

2022 - 2023 Plan Year



# DUNCANVILLE ISD BENEFIT GUIDE

EFFECTIVE: 09/01/2022 - 8/31/2023

[WWW.MYBENEFITSHUB.COM/DUNCANVILLEISD](http://WWW.MYBENEFITSHUB.COM/DUNCANVILLEISD)



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HOW TO  
ENROLL

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SUMMARY  
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YOUR  
BENEFITS



# Benefit Contact Information

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<b>ENROLLMENT ADMINISTRATORS</b> Financial Benefit Services (866) 914-5202 <a href="http://www.mybenefitshub.com/duncanvilleisd">www.mybenefitshub.com/duncanvilleisd</a>	<b>DENTAL</b> Cigna Group # 3336999 (800) 244-6224 <a href="http://www.cigna.com">www.cigna.com</a>	<b>LIFE AND AD&amp;D</b> UNUM Group # 469014 (800) 583-6908 <a href="http://www.unum.com">www.unum.com</a>
<b>TRS ACTIVECARE MEDICAL</b> Blue Cross Blue Shield of Texas ACT Care HD Group # 38500 ACT Primary+ Group # 385001 ACT Primary Group # 385003 ACT Care 2 Group # 385002 (866) 355-5999 <a href="http://www.bcbstx.com/trsactivecare">www.bcbstx.com/trsactivecare</a>	<b>VISION</b> VSP Group # 30020362 (800) 877-7195 <a href="http://www.vsp.com">www.vsp.com</a>	<b>INDIVIDUAL LIFE</b> Texas Life (800) 283-9233 <a href="http://www.texaslife.com">www.texaslife.com</a>
<b>TRS HMO MEDICAL</b> Scott & White HMO Group # 085000 (844) 633-5325 <a href="http://www.trs.swhp.org">www.trs.swhp.org</a> Pharmacy 800-728-7947 <a href="mailto:prescriptionservices@sw.org">prescriptionservices@sw.org</a>	<b>DISABILITY</b> The Hartford Group # 395320 (866) 278-2655 <a href="http://www.thehartford.com">www.thehartford.com</a>	<b>IDENTITY THEFT/LEGAL PROTECTION</b> LegalShield (800) 654-7757 <a href="http://www.legalshield.com">www.legalshield.com</a>
<b>HEALTH SAVINGS ACCOUNT</b> HSA Bank (800) 357-6246 <a href="http://www.hsabank.com">www.hsabank.com</a>	<b>CANCER</b> American Public Life Group # 15668 (800) 256-8606 <a href="http://www.ampublic.com">www.ampublic.com</a>	<b>FLEXIBLE SPENDING ACCOUNT</b> Higginbotham (866) 419-3519 <a href="http://www.higginbotham.com">www.higginbotham.com</a>
<b>HOSPITAL INDEMNITY</b> The Hartford Group # 460138 (866) 547-4205 <a href="http://www.thehartford.com">www.thehartford.com</a>	<b>ACCIDENT</b> Voya Group # 70124-6 (972) 225-5077 <a href="http://www.voya.com">www.voya.com</a>	<b>RETIREMENT PLANS</b> TCG Group Holdings (800) 943-9179 <a href="http://www.tcgservices.com">www.tcgservices.com</a>

# All Your Benefits - One App

Employee benefits made easy  
through the ***FBS Benefits App!***

Text **“FBS DISD”**  
to **(800) 583-6908**  
and get access to everything  
you need to complete your  
benefits enrollment:

- Benefit Resources
- Online Enrollment
- Interactive Tools
- And more!

App Group #:  
**FBSDISD**

Text  
**“FBS DISD”**  
to  
**(800) 583-6908**

OR SCAN



 SCAN ME



Download on the  
**App Store**



GET IT ON  
**Google Play**



# How to Log In

1

[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)

2

**CLICK LOGIN**

3

**ENTER USERNAME  
& PASSWORD**

**Your Username Is:**

Your email in THEbenefitsHUB. (Typically your work email)

**Your Password Is:**

Four (4) digits of your birth year followed by the last four (4) digits of your Social Security Number

*If you have previously logged in, you will use the password that you created, NOT the password format listed above.*

## Annual Enrollment

During your annual enrollment period, you have the opportunity to review, change or continue benefit elections each year. Changes are not permitted during the plan year (outside of annual enrollment) unless a Section 125 qualifying event occurs.

- Changes, additions or drops may be made only during the annual enrollment period without a qualifying event.
- Employees must review their personal information and verify that dependents they wish to provide coverage for are included in the dependent profile. Additionally, you must notify your employer of any discrepancy in personal and/or benefit information.
- Employees must confirm on each benefit screen (medical, dental, vision, etc.) that each dependent to be covered is selected in order to be included in the coverage for that particular benefit.

## New Hire Enrollment

All new hire enrollment elections must be completed in the online enrollment system within the first 31 days of benefit eligible employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

## Q&A

### Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefits/HR department or you can call Financial Benefit Services at 866-914-5202 for assistance.

### Where can I find forms?

For benefit summaries and claim forms, go to your benefit website: [www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd). Click the benefit plan you need information on (i.e., Dental) and you can find the forms you need under the Benefits and Forms section.

### How can I find a Network Provider?

For benefit summaries and claim forms, go to the Duncanville ISD benefit website: [www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd). Click on the benefit plan you need information on (i.e., Dental) and you can find provider search links under the Quick Links section.

### When will I receive ID cards?

If the insurance carrier provides ID cards, you can expect to receive those 3-4 weeks after your effective date. For most dental and vision plans, you can login to the carrier website and print a temporary ID card or simply give your provider the insurance company's phone number and they can call and verify your coverage if you do not have an ID card at that time. If you do not receive your ID card, you can call the carrier's customer service number to request another card.

If the insurance carrier provides ID cards, but there are no changes to the plan, you typically will not receive a new ID card each year.

## Section 125 Cafeteria Plan Guidelines

A Cafeteria plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit. Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 31 days of your qualifying event and meet with your Benefit/HR Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

CHANGES IN STATUS (CIS):	QUALIFYING EVENTS
<b>Marital Status</b>	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
<b>Change in Number of Tax Dependents</b>	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
<b>Change in Status of Employment Affecting Coverage Eligibility</b>	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
<b>Gain/Loss of Dependents' Eligibility Status</b>	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
<b>Judgment/Decree/Order</b>	If a judgment, decree, or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
<b>Eligibility for Government Programs</b>	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

## What you Need to Know about Qualifying Life Event (QLE)

A Qualifying Life Event (QLE) is a change in your situation – like getting married, having a baby, or losing health coverage – that can make you eligible for a special 31-day enrollment period, allowing you to enroll in or change your health insurance outside the annual open enrollment period. A list of QLEs is provided below.

Based on the Qualifying Life Events on the previous page, if you wish to update your benefits enrollment, you are required to complete the following tasks.

Within 31 days from the date of your Qualifying Life Event (QLE) contact your Coordinator of Benefits and Leaves to provide proof of a qualifying event and complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

Phone: 972-708-2026

Email: [tbadger@duncanvilleisd.org](mailto:tbadger@duncanvilleisd.org)

Hours: Monday – Thursday 8AM to 4:30PM CST  
Friday 8AM to 4PM

After your change has been processed:

- **Review your confirmation.** Carefully review the changes and immediately inform your Coordinator of Benefits and Leaves of any discrepancies.
  - Proper address and contact information
  - Appropriate coverage, costs, and effective dates
  - Updated dependent and beneficiary information
- **Plan for the financial impact.** Updates to your deductions will be processed within 1-2 pay cycles. Double deductions to assess missed premiums may be required.
- **Review your paycheck stub(s).** Ensure that any required adjustments to your pay appear as you expected and immediately notify [tbader@duncanvilleisd.org](mailto:tbader@duncanvilleisd.org) of any discrepancies.
- **Watch for/Print new ID cards.** Carrier updates will be processed within 5 business days from the date your change is processed you may print a new ID card online after at least 5 business days. If you make changes that require new ID cards, the medical provider will issue new medical/RX cards within 14 business days.



## Employee Eligibility Requirements

**Supplemental Benefits:** Eligible employees must work 30 or more regularly scheduled hours each work week.

Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date. For example, if your 2022 benefits become effective on September 1, 2022, you must be actively-at-work on September 1, 2022 to be eligible for your new benefits.

## Dependent Eligibility Requirements

**Dependent Eligibility:** You can cover eligible dependent children under a benefit that offers dependent coverage, provided you participate in the same benefit, through the maximum age listed below. Dependents cannot be double covered by married spouses within the district as both employees and dependents.

PLAN	CARRIER	MAXIMUM AGE
Accident	Voya	26
Cancer	APL	26
Critical Illness	The Hartford	26
Dental	Cigna	26
Flexible Spending Account (FSA)	National Benefit Services	26 or IRS Tax Dependent
Health Savings Account (HSA)	HSA Bank	26 or IRS Tax Dependent
Identity Theft and Legal Protection	LegalShield	18 for full services ID Theft (26 for restoration and Legal Protection only)
Individual Life	Texas Life	25
Life and AD&D	UNUM	26
Hospital Indemnity	The Hartford	26
Telehealth	MDLIVE	26
TRS Medical	BCBSTX and Scott & White HMO	26
Vision	VSP	18 (26 for full time students)

*Please note, limits and exclusions may apply when obtaining coverage as a married couple or when obtaining coverage for dependents.*

**Potential Spouse Coverage Limitations:** When enrolling in coverage, please keep in mind that some benefits may not allow you to cover your spouse as a dependent if your spouse is enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Financial Benefit Services, or contact the insurance carrier for additional information on spouse eligibility.

**FSA/HSA Limitations:** Please note, in general, per IRS regulations, married couples may not enroll in both a Flexible Spending Account (FSA) and a Health Savings Account (HSA). If your spouse is covered under an FSA that reimburses for medical expenses then you and your spouse are not HSA eligible, even if you would not use your spouse's FSA to reimburse your expenses. However, there are some exceptions to the general limitation regarding specific types of FSAs. To obtain more information on whether you can enroll in a specific type of FSA or HSA as a married couple, please reach out to the FSA and/or HSA provider prior to enrolling or reach out to your tax advisor for further guidance.

**Potential Dependent Coverage Limitations:** When enrolling for dependent coverage, please keep in mind that some benefits may not allow you to cover your eligible dependents if they are enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Financial Benefit Services, or contact the insurance carrier for additional information on dependent eligibility.

**Disclaimer:** You acknowledge that you have read the limitations and exclusions that may apply to obtaining spouse and dependent coverage, including limitations and exclusions that may apply to enrollment in Flexible Spending Accounts and Health Savings Accounts as a married couple. You, the enrollee, shall hold harmless, defend, and indemnify Financial Benefit Services, LLC from any and all claims, actions, suits, charges, and judgments whatsoever that arise out of the enrollee's enrollment in spouse and/or dependent coverage, including enrollment in Flexible Spending Accounts and Health Savings Accounts.

If your dependent is disabled, coverage may be able to continue past the maximum age under certain plans. If you have a disabled dependent who is reaching an ineligible age, you must provide a physician's statement confirming your dependent's disability. Contact your HR/Benefit Administrator to request a continuation of coverage.

## Actively-at-Work

You are performing your regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires you to travel. If you will not be actively at work beginning 9/1/2022 please notify your benefits administrator.

## Annual Enrollment

The period during which existing employees are given the opportunity to enroll in or change their current elections.

## Annual Deductible

The amount you pay each plan year before the plan begins to pay covered expenses.

## Calendar Year

January 1st through December 31st

## Co-insurance

After any applicable deductible, your share of the cost of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

## Guaranteed Coverage

The amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed coverage is only available during initial eligibility period. Actively-at-work and/or pre-existing condition exclusion provisions do apply, as applicable by carrier.

## In-Network

Doctors, hospitals, optometrists, dentists and other providers who have contracted with the plan as a network provider.

## Out-of-Pocket Maximum

The most an eligible or insured person can pay in co-insurance for covered expenses.

## Plan Year

September 1st through August 31st

## Pre-Existing Conditions

Applies to any illness, injury or condition for which the participant has been under the care of a health care provider, taken prescription drugs or is under a health care provider's orders to take drugs, or received medical care or services (including diagnostic and/or consultation services).

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
<b>Description</b>	Approved by Congress in 2003, HSAs are actual bank accounts in employee's names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles and certain services not covered by medical plan, tax-free. This also allows employees to pay for qualifying dependent care tax-free.
<b>Employer Eligibility</b>	A qualified high deductible health plan.	All employers
<b>Contribution Source</b>	Employee and/or employer	Employee and/or employer
<b>Account Owner</b>	Individual	Employer
<b>Underlying Insurance Requirement</b>	High deductible health plan	None
<b>Minimum Deductible</b>	\$1,400 single (2022) \$2,800 family (2022)	N/A
<b>Maximum Contribution</b>	\$3,650 single (2022) \$7,300 family (2022)	\$2,850 (2022)
<b>Permissible Use Of Funds</b>	Employees may use funds any way they wish. If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
<b>Cash-Outs of Unused Amounts (if no medical expenses)</b>	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
<b>Year-to-year rollover of account balance?</b>	Yes, will roll over to use for subsequent year's health coverage.	No. Access to some funds may be extended if your employer's plan contains a 2 1/2-month grace period or \$500 rollover provision.
<b>Does the account earn interest?</b>	Yes	No
<b>Portable?</b>	Yes, portable year-to-year and between jobs.	No

**FLIP TO**  
FOR HSA INFORMATION

**PG. 19**

**FLIP TO**  
FOR FSA INFORMATION

**PG. 37**

# Medical Insurance

## TRS

## EMPLOYEE BENEFITS

### ABOUT MEDICAL

Major medical insurance is a type of health care coverage that provides benefits for a broad range of medical expenses that may be incurred either on an inpatient or outpatient basis.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



	Monthly Premium	District Contribution	Employee Cost
<b>TRS ActiveCare HD</b>			
Employee Only	\$422.00	\$333.00	\$89.00
Employee & Spouse	\$1,187.00	\$333.00	\$854.00
Employee & Child(ren)	\$757.00	\$333.00	\$424.00
Employee & Family	\$1,419.00	\$333.00	\$1,086.00
<b>TRS ActiveCare 2</b>			
Employee Only	\$1,013.00	\$333.00	\$680.00
Employee & Spouse	\$2,402.00	\$333.00	\$2,069.00
Employee & Child(ren)	\$1,507.00	\$333.00	\$1,174.00
Employee & Family	\$2,841.00	\$333.00	\$2,508.00
<b>TRS ActiveCare Primary</b>			
Employee Only	\$410.00	\$333.00	\$77.00
Employee & Spouse	\$1,157.00	\$333.00	\$824.00
Employee & Child(ren)	\$738.00	\$333.00	\$405.00
Employee & Family	\$1,384.00	\$333.00	\$1,051.00
<b>TRS ActiveCare Primary+</b>			
Employee Only	\$515.00	\$333.00	\$182.00
Employee & Spouse	\$1,259.00	\$333.00	\$926.00
Employee & Child(ren)	\$829.00	\$333.00	\$496.00
Employee & Family	\$1,584.00	\$333.00	\$1,251.00
<b>Scott and White HMO</b>			
Employee Only	\$543.35	\$333.00	\$210.35
Employee & Spouse	\$1,364.92	\$333.00	\$1,031.92
Employee & Child(ren)	\$873.57	\$333.00	\$540.57
Employee & Family	\$1,570.98	\$333.00	\$1,237.98

# LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

## TRS-ActiveCare Plan Highlights 2022-23



From the North Texas plains to the Gulf Coast, TRS-ActiveCare is where you live and work. We have more Texas doctors than any other plan and more ways to make your health plan *yours*.

# TRS-ActiveCare REGION 10



### Learn the terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.



# 2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 –

## How to Calculate Your Monthly Premium

Total Monthly Premium  
 — Your District and State Contributions

— **Your Premium**

*Ask your Benefits Administrator for your district's specific premiums.*

## Wellness Benefits at No Extra Cost\*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*\*Available for all plans.  
 See the benefits guide for more details.*

## Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Secondary
Plan Summary	<ul style="list-style-type: none"> <li>• Lowest premium of all three plans</li> <li>• Copays for doctor visits before you meet your deductible</li> <li>• Statewide network</li> <li>• Primary Care Provider (PCP) referrals required to see specialists</li> <li>• Not compatible with a Health Savings Account (HSA)</li> <li>• No out-of-network coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Lower deductible than Primary</li> <li>• Copays for many services</li> <li>• Higher premium</li> <li>• Statewide network</li> <li>• PCP referrals required to see specialists</li> <li>• Not compatible with a Health Savings Account (HSA)</li> <li>• No out-of-network coverage</li> </ul>

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$410	\$	\$515
Employee and Spouse	\$1,157	\$	\$1,259
Employee and Children	\$738	\$	\$829
Employee and Family	\$1,384	\$	\$1,584

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$8,150/\$16,300
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

Doctor Visits		
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD (™)	\$0 per medical consultation	\$0 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation

Prescription Drugs		
Drug Deductible	Integrated with medical	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred Brand	You pay 30% after deductible	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

ActiveCare Primary+	TRS-ActiveCare HD
<p>than the HD and Primary plans services and drugs</p> <p>red to see specialists h a Health Savings Account (HSA) coverage</p>	<ul style="list-style-type: none"> <li>Compatible with a Health Savings Account (HSA)</li> <li>Nationwide network with out-of-network coverage</li> <li>No requirement for PCPs or referrals</li> <li>Must meet your deductible before plan pays for non-preventive care</li> </ul>

um	Your Premium	Total Premium	Your Premium
	\$	\$422	\$
	\$	\$1,187	\$
	\$	\$757	\$
	\$	\$1,419	\$

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

\$30 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

\$200 brand deductible	Integrated with medical
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
You pay 25% after deductible	You pay 25% after deductible
You pay 50% after deductible	You pay 50% after deductible
\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
1-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2
<ul style="list-style-type: none"> <li>Closed to new enrollees</li> <li>Current enrollees can choose to stay in plan</li> <li>Lower deductible</li> <li>Copays for many services and drugs</li> <li>Nationwide network with out-of-network coverage</li> <li>No requirement for PCPs or referrals</li> </ul>

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,841	\$

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

# What's New and What's Changing



This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$417	\$410	<b>(\$7)</b>	<ul style="list-style-type: none"> <li>Member Rewards was expanded to include more than 100 new procedures</li> <li>Copay for Teladoc® rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</li> </ul>
	Employee and Spouse	\$1,176	\$1,157	<b>(\$19)</b>	
	Employee and Children	\$751	\$738	<b>(\$13)</b>	
	Employee and Family	\$1,405	\$1,384	<b>(\$21)</b>	
<b>TRS-ActiveCare HD</b>	Employee Only	\$429	\$422	<b>(\$7)</b>	<ul style="list-style-type: none"> <li>In-network maximum rose by \$50/individual; \$100/families</li> <li>The Member Rewards program is now available for HD participants                             <ul style="list-style-type: none"> <li>Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses</li> </ul> </li> <li>Consult fee for Teladoc rose from \$30 to \$42</li> </ul>
	Employee and Spouse	\$1,209	\$1,187	<b>(\$22)</b>	
	Employee and Children	\$772	\$757	<b>(\$15)</b>	
	Employee and Family	\$1,445	\$1,419	<b>(\$26)</b>	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$542	\$515	<b>(\$27)</b>	<ul style="list-style-type: none"> <li>Member Rewards was expanded to include more than 100 new procedures</li> <li>Copay for Teladoc rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</li> </ul>
	Employee and Spouse	\$1,334	\$1,259	<b>(\$75)</b>	
	Employee and Children	\$879	\$829	<b>(\$50)</b>	
	Employee and Family	\$1,675	\$1,584	<b>(\$91)</b>	
<b>TRS-ActiveCare 2 (closed to new enrollees)</b>	Employee Only	\$1,013	\$1,013	<b>\$0</b>	<ul style="list-style-type: none"> <li>Copay for Teladoc rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</li> <li>This plan is still closed to new enrollees</li> </ul>
	Employee and Spouse	\$2,402	\$2,402	<b>\$0</b>	
	Employee and Children	\$1,507	\$1,507	<b>\$0</b>	
	Employee and Family	\$2,841	\$2,841	<b>\$0</b>	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2022



## Compare Prices for Common Medical Services

### REMEMBER:

Log into Blue Access for Members<sup>SM</sup> at [www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare) to use the cost estimator tool. This will help you find the best prices through different providers.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

\*Pre-certification for genetic and specialty testing may apply. Contact a Personal Health Guide at 1-866-355-5999 with questions.


[www.trs.texas.gov](http://www.trs.texas.gov)

## 2022-23 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

### REMEMBER:

Remember that when you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas additional options. Not all HMOs are available in all regions. Please verify your eligibility.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <i>Brought to you by TRS-ActiveCare</i>
	<b>You can choose this plan if you live in one of these counties:</b> Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	<b>You can choose this plan if you live in one of these counties:</b> Cameron, Hidalgo, Starr, Willacy	<b>You can choose this plan if you live in one of these counties:</b> Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$543.35	\$	N/A	\$	N/A	\$
Employee and Spouse	\$1,364.92	\$	N/A	\$	N/A	\$
Employee and Children	\$873.57	\$	N/A	\$	N/A	\$
Employee and Family	\$1,570.98	\$	N/A	\$	N/A	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	N/A	N/A
Individual/Family Deductible	\$1,900/\$4,750	N/A	N/A
Coinsurance	You pay 20% after deductible	N/A	N/A
Individual/Family Maximum Out of Pocket	\$8,000/\$15,000	N/A	N/A

Doctor Visits			
Primary Care	\$15 copay	N/A	N/A
Specialist	\$70 copay	N/A	N/A

Immediate Care			
Urgent Care	\$45 copay	N/A	N/A
Emergency Care	\$500 copay after deductible	N/A	N/A

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	N/A	N/A
Days Supply	30-day supply/90-day supply	N/A	N/A
Generics	\$12/\$30 copay	N/A	N/A
Preferred Brand	You pay 30% after deductible	N/A	N/A
Non-preferred Brand	You pay 50% after deductible	N/A	N/A
Specialty	You pay 25%/35% after deductible (preferred/non-preferred)	N/A	N/A

[www.trs.texas.gov](http://www.trs.texas.gov)

# Health Savings Account (HSA)

## HSABank

## EMPLOYEE BENEFITS

### ABOUT HSA

A Health Savings Account (HSA) is a personal savings account where the money can only be used for eligible medical expenses. Unlike a flexible spending account (FSA), the money rolls over year to year however only those funds that have been deposited in your account can be used. Contributions to a Health Savings Account can only be used if you are also enrolled in a High Deductible Health Care Plan (HDHP).

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



A Health Savings Account (HSA) is more than a way to help you and your family cover health care costs – it is also a tax-exempt tool to supplement your retirement savings and cover health expenses during retirement. An HSA can provide the funds to help pay current health care expenses as well as future health care costs.

A type of personal savings account, an HSA is always yours even if you change health plans or jobs. The money in your HSA (including interest and investment earnings) grows tax-free and spends tax-free if used to pay for qualified medical expenses. There is no “use it or lose it” rule — you do not lose your money if you do not spend it in the calendar year — and there are no vesting requirements or forfeiture provisions. The account automatically rolls over year after year.

### HSA Eligibility

You are eligible to open and contribute to an HSA if you are:

- Enrolled in an HSA-eligible HDHP (High Deductible Health Plan)
- Not covered by another plan that is not a qualified HDHP, such as your spouse’s health plan
- Not enrolled in a Health Care Flexible Spending Account, nor should your spouse be contributing towards a Health Care Flexible Spending Account
- Not eligible to be claimed as a dependent on someone else’s tax return
- Not enrolled in Medicare or TRICARE
- Not receiving Veterans Administration benefits

You can use the money in your HSA to pay for qualified medical expenses now or in the future. You can also use HSA funds to pay health care expenses for your dependents, even if they are not covered under your HDHP.

### Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual contribution maximum for 2022 is based on the coverage option you elect:

- Individual – \$3,650
- Family (filing jointly) – \$7,300

You decide whether to use the money in your account to pay for qualified expenses or let it grow for future use. If you are 55 or older, you may make a yearly catch-up contribution of up to \$1,000 to your HSA. If you turn 55 at any time during the plan year, you are eligible to make the catch-up contribution for the entire plan year.

### Opening an HSA

If you meet the eligibility requirements, you may open an HSA administered by **HSABank**. You will receive a debit card to manage your HSA account reimbursements. Keep in mind, available funds are limited to the balance in your HSA.

### Important HSA Information

- Always ask your health care provider to file claims with your medical provider so network discounts can be applied. You can pay the provider with your HSA debit card based on the balance due after discount.
- You, not your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.
- You may open an HSA at the financial institution of your choice, but only accounts opened through **HSABank** are eligible for automatic payroll deduction and company contributions.

### How to Use your HSA

- HSA Bank Mobile App – Download to check available balances, view HSA transaction details, save and store receipts, scan items in-store to see if they’re qualified, and access customer service contact information.
- myHealth Portfolio<sup>SM</sup> – Track your healthcare expenses, manage receipts and claims from multiple providers, and view expenses by provider, description, and more.
- Account preferences – Designate a beneficiary, add an authorized signer, order additional debit cards, and keep important information up to date.
- Access online at: <http://www.hsabank.com>

# Hospital Indemnity

## The Hartford

## EMPLOYEE BENEFITS

### ABOUT HOSPITAL INDEMNITY

This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



### BENEFIT HIGHLIGHTS

Hospital indemnity (HI) insurance pays a cash benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up. The benefits are paid in lump sum amounts to you, and can help offset expenses that primary health insurance doesn't cover (like deductibles, co-insurance amounts or co-pays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.).

To learn more about Hospital Indemnity insurance, visit [thehartford.com/employeebenefits](http://thehartford.com/employeebenefits)

### Coverage Information

You have a choice of two hospital indemnity plans, which allows you the flexibility to enroll for the coverage that best meets your needs. Benefit amounts are based on the plan in effect for you or an insured dependent at the time the covered event occurs. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

Hospital Indemnity		
	Low	High
Employee Only	\$16.18	\$32.37
Employee and Spouse	\$31.27	\$62.55
Employee and Child(ren)	\$28.02	\$56.04
Employee and Family	\$45.07	\$90.13

PLAN INFORMATION		PLAN 1	PLAN 3
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
Covered Events		Illness and injury	Illness and injury
HSA Compatible		Yes	Yes
BENEFITS		PLAN 1	PLAN 3
HOSPITAL CARE			
First Day Hospital Confinement	Up to 1 day per year	\$1,000	\$2,000
Daily Hospital Confinement (Day 2+)	Up to 90 days per year	\$100	\$200
VALUE ADDED SERVICES		PLAN 1	PLAN 3
Ability Assist® EAP <sup>4</sup> – 24/7/365 access to help for financial, legal or emotional issues		Included	Included
HealthChampionSM <sup>5</sup> – Administrative & clinical support following serious illness or injury		Included	Included

### ASKED & ANSWERED

#### IS THIS COVERAGE HSA COMPATIBLE?

If you (or any dependent(s)) currently participate in a Health Saving Account (HSA) or if you plan to do so in the future, you should be aware that the IRS limits the types of supplemental insurance you may have in addition to a HSA, while still maintaining the tax exempt status of the HSA.

This plan design was designed to be compatible with Health Savings Accounts (HSAs). However, if you have or plan to open an HSA, please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

### **WHO IS ELIGIBLE?**

You are eligible for this insurance if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis. Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

### **AM I GUARANTEED COVERAGE?**

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.<sup>5</sup>

### **HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?**

Premiums are provided above. You have a choice of plan options. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

### **WHEN CAN I ENROLL?**

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

### **WHEN DOES THIS INSURANCE BEGIN?**

The initial effective date of this coverage is September 1, 2018. Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

### **WHEN DOES THIS INSURANCE END?**

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

### **CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?**

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

### ABOUT TELEHEALTH

Telehealth provides 24/7/365 access to board-certified doctors via telephone or video consultations that can diagnose, recommend treatment and prescribe medication. Telehealth makes care more convenient and accessible for non-emergency care when your primary care physician is not available.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



Alongside your medical coverage is access to quality telehealth services through **MDLIVE**. Connect anytime day or night with a board-certified doctor via your mobile device or computer. While **MDLIVE** does not replace your primary care physician, it is a convenient and cost-effective option when you need care and:

- Have a non-emergency issue and are considering a convenience care clinic, urgent care clinic or emergency room for treatment
- Are on a business trip, vacation or away from home
- Are unable to see your primary care physician

### When to Use MDLIVE:

At a cost that is the same or less than a visit to your physician, use telehealth services for minor conditions such as:

- Sore throat
- Headache
- Stomachache
- Cold
- Flu
- Allergies
- Fever
- Urinary tract infections

Do not use telemedicine for serious or life-threatening emergencies.

### Registration is Easy

Register with **MDLIVE** so you are ready to use this valuable service when and where you need it.

- Online – [www.mdlive.com/fbs](http://www.mdlive.com/fbs)
- Phone – **888-365-1663**
- Mobile – download the MDLIVE mobile app to your smartphone or mobile device
- Select –“MDLIVE as a benefit” and “FBS” as your Employer/Organization when registering your account.

#### Telehealth

Employee and Family

Provided by Duncanville ISD

## ABOUT DENTAL

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through **Cigna Dental**.

**How to Find a Dentist** Visit <https://hcpdirectory.cigna.com/> or call **800-244-6224** to find an in-network dentist. Your network will be Total Cigna DPPO.

**How to Request a New ID Card** You can request your dental id card by contacting Cigna directly at 800-244-6224. You can also go to [www.mycigna.com](http://www.mycigna.com) and register/login to access your account. In addition, you can download the “MyCigna” app on your smartphone and access your id card right there on your phone.

	Dental		
	High Plan	Low Plan	DHMO
Employee Only	\$62.07	\$39.78	\$17.07
Employee and Spouse	\$80.40	\$60.54	\$22.61
Employee and Child(ren)	\$91.91	\$69.21	\$25.89
Employee and Family	\$156.19	\$117.66	\$43.96

Cigna Dental High Plan				
Network Options	In-Network: Total Cigna DPPO Network		Out-of-Network: See Non-Network Reimbursement	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Reimbursable Charge	
<b>Policy Year Benefits Maximum</b>				
Applies to: Class I, II & III expenses	\$1,500		\$1,500	
<b>Policy Year Deductible</b>				
Individual	\$50		\$50	
Family	\$150		\$150	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I: Diagnostic &amp; Preventive</b>				
Oral Evaluations				
Prophylaxis: routine cleanings				
X-rays: routine	100%	No Charge	100%	No Charge
X-rays: non-routine	No Deductible		No Deductible	
Fluoride Application				
Sealants: per tooth				
Space Maintainers: non-orthodontic				
Emergency Care to Relieve Pain				
<b>Class II: Basic Restorative</b>				
Restorative: fillings	80%	20%	80%	20%
Endodontics: minor and major	After Deductible	After Deductible	After Deductible	After Deductible
Periodontics: minor and major				
Oral Surgery: minor and major				
Anesthesia: general and IV sedation				
Repairs: dentures				
<b>Class III: Major Restorative</b>				
Inlays and Onlays				
Prosthesis Over Implant				
Crowns: prefabricated stainless steel / resin	50%	50%	50%	50%
Crowns: permanent cast and porcelain	After Deductible	After Deductible	After Deductible	After Deductible
Bridges and Dentures				
Repairs: bridges, crowns and inlays				
Denture Relines, Rebases and Adjustments				
<b>Class IV: Orthodontia</b>				
Coverage for Dependent Children to age 19	50%	50%	50%	50%
Lifetime Benefits Maximum: \$1,500	No Deductible	No Deductible	No Deductible	No Deductible



Cigna Dental High Plan <i>Cont'd.</i>				
<b>Benefit Plan Provisions:</b>				
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
<b>Non-Network Reimbursement</b>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.			

Cigna Dental Low Plan				
Network Options	In-Network: Total Cigna DPPO Network Based on Contracted Fees		Out-of-Network: See Non-Network Reimbursement Maximum Allowable Charge	
<b>Reimbursement Levels</b>				
<b>Policy Year Benefits Maximum</b>				
Applies to: Class I, II & III expenses	\$1,000		\$1,000	
<b>Policy Year Deductible</b>				
Individual	\$50		\$50	
Family	\$150		\$150	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I: Diagnostic &amp; Preventive</b>				
Oral Evaluations				
Prophylaxis: routine cleanings				
X-rays: routine	100%	No Charge	100%	No Charge
Fluoride Application	No Deductible		No Deductible	
Sealants: per tooth				
Space Maintainers: non-orthodontic				
Emergency Care to Relieve Pain				
<b>Class II: Basic Restorative</b>				
Restorative: fillings	80%	20%	80%	20%
Oral Surgery: minor	After Deductible	After Deductible	After Deductible	After Deductible
X-rays: non-routine				
<b>Class III: Major Restorative</b>				
Inlays and Onlays				
Prosthesis Over Implant				
Crowns: prefabricated stainless steel / resin				
Crowns: permanent cast and porcelain				
Bridges and Dentures				
Oral Surgery: major	50%	50%	50%	50%
Anesthesia: general and IV sedation	After Deductible	After Deductible	After Deductible	After Deductible
Periodontics: minor and major				
Endodontics: minor and major				
Repairs: bridges, crowns and inlays				
Repairs: dentures				
Denture Relines, Rebases and Adjustments				
<b>Class IV: Orthodontia</b>				
Coverage for Dependent Children to age 19	50%	50%	50%	50%
Lifetime Benefits Maximum: \$1,000	No Deductible	No Deductible	No Deductible	No Deductible
<b>Benefit Plan Provisions:</b>				
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
<b>Non-Network Reimbursement</b>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Allowable Charge. The dentist may balance bill up to their usual fees.			
<b>Late Entrant Limitation Provision</b>	Payment will be reduced by 50% for Class III services for 12 months for eligible members that are allowed to enroll in this plan outside of the designated open enrollment period. This provision does not apply to new hires.			

## DHMO PLAN

If you enroll in the DHMO plan, you must select a Primary Care Dentist (PCD) from the DHMO network directory to manage your care. Each eligible dependent may choose their own PCD. The Patient Charge Schedule applies only when covered dental services are performed by your network dentist. Not all Network Dentist perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services. Dental services are unlimited; you pay fixed co-pays, there are no deductibles and there are no claim forms to file. There is no coverage for services provided without a referral from your PCD or if you seek care from out-of-network providers. Please refer to link below for patient charge schedule details: [www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)

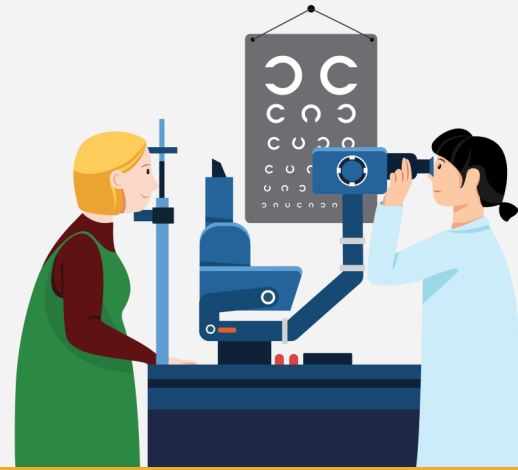
**How do I find an In-network Dentist?** Visit: <https://hcpdirectory.cigna.com/> or call 800-244-6224 to find an in-network dentist. Your network will be Cigna Dental Care DHMO.



### ABOUT VISION

Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



### SEE HEALTHY AND LIVE HAPPY WITH HELP FROM DUNCANVILLE ISD AND VSP.

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

#### VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

#### PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

**Like shopping online?** Go to [eyeconic.com](http://eyeconic.com)® and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

#### QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®. This comprehensive eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

#### USING YOUR BENEFIT IS EASY!

Create an account on [vsp.com](http://vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

#### YOUR VSP VISION BENEFITS SUMMARY

DUNCANVILLE ISD and VSP provide you with an affordable vision plan.

- PROVIDER NETWORK: VSP Choice
- EFFECTIVE DATE: 09/01/2022

Vision	
Employee Only	\$8.20
Employee and Spouse	\$16.40
Employee and Child(ren)	\$18.91
Employee and Family	\$30.22

### YOUR COVERAGE WITH A VSP PROVIDER

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
WELLVISION EXAM	<ul style="list-style-type: none"> <li>• Focuses on your eyes and overall wellness</li> </ul>	\$10	Every plan year*
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> <li>• Retinal screening for members with diabetes</li> <li>• Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>• Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$10	
FRAME	<ul style="list-style-type: none"> <li>• \$220 featured frame brands allowance</li> <li>• \$200 frame allowance</li> <li>• 20% savings on the amount over your allowance</li> </ul>	Included in Prescription Glasses	Every other plan year
LENSES	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every plan year

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
PRESCRIPTION GLASSES CONT'D.		\$10	
LENS ENHANCEMENTS	• Standard progressive lenses	\$0	Every plan year
	• Premium progressive lenses	\$95 - \$105	
	• Custom progressive lenses	\$150 - \$175	
	• Average savings of 30% on other lens enhancements		
CONTACTS (INSTEAD OF GLASSES)	• \$150 allowance for contacts; copay does not apply	Up to \$25	Every plan year
	• Contact lens exam (fitting and evaluation)		
EXTRA SAVINGS	Glasses and Sunglasses		
	• Extra \$20 to spend on featured frame brands. Go to <a href="#">vsp.com/offers</a> for details.		
	• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Routine Retinal Screening		
	• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction		
	• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

### YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](https://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

\*Plan year begins in September

### ABOUT DISABILITY

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



### What is Educator Disability Insurance?

Educator Disability insurance is a hybrid that combines features of short-term and long-term disability into one plan. Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness. The plan gives you flexibility to be able to choose an amount of coverage and waiting period that suits your needs.

**Actively at Work:** You must be at work with your Employer on your regularly scheduled workday. On that day, you must be performing for wage or profit all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all of the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.

**Benefit Amount:** You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$8,000 that cannot exceed 66 2/3% of your current monthly earnings. Earnings are defined in The Hartford's contract with your employer.

Disability - per \$100 in benefit (minimum \$200 benefit)	
Elimination Period	Plan 1
0/7	\$4.34
14/14	\$3.38
30/30	\$2.87
60/60	\$1.86
90/90	\$1.61
180/180	\$1.22

**Elimination Period:** You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a Disability benefit

payment. The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an accident before your benefits can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin.

*For those employees electing an elimination period of 30 days or less, if you are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of hospitalization.*

**Definition of Disability:** Disability is defined as The Hartford's contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings. One you have been disabled for 24 months, you must be prevented from performing one or more essential duties of any occupation, and as a result, your monthly earnings are 66 2/3% or less of your pre-disability earnings.

**Pre-Existing Condition Limitation:** Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have not received treatment for the disabling condition within 3 months, while insured under this policy, before the disability begins, or You have been insured under this policy for 12 months before your disability begins.

*If your disability is a result of a pre-existing condition, we will pay benefits for a maximum of 4 weeks.*

**Maximum Benefit Duration:** Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury. Depending on the age at which disability occurs, the maximum duration may vary. Please see the applicable schedules below based on the Premium benefit option.

Premium Option: For the Premium benefit option – the table below applies to disabilities resulting from sickness or injury.

Age Disabled	Maximum Benefit Duration
Prior to 63	To Normal Retirement Age or 48 months if greater
Age 63	To Normal Retirement Age or 42 months if greater
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and older	18 months

**Benefit Integration:** Your benefit may be reduced by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance
- State Teacher Retirement Disability Plans
- Workers' Compensation
- Other employer-based disability insurance coverage you may have
- Unemployment benefits
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)

*Your plan includes a minimum benefit of 25% of your elected benefit.*

**Eligibility:** You are eligible if you are an active employee who works at least 30 hours per week on a regularly scheduled basis.

**Enrollment:** You can enroll in coverage within 31 days of your date of hire or during your annual enrollment period.

**Effective Date:** Coverage goes into effect subject to the terms and conditions of the policy. You must satisfy the definition of Actively at Work with your employer on the day your coverage takes effect.

# Cancer Insurance

## American Public Life

## EMPLOYEE BENEFITS

### ABOUT CANCER

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



Treatment for cancer is often lengthy and expensive. While your health insurance helps pay the medical expenses for cancer treatment, it does not cover the cost of non-medical expenses, such as out-of-town treatments, special diets, daily living, and household upkeep. In addition to these non-medical expenses, you are responsible for paying your health plan deductibles and/or coinsurance. Cancer insurance through **American Public Life** helps pay for these direct and indirect treatment costs so you can focus on your health.

Should you need to file a claim contact APL at 800-256-8606 or online at [www.ampublic.com](http://www.ampublic.com). You can find additional claim forms and materials at [www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)

Cancer		
	Low	High
Employee Only	\$13.66	\$23.00
Employee and Spouse	\$29.48	\$49.94
Employee and Child(ren)	\$15.70	\$26.50
Employee and Family	\$31.52	\$53.48

	Plan 1	Plan 2
<b>Internal Cancer First Occurrence*</b>	\$5,000	\$10,000
<b>Cancer Treatment Policy benefits</b>		
Radiation and Chemotherapy, Immunotherapy Maximum Per 12-month period	\$15,000	\$20,000
Hormone Therapy- Maximum of 12 treatments per calendar year	\$50 per treatment	\$50 per treatment
<b>Heart Attack/Stroke First Occurrence Rider Benefits</b>		
Lump Sum Benefit- Maximum per 1 covered person per lifetime	\$5,000	\$10,000

\*Carcinoma in situ is not considered internal cancer

**Pre-Existing Condition Exclusion:** Review the Benefit Summary page that can be found at [www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd) for full details

## ABOUT ACCIDENT

Do you have kids playing sports, are you a weekend warrior, or maybe accident prone? Accident plans are designed to help pay for medical costs associated with accidents and benefits are paid directly to you.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



## What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs, on or after your coverage effective date. The benefit amount depends on the type of injury and care received. You have the option to elect Accident Insurance to meet your needs. Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Accident	
	1 Unit
Employee Only	\$11.40
Employee and Spouse	\$18.32
Employee and Child(ren)	\$20.20
Employee and Family	\$27.12

Other features of Accident Insurance include:

- **Guaranteed issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** If you leave your current employer, you can take your coverage with you.

## How can Accident Insurance help?

- Medical expenses, such as deductibles and copays
- Home healthcare costs
- Lost income due to lost time at work
- Everyday expenses like utilities and groceries

## How to File a Claim:

- [www.voya.com](http://www.voya.com)
- Click contact and services
- Select Claims and then “start a claim”
- Complete the questionnaire so that a custom claim form package can be generated for you.
- Download your claim forms.
- Fill out each form by the appropriate party.
- Attach additional supporting documents.
- Submit your completed and signed forms and supporting documents.
  - \* Upload at [voya.com](http://voya.com)
  - \* Click on the contact and services
  - \* Select “Upload a form”
- Mail and or Fax information provided on the top of your claim form package.

*If you have any questions about the claim process, call 1-888-238-4840*

# Critical Illness Insurance

## The Hartford

## EMPLOYEE BENEFITS

### ABOUT CRITICAL ILLNESS

Critical illness insurance can be used towards medical or other expenses. It provides a lump sum benefit payable directly to the insured upon diagnosis of a covered condition or event, like a heart attack or stroke. The money can also be used for non-medical costs related to the illness, including transportation, child care, etc.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



\$5,000	Non Tobacco User Monthly Cost				Tobacco User Monthly Cost			
Age	Employee	EE + Spouse	EE + Child	EE + Family	Employee	EE + Spouse	EE + Child	EE + Family
18-24	\$0.85	\$1.70	\$2.08	\$3.23	\$0.93	\$1.87	\$2.16	\$3.40
25-29	\$1.16	\$2.30	\$2.39	\$3.83	\$1.34	\$2.68	\$2.57	\$4.21
30-34	\$1.61	\$3.19	\$2.85	\$4.72	\$2.01	\$4.02	\$3.24	\$5.55
35-39	\$2.46	\$4.85	\$3.69	\$6.38	\$3.30	\$6.64	\$4.54	\$8.17
40-44	\$4.13	\$8.19	\$5.37	\$9.72	\$6.12	\$12.43	\$7.35	\$13.96
45-49	\$6.69	\$13.44	\$7.93	\$14.97	\$11.09	\$22.84	\$12.32	\$24.37
50-54	\$9.81	\$19.94	\$11.04	\$21.47	\$17.72	\$36.65	\$18.95	\$38.18
55-59	\$13.62	\$27.99	\$14.86	\$29.52	\$26.19	\$54.39	\$27.43	\$55.92
60-64	\$20.01	\$41.37	\$21.24	\$42.91	\$40.54	\$84.30	\$41.77	\$85.83
65-69	\$28.15	\$58.03	\$29.39	\$59.56	\$60.22	\$124.84	\$61.46	\$126.37
70-74	\$19.69	\$40.58	\$20.33	\$41.37	\$41.24	\$85.73	\$41.87	\$86.51
75-79	\$26.16	\$53.74	\$26.79	\$54.52	\$49.11	\$102.09	\$49.74	\$102.87
\$10,000	Non Tobacco User Monthly Cost				Tobacco User Monthly Cost			
Age	Employee	EE + Spouse	EE + Child	EE + Family	Employee	EE + Spouse	EE + Child	EE + Family
18-24	\$1.67	\$2.53	\$2.91	\$4.06	\$1.84	\$2.78	\$3.07	\$4.31
25-29	\$2.28	\$3.42	\$3.51	\$4.95	\$2.64	\$3.98	\$3.87	\$5.51
30-34	\$3.17	\$4.75	\$4.41	\$6.28	\$3.95	\$5.97	\$5.19	\$7.50
35-39	\$4.83	\$7.22	\$6.07	\$8.75	\$6.52	\$9.86	\$7.75	\$11.39
40-44	\$8.15	\$12.21	\$9.38	\$13.74	\$12.09	\$18.40	\$13.32	\$19.93
45-49	\$13.22	\$19.97	\$14.46	\$21.50	\$21.95	\$33.70	\$23.19	\$35.23
50-54	\$19.41	\$29.54	\$20.64	\$31.07	\$35.09	\$54.02	\$36.32	\$55.55
55-59	\$27.00	\$41.37	\$28.24	\$42.90	\$51.90	\$80.10	\$53.14	\$81.63
60-64	\$39.70	\$61.07	\$40.94	\$62.60	\$80.37	\$124.13	\$81.61	\$125.66
65-69	\$55.94	\$85.81	\$57.17	\$87.34	\$119.52	\$184.14	\$120.75	\$185.67
70-74	\$38.97	\$59.86	\$39.60	\$60.65	\$81.46	\$125.96	\$82.09	\$126.74
75-79	\$51.92	\$79.50	\$52.56	\$80.28	\$97.41	\$150.38	\$98.04	\$151.17

# Critical Illness Insurance

## The Hartford

## EMPLOYEE BENEFITS

### COVERAGE INFORMATION

Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis.

COVERAGE AMOUNTS	
Employee Coverage Amount	\$5,000; \$10,000; \$20,000 or \$30,000
Spouse Coverage Amount	50% of your coverage amount
Child(ren) Coverage Amount	\$5,000
COVERED ILLNESSES	BENEFIT AMOUNTS
CANCER CONDITIONS	
Benign Brain Tumor*; Invasive Cancer*	100% of coverage amount
Non-invasive Cancer	25% of coverage amount
VASCULAR CONDITIONS	
Heart Attack (Myocardial Infarction)*; Heart Failure/Transplant*; Stroke*	100% of coverage amount
Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft	25% of coverage amount
OTHER SPECIFIED CONDITIONS	
Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Failure/Transplant*; Paralysis	100% of coverage amount
Bone Marrow Transplant	25% of coverage amount
ADDITIONAL BENEFITS	
Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	100% of your coverage amount
Second Opinion Cancer	\$500 per diagnosis
Prosthesis/Wig	\$500 one time
Health Screening Benefit	\$50 one time
FEATURES	
Coverage Maximum – Primary Insured & Spouse	500% of coverage amount
Coverage Maximum – Child(ren)	300% of coverage amount

### ASKED & ANSWERED

#### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis, and are less than age 80.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

#### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.<sup>6</sup>

#### HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

#### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

#### WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

#### WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependents) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

#### CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.



### ABOUT LIFE AND AD&D

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



Voluntary Group Life - per \$1,000 in coverage		
Age	Employee	Spouse
18-24	\$0.05	\$0.05
25-29	\$0.05	\$0.05
30-34	\$0.06	\$0.06
35-39	\$0.08	\$0.08
40-44	\$0.12	\$0.12
45-49	\$0.17	\$0.17
50-54	\$0.27	\$0.27
55-59	\$0.41	\$0.41
60-64	\$0.52	\$0.52
65+	\$1.01	\$1.01

Spouse rates based on Employee's age.

Voluntary Group Life - Child(ren)	
	\$10,000 in coverage
0-26	\$1.60

### Policy Number 469014

#### Basic Life Coverage

Provided to eligible employees of  
Duncanville ISD

Life Coverage: Your employer is providing you with \$10,000

AD&D Coverage: Your employer is providing you with \$10,000

#### Can I be denied coverage?

Current employees: If you and your eligible dependents are enrolled in the plan and wish to increase your life insurance coverage, you may apply on or before the enrollment deadline for any amount of additional coverage up to \$200,000 for yourself and any amount of additional coverage up to \$50,000 for your spouse. Any life insurance coverage over the guaranteed amount(s) will be subject to answers to health questions. If you and your eligible dependents are not currently enrolled in the plan, you may apply for coverage on or before the enrollment deadline and will be required to answer health questions for any amount of coverage.

New employees: To apply for coverage, complete your enrollment within 31 days of your eligibility period. If you apply for coverage after 31 days, or if you choose coverage over the amount you are guaranteed, you will need to complete a medical questionnaire which you can get from your plan administrator. You may also be required to take certain medical tests at Unum's expense.

<b>Maximum coverage amount</b>	5 times your annual salary (\$500,000 maximum in increments of \$10,000)										
<b>Spouse maximum coverage amount</b>	Up to 100% of employee amount in increments of \$5,000; not to exceed \$100,000.										
<b>Child maximum coverage amount</b>	Up to 100% of employee coverage amount in increments of \$2,000; not to exceed \$10,000. The maximum death benefit for a child between the ages of live birth and six months is \$1,000.										
<b>Do my life insurance benefits decrease with age?</b>	<p>Coverage amounts will reduce according to the following schedule:</p> <table> <tr> <td>Age:</td><td>Insurance amount reduces to:</td></tr> <tr> <td>70</td><td>65% of original amount</td></tr> <tr> <td>75</td><td>45% of original amount</td></tr> <tr> <td>80</td><td>30% of original amount</td></tr> <tr> <td>85</td><td>20% of original amount</td></tr> </table> <p>Coverage may not be increased after a reduction.</p>	Age:	Insurance amount reduces to:	70	65% of original amount	75	45% of original amount	80	30% of original amount	85	20% of original amount
Age:	Insurance amount reduces to:										
70	65% of original amount										
75	45% of original amount										
80	30% of original amount										
85	20% of original amount										
<b>Is the coverage portable (can I keep it if I leave my employer)?</b>	If you retire, reduce your hours or leave your employer, you can continue coverage for yourself your spouse and your dependent children at the group rate. Portability is not available for people who have a medical condition that could shorten their life expectancy — but they may be able to convert their term life policy to an individual life insurance policy.										
<b>When is coverage effective?</b>	Please see your plan administrator for your effective date. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. For your dependent spouse and children, insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Totally disabled means that as a result of an injury, sickness or disorder, your dependent spouse and children: are confined in a hospital or similar institution; are confined at home under the care of a physician for a sickness or injury; or your spouse has a life threatening condition. Exception: Infants are insured from live birth.										

# Individual Life Insurance

## Texas Life

## EMPLOYEE BENEFITS

### ABOUT INDIVIDUAL LIFE

Individual insurance is a policy that covers a single person and is intended to meet the financial needs of the beneficiary, in the event of the insured's death. This coverage is portable and can continue after you leave employment or retire.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



Voluntary permanent life insurance can be an ideal complement to the group term and optional term your employer might provide. Designed to be in force when you die, this voluntary universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term, on the other hand, typically are not portable if you change jobs and, even if you can keep them after you retire, usually cost more and decline in death benefit. The policy, **purelife-plus**, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** With one of the highest death benefits available at the worksite,<sup>1</sup> **purelife-plus** gives your loved ones peace of mind.
- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, **purelife-plus** provides peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.**<sup>2</sup> Enjoy the assurance of a policy that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time.<sup>3</sup>
- **Refund of Premium.** Unique in the marketplace, **purelife-plus** offers you a refund of 10 years' premium, should you surrender the policy if the premium you pay when you buy the policy ever increases. (*Conditions apply.*)
- **Accelerated Death Benefit Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months (24 months in Illinois), you will have the option to receive 92% (84% in Illinois) of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. (*Conditions apply.*) (*Form ICC07-ULABR-07 or Form Series ULABR-07*)

You may apply for this permanent, portable coverage, not only for yourself, but also for your spouse, children and grandchildren by answering just 3 questions:<sup>4</sup>

During the last six months, has the proposed insured:

- a. Been actively at work on a full time basis, performing usual duties?
- b. Been absent from work due to illness or medical treatment for a period of more than five consecutive working days?
- c. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse?

*Flexible Premium Life Insurance to Age 121*

*Policy Form PRFNG-NI-10*

# Identity Theft and Legal Protection

## LegalShield

EMPLOYEE  
BENEFITS

### ABOUT ID THEFT AND LEGAL PROTECTION

Identity theft protection monitors and alerts you to identity threats. Resolution services are included should your identity ever be compromised while you are covered.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



### 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?

Identity Theft			
	IDShield	LegalShield	LegalShield & IDShield
Employee	\$8.45	\$15.95	\$24.90
Employee and Family	\$15.95	\$15.95	\$28.40

#### 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** - Will/Living Will/Health Care Power of Attorney
- **Speeding Ticket Assistance** (15 day waiting period)
- **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)
- **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 Restoration & 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

For more information, contact your Independent Associate:

Mark Seguin

Mark@MyLegalShieldUSA.com

903.533.9123 x 101

# Flexible Spending Account (FSA)

## Higginbotham

## EMPLOYEE BENEFITS

### ABOUT FSA

A Flexible Spending Account allows you to pay for eligible healthcare expenses with a pre-loaded debit card. You choose the amount to set aside from your paycheck every plan year, based on your employer's annual plan limit. This money is use it or lose it within the plan year (unless your plan contains a \$500 rollover or grace period provision).

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



### Health Care FSA

The Health Care FSA covers qualified medical, dental and vision expenses for you or your eligible dependents. You may contribute up to \$2,850 annually to a Health Care FSA and you are entitled to the full election from day one of your plan year. Eligible expenses include:

- Dental and vision expenses
- Medical deductibles and coinsurance
- Prescription copays
- Hearing aids and batteries

You may not contribute to a Health Care FSA if you enrolled in a High Deductible Health Plan (HDHP) and contribute to a Health Savings Account (HSA).

### Higginbotham Benefits Debit Card

The Higginbotham Benefits Debit Card gives you immediate access to funds in your Health Care FSA when you make a purchase without needing to file a claim for reimbursement. If you use the debit card to pay anything other than a copay amount, you will need to submit an itemized receipt or an Explanation of Benefits (EOB). If you do not submit your receipts, you will receive a request for substantiation. You will have 60 days to submit your receipts after receiving the request for substantiation before your debit card is suspended. Check the expiration date on your card to see when you should order a replacement card(s).

### Dependent Care FSA

The Dependent Care FSA helps pay for expenses associated with caring for elder or child dependents so you or your spouse can work or attend school full time. You can use the account to pay for day care or baby sitter expenses for your children under age 13 and qualifying older dependents, such as dependent parents. Reimbursement from your

Dependent Care FSA is limited to the total amount deposited in your account at that time. To be eligible, you must be a single parent or you and your spouse must be employed outside the home, disabled or a full-time student.

### Things to Consider Regarding the Dependent Care FSA

- Overnight camps are not eligible for reimbursement (only day camps can be considered).
- If your child turns 13 midyear, you may only request reimbursement for the part of the year when the child is under age 13.
- You may request reimbursement for care of a spouse or dependent of any age who spends at least eight hours a day in your home and is mentally or physically incapable of self-care.
- The dependent care provider cannot be your child under age 19 or anyone claimed as a dependent on your income taxes.

### Important FSA Rules

- The maximum per plan year you can contribute to a Health Care FSA is \$2,850. The maximum per plan year you can contribute to a Dependent Care FSA is \$5,000 when filing jointly or head of household and \$2,500 when married filing separately.
- You cannot change your election during the year unless you experience a Qualifying Life Event.
- Your Health Care FSA debit card can be used for health care expenses only. It cannot be used to pay for dependent care expenses.
- The IRS has amended the “use it or lose it rule” to allow you to carry-over up to \$500 in your Health Care FSA into the next plan year. The carry-over rule does not apply to your Dependent Care FSA.

### Over-the-Counter Item Rule Reminder

Health care reform legislation requires that certain over-the-counter (OTC) items require a prescription to qualify as an eligible Health Care FSA expense. You will only need to obtain a one-time prescription for the current plan year. You can continue to purchase your regular prescription medications with your FSA debit card. However, the FSA debit card may not be used as payment for an OTC item, even when accompanied by a prescription.

### Higginbotham Portal

The Higginbotham Portal provides information and resources to help you manage your FSAs.

- Access plan documents, letters and notices, forms, account balances, contributions and other plan information
- Update your personal information
- Utilize Section 125 tax calculators
- Look up qualified expenses
- Submit claims
- Request a new or replacement Benefits Debit Card

### Register on the Higginbotham Portal

Visit <https://flexservices.higginbotham.net> and click Register. Follow the instructions and scroll down to enter your information.

- Enter your Employee ID, which is your Social Security number with no dashes or spaces.
- Follow the prompts to navigate the site.
- If you have any questions or concerns, contact Higginbotham:
  - \* Phone – 866-419-3519
  - \* Email – [flexclaims@higginbotham.net](mailto:flexclaims@higginbotham.net)
  - \* Fax – 866-419-3516

### ABOUT RETIREMENT PLANS

A 403(b) plan is a U.S. tax-advantaged retirement savings plan available for public education organizations.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



### What is a 403(b) Savings Plan?

A 403(b) is a voluntary retirement plan that allows you to save money in a pre-tax (Traditional) or after-tax (Roth) account. Contributions to the plan are salary-deducted from your paycheck and automatically deposited into your 403(b) retirement savings account. Early withdrawals from a 403(b) account are subject to a 10% early withdrawal penalty. TCG is the 403(b) plan administrator—managing your contributions, distributions, and personal updates. Money and investments are held with the vendor of your choice.

To get started, visit [www.region10rams.org/enroll](http://www.region10rams.org/enroll) and find your employer's 403(b) Approved Vendor List. Open an account by contacting one of the approved 403(b) providers directly. Next, register access to your RAMS 403(b) administration account and set up salary deferrals at [www.region10rams.org](http://www.region10rams.org).

### Traditional Savings Account (Pre-Tax)

- Contributions are made before tax, meaning your money grows faster
- Withdrawals are taxed (ordinary income)
- Tax benefits are available same year
- Suitable for those looking to reduce their current income tax liability

### Roth Savings Account (After-Tax)

- Contributions are made after tax, meaning your money grows tax-free
- Withdrawals are tax-free (certain conditions apply)
- No tax deductibility for current year
- Suitable for investors who want tax-free income during retirement

### 2022 Annual Contribution Limits

In 2022, you can contribute 100 percent of your compensation up to \$20,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$6,500 for a total of \$26,000. You may simultaneously contribute to both 403(b) and 457(b) plans.

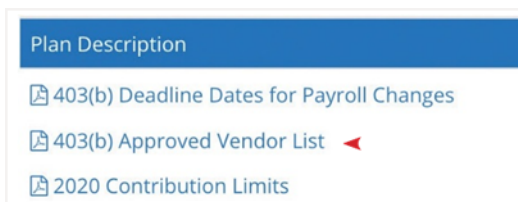
### Get started at [www.region10rams.org](http://www.region10rams.org)

Enrollment assistance is available at [www.region10rams.org/telewealth](http://www.region10rams.org/telewealth) or by calling the Enrollment Hotline at 512-600-5204.

### How to Register

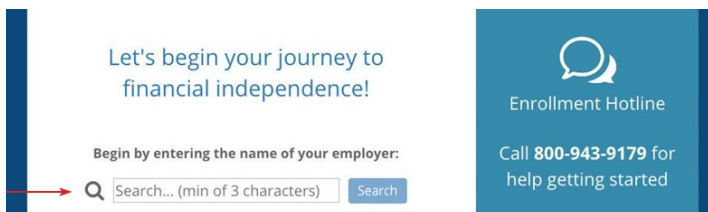
#### Step One: Create an account with an approved vendor

1. Visit [www.region10rams.org](http://www.region10rams.org).
2. Search for your employer and open the 403(b) Approved Vendor list.
3. Evaluate and contact a vendor on the list and contact them directly to establish your retirement account.



#### Step Two: Set up your RAMS 403(b) account

1. Visit [www.region10rams.org/enroll](http://www.region10rams.org/enroll) and click Enroll.
2. Enter the name of your employer and select the 403(b) Admin Plan.
3. Follow each step until you get a completion notice.
4. You're done! Login your account any time you wish to make contribution adjustments.



For questions, please call us @ 800-943-9179 or schedule a virtual meeting at [www.region10rams.org/telewealth](http://www.region10rams.org/telewealth)

### What is a 457(b) plan?

A 457(b) plan is a retirement savings plan that allows employees to make contributions on a pretax basis, thus income taxes are deferred until your assets are withdrawn. Most plans allow you to start, stop, increase or decrease contributions at any time.

The contribution limits are separate from those of 401(k) and 403(b) plans and more flexible withdrawal options are often available.

### The employer sponsored 457(b) plan offers:

- \*Easy-to-choose, professionally managed portfolio options
- No 10% early distribution penalty tax
- No surrender charges and no hidden fees
- Employer oversight of plan investments
- No-load mutual funds



For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/duncanvilleisd](http://www.mybenefitshub.com/duncanvilleisd)



The Duncanville Sick Leave Bank (SLB) is defined as a pool of local sick leave days contributed by eligible district employees. Benefits are for catastrophic illness or injury of the SLB member, and for absences due to catastrophic illness or injury, or death of immediate family members. An Immediate Family Member is defined as the covered employees' spouse, mother, father, or child whether biological, adopted, foster, or step. The employee must be responsible for providing care to the immediate family member. All Full-time employees of Duncanville ISD may join the Sick Leave Bank (SLB) by contributing two local leave days during the open enrollment period or within the first 30 days of employment.

The purpose of the SLB is to provide additional paid sick leave days to members of the SLB in the event of a catastrophic illness or injury, medically necessary (non-elective) surgery, or other injury-related temporary disability which renders him/her unable to perform the duties of his/her position. A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by that employee and to lose compensation from the district.

- Add a section regarding TCG Group Holdings and 403(b) information (we've discussed we would use information from the HUB)
- Add contact information for each vendor on respective pages

# Notes

[illegible]

## Notes

[illegible]

## 2022 - 2023 Plan Year



**Enrollment Guide General Disclaimer:** This summary of benefits for employees is meant only as a brief description of some of the programs for which employees may be eligible. This summary does not include specific plan details. You must refer to the specific plan documentation for specific plan details such as coverage expenses, limitations, exclusions, and other plan terms, which can be found at the Duncanville ISD Benefits Website. This summary does not replace or amend the underlying plan documentation. In the event of a discrepancy between this summary and the plan documentation the plan documentation governs. All plans and benefits described in this summary may be discontinued, increased, decreased, or altered at any time with or without notice.

**Rate Sheet General Disclaimer:** The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at the Duncanville ISD Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.

[WWW.MYBENEFITSHUB.COM/DUNCANVILLEISD](http://WWW.MYBENEFITSHUB.COM/DUNCANVILLEISD)

