

# 2026 BENEFITS GUIDE

Guarding your well-being  
one choice at a time.

**Fort Bend ISD**

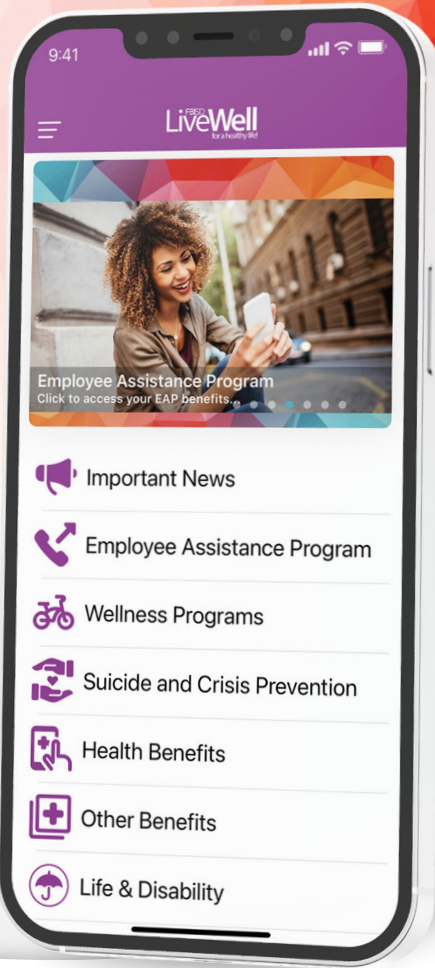


# Download Your FBISD LiveWell App Today!

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 10-10 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

- \* Million Mile Month
- \* Healthy Wages
- \* Benefits & Wellness Health Fair
- \* Go Red Day/Walk
- \* Go Pink Day/Walk
- \* Employee Wellness Committee

Fitness Classes and Discounts

- \* Open Swim, Aqua Fitness, Line Dancing and Yoga On Demand
- \* Discounts on local gyms and Health clubs
- \* One Pass Select

Educational Classes and Programs

- \* Diabetes Education Seminars
- \* Mindfulness/ Stress Reduction Campaigns
- \* Nutritional Seminars
- \* Strength and Conditioning Seminars
- \* National Observance Seminars
- \* Mental Health Campaigns

Onsite Activities

- \* Flu Shots
- \* Mammograms
- \* Covid-19 Vaccinations
- \* Airrosti Musculoskeletal Screenings

Get Started

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

Get involved with YOUR Wellness!



LIVEWELL

# UNITEDHEALTHCARE REWARDS PROGRAM

UHC Rewards is an experience designed to engage employees by rewarding healthier habits. The UHC Rewards drive more digital engagement through a streamlined UnitedHealthcare app and [myuhc.com](https://myuhc.com) experience. It also promotes optimal health care decisions through the integrated tools and resources – like managing prescriptions and completing cost estimates. With UHC Rewards, employees earn incentives by completing a health activity.

Fort Bend ISD Employees (medical plan enrollees ONLY)	
HEALTH ACTIVITY	INCENTIVE
Annual Physical	\$50
Health Survey	\$25
Cancer Screenings (Cervical, Breast, Colorectal)	\$25
Maternity Support (All Medical Plans)	\$150



LIVEWELL

# ONE PASS



## Flexible, accessible health options for employees

Over 80% of U.S. consumers consider wellness a top or important priority in their daily lives.<sup>1</sup> One Pass Select<sup>®</sup> is designed to encourage employee wellness through flexible gym and nutrition benefits. The program includes a low-cost national gym network, digital workouts, grocery delivery service and additional options. Best of all, your employees have the freedom to choose the option that fits their needs and lifestyle.



average retail gym membership savings with One Pass Select<sup>3</sup>

### See the benefits of One Pass Select



**Potential for increased productivity**

Studies showed that healthier employees are typically more productive<sup>2</sup>



**No cost to you,\* lower cost to your employees**

Allows you to offer various fitness pricing options and competitive, flexible health options so employees can choose what's best for them



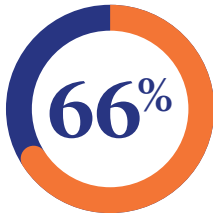
**A convenient digital experience**

Easy access through UnitedHealthcare Rewards on the **UnitedHealthcare<sup>®</sup> app** or **myuhc.com<sup>®</sup>** to browse membership options, a fitness directory and more



**UHC Rewards integration**

Employees can redeem UHC Rewards dollars to use toward a One Pass Select subscription



of employees who signed up for One Pass Select were actively engaged in the program<sup>4</sup>

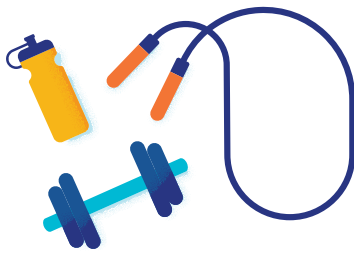
\*Self-funded groups have the option to subsidize employee costs. continued



### More advantages for employees

One Pass Select offers employees various membership tiers to choose from based on their unique fitness goals – along with additional benefits, including:

- No long-term contracts or annual gym registration fees
- Multisite access nationwide with no waiting period
- The ability to add up to 4 family members (ages 18+)
- A convenient grocery delivery subscription and additional member benefits\*



### Membership options for employees

Category	Digital	Classic	Standard	Premium	Elite
Monthly fee	\$10	\$34	\$69	\$109	\$249
One-time enrollment fee	\$10	\$29	\$29	\$29	\$29
Gym network size		12,000+	14,000+	16,000+	20,000+
Premium network			✓	✓	✓
Multisite access		✓	✓	✓	✓
Digital classes	23,000+	23,000+	23,000+	23,000+	23,000+
On demand	✓	✓	✓	✓	✓
Livestreaming	✓	✓	✓	✓	✓
Workout builder	✓	✓	✓	✓	✓
Grocery delivery/other member perks*		✓	✓	✓	✓
Family memberships**	✓	✓	✓	✓	✓
Upgrade/downgrade	✓	✓	✓	✓	✓
Cancel within 30 days	✓	✓	✓	✓	✓

\*The grocery delivery service component of the program is not available in TX and is pending regulatory approval in CA, NY and VA for select fully insured groups and lines of business – discuss with your UnitedHealthcare representative for details.  
 \*\*10% discount.

**Learn more**

Contact your broker or UnitedHealthcare representative



<sup>1</sup> McKinsey & Company. Future of Wellness Survey, August 2023. [mckinsey.com/industries/consumer-packaged-goods/our-insights/the-trends-defining-the-1-point-8-trillion-dollar-global-wellness-market-in-2024](https://www.mckinsey.com/industries/consumer-packaged-goods/our-insights/the-trends-defining-the-1-point-8-trillion-dollar-global-wellness-market-in-2024). Accessed Dec. 5, 2024.  
<sup>2</sup> World Economic Forum. A healthy workforce is good for business. Here's why. July 19, 2023. [weforum.org/stories/2023/07/business-benefits-of-boosting-employee-health-and-well-being/](https://www.weforum.org/stories/2023/07/business-benefits-of-boosting-employee-health-and-well-being/). Accessed Jan. 8, 2025.  
<sup>3</sup> One Pass Select Internal Analytics/Book of Business, 2024.  
<sup>4</sup> One Pass Select Utilization Report, 2024. Defined as eligible members that are enrolled in the program and have utilized the benefit.

One Pass Select is a voluntary program that features a subscription-based nationwide gym network, digital fitness and grocery delivery service. For self-funded participants, there are no state restrictions. For fully insured participants, program availability varies by state: (i) the program is NOT available to members of accounts situated in HI, KS, VT and Puerto Rico; (ii) the grocery delivery service component of the program is not available in TX and is pending regulatory approval in CA and VA for select groups and lines of business - discuss with your UnitedHealthcare representative for details. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships, digital fitness or grocery services may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships or services under this program, as applicable. One Pass Select is a program offered by One Pass Solutions, Inc. Subscription costs are payable to One Pass Solutions, Inc.

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-855-256-8669 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Subject to HSA eligibility, as applicable. This program is not available in Hawaii, Vermont and Puerto Rico. Components subject to change.

Administrative services provided by United HealthCare Services, Inc. or their affiliates.  
 Employee benefits including group health plan benefits may be taxable benefits unless they fit into specific exception categories. Please consult with your tax specialist to determine taxability of these offerings.  
 Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

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.

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

Medical UnitedHealthcare 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 MetLife MetLife PPO Claims Employee Phone: 1.800.438.6388

DHMO Claims Employee/Providers Phone: 1.800.880.1800

Vision VSP Group #40164622 800.877.7195 www.vsp.com

FSA/HSA Spending Account UnitedHealthcare 866.755.2648 www.myuhc.com

Life & AD&D The Hartford Group #715673 #S09423 (Voluntary Life) 866.278.2655

Disability Guardian Guardian Group #530311 STD - 800.268.2525 LTD - 800.538.4583 www.guardiananytime.com

Supplemental Insurance Aflac Aflac Group #AGC0003145042 800.992.3522

Legal and Identity Theft Service LegalShield Worry Less. Live More. Legal Shield General Info - 800.654.7757 Legal Services - 800.458.6982 www.legalshield.com

EAP UHC / Optum 866.248.4096 www.liveandworkwell.com

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 TRS TEACHER RETIREMENT SYSTEM OF TEXAS 800.223.8778 www.trs.state.tx.us

403(b) and 457 Plans HUB Investment Partners (HUB) (Formally TCG Administrators) 800.943.9179 Fax: 888.989.9247 www.tcgservices.com

Financial Wellness Platform Finpath www.finpathwellness.com 833.777.6545

COBRA WEX / Discovery Benefits 866.451.3399 www.wexinc.com

FBISD LiveWell App App Technical Support support@enspire.me

## LIVEWELL

## FBISD BENEFITS DEPARTMENT

## Benefits &amp; Wellness Department Contacts

## General Questions

benefits@fortbendisd.gov  
 wellness@fortbendisd.gov  
 Phone: 281.634.1418

## Priscilla Perales

priscilla.perales@fortbendisd.gov  
 Benefits & Wellness Specialist  
 Phone: 281.634.1274

## Benefit Coordinators

For enrollment assistance / benefit changes

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

**Alton Nash** (alton.nash@fortbendisd.gov)  
 Benefits Coordinator (D-G)  
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**Kimberly Brown** (kimberly.brown@fortbendisd.gov)  
 Benefits Coordinator (H-L)  
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**Janet Singleton** (janet.singleton@fortbendisd.gov)  
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 Cell: 281.619.3129

**Erika Guedry** (Erika.Guedry@fortbendisd.gov)  
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 Cell: 281.886.6410

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

## Benefits Analyst

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 Benefits Analyst  
 Phone: 281.634.1241

## Onsite Wellness &amp; EAP

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

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

## Director, Employee Benefits &amp; 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 13 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:	Required supporting documentation:
Legal spouse	<p><b>Option 1:</b> 2024/2025 Joint Tax Return OR</p> <p><b>Option 2:</b> Marriage Certificate and two joint financial statements (showing you and your spouse at the same address and dated within 60 days.)</p> <p>If you file married filing separately, send the first page of your and your spouse’s tax return.</p> <p>If you were married within the last 12 months, submit only your marriage certificate.</p> <p>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.</p>
Common Law Spouse	Texas Issued Declaration of Informal Marriage OR Common Law Affidavit AND two joint financial statements.
Biological/Adopted Child	<p><b>Option 1:</b> Government issued birth certificate showing employee as parent.</p> <p><b>Option 2:</b> Verification of Birth Facts</p>
Stepchild	<p>Child’s government-issued birth certificate AND</p> <p><b>Option 1:</b> 2024/2025 Joint Tax Return OR</p> <p><b>Option 2:</b> Marriage Certificate and two joint financial statements.</p> <p>If you file married filing separately, send the first page of your and your spouse’s tax return.</p> <p>If you were married within the last 12 months, submit only your marriage certificate.</p>
Child Age 26 or Over/Disabled	Birth certificate of Child
Other Child Relationship	Legal Guardianship or Legal Custody Paperwork
<p>Please redact all financial information, Social Security numbers and account numbers before submitting your documents.</p> <p>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.</p>	

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

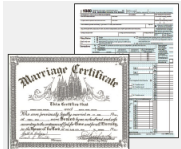
Add Dependents and Answer Questions

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

3

Submit Your Documents

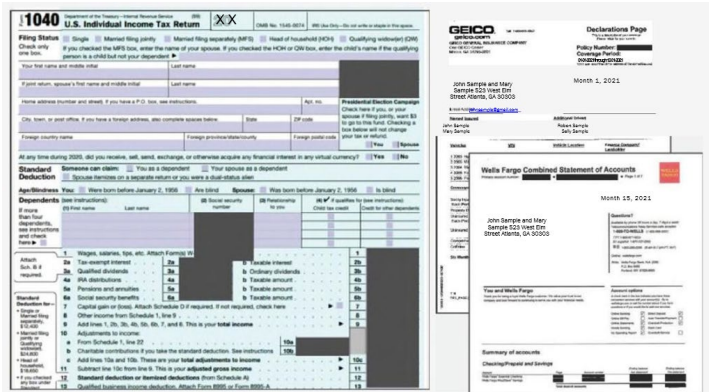
After you enter your dependent information, the verification website will tell you what specific documents you must send for each dependent. You will then upload these documents directly to the site. (You can also complete the dependent verification using your smartphone, take a picture of your documents 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>



ELIGIBILITY

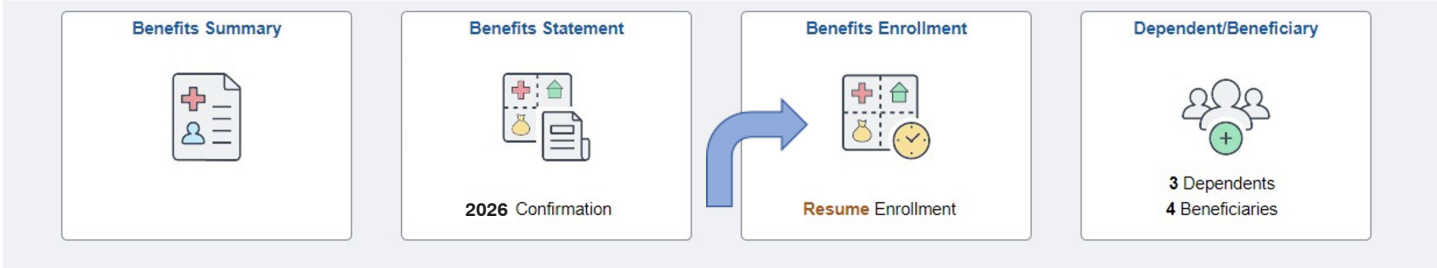
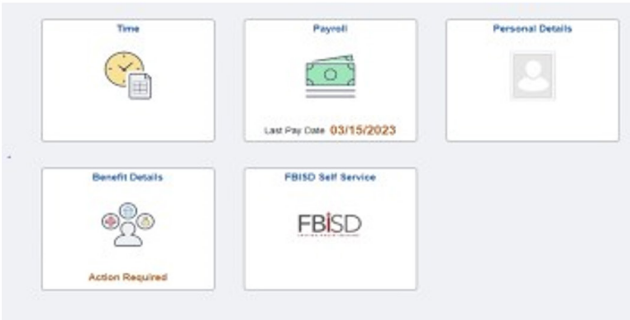
# HOW TO ENROLL IN YOUR BENEFITS ONLINE THROUGH MY SELF-SERVE

**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.gov](mailto:firstname.lastname@fortbendisd.gov) 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



## 2026 CHANGES AND UPDATES

# A MESSAGE FROM THE EMPLOYEE BENEFITS & WELLNESS DEPARTMENT

We recognize that the strength of Fort Bend ISD lies in the commitment, dedication, and well-being of our greatest asset—our employees. To support them, we are committed to providing high-quality benefits while keeping costs as affordable as possible for employees and their families.

One way Fort Bend ISD supports affordable, high-quality benefits is by managing a **self-funded medical plan**. This approach gives the District greater control over healthcare costs, more flexibility in designing benefit options, and the ability to realize savings when claims are lower than expected.

In simple terms, Fort Bend ISD acts as its own “insurance company.” Contributions from both the District and employees are pooled together and used to pay medical claims directly. By managing our plan this way, we can better control overall healthcare spending.

### NEWS FLASH!

Fort Bend ISD will continue to manage an “active” open enrollment for 2026. This means you must re-enroll in ALL benefit plans for 2026. The only benefit plans that will not require re-enrollment will be 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 2026 benefit plan year.

### Changes and Updates

To continue delivering comprehensive, affordable care for you and your family, we have provided updates to the 2026 benefit plan offerings.

- ❖ **No changes** to medical plans or premiums!!
- ❖ **New** vision provider is **VSP**
  - » You can purchase contact lenses and frames in the same year.
  - » Frame and contact lenses allowance increased to \$200 per benefit plan year
  - » Decreased premiums!
- ❖ **New** dental provider is **MetLife**
  - » Over 400 additional in-network providers
  - » No increase in PPO premiums
  - » Slight increase in DHMO premiums
- ❖ **New** Basic Life/AD&D and Voluntary Life/AD&D vendor is **The Hartford**
  - » Initial enrollment this year will allow employees and spouses to purchase up to Guaranteed Issued (GI) amount without Evidence of Insurability (EOI)
  - » Guaranteed Issued amount increased to \$500,000 for employees
- ❖ **Disability benefit** remains with Guardian
  - » Slight increase in short-term disability rates
  - » No increase in long-term disability rates

## 2026 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 2026.

**Q. Are there any premium changes for the 2026 benefit plan year?**

A. There are **no changes** in premiums for the medical plans and **decreased premiums** for the vision, life, and dental PPO plans. However, there is a **slight increase** in premiums for the dental HMO and short-term disability.

**Q. If I do not complete enrollment, will my benefits roll over for 2026?**

A. No. All employees must complete open enrollment if they want benefits for the 2026 benefit year. There will not be any benefit roll over for 2026. Failure to complete open enrollment will result in terminated benefits for 2026.

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

A. No. Any contributions 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.

## WAYS TO ENROLL

**Enroll with a Benefit Counselor** – [www.myenrollmentschedule.com/fortbend](http://www.myenrollmentschedule.com/fortbend)

Please bring your PeopleSoft username and password to your appointment  
OR My Self-Serve via Peoplesoft: [www.fortbendisd.com](http://www.fortbendisd.com) via Staff Links”

## 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)

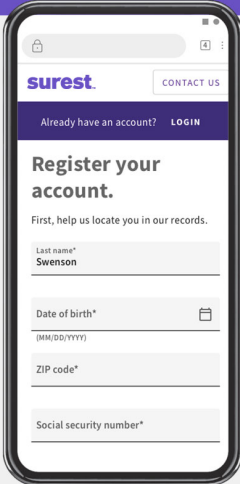
Pre-member Site to Search for Providers

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

MEDICAL

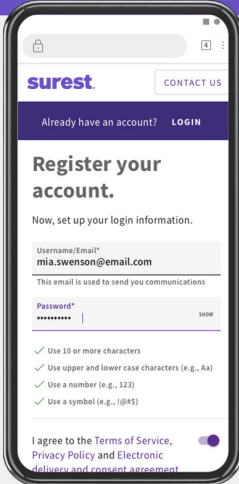
Surest registration process

Step 1: Verify identity



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

Step 2: Create account



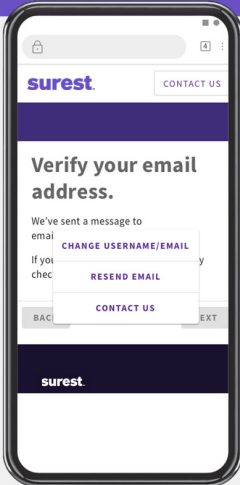
Member will indicate **preferred email address** (typically personal email) and **create a password** that meets security requirements



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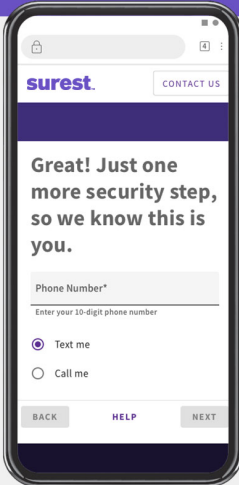
Surest registration process

Step 3: Verify email address



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



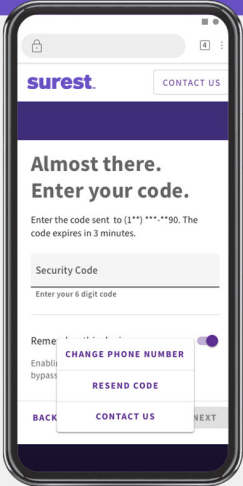
Member will need to **indicate their phone number**, which will be used for MFA (additional layer of identity verification for security) when they login via a new device



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# Surest registration process

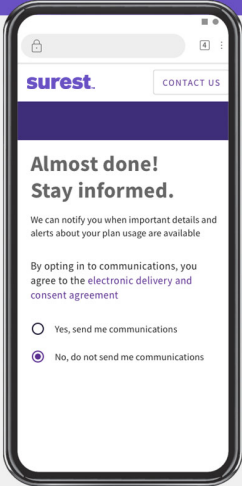
## Step 5: Enter verification code



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

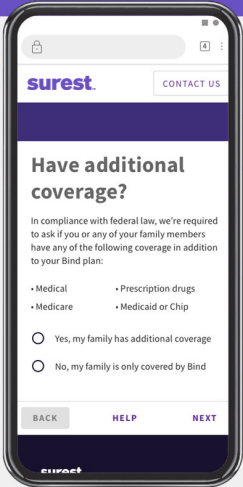


Members will have the option to **receive email/text notifications** from Surest. This includes important plan updates and additional information that can help maximize their value from the benefit



# Surest 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



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](http://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](http://benefits.surest.com) for enrolled members.

<b>Kelsey UHC Charter</b>	\$0/visit
<b>Choice HSA</b>	Deductible + Coinsurance
<b>Surest Plan</b>	\$0/visit

LEARN MORE!

1. Log in to [myuhc.com](http://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](http://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		IN-NETWORK ONLY HSA PLAN PARTICIPANT CONTRIBUTION: \$4,400 INDIVIDUAL/ \$8,750 FAMILY	
<b>Deductible</b>	In-Network		In-Network		In-Network	
Individual	\$750		\$0		\$4,000	
Family	\$1,500		\$0		\$6,000	
<b>Out-of-Pocket Max</b>						
Individual	\$3,750		\$8,500		\$6,000	
Family	\$7,500		\$17,000		\$12,000	
<b>PRIMARY OFFICE VISIT</b>						
<b>Primary Care</b>	\$45 copay		Combined Range		20% after deductible	
<b>Specialist</b>	\$55 copay		\$50 - \$150		20% after deductible	
<b>Virtual Visit<sup>1</sup></b>	Covered in full		Covered in full		20% after deductible	
<b>OTHER SERVICES</b>						
<b>Preventive Care</b>	Plan pays 100%		Plan pays 100%		Plan pays 100%	
<b>Routine Labs, X-Rays</b>	20% after deductible		\$0		20% after deductible	
<b>Airrosti Muscle / Joint<sup>1</sup></b>	\$35 copay		Combined Range \$30 – \$135 copay		20% after deductible	
<b>Surgery Plus<sup>2</sup></b>	Covered at 100%		Covered at 100%		Covered 100% after deductible	
<b>Inpatient Hospital Outpatient Hospital</b>	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	
<b>Urgent Care</b>	\$75 copay		\$75 copay		20% after deductible	
<b>Advanced Imaging</b> (CT scan, MRI, PET)	20% after deductible		\$350 - \$1,400 copay		20% after deductible	
<b>EMERGENCY ROOM</b>						
<b>Emergency Room</b> (True Emergency)	\$300 copay <sup>3</sup> then 20% after deductible (waived if admitted)		\$1,000 copay (waived if admitted)		20% after deductible (waived if admitted)	
<b>Inpatient Mental Health and Substance Abuse Outpatient Mental Health and Substance Abuse</b>	20% after Deductible IP \$25 dollar copay OP		\$4,500 Other IP Hosp \$45 - \$170 Other OP Hosp		20% after deductible	
<b>PRESCRIPTION</b>						
<b>Retail Rx Drugs</b> (30 days)	30% / 40% / 50%		30% / 40% / 50%		20% after deductible	
<b>Mail Order Rx</b> (90 days)	25% / 35% / 45%		25% / 35% / 45%		20% after deductible	
<b>Specialty Pharmacy</b>	45% to a maximum of \$75		45% to a maximum of \$75		20% to a maximum of \$75, after deductible has been met	
<b>RATES BY PLAN<sup>4</sup></b>	<b>PER PAY PERIOD COST</b>		<b>PER PAY PERIOD COST</b>		<b>PER PAY PERIOD COST</b>	
	<b>24</b>	<b>19</b>	<b>24</b>	<b>19</b>	<b>24</b>	<b>19</b>
<b>Employee Only</b>	\$80.23	\$101.34	\$88.67	\$112.00	\$31.05	\$39.22
<b>Employee + Spouse</b>	\$277.40	\$350.39	\$344.41	\$435.04	\$229.73	\$290.18
<b>Employee + Child(ren)</b>	\$244.40	\$308.71	\$264.35	\$333.91	\$152.19	\$192.24
<b>Employee + Family</b>	\$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 34 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 Per Pay Period Cost	19 Per Pay Period Cost
<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
<b>DOCTOR'S SERVICES</b>	
Primary Care Physician	Combined Range \$50 - \$150
Specialist	
Virtual Visit	Covered in full
<b>PREVENTIVE SERVICES</b>	
Preventive Services	Covered in full
<b>ROUTINE LAB AND X-RAY</b>	
In-Office Visit	\$0
Outpatient Basis	
<b>HOSPITAL</b>	
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.

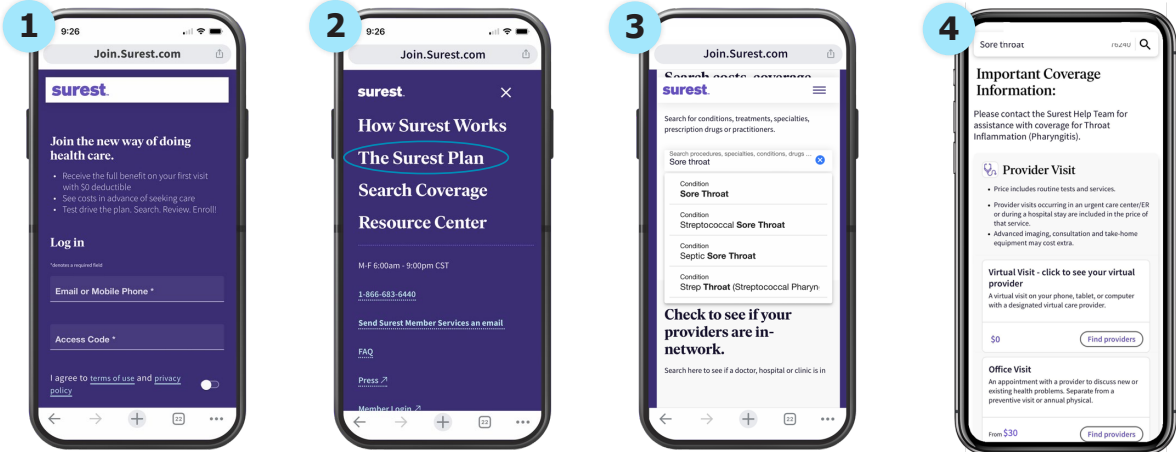
<https://flimp.live/FBISD-Employee-Resource-Center>

Choice Plus Plan	24 Per Pay Period Cost	19 Per Pay Period Cost
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 to look up conditions.



Login

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

Menu

Select Search Coverage

Search

Enter condition

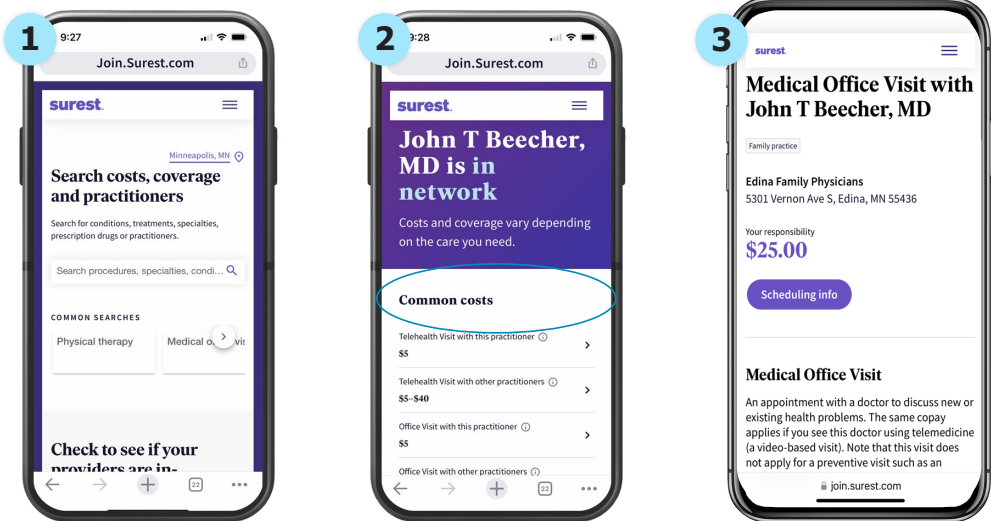
Review result

Select any option for details



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Looking up a doctor



Enter doctor's name in the search bar

Review result and select for details

View details



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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 \$4,400 Individual/ \$8,750 Family	\$4,400 Individual \$8,750 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 Per Pay Period Cost	19 Per Pay Period Cost
Employee Only	\$31.05	\$39.22
Employee + Spouse	\$229.73	\$290.18
Employee + Child(ren)	\$152.19	\$192.24
Employee + Family	\$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:**



## It's your money, forever

It's all yours until you spend it – even deposits made by others, like an employer or family member. Your HSA funds are yours for life, 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 page 3)
- 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.

\*Some states may charge income tax on HSA contributions. Check with your tax advisor or state department or revenue to find out.

# 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 full list of qualified expenses.



## Save on 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
2026	\$4,400	\$8,750
2025	\$4,300	\$8,550

- This means that you contribute at least **\$100 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.

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



Self-directed mutual fund investment options are made available through the services of an independent investment advisor, or your plan sponsor. Discretionary advisory services are provided by Betterment LLC, an SEC-registered investment adviser, with associated brokerage transactions provided by Betterment Securities, Member FINRA/SIPC. For details and disclosures visit [betterment.com](https://betterment.com). Schwab Health Savings Brokerage Accounts are offered through Charles Schwab & Co., Inc. (Member SIPC), the registered broker/dealer, which also provides other brokerage and custody services to its customers. See the Charles Schwab Pricing Guide for Health Savings Accounts for full fee and commission schedules. For details and disclosures, visit [schwab.com](https://schwab.com). Please consult your financial planner for more information on investments.

Orders are accepted to effect transactions in securities only as an accommodation to HSA owners. Optum Financial, Inc. and its subsidiaries are not broker-dealers or registered investment advisors and do not provide investment advice or research concerning securities, make recommendations concerning securities, or otherwise solicit securities transactions.

Health savings accounts (HSAs) are individual accounts held at Optum Bank®, Member FDIC, unless otherwise indicated, 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.

PRESCRIPTION DRUG

CVS CAREMARK

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.

Table with 4 columns: Plan Name, Kelsey UHC Charter, Surest, Choice HSA. Rows include Prescription details for Retail Rx Drugs, Mail Order Rx, and Specialty Pharmacy.

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.



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.

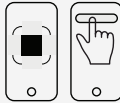


2. Ask your prescriber to send a new 90-day prescription to that pharmacy for pickup or delivery.

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.

## 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.metlife.com](http://www.metlife.com)

1. Find a Dentist
2. Choose PDP Plus Plan
3. Enter Zip Code, City or State
4. Choose your plan and find a dental provider in your area

**Value Plan**

You have the flexibility to choose any licensed dentist, in or out of the network and still receive benefits. With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online Find a Dentist directory. All participating dentists have agreed to accept negotiated fees as payment in full for covered services. These fees typically range from 35%–50% less than the average charges in the same community. Plus, you have access to one of the largest networks of dentists in the U.S. You have the flexibility to visit any dentist in or out of the network.

**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> (Prophylaxism 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 Per Pay Period Cost	19 Per Pay Period Cost
<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

As a participant of the MetLife Dental HMO/Managed Care plan, you have lower out-of-pocket costs. Your Dental HMO/Managed Care plan provides you with access to essential dental care. Dental HMO/Managed Care programs are based on the use of defined networks; general dental care is not accessible while traveling. For a complete list of all covered dental procedures, please refer to your Schedule of Benefits, located online at metlife.com/mybenefits.

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.metlife.com

1. Find a Dentist
2. Choose Met290 for the DHMO plan
3. Enter Zip Code, City or State
4. Choose your plan and find a dental provider in your area

Plan Rates*	24 Per Pay Period Cost	19 Per Pay Period Cost
Employee Only	\$6.70	\$8.46
Employee + 1	\$11.13	\$14.05
Employee + Family	\$20.72	\$26.17

See MetLife DHMO Plan Copay Schedule.



VISION

VISION PLAN

Your vision benefits are provided through VSP (Vision Service Plan), a trusted name in eye care for over 70 years. VSP gives you flexibility and savings, whether you visit one of their many independent providers, go to retail locations like Visionworks, Walmart, Sam’s Club, or shop online at [eyeconic.com](http://eyeconic.com). You’ll have access to a wide range of stylish, high-quality eyewear tailored to your personal preferences. With VSP’s extensive network, you enjoy exceptional choice and convenience.

Find a Provider:

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

1. Create an account at [vsp.com](http://vsp.com)
2. Click Find a Doctor
3. Simply type your zip code or address to find a provider near you. You can also filter by language, services, products, and more by clicking on the Advanced Search feature.
4. Or CALL CUSTOMER SERVICE at [800.877.3120](tel:800.877.3120)

Benefit	In-Network	Out-of-Network
Exam	\$20 copay	Reimbursed up to \$45
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	\$200 allowance + 20% off	Up to \$50
<b>CONTACT LENSES</b>		<b>MEMBER REIMBURSED:</b>
Medically Necessary	100%	Up to \$210
Elective	\$200 allowance* (can get frames and contacts in the same year)	Up to \$150

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

Plan Rates*	24 Per Pay Period Cost	19 Per Pay Period Cost
Employee Only	\$4.32	\$5.45
Employee + 1	\$6.91	\$8.73
Employee + Children	\$7.48	\$9.44
Employee + Family	\$11.36	\$14.35

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



2026 EMPLOYEE CONTRIBUTIONS

2026 EMPLOYEE CONTRIBUTIONS

Benefit Plan	24 Per Pay Period Cost	19 Per Pay Period Cost
<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	\$6.70	\$8.46
Employee + 1	\$11.13	\$14.05
Family	\$20.72	\$26.17
<b>VISION</b>		
Employee	\$4.32	\$5.45
Employee + 1	\$6.91	\$8.73
Employee + Children	\$7.48	\$9.44
Family	\$11.36	\$14.35
<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 \$3,350, 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, 2027 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, 2027. After March 31, 2027 funds remaining in your account for 2026 plan year will be forfeited.
- ❖ The full amount of your election is available to you on January 1, 2026, 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 \$7,500, 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 2026 plan year, you may elect up to \$3,350 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 (1/1/2026 – 12/31/2026). 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, 2027 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, 2027. After March 31, 2027 funds remaining in your account for the 2026 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 2026 plan year, you may elect up to \$7,500 for your Dependent FSA.

The Dependent Care FSA allows you to save taxes on up to \$7,500 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 (1/1/2026 – 12/31/2026)
- ❖ 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, 2027 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, 2027. After March 31, 2027 funds remaining in your account for 2026 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 The Hartford. 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 The Hartford. 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 The Hartford for additional information [portabilityandconversations@selmanco.com](mailto:portabilityandconversations@selmanco.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 Live Birth to 26 years \$10,000
Guarantee Issue	Employee*	\$500,000
	Spouse	\$50,000
	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 The Hartford.	

**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	\$0.053	\$0.106
25 – 29	\$0.053	\$0.088
30 – 34	\$0.070	\$0.088
35 – 39	\$0.088	\$0.106
40 – 44	\$0.106	\$0.158
45 – 49	\$0.158	\$0.229
50 – 54	\$0.229	\$0.334
55 – 59	\$0.334	\$0.510
60 – 64	\$0.458	\$0.880
65 – 69	\$0.757	\$1.478
70 – 74	\$1.338	\$2.693
75+	\$2.070	\$5.210

\*\*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:  $250,000 \div 1,000 \times \$0.088 = \$22.00$

**Spouse:** Employee is 45 years old electing \$30,000 in Spouse Life and AD&D insurance: Life and AD&D:  $30,000 \div 1,000 \times \$0.158 = \$4.74$

**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: \$29.74



**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>	\$0.846
<b>Buy Up: 14 day Elimination Period</b>	\$0.981
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	
Urgent Care	\$100	\$200	X-Ray	\$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>
Follow Up	\$100 (2)	\$200 (2)	Lacerations	up to \$400	up to \$800	
Physical Therapy	\$50 (10)	\$100 (10)	Concussion	\$300	\$600	
Fractures	up to \$6,000	up to \$10,000	Hospital Admission	\$800	\$1,600	
Dislocations	up to \$6,000	up to \$10,000	Hospital Confinement	\$200 (16 days)	\$400 (16 days)	

*Fracture Schedule			*Dislocation Schedule		
	LOW PLAN	HIGH PLAN		LOW PLAN	HIGH PLAN
Foot/Ankle/Kneecap/Sacral/Sacrum/Vertebral Processes	\$500	\$750	Finger/Toe	\$240	\$400
Coccyx/Rib/Finger/Toe/Forearm/Hand/Wrist/Lower Jaw/Shoulder Blade/Collar Bone	\$500	\$1,000	Elbow	\$600	\$1,000
			Wrist	\$750	\$1,250
			Lower Jaw	\$900	\$1,500
			Hand	\$1,050	\$1,750
Facial Bones (except Teeth)/Upper Arm/Upper Jaw	\$750	\$2,000	Foot/Ankle	\$1,200	\$2,000
			Shoulder	\$1,500	\$2,500
Leg/Pelvis/ Vertebrae	\$1,500	\$2,000	Knee	\$1,950	\$3,250
Skull (simple)	\$1,500	\$2,500	Hip	\$3,000	\$5,000
Sternum	\$1,500	\$1,000			
Hip/Thigh/Skull (depressed)	\$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
<p>\$10,000 \$20,000 \$30,000</p> <p>Spouse coverage at 100% Child(ren) coverage at 50% No additional premium</p>	<p>Cancer (Internal or Invasive) 100% Non-Invasive Cancer 25% Skin Cancer \$500 - Once per calendar year</p>	<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>

<b>Health Screening Benefit</b>	\$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
<p>\$10,000 \$20,000 \$30,000</p> <p>Spouse coverage at 100% Child(ren) coverage at 100% No additional premium</p>	<p>Cancer (Internal or Invasive) 100% Non-Invasive Cancer 25% Skin Cancer \$500 - Once per calendar year</p> <p>Heart Attack Stroke Major Organ Transplant End Stage Renal Failure</p>	<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>

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



2026 EMPLOYEE CONTRIBUTIONS

2026 EMPLOYEE CONTRIBUTIONS – CANCER, ACCIDENT, HOSPITAL INDEMNITY

Plan Rates*	24 Pay Period Contributions				19 Pay Period Contributions			
<b>CANCER – \$10,000</b>								
<i>Attained Age</i>	<i>EO</i>	<i>ES</i>	<i>EC</i>	<i>EF</i>	<i>EO</i>	<i>ES</i>	<i>EC</i>	<i>EF</i>
< 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
<b>CANCER – \$20,000</b>								
<i>Attained Age</i>	<i>EO</i>	<i>ES</i>	<i>EC</i>	<i>EF</i>	<i>EO</i>	<i>ES</i>	<i>EC</i>	<i>EF</i>
< 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
<b>CANCER – \$30,000</b>								
<i>Attained Age</i>	<i>EO</i>	<i>ES</i>	<i>EC</i>	<i>EF</i>	<i>EO</i>	<i>ES</i>	<i>EC</i>	<i>EF</i>
< 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 Per Pay Period Cost		19 Per Pay Period Cost	
<b>ACCIDENT</b>				
<i>Plan Type</i>	<i>Low Plan</i>	<i>High Plan</i>	<i>Low Plan</i>	<i>High Plan</i>
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 Per Pay Period Cost		19 Per Pay Period Cost	
<b>HOSPITAL INDEMNITY</b>				
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



2026 EMPLOYEE CONTRIBUTIONS

# 2026 EMPLOYEE CONTRIBUTIONS – CRITICAL ILLNESS

Plan Rates*	24 Per Pay Period Cost				19 Per Pay Period Cost			
<b>CRITICAL ILLNESS – \$10,000</b>								
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
<b>CRITICAL ILLNESS – \$20,000</b>								
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
<b>CRITICAL ILLNESS – \$30,000</b>								
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.

Please see the Benefits Counselor for information on rates.



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@legalshieldassociate.com](mailto:lavenderk@legalshieldassociate.com) 512.923.5303 OR LegalShield General Customer Care: 800-654-7757



LEGAL / ID SHIELD



Create Your Account

Legal protection is just a tap away.

Follow these steps to create your LegalShield account:

- 1. **ACTIVATE YOUR LEGALSHIELD ACCOUNT**  
Simply visit [accounts.legalshield.com](https://accounts.legalshield.com).  
(Tip: Your membership number can be found in the email welcoming you as a LegalShield Member.)
- 2. **DOWNLOAD** the LegalShield mobile app.
- 3. **SIGN IN** by selecting "I am a member" and use the email and password you just created in step 1.



If you have questions about setting up your account or forgot your member number, please call **LegalShield Member Services at 1-800-654-7757**. LegalShield Member Services is available 7 a.m.-7 p.m. CT, Monday-Friday.



Identity Theft & Privacy Protection

Guarding your personal information is as EASY as 1-2-3!

Follow these steps to create your IDShield account:

- 1. **CREATE AN ACCOUNT WITH LEGALSHIELD**  
Create your account at [accounts.legalshield.com](https://accounts.legalshield.com) using your member number. If you already have a LegalShield account, simply sign-in.
- 2. **ADD YOUR INFORMATION TO BE MONITORED**  
Select "Credit and Dark Web" from your IDShield Member Portal and create your identity protection account. Once you create your account you can add the personal information you want to monitor, including your social media accounts.

From the IDShield Member Portal you can also access your password manager, VPN Proxy One and anti-malware protection services provided by Trend Micro™. To download these services you will be asked to create a separate account with Trend Micro.

- 3. **DOWNLOAD THE IDSHIELD MOBILE APP**  
After you create your identity protection account, download the IDShield mobile app and sign-in using your created login credentials.

Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are trademarks of Google Inc.  
The LegalShield apps are available for download at no cost. Some services require an active LegalShield Membership to be accessed.

## 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 Well-Being 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 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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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](http://uhc.com/preventivecare)



\*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](http://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.

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 UHC Rewards eGift card if the mother signs up by the second trimester.

**Get support for your precious delivery**

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



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

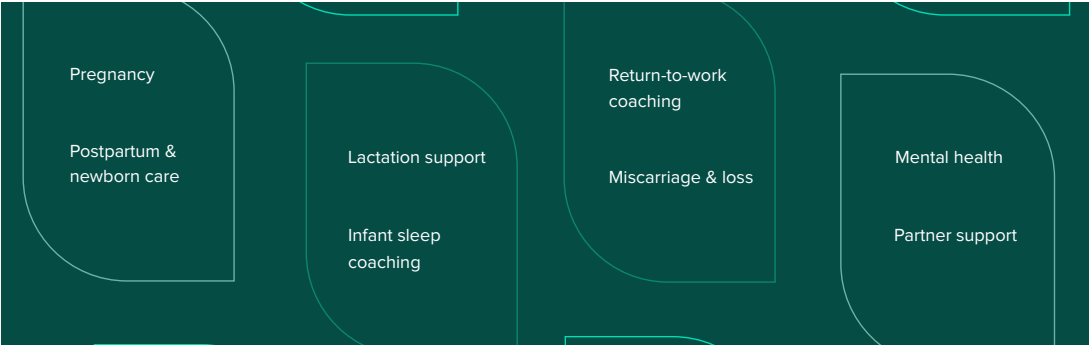
Maternity Support Incentive! After completion of the Maternity Support, employees or eligible spouses will receive a \$150 UHC Rewards Egift card if the mother signs up by the second trimester.

Starting and raising a family is hard. Getting support shouldn't be.

You and your partner get 24/7 access to Maven's digital health platform and quality providers via unlimited video appointments, messaging, and classes.

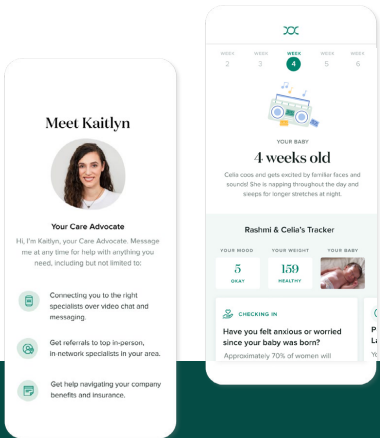


Personalized support for every step of your journey:



Your no-cost 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
• Unlimited video chat and messaging with doctors, nurses, and coaches across 35+ specialties, including OB-GYNs, midwives, high-risk obstetricians, nutritionists, and lactation consultants
• Provider-led virtual classes and vetted articles—tailored to your journey



Join Maven at no cost to you at mavenclinic.com/join/maternity-OP or download the Maven Clinic app



Surest Member Services: 866-683-6440, Monday – Friday, 6 am – 9 pm CT.

Brought to you by: surest.

ADDITIONAL PROGRAMS

MATERNITY SUPPORT – BREASTFEEDING SUPPLIES

Health Management | Preventive Care



Breastfeeding supplies and support for new parents

As part of your health plan benefits, you may be eligible to receive breastfeeding supplies and support – such as a breast pump and lactation support services – from network providers at no additional cost.

How to get a breast pump

- 1. Check the list of participating breast pump suppliers by calling the toll-free phone number on your health plan ID card. TTY users can dial 711 or sign in at [myuhc.com](http://myuhc.com).
- 2. Contact one of the participating doctors or approved suppliers to request an electric breast pump up to 30 days before your delivery date.
- 3. Once your request is approved, a breast pump will be sent to you.
- 4. The provider or breast pump supplier will bill UnitedHealthcare for reimbursement.

Eligible supplies and services covered by most plans at

**\$0**

out-of-pocket

continued



# ADDITIONAL PROGRAMS

### More good-to-know info

- One breast pump is covered per birth, whether it's a single- or multiple-baby birth
- Breast pumps purchased at retail stores are not eligible for reimbursement
- Breast pumps rented or purchased out-of-network may not be covered

### Lactation support services at \$0 added cost

Many plans cover lactation support services at no additional cost to you when you see network doctors or providers, including various clinics, health care professionals, OB/GYNs and pediatricians.



**You could be eligible to receive a breast pump at no cost to you**

Find out at the Optum store: [now.optum.com](https://now.optum.com)

**Learn more**

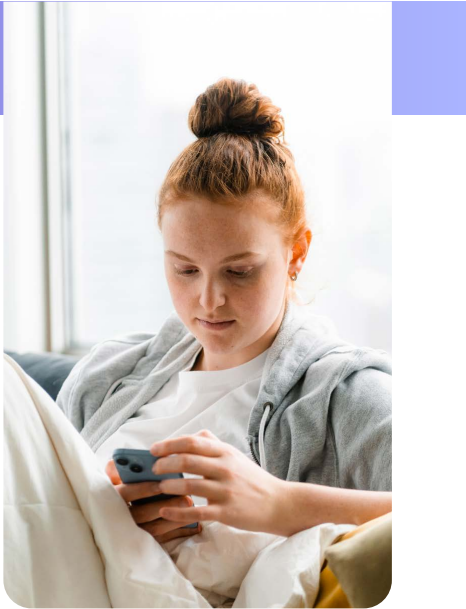
[uhc.com/preventivecare](https://uhc.com/preventivecare)

**United  
Healthcare®**

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details. The content provided in this document is for informational purposes only and does not constitute medical advice. Decisions about medical care should be made by the doctor and patient. Please discuss with your doctor how the information provided is right for you. Always refer to the plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. B2C E1232153801.1 12/24 © 2024 United HealthCare Services, Inc. All Rights Reserved. 24-5741100-A

ADDITIONAL PROGRAMS

MATERNITY SUPPORT – BREAST PUMP COVERAGE AND LACTATION SUPPORT



Breast pump coverage and lactation support.

3 ways to find information about lactation or breastfeeding support:

- 1 Search by terms like “having a baby” or “maternity delivery care,” then scroll down to look for resources and maternity support programs in the colored boxes. These programs can include virtual lactation consultants (if applicable).\*
  - 2 Call Member Services for help finding breastfeeding or lactation support. The number is on the back of your Surest member ID card.
  - 3 Check with your delivery hospital or provider.
- \*Availability of maternity support programs depends on plan details and may vary by employer.*



**A heads-up about claims**


Surest typically doesn't contract directly with lactation consultants. They may bill under a provider group, which then submits the claim to Surest. If the consultant does *not* bill insurance, you must submit the claim yourself via the Surest app or website: Go to plan resources >> medical online claim form.

How to get a breast pump at no additional cost to you.

Surest offers coverage for one breast pump per pregnancy at \$0 cost to you.

To obtain a breast pump:

- 1. Ask your doctor for a breast pump prescription.
- 2. Find an in-network, licensed durable medical equipment (DME) supplier, including the following (this is not an exhaustive list):
  - Aeroflow Breastpumps 844-867-9890**
  - Pumping Essentials 866-688-4203**
  - The Breastfeeding Shop 866-255-6779**
- 3. Give your Surest member ID and prescription to the DME supplier, then select a breast pump. If you choose an upgraded option, additional costs may apply.



**Questions?**

Member Services is available online via chat and email or by calling the number on the back of your Surest member ID card.

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates, including United HealthCare Service LLC in NY. Stop-loss insurance underwritten by UnitedHealthcare Insurance Company or its affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY. All Fully Insured Plans in California: If medically appropriate care from a qualified provider cannot be provided within the Network, we will arrange for the required care with an available and accessible out-of-Network provider. You will only be responsible for paying the cost sharing in an amount equal to the cost sharing you would have otherwise paid for that service or a similar service if you had received the Covered Health Care Service from a Network provider. Surest Fully Insured Plans in California: A complete Network and timely access to care may only be available by obtaining treatment through providers available at the maximum Copayment shown for each service at the lowest cost-sharing tier. While some network providers are available at lower Copayments (reduced cost-sharing rates), there is no guarantee of a complete Network or timely access to care at any specific reduced cost-sharing rate. © Bind Benefits, Inc., d/b/a Surest. All rights reserved. B2C\_25-AI-1185458\_0225

ADDITIONAL PROGRAMS

PLANNED SURGERY



Lighting Your Path to the Right Surgical Care

What is Lantern?

Lantern can help you get the best care when you need planned, nonemergency surgery. This money-saving benefit is available at no additional cost to you as part of your benefits.

Here's What's Covered

In partnership with Fort Bend ISD, we cover the most expensive costs associated with surgery, so you'll pay less for your procedure when you use your Lantern benefit. Your coverage includes:\*

- Dedicated support and guidance
- Personalized matching with the best surgeon for your unique needs
- Consults and appointments with your Lantern surgeon
- Anesthesia, procedure and facility (hospital) fees

Let Us Guide You Back to Health

3 Steps to the Best Care

STEP 1

Call a Care Advocate to get started. They'll share more information about your benefits and ask about the care you're looking for.

STEP 2

Based on your needs, your Care Advocate will match you with a hand-picked list of excellent surgeons.

STEP 3

After you choose a surgeon, your Care Advocate will help set up appointments and guide you through every step of the experience.

Call Us to Learn More at (855) 200-9513

\* Testing, scans, imaging, durable medical equipment, and physical therapy expenses may not be included. However, coverage may be available through your medical plan. © 2025 Lantern Specialty Care. All rights reserved. SC-OEF-v1-0724

In the event of a medical emergency, call 911 or visit your nearest emergency room.

ADDITIONAL PROGRAMS

MUSCULAR AND JOINT INJURY

Muscle & Joint Pain

Airrosti Can Help!



VIP Chat - Complimentary Virtual Injury & Pain Chat

Living with chronic pain or an unresolved injury? Airrosti can help! Our caring and knowledgeable providers are here to help you understand why it hurts, what's happening in your body, and explore your options for getting out of pain. Book your no-cost, no-obligation chat with an Airrosti Provider today!



Head-to-Toe Care



BACK PAIN



KNEE PAIN



WRIST PAIN



ARM PAIN



FOOT PAIN



PLUS MORE

Reduce Pain in 3-4 Visits\*

*\*Based on patient-reported outcomes*

Quality 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.

Immediate Relief

During your first appointment, you will receive effective hands-on manual therapy to significantly decrease pain and increase range of motion.

Speed Up Recovery

Prescribed stretches and exercises specific to your injury/condition will help you recover quickly and prevent the same pain from coming back.

Ready to be Pain Free?



Scan to schedule today or call 800-404-6050 For more information, visit Airrosti.com



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 [fortbendisd.realappeal.com](http://fortbendisd.realappeal.com) or scan this code



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.

## 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.

### HUB INVESTMENT PARTNERS (HUB) (FORMALLY TCG ADMINISTRATORS)

[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 HUB Investment Partners (HUB) 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 HUB Investment Partners (HUB) 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:** <https://tcgservices.com/lperez>

**Contact Info:** [louis.perez@hubinternational.com](mailto:louis.perez@hubinternational.com)

m: 210.618.4244

f: 888.989.9247



FINANCIAL SERVICES

FINANCIAL WELLNESS



Retirement Plan Options

EMPLOYEE RETIREMENT BENEFIT

Research shows that Americans are living longer and their number of years in retirement is increasing. While your TRS pension may be enough to cover expenses during your initial retirement years, the reduced monthly income may not be sufficient for costly factors such as medical bills, taxes, and your desired standard of living. Contributing to a retirement savings plan can help supplement your pension during retirement.

Choosing to save with a 457(b) and/or a 403(b) allows you to save money in a pre-tax (Traditional) or after-tax (Roth) account. Contributions to the plan are salary-deducted from your paycheck and automatically deposited into your account. You may start and stop contributions at any time.

457(b) Savings Plan

- Employer-sponsored plan with fiduciary oversight by HUB Investment Partners (formerly TCG Advisors) and a committee of Superintendents/CFO's.
High-quality, low fee investment options
No commissions.
No federal penalties to withdraw funds from account. Income tax still applies.
Choose between target date funds, risk-based portfolios, or self-directed mutual funds.

403(b) Savings Plan

- Multi-vendor plan. You must research from a list of 50+ vendors and decide the best fit for you.
Fees and investments vary per vendor.
Commissions vary per vendor.
10% early withdrawal penalty (goes away at age 59 1/2 or age 55 if retired).
Investment options vary by vendor, including fixed/variable annuities and mutual funds.

Get started at www.ramsretirement.com

Enrollment assistance is available at www.ramsretirement.com/telewealth or by calling the Enrollment Hotline at 512-600-5204.



Region 10 RAMS | 900 S. Capital of Texas Hwy, Suite 350, Austin, TX 78746
Customer Service: 800.943.9179 | www.ramsretirement.com

Investment advisory services offered through HUB Investment Partners LLC, an SEC registered investment advisor. HUB Investment Partners is a subsidiary of HUB International.

## FINANCIAL SERVICES

## FINANCIAL WELLNESS



## Registration Instructions

### 457(b) Enrollment Instructions

1. Start at [www.ramsretirement.com/enroll](http://www.ramsretirement.com/enroll).
2. Enter the name of your employer and choose the **457(b) Savings Plan**.
3. Follow the steps on screen to select your salary contribution and investment options. Don't forget to designate an account beneficiary.

Note: If you're unsure about which investment option to select, please contact us using the information below.

4. Continue until you get a confirmation notice, and you're done!

### 403(b) Enrollment Instructions

There are two steps in establishing your 403(b) account. First, you must research and choose a company from a list of 403(b) Approved Vendors. They will hold your money and investments. TCG is the plan administrator for the account and will manage your salary contributions, loans, distributions, etc. You must create two accounts as detailed below.

#### Step One: Create an account with an approved vendor

1. Visit [www.ramsretirement.com/documents](http://www.ramsretirement.com/documents).
2. Find your employer and open the **403(b) Approved Vendor List**.
3. Evaluate and **contact a vendor** on the list and contact them directly to establish your retirement account.

#### Step Two: Set up your RAMS account

1. Visit [www.ramsretirement.com/enroll](http://www.ramsretirement.com/enroll).
2. Enter the name of your employer and select the **403(b) Admin Plan**.
3. Follow each step until you get a completion notice.
4. You're done! Login your account any time you wish to make contribution adjustments.

**Get started at [www.ramsretirement.com](http://www.ramsretirement.com)**

Enrollment assistance is available at [www.ramsretirement.com/telewealth](http://www.ramsretirement.com/telewealth) or by calling the Enrollment Hotline at 512-600-5204.



Region 10 RAMS | 900 S. Capital of Texas Hwy, Suite 350, Austin, TX 78746  
Customer Service: 800.943.9179 | [www.ramsretirement.com](http://www.ramsretirement.com)

Investment advisory services offered through HUB Investment Partners LLC, an SEC registered investment advisor. HUB Investment Partners is a subsidiary of HUB International.

FINANCIAL SERVICES

FINANCIAL WELLNESS



Empowering the shift from safety to freedom

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 your dollar could go further, 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.



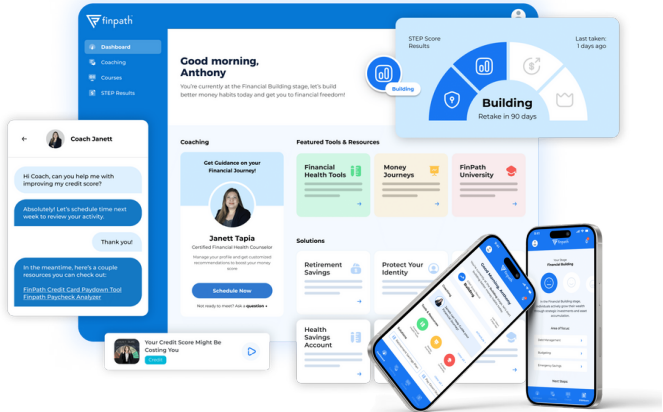
Here's what you get:

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 \$1,000 giveaway



Activate your free account in three easy steps!

- 1. Head to finpathwellness.com/register
2. Enter your work email address
3. Check inbox for your unique activation link

Have Questions?

Get Answers.

833-777-6545

finpathwellness.com/support



# Financial Coaching that works for YOU.

Money affects all aspects of our lives. Our financial coaches can help you create a plan of action to meet your own unique goals - at NO COST to you!



## Real Support, with Real People.

Through your employer-paid financial wellness benefit, you have access to **unlimited, confidential financial coaching**, to help you with goals like:

- ✓ Paying Down Debt
- ✓ Improving Your Credit
- ✓ Student Loan Forgiveness
- ✓ Preparing for Retirement
- ✓ Saving for Emergencies
- ✓ Managing Your Budget

### We Look Forward to Meeting You!



### Schedule a meeting today!

Head to the Coaching Corner in your FinPath Dashboard or visit [finpathwellness.com/coaching](https://finpathwellness.com/coaching)

### How it Works:



#### SCHEDULED OR ON-DEMAND

Conveniently choose your meeting method



#### MEET

Meet with your coach to make a personalized plan to map out your path to financial freedom



#### LEARN

Work toward your goals! Between coaching sessions, take small, practical steps through the FinPath platform to improve your finances

FINANCIAL SERVICES

SALARY FINANCE

finpath™  
a TCG Solution

SALARY  
FINANCE

# 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](http://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  
Home Improvements

Medical Procedures  
Large Purchases

Unexpected Expenses  
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.

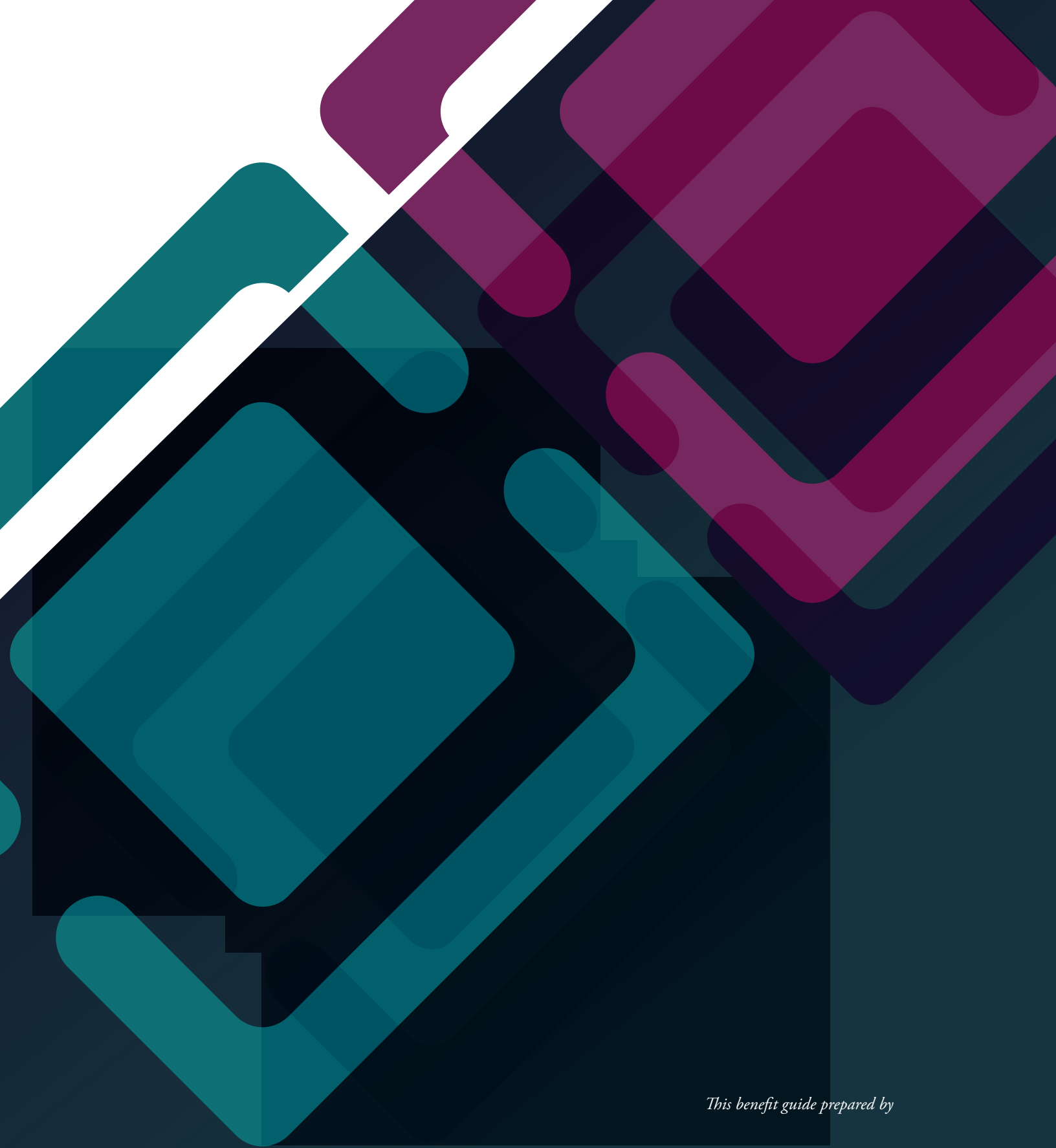
### 1095-C Form

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.

# NOTES



*This benefit guide prepared by*



**Gallagher**

Insurance | Risk Management | Consulting