

BIRDVILLE ISD BENEFIT GUIDE

EFFECTIVE: 09/01/2020 - 8/31/2021

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MOBILE ENROLLMENT

Enrollment made simple through your smartphone or tablet.

Access to everything you need to complete your benefits enrollment:

- Mobile App
- Online Support
- Interactive Tools
- And more.



How to Log In

1

www.mybenefitshub.com/ birdvilleisd

2

CLICK LOGIN

3

ENTER USERNAME & PASSWORD

Username:

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.

If you have six (6) or less characters in your last name, use your full last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

Default Password:

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



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 Birdville 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 Birdville 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.

Annual Benefit Enrollment



Annual Benefit Enrollment has been set for July 15 - August 11th. For additional Benefit Information: View the Benefits Open Enrollment power point. BISD home page- Employee Benefit Open Enrollment 2020-2021

Benefit Updates - What's New:

MEDICAL- NEW PROVIDER!

Effective 9/1/2020, the health plan administrator for TRS-ActiveCare medical benefits will change. Benefit and premium changes will apply to all TRS-ActiveCare plans for the next plan year.

Plan Options

- ActiveCare Primary- NEW- lower deductible and copays for doctor visits, PCP and referrals required, statewide network, lowest cost option. Only employees that log in and choose this new plan during open enrollment will be enrolled in it.
- ActiveCare HD (formerly 1-HD)- If currently enrolled in TRS-AC1HD and make no changes, you will be enrolled in this plan. This plan is compatible with a Health Savings Account (HSA). ActiveCare HD is a nationwide network and the only PPO available to new enrollees.
- ActiveCare Primary+ (formerly Select)- If currently enrolled in TRS-AC Select and make no changes, you will be enrolled in this plan. Statewide network, lower deductible than HD and Primary, PCP and referrals are required.

HMO Plan Options

 Central, North Texas First Care or Scott & White-If currently enrolled in BSW and make no changes, you will be enrolled in this plan.

HEALTH SAVINGS ACCOUNT (HSA)

NEW CARRIER AND ANNUAL MAXIMUM! Effective 9/1/2020 the Health Savings Account carrier will change. The Annual Maximum Limit increased to \$3,550 Individual and \$7,100 Family for the 2020-2021 Plan Year.

FLEXIBLE SPENDING ACCOUNT

NEW ANNUAL MAXIMUM! Effective 9/1/2020 Annual Maximum Contribution Limit increased to \$2,750 Individual for the 2020-2021 Plan Year. Birdville ISD has amended their Cafeteria Plan contract and your FSA can now be used towards Over-the-Counter costs as of 1/1/2020. Please check with your employer regarding their Cafeteria Plan contract.

IDENTITY THEFT

NEW CARRIER AND RATES! Effective 9/1/2020 the Identity Theft carrier will change. Identity Theft protection monitors and alerts you to identity threats. Resolution services are included should your identity ever be compromised while you are covered.

INDIVIDUAL LIFE - FAMILY PROTECTION PLAN

Effective 9/1/2020, this plan will not be offered to new enrollees. These plans will be grandfathered in and also payroll deducted if you are currently enrolled.

DENTAL

PPO Plan year moved to 9/1 from 1/1.

Don't Forget!

Social Security Numbers for your dependents are required regardless if they are enrolled in coverage or not. Please make sure you have these items on hand when going through your open enrollment.

Important: Open Enrollment will be from July 15, 2020 - August 11, 2020.

Enrollment assistance is available by calling Financial Benefit Services at 866-914-5202 to speak to a representative. Spanish speaking representatives are also available. Monday - Friday 8:00 AM - 7:00 PM

Annual Open Enrollment Benefit elections will become effective 9/1/2020 (elections requiring evidence of insurability, such as life Insurance, may have a later effective date, if approved). After annual enrollment closes, benefit changes can only be made if you experience a qualifying event (and changes must be made within 30 days of event).





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. This applies to all benefit elections regardless of pre or post-tax deduction status. You must present proof of a qualifying event to your Benefit Office within 30 days of your qualifying event and meet with your Benefit 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.	
If a judgment, decree, or order from a divorce, annulment or change in legal custody requires 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 requires that another individual (including your spouse and former spouse) covers the dependent provides coverage under that individual's plan, you may change your election to revoke conly 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.	



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. This applies to all benefit elections regardless of pre or post-tax deduction status.

- 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 eligibility 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 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 school district's benefit website: www.mybenefitshub.com/
birdvilleisd. Click on 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 your school district's benefit website: www.mybenefitshub.com/
birdvilleisd. Click on the benefit plan you need information on (i.e., Dental) and you can find provider search links under the Ouick 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.

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 2020 benefits become effective on September 1, 2020, you must be actively-at-work on September 1, 2020 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 Birdville ISD as both employees and dependents.

PLAN	MAXIMUM AGE
Medical	To age 26
Telehealth	To age 26
Dental High, Low & DHMO	To age 26
Vision	To age 26
Hospital Indemnity	To age 26
Cancer	To age 26
Voluntary Life & AD&D	To age 26
ID Theft Protection	To age 26
MetLaw	To age 26

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 Benefit Administrator to request a continuation of coverage.

Rate Sheet

TRS Medical				
	Monthly Premium	District Contribution	Employee Monthly Cost	
	TRS Active	Care HD		
Employee Only	\$397.00	\$260.00	\$137.00	
Employee & Spouse	\$1,120.00	\$260.00	\$860.00	
Employee & Child(ren)	\$715.00	\$260.00	\$455.00	
Employee & Family	\$1,338.00	\$260.00	\$1,078.00	
	TRS Active	eCare 2		
Employee Only	\$937.00	\$260.00	\$677.00	
Employee & Spouse	\$2,222.00	\$260.00	\$1,962.00	
Employee & Child(ren)	\$1,393.00	\$260.00	\$1,133.00	
Employee & Family	\$2,627.00	\$260.00	\$2,367.00	
	TRS ActiveCa	re Primary		
Employee Only	\$386.00	\$260.00	\$126.00	
Employee & Spouse	\$1,089.00	\$260.00	\$829.00	
Employee & Child(ren)	\$695.00	\$260.00	\$435.00	
Employee & Family	\$1,301.00	\$260.00	\$1,041.00	
TRS ActiveCare Primary+				
Employee Only	\$514.00	\$260.00	\$254.00	
Employee & Spouse	\$1,264.00	\$260.00	\$1,004.00	
Employee & Child(ren)	\$834.00	\$260.00	\$574.00	
Employee & Family	\$1,588.00	\$260.00	\$1,328.00	
Central and North Texas Scott and White HMO				
Employee Only	\$551.10	\$260.00	\$291.10	
Employee & Spouse	\$1,382.06	\$260.00	\$1,122.06	
Employee & Child(ren)	\$883.50	\$260.00	\$623.50	
Employee & Family	\$1,478.56	\$260.00	\$1,218.56	

FSA Maximum Contribution		
Healthcare	\$2,750	
Dependent Care	\$5,000	

HSA Maximum Contribution		
Individual	\$3,550	
Family	\$7,100	

Rate Sheet

Dental			
	PPO Low	PPO High	DHMO
Employee Only	\$28.50	\$40.85	\$12.71
Employee & Spouse	\$56.51	\$79.70	\$24.14
Employee & Child(ren)	\$63.74	\$91.32	\$25.41
Employee & Family	\$91.73	\$131.44	\$39.37

Vision	
Employee Only	\$9.23
Employee & Spouse	\$18.28
Employee & Child(ren)	\$17.93
Employee & Family	\$27.24

Disability (per \$100 Monthly Benefit)			
Elimination Period	Premium	Select	
0/7	\$4.31	\$3.85	
14/14	\$3.44	\$3.04	
30/30	\$2.84	\$2.54	
60/60	\$1.95	\$1.73	
90/90	\$1.68	\$1.50	
180/180	\$1.29	\$1.17	

Hospital Indemnity		
	Plan 1	Plan 2
Employee Only	\$21.14	\$35.24
Employee & Spouse	\$39.68	\$66.14
Employee & Child(ren)	\$38.50	\$64.17
Employee & Family	\$59.91	\$99.85

Legal Services		
Employee & Family	\$16.50	

Emergency Transportation		
Employee & Family \$9.00		

Voluntary Group Life (per \$10,000)		
Age	Rate	
<25	\$0.40	
25-29	\$0.50	
30-34	\$0.70	
35-39	\$0.80	
40-44	\$1.10	
45-49	\$1.80	
50-54	\$3.20	
55-59	\$5.00	
60-64	\$7.50	
65-69	\$11.50	
70+	\$18.50	
Spouse rates are based on Employee's age.		

Child(re	en) Life
\$10,000.00	\$1.20

AD&D (per \$10,000)			
Employee Only \$0.21			
Employee & Family	\$0.29		

Identity Theft Monitoring					
Total Premier					
Employee Only	\$7.70	\$9.60			
Employee & Family	\$13.55	\$17.40			

Cancer				
	Low	Low w/ ICU	High	High w/ ICU
Employee Only	\$22.00	\$26.40	\$29.90	\$34.30
Employee & Spouse	\$38.50	\$47.70	\$51.90	\$61.10
Employee & Child(ren)	\$30.30	\$36.30	\$40.90	\$46.90
Employee & Family	\$38.50	\$47.70	\$51.90	\$61.10

2020-21 TRS-ActiveCare Plan Highlights Sept. 1, 2020 — Aug. 31, 2021

All TRS-ActiveCare participants have three plan options. Each is designed with the unique needs of our members in mind.

NEW: TRS-ActiveCare Primary	TRS-ActiveCare HD		TRS-ActiveCare Primary+	TRS-ActiveCare 2 (This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.)	
 Copays for doctor visits before you meet deductible Statewide network PCP referrals required to see specialists Not compatible with health savings account (HSA) 	network coverage No requirement for PCPs or referrals Must meet deductible before plan pays for non-preventive		Simpler version of the current Select plan Lower deductible than HD and primary plans Copays for many services and drugs Higher premium Statewide network PCP referrals required to see specialists Not compatible with a health savings account (HSA) No out-of-network coverage	 Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many drugs and services Nationwide network with out-of-network coverage No requirement for PCPs or referrals 	
this new plan during Annual Enrollment will be enrolled in it.	If you're currently in TRS- ActiveCare 1-HD and you make no change during Annual Enrollment,		and you make no changes during Annual Enrollment, this will be your plan next	e currently in TRS-ActiveCare Select If you're currently in TRS-ActiveCar 2, and you make no changes during	
ns					
\$386					
				\$2,2	222
	The second secon				
\$1,301	\$1	,338	\$1,588	\$2,6	527
In-Network Coverage Only	In-Network	Out-of-Network	In-Network Coverage Only	In-Network	Out-of-Network
\$2,500/\$5,000	\$2,800/\$5,600	\$5,500/\$11,000	\$1,200/\$3,600	\$1,000/\$3,000	\$2,000/\$6,000
You pay 30% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 40% after deductible
\$8,150/\$16,300	\$6,900/\$13,800	\$20,250/\$40,500	\$6,900/\$13,800	\$7,900/\$15,800	\$23,700/\$47,400
Statewide Network	Nationwid	de Network	Statewide Network	Statewide Network Nationwide Netw	
Yes	No		Yes	No	
\$30 copay	after deductible	deductible	\$30 copay	\$30 copay	You pay 40% after deductible
\$70 copay			\$70 copay	\$70 copay	You pay 40% after deductible
\$0 per consultation			\$0 per consultation	\$0 per consultation	
30 per consultation	\$30 per c	onsultation	30 per consultation	30 per cor	isuitation
\$50 copay	You pay 20% after deductible	You pay 40% after deductible	\$50 copay	\$50 copay	You pay 40% after deductible
You pay 30% after deductible	You pay 20% a	after deductible	You pay 20% after deductible		
\$0 per consultation	\$30 per c	onsultation	\$0 per consultation	\$0 per cor	nsultation
		201	6200	¢200 l	
Integrated with medical	Integrated	with medical	\$200 brand deductible	\$200 brand	deductible
\$15/\$45 copay	You pay 20% a	after deductible	\$15/\$45 copay		
You pay 30% after deductible	You pay 25% a	after deductible	You pay 25% after deductible	min/\$80 max)/ Yo deductible (\$105	ou pay 25% after min/\$210 max)
You pay 50% after deductible	You pay 50% after deductible		You pay 50% after deductible	You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	
You pay 30% after deductible	You pay 20% after deductible		You pay 20% after deductible	You pay 20% after deductible (\$200 min/\$900 max)/ No 90-Day Supply o Specialty Medications	
1	• Lower premium • Copays for doctor visits before you meet deductible • Statewide network • PCP referrals required to see specialists • Not compatible with health savings account (HSA) • No out-of-network coverage Only employees that choose this new plan during Annual Enrollment will be enrolled in it. ns \$386 \$1,089 \$695 \$1,301 In-Network Coverage Only \$2,500/\$5,000 You pay 30% after deductible \$8,150/\$16,300 Statewide Network Yes \$30 copay \$70 copay \$0 per consultation \$50 copay You pay 30% after deductible \$0 per consultation Integrated with medical \$15/\$45 copay You pay 30% after deductible	• Lower premium • Copays for doctor visits before you meet deductible • Statewide network • PCP referrals required to see specialists • Not compatible with health savings account (HSA) • No out-of-network coverage Only employees that choose this new plan during Annual Enrollment will be enrolled in it. \$386 \$1,089 \$695 \$1,301 In-Network Coverage Only \$2,500/\$5,000 You pay 30% after deductible \$8,150/\$16,300 \$6,900/\$13,800 Statewide Network Yes \$30 copay \$70 copay \$50 per consultation \$50 per consultation \$30 per consultation \$30 per consultation \$30 per consultation \$30 per consultation \$40 pay 20% after deductible \$50 per consultation \$	Lower premium Copays for doctor visits before you meet deductible Statewide network PCP referrals required to see specialists Not compatible with health savings account (HSA) No out-of-network coverage No out-of-network coverage No out-of-network coverage No out-of-network coverage No requirement for PCPs or referrals nequirement will be enrolled in it. Sa86 Sa97 \$1,089 \$1,200 \$695 \$715 \$1,301 In-Network Coverage Only \$2,500/\$5,000 You pay 30% after deductible \$8,150/\$16,300 \$6,900/\$13,800 \$20,250/\$40,500 Statewide Network Yes No You pay 20% after deductible \$0 per consultation Integrated with medical \$15/\$45 copay You pay 50% after deductible You pay 30% after deductible \$0 per consultation You pay 50% after deductible You pay 20% after deductible \$0 per consultation You pay 30% after deductible \$0 per consultation You pay 30% after deductible \$0 per consultation You pay 20% after deductible \$0 per consultation You pay 30% after deductible \$0 per consultation You pay 20% after deductible \$0 per consultation You pay 20% after deductible \$0 per consultation You pay 20% after deductible \$0 per consultation You pay 30% after deductible \$0 per consultation Pour pay 50% after deductible \$0 per consultation You pay 20% after deductible \$0 per consultation You pay 20% after deductible \$0 per consultation You pay 20% after deductible \$0 per consultation Pour pay 20% after deductible \$0 per consultation Pour pay 20% after deductible \$0 per consultation You pay 20% after deductible \$0 per consultation You pay 20% after deductible \$0 per consultation Pour pay 20% after deductible \$0 per con	Similar to current 1-HD Copays for doctor visits before you meet deductible statewide network Statewide network Statewide network Not compatible with health savings account (HSA) Not compatible with a health savings account (HSA) Not compatible with health savings account (HSA) Not compatible	NEW: TRS-ActiveCare Primary

What's New

- Primary plan with a **lower premium and copays**
- Primary+ (formerly Select) **decreased premiums** by up to 8%
- Broader networks of health care providers
- **Lower premiums** for families with children

Did You Know

- Our provider search tool will be available in June.
- Choosing a PCP helps you meet your health goals faster.
- Generic medications save money! Ask your provider if your medicine has a generic.

Leverage Your \$0 Preventive Care*

- Annual routine physicals (ages 12+)
- Annual mammogram (ages 40+)
- Annual OBGYN exam & pap smear (ages 18+)
- Annual prostate cancer screening (ages 45+)
- Well-child care (unlimited up to age 12)
- Healthy diet/obesity counseling (unlimited to age 22; ages 22+ get twenty-six visits per year)
- Smoking cessation counseling (8 visits per year)
- Breastfeeding support (six per year)
- Colonoscopy (ages 50+ once every ten years)

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^{*}Available for all plans. See benefits guides for more details.

2020-21 Health Maintenance Organization 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 another regional plan option.

	Central and North Texas Baylor Scott & White HMO Brought to you by TRS-ActiveCare	South Texas Blue Essentials HMO Brought to you by TRS-ActiveCare	West Texas Blue Essentials HMO Brought to you by TRS-ActiveCare
		Starr, Willacy	You can choose this plan if you live in one 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			
Employee Only	\$551.10	\$491.54	\$534.42
Employee and Spouse	\$1,382.06	\$1,182.52	\$1,287.58
Employee and Children	\$883.50	\$766.96	\$835.68
Employee and Family	\$1,478.56	\$1,258.52	\$1,370.12
Plan Features			
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$950/\$2,850	\$500/\$1,000	\$950/\$2,850
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 25% after deductible
Individual/Family Maximum Out-of-Pocket	\$7,450/\$14,900	\$4,500/\$9,000	\$7,450/\$14,900
Doctor Visits			
Primary Care	\$20 copay	\$25 copay	\$20 copay
Specialist	\$70 copay	\$60 copay	\$70 copay
Immediate Care			
Urgent Care	\$50 copay	\$75 copay	\$50 copay
Emergency Care	\$500 copay after deductible	You pay 20% after deductible	\$500 copay before deductible plus 25% after deductible
Prescription Drugs			
Drug Deductible	\$150 (excl. generics)	\$100	\$150
Days Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply	30-Day Supply / 90-Day Supply
Generics	\$5/\$12.50 copay	\$10/\$30 copay	\$5/\$12.50 copay ACA Preventative: \$0
Preferred Brand	30% after deductible	\$40/\$120 copay	30% after deductible
Non-preferred Brand	50% after deductible	\$65/\$195 copay	50% after deductible
Specialty	15%/25% after deductible (preferred/ nonpreferred)	You pay 20% after deductible	15%/25% after deductible (preferred/nonpreferred)

HSA vs. FSA

	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	Employee	
Account Owner	Individual	Employer	
Underlying Insurance Requirement	High deductible health plan	None	
Minimum Deductible	\$1,400 single (2020) \$2,800 family (2020)	N/A	
Maximum Contribution	\$3,550 single (2020) \$7,100 family (2020) Catch-Up Contributions: Accountholders who meet the qualifications are eligible to make an HSA catch-up contribution of an additional \$1,000.	\$2,750	
Permissible Use Of Funds	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. Use it or lose it at the end of the plan year.	
Does the account earn interest?	Yes	No	
Portable?	Yes, portable year-to-year and between jobs.	No	

Note: A household may not be enrolled in both FSA and HSA during the same year.

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/birdvilleisd



Why I Need Medical Insurance

Healthcare is one of the few things that people purchase and never know the true cost or value. If we knew the typical cost of common medical services. We would realize how much we save by opting into a major medical plan.



The average 30-day prescription for a name brand is \$945.98. For a generic prescription, it is \$67.61.



An average emergency room visit without insurance is \$1,283.



A Well Baby Visit typically costs \$204 and a regular delivery is \$10,273.



Certain preventative care services are covered at 100% in-network.



60% of adults across the United States have a chronic disease.

https://www.cdc.gov/chronicdisease/resources/ infographic/chronic-diseases.htm

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 Health Savings Account can only be used if you are also enrolled in a High Deductible Health Care Plan.

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



Why I Need an HSA

Healthcare Savings Accounts are designed to work in conjunction with high deductible health plans (HDHPs) to help cover the rising costs of healthcare.



HSA funds accrue interest over time tax-free with no lifetime limit.



HSA accounts are individual accounts. Contributions are yours to keep even if you leave your employer.



HSA funds can be used to pay for any qualified medical expense for you and your tax-eligible dependents, even if the expense is not covered by your insurance plan.



The interest earned in an HSA is tax free.



Money withdrawn for medical spending never falls under taxable income.

https://www.irs.gov/publications/p969 https://www.irs.gov/pub/irs-pdf/p969.pdf

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/birdvilleisd

Why I Need a Hospital Indemnity Plan

Hospital indemnity policies pay a set benefit based on your hospital stay. These funds:

Help cover high medical deductibles and copays.

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Provide a safety net for unexpected medical expenses.

V

Can be paid directly to you or the care provider.

The median hospital cost has grown to over \$10,500 per stay.

\$9,600

\$10,400

\$10,700



\$



2008

2012

2018

https://www.hcup-us.ahrq.gov/reports/statbriefs/sb180-Hospitalizations-United-States-2012.pdf https://www.hcup-us.ahrq.gov/reports/statbriefs/sb204-Most -Expensive-Hospital-Conditions.jsp

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.

<u>For full plan details, please visit your benefit website:</u> <u>www.mybenefitshub.com/birdvilleisd</u>

Why I Need Telehealth

Healthcare should be simple, fast, and effective. Telehealth makes it easy to get treatment for your minor ailments without visiting urgent care or your primary care physician.

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Virtual visits can treat mild conditions like sinus infections, allergies, and pink eye without waiting on the next available appointment.



No consultation fees on most plans.



Appointments while at work or traveling.



of all doctor, urgent care, and ER visits could be handled safely and effectively via telehealth.

http://pages.healthcareitnews.com/rs/922-ZLW-292/images/How%20To%20Successfully% 20Adopt%20Telemedicine%20Into%20Your% 20Practice_0.pdf?alid=913083420

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/birdvilleisd



Why I Need Dental Insurance

By opting into dental insurance, a person can save thousands of dollars per year on routine and emergency oral care. Average costs of dental procedures without insurance include:



Office visits =\$288



Cavity filling= \$90-\$250



Tooth Extraction= \$75-\$300



Good dental care may improve your overall health.

Women with gum disease may be at greater risk of giving birth to a preterm or low birth weight baby.

https://jada.ada.org/article/S0002-8177(17)30399-9/fulltext https://www.colgate.com/en-us/oral-health/life-stages/oral-care-during-pregnancy/pregnancy-oral-health-and-your-baby

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.





Why I Need Vision Insurance

Vision insurance reduces the costs of services and products such as vision exams, glasses, frames, and contact lens.

Regular eye exams can help detect other health issues such as diabetes, cancer, liver disease, and heart disease.

Signs you need an eye exam include squinting, blurred vision, night vision issues, or chronic itching and redness.



of adults use some sort of vision correction.

https://www.cdc.gov/contactlenses/fast-

About Disability

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portior 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/birdvilleisd



Why I Need Disability Insurance

On top of the medical bills that come with a serious injury or illness, can you afford to be out of work for an extended period of time? Disability insurance can offer you peace of mind to protect your paycheck.



One in 8 workers will be disabled for 5 or more years during their working careers.



A disabling injury occurs every eight seconds.



Americans have a 50% chance of becoming disabled for 90 days or more between the ages of 35 and 65.



Just over 1 in 4 of today's 20 year-olds will become disabled before they retire.

34.6

months is the duration of the average disability claim.

https://www.ssa.gov/disabilityfacts/facts.html https://disabilitycanhappen.org/overview/

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/birdvilleisd



Why I Need Cancer Insurance

Cancer kills more than 500,000 Americans each year, making it the second most common cause of death in the United States. Cancer insurance is designed to relieve your financial burden to help you focus on recovering your health. Money received from cancer benefits can help pay for many expenses such as:



Experimental cancer treatments



Travel and lodging costs related to treatment



Routine living expenses like mortgage and utility bills



Breast Cancer is the most commonly diagnosed cancer in women.



If caught early, prostate cancer is one of the most treatable malignancies.

https://www.cancer.org/cancer/breast-cancer/about/ how-common-is-breast-cancer.html https://www.medicalnewstoday.com/ articles/322700.php

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/birdvilleisd



Why I Need Life and AD&D

Life insurance is never fun to think about and may seem like an unnecessary expense. However, if you have someone that depends on you financially, life insurance is really about protecting them if something were to happen to you. Life insurance and AD&D policies help your loved ones pay for expenses, such as:

Mortgage payments



College tuition



Burial expenses

Motor vehicle crashes



are one of the top causes of accidental deaths in the US including falls and poisoning.

https://www.cdc.gov/nchs/fastats/accidentalinjury.htm

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/birdvilleisd



Why I Need Employee Assistance

Balancing work and life is difficult sometimes. Your EAP option covers trouble areas such as:

M

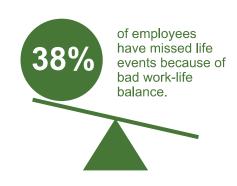
Substance abuse

M

Stress management

V

Financial problems



About Identity Theft

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

<u>For full plan details, please visit your benefit website:</u> www.mybenefitshub.com/birdvilleisd



Why I Need Identity Theft Protection

ID theft helps you recover your identity in many ways. Your plan includes:

Monitoring of your personal information 24/7/365.

System alerts to inform you of potential threats.

Works on your behalf to restore your identity.

Peace of mind should a breach occur.



An identity is stolen every

2 seconds,
and an average of
30 hours
to resolve, causing an average loss
of \$500.

https://money.cnn.com/2014/02/06/pf/identity-fraud/index.html
https://www.ftc.gov/sites/default/files/documents/
reports/federal-trade-commission-identity-theftprogram/synovatereport.pdf

About Legal Services

Legal plans provide benefits that cover the most common legal needs you may encounter - like creating a standard will, living will, healthcare power of attorney or buying a home.





Why I Need Legal Services

Expected and unexpected legal issues arise every day. This plan gets you access to advice and counsel on personal legal issues such as:

Traffic tickets

Estate planning

Contract review



of American adults do not have a will or other estate plan in place.

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).

<u>For full plan details, please visit your benefit website:</u> <u>www.mybenefitshub.com/birdvilleisd</u>



Why I Need an FSA



Your Flexible Spending Account saves you money by putting aside funds tax-free that can be used to pay for qualified medical expenses.



Your pre-loaded FSA debit card can be used at places like the doctor's office or the pharmacy without the need for reimbursement forms.



You do not have to be enrolled in a medical plan to enroll in an FSA.



The funds in a full-purpose healthcare FSA can be used to pay for eligible medical expenses like deductibles, copayments, prescription drugs, orthodontics, glasses and contacts for you and any tax-eligible dependents.

http://www.hr.emory.edu/eu/benefits/tecbenefits/fsa/ about.html

About Medical Transport

Medical Transport covers emergency transportation to and from appropriate medical facilities by covering the out -of-pocket costs that are not covered by insurance. It can include emergency transportation via ground ambulance, air ambulance and helicopter, depending on the plan.

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



Why I Need Emergency Transportation

Emergency transportation is one of the more expensive items in emergency medical care. Benefits of a medical transportation plan include:



No cost emergency transportation for covered individuals.



Coverage anywhere in the US and Canada. Some plans include worldwide coverage.



Coverage for both ground and air transportation.



A ground ambulance can cost up to \$2,400 and a helicopter transportation fee

can cost **over \$30,000**

Helpful Definitions

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 9/1/2020 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.

<u>In-Network</u>

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 prescriptions 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).

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