

Guarding your wellbeing  
one choice at a time.



## 2025 Benefits Guide

Fort Bend ISD



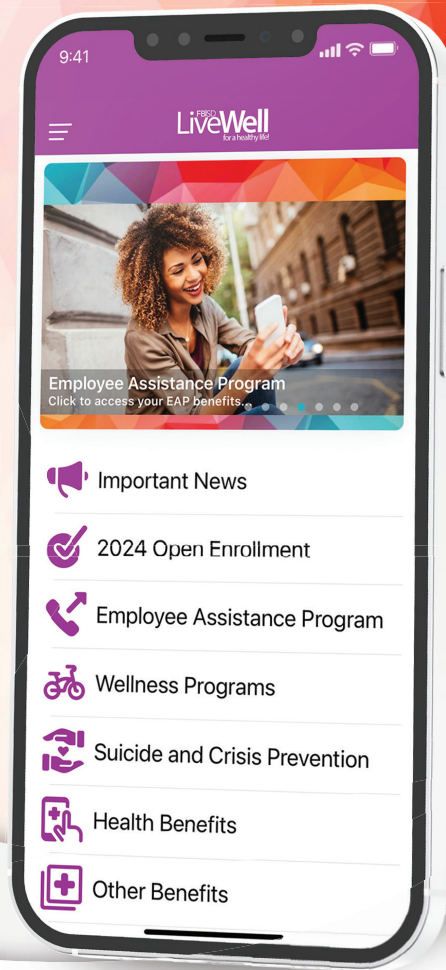


# Download Your FBISD LiveWell App Today!

Available to ALL FBISD Employees



Scan to Download



Everything you  
need in **ONE PLACE!**

*Now Available on your smartphone!*

- Access Your Resources 24/7
- Health Benefits
- EAP Helpline
- Wellness
- ...and more!



# WHAT'S INSIDE – TABLE OF CONTENTS

Fort Bend ISD is pleased to offer a comprehensive benefit program for you and your family. The decisions you make as a new hire or during the annual open enrollment remain in effect until the next open enrollment period, unless you experience a qualifying event (additional information on pages 8-10 of this guide).

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

## LIVEWELL

# EMPLOYEE WELLNESS

- Vision** To create a wellness culture that encourages employees to lead healthier and well-balanced lives.
- Mission** To improve employee health, well-being and quality of life by providing health and wellness education, a diverse selection of wellness programs, and an atmosphere that is conducive to health improvements.
- Goal** All employees make strides towards a healthier tomorrow.

### Working Together

FBISD's LiveWell Employee Wellness Program integrates Employee Benefits, Employee Assistance Program (EAP), community events, social networking, and UnitedHealthcare (UHC) resources and programs. Together we can transform the lives and well-being of our employees.

### Offerings

FBISD LiveWell Employee Wellness Program offers a broad range of wellness services, programs, and events.

### Annual Programs

- ✦ Marathon of the Month
- ✦ Million-Mile Month

### Fitness Classes and Discounts

- ✦ Zumba, Yoga, Open Swim, Aqua Fitness and Kick Boxing
- ✦ Discounts to Local Gyms and Health clubs

### Educational Classes and Programs

- ✦ Diabetes Education Seminars
- ✦ Mindfulness / Stress-Reduction Campaign
- ✦ Strength and Conditioning Seminar

### Onsite Activities

- ✦ Flu Shots
- ✦ Mammograms
- ✦ COVID-19 Vaccinations

### Get Started

Make your health and wellbeing the best it can be by connecting with what fits your needs and interests. Personal wellbeing is essential to happiness, and to the excellence of our organization!

Get involved with YOUR Wellness!



## LIVEWELL

## ONE PASS

One Pass Select is a complete subscription-based fitness and well-being network that supports a healthier lifestyle

One Pass™

### Summary



#### Fitness Network

17,000 core and premium locations



#### Digital Solutions

15K+ on-demand and livestreaming classes



#### Grocery Delivery

Grocery subscription services

### Features

- No long-term member contracts or annual gym registration fees
- Members can cancel at any time (30 days notice required)
- Flexible fitness options and the ability to use multiple locations on a monthly basis
- Add family members (ages 18+) to members subscription at a 10% discount
- Option to change tiers on a monthly basis
- Members receive on average **20%** off retail gym rates
- AARP Membership (ages 18+)

### Member Pricing

Item	Digital	Classic	Standard	Premium	Elite
Enrollment Fee	\$10.00	\$29.00	\$29.00	\$29.00	\$29.00
Monthly Price	\$10.00	\$34.00	\$69.00	\$109.00	\$159.00
Gym Network	NA	12,000	14,000	16,000	19,000
Digital Classes	•	•	•	•	•
Grocery Delivery	NA	•	•	•	•

### Popular Brands Available



## LIVEWELL

## CARRIER CONTACTS

Whether you need assistance with a claim or simply have a benefit question, you may use the email address below or call a Fort Bend ISD representative directly. In certain situations, it will be necessary for the representative to contact a provider or insurance carrier on your behalf. If your issue cannot be resolved in one email or phone call, you will always be informed of the status until resolution has been reached.

## COBRA

WEX / Discovery Benefits  
866.451.3399  
www.wexinc.com



## Medical

UnitedHealthcare  
Group #902915  
Charter – 877.805.1970  
Choice HSA – 888.651.7319  
www.myuhc.com



United Healthcare –  
Surest Group #78800513  
866.683.6440  
Join.surest.com/FBISD  
Access Code: FBISD2025  
Surest Plan: benefits.surest.com  
(must be enrolled)



## Prescription Drugs

CVS Caremark  
Group #RX22BQ  
BIN #004336  
877.258.0105  
CVS Specialty Pharmacy  
800.237.2767



## Dental

Guardian  
Group #00470637  
PPO - 800.541.7846  
DHMO - 888.618.2016  
www.guardiananytime.com



## Vision

UHC / Spectera  
Group #902915  
800.638.3120  
www.myuhcvision.com



## FSA/HSA Spending Account

UnitedHealthcare  
866.755.2648  
www.myuhc.com



## Life and Disability

Guardian  
Group #530311  
Life – 800.525.4542  
STD – 800.268.2525  
LTD – 800.538.4583  
www.guardiananytime.com



## Supplemental Insurance

Aflac  
Group #AGC0003145042.  
800.992.3522

Legal and  
Identity Theft Service

Legal Shield  
General Info – 800.654.7757  
Legal Services – 800.458.6982  
www.legalshield.com



## EAP

UHC / Optum  
866.248.4096  
www.liveandworkwell.com



## Virtual Visits

Charter & Choice HSA:  
Visit www.myuhc.com or UHC App.  
Surest Plan: benefits.surest.com or app

## Planned Surgery

Surgery Plus  
855.200.9513  
https://fbisd.surgeryplus.com



## Muscle and Joint Pain

Airrosti  
800.404.6050  
www.airrosti.com

Teacher Retirement System of  
Texas

800.223.8778  
www.trs.state.tx.us



## 403(b) and 457 Plans

TCG Administrators (formerly JEM)  
800.943.9179  
www.tcgservices.com



## Financial Wellness Platform

Finpath  
www.finpathwellness.com  
833.777.6545



## FBISD LiveWell App

App Technical Support  
support@enspire.me



**LIVEWELL****FBISD BENEFITS DEPARTMENT****Benefits & Wellness Department Contacts**

**General Questions:** (benefits@fortbendisd.com  
wellness@fortbendisd.com)  
Phone: 281.634.1418

**Priscilla Perales** (priscilla.perales@fortbendisd.gov)  
Benefits & Wellness Clerk  
Phone: 281.634.1274

**Benefit Coordinators**

For enrollment assistance / benefit changes

**Cynthia Mucka** (cynthia.mucka@fortbendisd.gov)  
Benefits Coordinator (A-C)  
Phone: 281.634.2810  
Cell: 281.619.0221

**Alton Nash** (alton.nash@fortbendisd.gov)  
Benefits Coordinator (D-G)  
Phone: 281.327.0357  
Cell: 281.509.2237

**Gail Barnes-Maxwell** (gail.barnesmaxwell@fortbendisd.gov)  
Benefits Coordinator (H-L)  
Phone: 281.634.1214  
Cell: 281.619.3120

**Janet Singleton** (janet.singleton@fortbendisd.gov)  
Benefits Coordinator (M-P)  
Phone: 281.634.1208  
Cell: 281.619.3129

**Sybil Willis** (sybil.willis@fortbendisd.gov)  
Benefits Coordinator (Q-S)  
Phone: 281.327.7511  
Cell: 281.886.6410

**Johnetta Jones** (johnetta.jones@fortbendisd.gov)  
Benefits Coordinator (T-Z)  
Phone: 281.634.3958  
Cell: 281.901.2659

**Benefits Analyst**

**Kimberly Brown** (kimberly.brown@fortbendisd.gov)  
Benefits Analyst  
Phone: 281.634.1241

**Onsite Wellness & EAP**

**Courtney Skiles**  
(wellness@fortbendisd.com)  
Health & Engagement Coordinator  
Phone: 281.634.1807

**Jennifer Williams**  
(Jennifer.L.Williams@Optum.com)  
Onsite EAP Consultant  
Phone: 952.687.3104

**Director, Employee Benefits & Wellness**

**LaShonda Walls** (lashonda.walls@fortbendisd.gov)  
Phone: 281.634.1184



## ELIGIBILITY

# ELIGIBILITY

### Who Is Eligible?

All active, full-time employees are eligible for benefits through Fort Bend ISD. Benefits will be effective on the first of the month following their start date. For life and disability coverage, if you are not actively at work on the effective date, your coverage will be delayed until you return to active employment.

### When to Enroll Online\*

Online enrollment must be completed in My Self-Serve within 30 days of your start date, a qualifying life event, or during open enrollment.

### Who Are Eligible Dependents?

You may enroll your eligible dependents in the Medical, Dental, Vision, and Voluntary Life and Accidental Death & Dismemberment (AD&D) Plans. Your eligible dependents include your legal spouse, natural or step-child, adopted child, or a child placed with you for adoption. Your eligible dependents may be enrolled in benefits up to age 26.

### How to Continue Coverage if Employment Terminates

All of your plans end at the end of the month in which your employment ends. You may continue your life plans by applying within 31 days of your last day of employment. You may continue your Medical, Dental, Vision, and Medical FSA plan for a limited period of time after termination through Federal COBRA continuation.

### When to Change Your Benefits\*

The benefit choices you make upon initial enrollment and during our annual enrollment period will remain in place until the next open enrollment, or when you experience a qualifying life event. Your benefit change must be consistent with your change in family status.

*These changes include:*

- ❖ Marriage, divorce, or legal separation
- ❖ Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, reaching the dependent age limit
- ❖ Termination of your or your Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage as a result of loss of eligibility (you must contact the FBISD Benefits Department within 60 days of termination)
- ❖ You or your Dependent become eligible for Medicare, a premium assistance subsidy under Medicaid or CHIP (you must contact the FBISD Benefits Department within 60 days of determination of eligibility for Medicare and subsidy eligibility)
- ❖ Significant changes in employment or employer sponsored benefit coverage that affect you or your spouse's benefit eligibility
- ❖ Loss of other insurance coverage (Note: An employee who begins COBRA benefits and then voluntarily drops the COBRA coverage cannot come on to the FBISD benefit plans mid-year. You must wait until the FBISD open enrollment period to add benefits.)

It is your responsibility to contact the FBISD Benefits Department within 30 days of the qualifying event to request a change to your benefits. You must provide the Benefits Department with documentation that states the qualifying event and the date this event has or will occur.

*\*Please see page 11 for step-by-step instructions on how to enroll online.*

## ELIGIBILITY

To enroll your dependents in the benefit plans, you must submit proof of eligibility documents within 14 days of your benefits effective date. Please visit <https://verify.mydependents.com/FortBendISD> and register using a valid email address. You should NOT submit original documents or certified copies (which would have a raised seal). Make sure the official seal is visible on all copies. Original documents cannot be returned.

## REQUIRED DOCUMENTS

## Typical Required Documents:

**Employee Relationship:**

Legal spouse

**Required supporting documentation:****Option 1:** 2024 Joint Tax Return OR**Option 2:** Marriage Certificate and two joint financial statements (showing you and your spouse at the same address and dated within 60 days.)

If you file married filing separately, send the first page of your and your spouse's tax return.

If you were married within the last 12 months, submit only your marriage certificate.

If you do not share finances, please submit your marriage certificate and two financial statements in employee name PLUS two financial statements in spouse name, showing same address and dated within last 60 days.

Common Law Spouse

Texas Issued Declaration of Informal Marriage OR Common Law Affidavit AND two joint financial statements.

Biological/Adopted Child

**Option 1:** Government issued birth certificate showing employee as parent.**Option 2:** Verification of Birth Facts

Stepchild

Child's government-issued birth certificate AND

**Option 1:** 2024 Joint Tax Return OR**Option 2:** Marriage Certificate and two joint financial statements.

If you file married filing separately, send the first page of your and your spouse's tax return.

If you were married within the last 12 months, submit only your marriage certificate.

Child Age 26 or Over/Disabled

Birth certificate of Child

Other Child Relationship

Legal Guardianship or Legal Custody Paperwork

Please redact all financial information, Social Security numbers and account numbers before submitting your documents.

Your state may have specific rules governing the photocopying of vital records. In this case, please transfer the vital record information to plain paper and upload documents to the Dependent Eligibility Center.

## ELIGIBILITY

## DEPENDENT VERIFICATION

## Verifying Your Newly Enrolled Dependents

You are required to verify dependents if you are:

- **A New Hire** – You are a new hire, and you are adding a new dependent to your Benefits Plans.
- **Experiencing a Qualifying Life Event** – You are updating your plan due to a Qualifying Life Event (e.g. birth, death, marriage, loss or gain of coverage). **Do not enter information for anyone currently covered under your plan. This is for newly added dependents only.**

1

## Sign In and Enter Your Information

Using either your smartphone or a computer, go to <https://verify.mydependents.com/FortBendISD> and register using a valid email address and begin the online dependent verification.



2

## Add Dependents and Answer Questions

Enter basic information about each dependent you are adding to your coverage.

3

## Submit Your Documents

After you enter your dependent information, the verification website will tell you what specific documents you must send for each dependent. You will then upload these documents directly to the site. (You can also complete the dependent verification using your smartphone, take a picture of your documents and upload them from your photos.) Please see below for typical required documents. Be sure to redact/black out any financial information, account numbers and Social Security Numbers before submitting your documents.



Each submitted document will be reviewed by the Dependent Eligibility Center for approval before processing coverage.

Again, the website to verify your dependents is:

<https://verify.mydependents.com/FortBendISD>

The collage shows three typical documents required for verification: a 1040 U.S. Individual Income Tax Return, a GEICO Declarations Page, and a Wells Fargo Combined Statement of Accounts. Each document has been redacted with black boxes to protect sensitive information like Social Security numbers, account numbers, and financial details.

## ELIGIBILITY

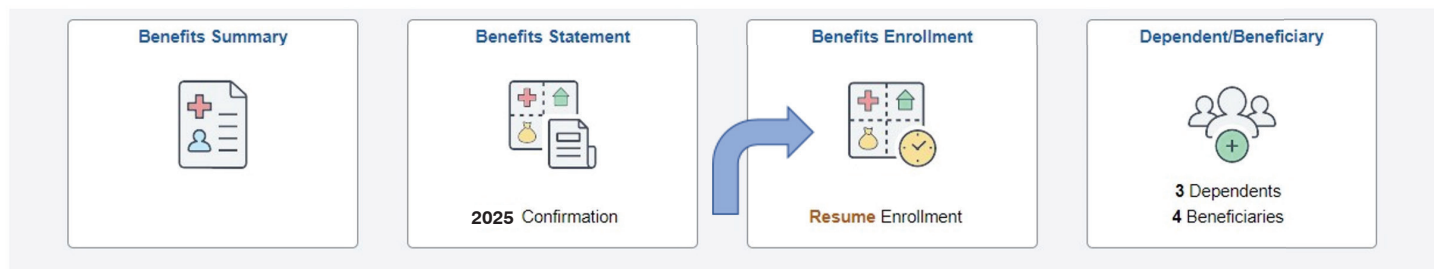
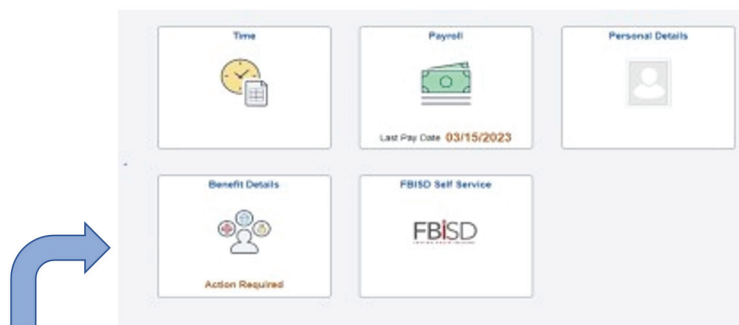
# HOW TO ENROLL IN YOUR BENEFITS ONLINE THROUGH MY SELF-SERVE

### ENROLL ON MY SELF-SERVE VIA PEOPLESOFT:

Self-Serve – Enroll online at [www.fortbendisd.com](http://www.fortbendisd.com)

1. Go to [www.fortbendisd.com](http://www.fortbendisd.com), and click on the “Staff” tab.
2. Log in to office 365 by entering in your [firstname.lastname@fortbendisd.com](mailto:firstname.lastname@fortbendisd.com) and your password. If you need to reset your password, call the Fort Bend ISD Customer Service Center at [281.634.1300](tel:281.634.1300).
3. Click Staff Links > My Self-Serve > Sign in to PeopleSoft. Your user ID should be firstname.lastname and enter your password.
4. Click Benefit Details > Benefits Enrollment > click “Select” (next of your job title)  
**You must select every edit button and waive the benefits you don’t wish to elect.**
5. Make benefit elections by clicking Edit > Update and Continue.
6. Click Update Elections to confirm your benefit elections.
7. When finished with enrollment click Submit on BOTH the Benefit Elections Page and the Submit Benefit Choices Page.
8. Click Print XML to print your Benefits Summary for your records. Disable your popup blocker to allow the pdf to appear.

## Benefits Enrollment



## 2025 CHANGES AND UPDATES

# A MESSAGE FROM THE EMPLOYEE BENEFITS & WELLNESS DEPARTMENT

We realize the success of Fort Bend ISD depends on the commitment, dedication, and well-being of our greatest asset – our employees. Therefore, we are constantly striving to keep benefits affordable without compromising the quality of the services we offer our employees and their dependents. That's why Fort Bend ISD manages a self-funded medical plan, which means our contributions pay for our own medical bills. As a result, we have been able to manage our overall healthcare spend so that we can keep premiums affordable for employees.

### NEWS FLASH!

We are excited to announce that Fort Bend ISD is managing an “**active**” open enrollment for 2025. This means **you must reenroll in ALL benefit plans for 2025**. The only benefit plans that will not require re-enrollment will be the Basic Life and AD&D and your TCG supplemental retirement plans (457/403b). However, we do ask that you still **update your beneficiary information**. If you would like to continue enrollment in your medical, flexible spending accounts (FSA), health spending account (HSA), dental, vision, supplemental life and disability, medical supplemental, and LegalShield plans, you must complete open enrollment this year. **Failure to complete open enrollment will result in discontinued benefits for the 2025 benefit plan year.**

### Changes and Updates

As we continue to focus on providing comprehensive care at an affordable price for you and your family, we have made changes to the 2025 benefit plan offerings.

- ❖ **2025 Benefit Plan Options:** Kelsey Charter Plan, Surest Plan, and Choice HSA Plan
- ❖ **Premium increases** in Employee + Spouse, Employee + Child(ren), and Employee + Family tiers
- ❖ **Removal** of Choice HSA employer contribution
- ❖ **Copay changes** to provider office visit AND urgent care benefits on Kelsey and Surest plans
- ❖ **Improved** voluntary benefits with Aflac
- ❖ **Enhanced** prescription benefit to allow for 90 days fill at retail maintenance choice pharmacies

### Employee Wellness

#### Rally Well-being Rewards Program

Rally is the state-of-the-art digital component of health and wellness offered by Optum. With Rally, employees are able to engage in their health, using digital capabilities that are personalized and fun – and can be accessed on the go. Rally integrates with Optum data and Optum wellness programs to provide a synchronized wellness experience. As part of the Rally Well-being Rewards Program, **EMPLOYEES** are able to earn an incentive by completing an annual physical (includes prenatal visit). In order to qualify for the incentive, **you must be enrolled in a FBISD medical plan and have completed an annual physical between January 1, 2025 – December 31, 2025.**

Fort Bend ISD Employees	
(Medical plan enrolled ONLY)	
Activity	Incentive
Annual Physical or Prenatal Visit	eGift Card Incentive \$25

## 2025 CHANGES AND UPDATES

# FREQUENTLY ASKED QUESTIONS

**Q. Will there be any changes to the benefit plan options available to employees?**

A. No. The Kelsey Charter Plan, Surest Plan, and Choice HSA plan will continue to be offered in 2025.

**Q. Are there any premium changes for the 2025 benefit plan year?**

A. **There is no changes in premiums for the employee only tier.** However, there is a slight increase in premiums for the employee children, spouse, and family tiers.

**Q. If I do not complete enrollment, will my benefits rollover for 2025?**

A. No. All employees must complete open enrollment for 2025 if they want to enroll in benefits. There will not be any benefit roll over for 2025. **Failure to complete open enrollment will result in terminated benefits for 2025.**

**Q. If I contribute to the Choice HSA, do I have to use the funds before the end of the year?**

A. No. Any contribution made to your HSA account are your funds to retain. Balances carry over from year-to-year to new jobs, and into retirement. **This HSA bank account is owned by you** and the contributions are yours to use towards qualified medical, dental, & vision expenses.

**Q. Can I still enroll in the Healthcare Flexible Spending Account (FSA) if I elect the Choice HSA Plan?**

A. No. We are not offering a limited medical FSA if you enroll in the Choice HSA Plan. However, you can enroll in the Dependent Flexible Spending Account.

**Q. Can I still use my same doctors on all three plans?**

A. Yes. The Choice network is the current network for the Surest Plan and the Choice HSA Plan. However, the Kelsey Charter Plan has its own unique network of Kelsey providers.

## MEDICAL

# FIND IN-NETWORK PROVIDER

To find In-Network providers, Urgent Care or Convenience Care locations, contact UHC at numbers below.

### Kelsey UHC Charter Plan

Visit [www.kelsey-seybold.com/providers](http://www.kelsey-seybold.com/providers). (The website provides all In-Network options) or call: 877.805.1970

### Choice HSA

Visit [www.myuhc.com](http://www.myuhc.com) (Select the Choice Network of Providers) or call: 888.651.7319

### Registered Members

1. Visit [MyUHC.com](http://MyUHC.com) and click “Register Now”.  
To set up a HealthSafe ID you’ll be asked to...
2. Identify yourself.  
Enter your name, birthdate, ZIP Code, Member ID (or SSN) and group number (902915).
3. Create a username and password.  
The website will guide you through password requirements.
4. Set-up account recovery preferences.  
In case you misplace your username or password.
5. Agree to Terms of Use, Privacy Policy, and the Consumer Communications Notice.  
Which you may review on the website.
6. Confirm your contact information.  
You’ll be guided through steps to verify your email address and phone number.

### Unregistered Members

1. Visit [www.myuhc.com](http://www.myuhc.com)
2. Select “Find a Doctor” in the middle
3. Select your plan network (Charter or Choice)
4. On the next screen, enter a doctor name, facility name, specialty or condition; search by distance, gender, etc.

### Surest

How to Find Surest Providers

Call: 866.683.6440

### Unregistered Surest Members (available after October 1)

Pre-member Site to Search for Providers

1. [Join.surest.com/FBISD](http://Join.surest.com/FBISD)  
Access Code: FBISD2025
2. Search Coverage
3. Search by condition, treatment or provider.

## MEDICAL

### Surest registration process

#### Step 1: Verify identity

surest. CONTACT US

Already have an account? LOGIN

**Register your account.**

First, help us locate you in our records.

Last name\*  
Swenson

Date of birth\*  
(MM/DD/YYYY)

ZIP code\*

Social security number\*

Information member needs to have on hand during registration - **Last Name, DOB, Zip Code and SSN** (or Member Number)

#### Step 2: Create account

surest. CONTACT US

Already have an account? LOGIN

**Register your account.**

Now, set up your login information.

Username/Email\*  
mia.swenson@email.com

This email is used to send you communications

Password\*  
\*\*\*\*\*

SHOW

- ✓ Use 10 or more characters
- ✓ Use upper and lower case characters (e.g., Aa)
- ✓ Use a number (e.g., 123)
- ✓ Use a symbol (e.g., !@#\$)

I agree to the Terms of Service, Privacy Policy and Electronic Delivered and consent agreement

Member will indicate **preferred email address** (typically personal email) and **create a password** that meets security requirements

surest.

© Bind Benefits, Inc., d/b/a Surest. All rights reserved.

### Surest registration process

#### Step 3: Verify email address

surest. CONTACT US

**Verify your email address.**

We've sent a message to email

CHANGE USERNAME/EMAIL

If you check

RESEND EMAIL

CONTACT US

BACK

surest.

Member will **receive a verification link** via an email to their indicated address and will need to click on it to **verify their contact information is accurate**

#### Step 4: Confirm phone number

surest. CONTACT US

**Great! Just one more security step, so we know this is you.**

Phone Number\*

Enter your 10-digit phone number

☒ Text me

☐ Call me

BACK

HELP

NEXT

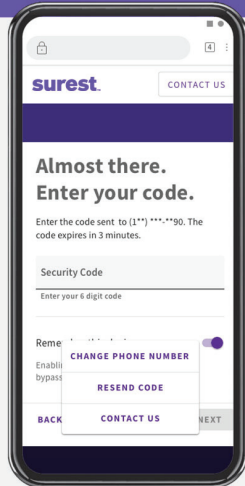
Member will need to **indicate their phone number**, which will be used for MFA (additional layer of identity verification for security) when they login via a new device

surest.

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## Surest registration process

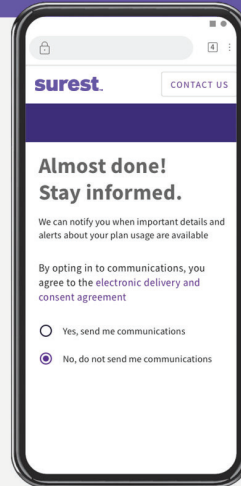
### Step 5: Enter verification code



Member **receive an SMS** with the verification code and will need to enter it (usually via auto populate if on a mobile device) **to verify their phone number**

Member will also have the option to change the MFA phone number linked to their account

### Step 6: Communication preferences



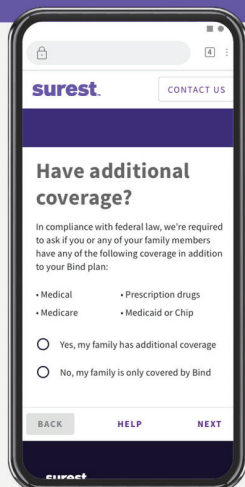
Members will have the option to **receive email/text notifications** from Surest. This includes important plan updates and additional information that can help maximize their value from the benefit

**surest.**

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## Surest registration process

### Step 7: COB



Subscribers specifically will see a final step where they will need to **indicate whether they or any of their dependents have additional health insurance coverage**

Surest as a carrier is required by regulators to ask this question for coordination of benefits

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## MEDICAL

# VIRTUAL VISITS

### Available to Employees Enrolled in ALL Medical Plans

Fort Bend ISD is providing you and your eligible dependents with an affordable, convenient option for treating many medical conditions. Virtual Visits allows you to talk to a doctor anytime, anywhere by phone. Most of you will be able to access this benefit for \$0 copay. **If you are on the Choice HSA, your coverage will be subject to coinsurance, after your deductible.**

For Charter and Choice Plans, you can choose from the following Virtual Visit Providers through the [myuhc.com](https://myuhc.com) or the UHC App: DocOnDemand, AmWell and Teladoc. If you are on the Surest Plan, your Virtual Visit is through KHealth and DocOnDemand through the Surest App or [benefits.surest.com](https://benefits.surest.com) for enrolled members.

**Kelsey UHC Charter**

\$0/visit

**Choice HSA**

Deductible + Coinsurance

**Surest Plan**

\$0/visit

### LEARN MORE!

1. Log in to [myuhc.com](https://myuhc.com)
2. FBISD Live Well App > Health Benefits > Additional Programs > Virtual Visits

### Top Treatable Conditions

- ❖ Cold and Flu
- ❖ Sore Throat
- ❖ Skin Rashes
- ❖ Bladder Infections
- ❖ Allergies
- ❖ Pink Eye
- ❖ Bronchitis
- ❖ Fevers

### Available to FBISD Employees

If you are not on a Fort Bend ISD medical plan, you can still utilize this service!

VISIT: [www.doctorondemand.com](https://www.doctorondemand.com)

AVERAGE COST: \$89 for Doc on Demand\*

\*subject to change



## MEDICAL

## MEDICAL PLAN COMPARISON

Plan Name	Kelsey UHC Charter		Surest		Choice HSA	
NETWORK	KELSEY SEYBOLD		CHOICE		CHOICE	
	IN-NETWORK ONLY, KELSEY SEYBOLD NETWORK PROVIDERS		IN-NETWORK ONLY		HSA PLAN PARTICIPANT CONTRIBUTION: \$4,300 INDIVIDUAL/ \$8,550 FAMILY	
Deductible	In-Network		In-Network		In-Network	
Individual	\$750		\$0		\$4,000	
Family	\$1,500		\$0		\$6,000	
Out-of-Pocket Max						
Individual	\$3,750		\$8,500		\$6,000	
Family	\$7,500		\$17,000		\$12,000	
PRIMARY OFFICE VISIT						
Primary Care	\$45 copay		Combined Range \$50 - \$150		20% after deductible	
Specialist	\$55 copay				20% after deductible	
Virtual Visit¹	Covered in full		Covered in full		20% after deductible	
OTHER SERVICES						
Preventive Care	Plan pays 100%		Plan pays 100%		Plan pays 100%	
Routine Labs, X-Rays	20% after deductible		\$0		20% after deductible	
Airrosti Muscle / Joint¹	\$35 copay		Combined Range \$30 – \$135 copay		20% after deductible	
Surgery Plus²	Covered at 100%		Covered at 100%		Covered 100% after deductible	
Inpatient Hospital Outpatient Hospital	20% after deductible		Up to \$5,500 In/Out Amb. Surg Center (Maternity \$2,400-\$4,500) \$4,500 Other IP Hosp \$250-\$1,150 Other OP Hosp		20% after deductible	
Urgent Care	\$75 copay		\$75 copay		20% after deductible	
Advanced Imaging (CT scan, MRI, PET)	20% after deductible		\$350 - \$1,400 copay		20% after deductible	
EMERGENCY ROOM						
Emergency Room (True Emergency)	\$300 copay³ then 20% after deductible (waived if admitted)		\$1,000 copay (waived if admitted)		20% after deductible (waived if admitted)	
Inpatient Mental Health and Substance Abuse Outpatient Mental Health and Substance Abuse	20% after Deductible IP \$25 dollar copay OP		\$4,500 Other IP Hosp \$45 - \$170 Other OP Hosp		20% after deductible	
PRESCRIPTION						
Retail Rx Drugs (30 days)	30% / 40% / 50%		30% / 40% / 50%		20% after deductible	
Mail Order Rx (90 days)	25% / 35% / 45%		25% / 35% / 45%		20% after deductible	
Specialty Pharmacy	45% to a maximum of \$75		45% to a maximum of \$75		20% to a maximum of \$75, after deductible has been met	
RATES BY PLAN⁴	PAY PERIODS		PAY PERIODS		PAY PERIODS	
	24	19	24	19	24	19
Employee Only	\$80.23	\$101.34	\$88.67	\$112.00	\$31.05	\$39.22
Employee + Spouse	\$277.40	\$350.39	\$344.41	\$435.04	\$229.73	\$290.18
Employee + Child(ren)	\$244.40	\$308.71	\$264.35	\$333.91	\$152.19	\$192.24
Employee + Family	\$369.56	\$466.81	\$443.34	\$560.00	\$276.80	\$349.64

\*Per pay period contributions

<sup>1</sup>Subject to change<sup>2</sup>These benefits are separate from UHC, and made available in your medical plan at no additional cost to your premium.<sup>3</sup>The copay is waived if admitted for the Kelsey, Surest, and Choice HSA.<sup>4</sup>There are 19 pay period contributions for hourly employees (24 for all others) and do not include medical surcharge (see page 32 for more information).<sup>5</sup>The Choice HSA Plan is not eligible for Medical FSA.

## MEDICAL

## KELSEY UHC CHARTER

The Kelsey UHC Charter Plan is a partnership between UHC and Kelsey Seybold and utilizes ONLY Kelsey Seybold physicians and affiliates. This is an in-network only plan. If you are out of the area and have an emergency, you may seek emergency care. If you have a dependent that is outside the Kelsey Seybold network area, they will have access to the Choice Network for care with authorization from UHC. Please call [877.805.1970](tel:877.805.1970) to receive the authorization before seeking care. When enrolling in the Kelsey UHC Charter Plan in My Self-Serve, enter in provider ID number 00006773183010.

## In-Network ONLY, Kelsey Seybold Network Providers

Benefit	Out-of-Pocket Expense
<b>Deductible</b>	\$750 Individual \$1,500 Family
<b>Maximum Out-of-Pocket</b> (Ind. Deductible, Medical and Rx Coinsurance)	\$3,750 Individual \$7,500 Family
<b>DOCTOR'S SERVICES</b>	
<b>Primary Care Physician</b>	\$45 copay
<b>Specialist</b>	\$55 copay
<b>Virtual Visit</b>	\$0
<b>PREVENTIVE SERVICES</b>	
<b>Preventive Services</b>	Covered at 100% (deductible and copays do not apply)
<b>ROUTINE LAB AND X-RAY</b>	
<b>In-Office Visit</b>	20% after deductible
<b>Outpatient Basis</b>	20% after deductible
<b>HOSPITAL</b>	
<b>Urgent Care</b>	\$75 copay
<b>Advanced Imaging</b> (MRI, CT, PET, etc)	20% after deductible
<b>Emergency Room</b>	\$300 copay (waived if admitted); deductible and coinsurance apply
<b>Inpatient Mental Health / Substance Abuse</b>	20% after deductible
<b>Inpatient Hospital</b>	20% after deductible
<b>Prescription Drug Plan</b>	30% / 40% / 50% / Specialty 45% to a maximum of \$75

## Additional Programs Included In Your Medical Premium:

Virtual Visits, Maternity Support, Surgery Plus, Airrosti, Real Appeal

Note: For a complete description of benefits, see the Summary of Benefits and Coverage or Summary Plan Description.

<https://flimp.live/FBISD-Employee-Resource-Center>

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
<b>Employee Only</b>	\$80.23	\$101.34
<b>Employee + Spouse</b>	\$277.40	\$350.39
<b>Employee + Child(ren)</b>	\$244.40	\$308.71
<b>Employee + Family</b>	\$369.56	\$466.81

\*Per pay period contributions without medical surcharge.

## MEDICAL

## SUREST

The Surest Plan is an in-network only plan that encourages low cost, efficient care without restricting member choice. It is offered through UHC and utilizes the Choice network. This plan provides clear, upfront copays you can see before you receive care.

Benefit	In-Network
Deductible	\$0 Individual \$0 Family
Maximum Out-of-Pocket (Ind. Deductible, Medical and Rx Coinsurance)	\$8,500 Individual \$17,000 Family
DOCTOR'S SERVICES	
Primary Care Physician	Combined Range \$50 - \$150
Specialist	
Virtual Visit	Covered in full
PREVENTIVE SERVICES	
Preventive Services	Covered in full
ROUTINE LAB AND X-RAY	
In-Office Visit	\$0
Outpatient Basis	
HOSPITAL	
Urgent Care	\$75
Advanced Imaging (MRI, CT, PET, etc)	\$350 - \$1,400 Other OP Hosp.
Emergency Room	\$1,000 copay (waived if admitted)
Inpatient Mental Health / Substance Abuse	\$4,500 Other IP Hosp.
Inpatient Hospital	\$4,500 Other IP Hosp.
Prescription Drug Plan	30% / 40% / 50% / Specialty 45% to a maximum of \$75

### Additional Programs Included In Your Medical Premium:

Virtual Visits, Maven Maternity, Surgery Plus, Airrosti, Real Appeal

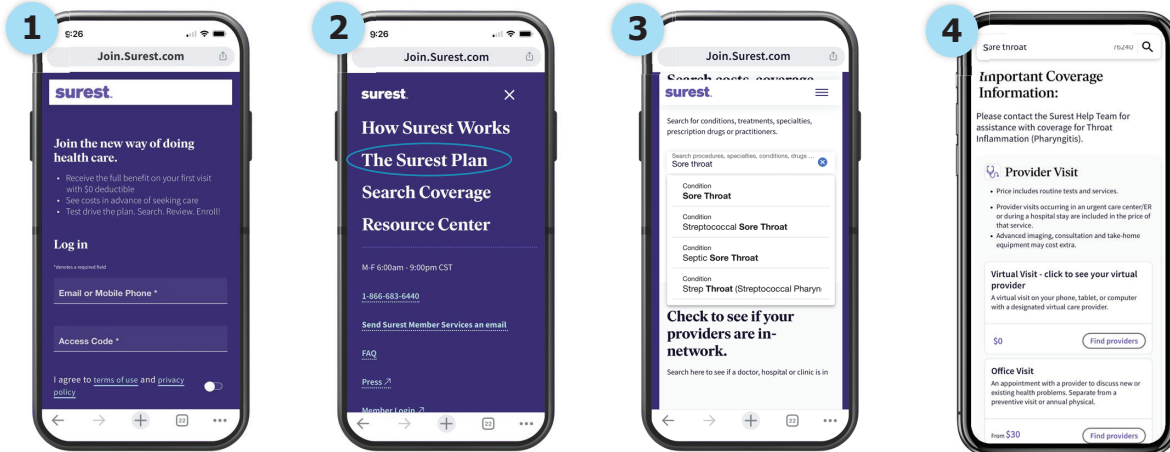
Note: For a complete description of benefits, see the Summary of Benefits and Coverage or Summary Plan Description.

<https://flimp.live/FBISD-Employee-Resource-Center>

Choice Plus Plan	24 Pay Period Rates	19 Pay Period Rates
Employee Only	\$88.67	\$112.00
Employee + Spouse	\$344.41	\$435.04
Employee + Child(ren)	\$264.35	\$333.91
Employee + Family	\$443.34	\$560.00

## MEDICAL

Visit [Join.Surest.com](https://Join.Surest.com) to look up conditions.

**Login**

- Provide email or mobile number
- Enter the access code: **FBISD2025**

**Menu**

Select Search Coverage

**Search**

Enter condition

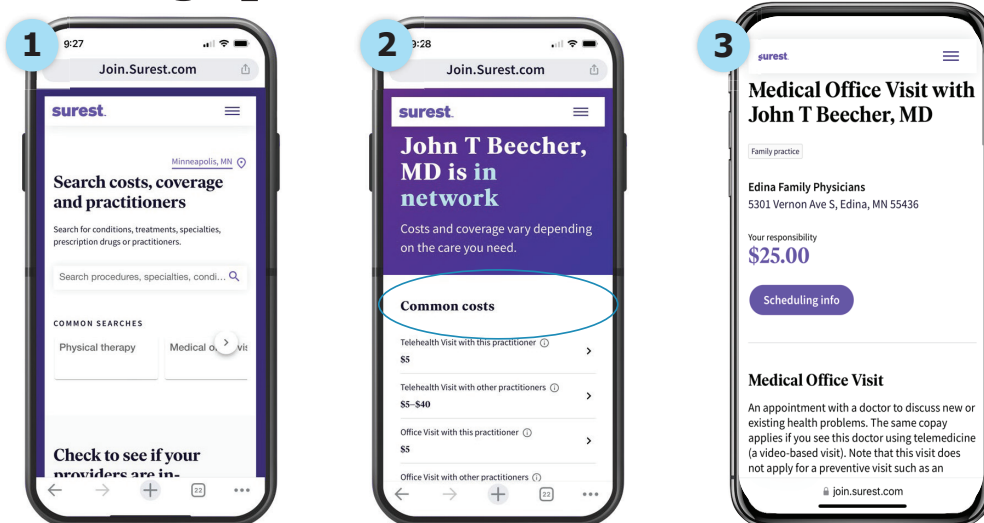
**Review result**

Select any option for details

**surest.**

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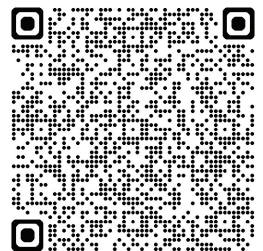
## Looking up a doctor



Enter doctor's name in the search bar

Review result and select for details

View details



**surest.**

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## MEDICAL

## CHOICE HSA

The Choice HSA Plan is offered through UHC and utilizes the Choice network. Benefits are ONLY for In-Network providers. If you are out of the area and have an emergency, you may seek emergency care. This plan meets “affordability” under the Affordable Care Act (ACA).

**This plan is not FSA eligible.**

## In-Network ONLY, Choice network providers

Benefit	Out-of-Pocket Expense
NETWORK	HSA COMPATIBLE PLAN
<b>Health Savings Account (HSA)</b> The Choice HSA Plan allows for an annual employee contribution amount of \$4,300 Individual/ \$8,550 Family	\$4,300 Individual \$8,550 Family
<b>Deductible</b>	\$4,000 Individual \$6,000 Family
<b>Maximum Out-of-Pocket</b> (Ind. Deductible, Medical and Rx Coinsurance)	\$6,000 Individual \$12,000 Family
<b>DOCTOR'S SERVICES</b>	
<b>Primary Care Physician</b>	20% after deductible
<b>Specialist</b>	20% after deductible
<b>Virtual Visit</b>	20% after deductible
<b>PREVENTIVE SERVICES</b>	
<b>Preventive Services</b>	Covered at 100% (deductible and copays do not apply)
<b>ROUTINE LAB AND X-RAY</b>	
<b>In-Office Visit</b>	20% after deductible
<b>Outpatient Basis</b>	20% after deductible
<b>HOSPITAL</b>	
<b>Urgent Care</b>	20% after deductible
<b>Advanced Imaging</b> (MRI, CT, PET, etc)	20% after deductible
<b>Emergency Room</b>	20% after deductible
<b>Inpatient Mental Health / Substance Abuse</b>	20% after deductible
<b>Inpatient Hospital</b>	20% after deductible
<b>Prescription Drug Plan</b>	20% after deductible The amount you pay prior to meeting your deductible is based on the discounts CVS has negotiated with the pharmacy.

## Additional Programs Included In Your Medical Premium:

Virtual Visits, Maternity Support, Surgery Plus, Airrosti, Real Appeal

Note: For a complete description of benefits, see the Summary of Benefits and Coverage or Summary Plan Description.

<https://flimp.live/FBISD-Employee-Resource-Center>

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
<b>Employee Only</b>	\$31.05	\$39.22
<b>Employee + Spouse</b>	\$229.73	\$290.18
<b>Employee + Child(ren)</b>	\$152.19	\$192.24
<b>Employee + Family</b>	\$276.80	\$349.64

\*Per pay period contributions

# OPTUM BANK HSA

A health savings account (HSA) allows you to save money for qualified medical expenses that you're expecting, such as contact lenses or monthly prescriptions, as well as unexpected ones – this year and for any future needs. It's a win-win for saving on health costs today, tomorrow and through retirement.

**Check out these highlights:**



## Call dibs on your money

It's all yours until you spend it – even deposits made by others, like an employer or family member. You keep it, even if you change jobs, switch health plans or retire.



## Save, earn and spend income tax-free

You generally won't pay income taxes on your HSA funds. HSAs put more money in your pocket with income tax-free:

- Contributions to your account (up to the annual limit – see below)
- Interest and potential investment earnings
- Withdrawals used for qualified medical expenses



## Why choose an HDHP with HSA?

When choosing between a traditional copay plan and a qualifying high-deductible health plan (HDHP) paired with an HSA, the HDHP with HSA is often the financial winner. That's because you get tax advantaged savings to cover a variety of qualified medical expenses now and into the future.

This approach typically offers lower premiums and more control of your health care dollars. And if you don't have immediate medical needs, you can save your HSA funds until you do – unused funds are yours to keep for life.

## Save on out-of-pocket costs head to toe

Your HSA covers you and your family for a wide variety of qualified products and services like:



Dental care, including extractions and braces



Foot treatments



Eye exams, glasses and contacts



Chiropractic services



LASIK surgery



Ultrasounds



Prescription medications



Doctor's office visits and procedures

Go to [optum.com/qualifiedexpenses](https://optum.com/qualifiedexpenses) to see a searchable list with more eligible expenses.



## Save for everything from X-rays to catching rays

Your HSA rolls over from year to year, so you can continue to grow your savings and use it in the future – even into retirement on a beach.

There are contribution limits, set by the IRS and adjusted annually. These limits are:

Year	Individual coverage	Family coverage
2025	\$4,300	\$8,550
2024	\$4,150	\$8,300

- This means that you contribute at least **\$150 more** than last year
- **\$1,000** extra if you're 55 or older, also known as a catch-up contribution



## See how Jake is supersizing his nest egg

Meet Jake. He's 30 and considers himself fairly healthy. When he started his new job, he decided to open an HSA and contribute \$200 per month. He uses \$500 each year to cover his health costs. Here's how much he saves with his HSA:



Use the [HSA contribution calculator](#) to help determine your contributions and see how much you can save on taxes.



### Ready to enroll?

Enrolling in an HSA is quick and easy because it's built into your employer's benefit options. Review your materials today so you don't miss your chance to sign up.

### Looking for more HSA resources?



Scan the QR code, or go to [optum.com/HSAIntro](https://optum.com/HSAIntro) to learn more.

Investments are not FDIC insured, are not bank issued or guaranteed by Optum Financial or its subsidiaries, including Optum Bank, and are subject to risk including fluctuations in value and the possible loss of the principal amount invested.



\* Assuming 22% federal income tax and 7.65% FICA. Results and amount will vary depending on your particular circumstances.

Health savings accounts (HSAs) are individual accounts largely held at Optum Bank®, Member FDIC, and administered by Optum Financial, Inc. or ConnectYourCare, LLC, an IRS-Designated Non-Bank Custodian of HSAs, a subsidiary of Optum Financial, Inc. Neither Optum Financial, Inc. nor ConnectYourCare, LLC is a bank or an FDIC insured institution. HSAs are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State and/or local taxes may still apply. Fees may reduce earnings on account. Refer to your HSA account agreement for details. This communication is not intended as legal or tax advice. Consult a legal or tax professional for advice on eligibility, tax treatment, and restrictions. Please contact your plan administrator with questions about enrollment or plan restrictions.

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## PRESCRIPTION DRUG

# CVS CAREMARK

[www.caremark.com](http://www.caremark.com)

The Prescription Drug plan is offered through CVS Caremark. You are automatically enrolled in the prescription drug program when you enroll in one of the Fort Bend ISD medical plans. Below is a table showing the applicable coinsurance by tier for a 30 day supply (except for Choice High Deductible Plan). For member inquiries, please call CVS Caremark member services at 877.258.0105.

### Retail Benefits

You can obtain up to 30-day supply at any CVS Caremark network pharmacy.

You can obtain up to 90-day supply at any Maintenance Choice network pharmacy.

### Participating Pharmacies Include:

Walmart • Target • CVS • Walgreen's • Rite-Aid • Duane Reade • Medicine Shoppe • Ralph's • Kroger • Meijer • HEB • Shopko • Randall's • And Many More

Login to your CVS Caremark account for a complete and current listing of participating pharmacies.

### Mail Order Benefits

In addition to local retail access, your employer offers the additional benefit of Mail Order. Maintenance drugs can be ordered through CVS Caremark's mail order pharmacy and delivered to your home. Maintenance medications are those that you take for ongoing medical conditions like diabetes, high blood pressure and asthma. Mail Order allows you to enjoy benefits such as home delivery with free standard shipping for up to a 90-day supply of medication, and you can conveniently order refills by internet or by phone, anytime.

Plan Name	Kelsey UHC Charter	Surest	Choice HSA
NETWORK	KELSEY SEYBOLD	CHOICE	CHOICE
	IN-NETWORK ONLY, KELSEY SEYBOLD NETWORK PROVIDERS	IN-NETWORK ONLY	HSA COMPATIBLE PLAN FBISD HSA CONTRIBUTION: \$500 INDIVIDUAL / \$1,000 FAMILY
<b>PRESCRIPTION</b>			
Retail Rx Drugs (30 days)	30% / 40% / 50%	30% / 40% / 50%	20% after deductible
Mail Order Rx (90 days)	25% / 35% / 45% to a maximum of \$150	25% / 35% / 45% to a maximum of \$150	20% to a maximum of \$150, after deductible has been met
Specialty Pharmacy	45% to a maximum of \$75	45% to a maximum of \$75	20% to a maximum of \$75, after deductible has been met

### Specialty Medications

Specialty Medications are those that are used to treat complex, chronic conditions like cancer, rheumatoid arthritis and MS, and often require special handling and administration. Specialty medications require prior authorization and quantity limits may apply. There are additional specialty programs you may be subjected to, login to your CVS Caremark account for more information.

Limited to 30-day at home delivery.

All Specialty Medications must be purchased through CVS Specialty. For additional information, CVS Specialty can be reached at 800.237.2767.

**Note: The pharmacy plan has a Mandatory Generic Drug Policy in place.**

If you choose a brand-name medication when a generic medication is available, you will be responsible for paying the difference in cost between the brand-name and the generic medication, plus the applicable coinsurance.

Register at [www.caremark.com](http://www.caremark.com).



## PRESCRIPTION DRUG



Maintenance Choice®

# Save with 90-day supplies



Maintenance Choice helps keep your medication as affordable as possible. Make the change to 90-day supplies to enjoy these savings.

**Help keep your copay low**

Start filling the medication you take regularly (like medication for asthma or high blood pressure) in 90-day supplies at select participating pharmacies. Choose the option that works best for you — and change it whenever you like.

**Here's what you need to do:**

1. On or after your new plan's effective date, use the Pharmacy Locator Tool to find a participating pharmacy.

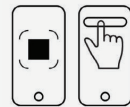


2. Ask your prescriber to send a new 90-day prescription to that pharmacy for pickup or delivery.

To find a participating pharmacy, visit [Caremark.com/PharmacyLocator](https://www.caremark.com/pharmacylocator) or scan the code.



To scan the QR code:  
Open your camera.  
Scan the code.  
Tap the link.



**Oklahoma:** Some Oklahoma residents may not be eligible to participate in the Maintenance Choice program. If you have questions about your eligibility, please contact Customer Care at the number on the back of your member ID card.

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delete placeholder

## PRESCRIPTION DRUG

# STEP THERAPY

Step Therapy is a program designed especially for people who take prescription drugs regularly to treat ongoing medical conditions. Step Therapy simply means making sure you get safe and proven-effective medicine for your condition – at the lowest possible cost to you. In other words, it's how you can avoid paying more for the medicine you need.

### How Step Therapy Works

A panel of independent licensed physicians, pharmacists and other medical experts work with CVS Caremark to recommend medicines for the step therapy program. Together, they review the most current research on thousands of prescription medicines tested and approved by the Food and Drug Administration (FDA). Then they determine the most appropriate medicines to include in the program. Medicines are then grouped in categories, or “steps.”

**Front-line Drugs – Step 1** – These are the first step and are typically generic and lower-cost brand-name medicines. They are proven to be safe and effective, as well as affordable. In most cases, they provide the same health benefit as more expensive medicines, but at a lower cost.

**Backup Drugs – Step 2 and Step 3 drugs** – are typically brand-name medicines. They are best suited for the few patients who don't respond to first-line medicines. They're also the most expensive options.

### How do you find out if a first-line medicine is right for you?

Only your doctor can make that decision. Log in to your account at [www.caremark.com](http://www.caremark.com) or call the number on your member ID card to find out if step therapy applies to the medicine your doctor prescribed. If it does, you can see a list of first-line alternatives. You can give that list to your doctor to choose the medicine your plan covers that best treats your condition.

### What happens if your doctor gives you a prescription that's not on the first-line list for your plan?

The first time you try to fill the prescription, your pharmacist should explain that step therapy requires you to try a first-line medicine before a second-line medicine is covered. Since only your doctor can change your current prescription, either you or your pharmacist need to speak with your doctor to request a first-line medicine that's covered by your plan. If you need your prescription right away, you may ask your pharmacist to fill a small supply until you can consult your doctor.

### How to Start Step Therapy

The next time your doctor writes you a prescription, or if your current medicine qualifies, ask if a first-line generic medicine is right for you. Often, generic medicines have the same chemical makeup as their brand-name counterparts, and the same effect on the body, so the only real difference is cost.

Plans often cover second-line (more expensive) medicines if:

- ❖ You've tried the first-line medicine covered by your step therapy program, and you and your doctor feel that the medicine doesn't treat your condition effectively, OR
- ❖ You can't take a first-line medicine (for example, because of an allergy), OR
- ❖ Your doctor decides that you need a second-line medicine for medical reasons

If you have questions about step therapy, or anything else regarding your prescription plan, just call the Member Services phone number on the back of your member ID card. You can also log in to [www.caremark.com](http://www.caremark.com) or download the CVS Caremark mobile app to learn more about your pharmacy plan. With the CVS Caremark mobile app, managing your medication is a snap! You can view orders, access your ID card, check drug interactions or even find the closest retail pharmacy in seconds.

## DENTAL

## DENTAL PPO PLANS

## Locate In-Network Providers

[www.guardiananytime.com](http://www.guardiananytime.com)

1. Click Find a Provider,
2. Then Find a Dentist...
3. Under Select a Plan, choose PPO
4. Or CALL CUSTOMER SERVICE at [800.541.7846](tel:800.541.7846)

## Value Plan

Your dental coverage is provided through Guardian. With the Value Plan DPPO, you must see an In-Network dentist. You have lower out-of-pocket costs for Basic and Major dental services than you would with the NAP Plan option. If you already see an In-Network dentist or if you are willing to change to an In-Network dentist, the Value Plan may be a good option to save money on dental expenses. If you go to an out of network dentist on the value plan, the dentist payments are based on the discounted fee schedules agreed upon by network dentist and you will pay more for the visit than on the NAP Plan.

## Network Access Plan

With the Network Access Plan (NAP) DPPO, you may see any dentist that you choose. However, In-Network dentists have agreed to accept reduced fees for the services they provide. They have also agreed not to charge you any amount that exceeds the allowable amount, aside from deductibles, coinsurance and services that are limited or not covered under the plan. This will reduce your out-of-pocket expenses. If your dentist is an out-of-network provider, dental benefits will be based on reasonable and customary charges.

In-Network Benefit	Value Plan	Network Access Plan
<b>Calendar Year Maximum</b> (Per Person)	\$2,000	\$2,000
<b>Annual Deductible</b>	\$50 Individual \$150 Family	\$50 Individual \$150 Family
<b>Frequency Cleanings</b> (Preventive Only)	Twice per calendar year (January 1 – December 31)	Twice per calendar year (January 1 – December 31)
<b>Class A – Preventive and Diagnostic Care</b> (Prophylaxis Oral exam, Sealants, Diagnostic Casts, Radiographs)	0% no deductible applies	0% no deductible applies
<b>Class B – Basic Services</b> (Endodontic, Periodontal, Space Maintainers, Surgical Extractions)	0%	20%
<b>Class C – Major Services</b> (Crown, Inlay, Dentures, Bridge)	40%	50%
<b>Class D – Orthodontia*</b> Child (Under 19 Years Old)	50%	50%

There is one set of rates for both the Value and NAP Dental PPO Plans.

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
<b>Employee Only</b>	\$26.07	\$32.93
<b>Employee + 1</b>	\$52.13	\$65.85
<b>Employee + Family</b>	\$78.19	\$98.76

\*Lifetime Payment Limit of \$2,000 for orthodontic treatment.

Pre-treatment review is available on a voluntary basis when dental work in excess of \$300 is proposed.



## DENTAL

# DENTAL HMO PLAN

Your dental coverage is provided through Guardian. With your DHMO plan, you enjoy negotiated discounts from In-Network dentists. Out-of-network visits are not covered. You must designate and use a participating provider. You pay a fixed copay for each covered service. There are no deductibles or plan maximums. Under the DHMO Dental Plan, should your treatment plan require the services of a specialist, you will be referred to one. Please note that there is no coverage available outside of Texas.

When using a participating dentist, the amount you will be responsible for paying is the applicable copay associated with the type of service you receive. See the certificate of coverage for a list of copay amounts located on the benefits webpage.

Cleaning Frequency: Twice per calendar year (January 1 – December 31)

Orthodontia: Available for both children and adults.

### Locate In-Network Providers

[www.guardiananytime.com](http://www.guardiananytime.com)

1. Click Find a Provider,
2. Then Find a Dentist...
3. Under Select a Plan, choose Managed Dental Care
4. Or CALL CUSTOMER SERVICE at **888.618.2016**

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
Employee Only	\$5.36	\$6.76
Employee + 1	\$8.90	\$11.24
Employee + Family	\$16.57	\$20.93

See Guardian DHMO Plan Copay Schedule



## VISION

# VISION PLAN

Your vision coverage is provided by UnitedHealthcare through the Spectera Eye Network. With Spectera's large national eye care network, you can choose to get more personalized care from a private practice, or you can take advantage of the convenience of numerous retail chains in their network with evening and weekend hours. Spectera is focused on providing you with a better eye care experience.

### Locate In-Network Providers

[myuhcvision.com](http://myuhcvision.com)

1. Click Find a Provider,
2. Then Find a Vision Provider...
3. Under Select Your Vision Plan, choose Spectera Eyecare Network
4. Or CALL CUSTOMER SERVICE at **800.638.3120**

Benefit	In-Network	Out-of-Network
Exam	\$20 copay	Reimbursed up to \$40
Materials	\$20 copay	Varies (see below)
Exam Frequency	1 per calendar year	1 per calendar year
Frame Frequency	1 per calendar year	1 per calendar year
Contact Lens Exam Frequency (in lieu of lenses and frames)	1 per calendar year	1 per calendar year
<b>LENSES</b>		<b>MEMBER REIMBURSED:</b>
Single Vision	100% after copay*	Up to \$40
Bifocal	100% after copay*	Up to \$60
Trifocal	100% after copay*	Up to \$80
<b>FRAMES</b>		<b>MEMBER REIMBURSED:</b>
Frame Allowance	\$150 allowance + 30% off	Up to \$45
<b>CONTACT LENSES</b>		<b>MEMBER REIMBURSED:</b>
Medically Necessary	100%	Up to \$210
Elective	\$150 allowance*	Up to \$150

\*These benefits are subject to copay, if any.

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
Employee Only	\$4.93	\$6.22
Employee + 1	\$7.89	\$9.96
Employee + Children	\$8.53	\$10.77
Employee + Family	\$12.98	\$16.40

If you enroll in the vision plan, you can view/print your ID card online through [myuhcvision.com](http://myuhcvision.com).



## 2025 EMPLOYEE CONTRIBUTIONS

## 2025 EMPLOYEE CONTRIBUTIONS

Benefit Plan	24 Pay Period Contributions	19 Pay Period Contributions
<b>MEDICAL / KELSEY UHC CHARTER</b>		
Employee	\$80.23	\$101.34
Employee + Spouse	\$277.40	\$350.39
Employee + Child(ren)	\$244.40	\$308.71
Family	\$369.56	\$466.81
<b>MEDICAL / SUREST</b>		
Employee	\$88.67	\$112.00
Employee + Spouse	\$344.41	\$435.04
Employee + Child(ren)	\$264.35	\$333.91
Family	\$443.34	\$560.00
<b>MEDICAL / CHOICE HSA</b>		
Employee	\$31.05	\$39.22
Employee + Spouse	\$229.73	\$290.18
Employee + Child(ren)	\$152.19	\$192.24
Family	\$276.80	\$349.64
<b>DENTAL PPO NETWORK ACCESS PLAN AND VALUE PLAN</b>		
Employee	\$26.07	\$32.93
Employee + 1	\$52.13	\$65.85
Family	\$78.19	\$98.76
<b>DENTAL HMO</b>		
Employee	\$5.36	\$6.76
Employee + 1	\$8.90	\$11.24
Family	\$16.57	\$20.93
<b>VISION</b>		
Employee	\$4.93	\$6.22
Employee + 1	\$7.89	\$9.96
Employee + Children	\$8.53	\$10.77
Family	\$12.98	\$16.40
<b>LEGAL SERVICES ONLY</b>		
Employee Only	\$7.48	\$9.45
Employee + Family	\$7.98	\$10.08
<b>IDENTITY THEFT SERVICES ONLY</b>		
Employee Only	\$4.23	\$5.34
Employee + Family	\$7.98	\$10.08
<b>LEGAL AND ID SHIELD COMBINED</b>		
Employee Only	\$11.70	\$14.78
Employee + Family	\$14.45	\$18.25

## FLEXIBLE SPENDING ACCOUNT (FSA)

# WHAT IS AN FSA?

### Healthcare FSA:

- ❖ The full amount you elect is available the first day your benefits are effective.
- ❖ You can set aside up to \$3,300, pre-tax, to pay for eligible health care expenses, including dental and vision.
- ❖ You can elect an HSA or FSA but are not allowed to utilize both HSA and FSA together.
- ❖ You can use your FSA for all eligible health care costs for you and your dependents, even if your dependents are not covered under the Fort Bend ISD medical plans.
- ❖ If you have unused contributions in your Health FSA at the end of the current plan year you can continue to incur expenses through March 15, 2026 immediately following the end of the plan year, and receive reimbursement for these expenses until such unused funds are depleted. All requests for reimbursement will be accepted and processed through March 31, 2026. After March 31, 2026 funds remaining in your account for 2025 plan year will be forfeited.
- ❖ The full amount of your election is available to you on January 1, 2025, even though your contributions are spread over the calendar year.



### Dependent Care FSA:

- ❖ Only the amount which has been taken from your paycheck is available for use.
- ❖ You and your spouse can set up a combined annual contribution up to \$5,000, pre-tax, to pay for day care expenses for qualified dependents while you work or look for work.
- ❖ Unlike the health care FSA, you can only be reimbursed funds that have already been withheld from your paycheck.
- ❖ Eligible expenses include day care, nursery school, after-school care and summer day camp.
- ❖ IRS “use it or lose it” rule applies, and you cannot be reimbursed for any expense that is also covered by a tax credit on your federal tax return.

## FSA SAVINGS EXAMPLE

Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,300 for day care next plan year, they decide to elect a total of \$5,300 into their FSAs.

	Without FSA	With FSA
Gross Income	\$30,000	\$30,000
FSA Contributions	\$0	-\$5,300
Gross Income	\$30,000	\$24,700
Federal Taxes*	\$4,500	\$3,705*
FICA Taxes*	\$435	\$358
After-Tax Earnings	\$25,065	\$20,637
Medical and Dependent Care Expenses	-\$5,300	\$0
Remaining Spendable Income	\$19,765	\$20,637
Spendable Income Increase		-\$872

\*Assumes 15% Federal Income Tax and 1.45% FICA. The above example is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

## FLEXIBLE SPENDING ACCOUNT (FSA)

# HEALTHCARE FSA

Submit receipts at [www.myuhc.com](http://www.myuhc.com).

Fort Bend ISD's Flexible Spending Account is administered by UHC. Your FSA contributions, deducted on a pre-tax basis, may be used to pay for qualified Healthcare expenses.

**For the 2025 plan year, you may elect up to \$3,300 for your Health FSA. There is a \$120 minimum contribution for Employees.**

For more information, please visit the IRS website at <https://www.irs.gov/pub/irs-pdf/p503.pdf>.

A Health FSA allows you to set aside tax-free dollars into an account that will reimburse you for out-of-pocket qualified medical expenses "incurred" during the plan year (1/1/2025 – 12/31/2025). The term "incurred" means that the service must be performed during the plan year. Eligible expenses may be incurred by you, your spouse, or your eligible dependent child(ren). Reimbursements received from your Health FSA are tax-free. In addition, you can use your debit card to pay for qualified expenses directly from your reimbursement account.

Examples of eligible expenses include deductibles, copays, LASIK eye surgery, prescription drugs, and orthodontia. Over-the-counter medications, with the exception of insulin, will require a prescription to be considered a qualified medical expense for reimbursement from your FSA. See IRS Code Section 213(d) or 502 for a list of eligible expenses. The expenses must be for "medical care" and be for the diagnosis, care, mitigation, treatment or prevention of a disease, or for the purpose of affecting any structure or function of the body.

### Use-it-or-lose-it and Filing Deadline

**If you have unused contributions in your Health FSA at the end of the current plan year you can continue to incur expenses through March 15, 2026 immediately following the end of the plan year, and receive reimbursement for these expenses until such unused funds are depleted. All requests for reimbursement will be accepted and processed through March 31, 2026. After March 31, 2026 funds remaining in your account for the 2025 plan year will be forfeited.**

### Health FSA

Health FSA claims must be received by UHC's FSA department on or before March 31 of the following benefit plan year. If your employment terminates during the year, your claims must be incurred prior to the end of the month in which your benefits termination occurs.

### Debit Card

Your FSA debit card allows you to quickly and conveniently access funds in your FSA for Healthcare expenses. You may use it to pay for eligible expenses at the time of service and at locations that accept it. If your employment terminates during the year, you are only able to use your FSA card for charges incurred prior to the end of the month in which your benefit termination occurs.

### IMPORTANT NOTE

You are NOT eligible for the Health FSA if you or your spouse currently contribute to an HSA.

KEEP COPIES of ALL of your receipts and explanation of benefits worksheets for eligible transactions. UHC will most likely ask you for this documentation. The only reason UHC will not ask for documentation is if the amount swiped on your debit card is equal to a copay or deductible in Fort Bend ISD's medical plans. You are required to provide receipts during an IRS audit.



## FLEXIBLE SPENDING ACCOUNT (FSA)

# DEPENDENT CARE FSA

Fort Bend ISD's Flexible Spending Account is administered by UHC. Your FSA contributions, deducted on a pre-tax basis, may be used to pay for qualified dependent care expenses.

For the 2025 plan year, you may elect up to \$5,000 for your Dependent FSA.

The Dependent Care FSA allows you to save taxes on up to \$5,000 in "qualified" day care expenses every year. Dependent Care FSAs reimburse only up to the account balance on the date your claim is received. Claims exceeding the balance are reimbursed when there is enough in the account to cover them.

Under Code Section 21(b)(1) "qualifying individual" means a dependent of the taxpayer as defined in Code Section 152(a)(1) (i.e., a qualifying child) who has not attained age 13; a dependent of the taxpayer who is physically or mentally incapable of caring for himself or herself and has the same principal abode as the taxpayer for more than half of the year.

Qualified day care expenses include:

- ✦ Care provided while both parents are working or looking for work
- ✦ Care that has been provided during the plan year (1/1/2025 – 12/31/2025)
- ✦ Actual day care expenses (separate fees for services such as transportation, meals, classes, lessons, trips or supplies are not reimbursable unless the charges are included as part of your base fee – not itemized)
- ✦ Day camps, including those that focus on specific activities, such as sports and arts (overnight camps are excluded even if the camp apportions the day camp and overnight charges)
- ✦ Day care providers tax ID or individual's social security number must be provided

### Sample of ineligible expenses include:

- ✦ Child care provided by your tax dependent or your child under age 19
- ✦ Overnight camps and tuition for kindergarten
- ✦ Childcare when one parent is not working or looking for work

### Use-it-or-lose-it and Filing Deadline

**If you have unused contributions in your Dependent Care FSA at the end of the current plan year you can continue to incur expenses through March 15, 2026 immediately following the end of the plan year, and receive reimbursement for these expenses until such unused funds are depleted. All requests for reimbursement will be accepted and processed through March 31, 2026. After March 31, 2026 funds remaining in your account for 2025 plan year will be forfeited.**

**Dependent Care FSA – Claims must be received by UHC's FSA department within 90 days of the end of the plan year.**

**Debit Card – Your FSA debit card allows you to quickly and conveniently access funds in your FSA for dependent care expenses. You may use it to pay for eligible dependent care expenses at the time of service and at locations that accept it.**

- ✦ **Keep copies of ALL of your receipts and explanation of benefits worksheets for eligible transactions. UHC may ask you for this documentation. You are required to provide receipts during an IRS audit.**
- ✦ **If your childcare provider does not accept payment by debit card, you can pay the provider directly and then request reimbursement from UHC directly to your checking or savings account.**

## LIFE

# BASIC LIFE AND AD&D – VOLUNTARY LIFE AND AD&D

Fort Bend ISD provides each eligible employee with Basic Life and Accidental Death & Dismemberment (AD&D) insurance through Guardian. Basic Life and AD&D is paid 100% by Fort Bend ISD and so there is no cost to you. **Add/Update Beneficiaries. Please use percentage amounts when completing allocations.**

Basic Life Insurance and AD&D	
Benefit Amount	\$25,000
Age Reduction	50% at age 70
Accelerated Death Benefit	75% of benefit amount

## Voluntary Life Insurance and AD&D

You have the option to purchase Voluntary Life and AD&D coverage for yourself and your dependents through Guardian. You must elect this for yourself in order to purchase Life Insurance on your eligible dependents. Voluntary Life and AD&D is combined and is not offered separately. As a new hire, any amount selected over the guarantee issue amount will require a completed Evidence of Insurability Form. When you retire or leave FBISD, you have 31 days to continue your coverage; email Guardian for additional information [National\\_Conversions@glic.com](mailto:National_Conversions@glic.com). You pay the full cost of this benefit.

Voluntary Life Insurance and AD&D		
Benefit Amount Maximum (could be subject to medical questions; see Guarantee issue below for new hires and certificate of coverage for plan provisions)	Employee	\$10,000 increments, up to \$500,000
	Spouse	\$10,000 increments to 100% of Employee Amount, not exceeding \$250,000
	Child(ren)	Dependent child age 1-14 days \$100; 14 days - 26 years \$10,000
Guarantee Issue	Employee*	\$250,000
	Spouse	\$30,000
	Child(ren)	\$10,000
Age Reduction	50% at age 70 (At age 70, your benefit election reduces to 50% of your elected amount)	
Accelerated Death Benefit	75% of benefit amount up to \$250,000	
Late Entrant Penalty	Employees who did not elect during their new hire period in which he or she is eligible to enroll must complete an Evidence of Insurability form (EOI). Coverage is not effective until approved by Guardian.	

**Add/Update Beneficiaries. Please use percentage amounts when completing allocations.**

Supplemental Life and AD&D – Monthly Rates		
Premium per \$1,000 of Coverage		
ATTAINED AGE	EMPLOYEE	SPOUSE **
<25	\$0.060	\$0.120
25 – 29	\$0.060	\$0.100
30 – 34	\$0.080	\$0.100
35 – 39	\$0.100	\$0.120
40 – 44	\$0.120	\$0.180
45 – 49	\$0.180	\$0.260
50 – 54	\$0.260	\$0.380
55 – 59	\$0.380	\$0.580
60 – 64	\$0.520	\$1.000
65 – 69	\$0.860	\$1.680
70 – 74	\$1.520	\$3.060
75+	\$3.060	\$5.920

\*\*Spouse rate based on employee age

Child rate: \$0.30 per \$1,000

## Calculation Example For a Family

**Employee:** 38 years old electing \$250,000 in Life and AD&D insurance: Life and AD&D:  $250,000 \div 1,000 \times \$0.10 = \$25.00$

**Spouse:** Employee is 45 years old electing \$30,000 in Spouse Life and AD&D insurance: Life and AD&D:  $30,000 \div 1,000 \times \$0.12 = \$3.60$

**Child(ren):** electing \$10,000 in Life and AD&D Insurance (the rate covers all children under 26 in a family): Life and AD&D:  $10,000 \div 1,000 \times \$0.30 = \$3.00$  Total Monthly Rate: \$31.60



## VOLUNTARY DISABILITY

# VOLUNTARY SHORT-TERM DISABILITY

Fort Bend ISD provides each eligible employee the option to select a voluntary disability plan through Guardian. Disability insurance is designed to help supplement your income when you are unable to work because of maternity, an accident, or illness that is not work related. You have the choice to elect either Short-Term OR Long-Term Disability coverage, or both. You are responsible for the cost of this coverage. When you leave FBISD, you have 31 days to continue your coverage; email Guardian for additional information [National\\_Conversions@glic.com](mailto:National_Conversions@glic.com).

Voluntary Disability Benefit – Short-Term Disability	
<b>Definition of Disability</b>	Prevented from performing one or more of the Main Duties of your Own Occupation
<b>Elimination Period</b> The period of time you must be disabled, due to a covered disability, before this plan's benefits are payable.	<b>Base:</b> 7 days injury or sickness <b>Buy Up:</b> 14 days injury or sickness
<b>Base Benefit</b>	66.67% of covered earnings per \$100 of salary Your salary will be determined as of January 1 annually
This means that after 7 or 14 days of disability, Guardian will pay you 66.67% of covered earnings (per \$100 of covered benefit) up to the maximum shown below.	
<b>Maximum Weekly Benefit</b> (before week 26)	\$1,730 per week (weekly benefit: annual salary divided by 52 weeks)
<b>Duration of Benefits</b>	<b>Base:</b> 12 weeks <b>Buy Up:</b> 24 weeks
LIMITATIONS	
<b>Pre-Existing Conditions</b>	3/12 (any condition that was diagnosed or treated within the last 3 months prior to eligibility under the policy will not be covered for 12 months under this disability plan)
<b>Mental Illness</b>	Up to 24 months combined for STD and LTD
<b>Substance Abuse and Self-Reported</b>	Up to 24 months combined for STD and LTD

Voluntary Disability Monthly Rates (per \$100)	
<b>Base: 7 day Elimination Period</b>	\$0.736
<b>Buy Up: 14 day Elimination Period</b>	\$0.853
Age at Disability	Maximum Benefit Duration
<60	to age 65, but not less than 60 months
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Your disability benefit may be reduced by other income benefits. Employees who did not elect during their new hire period in which he or she is eligible to enroll must complete an Evidence of Insurability form (EOI). Coverage is not effective until approved by Guardian.

See Certificate of Coverage for details.

## VOLUNTARY DISABILITY

# VOLUNTARY LONG-TERM DISABILITY

Fort Bend ISD provides each eligible employee the option to select a voluntary disability plan through Guardian. Disability insurance is designed to help supplement your income when you are unable to work because of maternity, an accident, or illness that is not work related. You have the choice to elect either Short-Term OR Long-Term Disability coverage, or both. You are responsible for the cost of this coverage. When you leave FBISD, you have 31 days to continue your coverage; email Guardian for additional information [National\\_Conversions@glic.com](mailto:National_Conversions@glic.com).

Voluntary Disability Benefit – Long-Term Disability	
<b>Definition of Disability</b>	Prevented from performing one or more of the Main Duties of your Own Occupation for two years. After two years, it is Any Occupation.
<b>Elimination Period</b> The period of time you must be disabled, due to a covered disability, before this plan's benefits are payable.	<b>Base:</b> 180 days <b>Buy Up:</b> 90 days
<b>Base Benefit</b>	66.67% of covered earnings per \$100 of salary Your salary will be determined as of January 1 annually
This means that after 90 or 180 days of disability, Guardian will pay you 66.67% of covered earnings (per \$100 of salary) up to the maximum shown below.	
<b>Maximum Weekly Benefit</b> (after week 26)	\$7,500 per month (monthly benefit: annual salary divided by 12 months)
<b>Duration of Benefits</b>	Social Security Normal Retirement Age
LIMITATIONS	
<b>Pre-Existing Conditions</b>	3/12 (any condition that was diagnosed or treated within the last 3 months prior to eligibility under the policy will not be covered for 12 months under this disability plan)
<b>Mental Illness</b>	Up to 24 months combined for STD and LTD
<b>Substance Abuse and Self-Reported</b>	Up to 24 months combined for STD and LTD

Voluntary Disability Monthly Rates (per \$100)	
<b>Base: 180 day Elimination Period</b>	\$0.48
<b>Buy Up: 90 day Elimination Period</b>	\$0.61
Age at Disability	Maximum Benefit Duration
<60	to age 65, but not less than 60 months
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Your disability benefit may be reduced by other income benefits. Employees who did not elect during their new hire period in which he or she is eligible to enroll must complete an Evidence of Insurability form (EOI). Coverage is not effective until approved by Guardian.

See Certificate of Coverage for details.

## AFLAC SUPPLEMENTAL PLANS

## ACCIDENT INSURANCE

Accident insurance pairs well with those who have active lifestyles or children involved in sports/other extracurricular activities. This plan is designed to pay benefits directly to you based on treatment received and injuries sustained from a covered accident.

Benefit and Amount						Provisions
	LOW PLAN	HIGH PLAN		LOW PLAN	HIGH PLAN	
<b>Urgent Care</b>	\$100	\$200	<b>X-Ray</b>	\$25	\$50	<ul style="list-style-type: none"> <li>• On / Off the job</li> <li>• Over 20 additional benefits</li> <li>• No limit on the number of accidents</li> <li>• 25% Organized Athletic Activity Rider</li> <li>• Portable at the same rate</li> </ul>
<b>Follow Up</b>	\$100 (2)	\$200 (2)	<b>Lacerations</b>	up to \$400	up to \$800	
<b>Physical Therapy</b>	\$50 (10)	\$100 (10)	<b>Concussion</b>	\$300	\$600	
<b>Fractures</b>	up to \$6,000	up to \$10,000	<b>Hospital Admission</b>	\$800	\$1,600	
<b>Dislocations</b>	up to \$6,000	up to \$10,000	<b>Hospital Confinement</b>	\$200 (16 days)	\$400 (16 days)	

*Fracture Schedule			*Dislocation Schedule		
	LOW PLAN	HIGH PLAN		LOW PLAN	HIGH PLAN
<b>Foot/Ankle/Kneecap/ Sacral/Sacrum/ Vertebral Processes</b>	\$500	\$750	<b>Finger/Toe</b>	\$240	\$400
<b>Coccyx/Rib/Finger/ Toe/Forearm/Hand /Wrist/Lower Jaw/ Shoulder Blade/Collar Bone</b>	\$500	\$1,000	<b>Elbow</b>	\$600	\$1,000
			<b>Wrist</b>	\$750	\$1,250
			<b>Lower Jaw</b>	\$900	\$1,500
			<b>Hand</b>	\$1,050	\$1,750
<b>Facial Bones (except Teeth)/Upper Arm/ Upper Jaw</b>	\$750	\$2,000	<b>Foot/Ankle</b>	\$1,200	\$2,000
			<b>Shoulder</b>	\$1,500	\$2,500
<b>Leg/Pelvis/ Vertebrae</b>	\$1,500	\$2,000	<b>Knee</b>	\$1,950	\$3,250
<b>Skull (simple)</b>	\$1,500	\$2,500	<b>Hip</b>	\$3,000	\$5,000
<b>Sternum</b>	\$1,500	\$1,000			
<b>Hip/Thigh/Skull (depressed)</b>	\$3,000	\$5,000			

\*Open reduction fractures/dislocations will pay at 200% of the listed amount

<b>Health Screening Benefit - Low Plan &amp; High Plan</b>	\$50 Payable once per person per calendar year
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## AFLAC SUPPLEMENTAL PLANS

## CANCER INSURANCE

Cancer insurance provides essential financial support during one of life's most challenging times. It provides a lump sum directly to you, helping to cover treatment costs, medications, and other expenses that your primary insurance may not cover.

Choose a Benefit Amount	Covered Illnesses	Provisions
<b>\$10,000</b> <b>\$20,000</b> <b>\$30,000</b>  <b>Spouse</b> coverage at <b>100%</b> <b>Child(ren)</b> coverage at <b>50%</b> No additional premium	<b>Cancer (Internal or Invasive) 100%</b> <b>Non-Invasive Cancer 25%</b> <b>Skin Cancer \$500 - Once per calendar year</b>	<ul style="list-style-type: none"> <li>• <b>Guarantee Issue</b> No Pre-existing Condition Waiting period</li> <li>• <b>Different Illness Diagnosis:</b> 0-month separation</li> <li>• <b>Same Illness Diagnosis:</b> 3-month separation</li> <li>• <b>Portable at same rate</b> No maximum number of pay outs</li> </ul>

Health Screening Benefit	\$50 Payable once per person per calendar year
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Spouse rate based on employee age.

Eligible child(ren) are automatically covered to the age of 26 with no premium charged.

## CRITICAL ILLNESS INSURANCE

When a major illness is diagnosed, there can be several expenses that aren't covered by major medical insurance. Critical Illness insurance pays a lump sum benefit when a covered illness is diagnosed. This benefit would be paid directly to you to help cover out of pocket expenses.

Choose a Benefit Amount	Covered Illnesses	Provisions
<b>\$10,000</b> <b>\$20,000</b> <b>\$30,000</b>  <b>Spouse</b> coverage at <b>100%</b> <b>Child(ren)</b> coverage at <b>100%</b> No additional premium	<b>Cancer (Internal or Invasive) 100%</b> <b>Non-Invasive Cancer 25%</b> <b>Skin Cancer \$500 - Once per calendar year</b>  Heart Attack Stroke Major Organ Transplant End Stage Renal Failure	<ul style="list-style-type: none"> <li>• <b>Guarantee Issue</b> No Pre-existing Condition Waiting period</li> <li>• <b>Different Illness Diagnosis:</b> 3-month separation</li> <li>• <b>Same Illness Diagnosis:</b> 3-month separation</li> <li>• <b>Portable at same rate</b> No maximum number of pay outs</li> </ul>

Health Screening Benefit	\$50 Payable once per person per calendar year
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Spouse rate based on employee age.

Eligible child(ren) are automatically covered to the age of 26 with no premium charged.

## AFLAC SUPPLEMENTAL PLANS

# HOSPITAL INDEMNITY PLAN

The cost of a hospital stay can be financially difficult if money is tight, and you're not prepared. Having the right coverage in place before you experience an unexpected sickness, or injury can help eliminate the stress of financial concerns and provide support when needed most.

Benefit Name	Amount
<b>Initial Hospital Confinement</b> (24 hrs.)	\$1,500 (once per sickness or accident per calendar year)
<b>Daily Hospital Confinement</b>	\$225 (up to 15 days)
<b>ICU Initial Confinement</b> (daily) (pays in addition to initial confinement)	\$1,500 (up to 15 days)
<b>ICU Daily Confinement</b> (pays in addition to daily confinement)	\$225 (up to 15 days)
Provisions	
<b>Guarantee Issue?</b>	Yes!
<b>Pre-existing Condition Waiting Period?</b>	No!
<b>Pre-existing pregnancy covered?</b>	Yes!
<b>Mental and Nervous Disorders covered?</b>	Yes!
<b>Drug and Alcohol Addiction covered?</b>	Yes!
<b>Portable?</b>	Yes!
<b>Health Screening Benefit</b>	\$50 Payable once per person per calendar year



## 2025 EMPLOYEE CONTRIBUTIONS

## 2025 EMPLOYEE CONTRIBUTIONS – CANCER, ACCIDENT, HOSPITAL INDEMNITY

Plan Rates*	24 Pay Period Contributions				19 Pay Period Contributions			
CANCER – \$10,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$1.10	\$2.60	\$1.10	\$2.60	\$1.39	\$3.28	\$1.39	\$3.28
25 - 34	\$1.40	\$3.00	\$1.40	\$3.00	\$1.77	\$3.79	\$1.77	\$3.79
35 - 44	\$2.30	\$4.50	\$2.30	\$4.50	\$2.91	\$5.68	\$2.91	\$5.68
45 - 54	\$3.70	\$7.20	\$3.70	\$7.20	\$4.67	\$9.09	\$4.67	\$9.09
55 - 64	\$5.80	\$12.60	\$5.80	\$12.60	\$7.33	\$15.92	\$7.33	\$15.92
65+	\$9.90	\$22.60	\$9.90	\$22.60	\$12.51	\$28.55	\$12.51	\$28.55
CANCER – \$20,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$2.20	\$5.20	\$2.20	\$5.20	\$2.78	\$6.57	\$2.78	\$6.57
25 - 34	\$2.80	\$6.00	\$2.80	\$6.00	\$3.54	\$7.58	\$3.54	\$7.58
35 - 44	\$4.60	\$9.00	\$4.60	\$9.00	\$5.81	\$11.37	\$5.81	\$11.37
45 - 54	\$7.40	\$14.40	\$7.40	\$14.40	\$9.35	\$18.19	\$9.35	\$18.19
55 - 64	\$11.60	\$25.20	\$11.60	\$25.20	\$14.65	\$31.83	\$14.65	\$31.83
65+	\$19.80	\$45.20	\$19.80	\$45.20	\$25.01	\$57.09	\$25.01	\$57.09
CANCER – \$30,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$3.30	\$7.80	\$3.30	\$7.80	\$4.17	\$9.85	\$4.17	\$9.85
25 - 34	\$4.20	\$9.00	\$4.20	\$9.00	\$5.31	\$11.37	\$5.31	\$11.37
35 - 44	\$6.90	\$13.50	\$6.90	\$13.50	\$8.72	\$17.05	\$8.72	\$17.05
45 - 54	\$11.10	\$21.60	\$11.10	\$21.60	\$14.02	\$27.28	\$14.02	\$27.28
55 - 64	\$17.40	\$37.80	\$17.40	\$37.80	\$21.98	\$47.75	\$21.98	\$47.75
65+	\$29.70	\$67.80	\$29.70	\$67.80	\$37.52	\$85.64	\$37.52	\$85.64

\*Spouse rate based on employee age.

Eligible child(ren) are automatically covered to the age of 26 with no premium charged.

Plan Rates*	24 Pay Period Contributions		19 Pay Period Contributions	
ACCIDENT				
Plan Type	Low Plan	High Plan	Low Plan	High Plan
Employee Only	\$2.22	\$3.99	\$2.80	\$5.04
Employee + Spouse	\$4.42	\$7.84	\$5.58	\$9.90
Employee + Child(ren)	\$5.07	\$9.15	\$6.40	\$11.55
Family	\$7.27	\$12.99	\$9.18	\$16.41

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
HOSPITAL INDEMNITY		
Employee Only	\$10.55	\$13.33
Employee + Spouse	\$19.66	\$24.83
Employee + Child(ren)	\$15.74	\$19.88
Family	\$24.85	\$31.39

## Key

EO – EMPLOYEE ONLY

ES – EMPLOYEE + SPOUSE

EC – EMPLOYEE + CHILD(REN)

EF – EMPLOYEE + FAMILY



## 2025 EMPLOYEE CONTRIBUTIONS

2025 EMPLOYEE CONTRIBUTIONS –  
CRITICAL ILLNESS

Plan Rates*	24 Pay Period Contributions				19 Pay Period Contributions			
CRITICAL ILLNESS – \$10,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$1.80	\$3.60	\$1.80	\$3.60	\$2.27	\$4.55	\$2.27	\$4.55
25 - 34	\$2.30	\$4.60	\$2.30	\$4.60	\$2.91	\$5.81	\$2.91	\$5.81
35 - 44	\$3.70	\$7.20	\$3.70	\$7.20	\$4.67	\$9.09	\$4.67	\$9.09
45 - 54	\$6.10	\$12.50	\$6.10	\$12.50	\$7.71	\$15.79	\$7.71	\$15.79
55 - 64	\$10.20	\$22.30	\$10.20	\$22.30	\$12.88	\$28.17	\$12.88	\$28.17
65+	\$18.95	\$42.65	\$18.95	\$42.65	\$23.94	\$53.87	\$23.94	\$53.87
CRITICAL ILLNESS – \$20,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$3.60	\$7.20	\$3.60	\$7.20	\$4.55	\$9.09	\$4.55	\$9.09
25 - 34	\$4.60	\$9.20	\$4.60	\$9.20	\$5.81	\$11.62	\$5.81	\$11.62
35 - 44	\$7.40	\$14.40	\$7.40	\$14.40	\$9.35	\$18.19	\$9.35	\$18.19
45 - 54	\$12.20	\$25.00	\$12.20	\$25.00	\$15.41	\$31.58	\$15.41	\$31.58
55 - 64	\$20.40	\$44.60	\$20.40	\$44.60	\$25.77	\$56.34	\$25.77	\$56.34
65+	\$37.90	\$85.30	\$37.90	\$85.30	\$47.87	\$107.75	\$47.87	\$107.75
CRITICAL ILLNESS – \$30,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$5.40	\$10.80	\$5.40	\$10.80	\$6.82	\$13.64	\$6.82	\$13.64
25 - 34	\$6.90	\$13.80	\$6.90	\$13.80	\$8.72	\$17.43	\$8.72	\$17.43
35 - 44	\$11.10	\$21.60	\$11.10	\$21.60	\$14.02	\$27.28	\$14.02	\$27.28
45 - 54	\$18.30	\$37.50	\$18.30	\$37.50	\$23.12	\$47.37	\$23.12	\$47.37
55 - 64	\$30.60	\$66.90	\$30.60	\$66.90	\$38.65	\$84.51	\$38.65	\$84.51
65+	\$56.85	\$127.95	\$56.85	\$127.95	\$71.81	\$161.62	\$71.81	\$161.62

\*Spouse rate based on employee age.

Eligible child(ren) are automatically covered to the age of 26 with no premium charged.

## LEGAL / ID SHIELD

LEGAL ADVICE AND ID PROTECTION –  
LEGAL SHIELD

With a LegalShield legal plan you will have access to law firms on a variety of personal or family legal needs with no out-of-pocket expense other than your monthly premium! Below is a brief sampling of the areas that are covered. For detailed plan description please see your member contract. This plan covers you, your spouse or domestic partner, and dependents.\*



## Have You Ever...

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Had social media accounts? (Facebook, Instagram, Twitter, LinkedIn, Youtube)

## The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** On unlimited personal issues
- **Letters/Calls** Made on your behalf
- **Contracts/Documents Reviewed** Up to 15 pages
- **Residential Loan Document Assistance** For the purchase of your primary residence
- **Will Preparation** - Living Will, Health Care Power of Attorney
- **Speeding Ticket Assistance** Upload your speeding ticket from the mobile app directly to law firm
- **IRS Audit Assistance** (Begins with the tax return due April 15<sup>th</sup> of the year you enroll)
- **Trial Defense** (If named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (Available 90 days after enrollment with **FAMILY PLAN ONLY**)
- **25% Preferred Member Discount** (Bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** For covered situations

## The IDShield Membership Includes:

- **Credit Monitoring and Alerts** Continuously monitors your data and sends an alert via push notification to the IDShield mobile app, email and member portal if any discrepancies are found.
- **Social Media Monitoring** We watch over your Facebook, Twitter, Youtube, LinkedIn and Instagram accounts, monitoring for privacy concerns and reputational risks.
- **High Risk Application and Transaction Monitoring** We can detect fraud up to 90 days earlier than traditional credit monitoring services; we carefully watch all your accounts, reorders, loans and more. If a new account is opened, you will receive an alert.
- **\$3 Million Protection Policy** Coverage for lost wages, legal defense fees, stolen funds and more.
- **Unlimited Service Guarantee** Ensures that we won't give up until your identity is restored!
- **Identity Restoration** Performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- **24/7 Emergency Access** In the event of an identity theft emergency

Plan	Family Price	Individual Price
LegalShield	\$7.98 semi-monthly	\$7.48 semi-monthly
IDShield	\$7.98 semi-monthly	\$4.23 semi-monthly
Combined	\$14.45 semi-monthly	\$11.70 semi-monthly



Put your law firm and identity theft protection in the palm of your hand with the LegalShield and IDShield mobile apps!

Pre-Paid Legal Services, Inc. ("PPLSI") provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan for complete terms, coverage, amounts and conditions. IDShield is a product of LegalShield. LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

FOR MORE INFORMATION PLEASE CONTACT AN INDEPENDENT ASSOCIATE:



Kacy Lavender : [lavenderk@legalsieldassociate.com](mailto:lavenderk@legalsieldassociate.com)  
512.923.5303  
LegalShield Customer Care: 800-654-7757

## LEGAL / ID SHIELD



LegalShield | IDShield

# Legal, Identity Theft and Privacy Protection are Just a Tap Away

Getting started with your LegalShield and IDShield benefits is as easy as 1-2-3!

## Follow these steps to use your LegalShield benefit:



### 1. Create your LegalShield Account

Create your account at [access.legalshield.com](https://access.legalshield.com). If you already have an account, simply sign in.

### 2. Download the LegalShield Mobile App

Use your account username and password to log in.

### 3. Contact Your Law Firm

When you have questions about any personal legal matter, contact your dedicated provider law firm directly or use the mobile app.

## Follow these steps to use your IDShield Benefit:



### 1. Create your IDShield Account

Create your account at [access.legalshield.com](https://access.legalshield.com). If you already have an account with LegalShield, simply sign in.

### 2. Verify your identity

Select IDShield from your Member Portal and click "**Start**" to answer your identity verification questions.

### 3. Add your information for monitoring

Once you verify your identity, you can add the personal information you want to monitor, including your social media accounts.

If you're enrolled in the Family Plan you can add covered family members in your Member Portals. Be sure to explore all the great services available to you in your LegalShield and IDShield Member Portals!

If you have questions about setting up your account, please call or email **Customer Care at 1-800-654-7757** or [membersupport@legalshieldcorp.com](mailto:membersupport@legalshieldcorp.com). Customer Care is available 7 a.m. - 7 p.m. CT, Monday-Friday.

IDShield is a product of PPL Legal Care of Canada Corp d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner. It also provides consultation and restoration services for up to 10 dependant children who are of legal age, under the age of 26. For complete terms, coverage, and conditions, please see an identity theft plan. Certain benefits are not available in all provinces. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier.

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## EMPLOYEE ASSISTANCE PROGRAM (EAP)

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

This is a **confidential** program provided to you and your household members at **no cost**.

## More information about what's available to you

### Emotional Wellbeing Solutions:

#### Face-to-face counseling

six counseling visits either in person or virtually with a provider in our large network – at no cost.

#### Financial coaching from experts

Up to 60 minutes of free consultation (provided in 30-minute increments) with a credentialed financial coach for each financial issue. Access to extensive legal and financial tools and libraries to help you take control of your finances.

#### Legal counseling and mediation services

No-cost 30-minute telephonic or in-person consultation with a state-specific attorney or qualified mediator per separate legal issue. Ongoing services are provided at 25% below the firm's current rates after the initial consultation.

#### Digital self-care tools

Visit [liveandworkwell.com](https://liveandworkwell.com) to access our digital suite of tools and resources. Discover the solutions and clinical techniques that best fit your needs to help manage stress, anxiety and other concerns all in one convenient location.

#### Virtual Visits

HIPAA-compliant technology delivers video services in the privacy and comfort of your home or wherever you choose, providing convenience and accessibility. Licensed telemental health providers are available in every state.



## EMPLOYEE ASSISTANCE PROGRAM (EAP)

### WorkLife Services:

#### Adult care and eldercare support

- Grief/loss
- Retirement planning
- Adult daycare programs
- Financial and legal issues
- In-home/nurse care options

#### Child and family support

- Childcare options
- Adoption resources
- Day/summer camps
- Emergency/sick-child care
- Parent/family support groups

#### Chronic illness and condition support

- Respite services
- Caregiving services
- Assistive technology
- Affordable-housing resources
- Meal and transportation resources



#### Convenience services

- Pet services
- Traveling needs (business and leisure)
- Car and home repair and maintenance
- Shopping, dining and recreation recommendations

#### Educational resources

- Homeschooling
- Career consulting
- Adult education classes
- Individual educational plans
- School and college recommendations

Call

**866-248-4096**

Visit

**liveandworkwell.com.**

Enter your company access code: **FBISD**

**24/7  
availability**

**Confidential**

**No cost  
to you**

**This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.** This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)



### Employee Assistance Program

## Virtual and onsite consultations are available through the Employee Assistance Program for FBISD employees

Find support through a 1:1 virtual and onsite consultation with Jennifer Williams, LPC



#### Support when you need it

Receive assistance for a variety of issues – from stress and relationship issues to communication strategies and beyond



#### Getting you connected

Easy access to additional resources, other services and referrals



#### Quick and easy scheduling

[Click here](#) or scan the QR code to register and book an appointment

Scan the QR code to register and book a consultation



#### Jennifer Williams, LPC

Jennifer Williams is a Licensed Professional Counselor with over 10 years of experience working in a variety of settings including schools, military bases, and community health clinics. She is adept at utilizing a solution-focused approach to identify strengths in order to manage stressors and improve overall functioning. Jennifer is comfortable working with individuals as well as groups. She can be reached at [Jennifer.L.Williams@Optum.com](mailto:Jennifer.L.Williams@Optum.com) or 952.687.3104.

**This program should not be used for emergency or urgent care needs. In an emergency, call 911 if you are in the United States, the local emergency services phone number if you are outside the United States, or go to the nearest ambulatory and emergency room facility.** This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and all its components, in particular services to family members below the age of 16, may not be available in all locations and is subject to change without prior notice. Experience and/or educational levels of Employee Assistance Program resources may vary based on contract requirements or country regulatory requirements Coverage exclusions and limitations may apply.

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FBISD  
**LiveWell**  
for a healthy life!

**PREVENTIVE CARE**

# Preventive care for children and adults

Scheduling regular appointments  
and screenings may help you  
manage and maintain your health



## PREVENTIVE CARE

### Focusing on regular preventive care can help you – and your family – stay healthier

Preventive care can help you avoid potentially serious health conditions and/or obtain early diagnosis and treatment. Generally, the sooner your doctor can identify and treat a medical condition, the better the outcome.

Under the Affordable Care Act (ACA),\* most health plans provide coverage for certain preventive health care services at 100%, without any cost to you. Just obtain your preventive care from a health plan network provider. Diagnostic (non-preventive) services are also covered, but you may have to pay a copayment, coinsurance or deductible.

### Preventive care guidelines for children\*\*

Recommended preventive care services for children will vary based on age and may include some of the following:

- Age-appropriate well-child examination.
- Anemia screening.
- Autism and developmental screening for children under age 3.
- Behavioral counseling during well-child examination to prevent sexually transmitted infections.
- Behavioral counseling to prevent skin cancer at each well-child examination.
- Cholesterol screening for children 24 months and older.
- Fluoride application by primary care physician for children under age 6.
- Hearing screening by primary care physician.
- Newborn screenings, including metabolic screening panel, phenylketonuria (PKU), hypothyroid and sickle cell.
- Psychosocial/behavioral assessments during well-child examination.
- Assessments for tobacco, alcohol or drug use.
- Screening for obesity and counseling for children on promoting improvements in weight.
- Screening for sexually transmitted diseases, lead, depression and tuberculosis for certain children at high risk.
- Vaccines and immunizations. For more information, visit [cdc.gov/vaccines](https://www.cdc.gov/vaccines).
- Vision screening by a primary care physician.

Not all children require all of the services identified above.\*\*\* Your doctor should give you information about your child's growth, development and general health, and answer any questions you may have.

**Help protect and maintain your child's health with regular preventive care visits with a network doctor**

## PREVENTIVE CARE

### Preventive care screening guidelines and counseling services for adults\*\*

A preventive health visit can help you see how healthy you are now and help identify any health issues before they become more serious. You and your doctor can then work together to choose the care that may be right for you. Recommended preventive care services may include the following:

- Abdominal aortic aneurysm screening for adults who are 65–75 years old and have ever smoked.
- Alcohol screening during wellness examinations, with brief counseling interventions for certain people.
- Bacteriuria screening during pregnancy.
- Blood pressure screening at each wellness examination. Certain people may also require ambulatory blood pressure measurements outside of a clinical setting. Check with your doctor.
- Breastfeeding counseling, support and supplies during pregnancy and after birth. Includes a personal-use electric breast pump.
- Breast cancer medications for risk reduction (counseling) for women at high risk of breast cancer, but low risk for adverse effects.
- Cervical cancer screening (Pap smear) for women who are 21–65 years old.
- Chlamydia and gonorrhea infection screening for sexually active women who are 24 and younger, and older women at increased risk.
- Cholesterol screening for adults who are 40–75 years old.
- Colorectal cancer screening for adults who are 45–75 years old. Ask your physician about screening methods and intervals for screening.
- Contraceptive methods that are FDA-approved for women, including education and counseling.
- Depression screening for all adults, in a primary care setting.
- Diabetes screening for adults who are 40–70 years old and overweight or obese, or for those of any age who have a history of gestational diabetes.
- Falls prevention counseling for community-dwelling older adults, during wellness examination.
- Genetic counseling and evaluation for BRCA testing and BRCA lab testing. Lab testing requires prior authorization.
- Gestational diabetes mellitus screening during pregnancy.
- Healthy diet behavioral counseling for people with cardiovascular disease risk factors, in a primary care setting.
- Healthy weight and weight gain during pregnancy behavioral counseling interventions, which adds coverage for nutrition counseling for pregnant women.
- Hepatitis B virus infection screening during pregnancy and for people at high risk.
- Hepatitis C virus infection screening for adults who are 18–79 years old.
- Human immunodeficiency virus (HIV) screening for all adults.
- Human papillomavirus DNA testing for women who are 30 and older.
- Latent tuberculosis infection screening for people at increased risk.
- Lung cancer screening with low-dose CT scan for people who are 50–80 years old with at least a 20 pack year history (with prior authorization).
- Mammography screening.
- Obesity screening and counseling at each wellness examination.
- Osteoporosis screening for women who are 65 and older and younger women at an increased risk.
- Perinatal depression counseling for pregnant or postpartum women at risk.
- Prevention of HIV and pre-exposure prophylaxis (PrEP), with antiretroviral therapy, monitoring and testing.
- Rh incapability screening during pregnancy.
- Screening for anxiety for women, during wellness examination.
- Screening for urinary incontinence for women, during wellness examination.
- Screening for intimate partner violence for women, during wellness examination.
- Sexually transmitted infections behavioral counseling for prevention for adults who are sexually active or otherwise at increased risk, in a primary care setting.
- Skin cancer behavioral counseling for prevention for young adults up to age 24 at each wellness examination.
- Syphilis screening for adults at an increased risk.
- Tobacco cessation, screening and behavioral counseling for adults who smoke, in a primary care setting (refer to pharmacy vendor for pharmacotherapy for tobacco cessation).
- Vaccines and immunizations that are FDA-approved and have explicit ACIP recommendations for routine use. For more information, visit [cdc.gov/vaccines](https://www.cdc.gov/vaccines).
- Wellness examinations.
- Well-woman visits, including routine prenatal visits.

## PREVENTIVE CARE

### Questions?

For more information about preventive guidelines, visit [uhc.com/preventivecare](https://uhc.com/preventivecare)

United  
Healthcare

\* Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age and other health factors. UnitedHealthcare also covers other routine services that may require a copay, coinsurance or deductible. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card.

\*\* These guidelines are based, in part, on the requirements of the Patient Protection and Affordable Care Act, and recommendations of the U.S. Preventive Services Task Force (USPSTF), the Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services, and the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). Individuals with symptoms or at high risk for disease may need additional services or more frequent interventions that may not be covered as a preventive benefit. These guidelines do not necessarily reflect the vaccines, screenings or tests that will be covered by your benefit plan. These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Preventive care benefits may not apply to certain services listed above. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card.

\*\*\* Development, psychosocial and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Discuss with your doctor how these guidelines may be right for your child, and always consult your doctor before making any decisions about medical care. These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Preventive care benefits may not apply to certain services listed above. Always refer to your plan documents for your specific coverage. Source: Centers for Disease Control and Prevention, Recommended immunization schedules for children and adolescents aged 18 years or younger - United States, 2020, at: <https://www.cdc.gov/vaccines/schedules/index.html>.

Additional information about the vaccines in this schedule, extent of available data, including a full list of footnotes and contraindications for vaccination is also available at [cdc.gov/vaccines](https://cdc.gov/vaccines) or from the CDC-INFO Contact Center at 1-800-CDC-INFO (1-800-232-4636) in English and Spanish, 8 a.m. – 8 p.m. Eastern Time, Monday–Friday, excluding holidays.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

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## ADDITIONAL PROGRAMS

# MATERNITY SUPPORT – KELSEY AND CHOICE HSA

Maternity Support Incentive! After completion of the Maternity Support, employees or eligible spouses will receive a \$150 Rally Rewards egift card if the mother signs up by the second trimester.



Whether you're thinking about having a baby or have one on the way, maternity support is here to provide information and resources—from planning for a pregnancy to postpartum.

## Offering care throughout your journey

Maternity support is designed for all mothers, no matter what the pregnancy journey looks like.

Start by taking a maternity support assessment, which only takes minutes to complete. Based on your responses, a maternity nurse may reach out to you and connect you with the care you need, answer your questions and support you every step of the way. A maternity nurse is trained to:

- Share information designed to help you care for your and your baby's health
- Help you choose a doctor or nurse midwife
- Support your physical, mental and emotional health—before and after birth
- Help you find a pediatrician or other specialist

You'll also get 24/7 access to 7 online maternity courses:

- 1 Preconception: Preparing for a healthy pregnancy
- 2 Pregnancy in the first trimester
- 3 Pregnancy in the second trimester
- 4 Pregnancy in the third trimester
- 5 The fourth trimester after pregnancy: Postpartum
- 6 Pregnancy nutrition and exercise
- 7 Exploring breastfeeding

## Get started

Visit [myuhc.com/maternity](https://myuhc.com/maternity) to complete the assessment, watch videos and learn more about maternity support

**United  
Healthcare**

The information provided under Maternity Support is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. If you believe you may have an emergency medical condition you should seek immediate care at an emergency department or call 9-1-1. Employers are responsible for ensuring that any wellness programs they offer to their employees comply with applicable state and/or federal law, including, but not limited to, GINA, ADA and HIPAA wellness regulations, which in many circumstances contain maximum incentive threshold limits for all wellness programs combined that are generally limited to 30 percent of the cost of self-only coverage of the lowest-cost plan, as well as obligations for employers to provide certain notices to their employees. Employers should discuss these issues with their own legal counsel.

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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## ADDITIONAL PROGRAMS

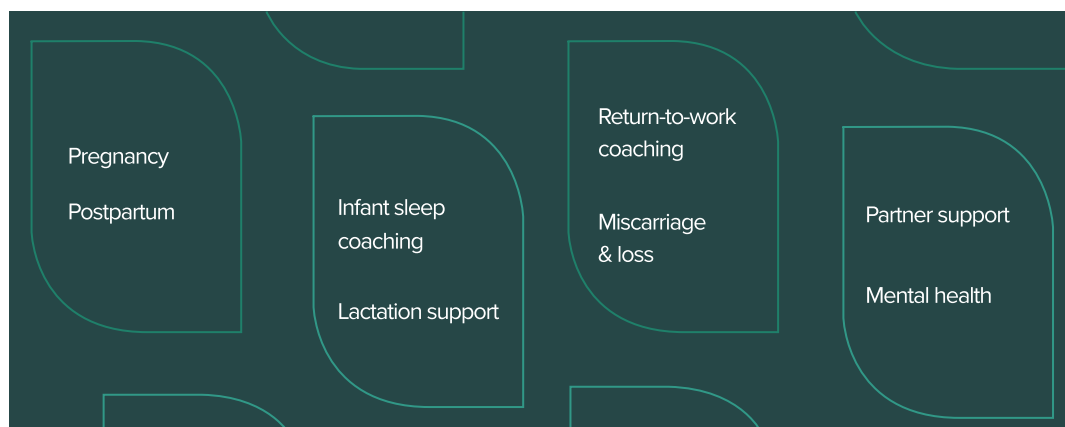
# MATERNITY SUPPORT – SUREST

Maternity Support Incentive! After completion of the Maternity Support, employees or eligible spouses will receive a \$150 Rally Rewards egift card if the mother signs up by the second trimester.

## Virtual support designed for you and your family

No matter where you are on your family-building journey, Maven is here. Get free 24/7 virtual access to unlimited coaching and education via video appointments, messaging, and classes—all from the comfort of your home.

**Personalized support for every step of your journey:**

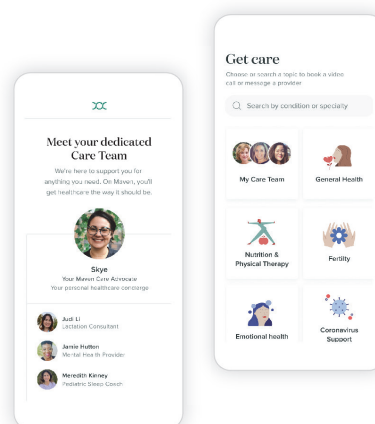


### Your membership includes:

- A personal Care Advocate who serves as a trusted guide to help you navigate the Maven platform and connect you with providers throughout your journey
- On-demand video chat and messaging with doctors, nurses, and coaches across 35+ specialties, including OB-GYNs, midwives, high-risk obstetricians, nutritionists, lactation consultants, and career coaches
- Provider-led virtual classes and vetted articles—tailored to your journey



Activate your free membership by scanning the QR code, downloading the Maven Clinic app, or visiting [mavenclinic.com/join/getstarted](https://mavenclinic.com/join/getstarted).



## ADDITIONAL PROGRAMS

## PLANNED SURGERY



## Guided Access to Excellent Surgical Care

### What is SurgeryPlus?

With your SurgeryPlus benefit, you can be sure you're getting the best surgical care for your unique needs. And the best part is that it's already included in your benefits at **no additional cost**.

### Here's What's Covered

You'll pay less when you use your SurgeryPlus benefit. Your coverage includes:\*

- Dedicated support and guidance
- Personalized matching with the best surgeon for your needs from our network of excellent providers
- Consults and appointments with your SurgeryPlus surgeon
- Anesthesia, procedure and facility (hospital) fees

\*Testing, scans, imaging, durable medical equipment, and physical therapy expenses may not be included. However, coverage may be available through your medical plan.

Getting back to health is easy.  
**Just follow these simple steps:**



#### Step 1

Call a Care Advocate to get started. They're here to help you every step of the way.



#### Step 2

Match with an excellent surgeon from our network. You'll be in good hands with our carefully selected surgeons to meet your needs.



#### Step 3

Be on your way to feeling better without the stress of high medical costs.



When you need to plan a surgery, SurgeryPlus is here for you! Scan to visit our website today.

¡Visita la página **SurgeryPlus.com** y selecciona español para obtener más información!

## ADDITIONAL PROGRAMS

## MUSCULAR AND JOINT INJURY

# Muscle & Joint Pain

## Airrosti Can Help!



**Airrosti is In-Network with Fort Bend ISD Health Plans!**

**CoPays as low as \$35.**  
(Varies by Plan Selection)

### Head-to-Toe Care



BACK PAIN



KNEE PAIN



WRIST PAIN



ARM PAIN



FOOT PAIN



PLUS MORE

### Two Effective Options Available

#### In-Person Care

Care starts with a thorough evaluation to find the cause of your pain. An accurate diagnosis is the key to creating a custom treatment plan that will be successful for you. Effective hands-on manual therapy and prescribed exercises will help you get out of pain and stay out of pain.

#### Virtual Care

With Airrosti Remote Recovery, you will receive the same quality care but with convenient remote access. You will get a detailed visual evaluation, a comprehensive diagnosis, and a custom treatment plan - all delivered through a user friendly app. The Remote Recovery Kit will help you recover faster. Using the rehab tools in the kit, you will be guided through manual therapy movements along with prescribed exercises to get you back to a pain free life.



### Reduce Pain in 3-4 Visits\*

\*Based on patient-reported outcomes



Scan to schedule today  
or call 800-404-6050  
For more information, visit [Airrosti.com](https://Airrosti.com)

**AIRROSTI®**  
WE FIX PAIN FAST

## ADDITIONAL PROGRAMS

## REAL APPEAL



## Healthier habits, healthier lifestyle

Take small steps for lasting change with Real Appeal®, an online weight management support program.



### Get healthier, at no additional cost to you

Real Appeal on Rally Coach™ is a proven weight management program designed to help you get healthier and stay healthier. It's available to you and eligible family members at no additional cost as part of your benefits.

#### Take small steps toward healthier habits

Set achievable nutrition, exercise and weight management goals that keep you motivated to create lasting change. Track your progress from your daily dashboard, too.

#### Support and community along the way

Feel supported with personalized messages, online group sessions led by coaches and a caring community of members.



### Get a Success Kit delivered right to your door.

Make the most of tools and resources like weight and food scales, a portion plate and more. Your Success Kit is delivered after you attend your first live group session.

Join today at [fortbendisid.realappeal.com](https://fortbendisid.realappeal.com) or scan this code



United  
Healthcare

Real  
Appeal

Real Appeal is a voluntary weight loss program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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## FINANCIAL SERVICES

### TRS

[www.trs.state.tx.us](http://www.trs.state.tx.us) | 800.223.8778

The TRS retirement plan serves a vital role to nearly 1.2 million active and retired state educators and their families by providing service and disability retirement benefits, and death benefits. TRS is one of the largest retirement systems in the nation. The system's core mission is to deliver retirement and related member benefits authorized by the Texas Legislature and to manage the trust fund that finances those benefits. As an employee of FBISD you are automatically enrolled into this Retirement Plan. As a member you will contribute 8.25% of eligible wages to your account each pay period and the State will contribute 7.75% for retirement benefits. The member's contribution is made on a pre-tax basis.

### TCG ADMINISTRATORS (FORMALLY JEM RESOURCES)

[www.TCGservices.com](http://www.TCGservices.com) | 800.943.9179

#### 403(b) Tax-Deferred Annuities (TDA)

Is a deferred tax arrangement, which is specifically allowed by Section 403(b) of the Internal Revenue Code. Contribution amounts are not taxable income to the employees until the amounts are withdrawn by or distributed to them.

#### EMPLOYEE SAVINGS PLAN 457

As an employee of Fort Bend ISD you are immediately eligible to participate in this plan. The Fort Bend ISD Employee Savings Plan is an effective and flexible method of saving, and is available to help you meet your personal retirement planning objectives.

To set up or make changes to these accounts, you can contact TCG Administrators directly.

#### 403(b) AND 457 PLAN ADVANTAGES

- ✦ Contributions through salary reduction agreements are made on a tax-deferred basis. These amounts are not subject to federal income taxation until distributed.
- ✦ Any interest earnings and/or gains are also tax-deferred.
- ✦ Saving for future needs is easier when your contribution is made directly from your paycheck.
- ✦ This is income in addition to your TRS retirement plan income.

#### HAVE RETIREMENT QUESTIONS?

Book a 1:1 meeting with Retirement Plan Specialist, Louis Perez to get your retirement questions answered.

**Meeting Link:** [tcgservices.com/lperez](https://tcgservices.com/lperez)

#### Contact Info:

[lperez@tcgservices.com](mailto:lperez@tcgservices.com)

m: 210.618.4244

f: 888.989.9247



## FINANCIAL SERVICES

## FINANCIAL WELLNESS



## Empowering the shift from **surviving** to **thriving**

In the United States, 7 in 10 Americans report high levels of financial stress. We're here to change that.

If you've ever felt like you're living paycheck to paycheck or like your dollar can go farther, we have just the tools to make a difference. And it's all available at **no cost to you**.



### Meet FinPath

FinPath is a financial education program paid for by your employer to help you take control of your finances and reduce your financial stress. With FinPath, focusing on your financial goals and getting answers to your questions is easy.

Here's what you get:



#### Unlimited 1:1 Coaching

Personalized, confidential coaching sessions tailored to your financial needs



#### Financial Health Tools

Over 30+ tools to help you budget, reduce debt, plan for emergencies, and more!



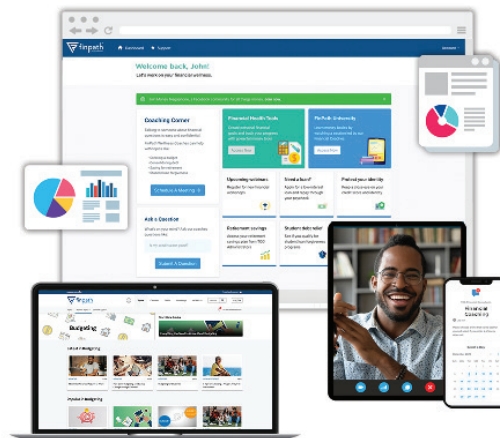
#### FinPath University

Participate in live and self-paced courses accessible anytime, anywhere



#### FinPath Perks

Get rewarded by building better financial habits through monthly gift card raffles, including a \$500 giveaway



[www.finpathwellness.com](http://www.finpathwellness.com)

## FINANCIAL SERVICES

## FINANCIAL WELLNESS



## Program Focus

- ✓ **Budgeting & Spending**  
Financial success doesn't require a lot of money, just a little extra planning. We help give each dollar a purpose.
- ✓ **Debt Management**  
Piling debt can make it hard to move forward. We can help you create a plan to pay down debt.
- ✓ **Emergency Savings**  
A little goes a long way. We'll help you prepare for the next financial shock with an emergency savings strategy.
- ✓ **Credit Score Improvement**  
Credit scores are crucial to your financial success. We work to identify how you can improve your score.
- ✓ **Retirement**  
Unclear about your retirement plans? We focus on your goals today so you can have better tomorrows.
- ✓ **Student-Debt Relief**  
Millions of Americans suffer with student loan debt every year. We'll help you explore your options.
- ✓ **Security & Protection**  
Safety always comes first. We help identify areas of need and encourage individuals to seek coverage.
- ✓ **Smart Borrowing**  
It's likely you'll need to borrow money down the road. We'll help explore options and avoid bad loans.

Real coaches,  
real advice,  
real solutions.

FinPath isn't a product, it's a process. Discussing finances is a pivotal part of the process, but it's one people tend to avoid. Whether from anxiety or fear, people refer to their loved ones for financial advice rather than trusted experts.

Our Financial Coaches know how nerve-racking it is to talk about money, which is why every conversation is 100% confidential. We approach every person with the utmost care and respect. We're here for you every step of the way.

Activate your free account in  
three easy steps!

1. Head to [finpathwellness.com/register](https://finpathwellness.com/register)
2. Enter your **work email address**
3. Check your email for your unique **activation link**

Have Questions?  
Get Answers.

833-777-6545

[finpathwellness.com/support](https://finpathwellness.com/support)

## FINANCIAL SERVICES

## SALARY FINANCE



**finpath™** **SALARY FINANCE**  
a TCG Solution

# PERSONAL LOANS\* FOR FORT BEND ISD EMPLOYEES

A new voluntary employee benefit available through FinPath

Salary Finance is a voluntary benefit from FinPath that you can apply for whenever you need it. With higher acceptance than traditional lenders and repayments taken directly from your paycheck, Salary Finance makes borrowing the money you need easier than ever.

**Check to see if you're eligible, and apply online in minutes:**  
**[fortbendisd.salaryfinance.com](https://fortbendisd.salaryfinance.com)**

**FBISD**  
INSPIRE • EQUIP • IMAGINE

## FINANCIAL SERVICES

# SALARY FINANCE

## HOW IT WORKS

### Step 1: check eligibility and apply online in minutes

If you're eligible for an employee loan, you can complete our online application in a matter of minutes.

### Step 2: receive your Salary Finance employee loan

If your application is approved, money is usually in your bank account within 48 hours.

### Step 3: repay directly from your paycheck

Repayments are taken directly from your paycheck so you'll never have to worry about missing a payment.

## WHAT YOU COULD USE A LOAN FOR

Debt Consolidation

Medical Procedures

Unexpected Expenses

Home Improvements

Large Purchases

A Wedding

## QUESTIONS & SUPPORT

Schedule an appointment with a financial coach:

<https://tcg.li/jtapia>

For questions about employee loans:

[salaryfinance.com/us/faq/](https://salaryfinance.com/us/faq/)

[help@salaryfinance.com](mailto:help@salaryfinance.com)

800-317-6850



## GLOSSARY

# GLOSSARY

### Coinsurance

The money that an individual is required to pay for services, after a deductible has been paid. It is often a specified percentage of the charges. For example, the employee pays 20% of the contracted rate while the health plan pays 80%.

### Copayments

An arrangement where an individual pays a specified amount for various Healthcare services and the health plan pays the remainder. The individual must usually pay his or her share when services are rendered. The concept is similar to coinsurance, except that copayments are usually a set dollar amount (such as \$20 per office visit), rather than a percentage of the charges.

### Deductible

The annual amount of medical expenses that an individual is responsible to pay for certain services. Deductibles are reset on an annual basis.

### Out-of-Pocket Maximum

The maximum amount a member can pay each year for the deductible and coinsurance, and medical copays. After reaching the out-of-pocket maximum, the plan pays 100% of the allowable charges for covered services during the remainder of the calendar year.

### Elimination Period

The period of time you must be disabled, due to a covered disability, before this plan's benefits are payable.

### Flexible Spending Account

This is an account in an employee's name that can reimburse the employee for qualified Healthcare or dependent care expenses. It essentially allows an employee to pre-fund those qualified expenses with pre-tax dollars deducted from the employee's paychecks. The employee can receive cash reimbursement for covered expenses, up to the total value of the account, but majority of funds are only usable during the benefit plan year.

### Health Savings Account

A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and some other expenses, you may be able to lower your out-of-pocket health care costs. HSA funds generally may not be used to pay premiums.

While you can use the funds in an HSA at any time to pay for qualified medical expenses, you may contribute to an HSA only if you have an HSA-eligible plan.

### In-Network

Refers to physicians, hospitals, or other Healthcare providers who contract with the insurance plan to provide services to its members. Except in the case of an emergency, your medical plans provide for In-Network coverage only, no out-of-network coverage, including labs and x-ray facilities

### Out-of-Network

Refers to physicians, hospitals, or other Healthcare providers who do not contract with the insurance plan to provide services to its members. Services provided by out-of-network providers through the medical plan may not be covered.

### 1095-C Form

As a reporting requirement of the Affordable Care Act, Fort Bend ISD provides this form to any member who was offered and/or enrolled in medical coverage through FBISD during the previous year. Keep the form for your records. As allowed by the IRS rules, the distribution of this form may occur after the filing of your personal federal income tax return. Since the information may impact tax filings for you, your spouse and your dependents, you should retain a copy of the Form. For information about how your medical coverage may impact your personal taxes, we recommend that you speak with your personal tax advisor.

### Late Entrant

Employees who did not elect during their new hire period in which he or she is eligible to enroll.



*This benefit guide prepared by*



**Gallagher**

Insurance | Risk Management | Consulting