SSN, and address for any dependents you enroll in coverage. It is also vital that you provide accurate contact information for your beneficiaries.
- ☐ **Visit Selerix or call the Benefits Service Center at (866) 409-3174 for questions to process your enrollment. You have two options for enrollment:**
 - You may enroll online using the <https://transamerica.benselect.com/enroll>. (In addition to enrolling in benefits, you may add/ update dependent and beneficiary, access enrollment confirmations, insurance applications and other important plan documents.)
 - You may contact the Benefits Service Center via telephone.
Benefits Service Center
Phone: (866) 409-3174
Hours: M-F 8:00 am - 7:00 pm | Sat 9:00 am - 3:00 pm cst
- ☐ **Carefully review your elections in Selerix.** Make any corrections or contact the Benefits Service Center for assistance.
 - Proper address and contact information
 - Appropriate coverage, costs, and effective dates
 - Updated dependent and beneficiary information
- ☐ **Plan for the financial impact.** Updates to your deductions will be processed within 1-2 pay cycles. Double deductions to assess missed premiums may be required. You may review the Payroll Calendar to determine when your deduction changes will be processed.
- ☐ **Review your paycheck stub(s).** Premiums for the current month are paid on the last day of the month for salaried employees, and on the 15th and the last day of the month for hourly employees. Ensure that any required adjustments to your pay appear as you expected, and immediately notify Talent Management of any discrepancies.
- ☐ **Watch for/Print new ID cards.** Carrier updates will be processed within 5 business days from the date your enrollment is processed. You may print ID cards online no sooner than 10 business days after completing your enrollment. If you make changes that require new ID cards, the medical provider will issue new medical/Rx cards within 14 business days.

Please do not hesitate to reach out to PEC or your Talent Management department with any questions/concerns. It is our pleasure to assist!





ELIGIBILITY

Benefits	Provider	Effective Date	Benefits Eligibility Based on Weekly Hours Worked		
			Full-Time (30+)	Part-Time	Substitutes
Medical	Blue Cross Blue Shield of Texas	1st of the month following date of hire	*	*	*
				but not eligible for Cafeteria Credit	but not eligible for Cafeteria Credit
Dental	Blue Cross Blue Shield of Texas	1st of the month following date of hire	*		
Vision			*		
Basic Life & AD&D	Dearborn National	1st of the month following date of hire	*		
Supplemental Life	Dearborn National	1st of the month following date of hire	*		
Long-Term Disability	Dearborn National	1st of the month following date of hire	*		
Short-Term Disability	Dearborn National	1st of the month following date of hire	*		
Universal Life	TransAmerica Life Insurance Company	1st of the month following date of hire	*		
Dependent Care FSA					
Health FSA	Consolidated Admin Services (CAS)	1st of the month following date of hire	*	*	
Health Savings Account					
Accident Insurance					
Cancer Insurance	The Guardian Life Insurance Company	1st of the month following date of hire	*		
Critical Illness Insurance					
Hospital Indemnity Insurance					
403(b) Retirement Savings	TCG Group Holdings	1st of the month following enrollment on TCG website	*		
Employee Assistance Program	Guidance Resources/ComPsych	1st of the month following date of hire	*	*	

When enrolled in a medical insurance plan, Uplift Education will contribute a cafeteria credit, which is an employer subsidy, of \$386 per month towards your medical insurance premium. An additional \$101 will be contributed towards the monthly premium when dependents are enrolled, for a total monthly cafeteria credit of \$487.

If Medical insurance is waived/declined, Uplift Education will contribute a monthly cafeteria credit of up to \$250 towards Dental, Vision, and/or Short-Term Disability premiums.

PART-TIME EMPLOYEES

Employees working at least 10 hours but less than 30 hours per week are only eligible for medical insurance and do not qualify for the Uplift Education monthly cafeteria credit.

EMPLOYEE ELIGIBILITY

New Hires have 30 days from their hire date to enroll in or decline benefits. All benefits are effective the first of the month following your hire date.

Ancillary Benefits:

- Accident Insurance
- Critical Illness Insurance
- Cancer Insurance
- Dental Insurance
- Hospital Indemnity Insurance
- Short-Term Disability Insurance
- Supplemental Life Insurance
- Universal Life Insurance
- Vision Insurance

DEPENDENT ELIGIBILITY

If you apply for coverage, you may include your dependents. All employees must ensure that only family members who meet the following requirements are enrolled in the Uplift insurance and healthcare benefits programs. Uplift Education may conduct an audit requesting supporting documentation on all eligible dependents at any time during the plan year. Eligible dependents include one or more of the following:

- Your spouse;
- A child under the age of 26;
- A child of any age who is certified as disabled and dependent on the parent for support and maintenance.





ENROLLMENT INSTRUCTIONS

HOW TO ENROLL

**Avoid making quick decisions - enroll early!*

You have the option to call one of our Benefit Counselors at the Benefits Service Center or go online for self-service to learn more about your benefits and complete your enrollment process by either electing, changing, or waiving benefits.

To complete your enrollment process, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.

Call Center Enrollment

Benefits Service Center: (866) 409-3174

Monday - Friday: 8:00 AM - 7:00 PM (CST)

Saturday: 9:00 AM - 3:00 PM (CST)

Online Enrollment

Online Enrollment Website:

transamerica.benselect.com/enroll

For online enrollment, use the following format as login information:

Employee ID or SSN: Your SSN with no formatting (#####)

PIN: Last 4 digits of your SSN and the last 2 digits of your birth year (#####)

Example:

John Smith | **SSN:** 123-45-6789 | **DOB:** 01-27-1993

Employee ID or SSN: 123456789

PIN: 678993

Visit [page 31](#) for more detailed self-serve instructions.

BENEFITS EFFECTIVE DATE

Generally, you cannot make any changes to your benefits during the year, unless you experience a Qualifying Life Event (QLE).

- **New Hires.** Your coverage begins the first of the month following your date of hire.
- **Current Employees.** Any changes you make during the annual open enrollment period will become effective on September 1.

The benefits plan year is September 1 through August 31.



2023 OPEN ENROLLMENT

Open Enrollment (OE) is **mandatory**, you must elect or waive benefits to be covered effective 9/1/2023.

OE runs from **July 5, 2023 - July 28, 2023.**





QLE CHECKLIST

A Qualifying Life Event (QLE) is a change in your situation — like getting married, having a baby, or losing health coverage — that can make you eligible for a Special 30-Day Enrollment Period, allowing you to enroll in or change your health insurance outside the yearly Open Enrollment Period.

Qualifying life events include:

- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A dependent's loss of eligibility (attainment of limiting age or change in student status);
- A change in associate's, spouse's, or dependents' work hours;
- A termination or commencement of employment of associate's spouse or eligible dependent with coverage;
- An entitlement to Medicare or Medicaid;
- Other events as the administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service.

If you have experienced a Qualifying Life Event and wish to update your benefits enrollment, you are required to complete the following task within 30 days:



Please complete an iHelp ticket for QLE changes by emailing hr@uplifteducation.com

After your change has been processed:



Review your confirmation. Carefully review the changes and immediately advise PEC of any discrepancies.

- Proper address and contact information
- Appropriate coverage, costs, and effective dates
- Updated dependent and beneficiary information



Plan for the financial impact. Updates to your deductions will be processed within 1-2 pay cycles. Double deductions to assess missed premiums may be required. You may review the Payroll Calendar to determine when your deduction changes will be processed.



Review your paycheck stub(s). Premiums for the current month are paid on the last day of the month for salaried employees and on the 15th and the last day of the month for hourly employees. Ensure that any required adjustments to your pay appear as you expected and immediately notify Talent Management discrepancies.



Watch for/Print new ID cards. Carrier updates will be processed within 5 business days from the date your enrollment is processed. You may print ID cards online no sooner than 10 business days after completing your enrollment. If you make changes that require new ID cards, the medical provider will issue new medical/Rx cards within 14 business days.

Please do not hesitate to reach out to PEC or your Talent Management department with any questions/concerns. It is our pleasure to assist!





MEDICAL

BCBSTX

The medical program, administered by BlueCross BlueShield of Texas (BCBSTX), provides the framework for your good health and well-being. In order to better meet the varying needs of our employees, Uplift is offering four medical plans described below.

Highlights	HMO High Deductible	PPO High Deductible (HSA elig.)		HMO Low Deductible	PPO Grandfathered (AC2 Frozen)	
Network Name	Blue Essentials	Blue Choice		Blue Essentials	Blue Choice	
Network Type	In-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network
Plan Year Deductible						
Individual	\$2,500	\$3,000	\$5,500	\$1,200	\$1,000	\$2,000
Family	\$5,000	\$6,000	\$11,000	\$3,600	\$3,000	\$6,000
Out of Pocket Maximum						
Individual	\$8,150	\$7,050	\$20,250	\$6,900	\$7,900	\$23,700
Family	\$16,300	\$14,100	\$40,500	\$13,800	\$15,800	\$47,400
Coinsurance	70%	70%	50%	80%	80%	60%
Office Visits						
Preventative Services	No charge	No charge		No charge	No charge	
Primary Care	\$30 copay	70% after ded.	50% after ded.	\$30 copay	\$30 copay	60% after ded.
Specialist	\$70 copay	70% after ded.		\$70 copay	\$70 copay	
Urgent Care	\$50 copay	70% after ded.		\$50 copay	\$50 copay	
Inpatient	70% after ded.	70% after ded.	50% after ded.	80% after ded.	\$150 + 80% after ded.	60% after ded.
Outpatient	70% after ded.	70% after ded.	50% after ded.	80% after ded.	\$150 + 80% after ded.	60% after ded.
Emergency Room	70% after ded.	70% after ded.		80% after ded.	\$250 copay + 80% after ded.	
Prescription Copays						
<i>Retail (30-day)</i>	<i>Deductible Incl. in Medical</i>	<i>Deductible Incl. in Medical</i>		<i>\$200 Brand ded.</i>	<i>\$200 Brand ded.</i>	
Generic Formulary	\$15 copay*	80% after ded.*		\$15 copay*	\$20 copay*	
Brand Formulary	70% after ded.	75% after ded.		75% after ded.	75% after ded. (\$80 max)	
Non Formulary	50% after ded.	50% after ded.		50% after ded.	50% after ded. (\$200 max)	
Specialty	70% after ded.	80% after ded.		70% after ded.	80% after ded. (\$900 max)	
<i>Mail (90-day)</i>						
Generic Formulary	\$45 copay	80% after ded.		\$45 copay	\$45 copay	
Brand Formulary	70% after ded.	75% after ded.		75% after ded.	75% after ded. (\$210 max)	
Non Formulary	50% after ded.	50% after ded.		50% after ded.	50% after ded. (\$430 max)	

*\$0 for certain generics

ded. = deductible

Visit the [BCBS Pharmacy Benefits](#) page for pricing and information

Medical Deductions	Monthly Premiums			
	HMO High Deductible	PPO High Deductible (HSA elig.)	HMO Low Deductible	PPO Grandfathered (AC2 Frozen)
Employee	\$18.56	\$30.38	\$122.16	\$613.54
Employee + Spouse	\$654.62	\$684.22	\$755.26	\$1,883.06
Employee + Child(ren)	\$241.20	\$259.94	\$330.98	\$999.96
Family	\$878.60	\$913.14	\$1,075.94	\$2,316.22





HEALTH SAVINGS ACCOUNT

CAS

A Health Savings Account (HSA) works with a High Deductible Health Plan (HDHP), and lets you set aside a portion of your paycheck, before taxes, into an account to help you pay for qualified medical expenses that aren't covered by your plan. It can also help you plan for future medical expenses.

Note: HSA funds can roll over from year to year!

How does an HSA work?

In 2023, the IRS increased the HSA maximums. You can deposit up to \$3,850 for yourself or up to \$7,750 for your family, into your HSA. For those 55 and older, \$1,000 catch-up (additional) contributions can be made to their HSA. This limit is set by the IRS. You can use money in your HSA to pay for insurance deductibles and medical care/supplies like dentistry, ophthalmology, and prescription drugs. When you enroll, an account will be created for you. There is a \$2.50 administrative maintenance fee deducted each month from your paycheck. You'll be given access to a secure, easy-to-use web portal where you can track your account balance and submit requests for reimbursements.

In addition, you'll be issued an HSA Benefits Card you can use at point-of-sale to pay for qualified medical expenses. You can request reimbursement distributions online at www.consolidatedadmin.com or call **(877) 941-5956**. Payment will be made based on your available funds. Distributions can be made payable to you or a provider. Contributions above the yearly limit are called excess contributions and could be subject to a six percent excise tax.

IRS HSA Contribution Limits	2023	2024
Individual	\$3,850	\$4,150
Individual (age 55+)	\$4,850	\$5,150
Family	\$7,750	\$8,300
Family (age 55+)	\$8,750	\$9,300

HSA Eligibility

You are eligible to open and contribute to an HSA if:

- You are enrolled in a High Deductible Health Plan (HDHP);
- You are not covered by your spouse or domestic partner's non-HDHP health plan;
- You are not eligible to be claimed as a dependent on someone else's tax return;
- You are not enrolled in Medicare or TRICARE; and
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care (service-related care will not be taken into consideration).

Triple Tax Savings!

You can take advantage of 'triple tax savings' when you open an HSA with Consolidated Admin Services (CAS). That's because...

- Your contributions are pre-tax (or tax deductible);
- Your account balance grows tax-free; and
- Withdrawals for qualified medical expenses are also tax-free.





FLEXIBLE SPENDING ACCOUNT

CAS

The Flexible Spending Accounts (FSA) administered by Consolidated Admin Services (CAS) allow you to set aside pre-tax dollars from your paycheck to pay for many health care and dependent care expenses. By paying for these expenses with pre-tax dollars, you reduce the amount of your taxable income and increase your take-home pay. You may choose to participate in one or both FSAs - whether you elect any other benefits.

How much can I contribute?

To participate, decide how much you would like to contribute to one or both accounts for the year. *The money you allocate to each account is automatically deducted from your paycheck each pay period before taxes are calculated.*

- Health Care Flexible Spending Account you could contribute up to the maximum of **\$3,050** for the 2023 year.
- Dependent Care Flexible Spending Account you could contribute up to the maximum of **\$5,000** for the 2023 year. The exceptions are:
 - If you and your spouse file separate tax returns, you may contribute \$2,500 per year.
 - If your spouse is employed, your maximum contribution is the lesser of your spouse's taxable income (but no more than \$5,000)
 - If your spouse is a full-time student or they are physically or mentally disabled, your maximum contribution is \$2,500 a year if you claim expenses for one dependent and \$5,000 a year if you claim expenses for two or more dependents.

IRS FSA Contribution Limits	2022	2023
Health Care Flexible Spending Account (Individual)	\$2,850	\$3,050
Dependent Care Flexible Spending Account	\$5,000	\$5,000

Note: Health Care FSA funds can carryover a maximum of \$610 for the year of 2023. There is a \$3.50 administrative maintenance fee per account deducted each month from your paycheck.

General Rules and Restrictions

In exchange for the tax advantages FSAs offer, the IRS has imposed the following rules and restrictions for both Health Care FSA and Dependent Care FSA:

- You may only use the money in your FSAs to reimburse expenses that you have incurred during the plan year for which the FSA was established.
- IRS requires you to use all of the money in your account by the end of the year or you lose it. This is called the "use it or lose it" rule.
- You cannot transfer monies between Health Care and Dependent Care FSAs.
- You cannot begin, stop, or change the amount of your FSA contributions during the calendar year unless you experience a Qualifying Life Event (such as: marriage, divorce or the birth/adoption of a child). Create an iHelp ticket to make changes to your benefits due to a qualifying life event.
- You cannot claim expenses that are reimbursed through your FSA as a deduction on your income tax return.
- Reimbursement for Dependent Care FSA claims is only up to the total amount that is in your account at that time.
- The dependent care provider cannot be anyone considered your dependent for income tax purposes (such as one of your older children). In order to be reimbursed, you are required to provide the tax identification number or Social Security number of the party providing care.





DENTAL

BCBSTX

BlueCross BlueShield of Texas (BCBSTX) gives you the freedom to choose whether you would like to visit an in-network or an out-of-network dentist. There are considerable cost savings when using a dentist who is in network. The following is a brief summary of the major plan provisions.

Network: BlueCare Dental

See www.bcbstx.com or call **(800) 521-2227** for a list of network providers.

Highlights	Low PPO Plan		High PPO Plan	
	<i>In-Network</i>	<i>Out-of-Network (UCR 90th)</i>	<i>In-Network</i>	<i>Out-of-Network (UCR 90th)</i>
Calendar Year Deductible Individual Family Waived for	\$50 \$150 Preventive		\$50 \$150 Preventive	
Annual Maximum Benefit	\$1,250		\$1,500	
Orthodontia Lifetime Maximum	None		\$1,000	
Diagnostic & Preventive	100%	100%	100%	100%
Basic	80%	80%	80%	80%
Major	N/A	N/A	50%	50%
Orthodontia	N/A	N/A	50%	50%
Diagnostic & Preventive	<ul style="list-style-type: none">• Periodic oral evaluations• Comprehensive oral evaluations• Prophylaxis (cleanings)• Topical fluoride applications• Full-mouth and panoramic films• Bitewing films• Space maintainers• Problem focused oral evaluations• Periapical films		<ul style="list-style-type: none">• Periodic oral evaluations• Comprehensive oral evaluations• Prophylaxis (cleanings)• Topical fluoride applications• Full-mouth and panoramic films• Bitewing films• Space maintainers• Problem focused oral evaluations• Periapical films• Sealants	
Basic	<ul style="list-style-type: none">• Basic Restorative Dental Services• Non-Surgical Extractions• Adjunctive Services		<ul style="list-style-type: none">• Basic Restorative Dental Services• Non-Surgical Extractions• Non-Surgical Periodontic Services• Adjunctive Services• Endodontic Services• Oral Surgery Services• Surgical Periodontal Services	
Major	N/A		<ul style="list-style-type: none">• Prefabricated crowns• Major Restorative Services• Prosthodontic Services• Recementations• Post and core, pin retention and crown/bridge repairs• Adjustments	
Orthodontia <i>(dependent child to age 19 only)</i>	N/A		Diagnostics and Treatment	
Dental Deductions	Monthly Premiums			
	<i>Low PPO Plan</i>		<i>High PPO Plan</i>	
Employee	\$22.22		\$39.52	
Employee + Spouse	\$43.58		\$79.28	
Employee + Child(ren)	\$59.20		\$69.60	
Family	\$87.42		\$112.30	



**BlueCross BlueShield of Texas**

BlueCare Dental BlueMax AdvantageSM

Blue Cross and Blue Shield of Texas (BCBSTX) presents a creative benefit solution that may be right for your group's changing needs. BlueCare Dental BlueMax Advantage is an optional dental benefit that allows you to increase the annual benefit maximums for your covered employees based on the length of time they are enrolled in your group's dental plan. BCBSTX offers the BlueCare Dental BlueMax Advantage dental benefit option to all dental plans for groups of 151+ employees.

Flexibility for You and Your Employees

If you decide this optional benefit is right for you, it may help you manage the cost of current and future dental benefit expenses while:

- Providing enhanced benefits to employees who continue enrollment with the dental plan year after year
- Giving employees flexibility in planning and budgeting for dental care

See the reverse side for a sample BlueCare Dental BlueMax Advantage benefit offering.

BlueCare Dental BlueMax Advantage helps you create an enhanced benefit for employees who continue with the dental plan, while managing current and future benefit costs.





VISION

BCBSTX / EyeMed

BlueCross BlueShield of Texas (BCBSTX) / EyeMed is pleased to present to you vision benefits designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health.

Network: Insight

See member.eyemedvisioncare.com/bcbstx/en or call (855) 556-8796 for a list of network providers.

Highlights	Vision Plan	
	In-Network	Out-of-Network (Reimbursement)
Exam with dilation as necessary	\$10 copay	Up to \$45
Retinal Imaging	\$39 copay	N/A
Lenses		
Single		Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal		Up to \$65
Lenticular		Up to \$100
Contact Lenses*		
Contact Lens Fit and Follow Up	Standard: Up to \$40; Premium: 10% off retail price	N/A
Medically Necessary	\$0 copay, Paid in full	Up to \$210
Conventional	\$0 copay/\$130 Allowance/15% off balance	Up to \$105
Disposable	\$0 copay/\$130 Allowance/Plus balance over \$130	Up to \$105
Frames	\$0 Copay/\$130 Allowance/20% off balance over \$130	Up to \$105
Service Frequencies		
Exams	Every 12 months	
Lenses or Contact Lenses	Every 12 months	
Frames	Every 12 months	
Additional Coverages		
	Lasik or PRK from U.S. Laser Network: 15% off retail price or 5% off promotional price	N/A
	Additional pairs benefit: Members also receive a 40% discount off complete pair eyeglass purchase and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A

*Contact lenses are in lieu of eyeglasses and frames.

Vision Deductions	Monthly Premiums
Employee	\$6.48
Employee + Spouse	\$12.94
Employee + Child(ren)	\$13.66
Family	\$21.44



**BlueCross BlueShield of Texas**

Vision Care

Got questions about your vision plan? We Can Help!

Your Questions Answered

Q: My eyes are fine. Do I really need to have them checked regularly?

A: Yes, regular eye exams are the way to go. It's not just about correcting your vision—it's about overall health. Eye exams can spot health conditions—like glaucoma, diabetes, cataracts and hypertension—early. The sooner these issues are spotted, the sooner you can get treatment.

Q: Will I save more money with this vision care benefit, or with an eyewear coupon or other promotional offer?

A: Great question! There are lots of special offers and coupons out there. When you compare them to your plan coverage, you'll likely find that your vision plan saves you more money in almost every case. A nice bonus is that you can use your vision benefit whenever you need to. Say goodbye to coupon expiration dates and limited time offers.

Keep in mind that your benefit can't be combined with any other discounts or promotional offers. Naturally, you're responsible for copays, any remaining out-of-pocket expenses and applicable sales tax.

Q: Can I get new contacts and glasses in the same year?

A: Every 12 months, you can get either contacts or spectacle lenses. Check your plan's benefits summary for additional frequencies, such as updating your look with new frames every 24 months.

Q: Do I need to have my ID card with me to use my benefits?

A: Nope. An in-network provider only needs your name and date of birth.

Q: How do I get another member ID card?

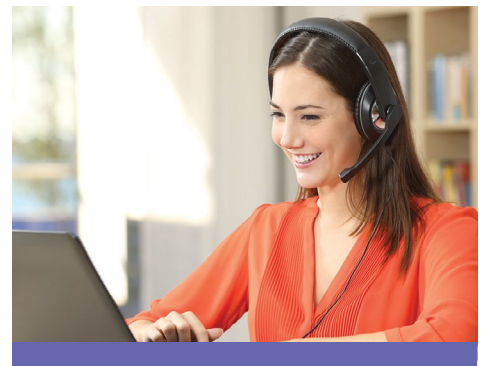
A: If your member ID card gets lost, no worries! You don't even need one to receive service. But if you want an additional card, you can access one and print it through our website eyemedvisioncare.com/bcbstxvis.

Q: What's included in a covered exam? Is dilation an extra cost?

A: No worries, we've got you covered. Eye exams at participating providers include dilation and other important eye health tests. There are no added out-of-pocket costs (other than a copay, if applicable).

Q: How does the standard lens benefit work?

A: It's simple. We give you a standard plastic lens—either single vision or lined multifocal—as part of the covered benefit. You're only responsible for a copay, if applicable, and taxes.

**How do I get in touch with the Customer Care Center?**

It's easy! You can talk to a representative—a real person—by calling 855-556-8796. Also, you'll find automated features online at eyemedvisioncare.com/bcbstxvis or through our automated voice response system.

Hours of live operation:

Monday – Saturday
6:30 a.m. to 10:00 p.m. CST

Sunday
10:00 a.m. to 7:00 p.m. CST

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.





BlueCross BlueShield of Texas

Disability Insurance

Disability Resource Services™

Help When It's Needed Most



When personal problems arise, many choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed with ComPsych® Corporation to offer employees covered by a long-term disability program and their immediate family an easy and convenient way to find the help they need. Whether it's an emotional, legal or financial issue, Disability Resource Services provides the resources for support and solutions.

For Long-Term Disability Insured Employees

Face-to-Face Sessions

Disability Resource Services provides three face-to-face sessions per issue in a geographically accessible location to address behavioral issues.

Unlimited Telephonic Support

Disability Resource Services also provides unlimited telephonic support (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level clinicians use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

Web-Based Services

GuidanceResources® Online (guidanceresources.com) is a secure, password-protected interactive website that contains self-assessments, search tools, extensive content on personal health and powerful tools to help with personal, relational, legal, health and financial concerns. This service is free of charge to employees who are insured with us for long-term disability insurance and their immediate family.

Assistance through GuidanceResources® Online is available 24 hours a day, 7 days a week and covers many topics and personal concerns, such as:

- Alcohol and drug abuse
- Depression
- Divorce and family law
- Estate planning
- Getting out of debt
- Grief and loss
- Job pressures
- Managing debt obligations
- Marital and family conflicts
- Retirement planning
- Saving for college
- Stress and anxiety
- Tax questions
- Real estate buying and selling



Helping Improve Productivity for Long-Term Disability Insured Employees and Their Immediate Family

- Face-to-face sessions
- Unlimited telephonic support
- Web-based services available through guidanceresources.com
- Register online using company code **DISRES**

For broker use only. For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

GuidanceResources® Online is offered and administered by ComPsych® Corporation. ComPsych® Corporation is an independent organization that does not provide Blue Cross and Blue Shield of Texas or Dearborn Life Insurance Company products or services. ComPsych® Corporation is solely responsible for the products and services described in this flier.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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DISABILITY

Dearborn Life

SHORT-TERM DISABILITY (STD) - Employee Paid

Dearborn Life's Short-Term Disability insurance can replace a portion of your weekly income if you have a covered disability that keeps you from working. As long as you remain disabled, you can receive payments for up to **25 weeks**. You're generally considered disabled if you're unable to do important parts of your job and your income suffers as a result. This plan covers off-the-job injuries and illnesses only. Employees are required to use PTO days prior to filing a claim.

Highlights	Short-Term Disability
Weekly Benefit	Up to 60% of weekly salary in \$50 increments (up to \$1,000 per week)
Elimination Period	7 days following injury or illness
Benefit Duration	25 weeks
Pre-Existing Limitations	3 month look back / 12 month waiting period

Please speak to a licensed Benefit Counselor for personalized rates.

LONG-TERM DISABILITY (LTD) - Employer Paid

Dearborn Life's Long-Term Disability Insurance provides income replacement benefits for you and your family in the unfortunate event you are unable to work due to injury or illness. This plan covers both on- or off-the-job injuries and illnesses.

Highlights	Long-Term Disability
Monthly Benefit	50% of monthly salary (not to exceed \$7,500)
Elimination Period	180 days following injury or illness
Benefit Duration	To Social Security Normal Retirement Age (SSNRA)
Pre-Existing Limitations	3 month look back / 12 month waiting period

Why is STD and LTD coverage so valuable?

- **It's flexible.** You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.
- **It's affordable.** Your cost is based on your age when you buy the insurance and will not increase when you move into the next age band.
- **It's convenient.** Your premiums are automatically deducted from your paycheck.





LIFE AND AD&D

Dearborn Life

GROUP BASIC LIFE INSURANCE & AD&D - Employer Paid

Uplift Education provides Basic Life insurance and Accidental Death and Dismemberment (AD&D) insurance through Dearborn Life. Uplift Education provides Basic Life insurance **equal to the employee's salary (rounded to the next-highest \$1,000) up to a maximum of \$100,000 at no cost to you during your employment.** Please **call** the Benefits Service Center **to designate or update beneficiary information.**

The AD&D insurance provides a monetary benefit to an employee or beneficiary when the employee experiences certain bodily injuries or death resulting from a covered accident while insured. The company provides a guaranteed issue amount equal to the basic life insurance amount.

Note: Life and AD&D benefit reduces to 65% at age 65 and to 50% at age 70.

VOLUNTARY LIFE INSURANCE - Employee Paid

In addition to the company paid life insurance, you have the opportunity to elect additional life insurance through Dearborn Life. AD&D amount will reflect the Voluntary Life insurance amount.

Highlights	Voluntary Life and AD&D
Employee Benefit	
Benefit Amount	Increments of \$10,000 up to the lesser of 5 times annual salary or \$500,000
Maximum Benefit	\$500,000
Guarantee Issue	\$300,000
Spouse Benefit	
Benefit Amount	Increments of \$5,000 to a max of \$100,000 not to exceed 50% of employee benefit
Maximum Benefit	\$100,000
Guarantee Issue	\$30,000
Child Benefit	
Benefit Amount	\$10,000
Maximum Benefit	\$10,000
Guarantee Issue	\$10,000

Note: Voluntary Life and AD&D benefit reduces to 65% at age 65 and to 50% at age 70. Employees may elect additional coverage with the submission and approval of an Evidence of Insurability form.

Please speak to a licensed Benefit Counselor for personalized rates.





ACCIDENT

Guardian

You do everything you can to keep your family safe, but accidents do happen. It's comforting to know you have help to manage the medical costs associated with accidental injuries, both on and off the job. Guardian's Accident insurance pays a scheduled cash benefit upon diagnosis of covered accident injuries. The Accident policy will pay a **\$50 wellness benefit** once per calendar year, per person.

Why is this coverage so valuable?

- It can help you with out-of-pocket costs that your medical plan doesn't cover, like copays and deductibles.
- You're guaranteed base coverage, without answering health questions.
- The cost is conveniently deducted from your paycheck.
- You may keep your coverage if you change jobs or retire. You'll be billed directly.

Highlights	Plan
Wellness Benefits <i>(per calendar year)</i>	\$50
Employee Accidental Death	Employee: \$50,000 Spouse: \$20,000, Child: \$10,000
Common Carrier Accidental Death	200% of death benefit
Dismemberment	Up to 100% of AD&D benefit
Urgent Care <i>(per visit)</i>	\$100
Follow-up Visits <i>(up to 6 visits)</i>	\$100
Urgent Care <i>(per visit)</i>	\$100
Major Diagnostic Exams <i>(per service)</i>	\$200
Ambulance - Ground/Air <i>(per service)</i>	\$200 / \$1,000
Major Surgery	Up to \$2,000
Fractures	Up to \$10,000
Dislocations	Up to \$8,000
Concussion <i>(per concussion)</i>	\$200
Coma <i>(per coma)</i>	\$12,500
Lacerations	Up to \$800
Eye Injury <i>(per injury)</i>	\$400
Hospital Admission <i>(per admission)</i>	\$2,000
Intensive Care Admission <i>(per admission)</i>	\$4,000
Daily Hospital Confinement <i>(per day, up to 1 year)</i>	\$400
Intensive Care Daily Confinement <i>(per day, up to 15 days)</i>	\$800
Physical Therapy <i>(up to 10 per accident)</i>	\$50
Emergency Room Treatment <i>(per visit)</i>	\$200
Transportation <i>(3 times per accident)</i>	Up to \$600
Lodging <i>(per day, up to 30 days)</i>	\$200

Accident Deductions	Monthly Premiums
Employee	\$17.26
Employee + Spouse	\$25.44
Employee + Child(ren)	\$32.80
Family	\$40.98





CRITICAL ILLNESS

Guardian

Guardian's Critical Illness insurance pays a lump-sum cash benefit upon diagnosis of a covered Critical Illness, to help ease your financial and emotional worries. You can use the benefit any way you wish, such as treatment, bill, or child care. The Critical Illness policy will pay a **\$50 wellness benefit** once per calendar year, per person.

Why should I buy coverage now?

- It's more affordable when you buy it through your employer.
- The cost is conveniently deducted from your paycheck.
- You may keep your coverage if you change jobs or retire. You'll be billed directly.

Highlights	Plan	
Benefit Amount Employee Spouse Child	\$5,000 to \$50,000 in increments of \$5,000 \$2,500 to \$25,000 in increments of \$2,500 up to 50% of the employee benefit 25% of employee benefit	
Guaranteed Issue Employee Spouse Child	\$50,000 \$25,000 All child amounts are guaranteed	
	1st Occurrence	2nd Occurrence
Invasive Cancer	100%	100%
Heart Attack		
Organ/Heart Failure		
Kidney Failure		
Stroke		
Loss of Hearing, Sight or Speech	100%	0%
Coma		
Permanent Paralysis	100% for 2 limbs, 50% for 1 limb	
Benign Brain Tumor	75%	
Alzheimer's Disease	50%	
Carcinoma in Situ	30%	
Coronary Arteriosclerosis		
Infectious Contagious Disease		
Skin Cancer	\$250	Not covered

Please speak to a licensed Benefit Counselor for personalized rates.





HOSPITAL INDEMNITY

Guardian

Guardian's Hospital Indemnity plan can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds that can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, copays, and deductibles.

This plan also allows you to continue coverage in the event that your employment ends or when the policy is terminated and not being replaced.

Note: The benefits in this plan are compatible with a Health Savings Account (HSA).

Highlights	Plan
Hospital Admission (1 day per year)	\$1,000
Daily In-Hospital Benefit (per day, up to 15 days)	\$200
ICU Admission (1 day per year)	\$1,000
ICU Daily Confinement (per day, up to 15 days)	\$200
Health Screening Benefit (once per year)	\$50

Hospital Indemnity Deductions	Monthly Premiums
Employee	\$21.94
Employee + Spouse	\$39.36
Employee + Child(ren)	\$34.86
Family	\$52.28





CANCER

Guardian

While most people can appreciate the importance of having health and disability insurance, the costs of cancer can go well beyond what those cover. Cancer Insurance is an affordable way to provide additional funds to help cover out-of-pocket expenses.

The average out-of-pocket cost for patients with cancer is estimated to be \$8,436 a year, including copays, deductibles, treatments, home healthcare, and more. That's on top of everyday bills like groceries, utilities, and car payments. Cancer Insurance is an affordable way for you to address a barrage of costs while strengthening your employee benefit package.

Highlights	Low Plan	Medium Plan	High Plan
Hospital and Related Benefits (daily)			
Continuous Hospital Confinement (<i>first 31 days</i>)	\$300	\$300	\$400
Government or Charity Hospital	N/A	\$300	\$400
Extended Care Facility (<i>up to 90 days per year</i>)	\$100	\$100	\$150
At-Home Health Care (<i>up to 30 visits per year</i>)	N/A	\$50 / visit	\$100 / visit
Hospice Care Center (<i>up to 100 days per lifetime</i>)	\$50	\$50	\$100
Cancer Initial Diagnosis	\$5,000	\$5,000	\$5,000
Radiation, Chemotherapy, and Healing			
Radiation / Chemotherapy for Cancer (<i>every 12 months</i>)	Up to \$10,000	Up to \$10,000	Up to \$15,000
Blood, Plasma, and Platelets (<i>every 12 months</i>)	Up to \$5,000 per year	Up to \$5,000 per year	Up to \$10,000 per year
Medical Imaging (<i>yearly</i>)	N/A	\$100 (2 / year)	\$200 (2 / year)
Immunotherapy (<i>per month</i>)	\$500 (\$2,500 max)	\$500 (\$2,500 max)	\$500 (\$2,500 max)
Surgery and Related Benefits			
Surgery	Up to \$2,750	Up to \$4,125	Up to \$5,500
Anesthesia (% of surgery)	25%	25%	25%
Second Opinion (<i>per procedure</i>)	\$200	\$200	\$300
RBone Marrow or Stem Cell Transplant			
Bone Marrow	N/A	\$7,500	\$10,000
Stem Cell (<i>50% for 2nd transplant</i>)	N/A	\$1,500	\$2,500
Miscellaneous Benefits			
New or Experimental Treatment (<i>every 12 months</i>)	N/A	Up to \$1,000 / month	Up to \$2,400 / month
Prosthesis (<i>Non-Surgically-Implanted</i>)	\$200 / device	\$200 / device	\$300 / device
Prosthesis (<i>Surgically-Implanted</i>)	\$2,000 / device	\$2,000 / device	\$3,000 / device
Anti-Nausea Benefit (<i>monthly</i>)	N/A	\$150	\$250
Waiver of Premium (<i>for primary insured only</i>)	Yes	Yes	Yes

Cancer Deductions	Monthly Premiums		
	Low Plan	Medium Plan	High Plan
Employee	\$10.88	\$21.70	\$28.08
Employee + Spouse	\$19.98	\$40.62	\$52.04
Employee + Child(ren)	\$12.72	\$27.84	\$35.14
Family	\$21.82	\$46.76	\$59.10





UNIVERSAL LIFE

Transamerica

There is no way to know what will happen tomorrow. But there is a way to help ensure you are protected against the unexpected. Transamerica Life Insurance Company's Universal Life insurance can help meet your family's future financial needs in the event of your premature passing. Prudent financial planning can help protect your family's future, offering them greater peace of mind.

Highlights	Plan
Employee Benefit Amount Guarantee Issue	Up to \$100,000 Up to \$100,000 (\$10,000 increments) not to exceed 5x your annual salary
Spouse Benefit Amount Guarantee Issue	\$25,000 \$25,000
Child Term Rider Benefit Amount Guarantee Issue	\$20,000 \$20,000
Additional Benefit Riders	<ul style="list-style-type: none">Accelerated Death Benefit for Qualified Terminal ConditionAccelerated Death Benefit for Living BenefitBenefits Restoration
Additional Advantages	<ul style="list-style-type: none">Keep your coverage at the same price and benefits if you change jobs or retire.Apply for coverage for family members: spouse, children and grandchildren.Convenient payroll deduction; pay via direct bill, bank draft or credit card if you leave your employer.

Please speak to a licensed Benefit Counselor for personalized rates.

Note: Employees who were previously enrolled in universal life coverage over the guaranteed issue amount will be able to enroll in their prior benefit amount.

This is a brief summary of TransElite® Universal Life Insurance underwritten by Transamerica Life Insurance Company (TLIC), Cedar Rapids, Iowa. TLIC is not an authorized insurer in New York. Policy Form Series CPGUL300 and CCGUL300. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.





Supplement Health



Filing supplemental health claims just got easier

We understand that submitting claims should be fast, simple and uncomplicated. Our Accident, Cancer, Critical Illness and Hospital Indemnity claims can be submitted several ways to help ensure accurate payments. And, now our wellness and supplemental health claims can be submitted in a way that's best for employees.

Filing a claim online

Online claim submission is among one of the most efficient way to submit a claim and will help reduce administrative time for both employees and our claims processing area. When you file your claim online you receive:

- Greater security and accuracy of data
- Faster processing and payments

Filing a claim by phone

For questions about your claim or to submit your claim via telephone, call 1-800-541-7846. Please take a moment to gather all the required information before making your call.

Filing a claim by mail

Download the form for your claim at guardianlife.com. You can complete the form on your computer, or you can print it out blank and complete it by hand. Once your claim form is filled out, mail it with the claim details and receipts to the address on the bottom of the claim form.

Filing a claim by fax

You can also fax your claim to 1-920-749-6299.

Guardian works smarter

We work smarter to keep claims submission easy for you - by offering a simple claims process, you can focus on your recovery. And, we're always looking for ways to make the claims submission even smoother for you .



9 out of 10 of our customers are extremely satisfied with our helpfulness, easy claims process and quick payments.¹

For more information or questions contact your Guardian Group Representative or Guardian Broker.

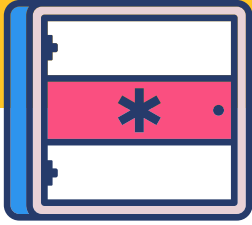
The Guardian Life Insurance Company of America
New York, NY

guardianlife.com

2020-113642 (12/21)

¹Guardian Claims VOC Scorecard: Supplemental Health, 3Q 2019. Insurance products are underwritten and issued by The Guardian Life Insurance Company of America, NY, NY. Products not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are final arbiter of coverage. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America. ©Copyright 2020 The Guardian Insurance Company of America.





403(B) RETIREMENT

TCG Group Holdings

A 403(b) plan allows an employee to defer money into a retirement account on a pre-tax or ROTH basis. The earnings in your retirement savings plan may be tax-deferred or tax-free depending on your contribution type. Eligible employees can enroll in a 403(b) retirement plan immediately upon hire and may change their deferral amount at any time.

For 2023, the maximum employee deferral to a 403(b) account is **\$22,500 per calendar year**. Additionally, participants age 50 and older are permitted to contribute up to an additional **\$7,500 in “catch-up”** contributions per calendar year. Uplift Education neither contributes to nor matches contributions for 403(b). A monthly administrative maintenance fee of \$1.50 will be deducted in addition to your deferral election.

Interested in getting started? A list of Authorized Investment Providers with phone and website information is available on TCG Group Holdings' website. Detailed online enrollment instructions can be found at: <http://uplifteducationbenefits.org/403b/enrollment-instructions>

Plan Features

- Employees have a variety of investment options through TCG.
- You may stop or change your contribution at any time by logging into your online account at www.region10rams.org or by calling TCG at **(800) 943-9179**.

TCG Group Holdings

- **Customer Service:** (800) 943-9179
- **Fax:** (888) 989-9247
- www.region10rams.org
- **Email:** 403b@tcgservices.com

Retirement Planning for Educators

Click link to view video:

player.vimeo.com/video/766265550





Take Charge Towards a Secure Retirement

Personalized Guidance for District Staff Through TeleWealth™ Virtual Meetings



Whether retirement is near or far, planning for your financial future is essential. As a school district employee, you work tirelessly to support all students and the community. But now it's time to **prioritize your own financial wellbeing** and take control of your financial future.

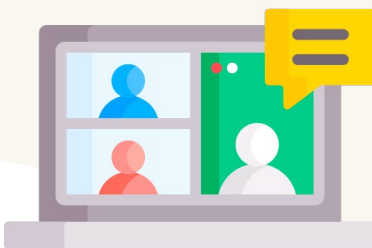
TeleWealth™ Virtual Meetings Convenient, Confidential, Free

Our team is here to help you evaluate your current situation, explore your plan options, and guide you towards your retirement dreams.

Join your meeting with ease from home or school via phone or computer. Meetings are 100% confidential and **free of charge for you and your spouse**.

Get answers to questions like:

- How does my pension work?
- How much will I need at retirement?
- Does Social Security impact the pension I'm supposed to receive?
- What are 457(b) and 403(b) plans?
- How do I consolidate plans from previous employers?
- How do I choose what to invest in?



Schedule a TeleWealth™ Meeting at
www.tcgservices.com/telewealth

For extended hours or weekends, please email
hello@tcgservices.com

Scan code for quick
meeting booking access



Advisory services and TeleWealth virtual meetings offered through TCG Advisors LLC, a HUB International company, an SEC Registered Investment Advisor. Insurance offered through HUB International. TCG.59.2023





HEALTH INSURANCE TERMS

In order to get the most out of your health care benefits, you need to understand the terms used by insurance companies, health plans, and health care providers.

- **Benefits** - The amount of money payable by an insurance company to a claimant under the insurance policy.
- **Claim** - A request by an individual (or his /her provider) for the insurance company to pay for services obtained.
- **Co-insurance** - The money that an individual is required to pay for services, after deductible has been paid. It is often a specified percentage of the charges. For example, the employee pays 20% of the charges while the health plan pays 80%.
- **Co-payment** - An arrangement where an individual pays a specified amount for various health care services and the health plan or insurance company pays the remainder. The individual must usually pay his or her share when services are rendered.
- **Deductible** - A set dollar amount that a person must pay before insurance coverage for medical expenses can begin. They are usually charged on an annual or contract year basis.
- **Exclusions and Limitations** - Specific conditions or circumstances for which an insurance policy or plan will not provide coverage (exclusions), or for which coverage is specifically limited (limitations).
- **Health Savings Account (HSA)** - An individual/person savings account where an insured can set aside pre-tax money to pay for qualified items (reference IRS Publication 502). You must be covered by a high deductible health plan (HDHP) in order to contribute to an HSA.
- **Flexible Spending Account (FSA)** - An individual/person savings account where an insured can set aside pre-tax money to pay for qualified items (reference IRS Publication 502). You must be covered by a high deductible health plan (HDHP) in order to contribute to an HSA.
- **High Deductible Health Plan (HDHP)** - A health plan that meets the requirements of being considered an HDHP. There are NO copayments on an HDHP. All medical and prescription drug expenses are applied towards the calendar year deductible first, then once a member has satisfied his/her deductible, the coinsurance will apply.
- **In-Network** - Typically refers to physicians, hospitals, or other health care providers who contract with the insurance plan to provide services to its members. Coverage for services received from in-network providers will typically be greater than for services received from out-of-network providers, depending on the plan.
- **Medically Necessary** - A term used to describe the supplies and services needed to diagnose and treat a medical condition in accordance with the standards of good medical practice. Many health plans will only pay for treatment deemed medically necessary. For example, most plans will not cover elective cosmetic surgery.
- **Out-of-Network** - Typically refers to physicians, hospitals, or other health care providers who do not contract with the insurance plan to provide services to its members. Depending upon the insurance plan, expenses incurred for services provided by out-of-network providers might not be covered, or coverage may be less than for in-network providers.
- **Maximum Out-of-Pocket Maximum** - The total amount paid each year by the deductible and coinsurance. After reaching the out-of-pocket maximum, the plan pays 100% of the allowable charges for covered services the rest of that calendar year.
- **Pre-Existing Condition** - Any medical condition that was diagnosed or treated within a specified period immediately before a health insurance policy became effective. These conditions may not be covered for a specified period of time under the new policy.
- **Preferred Provider Organizations (PPO)** - A type of managed care plan in which doctors and hospitals agree to provide discounted rates to plan members. Patients are typically reimbursed 80-100% for treatment received within the network, versus 50-70% outside the network.
- **Primary Care Physician (PCP)** - A health care professional who is responsible for monitoring an individual's overall health care needs. Typically, a PCP services as a gatekeeper for an individual's care, referring him or her to specialists and admitting him or her to hospitals when needed.
- **Reasonable and Customary Charges** - The commonly charged or prevailing fees for health services within a geographic area. If charges are higher than what an insurance carrier considers reasonable and customary, the carrier will not pay the full amount and instead will pay what is deemed appropriate for the particular service. The remaining charges then are the responsibility of the patient.
- **Explanation of Benefits (EOB)** - A summary of claims processed which will be provided to you after a claim is processed for you or for a dependent. This statement outlines year-to-date deductible and out-of-pocket amounts met during the year. This statement will be mailed unless it is turned off on the website.





FREQUENTLY ASKED Q&A

GENERAL

If I am already enrolled and not making any changes, do I have to complete the Open Enrollment process?

Yes. It is important that you review any rate or plan changes to your current plan.

If I want to decline coverage, must I still complete the Open enrollment process?

Yes. It is important that your employer has a record of your decision. Please keep in mind that if you decline coverage, you won't be able to elect coverage during the year unless you have a special qualifying event such as a marriage, divorce, birth or adoption of a child, or loss of other coverage.

Can I enroll my spouse or dependent on one plan and myself on another?

No. All covered dependents, including spouse, must be on the same plan as the employee.

Can I drop or change plans during the plan year?

Changes can only be made if there has been a qualifying event or personal life change. Examples include marriage, divorce, birth of a child, or change in employment status.

What is the difference between a calendar year and a contract year?

A plan on a calendar year runs from January 1–December 31. Items like deductible, maximum out-of-pocket expense, etc. will reset every January 1. All Individual and Family plans are on a calendar year. A plan on a contract year (also called benefit year) runs for any 12-month period within the year. Items like deductible, maximum out-of-pocket expense, etc. will reset at the plan's renewal date. For example, ABC Company renews on July 1 every year. Your deductible would start July 1 and end on June 30. The deductible would reset every July 1 for ABC Company members.

What happens if I sign up for insurance but find later on in the year that I cannot afford the premiums?

If the reason for your change in affordability is due to a life-changing event such as the loss of a job, death of a spouse, or birth of a child, you would be eligible for special enrollment within 30 days of the event. If you do not enroll during this period, you will not be assured a health plan will cover you either through the Health Insurance Marketplace or in the private market. If you do not pay your premium, you could lose coverage and will not be able to enroll again until the next open enrollment period.

Benefit payments

For benefits received in the Network, you are responsible only for your co-payment, deductible and coinsurance amounts. Your provider will file the claim.

MEDICAL

Should I notify my pharmacy and physician of my benefits plan with BCBSTX?

Yes. On your next visit to the pharmacy or doctor, simply present your BCBSTX ID card. This will allow the provider to correctly bill BCBSTX for the services you have received. It's important to inform your physician of the requirement to utilize an BCBSTX facility as a medical plan participant.







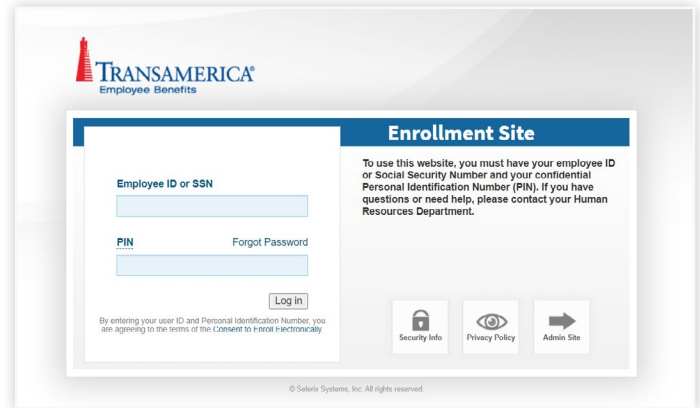


SELF-SERVICE INSTRUCTIONS

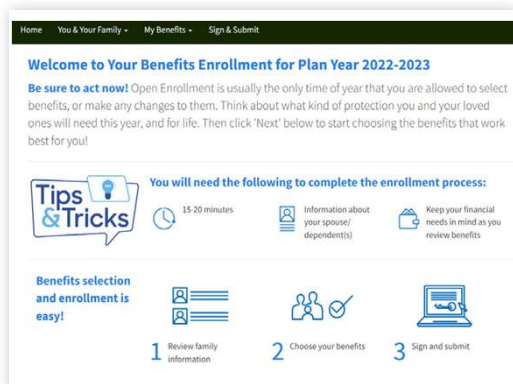
- ☐ Register for the portal by logging on to:
transamerica.benselect.com/enroll

Employee ID or SSN: Your SSN with no formatting (#####)

PIN: Last 4 digits of your SSN and the last 2 digits of your birth year (#####)



- ☐ Review the Welcome screen for important plan information. When ready **click Next** to continue.
- ☐ Next, you will be asked to enter dependent information. To add a dependent, **click the + sign** and enter the dependent's information. To edit an existing dependent, **click the pencil icon** on the right side of the dependent. After making any changes, **click save** on the bottom of the page. Once you are finished with this section, **click next**.
- ☐ Once you are at the medical screen, verify your medical plan election or waive the coverage. When you **click next**, you will advance to any coverage that you have not previously enrolled in.
- ☐ Once you are at the medical screen, verify your medical plan election or decline the coverage. When you **click next**, you will advance to any coverage that you have not previously enrolled in.



- ☐ If you would like to make changes to existing coverage, you may click on the individual coverage options listed under **“My Benefits”** or by choosing the coverage under the **“My Benefits” menu** at the top of the screen.

- ☐ Once you select the coverage you would like to change, click on **“Unlock”** to access the options. Once you make a decision, **click next** to go to the review page.

- ☐ Once on the **“Sign and Submit”** page, you will be able to review your elections. If you need to make changes, click on the link for that coverage. You will then unlock, make your change, and **click next**. This returns you to the **“Sign and Submit”** page. If everything is correct, **click next**.

- ☐ On the **“Confirmation”** page, enter your PIN / Password used to log in. **This will finalize your enrollment.** You can print the confirmation form, save it as a downloadable PDF, and e-mail a confirmation summary to the e-mail address on file.

If you have any additional questions regarding your benefits, please call:

Benefits Service Center: (866) 409-3174
Monday - Friday: 8:00 AM - 7:00 PM CST
Saturday: 9:00 AM - 3:00 PM CST





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