



2021-2022 Employee Benefit Annual Enrollment

July 12 — August 6, 2021

IT'S TIME FOR ANNUAL ENROLLMENT!

Annual Enrollment will run from July 12 through August 6, 2021. During the Annual Enrollment period you may review, change or continue benefit elections for the 2021-2022 plan year. Once Annual Enrollment has closed, changes are not permitted during the plan year unless a qualifying event occurs.

WHATS NEW?

- ⇒ Medical rate increases to all plans and minor changes to the ActiveCare HD and Baylor Scott and White HMO plan designs, see attached rate sheet; No other rate changes to other benefits (unless you are enrolled in voluntary life insurance and have moved to the next age-band)
- ⇒ New maximum for Health Savings Account (HSA):
 - * Individual Coverage maximum \$3,600
 - * Family Coverage maximum \$7,200
- ⇒ Complete plan and rate information can be found on the District website. Information on the next page.

IMPORTANT NOTES

- ⇒ If you aren't enrolled in the **sick bank**, or need to re-enroll because you used the bank last year, now is the time to enroll! Enrollment only requires a one-time donation of 3 local sick leave days, but can pay you up to 30 days due to your own disability. Sick Bank enrollment could also reduce your disability plan premium by allowing you to increase your waiting period.
- ⇒ You **must re-elect** Flexible Spending (FSA) and/or Dependent Care Account (DCA) contribution amounts every year to continue participation. The 2021-2022 limits are: FSA \$2,750, DCA \$5,000;
- ⇒ All FSA and DCA contributions must be spent by August 31st or any remaining balance is forfeited. Use it or lose it!
- ⇒ Your household **can not enroll in an FSA and HSA** in the same plan year. The IRS limits enrollment to only one plan type per plan year;
- ⇒ Make sure your beneficiaries are listed correctly with complete information. You must list dependent social security numbers in THEbenefitsHUB;
- ⇒ All changes are **effective 9/1** and all deductibles and annual maximums start over 9/1;
- ⇒ **DON'T FORGET:** Review your September paycheck for correct deductions!



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ENROLLING AND ASSISTANCE FAQ

What enrollment assistance will be available this year (no computer needed)?

- ⇒ Limited in-person assistance by appointment-only. A scheduling link will become available on the Annual Enrollment website before Annual Enrollment begins.
- 7/20 (English only) 7/21 (English only) 7/27 (Spanish only) 7/29 (English only)
- ⇒ FBS Call Center and Bilingual enrollers at 866-914-5202.
- ⇒ Benefits Office at 817-547-5782.

Who do I contact with specific plan questions?

- ⇒ TRS-ActiveCare (Medical) plan specific questions 866-355-5999.
- ⇒ All other supplemental benefits, log-in, and enrollment questions: FBS Call Center at 866-914-5202 or the BISD Benefits Office at 817-547-5782.

There is so much information, how do I know where to go and what to do?

1. Start with the District's Employee Benefits Annual Enrollment website found at <https://www.birdvilleschools.net/Page/66939>. Much of the information is also posted in Spanish.
2. Review the enrollment guide and enrollment presi (video) found on the Annual Enrollment page above. If you still need more detailed plan summaries, visit the Benefits Portal at www.mybenefitshub.com/birdville. A link to the Portal is also on the left of the Annual Enrollment page.
3. Before you enroll, have the following information ready:
 - * Spouse/dependent social security number and date of birth. Even if you are not adding them to other benefits, add them to the Telehealth benefit, it is free!
 - * Find a medical provider at <https://www.bcbstx.com/trsactivecare/doctors-and-hospitals>. Primary Care Physician ID : _____
 - * Find a dental provider at <https://www1.deltadentalins.com/> Dental HMO
Provider ID : _____
 - * Beneficiary Information including name, date of birth, phone number, and state.
4. Enroll using THEbenefitsHUB at <https://www.thebenefitshub.com/Login.cfm>. Log-in instructions are on the log-in page. Every benefit election page has helpful information about the benefit at the top of the page. You may change your elections until the last day of Annual Enrollment.

2021-2022 Medical Rates and Plan Changes

Plan Name	Total Monthly Premiums	Monthly Employee Premium *	BIW Employee Premium *
ActiveCare Primary	No Plan Design Changes		
Employee Only	\$417.00	\$157.00	\$72.46
Employee & Spouse	\$1,176.00	\$916.00	\$422.77
Employee & Child(ren)	\$751.00	\$491.00	\$226.62
Employee & Family	\$1,405.00	\$1,145.00	\$528.46
ActiveCare HD	In-network deductible rose by \$200 for individuals/\$400 for families; In-network coinsurance rose to 30%/ out of network rose to 50%; In-network maximum out-of-pocket rose by \$100 individuals/\$200 families		
Employee Only	\$429.00	\$169.00	\$78.00
Employee & Spouse	\$1,209.00	\$949.00	\$438.00
Employee & Child(ren)	\$772.00	\$512.00	\$236.31
Employee & Family	\$1,445.00	\$1,185.00	\$546.92
ActiveCare Primary+	No Plan Design Changes		
Employee Only	\$542.00	\$282.00	\$130.15
Employee & Spouse	\$1,334.00	\$1,074.00	\$495.69
Employee & Child(ren)	\$879.00	\$619.00	\$285.69
Employee & Family	\$1,675.00	\$1,415.00	\$653.08
CENTRAL/NORTH TEXAS BSW HMO	Deductible rose by \$200 individuals/\$600 families; Drug deductible rose \$50; Generic Drugs rose to \$10/\$25 (3 mo supply)		
Employee Only	\$542.48	\$282.48	\$130.38
Employee & Spouse	\$1,362.70	\$1,102.70	\$508.94
Employee & Child(ren)	\$872.16	\$612.16	\$282.54
Employee & Family	\$1,568.42	\$1,308.42	\$603.89
ActiveCare 2	Closed to New Enrollments; No Plan Design Changes		
Employee Only	\$1,013.00	\$753.00	\$347.54
Employee & Spouse	\$2,402.00	\$2,142.00	\$988.62
Employee & Child(ren)	\$1,507.00	\$1,247.00	\$575.54
Employee & Family	\$2,841.00	\$2,581.00	\$1,191.23

* includes \$260 district contribution **THINGS TO CONSIDER WHEN CHOOSING A PLAN**

ActiveCare Primary (In-network, referrals)	ActiveCare HD (PPO)	ActiveCare Primary+ (In-network, referrals)	Baylor Scott & White HMO (In-network, referrals)
You visit a doctor/specialist/mental health specialist more than a couple of times per year, but don't typically require major treatments.	Want the flexibility of a PPO ~ OR ~ You have family members you are covering outside the state of TX (only nationwide network).	You visit a doctor/specialist/mental health specialist a few times per year or more; you may require diagnostic or outpatient treatment.	You visit a doctor/specialist/mental health specialist a few time per year or more, and may require diagnostic or outpatient treatment.
Your Primary Care Physician and specialists are in-network or you are looking for new providers.	You don't want to go through the referral process for specialists and diagnostics.	Your Primary Care Physician and specialists are in-network or you are looking for new providers.	Your Primary Care Physician and specialists are in-network or you are looking for new providers.
You don't mind choosing in-network providers and getting referrals to see a specialist.	You have major medical expenses frequently.	You don't mind choosing in-network providers and getting referrals to see a specialist.	You don't mind choosing in-network providers and getting referrals to see a specialist.
You don't take expensive brand name drugs (prescriptions are part of the medical deductible).	You don't take expensive brand name drugs (prescriptions are part of the medical deductible).	You DO take expensive brand name drugs (separate prescription deductible).	You DO take expensive brand name drugs (lowest prescription deductible).
You prefer to contribute to an FSA.	You prefer to contribute to an HSA.	You prefer to contribute to an FSA.	You prefer to contribute to an FSA.



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MONTHLY RATES — for BIW, multiply by 12, divide by 26

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		
	Premium	Select
Employee Only	\$21.14	\$35.34
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

SICK BANK	
One-time donation of 3 local sick leave days	

VOLUNTARY GROUP LIFE (PER \$10,000)	
<25 years old	\$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(REN) LIFE	
\$10,000	\$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