

Whitehouse ISD Employee Benefits

Plan Year: September 1, 2016 – August 31, 2017

**Dependent children can be covered until their 26th birthday on dental, vision & cancer.*

Dental 9/1 **NEW RATES!** *Offered through Assurant* www.assurantemployeebenefits.com

You can select your own dentist, most savings in the PPO network. Claims are paid at 100%, 80%, or 50% of usual and customary. **NO WAITING PERIOD!** A \$50 deductible/\$150 family max per calendar year applies to Class 2 and Class 3 expenses. Maximum calendar year benefit per person is **\$1250**. Orthodontia is covered for kids AND adults - \$1500 lifetime max. Dental insurance is an eligible Cafeteria Plan pre-tax deduction.

NEW RATES:	Employee Only	\$40.99	Employee + Child(ren)	\$77.51
	Employee + Spouse	\$81.30	Employee + Family	\$147.64

Vision 9/1 *Offered through Superior Vision of Texas* www.superiorvision.com

You can use any provider, with greater benefits in network. In network receive an annual exam with no copay, glasses or contacts every 12 months. Frames covered up to \$125, contacts up to \$150, standard lenses covered in full in network. Vision insurance is an eligible Cafeteria Plan pre-tax deduction.

MONTHLY RATES:	Employee Only	\$8.89	Employee + Child(ren)	\$15.14
	Employee + Spouse	\$16.05	Employee and Family	\$24.06

Disability Insurance 9/1 *Offered through Unum* www.unum.com

Disability insurance is one of the more important benefits because it protects your most valuable asset – your paycheck. School districts only pay for earned sick days and either start docking substitute pay or your full daily rate once your sick days have been exhausted. You may select a plan that will pay up to 2/3 of your gross monthly salary. Be advised that benefits do not automatically increase with your salary – change enrollment online if interested. Pre-existing condition clause applies to all new applicants plus any increases in coverage for 12 months. If you are pregnant before 9/1, your pregnancy will not be covered unless you had disability coverage in 2015-2016 plan year. **Rates vary – please see product brochure and rate chart.**

Group Term Life Insurance 9/1 *Offered through Prudential*

Extra term life insurance coverage for employee, spouse and children. (WISD gives employees \$10K of basic life to age 65.) Employee max is \$500,000; spouse max is 100% of employee's coverage up to \$150,000. **Rates vary by age – please see product brochure and rate chart.** Spouse rates based on spouse age. Dependent child coverage is \$10,000 per child for one family rate of \$.90 per month, regardless of how many children. Health questions required on all increases for employee and spouse; never required for children.

Cancer Insurance 9/1 *Offered through Transamerica Worksite Marketing*

HEALTH QUESTIONS REQUIRED This policy pays benefits directly to you and your family for cancer-related costs. This coverage pays in addition to other insurance you may have. These extra benefits help fill in the gaps where other insurance may not. Cancer insurance is an eligible Cafeteria Plan pre-tax deduction.

Flexible Spending Accounts 9/1 *Offered through NBS* www.NBSbenefits.com

New this year, the Flex debit card! It is now easier to access your Flex funds with the swipe of a debit card!!! Medical Reimbursement Accounts for out of pocket medical expenses (max \$2400/yr) AND Dependent Care Reimbursement Accounts for childcare costs (max \$2500/yr for individual, \$5000/yr families) are available. You use pre-tax dollars to pay common costs and save money. More information, Direct Deposit and secure login: www.NBSbenefits.com.

Medical – Offered through Whitehouse ISD & TRS – contact Cheli Mitcham (903-839-5500 ext. 6170) or

MitchamA@whitehouseisd.org for info and also see www.trs.state.tx.us or www.tractivecareatna.com

Policy Details Prevail.

More information on your benefits website: <http://www.mybenefitshub.com/whitehouseisd>

Achieve Financial – www.achievetfinancialgroup.com – 903-596-8211 – greg@achievetfinancialgroup.com

I DECLINE ALL additional employee benefits listed on this page: _____

I wish to enroll in the additional employee benefits checked on this page: _____

Date: _____