

# Employee Benefits Guide

2026-2027 Plan Year

# Table of Contents

Welcome!	3
Enrollment	4
Eligibility	5
Medical Plan Summary	6
Medical Plan Primary	7
Medical Plan Primary +	8
Medical Plan HD	9
Medical Plan 2	10
Telemedicine	11
Health Savings Account (HSA)	12
Flexible Spending Account	13
Dental Plan	14-15
Vision Plan	16
Basic & Voluntary Life AD&D	17-18
Long-Term Disability	19
Accident Coverage	20
Hospital Indemnity	21
Critical Illness	22-23
Cancer	24
Identity Theft Protection	25
Permanent Life & Long-Term Care	26
Medical Transport	27
Contacts	28

# Welcome!

**Valley View Independent School District's goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits package.**

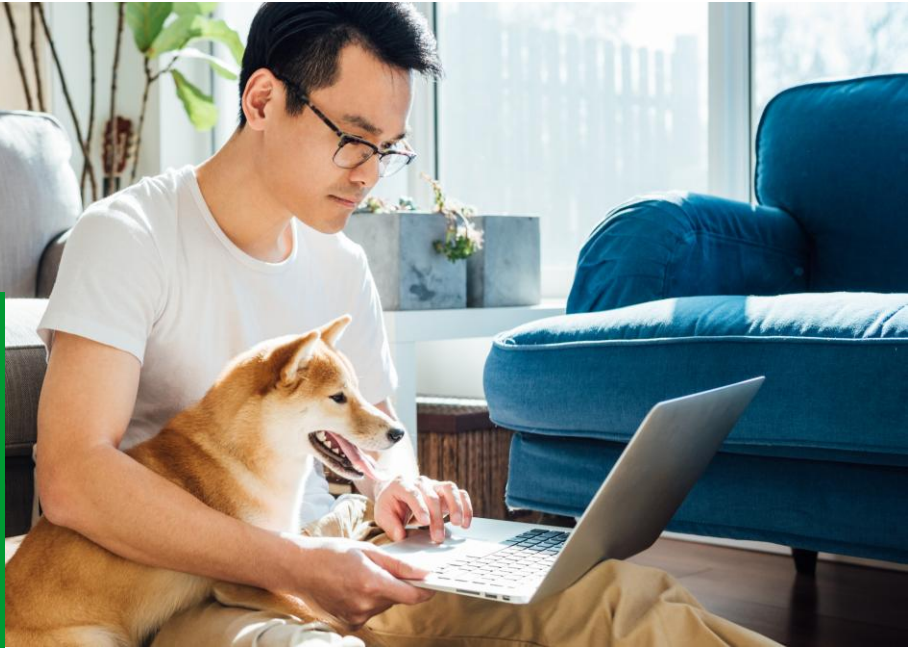
These programs are **reviewed annually** to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family. Please read this guide carefully so that you may make informed enrollment decisions.

**This guide is designed to highlight your benefit options.** It is not a complete Summary Plan Description. For more details including covered expenses, exclusions, and limitations, please refer to individual Summary Plan Descriptions or request information directly from the insurance carrier. If any discrepancy exists between this guide and the official documents, the Summary Plan Description will prevail.



# Open Enrollment

Open enrollment for the 2026-2027 Plan Year



**Important!**

**Open Enrollment Dates**  
July 27<sup>th</sup> – August 14<sup>th</sup>

**On-Site Open Enrollment**  
August 6<sup>th</sup> 2pm – 4pm

**Benefit Presentation**  
Bob Andrew Agricultural  
Sciences Building  
August 5<sup>th</sup> 1pm

## What's new for 2026?

- TRS Premium Increase
- FSA Max Increase
- HSA Max Increase for Individuals and Family

### Step 1 - LOGIN PORTAL

Go to: <https://app.thebeaconselect.com/ValleyViewISD>

Under User ID: Enter your full SSN (**without dashes**)

Under PIN: Enter last 4 of SSN and the last two of your birth year

### Step 2 - REVIEW PERSONAL INFORMATION

Review and update your personal and dependent information.

### Step 3 - REVIEW PLAN OPTIONS AND MAKE ELECTIONS

Elect or decline each offer of coverage for you and your family.

### Step 4 - SIGN AND APPROVE ELECTIONS

Sign and approve benefit elections.

Review ALL elections within the Confirmation Statement for accuracy.



# Eligibility



## Dependents

You can enroll your eligible dependents for medical, dental, vision, voluntary life insurance, critical illness, hospital indemnity, and accident coverage. Eligible dependents are defined as:

**Your spouse** (unless legally separated)

**Your children, including:**

- Your naturally born children;
- Your legally adopted child. An adopted child is considered a dependent from the moment the child is placed in the custody of the adoptive parents.
- A stepchild, foster child, or any child of whom you have legal custody, who resides in your household in a regular parent-child relationship and is principally dependent on you for his/her support and maintenance and is named as an exemption on your most recent federal income tax return (proof may be required).
- Any child whom you are required to provide health care coverage for under a Qualified Medical Child Support Order.
- Eligible children (as defined above) can be covered until the end of the month following their 26<sup>th</sup> birthday.

## Initial Eligibility Period

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date.

## Qualifying Events

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- **Marriage, divorce or legal separation**
- **Birth or adoption of a child**
- **Change in child's dependent status**
- **Death of a spouse, child or other qualified dependent**
- **Change in service area**
- **Change in employment status or a change in coverage under another employer-sponsored plan**

Requests for a qualifying event must be received within 30 days of the event date.

# Medical Plan Options: Summary

TRS-ActiveCare



TRS – ActiveCare Primary	Monthly Cost	Plan Highlights
Employee Only	\$307.00	<ul style="list-style-type: none"> <li>• Lowest premium of all three plans</li> <li>• Copays for doctor visits before you meet your deductible</li> <li>• Not compatible with a Health Savings Account</li> <li>• No out-of-network coverage</li> <li>• Primary Care Provider referrals to see specialist</li> </ul>
Employee and Spouse	\$1,348.00	
Employee and Children	\$736.00	
Employee and Family	\$1,776.00	

TRS – ActiveCare Primary +	Monthly Cost	Plan Highlights
Employee Only	\$415.00	<ul style="list-style-type: none"> <li>• Lower deductible than the HD and Primary plans</li> <li>• Copays for many services and drugs</li> <li>• Highest premium</li> <li>• Primary Care Provider referrals to see specialist</li> <li>• Not compatible with a Health Savings Account</li> <li>• No out-of-network coverage</li> </ul>
Employee and Spouse	\$1,567.00	
Employee and Children	\$919.00	
Employee and Family	\$2,071.00	

TRS – ActiveCare HD	Monthly Cost	Plan Highlights
Employee Only	\$325.00	<ul style="list-style-type: none"> <li>• Compatible with a Health Savings Account</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for Primary Care Providers or referrals</li> <li>• Must meet your deductible before plan pays for non-preventative care</li> </ul>
Employee and Spouse	\$1,396.00	
Employee and Children	\$766.00	
Employee and Family	\$1,837.00	

# Medical Plan: ActiveCare Primary

TRS



TRS	In-Network
<b>General Plan Information</b>	
Deductible	Single \$2,500; Family \$5,000
Coinsurance	30% Coinsurance after Deductible
Out-of-Pocket Maximum	Single \$8,050; Family \$16,100
<b>Prescription Coverage</b>	
Drug Deductible	Integrated with medical
Generic (31-Day Supply/ 90-Day Supply)	\$15 / \$45 Copay \$0 Copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	30% Coinsurance after deductible
Non-preferred	50% Coinsurance after deductible
Specialty (31-Day Max)	30% Coinsurance after deductible \$0 if SaveOnSP eligible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61–90 day supply
<b>Covered Medical Highlights</b>	
Preventive Routine Care	Covered in Full
Primary Office Visit	\$30 Copay
Specialist Office Visit	\$70 Copay
Inpatient Hospital	30% Coinsurance after deductible
Outpatient Surgical Procedure (facility)	30% Coinsurance after deductible
Emergency Care	30% Coinsurance after deductible
Freestanding Emergency Room	\$500 Copay + 30% coinsurance after deductible
Urgent Care Center	\$50 Copay

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Medical Plan: ActiveCare Primary +

TRS



TRS	In-Network
<b>General Plan Information</b>	
Deductible	Single \$1,200; Family \$2,400
Coinsurance	20% Coinsurance after Deductible
Out-of-Pocket Maximum	Single \$6,900; Family \$13,800
<b>Prescription Coverage</b>	
Drug Deductible	\$200 deductible per participant (brand drugs only)
Generic (31-Day Supply/ 90-Day Supply)	\$15 / \$45 copay
Preferred (Max does not apply if brand is selected and generic is available)	25% Coinsurance after deductible (\$100 max) 25% coinsurance after deductible (\$265 max)
Non-preferred	50% Coinsurance after deductible
Specialty (31-Day Max)	20% Coinsurance after deductible (\$500 max) \$0 if SaveOnSP eligible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61–90day supply
<b>Covered Medical Highlights</b>	
Preventive Routine Care	Covered in Full
Primary Office Visit	\$15 Copay
Specialist Office Visit	\$70 Copay
Inpatient Hospital	20% Coinsurance after deductible
Outpatient Surgical Procedure (facility)	20% Coinsurance after deductible
Emergency Care	20% Coinsurance after deductible
Freestanding Emergency Room	\$500 Copay + 20% coinsurance after deductible
Urgent Care Center	\$50 Copay

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Medical Plan: ActiveCare HD

TRS



TRS	In-Network	Out-of-Network
<b>General Plan Information</b>		
Deductible	Single \$3,400; Family \$6,800	Single \$6,800; Family \$13,600
Coinsurance	30% Coinsurance after deductible	50% Coinsurance after deductible
Out-of-Pocket Maximum	Single \$8,300; Family \$16,600	Single \$20,500; Family \$41,000
<b>Prescription Coverage</b>		
Drug Deductible	Integrated with medical	Integrated with medical
Generic (31-Day Supply/ 90-Day Supply)	20% Coinsurance after deductible; \$0 for certain generics	20% Coinsurance after deductible; \$0 for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	25% Coinsurance after deductible	25% Coinsurance after deductible
Non-preferred	50% Coinsurance after deductible	50% Coinsurance after deductible
Specialty (31-Day Max)	20% Coinsurance after deductible	20% Coinsurance after deductible
Insulin Out-of-Pocket Costs	25% Coinsurance after deductible	25% Coinsurance after deductible
<b>Covered Medical Highlights</b>		
Preventive Routine Care	Covered in Full	50% Coinsurance after deductible
Primary Office Visit	30% Coinsurance after deductible	50% Coinsurance after deductible
Specialist Office Visit	30% Coinsurance after deductible	50% Coinsurance after deductible
Inpatient Hospital	30% Coinsurance after deductible	50% Coinsurance after deductible (\$500 facility per day maximum)
Outpatient Surgical Procedure (facility)	30% Coinsurance after deductible	50% Coinsurance after deductible
Emergency Care	30% Coinsurance after deductible	30% Coinsurance after deductible
Freestanding Emergency Room	\$500 Copay + 30% coinsurance after deductible	\$500 Copay + 50% coinsurance after deductible
Urgent Care Center	30% Coinsurance after deductible	50% Coinsurance after deductible

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Medical Plan: ActiveCare 2

TRS



<b>*Closed to new enrollees*</b>		
<b>TRS</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>General Plan Information</b>		
Deductible	Single \$1,000; Family \$3,000	Single \$2,000; Family \$6,000
Coinsurance	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Out-of-Pocket Maximum	Single \$7,900; Family \$15,800	Single \$23,700; Family \$47,400
<b>Prescription Coverage</b>		
Drug Deductible	\$200 brand deductible	\$200 brand deductible
Generic (31-Day Supply/ 90-Day Supply)	\$20 / \$45 copay	\$20 / \$45 copay
Preferred (Max does not apply if brand is selected and generic is available)	25% coinsurance after deductible	25% coinsurance after deductible
Non-preferred	50% Coinsurance after deductible	50% Coinsurance after deductible
Specialty (31-Day Max)	30% Coinsurance after deductible	30% Coinsurance after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61–90 day supply	Insulin Out-of-Pocket Costs
<b>Covered Medical Highlights</b>		
Preventive Routine Care	Covered in Full	40% Coinsurance after deductible
Primary Office Visit	\$20 - \$40 Copay	40% Coinsurance after deductible
Specialist Office Visit	\$55 - \$85 Copay	40% Coinsurance after deductible
Inpatient Hospital	20% Coinsurance after deductible (\$150 facility copay per day)	40% Coinsurance after Deductible (\$500 facility copay per incident)
Outpatient Surgical Procedure (facility)	20% Coinsurance after deductible (\$150 facility copay per incident)	40% Coinsurance after Deductible (\$150 facility copay per incident)
Emergency Care	\$250 Copay plus 20% coinsurance after deductible	\$250 Copay plus 20% after deductible
Urgent Care Center	\$50 Copay	40% Coinsurance after deductible

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Telemedicine

1-800 MD



## Contact

Carrier	1.800MD
Phone	1-800-530-8666
App	1800MD Member Mobile
Website	www.1800md.com

**Valley View ISD provides employer paid telemedicine services through 1.800MD.** You get the health care you need anytime, anywhere, through a nationwide network of U.S. Board Certified Doctors & Pediatricians. 1.800MD is available 24 hours a day, seven days a week and 365 days a year.

## Non-Emergent Care

Telemedicine services make it fast and easy to visit a doctor – average wait time is only 20 minutes. Telemedicine is not a replacement for your primary care physician or specialist, but it’s great for non-emergency care, especially when the doctor’s office is closed, or you can’t get to an urgent care center.

## Common Conditions Treated

- Acne
- Allergies
- Asthma
- Bronchitis
- Fever
- Cold & Flu
- Nausea
- Pinkeye
- Earache

## Behavioral Health Counseling

Video conferencing with a psychiatrist or licensed therapists from privacy of own home. You can schedule recurring appointments to establish an ongoing relationship with one therapist.

- Addiction
- Bipolar Disorder
- Depression
- Eating Disorders
- Postpartum Depression
- Relationship Issues
- Stress
- Trauma & PTSD
- Grief & Loss
- LGBTQ Support
- Life Changes
- Panic Disorders

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Health Savings Account

EECU



## Health Savings Account (HSA) Overview

A Health Savings Account (HSA) is a tax-favored savings account for individuals and families covered by a High-Deductible Health Plan (HDHP) created for the purpose to set aside pre-tax dollars to pay for qualified medical expenses.

## High-Deductible Health Plan (HDHP)

To obtain the benefits of an HSA, the law requires that the savings account be combined with a qualified High-Deductible Health Plan (HDHP). The minimums and maximums on HDHP's are determined annually by the IRS and are subject to change. For 2026, the minimum annual deductible and maximum out-of-pocket requirements are:

Level of Coverage	Minimum Annual Deductible	Maximum Out-of-Pocket
Single	\$1,700	\$8,500
Family	\$3,400	\$17,000

## Qualified Medical Expenses

Funds you withdraw from your HSA are tax-free when used to pay for qualified medical expenses as described in Section 213(d) of the Internal Revenue Service Tax Code. A list of these expenses is available on the IRS website, [www.irs.gov](http://www.irs.gov) in IRS Publication 502, "Medical and Dental Expenses." Any funds you withdraw for non-qualified medical expenses will be taxed at your income tax rate plus 20% tax penalty, unless you are 65 or older, disabled or deceased. Remember, the IRS may modify its list of eligible expenses from time to time. As always, consult your tax advisor should you require tax advice.

## Contributing To An HSA

Individuals and families are offered the opportunity to save for current and future health care with a Health Savings Account (HSA). Contributions to an HSA are 100% tax-deductible from your gross income. The Internal Revenue Service (IRS) annually reviews and sets the contribution limits for HSA's. For 2026, the employee maximum contribution limits are:

Type of Coverage	Maximum Annual Contribution Limit
Single	\$4,400
Family	\$8,750
Catch-Up Contribution (Age 55+)	Additional \$1,000

# Flexible Spending Account

NBS



## FSA - Medical

Allows for a tax savings on most medical, dental, and vision out-of-pocket expenses. Noncovered expenses apply to all dependent family members even if not covered by a particular insurance plan.

**The maximum contribution amount for 2026 is \$3,400 - this amount is deducted in equal amounts from each paycheck before taxes are calculated and then set aside for the employee in a special account.**

**FSA Rules & Regulations Tip** • The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, they will request itemized receipts.

**\*Always save your itemized receipts!**

## FSA – Dependent Care

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. **The maximum amount you may contribute each year is \$7,500 (or \$3,750 if married and filing separately).**

Dependent Care Eligible for Reimbursement:

- Care at a licensed nursery school, day camp, or day care center
- Services from individuals who provide dependent care in or outside your home, unless the provider is your spouse, your own children under the age of 19, or any other dependent
- After-school care for children under age 13
- Household services related to the care of an elderly or disabled adult who lives with you
- Any other services that qualify as dependent care expenses under IRS regulations.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Dental Plan

Humana

## Humana

Valley View ISD offers three dental plans. Please refer to pages 14 and 15 to review your options.

The Humana Dental DHMO plans focus on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. DHMO plan copayments for listed procedures are applicable at either a participating general dentist or a participating specialist.

DHMO HS405 Plan	In-Network
<b>Plan Information</b>	
Eligibility	All Eligible Full-Time Employees
Deductible (Single / Family)	No Annual Deductible
<b>Annual Maximum</b>	
Annual Maximum Per Person	No Annual Maximum
<b>Dependent Coverage</b>	
Dependent Age Limit	To Age 26
<b>Dental Services</b>	
Preventive Services <ul style="list-style-type: none"> <li>• Oral Exam</li> <li>• Cleanings</li> <li>• X-rays</li> <li>• Fluoride for Children</li> </ul>	Plan pays 100% after Co-payment
Basic Services <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Root Canals</li> </ul>	Plan pays 100% after Co-payment
Major Services <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Dentures</li> </ul>	Plan pays 100% after Co-payment
Orthodontia	Plan Pays 100% after Co-payment
<b>Monthly Cost</b>	
Employee Only	\$11.27
Employee + Spouse	\$22.54
Employee + Children	\$25.35
Family	\$37.75

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Dental Plan

## Humana

# Humana

Plan Name	Custom Traditional Plus Low	Traditional Plus High
	Plan Information	Plan Information
Eligibility	All Eligible Full-Time Employees	All Eligible Full-Time Employees
Deductible (Single / Family)	\$50 Single / \$150 Family	\$50 Single / \$150 Family
	Annual Maximum	Annual Maximum
Annual Maximum Per Person	\$1,000	\$1,200
	Dependent Coverage	Dependent Coverage
Dependent Age Limit	To Age 26, Unmarried	To Age 26, Unmarried
	Dental Services	Dental Services
Preventive Services • Oral Exam (3) • Cleanings (2) • X-rays	Covered at 100%	Covered at 100%
Basic Services • Amalgam Fillings • Routine Extractions	Covered at 70%	Covered at 80%
Major Services • Crowns • Dentures	Covered at 50%	Covered at 50%
Orthodontia (Children Only)	Members may receive a discount on non-covered services of up to 20%.	Covered at 50%, up to a Lifetime Max Amount of \$1,000
Extended Annual Max	30% coverage for preventative, basic, and major services after the maximum is met (excludes orthodontia)	30% coverage for preventative, basic, and major services after the maximum is met (excludes orthodontia)
	Monthly Cost	Monthly Cost
Employee Only	\$23.28	\$33.36
Employee + Spouse	\$46.57	\$66.74
Employee + Children	\$59.36	\$91.69
Family	\$82.64	\$126.38

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Vision Plan

Humana

# Humana

Humana Vision 130		
General Plan Information	In-Network	Out-of-Network
Eligibility	All Eligible Full-Time Employees	All Eligible Full-Time Employees
Dependent Coverage		
Dependent Age Limit	To Age 26	To Age 26
Vision Services		
Eye Exam	\$10 Co-Pay	Up to \$30
Frames	\$130 Allowance	\$65 Allowance
Standard Plastic Lenses	\$15 Co-Pay	Up to \$100
Elective Contact Lenses	\$130 Allowance, 15% off balance	\$104 Allowance
Medically Necessary Contact Lenses	\$0 Co-Pay	\$200 Allowance
Vision Service Frequency		
Eye Exam	Once every 12 months	
Frames	Once every 12 months	
Contacts	Once every 12 months	
Employee Monthly Cost		
Employee Only	\$7.22	
Employee + Spouse	\$14.44	
Employee + Children	\$14.73	
Family	\$22.53	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Basic Life & AD&D

UNUM



## Basic Life & Accidental Death & Dismemberment Insurance

Basic Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there. As an eligible employee, **Valley View ISD** pays the full cost of the coverage. In addition, you may designate anyone as your beneficiary.

Basic Life / AD&D Plan	Unum
General Plan Information	
Eligibility	All Eligible Full-Time Employees
Who Pays for Coverage	Employer
Basic Life Benefit	
Life Benefit Amount	50,000
Benefit Age Reduction	
65% at age 70 : 50% at age 75	

# Voluntary Life & AD&D

UNUM



While **Valley View ISD** offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

## Voluntary Life Insurance

With voluntary life insurance, you are responsible for the full cost of coverage through a post-tax payroll deduction.

**Employee Coverage:** You may elect coverage in increments of \$10,000, with a minimum of \$20,000 and a maximum of \$500,000, not to exceed 7 times your annual earnings. The guaranteed issue amount is \$230,000.

**Spouse Coverage:** If you elect coverage for yourself, you may also purchase coverage for your spouse in increments of \$10,000, up to \$500,000 (not to exceed 100% of the employee’s elected amount). The guaranteed issue amount is \$50,000.

**Child(ren) Coverage:** You may elect coverage of \$5,000 or \$10,000 for your child(ren). Only one premium applies regardless of the number of children covered.

**Guaranteed Issue (GI):** The amount of coverage you can elect when first eligible without providing medical evidence or completing a health questionnaire.

Voluntary Life & Accidental Death and Dismemberment		
Age	Employee rates per \$1000	Spouse rates per \$1000
18-29	\$0.045	\$0.045
30-34	\$0.060	\$0.060
35-39	\$0.070	\$0.070
40-44	\$0.080	\$0.080
45-49	\$0.120	\$0.120
50-54	\$0.200	\$0.200
55-59	\$0.330	\$0.330
60-64	\$0.510	\$0.510
65-69	\$0.950	\$0.950
70-74	\$1.550	\$1.550
75+	\$2.060	\$2.060
Dependent Child	\$0.18 per \$1,000	
AD&D		
Employee AD&D	\$0.040 per \$1,000	
Spouse AD&D	\$0.030 per \$1,000	
Child(ren) AD&D	\$0.030 per \$1,000	

# Long Term Educator Disability

One America



Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion (66 2/3%) of your income if you become physically unable to work due to an illness or injury.

You'll select an **elimination period**—how long you must be disabled before benefits begin—with options ranging from **0/7 to 180 days**. Plans with a **0/7, 14/14 or 30/30 elimination period** include a **First Day Hospitalization benefit**, which allows benefits to begin the day you are hospital confined. **Hospital confined** – you are admitted to a hospital as an in-patient, and for which you are charged room and board.

Long-Term Disability Plan	One America
General Plan Information	
Eligibility	All Eligible Full-Time Employees
Who Pays for Coverage	Employee
Long-Term Disability Benefit	
Monthly Benefit Percentage	Increments of \$100 with a minimum of \$200 and a maximum of \$8,000, not to exceed 66 2/3% of Covered Monthly Earnings
Definition of Disability	Loss of duties and earnings
Pre-Existing Limitation	3/12 months

Elimination Period (Accident/Sickness)	Monthly Benefit per \$100
0/7	\$3.37
14/14	\$2.98
30/30	\$2.52
60/60	\$1.64
90/90	\$1.41
180/180	\$1.03

First day hospitalization benefit for options 0/7, 14/14, and 30/30

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Accident Coverage

Mutual of Omaha



Accident Protection coverage allows you to protect yourself financially by ensuring you are covered for specific services and care associated with an injury. The plan provides you with the financial resources to make getting back to your regular routine as easy as possible.

Accident	Mutual of Omaha
<b>General Plan Information</b>	
Who Pays for Coverage	Employee
Dependent Age Limit	26
<b>Accident Benefit</b>	
Accident Death Benefit Amount	Employee \$50,000 Spouse \$25,000 Child \$10,000
Wellness Screening Benefit (1 time per insured per year)	\$200
<b>Sample of Covered Services</b>	
Hospital Admission	\$3,000
Daily Confinement (Up to 365 days per accident)	\$600 per day
ICU Confinement (Up to 15 days per accident)	\$1,000 per day
Air Ambulance	\$2,000
Emergency Room Admission	\$500
Hip Dislocation	Open \$12,000 Closed \$6,000
Shoulder Dislocation	Open \$3,700 Closed \$1,850
Leg Fracture	Open \$6,000 Closed \$3,000
Concussion	\$500
<b>Employee Cost Per Month</b>	
Employee Only	\$15.02
Employee + Spouse	\$22.29
Employee + Child(ren)	\$30.10
Family	\$37.65

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Hospital Indemnity

Symetra



## What is Hospital Indemnity Insurance?

The Hospital Indemnity insurance policy is designed to help you with certain medical expenses. Coverage is based on a set schedule of benefits for a specified number of days.

\*Note: Group Limited Indemnity is NOT major medical insurance

Benefits	Employer Paid/\$500	Low/\$1,000	High/\$2,000
Hospital In-Patient Admission	\$500 First Day	\$1,000 First Day	\$2,000 First Day
Hospital Confinement Benefit	\$100 / Day 2+ (30 incident(s) pp/pcy)	\$100 / Day 2+ (30 incident(s) pp/pcy)	\$100 / Day 2+ (30 incident(s) pp/pcy)
Intensive Care Unit Admission	\$500 First Day	\$1,000 First Day	\$2,000 First Day
Intensive Care Unit Confinement Benefit	\$200 / Day 2+ (30 incident(s) pp/pcy)	\$200 / Day 2+ (30 incident(s) pp/pcy)	\$200 / Day 2+ (30 incident(s) pp/pcy)
Mental Health Facility	\$100 per day, 30-day(s) pp/pcy	\$100 per day, 30-day(s) pp/pcy	\$100 per day, 30-day(s) pp/pcy
Wellness Screening Benefit (1 per insured per year)	\$50	\$50	\$50

Monthly Premium	Employer Paid \$500	Low/\$1,000	High/\$2,000
Employee Only	\$0.00	\$8.09	\$17.42
Employee & Spouse	\$6.39	\$22.66	\$40.60
Employee and Child(ren)	\$2.41	\$13.92	\$27.05
Employee and Family	\$7.50	\$25.92	\$46.68

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Critical Illness

Mutual of Omaha



Critical Illness Coverage pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness is a limited benefit policy.

## What benefits are available?

Critical Illness Insurance provides a benefit payment for illnesses and conditions reflected in the chart below.

## Who is eligible for Critical Illness Insurance?

- You –active employees working 30+hours per week
- Your Spouse –Coverage available only if employee coverage elected
- Your Child(ren)–to age 26. Coverage available only if employee coverage elected

Conditions	Employee Benefit Amount: \$10,000 - \$30,000	
	Spouse Benefit Amount: \$10,000 - \$30,000	
	Child(ren) Benefit Amount: \$10,000 - \$30,000	
	1st Occurrence	2nd Occurrence
<b>Cancer</b>		
Invasive Cancer	100%	100%
Carcinoma in Situ (Non-Invasive Cancer)	25%	100%
Benign Brain or Spinal Cord Tumor	100%	100%
<b>Other Conditions</b>		
Severe Burn	100%	100%
Coma	100%	100%
<b>Cardiac Conditions</b>		
Heart Attack (Myocardial Infarction)	100%	100%
Sudden Cardiac Arrest	100%	0%
<b>Organ Failure</b>		
End Stage Renal Failure	100%	0%
Major Organ Failure	100%	100%

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Critical Illness Rates

Mutual of Omaha



Monthly premiums are calculated based on age. No underwriting required; you can enroll in this coverage without completing an Evidence of Insurability.

Employee	Per \$1,000
<30	\$0.40
30-39	\$0.57
40-49	\$1.07
50-59	\$2.13
60-69	\$3.88
70-79	\$9.70
80-99	\$9.70

Spouse	Per \$1,000
<30	\$0.40
30-39	\$0.57
40-49	\$1.07
50-59	\$2.13
60-69	\$3.88
70-79	\$9.70
80-99	\$9.70

**\* Child insurance is automatic. A separate premium is not required**

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Cancer Coverage

Colonial Life



Cancer insurance is designed to provide supplemental insurance that is designed to help reduce out-of-pocket expenses and bridge the gap between what your primary insurance does and does not cover. Cancer benefits are payable for:

- Cancer Screening
- Wellness Test Benefit
- Inpatient Benefits
- Transportation & Lodging



## Low Cancer

	Monthly Premium
Employee Only	\$22.55
Employee and Family	\$37.50

## High Cancer

	Monthly Premium
Employee Only	\$29.15
Employee and Family	\$48.45

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Identity Theft Protection

Aura



Why do you need Identity Theft?

- Nearly **90% of employees** who used an employer-offered Cyber Wellness solution to aid in identity theft report a higher quality of life
- Employees with access to identity theft solutions are **3 times more likely** to be aware of suspicious activity -- empowering them to take control faster
- **Almost 93% of employees** with an employer-offered remediation solution said it lessened the negative impacts of ID theft
- **91% of employees** who leveraged the employer-offered service after an ID theft recommended the solution to co-workers

### We'll Alert you of

- Your personal information on the dark web
- High-risk transactions like account takeovers and tax refunds
- Potential threats detected by IBM Watson AI
- Requests to open checking or savings accounts with your information
- Monthly credit score
- Bank Account takeover

### Best-in-Class Customer Care

- U.S.-based customer care
- IBM Watson AI
- Online identity dashboard
- Mobile App

### Family Plan Additional Features

- Your child's information on the dark web
- Cyberbullying on social media

### Powerful Monitoring Tools

- Near real-time alerts
- Property Deed Monitoring
- Address Monitoring
- Criminal Record Monitoring
- Sexual Offense Monitoring
- Transaction Monitoring
- SSN trace and monitoring for children
- Fictitious Identity Monitoring

Monthly Premium		
Plan	Individual	Family
Total	\$7.90	\$13.90
Premier	\$9.85	\$17.85

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Permanent Life & Long-Term Care

Chubb



## Two important coverages for when you need them the most.

Permanent Life + Long-Term Care (LTC) is two-in-one security. It combines permanent life insurance with benefits that can help with the high costs of long-term care services. It helps protect your family from the financial impact of losing a loved one or needing extended care. You select a benefit amount that works for you, and you lock in a rate that is designed to last a lifetime and doesn't increase due to age.

Universal Life adjusts to your changing needs as you age. It provides a higher death benefit during your working years, when you may need the protection most. The death benefit then reduces after age 70, while your benefit for long-term care remains at the same high level.

How LifeTime Benefit Term Can Be Used					
Three Options	Life Situation	Death Benefit	Long Term Care	Long Term Care Extension	Total Benefits
<b>1. Life Insurance</b>	You lead a full life and do not need Long Term Care (LTC)	\$100,000	---	---	\$100,000
<b>2. Long Term Care (LTC) insurance</b>	You lead a full life and need assisted living or nursing home care	---	\$100,000	---	
<b>3. Split your Death Benefit for LTC &amp; life insurance</b>	You lead a full life but also need some LTC funds (Example: 4% of \$100,000 for 12 months)	\$52,000	\$48,000	---	
Additional Coverage for Long Term Care and Death Benefits					
<b>Extra Long Term Care for up to 25 additional months</b>	You lead a full life and need extended benefits for assisted living or nursing home care	---	---	\$100,000	\$100,000
<b>Restore your Death Benefit</b>	If you deplete your entire Death Benefit due to LTC, we restore your Death Benefit to 50% of your original death benefit, not to exceed \$50,000	\$50,000	---	---	\$50,000
Option 1, 2 or 3 + Extra LTC Coverage + Restoration of Death Benefit = <b>TOTAL COVERAGE</b>					<b>\$250,000</b>

## More Flexible Universal Life Features

- Coverage up to \$250,000
- Cover all children with a term life insurance rider. They can later simply convert coverage to permanent Universal Life.
- Once you have a policy, your rate is locked in and **will not increase due to age**.
- Accelerate up to 50% of your death benefit if a doctor determines your life expectancy is 24 months or less.
- No medical exams or blood work to apply – just answer a few simple questions.
- Fully portable – keep your coverage, at the same rate and benefits, if you change jobs or retire.
- Pay for coverage via convenient payroll deduction, as long as you stay with your employer.
- Apply for family members as well as for yourself.

# Medical Transport

MASA



Two different medical emergency transport plans are available to cover you and your family. The Medical Transport Services plan provides access to vital emergency medical transportation for a low monthly cost.

*One low fee for peace of mind for:*

- Emergent Transport Costs
- No Deductible
- Easy Claim Process
- No Health Questions
- Coverage available for Spouses and Dependents to age 26

Benefit Coverage	Platinum \$39 / Month	Emergent Plus \$14 / Month
Emergent Ground Transportation	U.S. / Canada	U.S. / Canada
Emergency Air Transportation	U.S. / Canada	U.S. / Canada
Repatriation	Worldwide	U.S. / Canada
Non-Emergent Air Transportation	Worldwide	U.S. / Canada
Escort Transportation	Worldwide	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# Contacts




Benefit	Carrier	Phone	Website
Medical	TRS ActiveCare - BCBS	1-866-355-5999	<a href="http://www.bcbstx.com/trsactivecare">www.bcbstx.com/trsactivecare</a>
Health Savings Account	EECU	817-882-0800	<a href="http://www.eecu.org">www.eecu.org</a>
Flexible Spending Account	NBS	800-274-0503	<a href="http://www.nbsbenefits.com">www.nbsbenefits.com</a>
Dental	Humana	1-877-877-1051	<a href="http://www.humana.com">www.humana.com</a>
Vision	Humana	1-877-877-1051	<a href="http://www.humana.com">www.humana.com</a>
Group Life	UNUM	800-275-8686	<a href="http://www.unum.com">www.unum.com</a>
Voluntary Life	UNUM	800-275-8686	<a href="http://www.unum.com">www.unum.com</a>
Educators Disability	One America	855-387-9727	<a href="http://www.oneamerica.com">www.oneamerica.com</a>
Accident	Mutual of Omaha	800-877-5176	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Cancer	Colonial	1-800-325-4368	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
Critical Illness	Mutual of Omaha	800-877-5176	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Hospital Indemnity	Symetra	1-800-796-3872	<a href="http://www.symetra.com">www.symetra.com</a>
Permanent Life + Long Term Care	Chubb	1-855-241-9891	<a href="http://www.chubb.com">www.chubb.com</a>
Identity Theft Protection	Aura	1-855-443-7748	<a href="http://www.identityguard.com">www.identityguard.com</a>
Medical Transport	MASA	954-758-9833	<a href="http://www.masamts.com">www.masamts.com</a>

## Benefit Website

<https://valleyviewisd.mybenefitsinfo.com>

Valley View ISD  
Misty Price | Human Resources  
[mprice@vvisd.net](mailto:mprice@vvisd.net)



# Valley View ISD

## Benefits Guide 2026-2027

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit summaries. While every effort was taken to accurately summarize your benefits, discrepancies or errors are always possible.

In case of a discrepancy between this guide and the official plan documents, the official plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

