

2023 - 2024 Plan Year



BRAZOSPORT ISD BENEFIT GUIDE

EFFECTIVE: 09/01/2023 - 8/31/2024

WWW.MYBENEFITSHUB.COM/BRAZOSPORTISD



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HOW TO ENROLL

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YOUR BENEFITS



Benefit Contact Information

BENEFIT ADMINISTRATORS

Financial Benefit Services
 (800) 583-6908
www.mybenefitshub.com/brazosportisd

MEDICAL

Texas Schools Health Benefits Program (TSHBP)
 (888) 803-0081
 All Plans: www.tshbp.org
Pharmacy Benefits: Liviniti
 Group #50000
<https://tshbp.info/DrugPham>

HEALTH SAVINGS ACCOUNT (HSA)

Gulf Coast Educators Federal Credit Union
 (281) 487-9333
<https://www.gcefcu.org>

FLEXIBLE SPENDING ACCOUNT (FSA)

Higginbotham
 (866) 419-3519
<https://flexservices.higginbotham.net>

HOSPITAL INDEMNITY

Cigna
 Group #HC961361
 (800) 244-6224
www.cigna.com

DENTAL

Lincoln Financial Group
 Group #1053200
 (800) 423-2765
www.lfg.com

VISION

UNUM
 Group #935623
 (888) 400-9304
www.unumvisioncare.com

DISABILITY

Lincoln Financial Group
 Group #1053200
 (866) 783-2255
DisabilityClaims@lfg.com

CANCER

MetLife/Baybridge Administrators
 (800) 845-7519
<https://www.bbadmin.com/>

CRITICAL ILLNESS

UNUM
 (866) 679-3054
www.unum.com

ACCIDENT

The Hartford
 (866) 547-4205
www.thehartford.com

EMERGENCY TRANSPORTATION

MASA
 (800) 423-3226
www.masamts.com

LIFE AND AD&D

UNUM
 Group #935626
 (866) 679-3054
www.unum.com

INDIVIDUAL LIFE

5Star
 (866) 863-9753
<https://www.5starlifeinsurance.com>

ID AND LEGAL SHIELD

LegalShield
 (800) 654-7757
www.legalshield.com

TELEHEALTH

Reкуро Health
 (855) 673-2876
www.reкуроhealth.com

PET INSURANCE

Pet's Best
 Group #BISDPETS
 (888) 984-8700
www.petsbest.com

EMPLOYEE ASSISTANCE PROGRAM (EAP)

ComPsych
 (888) 628-4824
www.GuidanceResources.com

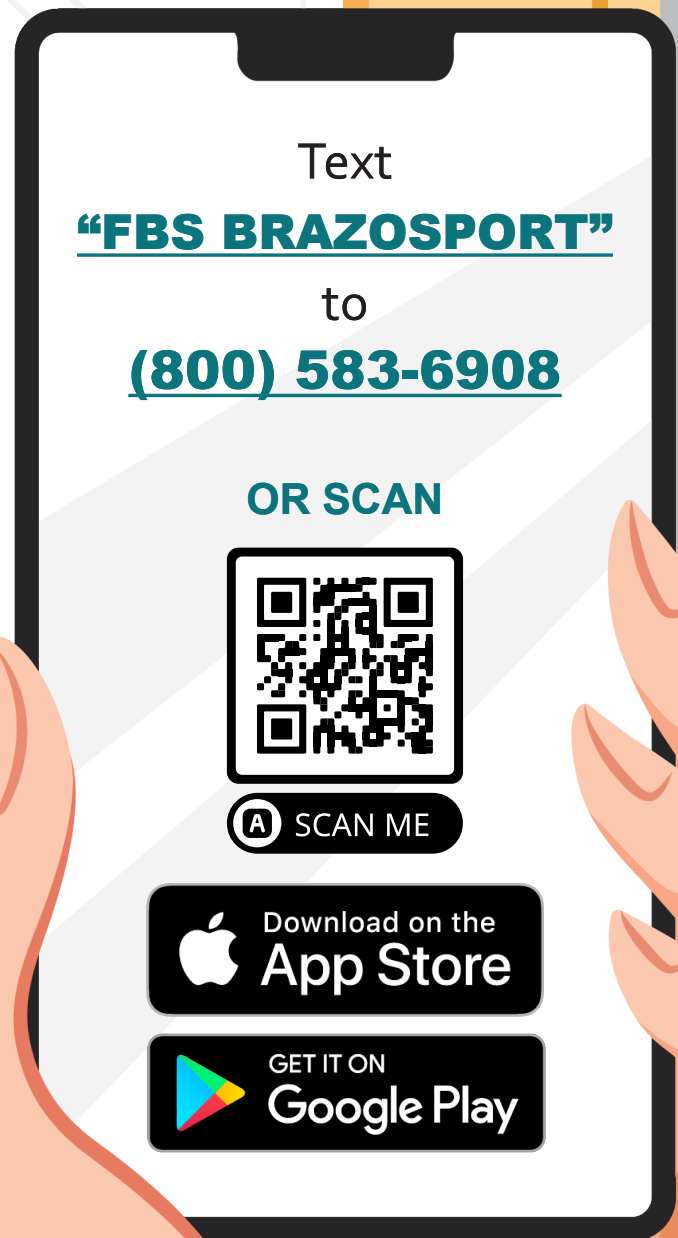
All Your Benefits - One App

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

Text **“FBS BRAZOSPORT”**
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 #:
FBSBRAZOSPORT





How to Log In

1

www.mybenefitshub.com/brazosportisd

2

CLICK LOGIN

3

ENTER USERNAME
& PASSWORD

Your Username Is:

Your email in THEbenefitsHUB. (Typically your work email)

Your Password Is:

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

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

Benefit Updates- What's New:

Medical

- Aetna High Deductible Plan is no longer offered. Employees currently enrolled in this plan will be enrolled into the Directed Care High Deductible Plan unless the employee logs in and elects a different plan.
- Direct Care Plans now have coverage for specialty drugs (same as the Aetna Plan).

FLEX and HSA

The IRS has established new contribution limits for the upcoming plan year. The new limits are as follows:

- FLEX- \$3,050
- HSA- Individual- \$3,850, Family- \$7,750

Don't Forget!

- **Login and complete your benefit enrollment from 7/18/2023 - 8/16/2023**
- Enrollment assistance is available by calling Financial Benefit Services at (866) 914-5202.
- Update your information: home address, phone numbers, email, and beneficiaries.



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.

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 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/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/brazosportisd. 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 Brazosport ISD benefit website: www.mybenefitshub.com/brazosportisd. 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.

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 2023 benefits become effective on September 1, 2023, you must be actively-at-work on September 1, 2023 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 25
Critical Illness	To age 26
AD&D	To age 26
Individual Life	To age 24
Accident	To age 26
ID and Legal Shield	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.

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 9/1/2023 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 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).

	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 (2023) \$2,800 family (2023)	N/A
Maximum Contribution	\$3,850 single (2023) \$7,750 family (2023)	\$3,050 (2023)
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. Brazosport's plan contains a 75 day grace period.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

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FOR HSA INFORMATION

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FLIP TO
FOR FSA INFORMATION

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Medical Insurance

Texas Schools Health Benefits Program

EMPLOYEE
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ABOUT TSHBP

The TSHBP is proud to offer a variety of plans and benefits to meet school district needs. All plans are designed so members can easily navigate through their health medical needs.

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



Directed Care Highlights

The TSHBP Directed Care Plans utilize a national network to provide physician and ancillary services access to all members. Enrolled school districts will access the HealthSmart practitioner and ancillary only network to gain access to over 502,309 providers in over 1,421,000 unique locations across the United States.

Please note, hospitals are excluded from the PPO networks. All hospital and other medical facility-based services are accessed via an assigned Care Coordinator.

It is easy to look up providers in your area by looking up providers in your area by clicking on the link below.

<https://tshbp.info/HSNetwork>

Hinge Health



Hinge Health is a digital musculoskeletal management program with custom physical therapy programs designed by physicians and led by board certified Health coaches. You and your eligible family members get free access to Hinge Health's programs for back, knee, hip, shoulder, or neck pain, which may include: a free tablet computer and wearable sensors, unlimited 1-on-1 health coaching, personalized exercise therapy, etc.

TSHBeFit



TSHBeFit is a Wellness Program, powered by WellRight, is available for members to achieve their personal health and well-being through a collection of holistic activities and is no additional cost to members.

Aetna Network Highlights **Aetna Signature Administrators®**

You want a network that is comprehensive, is easy to use and can help you save on costs. Look no further. You can now find support through our Aetna Signature Administrators® preferred provider organization network. Discover provider options and reduced costs.

With our network, you now have access to over 1.2 million participating doctors, 8,700 hospitals, and strong, negotiated discounts.

We know quality care is important. So we make sure our doctors successfully complete our credentialing requirements. Our credentialing process meets industry standards, as well as state and federal requirements.

You'll also have access to over 600 Institutes of Excellence™ facilities and Institutes of Quality® facilities. We measure these publicly recognized institutes by clinical performance, outcomes and efficiency. Then, we pass this guidance along to you—so you can choose the best facility.

Ready to search our network? Just visit <http://aetna.com/asa>

Access the MyTSHBP Digital Wallet for easy access to all your benefit resources.



Scan Me

PPO Deductible Credits

With the Aetna PPO plan, if you choose to utilize the services of a Care Coordinator for a procedure or admission to a facility, you may receive up to a \$500 credit toward your deductible. If you have already met your deductible, the \$500 credit will apply to your out-of-pocket maximum!

Medical Insurance

Texas Schools Health Benefits Program

EMPLOYEE BENEFITS

PLAN SUMMARY	DIRECTED CARE PLANS		AETNA NETWORK PLAN
	TSHBP - HD Plan	TSHBP CoPay Plan	Aetna Signature
Directed Care Plan	Directed Care Plan	Directed Care Plan	Traditional PPO Plan
<ul style="list-style-type: none"> Use Care Coordinator for Hospital/Surgical Services Compatible with an HSA Embedded Deductible - no coinsurance Out-of-Network Benefits 	<ul style="list-style-type: none"> Use Care Coordinator for Hospital/Surgical Services Co-payments for Services Reduce Out-of-Pocket Out-of-Network Benefits 	<ul style="list-style-type: none"> PPO Network for all physician/hospital services Brand Drug Deductible Care Coordinator is an optional benefit 	
Coverage	In-Network Coverage	In-Network Coverage	In-Network Only
Network	HealthSmart - National	HealthSmart	AETNA
Plan Deductible Feature	Deductible, then Plan pays 100%	Copayments, then Plan pays 100%	Deductible, then Plan pays 70%
Individual/Family Deductible	\$3,500/\$10,500	\$0/\$0	\$4,000/\$8,000
Coinsurance	None - Plan Pays 100% after deductible	None - Plan Pays 100% after deductible	You pay 30% after deductible
Individual/Family Maximum Out-of-Pocket	\$3,500/\$10,500	\$4,000/\$11,000	\$10,000/\$20,000
Health Savings Account (HSA) Eligible	Yes	No	No
Required - Primary Care Provider (PCP)	No	No	No
Required - PCP Referral to Specialist	No	No	No
Doctor Visits			
Preventive Care	Yes - \$0 copay	Yes - \$0 copay	Yes - \$0 copay
Virtual Health - Teladoc	\$30 per consultation	\$0 per consultation	\$0 per consultation
Primary Care	Deductible, then Plan pays 100%	\$45 copay	\$45 copay
Specialist	Deductible, then Plan pays 100%	\$70 copay	\$70 copay
Office Services			
Allergy Injections	Deductible, then Plan pays 100%	\$5 copay	You pay 30% after deductible
Allergy Serum	Deductible, then Plan pays 100%	\$35 copay	You pay 30% after deductible
Chiropractic Services	Deductible, then Plan pays 100%	\$35 copay	\$70 copay
Office Surgery	Deductible, then Plan pays 100%	\$110 copay	You pay 30% after deductible
MRI's, Cat Scans, and Pet Scans	Deductible, then Plan pays 100%	\$275 copay	You pay 30% after deductible
Care Facilities			
Urgent Care Facility	Deductible, the Plan pays 100%	\$75 copay	\$75 copay
Freestanding Emergency Room	Deductible, the Plan pays 100%	\$500 copay	You pay \$500 copay + 30% after ded
Hospital Emergency Room	Deductible, the Plan pays 100%	\$500 copay	You pay 30% after deductible
Ambulance Services	Deductible, the Plan pays 100%	\$275 copay	You pay 30% after deductible
Outpatient Surgery	Deductible, the Plan pays 100%	\$650 copay	You pay 30% after deductible
Hospital Services	Deductible, the Plan pays 100%	\$650 copay	You pay 30% after deductible
Surgeon Fees	Deductible, the Plan pays 100%	\$200 copay	You pay 30% after deductible
Maternity and Newborn Services			
Maternity Charges (prenatal and postnatal care)	Deductible, the Plan pays 100%	\$500 copay	You pay 30% after deductible
Routine Newborn Care	Deductible, the Plan pays 100%	\$250 copay	You pay 30% after deductible
Rehabilitation/Therapy			
Occupational/Speech/Physical	Deductible, the Plan pays 100%	\$55 copay	\$30 copay
Cardiac Rehabilitation	Deductible, the Plan pays 100%	\$110 copay	You pay 30% after deductible
Chemotherapy, Radiation, Dialysis	Deductible, the Plan pays 100%	\$110 copay	You pay 30% after deductible
Home Health Care	Deductible, the Plan pays 100%	\$55 copay	You pay 30% after deductible
Skilled Nursing	Deductible, the Plan pays 100%	\$500 copay	You pay 30% after deductible
Prescription Drug Benefits			
Drug Deductible	Intergrated into Medical	No Drug Deductible	\$500 brand deductible
Generic	Deductible, the Plan pays 100%; \$0 for certain generics	\$0 copay CVS/HEB/Walmart/Costco/Sam's \$10 copay All other net Pharmacies	\$15/\$45 copay; \$0 for certain generics
Preferred Brand	Deductible, the Plan pays 100%	\$35 copay or 50% copay whichever is greater (max \$100)	You pay 25% after deductible
Non-Preferred	Deductible, the Plan pays 100%	\$70 copay or 50% copay whichever is greater (max \$200)	You pay 50% after deductible
Specialty	Full Coverage - PAP Required - Deductible then plan pays 100%	Full Coverage - PAP Required - 50% copay (max \$500)	Full Coverage - PAP Required - You pay 50% after deductible
Employee Cost (District Contribution of \$225)	*Plan Year Rate	*Plan Year Rate	*Plan Year Rate
Employee Only	\$207.00	\$255.00	\$388.00
Employee/Spouse	\$954.00	\$1,118.00	\$1,377.00
Employee/Child	\$582.00	\$687.00	\$815.00
Employee/Family	\$1,320.00	\$1,546.00	\$1,741.00

Health Savings Account (HSA)

Gulf Coast Educators Federal Credit Union

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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/brazosportisd



Health Savings Account (HSA)

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

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

HSA Eligibility

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

- Enrolled in an HSA-eligible HDHP (TSHBP HD Plan or Aetna HD Plan)
- Not covered by another plan that is not a qualified HDHP, such as your spouse’s health plan
- Not enrolled in a Health Care Flexible Spending Account
- Not eligible to be claimed as a dependent on someone else’s tax return
- Not enrolled in Medicare or TRICARE
- Not receiving Veterans Administration benefits

You can use the money in your HSA to pay for qualified medical expenses now or in the future. You can also use HSA funds to pay health care expenses for your dependents, even if they are not covered 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 2023 is based on the coverage option you elect:

- Individual – \$3,850
- Family (filing jointly) – \$7,750

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

Opening an HSA

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

Important HSA Information

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

Health Savings Account (HSA)	
Individual	\$3,850.00
Family	\$7,750.00

Flexible Spending Account (FSA)

Higginbotham

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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 (your plan has a 75-day grace period).

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



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 \$3,050 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).

How the Health Care and Limited Purpose FSAs Work

You can access the funds in your [Health Care](#) FSA two different ways:

- Use your Higginbotham Benefits Debit Card to pay for qualified expenses, doctor visits and prescription copays, dental and vision care expenses as well.
- Pay out-of-pocket and submit your receipts for reimbursement:
 - Fax – 866-419-3516
 - Email – flexclaims@higginbotham.net
 - Online – <https://flexservices.higginbotham.net>

Higginbotham Benefits Debit Card

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

expiration date on your card to see when you should order a replacement card(s).

Dependent Care FSA

The Dependent Care FSA helps pay for expenses associated with caring for elder or child dependents so you or your spouse can work or attend school full time. You can use the account to pay for day care or baby sitter expenses for your children under age 13 and qualifying older dependents, such as dependent parents. Reimbursement from your Dependent Care FSA is limited to the total amount deposited in your account at that time. To be eligible, you must be a single parent or you and your spouse must be employed outside the home, disabled or a full-time student.

Things to Consider Regarding the Dependent Care FSA

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

Important FSA Rules

- The maximum per plan year you can contribute to a Health Care FSA is \$3,050. 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.

Flexible Spending Account (FSA)

Higginbotham

- Your Health Care FSA debit card can be used for health care related expenses only. It cannot be used to pay for dependent care expenses.
- The IRS has amended the “use it or lose it rule” to allow an additional 75 days after August 31st to use up remaining funds. After 75 days, any remaining balance is forfeited.

Over-the-Counter Item Rule Reminder

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

Higginbotham Portal

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

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

Register on the Higginbotham Portal

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

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

Higginbotham Flex Mobile App

Easily access your Health Care FSA on your smartphone or tablet with the Higginbotham mobile app. Search for Higginbotham in your mobile device’s app store and download as you would any other app.

View Accounts – Includes detailed account and balance information

Card Activity – Account information

SnapClaim – File a claim and upload receipt photos directly from your smartphone

Manage Subscriptions – Set up email notifications to keep up-to-date on all account and Health Care FSA debit card activity

Log in using the same username and password you use to log in to the Higginbotham Portal. *Note: You must register on the Higginbotham Portal in order to use the mobile app.*

Flexible Spending Accounts (FSA)	
Individual	\$3,050.00
Dependent Care	\$5,000.00

Flexible Spending Accounts			
Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over-the-counter medications)	\$3,050	Saves on eligible expenses not covered by insurance, reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, after-school programs or elder care programs) so you and your spouse can work or attend school full-time	\$5,000 single \$2,500 if married and filing separate tax returns	Reduces your taxable income

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. Shop directly at FSAsStore.com or have your physician submit prescriptions (when required). The FSAsStore.com Services Channel allows you to search a database of more than 300,000 health care providers for nearby eligible services, such as acupuncture and chiropractic care. The FSAsStore.com Learning Center focuses on answering common questions and keeping you informed about changes to your FSA benefits.

ABOUT HOSPITAL INDEMNITY

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

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



Hospital Care Coverage

The Hospital Indemnity Plan provided through **Cigna** helps with the high cost of medical care by paying you a set amount when you have an inpatient hospital stay. Unlike traditional insurance, which pays a benefit to the hospital or doctor, this plan pays you directly based on the care or treatment you receive. You then decide how to use your funds, perhaps to reimburse yourself for your deductible or coinsurance or to cover household costs or even travel and lodging expenses related to your hospitalization. Pre-existing conditions are waived, however see the plan summaries on your benefits website for exclusions.

Hospital Indemnity Plan		
Service	Low Plan	High Plan
Hospital/ICU Admission	\$1,500 per admission (one per calendar year, per insured)	\$3,000 per admission (one per calendar year, per insured)
Daily Hospital/ICU Confinement	\$200 per day, up to 30 days per confinement	\$200 per day, up to 30 days per confinement
Newborn Care	\$500 at birth then \$100 per day up to 30 days	\$500 at birth then \$100 per day up to 30 days
Observation Unit	\$400 per day up to 3 days per insured	\$400 per day up to 3 days per insured

Monthly Rates		
Service	Low Plan	High Plan
Employee Only	\$23.54	\$33.16
Employee + Spouse	\$42.82	\$60.38
Employee + Child(ren)	\$38.71	\$54.68
Employee + Family	\$57.99	\$81.91

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/brazosportisd



Dental Coverage

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

DPPO Plan

Brazosport ISD is now offering two dental plan options for employees, a High and Low plan. The High plan includes orthodontia for both Adults and Children to age 26. The Low Plan does not include orthodontia. Both plans allow for in and out of network coverage, however you will pay more out of

pocket when you go outside of Lincoln's network. Out of network benefits may vary based on provider charges.

How to Find a Dentist

Visit www.lfg.com to find an in-network dentist.

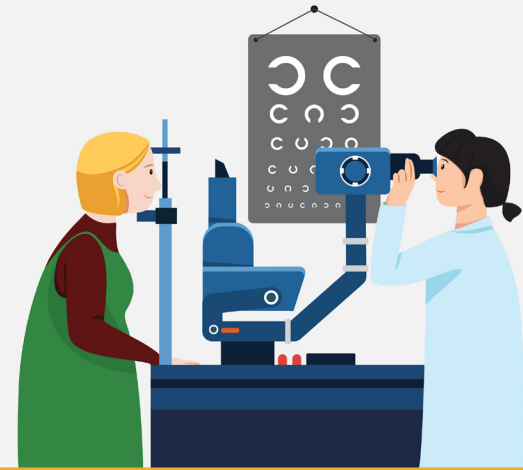
Monthly Rates		
Service	High Plan	Low Plan
Employee	\$40.00	\$30.70
Employee + Spouse	\$69.00	\$52.77
Employee + Child(ren)	\$86.00	\$59.01
Employee + Family	\$124.00	\$86.23

Dental Plan				
	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Calendar Year Benefit Maximum				
Per Individual	\$850		\$1,750	
	Insurance Pays		Insurance Pays	
Preventive and Diagnostic Care Exams, cleanings, X-rays, fluoride treatments, sealants, space maintainers	100%	100%	100%	100%
Basic Restorative Care Fillings, simple extractions, oral surgery, endodontics, periodontics, biopsies, scaling and root planing	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Major Restorative Care Crowns, inlays and onlays, dentures, bridges, night guards, general anesthesia and IV sedation	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia Adults and Children	Not Covered	Not Covered	50%	50%
Orthodontia Lifetime Maximum	Not Covered		\$1,500	

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/brazosportisd



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 are better if you use an in-network provider. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through **UNUM**.

How to Find a Vision Provider

Visit www.UNUMVisionCare.com or call **888.400.9304** to find an in-network vision provider.

Monthly Rates		
	High Plan	Low Plan
Employee Only	\$18.70	\$7.87
Employee + 1 Dependent	\$36.46	\$13.78
Employee & 2 + Dependent	\$50.48	\$20.66

Vision Plan				
Plan	Low Plan		High Plan	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Exam	\$10	Up to \$35	\$5	Up to \$35
Lenses				
Single Vision	Covered	Up to \$25	Covered	Up to \$25
Bifocals	Covered	Up to \$40	Covered	Up to \$40
Trifocals	Covered	Up to \$50	Covered	Up to \$50
Lenticular	Covered	Up to \$50	Covered	Up to \$50
Standard Progressive	Covered	Up to \$40	Covered	Up to \$40
Premium Progressive	Additional \$60 copay	Up to \$40	Additional \$60 copay	Up to \$40
Frames	\$145 Retail Allowance	Up to \$50	\$250 Retail Allowance	Up to \$50
Contacts <i>In lieu of frames and lenses</i>				
Fitting and Evaluation	Included		Included	
Elective	\$145 Allowance	Up to \$100	\$250 Allowance	Up to \$100
Medically Necessary	Covered	Up to \$210	Covered	Up to \$210
Benefit Frequency				
Exam	Once every 12 months		Once every 12 months	
Lenses	Once every 12 months		Once every 12 months	
Frames	Once every 12 months		Once every 12 months	
Contacts	Once every 12 months		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/brazosportisd



Disability Insurance

Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness. We offer Short Term Disability (STD) and Long Term Disability (LTD) insurance for you through Lincoln Financial Group.

Short Term Disability Insurance (STD)

STD coverage pays a percentage of your weekly salary for up to 11 weeks if you are temporarily disabled and unable to work due to an illness, non-work related injury or pregnancy. **Included is a 1st Day Hospitalization benefit where the elimination period is waived if you are admitted as an inpatient and benefits are paid from the first day of admission.**

Short Term Disability		
Benefits Begin	15 th Day	31 st Day
Percentage of Earnings Your Receive	60%	60%
Maximum Weekly Benefit	\$2,500	\$2,500
Maximum Benefit Period	12 Weeks	12 Weeks
Pre-existing Condition Exclusion	3/12*	3/12*

*Benefits may not be paid for any condition treated within 3 months prior to your effective date until you have been covered under this plan for 12 months. **This plan will however pay up to 4 weeks of benefit for pre-existing conditions.**

Short Term Disability - per \$10 of weekly benefit		
Age	14 Day EP	30 Day EP
0-24	\$0.490	\$0.370
25-29	\$0.490	\$0.370
30-34	\$0.490	\$0.370
35-39	\$0.490	\$0.370
40-44	\$0.350	\$0.250
45-49	\$0.270	\$0.312
50-54	\$0.330	\$0.317
55-59	\$0.430	\$0.325
60-64	\$0.470	\$0.352
65-69	\$0.490	\$0.365
70+	\$0.510	\$0.380

Long Term Disability Insurance – This Benefit is Paid for you by Brazosport ISD!

LTD insurance pays a percentage of your monthly salary for a covered disability or injury that prevents you from working for more than 90 days. Benefits begin at the end of an elimination period and continue while you are disabled up to age 65 if the disability occurs before age 59 or before. If the disability occurs after age 60, there will be a reduced maximum benefit period.

Long Term Disability	
Benefits Begin	91 st Day
Percentage of Earnings Your Receive	60%
Maximum Weekly Benefit	\$10,000
Maximum Benefit Period	SSNRA
Pre-existing Condition Exclusion	3/12*

*Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.

Long Term Disability

This benefit is provided for you by Brazosport ISD

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/brazoportisd



Cancer Insurance

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 **MetLife** helps pay for these direct and indirect treatment costs so you can focus on your health. **This plan is administered by Bay Bridge Administrators.** This plan is offered on a guarantee issue basis for the employee, spouse and dependents. Please see the Outline of Coverage on your employee benefits website for a complete list of plan benefits.

Cancer Plan		
	Low Plan	High Plan
Wellness	\$50 per year	\$50 per year
Radiation and Chemotherapy Charges	\$500 per day	\$500 per day
Internal Cancer First Occurrence*	\$2,500	\$5,000
Experimental Treatments	Billed charges up to \$7,500 per year	Billed charges up to \$7,500 per year
Surgical Benefit	\$1,500 per procedure	\$3,000 per procedure
Bone Marrow or Stem Cell Transplant	Incurred expense up to \$15,000 per lifetime	Incurred expense up to \$15,000 per lifetime
Hospital Confinement	\$100 per day	\$200 per day
ICU Confinement – Up to 45 days	\$325 per day for any confinement, \$650 per day if related to cancer or specified disease	\$325 per day for any confinement, \$650 per day if related to cancer or specified disease
Ambulance	Incurred expense	Incurred expense

*Carcinoma in situ is not considered internal cancer

Cancer Plan Monthly Rates		
	Low Plan	High Plan
Employee	\$16.28	\$21.84
Employee & Spouse	\$33.17	\$44.54
Employee & Children	\$22.80	\$29.74
Employee & Family	\$39.66	\$52.42

ABOUT CRITICAL ILLNESS

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

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



Critical Illness

Critical Illness insurance from **UNUM** helps pay the cost of non-medical expenses related to a covered critical illness including cancer. The plan provides a lump sum benefit payment to you upon first occurrence of any covered critical illness. The policy will also pay for a reoccurrence of the same condition after six months of the initial occurrence. The benefit can help cover expenses, such as lost income, out-of-town treatments, special diets, daily living and household upkeep costs. This policy is guarantee issue at each open enrollment. Please see the plan summary on your benefits website for a list of covered conditions.

Benefit Amounts Available	
Employee	\$10,000, \$20,000 or \$30,000
Spouse	100% of your benefit
Child(ren)	100% of your benefit (no additional cost)
Condition	First Occurance Benefit
Full Benefit	100% of benefit amount
Alzheimer's Disease, Full Benefit	
Cancer; Heart Attack; Stroke; Heart, Kidney or Organ Failure; Heart Transplant; Paralysis; ALS, MS, Cystic Fibrosis	
Partial Benefit	
Non-invasive Cancer	
Coronary Artery Disease (Major)	50% of benefit amount
Coronary Artery Disease (Minor)	10% of benefit amount
Benefit Reduction Schedule for Age	Benefit does not reduce with age
Pre-existing Condition Limitation	3/12*

* If you were treated for a condition three months prior to your effective date, benefits may not be paid until you have been covered under this plan for 12 months. **Employees currently enrolled in the district's critical illness plan for at least 12 months will have continuity of coverage at the same benefit amount.**

Critical Illness Monthly Premium for \$1,000 of Coverage			
Employee and Spouse	\$10,000	\$20,000	\$30,000
<25	\$2.10	\$4.20	\$6.30
25-29	\$3.10	\$6.20	\$9.30
30-34	\$4.20	\$8.40	\$12.60
35-39	\$6.20	\$12.40	\$18.60
40-44	\$8.60	\$17.20	\$25.80
45-49	\$11.60	\$23.20	\$34.80
50-54	\$14.90	\$29.80	\$44.70
55-59	\$20.50	\$41.00	\$61.50
60-64	\$28.90	\$57.80	\$86.70
65-69	\$42.30	\$84.60	\$126.90
70-74	\$66.80	\$133.60	\$200.40
75-79	\$99.60	\$199.20	\$298.80
80-84	\$146.40	\$292.80	\$439.20
85+	\$237.20	\$474.40	\$711.60
Child			
No additional cost when employee enrolls			

ABOUT ACCIDENT

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

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



Accident Insurance

Accident insurance provides affordable protection against a sudden, unforeseen accident. An Accident plan helps offset the direct and indirect expenses resulting from an accident, such as copayments, deductible, ambulance, physical therapy and other costs not covered by traditional health plans. Coverage for this plan is through **The Hartford**.

Accident		
Service	Low Plan	High Plan
Emergency Room	\$200	\$250
Ambulance--Ground/Air	\$750/\$2,000	\$1,000,\$2,500
Initial Hospitalization	\$1,500	\$2,000
Hospital Confinement	\$400 per day – up 365 days	\$600 per day – up 365 days
Intensive Care Unit	\$600 per day – up to 30 days	\$800 per day – up to 30 days
Specific Sum Injuries Dislocations, ruptured discs, eye injuries, fractures, lacerations, concussions, etc.	\$200- \$10,000	\$250- \$12,000
Accidental Death & Dismemberment*		
Employee	\$75,000	\$100,000
Spouse	50% of Employee	50% of Employee
Child	25% of Employee	25% of Employee

*Percentage of benefit paid for dismemberment is dependent on type of loss.

Monthly Rates		
Service	Low Plan	High Plan
Employee	\$8.64	\$12.15
Employee + Spouse	\$13.60	\$19.12
Employee + Child(ren)	\$14.57	\$20.46
Employee + Family	\$22.88	\$32.12

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/brazosportisd



A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network. After the group health plan pays its portion, MASA MTS works with providers to deliver our members' \$0 in out-of-pocket costs for emergency transport.

Emergent Air Transportation In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

Emergent Ground Transportation In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

Non-Emergency Inter-Facility Transportation In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to non-emergency air or ground transportation between medical facilities.

Repatriation/Recuperation Suppose you or a family member is hospitalized more than 100-miles from your home. In that case, you have benefit coverage for air or ground medical transportation into a medical facility closer to your home for recuperation.

Should you need assistance with a claim contact MASA at 800-643-9023. You can find full benefit details at www.mybenefitshub.com/brazosportisd

Emergency Medical Transportation

Employee & Family	\$14.00
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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/brazosportisd



Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance through **UNUM** 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). As you grow older, your Life and AD&D coverage amount reduces by 50% at age 70.

Basic Life and AD&D

Basic Life and AD&D insurance are provided by Brazosport ISD at no cost to you. You are automatically covered at \$20,000 for each benefit.

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 and AD&D insurance when first eligible or if you elect coverage and wish to increase your benefit amount 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 the insurance with you, but your cost will increase.

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.

Assigning beneficiaries in the enrollment system is required.

Life Available Coverage	
Employee	<ul style="list-style-type: none"> • Increments of \$10,000 up to \$500,000 • New Hire Guarantee Issue \$200,000 not to exceed 7 x annual earnings
Spouse	<ul style="list-style-type: none"> • Increments of \$5,000 up to 100% of employee amount • New Hire Guarantee Issue \$50,000
Child(ren)	<ul style="list-style-type: none"> • Birth to six months - \$1,000 • Six months to age 26 - \$10,000
AD&D Available Coverage	
Employee	<ul style="list-style-type: none"> • Increments of \$10,000 up to \$500,000 • Guaranteed Issue \$500,000 not to exceed 10 x annual earnings
Spouse	<ul style="list-style-type: none"> • Increments of \$5,000 up to 100% of employee amount but may not exceed \$250,000 • Guaranteed Issue \$250,000
Children	<ul style="list-style-type: none"> • Birth to six months - \$1,000 • Six months to age 26 - \$10,000

Voluntary Group Life (per \$10,000 in coverage)		
Age	Employee	Spouse
18-24	\$0.50	\$0.37
25-29	\$0.60	\$0.44
30-34	\$0.80	\$0.58
35-39	\$0.90	\$0.71
40-44	\$1.30	\$1.05
45-49	\$2.10	\$1.73
50-54	\$3.50	\$2.82
55-59	\$5.70	\$4.59
60-64	\$7.20	\$5.75
65-69	\$12.70	\$9.96
70-74	\$20.60	\$16.15
75+	\$30.99	\$24.79

Voluntary Group Life - Child(ren) (per \$10,000 in coverage)	
Age 0-26	\$1.00
Spouse rates based on Employee's age.	

Voluntary Group Accidental Death & Dismemberment (per \$10,000 in coverage)	
Employee	\$0.17
Spouse	\$0.17
Child to age 26	\$0.17

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/brazosportisd



Individual Life with Terminal Illness and Quality of Life Benefits

5Star's Family Protection Plan offers both individual and group products with Terminal Illness coverage to age 121. This policy also includes a Quality of Life 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 when you permanently lose the ability to perform at least two of the six activities of daily living (ADLs) without substantial assistance; or you have a permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision. The Terminal Illness benefit pays up to 30% of your 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.

Your premiums lock in at your age on the effective date of your coverage and therefore do not increase. Your benefit also does not reduce as you age. This plan is fully portable with no loss of benefits or increase in cost.

You may cover a spouse or child without having coverage on yourself.

Life Available Coverage	
Employee	New Hire Guarantee Issue- \$100,000
Spouse	New Hire Guarantee Issue- \$30,000
Child(ren)	14 days to age 24- \$20,000

*The Quality of Life benefit is not available when coverage is **first purchased** after age 65. It is also not available on child policies.

Individual Life

See Plan Information on Benefits Website for Rates for Each Age

Designating a Beneficiary

A beneficiary is the person or entity you designate to receive the death benefits of your Life insurance policy. 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 each will get. Shares must equal 100%. Be sure to review your beneficiaries on a regular basis.

ABOUT IDENTITY THEFT PROTECTION

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

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.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/brazosportisd



Identity Shield and Legal Shield

IDShield

Identity theft is one of the fastest-growing crimes in the country. Millions of people have their identity stolen each year. Protect yourself and restore your identity with coverage from **LegalShield**. Benefits include:

- Identity consultation and advice
- Licensed private investigators
- Identity and credit monitoring
- Social media monitoring
- Identity restoration
- Threat and credit alerts
- 24/7 emergency ID protection access
- Mobile app

LegalShield

The average cost of a lawyer is anywhere between \$250 to \$350 *per hour*¹. Your employer knows that obtaining legal help can be a stressful and expensive process. That’s why they’re offering you a solution with a legal assistance plan!

This benefit offers you legal help at a fixed and affordable rate. This isn’t a benefit just for when you need legal representation in court. It’s something that you can rely on whenever you come across a major life event that you need a little help with. Most legal assistance plans can help you out when you are:

- Getting married
- Buying or selling a home
- Dealing with identity theft
- Starting a family
- Sending the kids off to college
- ... and more!

By eliminating the stress of finding legal aide, it’ll make every situation you’re facing easier to deal with.

	Monthly Rates		
	IDShield	LegalShield	Combination Plan
Employee	\$8.95	\$18.95	\$27.90
Employee + Family	\$18.95	\$18.95	\$33.90

¹How Much Do Lawyers Cost: Fees Broken Down By State (2023) (contractscounsel.com)

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/brazosportisd



Welcome to Recuro Health!

Welcome to Recuro Health, your telemedicine and behavioral health provider for only \$10/month! Recuro Health has a national network of board certified, state licensed doctors offering medical consultations 24 hours a day, 7 days a week! Recuro Health doctors diagnose acute non emergent medical conditions and prescribe medications when clinically appropriate. Speak to your doctor within minutes from anywhere – home – work – or while traveling for only \$0 per consult.

Along with on-demand medical consultations, you can now virtually connect with a Psychiatrist or Licensed Counselor through secure video consultations. Simply make an appointment on your lunch break, while traveling, or weekends to utilize this service anytime, anywhere.

Medical Conditions

- ✓ allergies
- ✓ bladder infection
- ✓ bronchitis
- ✓ cold & flu
- ✓ rashes
- ✓ sinus conditions
- ✓ pink eye
- ✓ and more...

Behavioral Health Conditions

- ✓ child & adolescent issues
- ✓ depression
- ✓ eating disorders
- ✓ life changes
- ✓ parenting
- ✓ stress management
- ✓ trauma & PTSD
- ✓ and more...

Activate your Recuro Health account

1. Access by Recuro Care app or visit the webpage to access: member.recurohealth.com
2. Enter your employer member ID.
**If you do not have your employer member ID, you can call (855) 6RECURO.*
3. Create your username and password
4. Complete the required fields to begin your electronic medical record
5. Request a consult
**Registering your account is not required to use the service, you can call (855) 6RECURO anytime for 24/7 access to doctors.*

Prescription Policy

- If medically necessary a prescription will be called in to your pharmacy of choice.
- Our doctors do not prescribe DEA (schedule I-IV) controlled substances and non-therapeutic drugs

Virtual healthcare delivered
with *exceptional* care



(855) 6RECURO
(855) 673-2876



Online Portal:
www.recurohealth.com

ABOUT PET INSURANCE

You love your pet and consider them a member of your family. Pet insurance provides pet parents resources to keep your pet safe and healthy while avoiding financial crisis due to unexpected pet medical emergencies.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/brazosportisd



Pet Insurance

Pet insurance reimburses you for vet bills when your pet is sick or injured, to help take the financial worry out of vet visits.

With Pet's Best you get:

- ✓ Fast claims processing and payment
- ✓ Optional direct deposit and direct vet pay options
- ✓ No networks – use any veterinarian in the U.S. including specialty and emergency clinics
- ✓ Exclusive employee discounts
- ✓ Optional coverage for routine care
- ✓ Access to a 24/7 pet helpline powered by whiskerDocs

Coverage is for dogs and cats only, and your cost will be based on the breed and age of your pet. There are various levels of coverage available, and you may learn more about this coverage by reviewing the plan information on your benefits website.

Pet Insurance

See Benefits Website for Plan Information and Site to Register.
This Plan Will Not Be Deducted Through Payroll.

If you are interested in pet insurance you may enroll in coverage at:

www.petsbest.com/BISDPETS

Call 888.984.8700 and be sure to reference discount code BISDPETS

Pet insurance **will not** be payroll deducted by Brazosport ISD, rather if you enroll, you will set up payment via bank draft or credit/debit card.

Employee Assistance Program (EAP)

ComPsych

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/brazosportisd



EMPLOYEE ASSISTANCE PROGRAM—Offers confidential guidance and resources for you or an immediate household family member.

THE RESOURCES YOU NEED TO MEET LIFE'S CHALLENGES.

Life has its share of ups and downs — and sometimes you may need a little guidance through the “downs.” *EmployeeConnect*SM services included with your employer’s long-term disability insurance offer an array of confidential services to help you and your loved ones meet the challenges that life, work, and relationships can bring.

EmployeeConnect Services

- Company sponsored
- Strictly confidential
- Provided at no charge to you
- Available to you and your dependents 24/7

You get:

- Unlimited phone access to legal, financial, and work-life services
- In-person help with short-term issues
- Up to five* sessions per person, per issue, per year

Unlimited 24/7 assistance

You can access the following services anytime, online or with a toll-free call:

- Information, resources, and referrals on family matters, such as child and elder care; kennels and pet care; event and vacation planning; moving and relocation; car buying; college planning; and more
- Legal information and referrals for situations requiring expertise in family law, estate planning, landlord/tenant relations, consumer and civil law, and more
- Guidance with financial matters, including household budgeting, and short- and long-term planning

In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*, you get:

- In-person help for short-term issues (up to five* sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and subsequent meetings at a reduced fee

Online resources

EmployeeConnect offers a wide range of information and resources that you can research and access on your own just by visiting GuidanceResources.com. You’ll find:

- Articles and tutorials
- Streaming videos
- Interactive tools — including financial calculators, budgeting spreadsheets, and a language translator

*EmployeeConnect*SM counselors are experienced and credentialed

When you call our toll-free line, you’ll talk to an experienced professional who will provide counseling, work-life advice, and referrals. All counselors hold master’s degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face meetings, you will be referred to a fully credentialed, state-licensed clinician.

You’ll receive a customized information packet for each of the work-life services you use.



To take advantage of the *EmployeeConnect*SM program, or for more information:

Visit www.GuidanceResources.com or call 888-628-4824.

*EmployeeConnect*SM

Employee Assistance Program Service
Confidential help 24 hours a day, 7 days a week for employees and family members

COMPSYCH[®]
GuidanceResources® Worldwide

Visit www.GuidanceResources.com

(user name = LFGsupport;

password = LFGsupport1).

Or talk with a specialist at 888-628-4824.

- Family
- Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationship

2023 - 2024 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 Brazosport 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 Brazosport 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/BRAZOSPORTISD

