

2023  
Benefits  
Guide  
Fort Bend ISD

FBISD  
**LiveWell**  
for a healthy life!



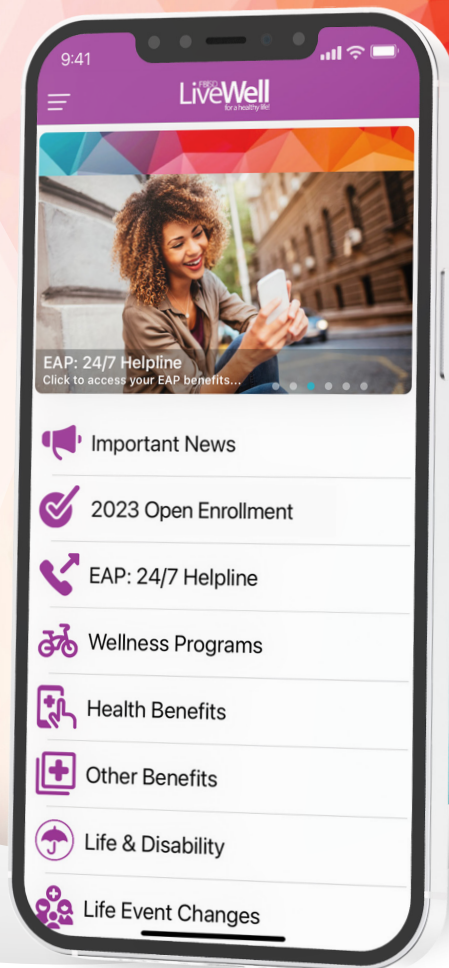


# Download Your FBISD LiveWell App Today!

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!



Fort Bend ISD

# 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 7-9 of this guide).

<b>LiveWell.....</b>	<b>4-6</b>	<b>Life .....</b>	<b>31</b>
Employee Wellness .....	4	Basic Life and AD&D – Voluntary Life and AD&D .....	31
Carrier Contacts.....	5	<b>Voluntary Disability .....</b>	<b>32-33</b>
FBISD Benefits Department.....	6	Voluntary Short-Term Disability.....	32
<b>Eligibility .....</b>	<b>7-9</b>	Voluntary Long-Term Disability .....	33
Eligibility .....	7	<b>MetLife Supplemental Plans.....</b>	<b>34-39</b>
Required Documents.....	8	Accident Insurance .....	34
How to Enroll in Your Benefits Online Through My Self Serve .....	9	Cancer Insurance .....	35
<b>2023 Changes and Updates.....</b>	<b>10</b>	Critical Illness Insurance.....	36
<b>Medical .....</b>	<b>11-22</b>	Hospital Indemnity Plan.....	37
Find an In-Network Doctor .....	15	2023 MetLife Contributions.....	38
Virtual Visits.....	16	<b>Legal / ID Shield .....</b>	<b>40</b>
Medical Plan Comparison .....	17	<b>Employee Assistance Program (EAP).....</b>	<b>43</b>
Kelsey UHC Charter.....	18	<b>Additional Programs .....</b>	<b>45-48</b>
Nexus .....	19	Healthy Pregnancy .....	45
Choice Plus.....	20	Planned Surgery .....	46
Choice HRA .....	21	Muscular and Joint Injury .....	47
Choice High Deductible.....	22	Real Appeal.....	48
<b>Prescription Drug .....</b>	<b>23-24</b>	<b>Financial Services .....</b>	<b>49-52</b>
CVS Caremark .....	23	TRS .....	49
Step Therapy .....	24	TCG Administrators (formally JEM Resources) .....	49
<b>Dental .....</b>	<b>25-26</b>	Financial Wellness .....	50
Dental PPO Plans .....	25	Salary Finance .....	51
Dental HMO Plan .....	26	<b>2023 Employee Contributions .....</b>	<b>53-55</b>
<b>Vision .....</b>	<b>27</b>	<b>Glossary.....</b>	<b>56</b>
Vision Plan .....	27		
<b>Flexible Spending Account (FSA) .....</b>	<b>28-30</b>		
What is an FSA?.....	28		
FSA Savings Example .....	28		
Healthcare FSA.....	29		
Dependent Care FSA.....	30		

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.

# EMPLOYEE WELLNESS

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

## Working Together

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

## Offerings

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

## Annual Programs

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

## Fitness Classes and Discounts

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

## Educational Classes and Programs

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

## Onsite Activities

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

## Get Started

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

Get involved with YOUR Wellness!: <https://www.fortbendisd.com/Page/761>





# CARRIER CONTACTS

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

## COBRA

WEX / Discovery Benefits  
866.451.3399  
www.wexinc.com



## Medical

UnitedHealthcare  
Group #902915  
888.651.7319  
www.myuhc.com



## Prescription Drugs

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



## Dental

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



## Vision

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



## Flexible Spending Account

UnitedHealthcare  
877.311.7849  
www.myuhc.com



## Life and Disability

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



## Supplemental Insurance

MetLife  
Group #234948  
800.438.6388  
mybenefits.metlife.com



## Legal and Identity Theft Service

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



## EAP

UHC / Optum  
866.248.4096  
www.liveandworkwell.com



## Virtual Visits

Doctors on Demand  
800.997.6196  
www.myuhc.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

800.223.8778  
www.trs.state.tx.us



## 403(b) and 457 Plans

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



## Financial Wellness Platform

Finpath  
www.finpathwellness.com  
833.777.6545



## FBISD LiveWell App

App Technical Support  
support@enspire.me



# FBISD BENEFITS DEPARTMENT

## FBISD Employee Benefits and Wellness Department

benefits@fortbendisd.com  
wellness@fortbendisd.com  
281.634.1418

### Benefit Coordinators

For enrollment assistance / benefit changes

**Cynthia Mucka** (cynthia.mucka@fortbendisd.com)

Benefits Coordinator (A-C)  
Phone: 281.634.2810  
Cell: 281.619.0221

**Alton Nash** (alton.nash@fortbendisd.com)

Benefits Coordinator (D-G)  
Phone: 281.327.0357  
Cell: 281.509.2237

**Gail Barnes-Maxwell** (gail.barnesmaxwell@fortbendisd.com)

Benefits Coordinator (H-L)  
Phone: 281.634.1214  
Cell: 281.619.3120

**Janet Singleton** (janet.singleton@fortbendisd.com)

Benefits Coordinator (M-P)  
Phone: 281.634.1208  
Cell: 281.619.3129

**Sybil Willis** (sybil.willis@fortbendisd.com)

Benefits Coordinator (Q-S)  
Phone: 281.327.7511  
Cell: 281.886.6410

**Johnetta Jones** (johnetta.jones@fortbendisd.com)

Benefits Coordinator (T-Z)  
Phone: 281.634.3958  
Cell: 281.901.2659

### Benefits Analyst

**Kimberly Brown** (kimberly.brown@fortbendisd.com)

Benefits Analyst  
Phone: 281.634.1241

### Wellness Coordinator

**Gary Hajdasz** (gary.hajdasz@fortbendisd.com)

Onsite Wellness Coordinator  
Phone: 281.634.1807

## Director, Employee Benefits and Wellness

**LaShonda Walls** (lashonda.walls@fortbendisd.com)

Director, Benefits and Wellness  
Phone: 281.634.1184

# 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 9 for step-by-step instructions on how to enroll online.*

## ELIGIBILITY

# REQUIRED DOCUMENTS

To enroll your dependents in the benefit plans, you must submit proof of eligibility documents by email or fax to [benefitsdependentdocuments@fortbendisd.com](mailto:benefitsdependentdocuments@fortbendisd.com) within 14 days of your benefits effective date. 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.

### Legal Marriage

If you are legally married, you must submit a copy of:

- ❖ Marriage Certificate

### Biological Child

To verify the eligibility of a biological child, you must submit a COPY of:

- ❖ Birth Certificate of Biological Child; **OR**
- ❖ Documentation on hospital letterhead indicating the birth date of the child or children under 6 months old

### Adopted Child

To verify the eligibility of an adopted child or a child placed with you for adoption, you must submit a copy of the following documents. The documents you submit will depend on the current stage of the adoption.

- ❖ Official court or agency placement, guardianship papers for a child placed with you for adoption (initial stage); **OR**
- ❖ Official Court Adoption Agreement for an Adopted Child (mid-stage); **OR**
- ❖ Birth Certificate (final stage)

### Grandchild

To verify the eligibility of your grandchild, you must submit a COPY of:

- ❖ Most Recent Federal Tax Return; **AND**
- ❖ Official court papers establishing legal guardianship

### Common Law Marriage

If you are in a common law marriage, you must submit a COPY of:

- ❖ Country Certificate from the County where the marriage was recognized or recorded; **OR**
- ❖ If the County does not issue certificates, you can submit a Common Law Marriage Affidavit, plus the supporting document listed on the affidavit; **AND**
- ❖ Most Recent Federal Tax Return

### Stepchild

To verify the eligibility of your stepchild, you must submit a copy of:

- ❖ Child's Birth Certificate showing the child's parent is the employee's spouse; **AND**
- ❖ Marriage Certificate showing legal marriage between the employee and the child's parents; **AND**
- ❖ Most Recent Federal Tax Return (if applicable)

### Other Children

For who you are the legal guardian, to verify the eligibility of any other type of child for who you are the legal guardian, you must submit a copy of:

- ❖ Most Recent Federal Tax Return; **AND**
- ❖ Court papers demonstrating legal guardianship. Including the person named as the legal guardian.

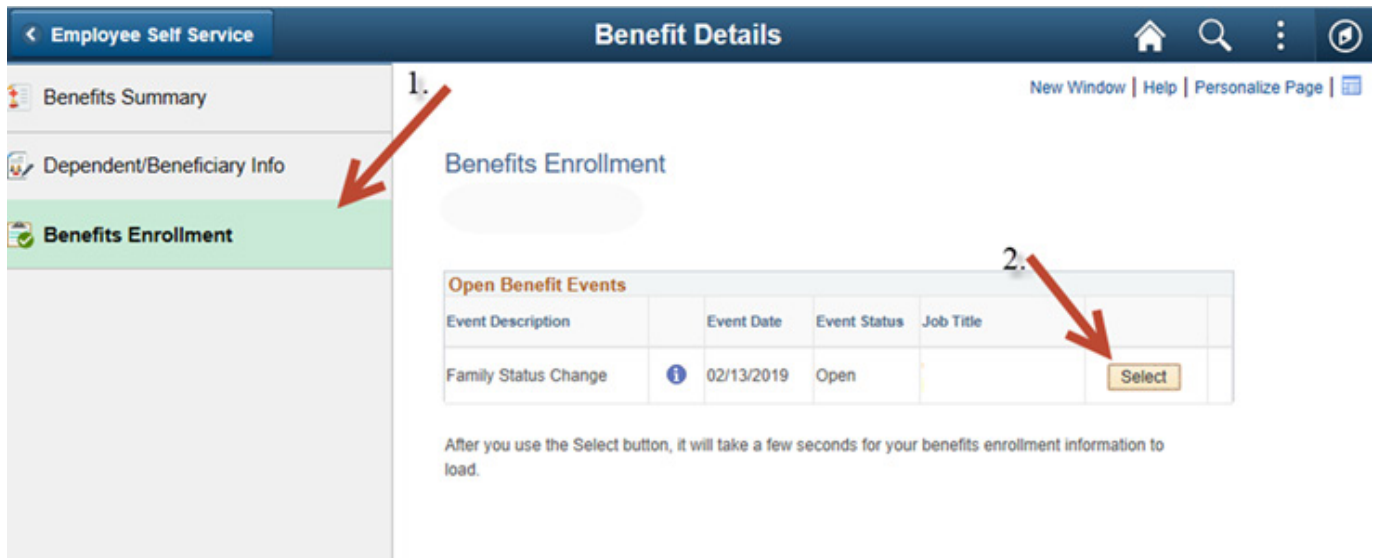
### About Submitting Tax Returns

Make sure to submit the pages that display all tax dependents, your tax filing status, your address, your signature (and your spouse's, if appropriate), and the filing date. Submit either one joint return or the returns of both spouses, if you filed as "Married, Filing Separately." This is required even if you filed electronically. Make sure to black out your financial information. For audit verification, your personal income data is not required. If you have not filed your most recent tax return, submit your prior year's return.

## ELIGIBILITY

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

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





# 2023 CHANGES AND UPDATES

## Changes and Updates

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

**Great news! No changes to your medical plan options this year and your medical premiums will remain the same!**

However, Fort Bend ISD will be making a few changes and enhancements to your overall benefits program for 2023. These changes will include a slight increase in the out-of-pocket amounts on the Choice Plus and Nexus Plans, as well as, a slight increase in monthly premiums on the dental, vision, and voluntary life benefits.

For 2023, we are offering employees an enhanced disability benefit. You will now have the option to select from a mix of short-term and long-term disability benefit options. In addition, we are adding spouse and family tier coverages on the Choice High Deductible Plan AND offering a \$100 payroll incentive to employees that enroll in the Kelsey UHC Charter Plan.

As we continue to look for cost efficient benefit plan options, Fort Bend ISD is excited to announce our new partnership with CVS Caremark effective January 1, 2023 as the new Prescription Drug Benefit Manager.

This year, we want to help you be the healthiest you – at work and at home.

## Frequently Asked Questions

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

**A.** No. All existing benefit plan options will remain in place for the 2023 benefit plan year. In addition, the Choice High Deductible Plan has been enhanced to offer employee + spouse and employee + family coverage.

**Q. Are there any premium changes for the 2023 benefit plan year?**

**A.** There are no medical premium increases. All existing benefit plans will continue at the same premium rate. However, employees enrolled in dental, vision, and voluntary life benefits will see a slight increase in their monthly premiums.

**Q. Do I need to re-enroll in the short-term disability benefit for 2023 or will it rollover?**

**A. Enrollment in disability is required for 2023.** If you are currently enrolled in the short-term disability benefit, you will need to re-enroll in short-term disability. **If you do not complete an election for disability, you will NOT have a short-term disability benefit in 2023.**

**Q. Who will be responsible for processing my prescription drug starting January 1, 2023?**

**A.** Effective January 1, 2023 CVS Caremark will be the new Prescription Benefit Manager. You will receive a new UnitedHealthcare medical ID Card that will include the new CVS Caremark logo and prescription drug information needed to process your prescriptions at the pharmacy. **Please make sure your address is correct in My Self-Serve.**

**Q. If I do not complete enrollment, will my benefits rollover for 2023?**

**A.** No. All benefit plan options will rollover for 2023 EXCEPT the medical flexible spending, dependent flexible spending and the short-term disability benefit. **You must elect flexible spending and the disability benefit for 2023.**



## Preventive care for children and adults

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



## 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 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.

## Questions?

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

**United  
Healthcare**

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

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

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

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

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

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## FIND AN IN-NETWORK DOCTOR

Call UnitedHealthcare at 888.651.7319 for all medical plans to find In-Network providers, Urgent Care or Convenience Care location.

### Kelsey UHC Charter Plan

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

### Choice HRA, Choice Plus, and Choice High Deductible Plan

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

### Nexus ACO OA

Visit [www.myuhc.com](http://www.myuhc.com) (Select the Nexus ACO + Nexus ACO OA Network of Providers)

To pay a lower out-of-pocket expense compared to Network Providers, select the provider's name and look for the Accountable Care Organization: Memorial Hermann designation at the bottom of the page.

### 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
4. On the next screen, enter a doctor name, facility name, specialty or condition; search by distance, gender, etc.

## VIRTUAL VISITS

### Available to Employees Enrolled in ALL Medical Plans

DOCTOR ON DEMAND 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 High Deductible Health Plan, your coverage will be subject to coinsurance, after your deductible.

<b>Kelsey UHC Charter</b>	\$0/visit
<b>Nexus</b>	\$0/visit
<b>Choice Plus</b>	\$0/visit
<b>Choice HRA</b>	\$0/visit
<b>Choice High Deductible</b>	0% after deductible

### 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: \$79 for Doc on Demand\*

\*subject to change



# MEDICAL

## MEDICAL PLAN COMPARISON

Plan Name	Kelsey UHC Charter	Nexus		Choice Plus		Choice HRA		Choice High Deductible		
Network	Kelsey Seybold	Nexus ACO OA		Choice		Choice		Choice		
	In-Network ONLY, Kelsey Seybold Network Providers	Designated Provider: Memorial Hermann ACO Designated Hospital: Memorial Hermann		Out-of-Network Preventive Care and Pharmacy benefits are not covered		FBISD HRA contribution: \$500 Individual / \$1,000 Family		HSA compatible plan		
Deductible	In-Network	Designated Network	Network	In-Network	Out-of-Network	In-Network		In-Network		
Individual	\$750	\$2,000	\$4,000	\$3,000	\$5,000	\$2,500		\$6,500		
Family	\$1,500	\$4,000	\$8,000	\$6,000	\$10,000	\$5,000		\$13,000		
Out-of-Pocket Max										
Individual	\$3,750	\$6,000	\$12,000	\$9,000	\$15,000	\$6,000		\$6,500		
Family	\$7,500	\$12,000	\$24,000	\$15,000	\$30,000	\$12,000		\$13,000		
PRIMARY OFFICE VISIT										
Primary Care	\$25 copay	\$40 copay	\$50 copay	\$50 copay	50% after deductible	30% after deductible		0% after deductible		
Specialist	\$35 copay	\$60 copay	\$75 copay	\$75 copay	50% after deductible	30% after deductible		0% after deductible		
Virtual Visit¹	\$0	\$0		\$0		\$0		0% after deductible		
OTHER SERVICES										
Preventive Care	Plan pays 100%	Plan pays 100%		100%	50% after deductible	Plan pays 100%		Plan pays 100%		
Routine Labs, X-Rays	20% after deductible	20% after deductible		20% after deductible	50% after deductible	30% after deductible		0% after deductible		
Airrosti Muscle / Joint¹	\$35 copay	\$50 copay		\$50 copay		30% eligible expenses after deductible		0% after deductible		
Surgery Plus²	Covered at 100%	Covered at 100%		Covered at 100%		Covered at 100%		0% after deductible		
Inpatient Hospital	20% after deductible	20% after deductible		20% after deductible	50% after deductible	30% after deductible		0% after deductible		
Urgent Care	\$75 copay	\$90 copay		\$75 copay	50% after deductible	30% after deductible		0% after deductible		
Advanced Imaging (CT scan, MRI, PET)	20% after deductible	20% after deductible		20% after deductible	50% after deductible	30% after deductible		0% after deductible		
EMERGENCY ROOM										
Emergency Room (True Emergency)	\$300 copay³ then 20% after deductible	\$300 copay³ then 20% after deductible		\$300 copay³ then 20% after deductible		30% after deductible		0% after deductible		
Inpatient Mental Health and Substance Abuse	20% after deductible	20% after deductible		20% after deductible	50% after deductible	30% after deductible		0% after deductible		
PRESCRIPTION										
Retail Rx Drugs (30 days)	30% / 40% / 50%	30% / 40% / 50%		30%/ 40% / 50%	Not Covered	30% / 40% / 50%		0% after deductible		
Mail Order Rx (90 days)	25% / 35% / 45%	25% / 35% / 45%		25% / 35% / 45%	Not Covered	25% / 35% / 45%		0% after deductible		
Specialty Pharmacy	45%, maximum of \$75	45%, maximum of \$75		45%, maximum of \$75	Not Covered	45%, maximum of \$75		0% after deductible		
RATES BY PLAN⁴	Pay Periods		Pay Periods		Pay Periods		Pay Periods		Pay Periods	
	24	19	24	19	24	19	24	19	24	19
Employee Only	\$80.23	\$101.34	\$88.67	\$112.00	\$101.97	\$128.80	\$52.92	\$66.85	\$31.05	\$39.22
Employee + Spouse	\$248.39	\$313.76	\$287.61	\$363.30	\$330.75	\$417.79	\$194.16	\$245.25	\$174.74	\$220.72
Employee + Child(ren)	\$221.67	\$280.00	\$245.00	\$309.47	\$281.75	\$355.89	\$136.08	\$171.89	\$122.73	\$155.03
Employee + Family	\$328.59	\$415.06	\$380.47	\$480.59	\$437.54	\$552.68	\$247.78	\$312.99	\$223.00	\$281.68

¹Subject to change

²These benefits are separate from UHC, and made available in your medical plan at no additional cost to your premium.

³The copay is waived if admitted for the Kelsey, Choice Plus and Nexus.

⁴There are 19 pay period contributions for hourly employees (24 for all others) and do not include medical surcharge (see page 11 for more information).

^ The funds that are contributed to your HRA by FBISD WILL REMAIN with the district. The dollars in your HRA account balance is FULLY funded by FBISD.

# 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>	\$25 copay
<b>Specialist</b>	\$35 copay
<b>Virtual Visit</b>	\$0
<b>PREVENTATIVE SERVICES</b>	
<b>Preventative 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%

## Additional Programs Included In Your Medical Premium:

Virtual Visits, Healthy Pregnancy, Surgery Plus, Airrosti, Real Appeal

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

<https://www.fortbendisd.com/page/75664>

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
<b>Employee Only</b>	\$80.23	\$101.34
<b>Employee + Spouse</b>	\$248.39	\$313.76
<b>Employee + Child(ren)</b>	\$221.67	\$280.00
<b>Employee + Family</b>	\$328.59	\$415.06

\*Per pay period contributions without medical surcharge.

## MEDICAL

# NEXUS

The Nexus Plan is offered through UHC and utilizes the Nexus ACO OA network. Benefits are ONLY for In-Network providers. If you are out of the area and have an emergency, you may seek emergency care. When you choose a Designated Network Provider, you are choosing providers in the Memorial Hermann Hospital System.

**Designated Provider: Memorial Hermann ACO**

**Designated Hospital: Memorial Hermann**

Designated Network deductibles and Out-of-Pocket maximums track towards your Network deductibles and Out-of-Pocket maximums.

Benefit	Designated Network	Network
<b>Deductible</b>	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
<b>Maximum Out-of-Pocket</b> (Ind. Deductible, Medical and Rx Coinsurance)	\$6,000 Individual \$12,000 Family	\$12,000 Individual \$24,000 Family
<b>DOCTOR'S SERVICES</b>		
<b>Primary Care Physician</b>	\$40 copay	\$50 copay
<b>Specialist</b>	\$60 copay	\$75 copay
<b>Virtual Visit</b>	\$0	\$0
<b>PREVENTATIVE SERVICES</b>		
<b>Preventative Services</b>	Covered at 100% (deductible and copays do not apply)	Covered at 100% (deductible and copays do not apply)
<b>ROUTINE LAB AND X-RAY</b>		
<b>In-Office Visit</b>	20% after deductible	20% after deductible
<b>Outpatient Basis</b>	20% after deductible	20% after deductible
<b>HOSPITAL</b>		
<b>Urgent Care</b>	\$90 copay	\$90 copay
<b>Advanced Imaging</b> (MRI, CT, PET, etc)	20% after deductible	20% after deductible
<b>Emergency Room</b>	\$300 copay (waived if admitted); deductible and coinsurance apply	\$300 copay (waived if admitted); deductible and coinsurance apply
<b>Inpatient Mental Health/Substance Abuse</b>	20% after deductible	20% after deductible
<b>Inpatient Hospital</b>	20% after deductible	20% after deductible
<b>Prescription Drug Plan</b>	30% / 40% / 50% / Specialty 45%	30% / 40% / 50% / Specialty 45%

## Additional Programs Included In Your Medical Premium:

Virtual Visits, Healthy Pregnancy, Surgery Plus, Airrosti, Real Appeal

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

<https://www.fortbendisd.com/page/75664>

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
<b>Employee Only</b>	\$88.67	\$112.00
<b>Employee + Spouse</b>	\$287.61	\$363.30
<b>Employee + Child(ren)</b>	\$245.00	\$309.47
<b>Employee + Family</b>	\$380.47	\$480.59

\*Per pay period contributions without medical surcharge.





## MEDICAL

# CHOICE PLUS

The Choice Plus Plan is offered through UHC and utilizes the Choice network. Benefits are for In-Network and Out-of-Network providers. If you are out of the area and have an emergency, you may seek emergency care.

Rx not covered at Out-of-Network.

**In-Network (UHC Broad Network)**

**Out-of-Network (Not Contracted with UHC)**

Benefit	In-Network	Out-of-Network
<b>Deductible</b>	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family
<b>Maximum Out-of-Pocket</b> (Ind. Deductible, Medical and Rx Coinsurance)	\$9,000 Individual \$15,000 Family	\$15,000 Individual \$30,000 Family
<b>DOCTOR'S SERVICES</b>		
<b>Primary Care Physician</b>	\$50 copay	50% after deductible
<b>Specialist</b>	\$75 copay	50% after deductible
<b>Virtual Visit</b>	\$0	Not covered
<b>PREVENTATIVE SERVICES</b>		
<b>Preventative Services</b>	Covered at 100% (deductible and copays do not apply)	50% after deductible
<b>ROUTINE LAB AND X-RAY</b>		
<b>In-Office Visit</b>	20% after deductible	50% after deductible
<b>Outpatient Basis</b>	20% after deductible	50% after deductible
<b>HOSPITAL</b>		
<b>Urgent Care</b>	\$75 copay	50% after deductible
<b>Advanced Imaging</b> (MRI, CT, PET, etc)	20% after deductible	50% after deductible
<b>Emergency Room</b>	\$300 copay + 20% after deductible	\$300 copay + 20% after deductible
<b>Inpatient Mental Health / Substance Abuse</b>	20% after deductible	50% after deductible
<b>Inpatient Hospital</b>	20% after deductible	50% after deductible
<b>Prescription Drug Plan</b>	30% / 40% / 50% / Specialty 45%	Not covered

**Additional Programs Included In Your Medical Premium:**

Virtual Visits, Healthy Pregnancy, Surgery Plus, Airrosti, Real Appeal

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

<https://www.fortbendisd.com/page/75664>

Choice Plus Plan	24 Pay Period Rates	19 Pay Period Rates
<b>Employee Only</b>	\$101.97	\$128.80
<b>Employee + Spouse</b>	\$330.75	\$417.79
<b>Employee + Child(ren)</b>	\$281.75	\$355.89
<b>Employee + Family</b>	\$437.54	\$552.68

## MEDICAL

# CHOICE HRA

The Choice HRA 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. The funds that are contributed to your HRA by FBISD WILL REMAIN with the district. The dollars in your HRA account balance is **FULLY** funded by FBISD.

### In-Network ONLY, Choice network providers

Benefit	Out-of-Pocket Expense
<b>Health Reimbursement Account (HRA)</b> Amount District contributes to your account	\$500 Individual \$1,000 Family
<b>Deductible</b>	\$2,500 Individual \$5,000 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>	30% after deductible
<b>Specialist</b>	30% after deductible
<b>Virtual Visit</b>	\$0
<b>PREVENTATIVE SERVICES</b>	
<b>Preventative Services</b>	Covered at 100% (deductible and copays do not apply)
<b>ROUTINE LAB AND X-RAY</b>	
<b>In-Office Visit</b>	30% after deductible
<b>Outpatient Basis</b>	30% after deductible
<b>HOSPITAL</b>	
<b>Urgent Care</b>	30% after deductible
<b>Advanced Imaging</b> (MRI, CT, PET, etc)	30% after deductible
<b>Emergency Room</b>	30% after deductible
<b>Inpatient Mental Health / Substance Abuse</b>	30% after deductible
<b>Inpatient Hospital</b>	30% after deductible
<b>Prescription Drug Plan</b>	30% / 40% / 50% / Specialty 45%

### Additional Programs Included In Your Medical Premium:

Virtual Visits, Healthy Pregnancy, Surgery Plus, Airrosti, Real Appeal

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

<https://www.fortbendisd.com/page/75664>

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
<b>Employee Only</b>	\$52.92	\$66.85
<b>Employee + Spouse</b>	\$194.16	\$245.25
<b>Employee + Child(ren)</b>	\$136.08	\$171.89
<b>Employee + Family</b>	\$247.78	\$312.99

\*Per pay period contributions without medical surcharge.

**IMPORTANT NOTE:** If you are enrolled in the Choice HRA plan, you must exhaust the funds in your Health Reimbursement Account (HRA) before you can use your Flexible Spending Account (FSA) funds for medical expenses. You will not be able to use your FSA debit card for medical expenses if you are enrolled in the Choice HRA plan. However, you will be able use the FSA debit card to fill prescriptions. You must pay out-of-pocket for medical expenses and seek reimbursement from the FSA by submitting a claim form and your receipts.

# CHOICE HIGH DEDUCTIBLE

The Choice High Deductible 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).

**In-Network ONLY, Choice network providers, HSA Compatible Plan**

Benefit	Out-of-Pocket Expense
Network	HSA Compatible Plan
<b>Deductible</b>	\$6,500 Individual \$13,000 Family
<b>Maximum Out-of-Pocket</b> (Ind. Deductible, Medical and Rx Coinsurance)	\$6,500 Individual \$13,000 Family
<b>DOCTOR'S SERVICES</b>	
<b>Primary Care Physician</b>	0% after deductible
<b>Specialist</b>	0% after deductible
<b>Virtual Visit</b>	0% after deductible
<b>PREVENTATIVE SERVICES</b>	
<b>Preventative Services</b>	Covered at 100% (deductible and copays do not apply)
<b>ROUTINE LAB AND X-RAY</b>	
<b>In-Office Visit</b>	0% after deductible
<b>Outpatient Basis</b>	0% after deductible
<b>HOSPITAL</b>	
<b>Urgent Care</b>	0% after deductible
<b>Advanced Imaging</b> (MRI, CT, PET, etc)	0% after deductible
<b>Emergency Room</b>	0% after deductible
<b>Inpatient Mental Health / Substance Abuse</b>	0% after deductible
<b>Inpatient Hospital</b>	0% after deductible
<b>Prescription Drug Plan</b>	0% after deductible The amount you pay prior to meeting your deductible is based on the discounts ESI has negotiated with the pharmacy.

**Additional Programs Included In Your Medical Premium:**

Virtual Visits, Healthy Pregnancy, Surgery Plus, Airrosti, Real Appeal

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

<https://www.fortbendisd.com/page/75664>

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
<b>Employee Only</b>	\$31.05	\$39.22
<b>Employee + Spouse</b>	\$174.74	\$220.72
<b>Employee + Child(ren)</b>	\$122.73	\$155.03
<b>Employee + Family</b>	\$223.00	\$281.68

\*Per pay period contributions without medical surcharge.

## PRESCRIPTION DRUG

# CVS CAREMARK

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

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

### Retail Benefits

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

### 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.

### CVS Caremark

#### Retail

(% of drug cost)

Tier – 30%

Tier 2 – 40%

Tier 3 – 50%

#### Mail Order\*

(% of drug cost)

Tier – 25%

Tier 2 – 35%

Tier 3 – 45%

\*Mail order prescriptions have a maximum per 90-day supply of \$150.

### 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, at 45% coinsurance with a maximum of \$75.

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

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

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

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



## 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 express-scripts or download the CVS Caremark mobile app to learn more about your pharmacy plan. With the CVS Caremark mobile app, managing your medication is a snap! You can view orders, access your ID card, check drug interactions or even find the closest retail pharmacy in seconds.



## DENTAL

# DENTAL PPO PLANS

### Locate In-Network Providers

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

1. Click Find a Provider,
2. Then Find a Dentist...
3. Under Select a Plan, choose PPO
4. Or CALL CUSTOMER SERVICE at **800.541.7846**

### Value Plan

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

### Network Access Plan

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

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

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

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

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

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



## DENTAL HMO PLAN

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

When using a participating dentist, the amount you will be responsible for paying is the applicable copay associated with the type of service you receive. See the certificate of coverage for a list of copay amounts located on the benefits webpage (<http://www.fortbendisd.com/Page/78016>).

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

Orthodontia: Available for both children and adults.

### Locate In-Network Providers

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

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

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

See Guardian DHMO Plan Copay Schedule <https://www.fortbendisd.com/Page/78016>



## VISION PLAN

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

### Locate In-Network Providers

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

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

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

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

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

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

## 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 \$3,050, pre-tax, to pay for eligible health care expenses, including dental and vision.
- ❖ 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, 2024 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, 2024. After March 31, 2024 funds remaining in your account for 2023 plan year will be forfeited.
- ❖ The full amount of your election is available to you on January 1, 2023, even though your contributions are spread over the calendar year.



### Dependent Care FSA:

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

# FSA SAVINGS EXAMPLE

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

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

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

## FLEXIBLE SPENDING ACCOUNT (FSA)

# HEALTHCARE FSA

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

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

**For the 2023 plan year, you may elect up to \$3,050 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 (1/1/2023 – 12/31/2023). 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, 2024 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, 2024. After March 31, 2024 funds remaining in your account for the 2023 plan year will be forfeited.**

### Health FSA

Claims must be received by UHC's FSA department within 90 days of the end of the plan year. If your employment terminates during the year your claims must be incurred prior to the end of the month in which your termination occurs, your request for reimbursement 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 Healthcare expenses. You may use it to pay for eligible expenses at the time of service and at locations that accept it.

### IMPORTANT NOTE

If you are enrolled in the Choice HRA plan, you must exhaust the funds in your Health Reimbursement Account (HRA) before you can use your FSA funds for medical expenses. You will not be able to use your FSA debit card for medical expenses if you are enrolled in the Choice HRA plan. You must pay out-of-pocket for medical expenses and seek reimbursement from the FSA by submitting a claim form and your receipts. However, you will be able use the FSA debit card for filling prescriptions.

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 2023 plan year, you may elect up to \$5,000 for your Dependent FSA.

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

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

Qualified day care expenses include:

- ✦ Care provided while both parents are working or looking for work
- ✦ Care that has been provided during the plan year (1/1/2023 – 12/31/2023)
- ✦ 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, 2024 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, 2024. After March 31, 2024 funds remaining in your account for 2023 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.**



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

Fort Bend ISD provides each eligible employee with Basic Life and Accidental Death & Dismemberment (AD&D) insurance through Guardian. Basic Life and AD&D is paid 100% by Fort Bend ISD and so there is no cost to you.

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

## Voluntary Life Insurance and AD&D

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

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

\*If you are currently enrolled in Voluntary Life, you can increase your amount by \$50,000 each Open Enrollment without EOI, up to the Guarantee Issue amount (for Employee Coverage only).

Monthly Voluntary Life Insurance and AD&D Rates (per \$1,000)		
Age	Employee Rate	Spouse Rate**
25	\$0.063	\$0.120
25-29	\$0.066	\$0.107
30-34	\$0.071	\$0.109
35-39	\$0.092	\$0.129
40-44	\$0.121	\$0.173
45-49	\$0.178	\$0.257
50-54	\$0.258	\$0.387
55-59	\$0.378	\$0.581
60-64	\$0.524	\$1.003
65-69	\$0.867	\$1.681
70-74	\$1.518	\$3.069
75+	\$3.058	\$5.928

\*\*Spouse rate based on employee age

Child rate: \$0.305 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:  $250,000 \div 1,000 \times \$0.092 = \$23.00$

Spouse: Employee is 45 years old electing \$30,000 in Spouse Life and AD&D insurance:

Life and AD&D:  $30,000 \div 1,000 \times \$0.178 = \$5.34$

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:  $10,000 \div 1,000 \times \$0.305 = \$3.05$

Total Monthly Rate: \$31.39



## 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 14 or 90 days of disability, Guardian will pay you 66.67% of covered earnings (per \$100 of covered benefit) up to the maximum shown below.	
<b>Maximum Weekly Benefit</b> (before week 26)	\$1,730 per week (weekly benefit: annual salary divided by 52 weeks)
<b>Duration of Benefits</b>	<b>Base:</b> 12 weeks <b>Buy Up:</b> 24 weeks
LIMITATIONS	
<b>Pre-Existing Conditions</b>	3/12 (any condition that was diagnosed or treated within the last 3 months prior to eligibility under the policy will not be covered for 12 months under this disability plan)
<b>Mental Illness</b>	Up to 24 months combined for STD and LTD
<b>Substance Abuse and Self-Reported</b>	Up to 24 months combined for STD and LTD

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

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

See Certificate of Coverage for details.

<https://www.fortbendisd.com/Page/75851>



## 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>Buy up :</b> 90 days <b>Base :</b> 180 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 14 or 90 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)	
Base: 180 day Elimination Period	\$0.48
Buy Up: 90 day Elimination Period	\$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.

<https://www.fortbendisd.com/Page/75851>



# ACCIDENT INSURANCE

With MetLife, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments in addition to any other insurance payments you may receive<sup>1</sup>. Here are just some of the covered events / services<sup>2</sup>. Please see the benefit summary for a full list of covered services.

	Low Plan			High Plan		
	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
<b>ACCIDENTAL DEATH BENEFITS CATEGORY</b>						
<b>Basic Accidental Death</b>	\$25,000	\$12,500	\$5,000	\$50,000	\$25,000	\$10,000
<b>Accidental Death Common Carrier</b>	\$75,000	\$37,500	\$15,000	\$150,000	\$75,000	\$30,000
<b>BASIC DISMEMBERMENT/FUNCTIONAL LOSS BENEFIT</b>						
<b>Loss of one finger or one toe</b>	\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
<b>Loss of one arm or one leg</b>	\$7,500	\$7,500	\$7,500	\$15,000	\$15,000	\$15,000
<b>Loss of one hand or one foot</b>	\$7,500	\$7,500	\$7,500	\$15,000	\$15,000	\$15,000
<b>Loss of two or more fingers or toes</b>	\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
<b>Loss of sight in one eye</b>	\$7,500	\$7,500	\$7,500	\$15,000	\$15,000	\$15,000
<b>Loss of hearing in one ear</b>	\$7,500	\$7,500	\$7,500	\$15,000	\$15,000	\$15,000
<b>CATASTROPHIC DISMEMBERMENT/FUNCTIONAL LOSS BENEFIT</b>						
<b>Loss of both arms or both legs or one arm and one leg</b>	\$15,000	\$15,000	\$15,000	\$40,000	\$40,000	\$40,000
<b>Loss of both hands or both feet or one hand and one foot</b>	\$15,000	\$15,000	\$15,000	\$40,000	\$40,000	\$40,000
<b>Loss of sight in both eyes</b>	\$15,000	\$15,000	\$15,000	\$40,000	\$40,000	\$40,000
<b>Loss of hearing in both ears</b>	\$15,000	\$15,000	\$15,000	\$40,000	\$40,000	\$40,000
<b>Loss of ability to speak</b>	\$15,000	\$15,000	\$15,000	\$40,000	\$40,000	\$40,000
<b>PARALYSIS BENEFIT</b>						
<b>Two Limbs (paraplegia or hemiplegia)</b>	\$7,500	\$7,500	\$7,500	\$20,000	\$20,000	\$20,000
<b>Four Limbs (quadriplegia)</b>	\$15,000	\$15,000	\$15,000	\$40,000	\$40,000	\$40,000

<sup>1</sup>Covered services/treatments must be the result of a covered accident as defined in the group policy / certificate. See your Disclosure Statement or Outline of Coverage / Disclosure Document for full details.

<sup>2</sup>Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage / Disclosure Document for state variations.

<sup>3</sup>Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.

<sup>4</sup>Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Children may be covered to age 26. There are benefit reductions that may begin at age 65.

<sup>5</sup>Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

## Example of How Benefits are Paid

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance copayments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event <sup>2</sup>	Benefit Amount
Ambulance (ground)	\$400
Emergency Care	\$200
Physician Follow-Up (\$200 x 2)	\$400
Medical Testing	\$250
Concussion	\$600
Broken Tooth (repaired by crown)	\$300
Benefits paid by MetLife Group Accident Insurance	\$2,150

# CANCER INSURANCE

Eligible Individual	Benefit Amount	Requirements
<b>COVERAGE OPTIONS</b>		
<b>Employee</b>	\$10,000, \$20,000 or \$30,000	Coverage is guaranteed provided you are actively at work. <sup>1</sup>
<b>Spouse / Domestic Partner<sup>2</sup></b>	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse / domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>
<b>Dependent Child(ren)<sup>3</sup></b>	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>

<sup>1</sup>Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

<sup>2</sup>Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

<sup>3</sup>Dependent Child coverage varies by state. Please contact MetLife for more information.

<sup>4</sup>Review the Disclosure Document or Outline of Coverage / Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

## Benefit Payment

Your plan pays a lump-sum Initial Benefit upon the first verified diagnosis of a covered cancer. Your plan also pays a lump-sum Recurrence Benefit<sup>4</sup> for a subsequent verified diagnosis of the same cancer as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same cancer. There is a Benefit Suspension Period that applies.

The maximum amount that you can receive through your Cancer Insurance plan is called the Total Benefit Amount and is 5 times the amount of your Benefit Amount. This means that you can receive multiple benefit payments until you reach the maximum of \$50,000, \$100,000 or \$150,000.

This Cancer Insurance coverage provides a lump sum benefit for:

- ✦ Invasive Cancer—Covers advanced forms of cancer.
- ✦ Non-Invasive Cancer—Covers most forms of early stage cancers.
- ✦ Skin Cancer—Covers most malignant growths that arise on the surface of the skin.

Please refer to the table below for the percentage benefit payable for each covered cancer.

Covered Conditions*	Initial Benefit	Recurrence Benefit
<b>CANCER CATEGORY</b>		
<b>Invasive Cancer</b>	100% of Benefit Amount	50% of Initial Benefit Amount
<b>Non-Invasive Cancer</b>	25% of Benefit Amount	50% of Initial Benefit Amount
<b>Skin Cancer</b>	5% of Benefit Amount, but not less than \$250	50% of Initial Benefit, but no less than \$250

## Health Screening Benefit

MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage / Disclosure Document for specific state variations and exclusions around this benefit.

## Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$10,000.

Illness – Covered Condition	Payment
<b>Invasive Cancer (leukemia) – first verified diagnosis</b>	Initial Benefit payment of \$10,000 or 100%.
<b>Full Benefit Cancer (leukemia) – second verified diagnosis, three years later</b>	Recurrence Benefit payment of \$5,000 or 50%

# CRITICAL ILLNESS INSURANCE

Eligible Individual	Benefit Amount	Requirements
<b>COVERAGE OPTIONS</b>		
<b>Employee</b>	\$10,000, \$20,000 or \$30,000	Coverage is guaranteed provided you are actively at work. <sup>1</sup>
<b>Spouse / Domestic Partner<sup>2</sup></b>	100% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse / domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>
<b>Dependent Child(ren)<sup>3</sup></b>	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>

<sup>1</sup>Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.

<sup>2</sup>Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

<sup>3</sup>Dependent Child coverage varies by state. Please contact MetLife for more information.

<sup>4</sup>Review the Disclosure Document or Outline of Coverage / Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

<sup>5</sup>Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

<sup>6</sup>Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

## Benefit Payment

Your plan pays a lump-sum Initial Benefit upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum Recurrence Benefit for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the Total Benefit Amount and is 5 times the amount of your Benefit Amount. This means that you can receive multiple benefit payments until you reach the maximum of \$50,000, \$100,000 or \$150,000.

Please refer to the benefit summary for a full list of covered conditions and the percentage benefit payable for each Covered Condition.

## Health Screening Benefit

MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening / prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage / Disclosure Document for specific state variations and exclusions around this benefit.

## Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$10,000.

Illness – Covered Condition	Payment
<b>Heart Attack — first verified diagnosis</b>	Initial Benefit payment of \$10,000 or 100%
<b>Kidney Failure — first verified diagnosis, two years later</b>	Initial Benefit payment of \$10,000 or 100%
<b>Heart Attack — second verified diagnosis, four years later</b>	Recurrence Benefit payment of \$10,000 or 100%



## METLIFE SUPPLEMENTAL PLANS

# HOSPITAL INDEMNITY PLAN

With MetLife, you'll have a comprehensive plan which provide lump sum cash payments in addition to any other payments you may receive from your medical plan. Here are just some of the covered benefits / services, when an accident or illness puts you in the hospital.<sup>1</sup>

### Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Hospital Benefits		
ADMISSION BENEFIT		
Admission	1 time per calendar year	\$1,500
ICU Admission	1 time per calendar year (Benefit paid concurrently with Admission Benefit when admitted to ICU)	\$1,500
CONFINEMENT BENEFIT		
Confinement <sup>2</sup>	15 days per calendar year	\$200
ICU Confinement	15 days per calendar year (Benefit paid concurrently with Confinement Benefit when admitted to ICU)	\$200
Newborn Confinement <sup>3</sup>	2 day(s) per confinement	\$50
INPATIENT REHABILITATION BENEFIT*		
Inpatient Rehabilitation	15 days per calendar year (For Injury or Sickness)	\$50
OTHER BENEFITS		
Health Screening Benefit	1 time(s) per calendar year per covered person	\$50

<sup>1</sup>Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage / Disclosure Document for full details.

<sup>2</sup>Covered services/treatments must be the result of an accident or sickness as defined in the group policy / certificate. See your Disclosure Statement or Outline of Coverage / Disclosure Document for more details.

<sup>3</sup>Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth in the Certificate. Some states require the insured to have medical coverage.

<sup>4</sup>Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

\*Benefit(s) that requires prior Admission or Confinement

### Benefit Payment Example for Plan

Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance copayments and deductibles. MetLife Group Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or in any other way Susan sees fit.

Covered Benefit	Benefit Amount
Regular Hospital Admission (1x)	\$1,500
ICU Supplemental Admission (1x)	\$1,500
Regular Hospital Confinement (3 total days)	\$600
ICU Supplemental Confinement (1 day)	\$200
Benefits paid by MetLife Group Hospital Indemnity Insurance	\$3,800

## METLIFE SUPPLEMENTAL PLANS

# 2023 METLIFE CONTRIBUTIONS

Plan Rates*	24 Pay Period Contributions				19 Pay Period Contributions			
CANCER - \$1,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$0.11	\$0.19	\$0.17	\$0.25	\$0.14	\$0.23	\$0.21	\$0.31
25 - 34	\$0.14	\$0.22	\$0.20	\$0.28	\$0.18	\$0.28	\$0.25	\$0.35
35 - 44	\$0.23	\$0.34	\$0.29	\$0.39	\$0.28	\$0.42	\$0.36	\$0.49
45 - 54	\$0.37	\$0.55	\$0.43	\$0.61	\$0.47	\$0.69	\$0.54	\$0.76
55 - 64	\$0.58	\$0.92	\$0.64	\$0.98	\$0.73	\$1.16	\$0.81	\$1.23
65+	\$0.99	\$1.62	\$1.04	\$1.68	\$1.24	\$2.05	\$1.31	\$2.12
CANCER - \$10,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$1.10	\$1.85	\$1.70	\$2.45	\$1.39	\$2.34	\$2.15	\$3.09
25 - 34	\$1.40	\$2.20	\$1.95	\$2.80	\$1.77	\$2.78	\$2.46	\$3.54
35 - 44	\$2.25	\$3.35	\$2.85	\$3.90	\$2.84	\$4.23	\$3.60	\$4.93
45 - 54	\$3.70	\$5.45	\$4.25	\$6.05	\$4.67	\$6.88	\$5.37	\$7.64
55 - 64	\$5.80	\$9.20	\$6.40	\$9.75	\$7.33	\$11.62	\$8.08	\$12.32
65+	\$9.85	\$16.20	\$10.40	\$16.80	\$12.44	\$20.46	\$13.14	\$21.22
CANCER - \$20,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$2.20	\$3.70	\$3.40	\$4.90	\$2.78	\$4.67	\$4.29	\$6.19
25 - 34	\$2.80	\$4.40	\$3.90	\$5.60	\$3.54	\$5.56	\$4.93	\$7.07
35 - 44	\$4.50	\$6.70	\$5.70	\$7.80	\$5.68	\$8.46	\$7.20	\$9.85
45 - 54	\$7.40	\$10.90	\$8.50	\$12.10	\$9.35	\$13.77	\$10.74	\$15.28
55 - 64	\$11.60	\$18.40	\$12.80	\$19.50	\$14.65	\$23.24	\$16.17	\$24.63
65+	\$19.70	\$32.40	\$20.80	\$33.60	\$24.88	\$40.93	\$26.27	\$42.44
CANCER - \$30,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$3.30	\$5.55	\$5.10	\$7.35	\$4.17	\$7.01	\$6.44	\$9.28
25 - 34	\$4.20	\$6.60	\$5.85	\$8.40	\$5.31	\$8.34	\$7.39	\$10.61
35 - 44	\$6.75	\$10.05	\$8.55	\$11.70	\$8.53	\$12.69	\$10.80	\$14.78
45 - 54	\$11.10	\$16.35	\$12.75	\$18.15	\$14.02	\$20.65	\$16.11	\$22.93
55 - 64	\$17.40	\$27.60	\$19.20	\$29.25	\$21.98	\$34.86	\$24.25	\$36.95
65+	\$29.55	\$48.60	\$31.20	\$50.40	\$37.33	\$61.39	\$39.41	\$63.66

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
<b>HOSPITAL INDEMNITY</b>		
Employee Only	\$12.17	\$15.37
Employee + Spouse	\$22.41	\$28.31
Employee + Child(ren)	\$17.84	\$22.53
Family	\$28.09	\$35.48

### Key

EO – Employee Only
ES – Employee + Spouse
EC – Employee + Child(ren)
EF – Employee + Family



## METLIFE SUPPLEMENTAL PLANS

# 2023 METLIFE CONTRIBUTIONS

Plan Rates*	24 Pay Period Contributions		19 Pay Period Contributions	
Accident				
Plan Type	Low Plan	High Plan	Low Plan	High Plan
Employee Only	\$2.62	\$4.68	\$3.30	\$5.91
Employee + Spouse	\$5.17	\$9.23	\$6.52	\$11.65
Employee + Child(ren)	\$5.98	\$10.69	\$7.55	\$13.50
Family	\$7.32	\$13.08	\$9.25	\$16.52

Plan Rates*	24 Pay Period Contributions				19 Pay Period Contributions			
CRITICAL ILLNESS - \$1,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$0.18	\$0.36	\$0.29	\$0.46	\$0.23	\$0.45	\$0.36	\$0.58
25 - 34	\$0.23	\$0.46	\$0.34	\$0.56	\$0.29	\$0.57	\$0.42	\$0.70
35 - 44	\$0.37	\$0.72	\$0.47	\$0.83	\$0.47	\$0.91	\$0.59	\$1.04
45 - 54	\$0.61	\$1.25	\$0.72	\$1.35	\$0.77	\$1.57	\$0.90	\$1.71
55 - 64	\$1.02	\$2.23	\$1.12	\$2.33	\$1.29	\$2.82	\$1.41	\$2.94
65+	\$1.90	\$4.27	\$2.00	\$4.37	\$2.39	\$5.39	\$2.52	\$5.51
CRITICAL ILLNESS - \$10,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$1.80	\$3.55	\$2.85	\$4.60	\$2.27	\$4.48	\$3.60	\$5.81
25 - 34	\$2.30	\$4.55	\$3.35	\$5.55	\$2.91	\$5.75	\$4.23	\$7.01
35 - 44	\$3.70	\$7.20	\$4.70	\$8.25	\$4.67	\$9.09	\$5.94	\$10.42
45 - 54	\$6.10	\$12.45	\$7.15	\$13.50	\$7.71	\$15.73	\$9.03	\$17.05
55 - 64	\$10.20	\$22.30	\$11.20	\$23.30	\$12.88	\$28.17	\$14.15	\$29.43
65+	\$18.95	\$42.65	\$19.95	\$43.65	\$23.94	\$53.87	\$25.20	\$55.14
CRITICAL ILLNESS - \$20,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$3.60	\$7.10	\$5.70	\$9.20	\$4.55	\$8.97	\$7.20	\$11.62
25 - 34	\$4.60	\$9.10	\$6.70	\$11.10	\$5.81	\$11.49	\$8.46	\$14.02
35 - 44	\$7.40	\$14.40	\$9.40	\$16.50	\$9.35	\$18.19	\$11.87	\$20.84
45 - 54	\$12.20	\$24.90	\$14.30	\$27.00	\$15.41	\$31.45	\$18.06	\$34.11
55 - 64	\$20.40	\$44.60	\$22.40	\$46.60	\$25.77	\$56.34	\$28.29	\$58.86
65+	\$37.90	\$85.30	\$39.90	\$87.30	\$47.87	\$107.75	\$50.40	\$110.27
CRITICAL ILLNESS - \$30,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$5.40	\$10.65	\$8.55	\$13.80	\$6.82	\$13.45	\$10.80	\$17.43
25 - 34	\$6.90	\$13.65	\$10.05	\$16.65	\$8.72	\$17.24	\$12.69	\$21.03
35 - 44	\$11.10	\$21.60	\$14.10	\$24.75	\$14.02	\$27.28	\$17.81	\$31.26
45 - 54	\$18.30	\$37.35	\$21.45	\$40.50	\$23.12	\$47.18	\$27.09	\$51.16
55 - 64	\$30.60	\$66.90	\$33.60	\$69.90	\$38.65	\$84.51	\$42.44	\$88.29
65+	\$56.85	\$127.95	\$59.85	\$130.95	\$71.81	\$161.62	\$75.60	\$165.41

### Key

EO – Employee Only
ES – Employee + Spouse
EC – Employee + Child(ren)
EF – Employee + Family



# 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?
- ☐ Lost your wallet?

### 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, Financial 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 15th 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 in FAMILY legal plan only)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

### The IDShield Membership Includes:

- **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.
- **Social Media Monitoring** for privacy concerns and reputational risks
- **Credit Monitoring** continuous credit monitoring through TransUnion
- **Monthly Score Tracker** watch your credit score and map your credit trends
- **Credit Inquiry Alerts** (instant hard inquiry alerts)
- **Consultation** on any cyber security question
- **\$1 Million Insurance** (coverage for lost wages, legal defense fees, stolen funds and more)
- **Full Service Resortation & Unlimited Service Guarantee** We don't give up until your identity is restored!
- **24/7 Emergency Access** in the event of an identity theft emergency



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

	Legal Services Only		Identity Theft Services Only		Both Services Combined	
	24 Pay Periods	19 Pay Periods	24 Pay Periods	19 Pay Periods	24 Pay Periods	19 Pay Periods
<b>Employee Only</b>	\$7.48	\$9.45	\$4.23	\$5.34	\$11.70	\$14.78
<b>Family</b>	\$7.98	\$10.08	\$7.98	\$10.08	\$14.45	\$18.25

For more information,  
contact your Independent Associate:

Kacy Lavender; [lavenderk@legalshieldassociate.com](mailto:lavenderk@legalshieldassociate.com); Phone: 512.923.5303.

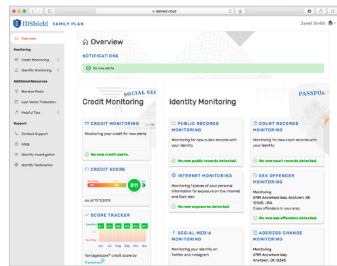
LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see [www.idshield.com](http://www.idshield.com). All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.



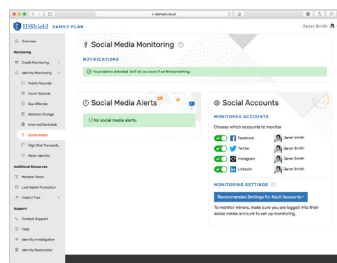
# IDShield Activation Steps

Guarding your personal information is as EASY as 1-2-3!  
Follow these steps to activate your IDShield account.

- 1. SET UP** your account at [www.idshield.cloud/login](http://www.idshield.cloud/login) using your member number.



- 2. ADD** the personal information you want to monitor, including your social media accounts.



- 3. DOWNLOAD** the IDShield mobile app for immediate alerts and to track your monthly credit score.



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If you have questions about setting up your account or forgot your member number, please call IDShield Member Services at 1-888-494-8519, available 7 am - 7 pm CT, Monday - Friday.

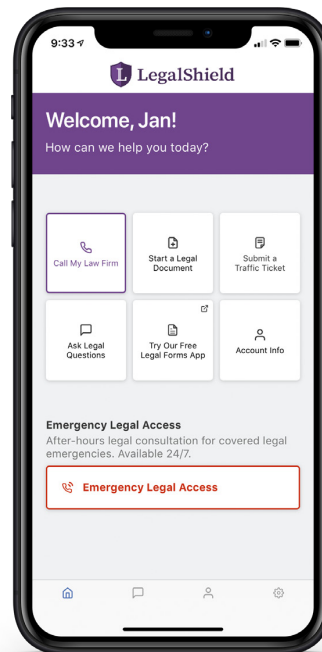




# Create Your Account

Legal protection is just a tap away.  
Follow these steps to create your LegalShield account.

1. **CREATE** your account at <https://accounts.legalshield.com/>.
2. **ENTER** in your member number and create a username and password.
3. **DOWNLOAD** the LegalShield mobile app and use your account username and password to login. Access your provider law firm, Will preparation steps and more!



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

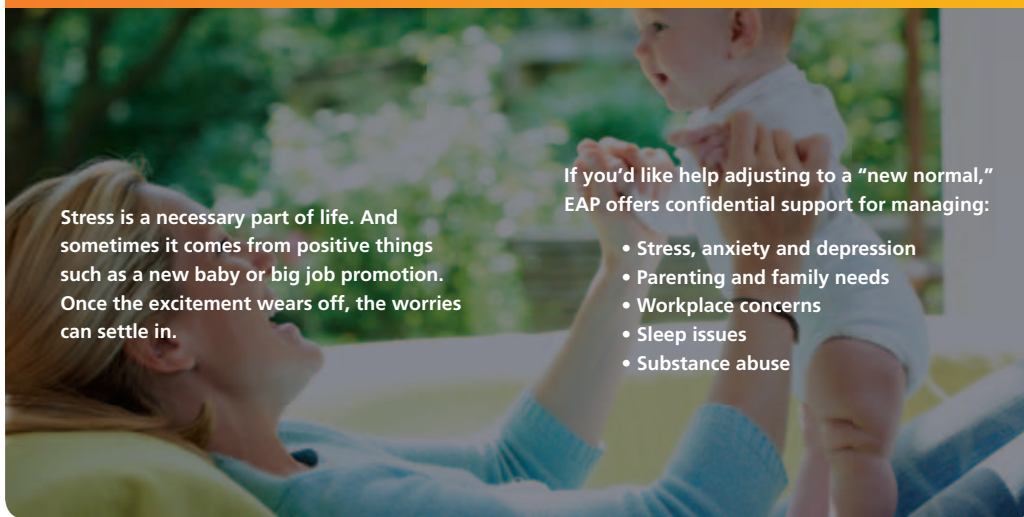
The LegalShield apps are available for download at no cost. Some services require an active LegalShield Membership to be accessed.



## EMPLOYEE ASSISTANCE PROGRAM (EAP)

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

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



### How does it work?

Call to speak with a specialist who will listen to your needs and connect you to the appropriate resource. This includes referrals to an initial consultation with mediators, financial and/or legal experts. We'll try our best to accommodate any gender, language or cultural preferences.

### How much does this cost?

As part of your benefits, EAP services are available at no extra cost to you. This includes referrals, access to [liveandworkwell.com](https://liveandworkwell.com) and initial consultations with mediators or financial and legal experts.

Want to retain a lawyer after your consultation? You'll get a 25 percent discount.

### What other resources are available?

You and your family also have 24-hour private access to [liveandworkwell.com](https://liveandworkwell.com). This interactive website offers tools and resources to help you enhance your work, health and life. On the site, you can:

- Check your benefit information
- Use our virtual help centers to find information and resources for hundreds of everyday work and life issues
- Access financial calculators, legal articles and other tools
- Search our databases for childcare, nursing homes and other local resources
- Participate in interactive, customizable self-improvement programs

Any member of your household can use [liveandworkwell.com](https://liveandworkwell.com), even children living away from home.



Helping people find real-life solutions.  
Your Employee Assistance Program

**866-248-4096**

Or log on to [liveandworkwell.com](https://liveandworkwell.com)  
Access code: FBISD



Helping people find real-life solutions.  
Your Employee Assistance Program

**866-248-4096**

Or log on to [liveandworkwell.com](https://liveandworkwell.com)  
Access code: FBISD





### Find support with onsite EAP consultations



#### Support when you need it

Consultants provide onsite assistance for a variety of issues — from worklife balance to communication strategies and beyond.



#### Getting you connected

Easy access to referrals for other services available to you.



#### Quick and easy scheduling

Easy access to referrals for other services available to you.

[Get started](#)

**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. This program and its components may not be available in all states and coverage exclusions may apply.

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## ADDITIONAL PROGRAMS

# HEALTHY PREGNANCY

**Healthy Pregnancy Program Incentive!** After completion of the Healthy Pregnancy Program, employees or eligible spouses and dependents will receive an incentive of \$150 if the mother signs up in the first trimester OR \$75 if the mother signs up in the second trimester.



## Get support for your precious delivery.

If you're thinking about having a baby or have one on the way, the **Maternity Support Program** is here to provide information and support — throughout your pregnancy and after giving birth.

When you enroll in the program, you'll be able to work with a maternity nurse who is available to answer your questions and help you with things like:

- Choosing a doctor or nurse midwife, and help you with finding a pediatrician or other specialist
- Information to help you take care of yourself and the health of your baby — even if your pregnancy is considered high-risk
- Support to help you manage your health — physically and emotionally — before and after your baby is born

**Whatever your journey, we're here to help.**

**Get started today.**



**1-877-201-5328**

[myuhc.phs.com/maternitysupport](http://myuhc.phs.com/maternitysupport)

Monday-Thursday, 8:00 a.m.–8:00 p.m. and Friday,  
8:00 a.m.–5:00 p.m. Central Time

This service is available at no extra cost as part of  
your benefit plan. (TTY: 711)



**Download now: the UnitedHealthcare Healthy Pregnancy<sup>SM</sup> app.**

- Track milestones.
- Set reminders.
- Get daily tips.
- Find resources.



Available from the App Store® or Google Play™.



**This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.** The information provided through this service is for your information only. It is provided as part of your health plan. Program nurses and other representatives cannot diagnose problems or suggest treatment. This program is not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. This is not an insurance program and may be discontinued at any time.

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

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# PLANNED SURGERY



## Commonly Covered Procedure Categories

- Spine
- Orthopedic
- Ear, Nose & Throat
- Cardiac
- Gynecology (GYN)
- General Surgery
- Gastroenterology (GI)
- Injections

Not all procedure categories are listed  
Contact your Care Advocate today to  
learn if your procedure is covered



## Need Surgery?

Stress less  
with SurgeryPlus

## Save Money

Because SurgeryPlus is already a part of your benefit package, you can access this all-inclusive service at no additional charge. When you use SurgeryPlus and plan your surgery with the help of a Care Advocate, we'll help cover procedure-related costs.

## High-Quality Care

Your very own Care Advocate will find and provide a list of three carefully selected and highly qualified surgeons for you to choose from. Care Advocates will also provide personalized support and manage everything from appointment logistics to booking travel (if required).

## Less Stress

With a hand-selected, highly qualified surgeon from our network and a Care Advocate with you every step of the way, you can focus on recovering from your planned surgery and getting back to living.

## Assisted Travel

Did you know that SurgeryPlus covers all travel costs related to your surgery, if required, so you can have top-notch care from our network of highly qualified surgeons?

One call does it all. Contact a Care Advocate today to learn more and get started.

Call: 855.200.9513

Visit: [FBISD.SurgeryPlus.com](https://FBISD.SurgeryPlus.com)

Email: [FortBendISD@SurgeryPlus.com](mailto:FortBendISD@SurgeryPlus.com)

## MUSCULAR AND JOINT INJURY



### IS PAIN HOLDING YOU BACK?

#### RAPID RECOVERY FOR SPINE, JOINT, & SOFT TISSUE INJURIES

##### Great News For Fort Bend ISD

Airrosti is an in-network benefit for Fort Bend ISD United Health Care employees and dependents.

##### Outcome Based Care

Each patient receives a full hour of assessment, diagnosis, treatment, & education designed to restore function & eliminate pain. Resolve most spine, joint, & soft tissue injuries within 3 visits.



### QUALITY CARE, RAPID RECOVERY

#### Real Results. Real Fast.

Airrosti's quality approach to care leads to rapid recoveries & lasting results while helping patients avoid MRIs, pharmaceuticals, surgeries, & other costly procedures.

**Airrosti providers are experts at eliminating chronic pain & quickly resolving most spine, joint, & soft tissue injuries within 3 visits. >>**

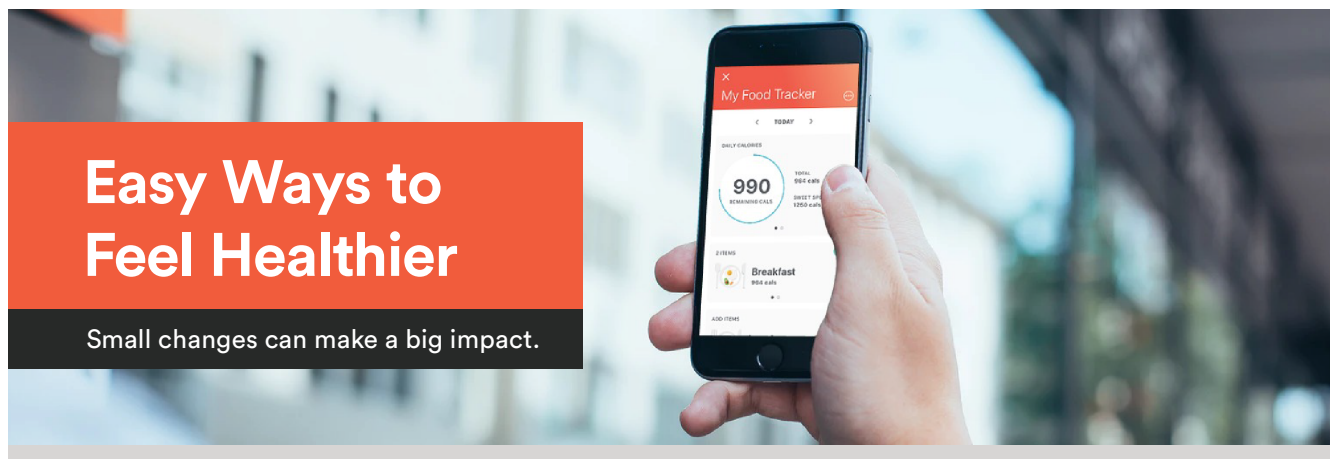


Airrosti specifically disclaims any guarantees or warranties, express or implied, with respect to any products or services. All outcome data is current as of August 9, 2017.

*Schedule via phone or online:*  
**(800) 404-6050 | [airrosti.com](http://airrosti.com)**



# REAL APPEAL



## Create Healthy Habits with Real Appeal

Real Appeal® is an online weight loss program available to you and eligible family members at no additional cost through your health benefits plan.

Real Appeal can help you form a healthier lifestyle with:

- A **Transformation Coach** who leads online group sessions.
- **Online tools** to help track your food, activity, and weight loss progress.
- A **Success Kit** with recipes, scales, workout DVDs, and more — shipped right to your door.



## Busy Schedule? No Problem.

- 1 Track your meals**  
Use the food tracker to keep tabs on what you're eating. If you're too busy, take a photo of your meals and enter them later.
- 2 Check in to Daily Actions**  
Select a goal from your recommended Daily Actions and check in from the app as you complete each day.
- 3 Attend sessions on the go**  
Attend group sessions directly from your phone. You can also view past session content on-demand.

Get started today at  
[fortbendisid.realappeal.com](http://fortbendisid.realappeal.com)



Have your health insurance ID card accessible during enrollment.

Real Appeal is available at no cost to eligible employees and spouses with our UnitedHealthcare insurance and a body mass index (BMI) of 23 or higher.

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# 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% of eligible wages to your account each pay period and the State will contribute 6% for retirement benefits. The member's contribution is made on a pre-tax basis.

# TCG ADMINISTRATORS (FORMALLY JEM RESOURCES)

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

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

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

## EMPLOYEE SAVINGS PLAN 457

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

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

## 403(b) AND 457 PLAN ADVANTAGES

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



# FINANCIAL WELLNESS



**ELIMINATE  
FINANCIAL STRESS &  
FIND YOUR  
CONFIDENCE**

The help you need is here



1:1 confidential meetings with a Financial Coach either in-person or virtually



Online tools to help you achieve goals, manage debt, reduce debt, plan for emergencies, and more!



Live and on-demand financial courses on topics on topics that matter most to you

## When it comes to financial success, FinPath has your back

With FinPath, focusing on your financial goals and getting answers to your questions is easy. Your personal Financial Coach will show you how to give every dollar you earn a purpose and feel more secure about your family's financial security and future.

FinPath is an employer-paid program provided to you at no cost.

## Key Program Focus



Financial Goal Setting



Cash-flow Maximization



Debt Management Strategy



Student Debt Repayment/PSLF



Savings & Retirement Planning

**Access ALL of your free tools at**  
**[www.FinPathWellness.com](http://www.FinPathWellness.com)**

**Customer Support:**  
**833-777-6545**

## 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.

**Enjoy low fixed rates from 5.9-19.9% Annual Percentage Rate (APR)\*\***

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

**FBISD**  
INSPIRE • EQUIP • IMAGINE



# SALARY FINANCE

## HOW IT WORKS

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

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

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

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

### Step 3: repay directly from your paycheck

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

## WHAT YOU COULD USE A LOAN FOR

Debt Consolidation

Medical Procedures

Unexpected Expenses

Home Improvements

Large Purchases

A Wedding

## QUESTIONS & SUPPORT

### Schedule an appointment with a financial coach:

[calendly.com/nhauptmann/fort-bend-isd](https://calendly.com/nhauptmann/fort-bend-isd)

### For questions about employee loans:

[salaryfinance.com/us/faq/](https://salaryfinance.com/us/faq/)  
[help@salaryfinance.com](mailto:help@salaryfinance.com)  
800-317-6850



## 2023 EMPLOYEE CONTRIBUTIONS

# 2023 EMPLOYEE CONTRIBUTIONS

Benefit Plan	24 Pay Period Contributions	19 Pay Period Contributions
<b>MEDICAL/KELSEY UHC CHARTER</b>		
Employee	\$80.23	\$101.34
Employee + Spouse	\$248.39	\$313.76
Employee + Child(ren)	\$221.67	\$280.00
Family	\$328.59	\$415.06
<b>MEDICAL/NEXUS</b>		
Employee	\$88.67	\$112.00
Employee + Spouse	\$287.61	\$363.30
Employee + Child(ren)	\$245.00	\$309.47
Family	\$380.47	\$480.59
<b>MEDICAL/CHOICE PLUS</b>		
Employee	\$101.97	\$128.80
Employee + Spouse	\$330.75	\$417.79
Employee + Child(ren)	\$281.75	\$355.89
Family	\$437.54	\$552.68
<b>MEDICAL/CHOICE HRA</b>		
Employee	\$52.92	\$66.85
Employee + Spouse	\$194.16	\$245.25
Employee + Child(ren)	\$136.08	\$171.89
Family	\$247.78	\$312.99
<b>MEDICAL/CHOICE HIGH DEDUCTIBLE</b>		
Employee	\$31.05	\$39.22
Employee + Spouse	\$174.74	\$220.72
Employee + Child(ren)	\$122.73	\$155.03
Family	\$223.00	\$281.68
<b>DENTAL PPO NETWORK ACCESS PLAN AND VALUE PLAN</b>		
Employee	\$26.07	\$32.93
Employee + 1	\$52.13	\$65.85
Family	\$78.19	\$98.76
<b>DENTAL HMO</b>		
Employee	\$5.36	\$6.76
Employee + 1	\$8.90	\$11.24
Family	\$16.57	\$20.93
<b>VISION</b>		
Employee	\$4.93	\$6.22
Employee + 1	\$7.89	\$9.96
Employee + Children	\$8.53	\$10.77
Family	\$12.98	\$16.40
<b>LEGAL SERVICES ONLY</b>		
Employee Only	\$7.48	\$9.45
Employee + Family	\$7.98	\$10.08
<b>IDENTITY THEFT SERVICES ONLY</b>		
Employee Only	\$4.23	\$5.34
Employee + Family	\$7.98	\$10.08
<b>LEGAL AND ID SHIELD COMBINED</b>		
Employee Only	\$11.70	\$14.78
Employee + Family	\$14.45	\$18.25

## 2023 EMPLOYEE CONTRIBUTIONS

# 2023 EMPLOYEE CONTRIBUTIONS – CANCER, HOSPITAL INDEMNITY

Plan Rates*	24 Pay Period Contributions				19 Pay Period Contributions			
CANCER - \$1,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$0.11	\$0.19	\$0.17	\$0.25	\$0.14	\$0.23	\$0.21	\$0.31
25 - 34	\$0.14	\$0.22	\$0.20	\$0.28	\$0.18	\$0.28	\$0.25	\$0.35
35 - 44	\$0.23	\$0.34	\$0.29	\$0.39	\$0.28	\$0.42	\$0.36	\$0.49
45 - 54	\$0.37	\$0.55	\$0.43	\$0.61	\$0.47	\$0.69	\$0.54	\$0.76
55 - 64	\$0.58	\$0.92	\$0.64	\$0.98	\$0.73	\$1.16	\$0.81	\$1.23
65+	\$0.99	\$1.62	\$1.04	\$1.68	\$1.24	\$2.05	\$1.31	\$2.12
CANCER – \$10,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$1.10	\$1.85	\$1.70	\$2.45	\$1.39	\$2.34	\$2.15	\$3.09
25 - 34	\$1.40	\$2.20	\$1.95	\$2.80	\$1.77	\$2.78	\$2.46	\$3.54
35 - 44	\$2.25	\$3.35	\$2.85	\$3.90	\$2.84	\$4.23	\$3.60	\$4.93
45 - 54	\$3.70	\$5.45	\$4.25	\$6.05	\$4.67	\$6.88	\$5.37	\$7.64
55 - 64	\$5.80	\$9.20	\$6.40	\$9.75	\$7.33	\$11.62	\$8.08	\$12.32
65+	\$9.85	\$16.20	\$10.40	\$16.80	\$12.44	\$20.46	\$13.14	\$21.22
CANCER – \$20,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$2.20	\$3.70	\$3.40	\$4.90	\$2.78	\$4.67	\$4.29	\$6.19
25 - 34	\$2.80	\$4.40	\$3.90	\$5.60	\$3.54	\$5.56	\$4.93	\$7.07
35 - 44	\$4.50	\$6.70	\$5.70	\$7.80	\$5.68	\$8.46	\$7.20	\$9.85
45 - 54	\$7.40	\$10.90	\$8.50	\$12.10	\$9.35	\$13.77	\$10.74	\$15.28
55 - 64	\$11.60	\$18.40	\$12.80	\$19.50	\$14.65	\$23.24	\$16.17	\$24.63
65+	\$19.70	\$32.40	\$20.80	\$33.60	\$24.88	\$40.93	\$26.27	\$42.44
CANCER – \$30,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$3.30	\$5.55	\$5.10	\$7.35	\$4.17	\$7.01	\$6.44	\$9.28
25 - 34	\$4.20	\$6.60	\$5.85	\$8.40	\$5.31	\$8.34	\$7.39	\$10.61
35 - 44	\$6.75	\$10.05	\$8.55	\$11.70	\$8.53	\$12.69	\$10.80	\$14.78
45 - 54	\$11.10	\$16.35	\$12.75	\$18.15	\$14.02	\$20.65	\$16.11	\$22.93
55 - 64	\$17.40	\$27.60	\$19.20	\$29.25	\$21.98	\$34.86	\$24.25	\$36.95
65+	\$29.55	\$48.60	\$31.20	\$50.40	\$37.33	\$61.39	\$39.41	\$63.66

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
HOSPITAL INDEMNITY		
Employee Only	\$12.17	\$15.37
Employee + Spouse	\$22.41	\$28.31
Employee + Child(ren)	\$17.84	\$22.53
Family	\$28.09	\$35.48

Key
EO – Employee Only
ES – Employee + Spouse
EC – Employee + Child(ren)
EF – Employee + Family



## 2023 EMPLOYEE CONTRIBUTIONS

# 2023 EMPLOYEE CONTRIBUTIONS – ACCIDENT, CRITICAL ILLNESS

Plan Rates*	24 Pay Period Contributions		19 Pay Period Contributions	
Accident				
Plan Type	Low Plan	High Plan	Low Plan	High Plan
Employee Only	\$2.62	\$4.68	\$3.30	\$5.91
Employee + Spouse	\$5.17	\$9.23	\$6.52	\$11.65
Employee + Child(ren)	\$5.98	\$10.69	\$7.55	\$13.50
Family	\$7.32	\$13.08	\$9.25	\$16.52

Plan Rates*	24 Pay Period Contributions				19 Pay Period Contributions			
CRITICAL ILLNESS - \$1,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$0.18	\$0.36	\$0.29	\$0.46	\$0.23	\$0.45	\$0.36	\$0.58
25 - 34	\$0.23	\$0.46	\$0.34	\$0.56	\$0.29	\$0.57	\$0.42	\$0.70
35 - 44	\$0.37	\$0.72	\$0.47	\$0.83	\$0.47	\$0.91	\$0.59	\$1.04
45 - 54	\$0.61	\$1.25	\$0.72	\$1.35	\$0.77	\$1.57	\$0.90	\$1.71
55 - 64	\$1.02	\$2.23	\$1.12	\$2.33	\$1.29	\$2.82	\$1.41	\$2.94
65+	\$1.90	\$4.27	\$2.00	\$4.37	\$2.39	\$5.39	\$2.52	\$5.51
CRITICAL ILLNESS - \$10,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$1.80	\$3.55	\$2.85	\$4.60	\$2.27	\$4.48	\$3.60	\$5.81
25 - 34	\$2.30	\$4.55	\$3.35	\$5.55	\$2.91	\$5.75	\$4.23	\$7.01
35 - 44	\$3.70	\$7.20	\$4.70	\$8.25	\$4.67	\$9.09	\$5.94	\$10.42
45 - 54	\$6.10	\$12.45	\$7.15	\$13.50	\$7.71	\$15.73	\$9.03	\$17.05
55 - 64	\$10.20	\$22.30	\$11.20	\$23.30	\$12.88	\$28.17	\$14.15	\$29.43
65+	\$18.95	\$42.65	\$19.95	\$43.65	\$23.94	\$53.87	\$25.20	\$55.14
CRITICAL ILLNESS - \$20,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$3.60	\$7.10	\$5.70	\$9.20	\$4.55	\$8.97	\$7.20	\$11.62
25 - 34	\$4.60	\$9.10	\$6.70	\$11.10	\$5.81	\$11.49	\$8.46	\$14.02
35 - 44	\$7.40	\$14.40	\$9.40	\$16.50	\$9.35	\$18.19	\$11.87	\$20.84
45 - 54	\$12.20	\$24.90	\$14.30	\$27.00	\$15.41	\$31.45	\$18.06	\$34.11
55 - 64	\$20.40	\$44.60	\$22.40	\$46.60	\$25.77	\$56.34	\$28.29	\$58.86
65+	\$37.90	\$85.30	\$39.90	\$87.30	\$47.87	\$107.75	\$50.40	\$110.27
CRITICAL ILLNESS - \$30,000								
Attained Age	EO	ES	EC	EF	EO	ES	EC	EF
< 25	\$5.40	\$10.65	\$8.55	\$13.80	\$6.82	\$13.45	\$10.80	\$17.43
25 - 34	\$6.90	\$13.65	\$10.05	\$16.65	\$8.72	\$17.24	\$12.69	\$21.03
35 - 44	\$11.10	\$21.60	\$14.10	\$24.75	\$14.02	\$27.28	\$17.81	\$31.26
45 - 54	\$18.30	\$37.35	\$21.45	\$40.50	\$23.12	\$47.18	\$27.09	\$51.16
55 - 64	\$30.60	\$66.90	\$33.60	\$69.90	\$38.65	\$84.51	\$42.44	\$88.29
65+	\$56.85	\$127.95	\$59.85	\$130.95	\$71.81	\$161.62	\$75.60	\$165.41

### Key

EO – Employee Only
ES – Employee + Spouse
EC – Employee + Child(ren)
EF – Employee + Family



# 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.

### 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



## NOTES



## NOTES



*This benefit summary prepared by*



**Gallagher**

Insurance | Risk Management | Consulting