

2022 - 2023 Plan Year



IRVING ISD

BENEFIT GUIDE

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

WWW.MYBENEFITSHUB.COM/IRVINGISD



Table of Contents

How to Enroll	4-5
Annual Benefit Enrollment	6-11
1. Annual Enrollment	6
2. Section 125 Cafeteria Plan Guidelines	7
3. Helpful Definitions	8
4. Eligibility Requirements	9
5. Health Savings Account (HSA) vs. Flexible Spending Account (FSA)	10
Medical	12-18
Health Savings Account (HSA)	19
Hospital Indemnity	20
Telehealth	21
Dental	22-23
Vision	24
Disability	25-26
Cancer	27-28
Life and AD&D	29
Individual Life	30
Flexible Spending Account (FSA)	31-32
Catastrophic Sick Leave Bank	33
Retirement Plans	34
Employee Assistance Program (EAP)	35

FLIP TO...

PG. 4

HOW TO ENROLL

PG. 6

SUMMARY PAGES

PG. 12

YOUR BENEFITS



Benefit Contact Information

IRVING ISD BENEFITS	MEDICAL - TRS ACTIVECARE	MEDICAL - TRS HMO
Financial Benefit Services (800) 583-6908 www.mybenefitshub.com/irvingisd	BCBSTX (866) 355-5999 www.bcbstx.com/trsactivecare	Scott & White HMO (844) 633-5325 www.trs.swhp.org
HEALTH SAVINGS ACCOUNT	HOSPITAL INDEMNITY	TELEHEALTH
ECCU (800) 333-9934 www.eecu.org	Cigna Group #960777 (800) 362-4462 www.cigna.com	MDLIVE (888) 365-1663 www.mdlive.com/fbs Employer, Ins. Provider: FBS
DENTAL PPO	DENTAL DHMO	VISION
Cigna Group #3337017 (800) 853-2713 www.cigna.com Total Cigna DPPO Network	Cigna Group #3337017 (800) 244-6224 www.cigna.com Cigna Dental Care Access Network	Superior Vision Group #30908 (800) 507-3800 www.superiorvision.com
DISABILITY	CANCER	LIFE AND AD&D
New York Life Group #SLH10016 (800) 362-4462 www.newyorklife.com	APL Group #15669 (800) 256-8606 www.ampublic.com	New York Life Group #FLX-964086 800-362-4462 www.newyorklife.com
INDIVIDUAL LIFE	FLEXIBLE SPENDING ACCOUNT (FSA)	RETIREMENT PLANS - 457(B)
5Star Life Insurance Company (866) 863-9753 www.5starlifeinsurance.com	Higginbotham (866) 419-3519 https://flexservices.higginbotham.net/	TCG Administrators (800) 943-9179 www.tcgservices.com
RETIREMENT PLANS - 403(B)	EMPLOYEE ASSISTANCE PROGRAM (EAP)	
National Benefit Services (NBS) (855) 399-0335 www.nbsbenefits.com	Cigna (800) 538-3543 www.cignalap.com	

All Your Benefits - One App

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

Text **“FBS IISD”**
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 #:
FBSIISD

Text
“FBS IISD”
to
(800) 583-6908

OR SCAN



A SCAN ME

Download on the
App Store

GET IT ON
Google Play



How to Log In

1

www.mybenefitshub.com/irvingisd

2

CLICK LOGIN

3

**ENTER USERNAME
& PASSWORD**

Please use the following credentials to log in.

For district employees with an Irving ISD email address:
Username and Password are the same that you use to sign-in to your district computer, email, and the staff page of irvingisd.net

Password Reset: Please contact the Help Desk at 972-600-5270 or Email techsupport@irvingisd.net

For district employees that do NOT have an Irving ISD email address:

Your Username Is:

The first six (6) characters of your last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

Your Password Is:

Last Name (Excluding punctuation) followed by the last four (4) digits of your Social Security Number.

Password Reset for those that don't have an Irving ISD email address: Contact the HR Benefits department at 972-600-5241.

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 30 days of benefit eligible employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

Don't Forget!

- **Login and complete your benefit enrollment from 07/05/2022 - 08/18/2022**
- Enrollment assistance is available by calling Financial Benefit Services at (866) 914-5202. Bilingual assistance is available.
- Changes to home address, phone number and email should be made via the Irving ISD Employee Self Service Address Change Portal.
- **IMPORTANT!!** Due to the Affordable Care Act (ACA) reporting requirements, please add your dependent's social security numbers in the online enrollment system. If you have questions, please contact the Irving ISD Benefits Office.

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/irvingisd. 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 Irving ISD benefit website: www.mybenefitshub.com/irvingisd. 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 30 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
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	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.
Change in Status of Employment Affecting Coverage Eligibility	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.
Gain/Loss of Dependents' Eligibility Status	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.
Judgment/Decree/Order	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.
Eligibility for Government Programs	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

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).

Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 20 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	MAXIMUM AGE
Medical	To age 26
Dental	To age 26
Vision	To age 26
Life	To age 26
Cancer	To age 26
Critical Illness	To age 26
AD&D	To age 26
Individual Life	To age 26

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.

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
Description	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.
Employer Eligibility	A qualified high deductible health plan.	All employers
Contribution Source	Employee and/or employer	Employee and/or employer
Account Owner	Individual	Employer
Underlying Insurance Requirement	High deductible health plan	None
Minimum Deductible	\$1,400 single (2022) \$2,800 family (2022)	N/A
Maximum Contribution	\$3,650 single (2022) \$7,300 family (2022)	\$2,850 (2022)
Permissible Use Of Funds	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).
Cash-Outs of Unused Amounts (if no medical expenses)	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
Year-to-year rollover of account balance?	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.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

FLIP TO
FOR HSA INFORMATION

PG. 19

FLIP TO
FOR FSA INFORMATION

PG. 31

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/irvingisd



TRS MEDICAL INSURANCE					
Tier	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2	Scott & White HMO
12 Pay Rates - Professional & Paraprofessional					
Employee Only	\$10.00	\$22.00	\$115.00	\$613.00	\$143.35
Employee + Spouse	\$757.00	\$787.00	\$859.00	\$2,002.00	\$964.92
Employee + Children	\$338.00	\$357.00	\$429.00	\$1,107.00	\$473.57
Employee + Family	\$984.00	\$1,019.00	\$1,184.00	\$2,441.00	\$1,170.98
24 Pay Rates - Facilities Services & Operations					
Employee Only	\$5.00	\$11.00	\$57.50	\$306.50	\$71.68
Employee + Spouse	\$378.50	\$393.50	\$429.50	\$1,001.00	\$482.46
Employee + Children	\$169.00	\$178.50	\$214.50	\$553.50	\$236.79
Employee + Family	\$492.00	\$509.50	\$592.00	\$1,220.50	\$585.49
17 Pay Rates - Food Service & CAO's					
Employee Only	\$7.06	\$15.53	\$81.18	\$432.71	\$101.19
Employee + Spouse	\$534.35	\$555.53	\$606.35	\$1,413.18	\$681.12
Employee + Children	\$238.59	\$252.00	\$302.82	\$781.41	\$334.28
Employee + Family	\$694.59	\$719.29	\$835.76	\$1,723.06	\$826.57
Split Rates (Employee + Family)					
	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2	Scott & White HMO
Employee + Family	\$292.00	\$309.50	\$392.00	\$1,020.50	\$385.49
Pooled Rates (Employee + Family)					
Employee + Family	\$584.00	\$619.00	\$784.00	\$2,041.00	\$770.98

Employee works for Irving ISD and their spouse works at another school district offering TRS-ActiveCare Medical.

Both employee and their spouse work for Irving ISD.

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

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

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

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

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

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

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	

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

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

\$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	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
\$11 per 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

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

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 MembersSM at 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

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>
	You can choose this plan if you live in one of these counties: 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	You can choose this plan if you live in one of these counties: Cameron, Hidalgo, Starr, Willacy	You can choose this plan if you live in one of these counties: 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 (perferred/non-preferred)		N/A		N/A	

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Health Savings Account (HSA)

ECCU

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/irvingisd



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 High Deductible Health Plan (HDHP)
- Not enrolled in Medicare or TRICARE
- If you enroll in an HSA and FSA, the FSA becomes a Limited Purpose FSA and may only be used for Dental and Vision, not medical expenses.
- Not eligible to be claimed as a dependent on someone else’s tax return

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 by the 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

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.

Qualified Expenses

You can use your HSA for a wide range of qualified expenses, such as doctor’s visits, prescription drugs, lab work, medical equipment, contacts lenses, dental work, physical therapy...the list goes on! Refer to IRS Publication 502 for comprehensive guidelines.

Important HSA Information

- You will receive a debit card to manage your Health Savings Account. Keep in mind, available funds are limited to the balance in your HSA.
- 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 ECCU are eligible for automatic payroll deduction.
- Online/Mobile: Sign-in for 24/7 account access to check your balance, pay bills and more.
- Call/Text: (817) 882-0800 ECCU’s dedicated member service representatives are available to assist you with any questions. Their hours of operation are Monday through Friday from 8:00 a.m. to 7:00 p.m. CT, Saturday 9:00 a.m. to 1:00 p.m. CT and closed on Sunday.
- Lost/Stolen Debit Card: Call the 24/7 debit card hotline at (800) 333-9934.
- Stop by a local ECCU financial center for in-person assistance; find locations & service hours at www.eecu.org/locations.

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/irvingisd



Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up. Cigna's Hospital Care plan pays a scheduled benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. The benefits are paid 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.).

Plan Highlights

- No Pre-existing Limitations!
- HSA Compatible

Claims

Call 800-754-3207 or email hospitalcare@cigna.com to file a claim. Group number on page 3 of this guide.

Available Coverage

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in the plan summary document on the benefit website to understand limitations and conditions.

Hospital Indemnity		
	Plan 1	Plan 2
Employee	\$17.42	\$34.38
Employee + Spouse	\$30.88	\$61.02
Employee + Child(ren)	\$28.58	\$56.54
Family	\$42.04	\$83.18

Hospitalization Benefits	Plan 1	Plan 2
Hospital Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$1,250	\$2,500
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$50	\$50
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 365 days.	\$100	\$200
Hospital Intensive Care Unit (ICU) Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 365 days.	\$200	\$400
Hospital Observation Stay 24 hours hour Elimination Period. Limited to 72 hours.	\$100 per 24-hour period	\$200 per 24-hour period
Newborn Nursery Care Stay* Limited to 30 days, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$100	\$200

Additional Information:

Hospital Admission: Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Stay: Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.

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/irvingisd

MDLIVE provides you access to Board-certified doctors 24/7 from your mobile device or computer. Prescriptions can be sent to your nearest pharmacy if medically necessary. 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 vacation or away from home?
- Are unable to see your primary care physician?

MDLIVE treats over 50 routine medical conditions including:

- Acne
- Allergies
- Cold/flu
- Constipation
- Cough
- Diarrhea
- Earache
- Insect bites
- Nausea/vomiting
- Pink eye
- Rash
- Respiratory problems
- Sore throats
- And more

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

Registration is Easy

After your benefit becomes effective, set up your account with MDLIVE by providing medical history and pharmacy choices so you are ready to use this valuable service when and where you need it.

- Online – 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 Employer/Organization

Telehealth	
Employee + Family	Full Family Coverage is available at no cost for full time employees that enroll in HD, Primary or waive medical. Employees must list dependents during Open Enrollment to be eligible.

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/irvingisd



DPPO Plans

Irving ISD Cigna Dental Choice Plan Summary Please see plan documents for details and limitations				
	High PPO Plan		Low MAC PPO Plan	
	In-Network 'Total Cigna DPPO'	Out-of-Network	In-Network 'Total Cigna DPPO'	Out-of-Network
Reimbursement Levels	Based on Contracted Fees	Maximum Reimbursable Charge, you may be balanced billed	Based on Contracted Fees	Maximum Allowable Charge, you may be balanced billed.
Calendar Year Deductible				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Policy Year Benefit Maximum Per Individual	\$1500		\$750	
	Plan Pays	You Pay	Plan Pays	You Pay
Preventive and Diagnostic Care Exams, cleanings, X-rays, fluoride treatments, sealants, space maintainers	100% No Deductible	No Charge	100% No Deductible	No Charge
Basic Restorative Care Fillings, minor oral surgery, Emergency Care to Relieve Pain	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Major Restorative Care Crowns, dentures, bridges, periodontics, endodontics	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Implants Policy Year Benefits Maximum: \$3000	50% After Deductible	50% After Deductible	No Coverage	No Coverage
Orthodontia Children only to age 19	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Orthodontia Lifetime Maximum	\$1000		\$1000	

Coverage is provided through Cigna. You may select the dental provider of your choice, but your level of coverage may vary based on the provider you see for services. Your plan allows you to see any licensed dentist but using an in-network dentist may minimize your out-of-pocket expenses.

ID Cards

You can request your dental id card by contacting Cigna directly or go to 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. Group Number and carrier contact information on page 3.

How to Find an In-network PPO Dentist

PPO Network: Total Cigna DPPO Network

To search for a dentist on Cigna.com, visit the site and click “Find a Doctor, Dentist or Facility.” Follow the prompts on screen and when asked to choose your plan, select “DPPO/EPO > Total Cigna DPPO.” Or call Cigna for assistance, group number and contact information on page 3.

Claims

In-network dentists will file claims on your behalf. Claim Reimbursement forms on benefits website, group number and carrier contact on page 3.

DHMO PLAN

Cigna DHMO provides scheduled charges for services with your assigned dental office, please check provider availability in your area before enrolling as choices may be limited in rural areas. Your initial provider will be assigned by zip code, employees may change providers by contacting Cigna before use of services.

- \$5 Office Visit Fee
- No Annual Maximum
- No Waiting Period
- Ortho options for adults and children to age 19

How to Find an In-network DHMO Dentist

DHMO Network: Cigna Dental Care Access

Go to Cigna.com. Click on “Find a Doctor, Dentist or Facility” at the top of the screen. Under “Not a Cigna Customer Yet?” click “Plans through your employer or school.” Choose the “Dentist” tab. Enter search location – city, state or zip code. Click on the “Pick” button and then “Dental Plans.” Then, under Cigna Dental Care HMO, choose Cigna Dental Care Access, press “Choose.” Or call Cigna for assistance, group number and contact information on page 3.

	Dental Monthly Rates		
	High PPO	Low Mac	DHMO
Employee	\$36.33	\$24.93	\$15.56
Employee + Spouse	\$62.19	\$42.75	\$31.12
Employee + Child(ren)	\$86.55	\$59.47	\$39.84
Family	\$121.80	\$83.68	\$43.74

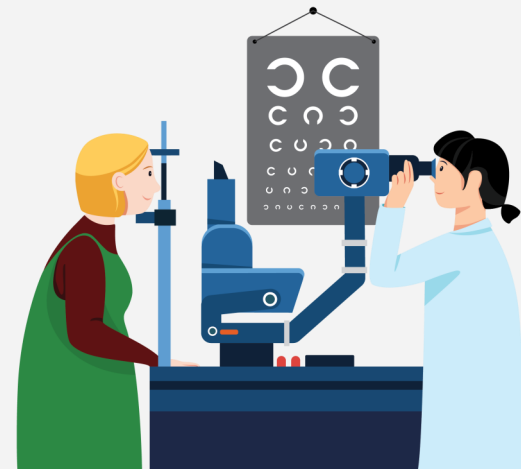
Vision Insurance

Superior Vision

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/irvingisd



Vision Coverage

Our vision plan provides quality care to help preserve your health and eyesight. In addition to identifying vision and eye problems, regular exams can detect certain medical issues such as diabetes and high cholesterol. You may seek care from any licensed optometrist, ophthalmologist or optician, but plan benefits offer better value if you use an in-network provider. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through Superior Vision.

ID Cards

You can request your vision id card by contacting Superior Vision directly at 800-507-3800. You can also go to www.superiorvision.com and register/login to access your account by clicking on “Members” at the top of the page. You can also download the Superior Vision mobile app on your smart phone. Group number on page 3.

How to Find a Vision Provider

Visit www.superiorvision.com select “Find an Eye Care Professional”. Coverage Info is “Insurance Through Your Employer” then Choose Your Network “Superior National” or call 1 (800) 507-3800 for assistance. Group Number and additional Carrier information found on page 3.

Vision Monthly Rates

Employee	\$7.98
Employee + Spouse	\$15.76
Employee + Child(ren)	\$15.44
Family	\$23.50

Benefit Highlights

Co-Pays

- Exam \$10
- Materials \$15
- Contact Lens Fitting \$25

	In-Network You Pay after Co-Pays	Out-of-Network Reimbursement
Exam	Covered in full	Up to \$42
Lenses		
• Single Vision		Up to \$32 retail
• Bifocals	Covered in full	Up to \$46 retail
• Trifocals		Up to \$61 retail
• Polycarbonate for dependent children		Not covered
Frames	\$125 retail Allowance	Up to \$68 retail
Contact Lens Fitting (standard)	Covered in full	Not covered
Contacts		
In lieu of frames and lenses	\$130 retail allowance	Up to \$100 retail
• Contact Lenses		

Service Frequency (Based on date of service)

Exam	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 12 months
Contacts / Lens Fitting	Once every 12 months

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/irvingisd



Educator Disability insurance combines the features of a short-term and long-term disability plan into one policy. The coverage pays you a portion of your earnings if you cannot work because of a covered disability. The plan gives you the flexibility to choose a level of coverage to suit your need.

Claims: Call New York Life at 800-362-4462 to file a claim, group number on page 3.

Benefit Amount: You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and a maximum of \$8000 not to exceed 67% of your current monthly earnings.

Elimination Period: For Disability Benefits, an Employee may elect one of the following options:

	<u>Accident</u>	<u>Sickness</u>
Option 1	0 days	7 days
Option 2	14 days	14 days
Option 3	30 days	30 days
Option 4	60 days	60 days

For any selected Elimination Period of 30 days or less, the Elimination Period will end on the date the Employee is admitted as an inpatient in a hospital if that date is before the end of the time period specified.

Any Employee insured under the disability plan may enroll in a plan option with a shorter Elimination Period during a subsequent open enrollment. If an Employee becomes Disabled and is subject to the Pre Existing Condition Limitation for any period of Disability caused or contributed by, or resulting from, a Pre-Existing Condition, benefits may be paid if the Elimination Period of the previously elected option and all other provisions of the disability plan are satisfied.

Pre-existing Condition Limitation: Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance. However, the first 4 weeks of disability will be waived from the Pre-existing Condition Limitation clause.

When Coverage Takes Effect: Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Definition of Disability: Disability- "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

How Long Benefits Last: Once you qualify for benefits under this plan, you continue to receive them until the end of the timeframe listed below, or until you no longer qualify for benefits, whichever occurs first. (We will ask you to periodically furnish proof of your continuing disability.)

For Disabilities Resulting From Sickness	
Age When Disability Begins	Maximum Benefit Period
Less than Age 65	The date the 60th Monthly Benefit is payable.
Age 65 through Age 68	Your 70th birthday or the date the 12th Monthly Benefit is payable, if later.
Age 69 or older	The date the 12th Monthly Benefit is payable.

For Disabilities Resulting From an Accident	
Age When Disability Begins	Maximum Benefit Period
Less than Age 60	Your 65th birthday or the date the 60th Monthly Benefit is payable, if later.
Age 60 through Age 64:	The date the 60th Monthly Benefit is payable.
Age 65 through Age 69	Your 70th birthday or the date the 12th Monthly Benefit is payable, if later.
Age 60 through Age 64	The date the 60th Monthly Benefit is payable.

Exclusions: This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane. War or any act of war, whether or not declared. Active participation in a riot; commission of a felony; the revocation, restriction or non-renewal of an Employee’s license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy. Any cosmetic surgery or surgical procedure that is not Medically Necessary.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

1. Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the

2. “Effects of Other Income Benefits” section. Costs are subject to change.

Disability per \$500 in monthly benefit for Plan A ages 30-34	
Elimination Period	Plan A
0/7	\$14.50
14/14	\$10.95
30/30	\$6.85
60/60	\$3.95

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/irvingisd



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 APL pays a benefit directly to you to help with expenses associated with cancer treatment.

CLAIMS

Claim form on Benefit website, group number and carrier contact information is on page 3.

Cancer Monthly Rates				
	High Option	High Option w/ICU	Low Option	Low Option w/ICU
Employee	\$27.40	\$30.70	\$14.20	\$17.50
Employee + Spouse	\$49.20	\$56.10	\$25.60	\$32.50
Employee + Child(ren)	\$38.50	\$43.00	\$20.01	\$24.60
Family	\$49.20	\$56.10	\$25.60	\$32.50

Summary of Benefits		
Benefits	Level 1 Base Plan	Level 2 Base Plan
Radiation Therapy/Chemotherapy/Immunotherapy Benefit	\$500 per calendar month of treatment	\$1,000 per calendar month of treatment
Hormone Therapy Benefit	\$50 per treatment, up to 12 per calendar year	\$50 per treatment, up to 12 per calendar year
Surgical Schedule Benefit	\$1,600 max per operation; \$15 per surgical unit	\$3,200 max per operation; \$30 per surgical unit
Anesthesia Benefit	25% of the amount paid for covered surgery	25% of the amount paid for covered surgery
Hospital Confinement Benefit	\$100 per day 1-90 days; \$100 per day, 91+ days in lieu of other benefits	\$200 per day 1-90 days; \$200 per day, 91+ days in lieu of other benefits
US Government/Charity Hospital/HMO	\$100 per day in lieu of most other benefits	\$200 per day in lieu of most other benefits
Outpatient Hospital or Ambulatory Surgical Center Benefit	\$200 per day of surgery	\$400 per day of surgery
Drugs & Medicine Benefit - Inpatient	\$150 per confinement	\$150 per confinement
Drugs & Medicine Benefit - Outpatient	\$50 per prescription, up to \$50 per cal month	\$50 per prescription, up to \$100 per cal month
Transportation & Outpatient Lodging Benefit	\$0.50 per mile per round trip \$100 per day, up to 100 days per calendar year	\$0.50 per mile per round trip \$100 per day, up to 100 days per calendar year

Summary of Benefits (cont'd)		
Benefits	Level 1 Base Plan	Level 2 Base Plan
Family Member Transportation & Lodging Benefit	\$0.50 per mile per round trip \$100 per day, up to 100 days per calendar year	\$0.50 per mile per round trip \$100 per day, up to 100 days per calendar year
Blood, Plasma & Platelets Benefit	\$150 per day, up to \$7,500 per calendar year	\$200 per day, up to \$10,000 per calendar year
Bone Marrow/Stem Cell Transplant	Autologous - \$500 per calendar year Non-Autologous - \$1,500 per calendar year	Autologous - \$1,000 per calendar year Non-Autologous - \$3,000 per calendar year
Experimental Treatment Benefit	Pays as any non-experimental benefit	Pays as any non-experimental benefit
Attending Physician Benefit	\$30 per day of confinement	\$40 per day of confinement
Surgical Prosthesis Benefit	\$1,000 per device (includes surgical fee); max 1 device per site, 2 lifetime max	\$2,000 per device (includes surgical fee); max 2 device per site, 2 lifetime max
Hair Prosthesis Benefit	\$50 per hair prosthetic, 2 lifetime max	\$50 per hair prosthetic, 2 lifetime max
Dread Disease Benefit	\$100 per day, 1-90 days of hospital confinement	\$200 per day, 1-90 days of hospital confinement
Hospice Care Benefit	\$50 per day, \$9,000 lifetime max	\$75 per day, \$13,500 lifetime max
Inpatient Special Nursing Services	\$150 per day of confinement	\$150 per day of confinement
Ambulance Ground Benefit	\$200 per ground trip	\$200 per ground trip
Ambulance Air Benefit	\$2,000 per air trip; up to 2 trips per hospital confinement (any combination of ground/air)	\$2,000 per air trip; up to 2 trips per hospital confinement (any combination of ground/air)
Extended Care Benefit	\$100 per day	\$200 per day
Home Health Care Benefit	\$100 per day	\$200 per day
Second & Third Surgical Opinions	\$300 per diagnosis; additional \$300 if third opinion required	\$300 per diagnosis; additional \$300 if third opinion required
Waiver of Premium	Premium waived after 90 days of primary insured continuous total disability due to cancer	Premium waived after 90 days of primary insured continuous total disability due to cancer
Physical/Speech Therapy Benefit	\$25 per visit, up to 4 visits per calendar month, \$1,000 lifetime max	\$25 per visit, up to 4 visits per calendar month, \$1,000 lifetime max
Riders		
Diagnostic Testing Benefit Rider	\$100; 1 person, per calendar year	\$100; 1 person, per calendar year
Critical Illness Rider: Cancer Only	Not Included with Level 1	\$5,000 lump sum benefit
Optional Benefit Rider		
Intensive Care Unit Rider	Up to \$600 max of 30 days per ICU confinement; \$100 ambulance per ICU admission	Up to \$600 max of 30 days per ICU confinement; \$100 ambulance per ICU admission

Pre-Existing Condition Limitations Apply, see plan documents on benefit website for details and limitations.

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/irvingisd



Life and Accidental Death and Dismemberment (AD&D) insurance are important parts of your financial security, especially if others depend on you for support. With Life insurance, your beneficiary (ies) can use the coverage to pay off your debts, such as credit cards, mortgages and other final expenses. AD&D coverage provides specified benefits for a covered accidental bodily injury that causes dismemberment (e.g., the loss of a hand, foot or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies). At age 65, coverage amount begin to reduce, premiums reduce to match benefits. Please see plan documents on the benefit website for details and limitations.

Claims: Please contact the Irving ISD Benefits office at 972-600-5431 for assistance in filing a life claim.

Basic Life

Basic Life insurance is provided to eligible employees at Irving ISD at no cost to you.

Voluntary Life and AD&D

You may purchase additional Life and AD&D insurance for you and your eligible dependents. If you decline Voluntary Life when first eligible and wish to elect at a later date, Evidence of Insurability (EOI) – proof of good health – may be required before coverage is approved. You must elect Voluntary Life and AD&D coverage for yourself in order to elect coverage for your spouse or children. If you leave the district, you may be able to take your insurance with you.

Employee Paid Term Life Available Coverage

Employee

- Increments of \$10,000 up to 5 times salary, not to exceed \$500,000.
- New Hire Guaranteed Issue \$250,000.

Spouse

- Increments of \$5000 up to 100% of employee amount, not to exceed \$250,00
- New Hire Guaranteed Issue \$50,000

Child(ren)

- Birth to six months - \$500
- Six months to age 26 - \$5000 or \$10,000

AD&D Available Coverage

- **Employee:** Increments of \$10,000, not to exceed \$500,000.
- **Spouse:** Up to 100% of employee amount, not to exceed \$300,000
- **Child(ren):** Up to 10% of employee amount, not to exceed \$30,000.

Designating a Beneficiary

A beneficiary is the person or entity you designate to receive the death benefits of your Life and AD&D insurance policies. You can name more than one beneficiary and you can change beneficiaries at any time. If you name more than one beneficiary, you must identify the share for each.

Voluntary Group Life Monthly Rates		
Age	Employee (per \$10,000)	Spouse (per \$5,000)
Under 30	\$0.40	\$0.20
30-34	\$0.55	\$0.28
35-39	\$0.60	\$0.30
40-44	\$1.00	\$0.50
45-49	\$1.60	\$0.80
Voluntary Group Life - Child(ren)		
Per \$5000		\$1.25
Voluntary AD&D (per \$10,000)		
Employee Only		\$0.17
Employee and Spouse		\$0.25
Employee and Child(ren)		\$0.28
Employee and Family		\$0.32

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/irvingisd



Family Protection Plan with 5Star Life Insurance offers individual insurance coverage to age 121. The plan includes a Terminal Illness Acceleration of Benefit and a Qualify of Life Benefit.

TERMINAL ILLNESS ACCELERATION OF BENEFITS Coverage that pays 30% of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months.

QUALITY OF LIFE Optional benefit that accelerates a portion of the death benefit on a monthly basis, up to 75% of your benefit, and is payable directly to you on a tax favored basis for the following:

- Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance; or
- Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.

PORTABLE Coverage continues with no loss of benefits or increase in cost if employment terminates after the first premium is paid. We simply bill the employee directly. **CONVENIENCE** Easy payments through payroll deduction.

FAMILY PROTECTION Coverage is available for spouses and financially dependent children, even if the employee doesn't elect coverage on themselves.

* Financially dependent children 14 days to 23 years old.

PROTECTION TO COUNT ON Within one business day of notification, payment of 50% of coverage or \$10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.

Should you need to file a claim, contact 5Star directly at (866) 863-9753.

*Quality of Life not available ages 66-70. Quality of Life benefits not available for children

Child life coverage available only on children and grandchildren of employee (age on application date: 14 days through 23 years). \$7.15 monthly for \$10,000 coverage per child.

Flexible Spending Account (FSA)

Higginbotham

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 (Irving ISD has a 75 day grace period).

For full plan details, please visit your benefit website:
www.mybenefitshub.com/irvingisd



A Cafeteria Plan is designed to take advantage of Section 125 of the Internal Revenue Code. It allows you to pay certain qualified expenses on a pre-tax basis, thereby reducing your taxable income.

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).

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.
- Funds allocated to the FSA/DCFSA must be used during the plan year or are forfeited. Irving ISD has a 75 day grace period.
- You must submit claims no later than 90 days after the end of the Plan Year. (This applies to claims incurred during the plan year.)
- The Flexible Spending Accounts & what they reimburse:
 - * Full FSA (FSA) – Medical, Dental, Vision expenses and over the counter Items.
 - * Dependent Care (DCFSA) – Day care, Before & Afterschool care, Day Camps & Elder Day Care

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.
- If you have any questions or concerns, contact Higginbotham:
 - * Phone – 866-419-3519
 - * Email – flexclaims@higginbotham.net
 - * Fax – 866-419-3516

FSAsstore.Com

FSAsstore.com offers thousands of FSA-eligible products and services to purchase using your Higginbotham Benefits Debit Card or any major credit card. Competitive pricing and free shipping on orders over \$50 can save you up to 40% using your FSA pretax dollars. Visit FSA Store by logging into www.fsastore.com.

ABOUT CATASTROPHIC LEAVE BANK

The purpose of the Catastrophic Leave Bank is to provide income replacement for members that experience a catastrophic illness/injury that forces that member to exhaust all leave time earned and lose compensation from the District.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/irvingisd



How does the Catastrophic Leave Bank work?

An eligible employee may join the Catastrophic Leave Bank by donating 3 days of accrued or anticipated local sick leave. These days will be subtracted from the member's local sick leave record and become the property of the Irving ISD Catastrophic Leave Bank. These days cannot be returned.

A few things to keep in mind:

- Catastrophic Leave Bank is for your own catastrophic serious health condition only.
- To request Catastrophic Leave Bank days, you must be absent a minimum of 7 consecutive days due to your catastrophic illness/injury.
- Receiving days from the bank depends upon meeting Catastrophic Leave Bank guidelines.
- Catastrophic Leave Bank days that are granted are only for absences from working days and not for holidays, vacation days, or other such days for which you are not paid.

Further Information:

For details on the Catastrophic Leave Bank guidelines for membership and usage, please visit the Compensation and Benefits page of the Human Resources Department website: <http://www.irvingisd.net/Page/1630>

ABOUT RETIREMENT PLANS

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

A 457(b) plan is a tax-deferred compensation plan provided for employees of certain tax-exempt, governmental organizations or public education institutions.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/irvingisd



457(b)

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. RAMS 457 (b) Managed Portfolios

Contact TCG Administrators for more information at 512-600-5200 or www.tcgservices.com for 457(b)

403(b)

What is a 403(b) Savings Plan?

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. Money and investments are held with the vendor of your choice.

Contact NBS at 855-399-0335 or www.nbsbenefits.com for 403(b) information.

Employee Assistance Program (EAP)

Cigna

EMPLOYEE
BENEFITS

ABOUT EAP

An Employee Assistance Program (EAP) is a program that assists you in resolving problems such as finding child or elder care, relationship challenges, financial or legal problems, etc. This program is provided by your employer at no cost to you.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/irvingisd



Whatever life throws at you- throw it our way!

Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your Life Assistance & Work/Life Support Program is there for you. It can help you and your family find solutions and restore your peace of mind.

Irving ISD's Life Assistance Program is offered through Cigna to all employees and their families.

Call us anytime, any day.

We're just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

Visit a specialist.

You have three face-to-face sessions with a behavioral counselor available to you - and your household members. Call us to request a referral.

Monthly Webinars

Educational seminars on a variety of relevant topics such as managing your life, work, money and health, are available in a quarterly calendar of monthly webcasts distributed to your employer.

Achieve work/life balance.

For help handling life's challenges go on line for articles and resources including on family, care giving, pet care, aging, grief, balancing, working smarter, and more.

- Legal consultation and referrals: Receive a free 30-minute consultation with a network attorney. And up to a 25% discount on select fees.
- Financial consultations: Receive a free 30-minute consultation and 25% discount on tax planning and preparation.

Life Assistance Program – 24/7 support

Phone: 800.538.3543

Website: www.cignalap.com

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 Irving 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 Irving 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/IRVINGISD

