

# Junction Independent School District

2016-2017

## TRS Active Care Aetna & Care Mark Prescription

### Health Care Insurance Plan Costs

Each JISD employee has an appointment time shown on the following pages. Please go to Cheryl's office at the scheduled time. You also have an enrollment form enclosed with this packet if you want to fill it out in advance and reduce enrollment time. You will see Finley Financial after meeting with Cheryl to enroll in any other coverage you choose; dental, vision, AFLAC, etc.

The chart below shows the plan total minus JISD/State Contribution, which equals what will be taken out of your monthly check:

Information on these plans and the enrollment guide are available on the TRS website:

2016-2017 Plan Year	Employee Only Plan - JISD = Your cost	Employee & Spouse Plan - JISD = Your cost	Employee & Child(ren) Plan - JISD = Your cost	Employee & Family Plan - JISD = Your cost
TRS-ActiveCare 1-HD	341 - 300 = 41.00	914 - 300 = 614.00	615 - 300 = 315.00	1231 - 300 = 931.00
TRS-ActiveCare Select	484 - 300 = 184.00	1147 - 300 = 847.00	779 - 300 = 479.00	1361 - 300 = 1061.00
TRS-ActiveCare 2	645 - 300 = 345.00	1552 - 300 = 1252	1042 - 300 = 742.00	1597 - 300 = 1297.00

[www.trs.state.tx.us](http://www.trs.state.tx.us) in the Active Members section,

and the Aetna website:

[www.trsactivecare.aetna.com](http://www.trsactivecare.aetna.com)

# TRS-Care Plan Design Summary

Effective 9/1/2016 – 8/31/2017

Beginning January 1, 2017, participants enrolled in Medicare benefits under Part A or Part B and enrolled in either TRS-Care 2 or TRS-Care 3 level of coverage, will not be eligible to remain enrolled in or eligible to enroll in the standard prescription drug plan. TRS will communicate detailed information to plan participants affected by this change as the date approaches to ensure a smooth transition to the Medicare prescription drug plans. For more information about Medicare prescription drug plans for TRS-Care visit

<http://www.express-scripts.com/medd/trscare>.

<b>TRS-Care 1</b>	<b>Retiree or Surviving Spouses enrolled in Medicare Part A and eligible for Part B</b>	<b>Retiree or Surviving Spouses <u>NOT</u> enrolled in Medicare Part A and eligible for Part B</b>	<b>Retiree or Surviving Spouses with no Medicare</b>
<b>Deductible</b>	\$2,350 Individual \$4,700 Family	\$3,900 Individual \$7,800 Family	\$5,250 Individual \$10,500 Family
<b>Network Coinsurance</b>	80% / 20%	80% / 20%	80% / 20%
<b>Out of Network Coinsurance – Medical and Part B expenses</b>	80% / 20%	80% / 20%	60% / 40%
<b>Out of Network Coinsurance – Hospital and Part A expenses</b>	80% / 20%	60% / 40%	60% / 40%
<b>Maximum Out of Pocket: includes deductibles and coinsurance</b>	\$6,250 Individual \$12,500 Family	\$7,800 Individual \$15,600 Family	\$8,250 Individual \$16,500 Family
<b>Prescription Expenses</b>	Same as Medical	Same as Medical	Same as Medical

<b>TRS-Care 2</b>	<b>Retiree or Surviving Spouses enrolled in Medicare Part A and eligible for Part B</b>	<b>Retiree or Surviving Spouses <u>NOT</u> enrolled in Medicare Part A and eligible for Part B</b>	<b>Retiree or Surviving Spouses with no Medicare</b>
<b>Deductible</b>	\$1,300 Individual \$2,600 Family	\$1,300 Individual \$2,600 Family	\$1,300 Individual \$2,600 Family
<b>Network Coinsurance</b>	80% / 20%	80% / 20%	80% / 20%
<b>Out of Network Coinsurance – Medical and Part B expenses</b>	80% / 20%	80% / 20%	60% / 40%
<b>Out of Network Coinsurance – Hospital and Part A expenses</b>	80% / 20%	60% / 40%	60% / 40%
<b>Maximum Out of Pocket: includes deductibles and coinsurance</b>	\$5,800 Individual \$11,600 Family	\$5,800 Individual \$11,600 Family	\$5,800 Individual \$11,600 Family
<b>Office Visit Copay</b>	N/A	N/A	\$35
<b>Prescription Expenses</b>	Medicare Prescription Drug Plan	Medicare Prescription Drug Plan	Generic/Preferred/Non-Preferred
<b>Retail</b>			\$13/\$40/\$65
<b>Maintenance</b>			\$23/\$50/\$75
<b>Mail</b>			\$25/\$100/\$165

<b>TRS-Care 3</b>	<b>Retiree or Surviving Spouses enrolled in Medicare Part A and eligible for Part B</b>	<b>Retiree or Surviving Spouses <u>NOT</u> enrolled in Medicare Part A and eligible for Part B</b>	<b>Retiree or Surviving Spouses with no Medicare</b>
<b>Deductible</b>	\$400 Individual \$800 Family	\$400 Individual \$800 Family	\$400 Individual \$800 Family
<b>Network Coinsurance</b>	80% / 20%	80% / 20%	80% / 20%
<b>Out of Network Coinsurance – Medical and Part B expenses</b>	80% / 20%	80% / 20%	60% / 40%
<b>Out of Network Coinsurance – Hospital and Part A expenses</b>	80% / 20%	60% / 40%	60% / 40%
<b>Maximum Out of Pocket: includes deductibles and coinsurance</b>	\$4,900 Individual \$9,800 Family	\$4,900 Individual \$9,800 Family	\$4,900 Individual \$9,800 Family
<b>Office Visit Copay</b>	N/A	N/A	\$25
<b>Prescription Expenses</b>	Medicare Prescription Drug Plan	Medicare Prescription Drug Plan	Generic/Preferred/Non-Preferred
<b>Retail</b>			\$13/\$30/\$50
<b>Maintenance</b>			\$23/\$40/\$60
<b>Mail</b>			\$25/\$65/\$105

# 2016 – 2017 TRS-ActiveCare Plan Highlights

Effective September 1, 2016 through August 31, 2017 | In-Network Level of Benefits\*



Type of Service	ActiveCare 1-HD	ActiveCare Select or ActiveCare Select Whole Health (Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Memorial Hermann Accountable Care Network; Seton Health Alliance)	ActiveCare 2
<b>Deductible</b> (per plan year)	\$2,500 employee only \$5,000 family	\$1,200 individual \$3,600 family	\$1,000 individual \$3,000 family
<b>Out-of-Pocket Maximum</b> (per plan year; does include medical deductible/ any medical copays/coinsurance/any prescription drug deductible and applicable copays/coinsurance)	\$6,550 individual \$13,100 family (the individual out-of-pocket maximum only includes covered expenses incurred by that individual)	\$6,850 individual \$13,700 family	\$6,850 individual \$13,700 family
<b>Coinsurance</b> Plan pays (up to allowable amount) Participant pays (after deductible)	80% 20%	80% 20%	80% 20%
<b>Office Visit Copay</b> Participant pays	20% after deductible	\$30 copay for primary \$60 copay for specialist	\$30 copay for primary \$50 copay for specialist
<b>Diagnostic Lab</b> Participant pays	20% after deductible	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility	Plan pays 100% (deductible waived) if performed at a Quest facility; 20% after deductible at other facility
<b>Preventive Care</b> See reverse side for a list of services	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Teladoc<sup>®</sup> Physician Services</b>	\$40 consultation fee (applies to deductible and out-of-pocket maximum)	Plan pays 100%	Plan pays 100%
<b>High-Tech Radiology</b> (CT scan, MRI, nuclear medicine) Participant pays	20% after deductible	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
<b>Inpatient Hospital</b> (preauthorization required) (facility charges) Participant pays	20% after deductible	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission)	\$150 copay per day plus 20% after deductible (\$750 maximum copay per admission; \$2,250 maximum copay per plan year)
<b>Emergency Room</b> (true emergency use) Participant pays	20% after deductible	\$150 copay plus 20% after deductible (copay waived if admitted)	\$150 copay plus 20% after deductible (copay waived if admitted)
<b>Outpatient Surgery</b> Participant pays	20% after deductible	\$150 copay per visit plus 20% after deductible	\$150 copay per visit plus 20% after deductible
<b>Bariatric Surgery</b> Physician charges (only covered if performed at an IOQ facility) Participant pays	\$5,000 copay plus 20% after deductible	Not covered	\$5,000 copay (does not apply to out-of-pocket maximum) plus 20% after deductible
<b>Prescription Drugs</b> Drug deductible (per plan year)	Subject to plan year deductible	\$0 for generic drugs \$200 per person for brand-name drugs	\$0 for generic drugs \$200 per person for brand-name drugs
<b>Retail Short-Term</b> (up to a 31-day supply) Participant pays • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	20% after deductible (deductible and coinsurance waived for certain generic preventive drugs. Go to <a href="http://www.trsavecare.aetna.com/coverage">www.trsavecare.aetna.com/coverage</a> to view the list).	\$20 \$40** 50% coinsurance**	\$20 \$40** \$65**
<b>Retail Maintenance</b> (after first fill; up to a 31-day supply) Participant pays • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	20% after deductible (deductible and coinsurance waived for certain generic preventive drugs. Go to <a href="http://www.trsavecare.aetna.com/coverage">www.trsavecare.aetna.com/coverage</a> to view the list).	\$35 \$60** 50% coinsurance**	\$35 \$60** \$90**
<b>Mail Order and Retail-Plus</b> (up to a 90-day supply) Participant pays • Generic copay • Brand copay (preferred list) • Brand copay (non-preferred list)	20% after deductible (deductible and coinsurance waived for certain generic preventive drugs. Go to <a href="http://www.trsavecare.aetna.com/coverage">www.trsavecare.aetna.com/coverage</a> to view the list).	\$45 \$105** 50% coinsurance**	\$45 \$105** \$180**
<b>Specialty Drugs</b> Participant pays	20% after deductible	20% coinsurance per fill	\$200 per fill (up to 31-day supply) \$450 per fill (32- to 90-day supply)

A specialist is any physician other than family practitioner, internist, OB/GYN or pediatrician. \*Illustrates benefits when in-network providers are used. For some plans non-network benefits are also available; there is no coverage for non-network benefits under the ActiveCare Select or ActiveCare Select Whole Health Plan; see Enrollment Guide for more information. Non-contracting providers may bill for amounts exceeding the allowable amount for covered services. Participants will be responsible for this balance bill amount, which maybe considerable. \*\*If the patient obtains a brand-name drug when a generic equivalent is available, the patient will be responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.

# 2016 – 2017 TRS-ActiveCare Plan Highlights

## TRS-ActiveCare Plans – Preventive Care

### Preventive Care Services

Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations>.

Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved.

Evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents. Additional preventive care and screenings for women, not described above, as provided for in comprehensive guidelines supported by the HRSA <http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/preventive-services-covered-under-aca/index.html#CoveredPreventiveServicesForAdults>.

For purposes of this benefit, the current recommendations of the USPSTF regarding breast cancer screening and mammography and prevention will be considered the most current (other than those issued in or around November 2009).

The preventive care services described above may change as USPSTF, CDC and HRSA guidelines are modified.

#### Examples of covered services included are:

Routine annual physicals (one per year); immunizations; well-child care; breastfeeding support, services and supplies; cancer screening mammograms; bone density test; screening for prostate cancer and colorectal cancer (including routine colonoscopies); smoking cessation counseling services and healthy diet counseling; and obesity screening/counseling.

#### Examples of covered services for women with reproductive capacity are:

Female sterilization procedures and specified FDA-approved contraception methods with a written prescription by a health care practitioner, including cervical caps, diaphragms, implantable contraceptives, intra-uterine devices, injectables, transdermal contraceptives and vaginal contraceptive devices. Prescription contraceptives for women are covered under the pharmacy benefits administered by Caremark.

To determine if a specific contraceptive drug or device is included in this benefit, contact Customer Service at 1-800-222-9205. The list may change as FDA guidelines are modified.

#### Annual Vision Examination

(one per plan year; performed by an ophthalmologist or optometrist using calibrated instruments)  
Participant pays

#### Annual Hearing Examination

Participant pays

### In-Network Benefits When Using In-Network Providers (Provider must bill services as "preventive care")

#### ActiveCare 1-HD

Plan pays 100% (deductible waived)

Some examples of preventive care frequency and services:

- Routine physicals – annually age 12 and over
- Well-child care – unlimited up to age 12
- Well woman exam & pap smear – annually age 18 and over
- Mammograms – 1 every year age 35 and over
- Colonoscopy – 1 every 10 years age 50 and over
- Prostate cancer screening – 1 per year age 50 and over
- Smoking cessation counseling – 8 visits per 12 months
- Healthy diet/obesity counseling – unlimited to age 22; age 22 and over-26 visits per 12 months
- Breastfeeding support – 6 lactation counseling visits per 12 months

After deductible, plan pays 80%; participant pays 20%

#### ActiveCare Select or ActiveCare Select Whole Health

(Baptist Health System and HealthTexas Medical Group; Baylor Scott & White Quality Alliance; Memorial Hermann Accountable Care Network; Seton Health Alliance)

Plan pays 100% (deductible waived; no copay required)

Some examples of preventive care frequency and services:

- Routine physicals – annually age 12 and over
- Well-child care – unlimited up to age 12
- Well woman exam & pap smear – annually age 18 and over
- Mammograms – 1 every year age 35 and over
- Colonoscopy – 1 every 10 years age 50 and over
- Prostate cancer screening – 1 per year age 50 and over
- Smoking cessation counseling – 8 visits per 12 months
- Healthy diet/obesity counseling – unlimited to age 22; age 22 and over-26 visits per 12 months
- Breastfeeding support – 6 lactation counseling visits per 12 months

\$60 copay for specialist

#### ActiveCare 2 Network

Plan pays 100% (deductible waived; no copay required)

Some examples of preventive care frequency and services:

- Routine physicals – annually age 12 and over
- Well-child care – unlimited up to age 12
- Well woman exam & pap smear – annually age 18 and over
- Mammograms – 1 every year age 35 and over
- Colonoscopy – 1 every 10 years age 50 and over
- Prostate cancer screening – 1 per year age 50 and over
- Smoking cessation counseling – 8 visits per 12 months
- Healthy diet/obesity counseling – unlimited to age 22; age 22 and over-26 visits per 12 months
- Breastfeeding support – 6 lactation counseling visits per 12 months

\$50 copay for specialist

\$30 copay for primary  
\$60 copay for specialist

\$30 copay for primary  
\$50 copay for specialist

**Note:** Covered services under this benefit must be billed by the provider as "preventive care." If you receive preventive services from a non-network provider, you will be responsible for any applicable deductible and coinsurance under the ActiveCare 1-HD and ActiveCare 2. Non-network preventive care is not paid at 100%. There is no coverage for non-network services under the ActiveCare Select plan or ActiveCare Select Whole Health.



## 2016-2017 TRS-ActiveCare POS II Rates and Benefit Changes Changes Effective September 1, 2016

### TRS-ActiveCare 1-HD Premium Changes

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$341.00	\$341.00
Employee & Spouse	\$914.00	\$914.00
Employee & Child(ren)	\$615.00	\$615.00
Employee & Family	\$1,231.00	\$1,231.00

### TRS-ActiveCare 1-HD Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$2,500 Family - \$5,000	No changes
Out-of-Pocket Maximum	Individual - \$6,450 Family - \$12,900	Individual - \$6,550 Family - \$13,100

*Gross monthly premiums before state and district contributions*

### TRS-ActiveCare Select Premium Changes

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$473.00	\$484.00
Employee & Spouse	\$1,122.00	\$1,147.00
Employee & Child(ren)	\$762.00	\$779.00
Employee & Family	\$1,331.00	\$1,361.00

*Gross monthly premiums before state and district contributions*

### TRS-ActiveCare Select Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$1,200 Family - \$3,600	No changes
Out-of-Pocket Maximum	Individual - \$6,600 Family - \$13,200	Individual - \$6,850 Family - \$13,700
Retail Maintenance (after 1 <sup>st</sup> fill, up to 31-day supply)		
Generic	\$25 copay	\$35 copay
Preferred Brand	\$50 copay	\$60 copay
Non-Preferred Brand	50% coinsurance	50% coinsurance

### TRS-ActiveCare 2 Premium Changes

Coverage Tier	2015-2016 Premiums	2016-2017 Premiums
Employee Only	\$614.00	\$645.00
Employee & Spouse	\$1,478.00	\$1,552.00
Employee & Child(ren)	\$992.00	\$1,042.00
Employee & Family	\$1,521.00	\$1,597.00

*Gross monthly premiums before state and district contributions*

### TRS-ActiveCare 2 Benefit Changes

Benefit	2015-2016 Plan Year	2016-2017 Plan Year
Deductible	Individual - \$1,000 Family - \$3,000	No changes
Out-of-Pocket Maximum	Individual - \$6,600 Family - \$13,200	Individual - \$6,850 Family - \$13,700
Retail Maintenance (after 1 <sup>st</sup> fill, up to 31-day supply)		
Generic	\$25 copay	\$35 copay
Preferred Brand	\$50 copay	\$60 copay
Non-Preferred Brand	\$80 copay	\$90 copay

**Voluntary Dental Insurance**

**SUMMARY OF BENEFITS**

**Sponsored by: Junction Independent School District**

- You may choose any dentist. However, using contracting dentists should lower your out-of-pocket expenses. You do not need a referral to see a specialist.
- A list of participating dentists may be accessed at [www.LFG.com](http://www.LFG.com).
- By enrolling in the dental plan you and your enrolled family members will have access to *Lincoln DentalConnect*<sup>SM</sup>, our free on-line dental health information Web site.
- If you incur dental expenses and have satisfied the benefit waiting period(s), the plan pays the following percentage of allowable expenses in excess of the deductible up to the maximum benefit.
- Covered dental expenses include only those services listed in your certificate.
- Covered expenses outside the panel service area will not exceed the policy's usual and customary allowances.

		<b>Contracting Dentist</b>	<b>Non-Contracting Dentist</b>
<b>Preventive</b>	- Routine Oral Exams - Bitewing X-rays - Full-mouth or Panoramic X-rays - Other Dental X-rays (including periapical films) - Routine Cleanings - Fluoride Treatments - Sealants	100%	100%
<b>Basic</b>	- Space Maintainers for children - Problem Focused Exams - Consultations - Palliative Treatment (including emergency relief of dental pain) - Fillings (includes composite fillings on posterior teeth) - Prefabricated Stainless Steel and Resin Crowns - Simple Extractions	80%	80%
<b>Major</b>	- Injections of antibiotics and other therapeutic medications - Surgical Extractions - Oral Surgery - Biopsy and Examination of Oral Tissue (including brush biopsy) - General Anesthesia and I.V. Sedation - Prosthetic Repair and Recementation Services - Endodontics (including Root Canal Treatment) - Periodontal Maintenance procedures - Non-surgical Periodontal Therapy - Periodontal Surgery - Bridges - Full and Partial Dentures - Denture Reline and Rebase Services - Crowns, Inlays, Onlays and related services	50%	50%
<b>Orthodontics</b>	- Orthodontic Treatment- Including Orthodontic Exams, X-rays, Extractions, Study Models and Appliances	50%	50%
<b>Deductible</b>	Deductible Type: Annual. Waived for Preventive services	\$50 Individual \$150 Family	\$50 Individual \$150 Family
<b>Maximum</b>	Calendar year maximum for Preventive, Basic and Major services	\$1000	\$1000
<b>MaxRewards<sup>SM</sup></b>	A covered person may be eligible for a rollover of a portion of the previous year's unused Annual maximum for Preventive, Basic and Major services combined based on the following:		
	<b>Eligible Range (claim threshold)</b>	\$1 - \$600	
	<b>Rollover Amount</b>	\$250 per calendar year	
	<b>Rollover Amount with Preferred Provider</b>	\$350 per calendar year	
	<b>Maximum Rollover Account Balance</b>	\$1000	
<b>Ortho Maximum</b>	Lifetime Ortho Maximum for children	\$1000	\$1000

**Your plan costs**

Employee Only	\$30.38	Monthly
Employee and Spouse	\$70.04	Monthly
Employee and Children	\$67.46	Monthly
Family	\$109.70	Monthly

*Dental 2016-2017  
Continued*

**Dependent eligibility**

Unmarried dependent children may be covered to age 26, regardless of student status. Orthodontic Treatment is covered for children who have the orthodontic appliance initially installed prior to age 19.

**Exclusions**

This is a summary of policy exclusions. The policy contains other, more specific, exclusions and limitations not fully explained in this benefit summary.

- The plan does not cover services started before coverage begins or after it ends. Services must be necessary and appropriate for the claimant's condition. Benefits are limited to services specifically shown on the list of procedures included in the policy, unless coverage for additional services is required by state law. Benefits are not payable for duplication of services or for treatment by a practitioner who lives with or is related to the employee or dependent.
- Benefits are not payable for placement of a prosthetic, unless it is needed to replace teeth extracted while covered. Installation, maintenance or removal of implants or any related expense is excluded. Policy does not cover the cost of athletic mouth guards, appliances to correct harmful habits or the replacement of lost or stolen dental appliances. Policy excludes services for treatment of TMJ or congenital malformations, except as required by law.
- Benefits are not payable for veneers, cosmetic procedures or medications administered outside the dentist's office, for prescription drugs, or for analgesia, sedation, hypnosis or acupuncture administered for the purposes of alleviating anxiety or apprehension. Nitrous oxide is not covered.
- Plan benefits are not payable for a condition for which the claimant is eligible for benefits under worker's compensation or a similar law; or for a condition attributed to employment or military service. Coverage is not available for dental conditions caused by an act of war, self-inflicted injury, involvement in an illegal occupation, attempt to commit a felony, or active participation in a riot.
- If benefits for orthodontia are included, the plan does not cover any treatment plan started before coverage begins or during the benefit waiting period unless the member was receiving orthodontia benefits from this employer's previous group dental policy. In that case, Lincoln Financial will continue orthodontia benefits until the combined benefit paid by the two policies is equal to this policy's lifetime orthodontia. Plan benefits are not payable if the orthodontic appliance was installed after the age of 19.

**Alternative benefits provision**

In certain situations there may be two or more methods of treating a dental condition. Your policy includes an alternative benefits provision that may reduce benefits to the lowest cost, generally effective and necessary form of treatment.

**Predetermination of benefits**

Allows you to find the amount covered prior to having a dental procedure. We recommend that you use this service when expenses are expected to exceed \$300.

**Claim submission**Submit a claim by mail to:

Lincoln Financial Group  
Dental Claims Input Center  
P.O. Box 614008  
Orlando, FL 32861-0001

Submit a claim by fax to:

(877) 843-3945

**For assistance or additional information**

Contact Lincoln Financial Group at 800-423-2765 or log on to [www.LFG.com](http://www.LFG.com).

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern. ©2008 Lincoln National Corporation

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## Vision Plan Benefits for Junction ISD

Co-Pays	Monthly Premiums	Services/Frequency
Exam \$10	Emp. only \$8.36	Exam 12 months
Materials \$25	Emp. +1 dependent \$14.22	Frame 12 months
	Emp. + family \$20.91	Lenses 12 months
		Contact Lenses 12 months

(Based on date of service)

### Benefits through Superior Select Southwest Network

	In-Network	Out-of-Network
Exam	Covered in full	Up to \$35 retail
Frames	\$125 retail allowance	Up to \$70 retail
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description <sup>1</sup>	Up to \$45 retail
Lenticular	Covered in full	Up to \$80 retail
Contact Lenses <sup>2</sup>	\$150 retail allowance	Up to \$80 retail
Medically Necessary Contact Lenses	Covered in full	Up to \$150 retail
Lasik Vision Correction <sup>3</sup>	\$200 allowance	

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

<sup>1</sup> Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

<sup>2</sup> Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

<sup>3</sup> Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

### Discount Features

**Non-Covered Eyewear Discount:** Members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.

The National LASIK Network of laser vision correction providers, featuring LasikPlus, offers members special program pricing on services. The program pricing should be verified prior to service.

**SuperiorVision.com**  
**Customer Service**  
**800.507.3800**

*The Plan discount features are not insurance.*

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

*Discounts are subject to change without notice.*

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

## Appointment Times for Insurance Enrollment 2016 - 2017

Tuesday, August 9, 2016

Employee #	Last Name	First Name	Address#	Address Street	City	Time
000095	ADAMS	MARY		PO BOX 392	JUNCTION	8:00
000562	AGUIRRE	ROSAURA	414	KNEELAND	JUNCTION	8:10
000152	BANNOWSKY	PAMELA		1155 KC 274	JUNCTION	8:20
000576	BARINGTON	ANGELA		2726 KC 450	JUNCTION	8:30
	Brawley	Trevor	201	Cenizo	Junction	8:40
	Brawley	April	201	Cenizo	Junction	8:50
000413	BIERSCHWALE	TIFFANY	4494	North US Hwy. 377	JUNCTION	9:00
000049	BOONE	KARLA	4602	KC 442	HARPER	9:10
000287	BRASWELL	SHARON		P O BOX 12	TELEGRAPH	9:20
000097	BRAWLEY	MARY	1609	OAK STREET	JUNCTION	9:30
000577	BROOKS	JILL		PO BOX 532	JUNCTION	9:40
000185	BROWN	JOY	705	KC 311	JUNCTION	9:50
000572	GILBERT	APRIL		P. O. Box 547	JUNCTION	10:00
000187	BULLARD	MARY	508	BULLARD ROAD	JUNCTION	10:10
000032	BULLARD	NOEL	508	BULLARD ROAD	JUNCTION	10:20
000082	COTTON	TIMOTHY		P. O. BOX 635	JUNCTION	10:30
000160	CRAIG	KATHRYN	2213	COLLEGE ST.	JUNCTION	10:40
000183	TILLMAN	KAY	1271	TILLMAN RANCH ROAD	JUNCTION	10:50
000139	WAITES	CLARISIE	5122	NORTH U S HWY 377	JUNCTION	11:00
000147	MOLESWORTH	DEBORAH		P. O. BOX 193	JUNCTION	11:10
	Murr	Lacey				11:20
000036	PATTON	LENORA	314	W. REDBUD ST.	JUNCTION	11:30
000607	GARZA	DESHAWN		P. O. Box 272	LONDON	11:40
000013	GAUNA	ALICIA	1842	FOX HOLLOW ROAD	JUNCTION	11:50
000058	GAUNA	OMEGA	102	VOLMER ST.	JUNCTION	1:00
000531	GUERRERO	ERIN	503	Jolynn Drive	Junction	1:10
000161	GUZMAN	NORMA	1205	COLLEGE ST.	JUNCTION	1:20
	Hale	Natascha				1:30
	Hand	Mikki			Junction	1:40
000338	HAYNES	TINA		P.O. BOX 838	JUNCTION	1:50
000200	HELTON	JOAN	101	MIKEL DRIVE	JUNCTION	2:00
000379	HENDERSON	SUMMER		988 KC 130	JUNCTION	2:10
000186	SCHULZE	MARIANA		P. O. BOX 53		2:20
000226	HOLLAND	ALMA		P.O. BOX 659	JUNCTION	2:30
000485	HULL	GWENDOLYN		P O BOX 314	JUNCTION	2:40
000580	IBARRA	MADELLINE	207	Montecito Street	Junction	2:50
	Jones	Ann				3:00
000311	JOY	VERA		P O BOX 42	ROOSEVELT	3:10
000383	LESTER	LISA		PO BOX 628	JUNCTION	3:20
000130	MENDEZ	MARIA	415	WOODLAWN DRIVE	JUNCTION	3:30
000174	STAPPER	REBECCA	550	OLD HIGHWAY 377	JUNCTION	3:40
000472	SANCHEZ	GUADALUPE	1717	N. LLANO, APT. J	JUNCTION	3:50
000037	ROBLES	JULIA	234	N 14TH ST		4:00
000394	WELLMANN	RACHEL	2100	KC 273	JUNCTION	4:10
000066	WATSON	MISTY	330	N 16TH ST	JUNCTION	4:20

## Appointment Times for Insurance Enrollment 2016 - 2017

### Wednesday, August 10, 2016

Employee #	Last Name	First Name	Address#	Address Street	City	Time
000553	MODESTO	CELLANCA	215	West Redbud	Junction	8:00
000140	DAVIS	DANA		HC 81 BOX 351A	JUNCTION	8:10
000099	MONTGOMERY	THOMAS	116	SAWYER ST	JUNCTION	8:20
000298	DAVIS	MICHEA	710	N LLANO	JUNCTION	8:30
000294	MURPHY	JODI		P. O. Box 82	JUNCTION	8:40
000388	NOWLIN	MEREDITH	112	WEST REDBUD STREET	JUNCTION	8:50
000030	DECHERT	ELIZABETH	114	S. 14TH ST.	JUNCTION	9:00
	Dennis	Anna			Junction	9:10
000126	SALINAS	ROSA MARIA	210	E REDBUD ST	JUNCTION	9:20
000096	GARDNER	ROBIN	930	N. 11TH STREET	JUNCTION	9:30
000222	HERRING	KALEN	333	HOLT SMITH DR.	JUNCTION	9:40
000547	SILVERS	MARGARET JURAHEE		PO BOX 818	JUNCTION	9:50
000544	SIMON	AMY	2125	KC 25	JUNCTION	10:00
000083	SIMON	JULIE	145	KC 25	JUNCTION	10:10
000559	SMALLBERGER	PATRICIA	120	SAWYER STREET	JUNCTION	10:20
000519	MARTINEZ	ELOY	302	WINDSONG LANE	Fburg.	10:30
000378	SULLIVAN	KAYCIE		PO BOX 153	JUNCTION	10:40
000093	MARTINEZ	JENNIFER	1720	COLLEGE ST.	Junction	10:50
000425	WALLACE	TERRA	104	MIKEL DRIVE	JUNCTION	11:00
000320	WARDEN	KARY	222	NORTH 15TH ST	JUNCTION	11:10
000583	MARTINEZ	PAMELA	106	LENORE ST	JUNCTION	11:20
000584	MARTINEZ	RAUL	106	LENORE ST	JUNCTION	11:30
000334	WILSON	TRENTON	100	STEVENSON RANCH ROAD	JUNCTION	11:40
000497	WRIGHT	WANDA	202	PATRICIA STREET	JUNCTION	11:50
000381	ZABOROWSKI	CHRISTINE	215	WALNUT STREET	JUNCTION	3:20
	Schulze	Renee		Peach Street	Junction	3:30
	Herring	Cheryl		Holt Smith Drive	Junction	3:40
	Heap	Lisa			Junction	3:50
	Barker	Kyle				4:00
000034	BARKER	LAURIE		P. O. Box 453	JUNCTION	4:10
000042	BEDNARZ	PAMELA		P O BOX 249	LONDON	4:20

**Coaches****August 10, 2016 - Wednesday**

000561	McLemore	Mitch				1:00
	Butts	Gerald				1:10
	Castillo	Janda	401	N 9th	Junction	1:20
000522	CASTILLO	JOSE	401	N 9TH	JUNCTION	1:20
						1:30
000574	GILBERT	RICHARD		P. O. Box 547	Junction	1:40
000106	LEWIS	GARY	111	SOUTH LLANO ST.	JUNCTION	1:50
000103	LEWIS	JEANNETTE	111	SOUTH LLANO STREET	JUNCTION	2:00
000312	MCADAMS	APRIL		PO BOX 535	JUNCTION	2:10
000313	MCADAMS	ROBERT		PO BOX 535	JUNCTION	2:20
000524	PORTER	TERRI		P. O. BOX 593	JUNCTION	2:30
000496	SEXTON	MISTY	105	N 20TH STREET	JUNCTION	2:40
	Thomas	Ashton			Junction	2:50
000569	WALTS	JOSEPH	415	S 16TH STREET	JUNCTION	3:00
000568	WALTS	KELLI	415	S 16TH STREET	JUNCTION	3:10