

EMPLOYEE BENEFITS OVERVIEW GUIDE

PLAN YEAR:
SEPTEMBER 1, 2018 –
AUGUST 31, 2019



ENNIS ISD



WHAT'S INSIDE?

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- HOW TO ENROLL
- S125 PLAN INFORMATION
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- BENEFITS AT A GLANCE
- CONTACT INFORMATION

EMPLOYEE REFERENCE CENTER

<https://www.benefitsolver.com>

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ARE YOU PREPARED?

AN IMPORTANT NOTE FROM FIRST FINANCIAL

What is Guaranteed Issue (GI)?

Also, referred to as Guaranteed Acceptance, or GA, means that you can't be turned down for health reasons. Guaranteed Issue is typically offered during initial enrollment for benefits.

What is a deductible?

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

What is a co-pay?

A copay is a small, fixed amount— For example often \$25 or \$35—that you pay for covered services like a prescription or a doctor's visit. Some health plans also apply coinsurance to certain services. With it, you pay a percentage of the total cost of care. For example, if you have a 20% coinsurance, and your doctor's appointment costs \$300, you'd pay \$60. That's if you've met your deductible.

What is out-of-pocket maximum mean?

Your out-of-pocket maximum is the most you must pay each year toward your medical services or prescription drugs before your insurance pays for all your care. This amount does not include what you pay in premiums.

What does EOB mean?

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

Before you get certain tests or procedures, do you need permission from your health insurance plan?

If your doctor says you need a test or procedure, your health plan may have to give permission if it's to be covered by insurance. Giving that permission is called preauthorization. Your plan's overview of benefits lists what care needs to be preauthorized. If you don't get it when it's required, your health plan won't pay its part of the costs.

Dependent Care Accounts

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

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

What kinds of care does this cover?

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

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

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



EMPLOYEE BENEFITS CENTER

EMPLOYEE BENEFITS CENTER – YOUR GUIDE TO YOUR BENEFITS!

We've created a custom site just for you! Find detailed information about current and upcoming benefits, voluntary product offerings and employer programs, Section 125 & Flex Information, important contact numbers and links, and downloadable forms and brochures.

<https://www.benefitsolver.com>



HOW TO ENROLL

Enrollment Information Your Employee Benefits Plan reflects our school district's values and is a significant part of your compensation package. Some of the benefits require contributions from you, while others are fully paid by Ennis ISD. Ennis ISD strives to provide a wide array of benefit choices to meet your needs. For more details on the plans, please see the Reference Center on the benefit website, www.benefitsolver.com, which contains benefit certificates and plan information sheets.

ACA RULES: Due to Federal Regulations under the Affordable Care Act (ACA), all employees must enroll in or decline coverage for themselves and their dependents (and include their social security numbers) under a medical plan.

For questions or information, please contact Benefits Administrator, Sheri Marrow, by phone at 972.872.7021 or by email at sheri.marrow@ennis.k12.tx.us

When you enter the site for the first time click **Register** and proceed. If you have registered in previous years, you will go to User Name and Password. If password is forgotten, click **Forgot Your Password**, and proceed with prompts. The Company key is **ennis**

Click **START HERE** You may go to the Reference Center to get more details on the available plans. You can view provider directories for the dental and vision plans if you would like to see the available network providers.

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 below. By utilizing the Section 125 Plan, you would have \$70 more every month to apply toward insurance benefits or other needs. That's a savings of \$840 a year!



SECTION 125 SAMPLE PAYCHECK

WITHOUT S125		WITH S125	
MONTHLY SALARY	\$2000	MONTHLY SALARY	\$2000
LESS MEDICAL DEDUCTIONS	- N/A	LESS MEDICAL DEDUCTIONS	- \$250
TAXABLE GROSS INCOME	\$2,000	TAXABLE GROSS INCOME	\$1,750
LESS TAXES (FED/STATE @ 20%)	- \$400	LESS TAXES (FED/STATE @ 20%)	- \$350
LESS ESTIMATED FICA (7.65%)	- \$153	LESS ESTIMATED FICA (7.65%)	- \$133
LESS MEDICAL DEDUCTIONS	- \$250	LESS MEDICAL DEDUCTIONS	- N/A
TAKE HOME PAY	\$1,197	TAKE HOME PAY	\$1,267



\$70 SAVINGS PER PAYCHECK

NEED TO MAKE CHANGES?

You're able to change your election each year during your annual benefits enrollment, but the only time Internal Revenue Code regulations allow you to make a change during the plan year itself is if you experience a qualified event. Some examples 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

FLEXIBLE SPENDING ACCOUNTS

MEDICAL FSA

Medical Flexible Spending Accounts (FSA) allow you to set aside pre-tax payroll deductions each paycheck to pay for out of pocket medical, dental and vision expenses for you and your family.

During open enrollment, you will estimate the amount you think you will need during the year. This amount will be taken out of each paycheck. Your full annual election will be available to you at the beginning of the plan year.

Your employer has chosen the \$500 Roll-Over Option for your plan. This option allows you the opportunity to roll over \$500 of unclaimed Medical FSA funds into the following plan year. Any amount in excess of \$500 will be forfeited under the use-it-or-lose-it rule.



FSA PLAN YEAR IS: SEPTEMBER 1, 2018 – AUGUST 31, 2019

FSA MAX: THE MAXIMUM YOU CAN SET ASIDE EACH YEAR IS \$2,650.

DEPENDENT CARE FSA

With a Dependent Care Flexible Spending Account (FSA), you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses, such as:

- Day Care Centers
- Before/After School Care
- Mothers-Day-Out Program
- Nursery Schools
- Babysitters
- NannyAu Pair
- Day Camps

This account allows you to pay for day care expenses for your qualifying dependent/child with pre-tax dollars while you (and your spouse) are working, seeking employment, and/or attending school as a full time student (for at least five months of the year).

Eligible dependents must be claimed as an exemption on your tax return. For full plan details, view the FSA Booklet available on the Employee Benefit Center.

YOU MAY ALLOCATE UP TO \$5,000 PER TAX YEAR FOR REIMBURSEMENT OF DEPENDENT DAY CARE SERVICES.
(\$2,500 if you are married and file a separate tax return).



RESOURCES FOR FSA MANAGEMENT

FLEXIBLE BENEFITS CARD

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

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

FF FLEX MOBILE APP

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

Your Employer ID Number is FFA186. *You must have this number or your Flex Benefits Card number to register your account on the FF Flex Mobile App.*

FSA STORE

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

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





BENEFITS AT A GLANCE

MEDICAL – AETNA

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

TWO IMPORTANT ISSUES TO KEEP IN MIND

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

Eligible Benefits Under Section 125
<ul style="list-style-type: none"> • Medical Insurance • Dental Insurance • Vision Insurance • Gap Insurance • Critical Illness Insurance • Cancer Insurance • Accident Insurance

PPO DENTAL PLAN BY AMERITAS

Dependents covered up to age 26

Visiting the dentist can help you and your family keep a great smile as well as maintaining good health. This plan is designed to help you keep your teeth in the best shape possible. How it works:

- Freedom to choose any in- or out-of-network dentist
- Out-of-pocket costs are lower if you choose from the Preferred Provider List of "in-network" dentists
- Annual deductible of \$50 per individual, \$150 per family; annual maximum of \$1,250 per person for the first year
- Preventative care (e.g., cleaning, exam and x-rays) is paid at 100%
- Basic services are covered at 80% and major services are covered at 50% after deductible is met
- Orthodontia lifetime maximum of \$1,000; dependents to age 18

Dental Plan Monthly Rates	PPO Plan
Employee Only	\$29.96
Employee + Spouse	\$63.88
Employee + Children	\$70.12
Employee + Family	\$103.96



BENEFITS AT A GLANCE

VISION PLAN VSP BY AMERITAS

Dependents covered up to age 26

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

Highlights include

- \$10 co-pay for eye exam
- \$25 co-pay for eyeglass basic lenses
- \$130 frame allowance and 20% off balance **OR** \$130 contact lens allowance and 15% off balance
- Frequency of benefit: Exam—once every 12 months; lenses or contact lenses—once every 12 months; frame—once every 24 months
- Must choose an in-network provider for less out-of-pocket expense

Vision Plan (monthly rates)	Plan
Employee Only	\$6.98
Employee + Spouse	\$13.27
Employee + Children	\$13.97
Employee + Family	\$20.54

MEDICAL BRIDGE PLAN (GAP) BY SUNLIFE

Dependents covered up to age 26

Even with a comprehensive health plan that covers expenses, there is a chance you could still have to pay for deductibles, co- payments, and co-insurance. This plan can offer added financial protection for out-of-pocket costs related to a covered accident or a covered sickness.

- Rates vary depending on employee’s age—visit www.benefitsolver.com (click LOGIN and follow prompts) for rate charts
- In-Patient/Hospital Benefit: Pays \$2,000, \$1,500 or \$1,000 per person, per year
- Out-Patient Surgical Benefit: Pays \$1000, \$750 or \$500 per person, per year
- Must be covered under the employers Major Medical Plan, coverage amounts reset every Jan 1

CRITICAL ILLNESS PLAN BY METLIFE

Dependents covered up to age 26

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

- Low and High plans available to meet your needs
- Plan pays lump-sum benefit amount of \$15,000 (Low Plan) or \$25,000 (High Plan)
- Wellness benefit pays you \$50 to complete routine screenings for qualified conditions
- Recurrence Benefit can apply
- Age-banded rates for both plans listed in Reference Center/Smoker and Non-smoker



BENEFITS AT A GLANCE

CANCER PLAN BY ALLSTATE

Dependents covered up to age 26

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

- Plans pay directly to offset expenses related to the treatment of cancer
- Plans pay based upon a schedule of benefits
- Plans pay up to \$10,000 annually for chemotherapy, radiation, and immunology
- Plans pay up to \$10,000 annually for blood, plasma, and platelets
- Both Option 2 and 3 plans pay you \$5,000 upon initial cancer diagnosis
- Option 3 includes an Intensive Care Unit (ICU) rider that will pay \$600 daily, up to 45 days, if you are confined to the ICU for ANY reason
- ICU rider will also pay for ambulance cost, air or land, if you are in ICU for 24 hours or more

Cancer Plan	Employee Only	Family
Base cancer plan—option 1	\$20.28	\$33.60
Plan w/ initial diagnosis rider—option 2	\$24.68	\$41.60
Plan w/ initial diagnosis rider and intensive care unit (ICU) rider—option 3	\$27.92	\$48.20

EDUCATOR DISABILITY PLAN BY THE STANDARD

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

- Guaranteed issue coverage for everyone; pre-existing condition limitations only apply on new levels of coverage elected or for any enhancements to the plan
- Your monthly benefit will pay you up to 66⅔% of your salary in \$100 increments to a maximum of \$7,500 per month.
- The plan will pay for up to three years for illness if you are unable to return to work
- If you are involved in an accident and are unable to return to work, the plan will pay you up to age 65
- The cost depends on your age, the amount of coverage selected, and on how quickly you want benefits to begin
- AN Elimination Period allows you to select the number of days that you must be disabled before benefits are available. Options are 14 days, 30 days, 60 days, 90 days for absences due to covered injuries and sickness
- A pre-existing condition is any condition for which advice or treatment was received in the 90 days prior to the effective date of coverage; pre-existing conditions will not be covered until after twelve months of continuous coverage
- Plan includes a Hospital Waiver—meaning if you have been admitted to a hospital as an inpatient for 24 hours or more, the elimination period will be waived and begin payment immediately for anyone who has chosen the 14-day or 30-day elimination periods



BENEFITS AT A GLANCE

ACCIDENT INSURANCE PLAN BY METLIFE

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

- Guaranteed issue for all employees
- High and low plan to fit your budget and needs
- Helps pay high deductibles on medical expenses from accident
- Coverage includes—but is not limited to—fractured or bones, x-rays, diagnostic exams, third degree burns, concussions, broken teeth, emergency room treatment, ambulance, hospital

Plan (monthly rates)	Low Plan	High Plan
Employee Only	\$8.01	\$15.24
Employee + Spouse	\$12.03	\$22.85
Employee + Children	\$15.33	\$29.08
Employee + Family	\$19.75	\$37.47

TELEMEDICINE – WELLVIA

Our Board-Certified doctors diagnose, recommend treatment and prescribe medication via phone or video from anywhere. When to Use WellVia

70% of primary care visits can be handled over the phone

40% of urgent care doctor visits can be handled over the phone

- Acid reflux Cold & Flu
- Sore throat
- Allergies Sinus Infections
- Asthma
- Nausea
- Upper Respiratory
- Bronchitis
- Rashes
- And more...

Monthly Rates
\$10.00

INDIVIDUAL LIFE INSURANCE BY TEXAS LIFE

- Coverage available for employee, spouse, and child(ren) and grandchildren
- Child term rider for dependent child(ren) available for age 15 days old to 18 years old
- Accelerated Death Benefit due to Terminal Illness
- Accelerated Death Benefit for Chronic Illness
- Child(ren) who “age out” of the Plan are eligible to convert the policy to an unattached portable policy
- See rates at www.benefitsolver.com



BENEFITS AT A GLANCE

BASIC LIFE WITH AD&D, & VOLUNTARY GROUP TERM LIFE INSURANCE –METLIFE

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

Although no dollar amount can ever be placed on the value of your life, this insurance plan can provide stability and protection to your loved ones after you are gone. **Ennis ISD provides a \$10,000 Basic Life with AD&D policy to all eligible employees.** Employees have the option to purchase additional Group Term Life and/or AD&D life insurance (see Reference Center for more details). AD&D life insurance is always Guaranteed Issue. How this plan works:

- Amounts of coverage still in underwriting after 9/1/2017, the effective date of coverage will be the first day of the month following the date of approval by MetLife
- Employees can increase coverage by up to Guarantee Issue to a maximum of \$150,000 or 3x annual salary this year without health questions for approval. Amounts over must complete the Evidence of Insurability
- Coverage available for spouse up to \$100,000 and child(ren) up to \$10,000, only if you have coverage for yourself

AUTO AND HOME BY METLIFE

The MetLife Auto & Home[®] Group Insurance Program provides qualified employees with access to the personal lines of property and casualty insurance they need with attractive group savings. Many valuable discounts are available. The following are some examples:

- **Competitive Group Discounts**
- **Payroll Deduction Discount**
- **Automatic Deduction from Checking Account Discounts**
- **Employment Tenure Discounts [not available in MA]**
- **Excellent Driver Discount**

FORTEGRA PLUS MOTOR CLUB

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

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

Motor Club Plan (monthly rates)	Premium
Employee	\$6.00
Employee and Family	\$9.00



BENEFITS AT A GLANCE

IDENTITY THEFT PROTECTION BY ILOCK360

Dependents covered up to age 18

Your identity may be your most important asset. It defines who you are, determines how much you can borrow and can be a deciding factor in employment. These factors are why your identity is a target for online criminals. In 2014, identity fraud affected 12.7 million consumers—costing a total of \$16 billion.

iLOCK360's identity protection solutions provide multiple layers of defense to ensure the integrity of your identity. How it works:

- All employees eligible for identity theft protection coverage
- Monitors your identity 24/7/365
- Personal email address required to sign up for this program
- Plan can protect individual or family

iLOCK360 (monthly rates)	Plus	Premium
Employee Only	\$8.00	\$15.00
Employee + Spouse	\$13.00	\$20.00
Employee + Children	\$13.00	\$20.00
Employee + Family	\$18.00	\$25.00

Service	Plus	Premium
CyberAlert® monitors: • One social security number • Two phone numbers • Five credit/debit cards • Two email addresses • Two medical ID numbers • Five bank accounts	✓ ✓	✓ ✓
Social Security number trace	✓ ✓	✓ ✓
Change of address	✓	✓
Sex offender alerts	✓	✓
Payday loan	✓	✓
Court/criminal records	✓	✓
Full service restoration and lost wallet	✓	✓ ✓
\$1M insurance	✓	✓
Daily monitoring of one credit bureau (TransUnion)	✓	
Daily monitoring of three credit bureaus (TransUnion, Equifax, Experian)		✓
ScoreTracker™		✓



BENEFITS AT A GLANCE

457(B) RETIREMENT SAVINGS PLAN

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

In 2018, you can contribute 100% of your includible compensation up to \$18,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$6,000 for a total of \$24,500 for the year. TCG Administrators (formerly JEM Resource Partners) is the plan administrator; you can elect salary deductions at www.region10rams.org. Your initial password to enroll online is ennis457 (case sensitive).

403(B) RETIREMENT SAVINGS PLAN

A 403(b) is a retirement savings plan generally offered by public schools and other tax-exempt organizations that allows employees to make contributions on a pretax basis. Most plans allow you to start, stop, increase or decrease contributions at any time. The employer determines the investment providers and employees must open an account with one of those providers to contribute. TCG Administrators (formerly JEM Resource Partners) is the plan administrator; you can elect salary deductions at www.region10rams.org. Your initial password to enroll online is ennis403 (case sensitive).

TEACHER/EMPLOYEE RECRUITMENT AND RETENTION PROGRAM

The Teacher/Employee Recruitment and Retention Program (TERRP) is a local governmental, tax-qualified retirement savings plan and trust established under Section 401(a) of the Internal Revenue code retirement program established by the Education Service Center Region 10.

This plan will supplement the 403(b)/457 employee plans with District contributions. The employees' money will be put into their own investment accounts. The District contributions will be put into a separate TERRP account until the employee separates from service.

Plan highlights:

- The District will match 50% of employee deferrals up to 2% of pay for employees not exceeding eight absences during the plan year.
- The District will match 75% of employee deferrals up to 3% of pay for employees with excellent attendance, not exceeding two absences during the plan year.
- The District will match 100% of employee deferrals up to 4% of pay for employees with perfect attendance during the plan year.
- The maximum amount the District will contribute per employee is \$6,000 per plan year.
- Employee is zero percent vested in years one and two. The employee becomes 50% vested in year three, 75% vested in year four and 100% vested in year five.
- Must be employed on the last day of the plan year (August 31) to keep the District contribution for that year. Exceptions – retirees who meet the TRS rule of 80 and those who die or become permanently disabled.
- Plan year runs from September 1 to August 31 each year.

All investing involves risk. Past performance is not a guarantee of future returns

A spiral-bound notebook is shown from a top-down perspective, slightly angled. The notebook has a dark blue cover and a silver spiral binding on the left side. The page is white with light gray horizontal ruling. The word "Notes" is written in a dark gray, cursive font at the top of the page. A red tab is visible on the right edge of the page. The notebook is set against a plain white background.

Notes

IMPORTANT CONTACTS

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1200 W. WALNUT HILL LN., STE #3400, IRVING, TX 75038

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BENEFIT	VENDOR	PHONE	WEBSITE
Medical	TRS ActiveCare Aetna	800.222.9205	www.trsactivecareetna.com
Dental	Ameritas	800.487.5553	www.ameritas.com
Vision	Ameritas	800.487.5553	www.ameritas.com
Gap Insurance	SunLife	800.247-6875	www.sunlife.com
Critical Illness	MetLife	800.275.4638	www.metlife.com
Cancer Plan	Allstate	800.521.3535	www.allstateatwork.com/mybenefits
Educator Disability	Standard	866.679.3054	www.standard.com
Accident Plan	MetLife	800.438.6388	www.metlife.com
Individual Life Insurance	Texas Life	800.635.4467	www.texaslife.com
Basic Term Life and Group Term Life Insurance	MetLife	800.275.4638	www.metlife.com
Identity Theft Protection	iLOCK360	855.287.8888	www.iLOCK360.com
Telemedicine	WellVia	855.935.5842	www.wellviasolutions.com
Health Savings/ Flexible Spending Accounts	First Financial Administrator	866.853.3539	techsupport@ffga.com
403(b)/457 Retirement Plan	Region 10 RAMS	800.943.9179	www.region10rams.org