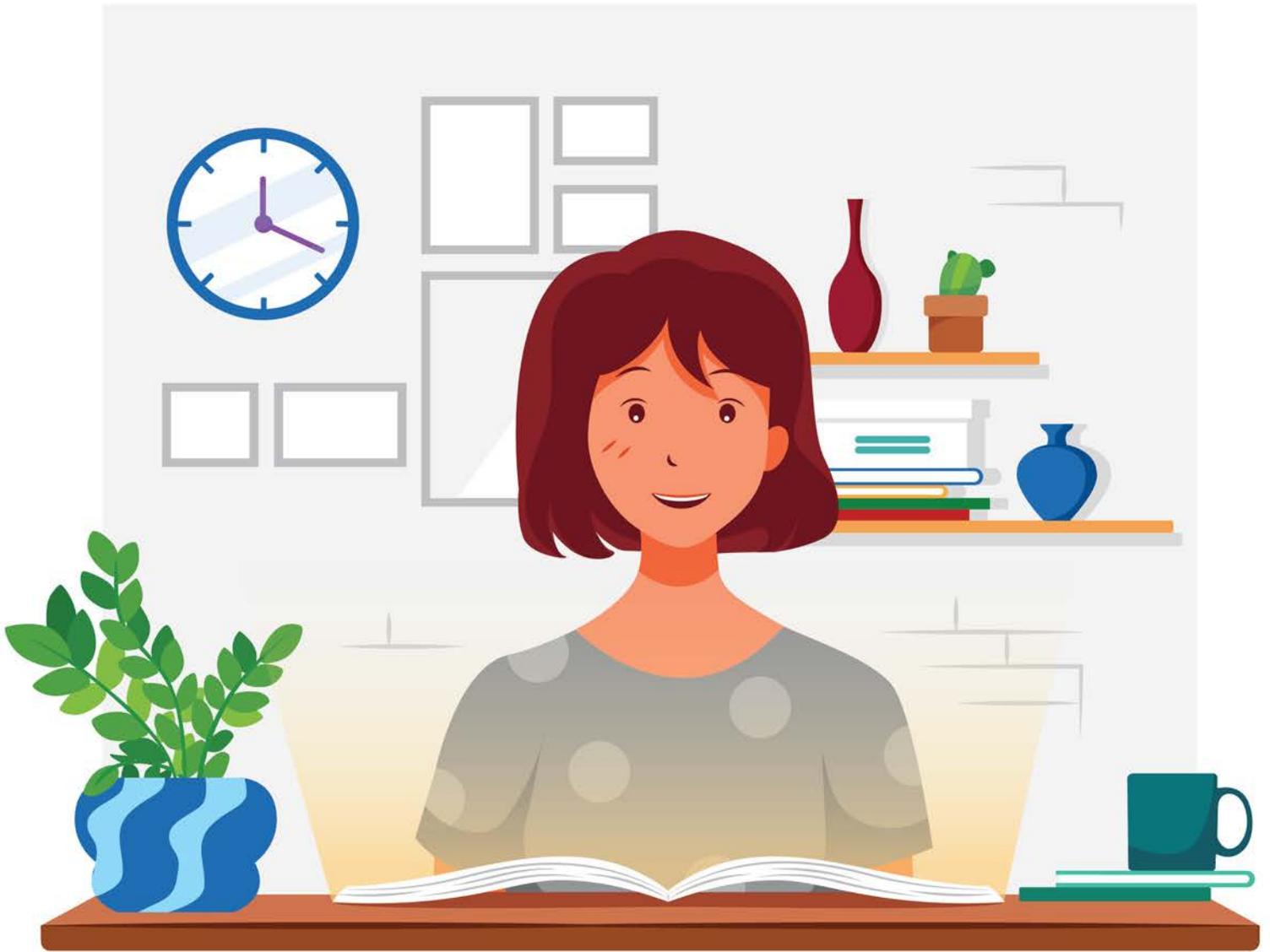


2023 - 2024 Plan Year



BIRDVILLE ISD BENEFIT GUIDE

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

WWW.MYBENEFITSHUB.COM/BIRDVILLEISD



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FLIP TO...

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HOW TO
ENROLL

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SUMMARY
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YOUR
BENEFITS



Benefit Contact Information

<p>BIRDVILLE ISD BENEFIT ADMINISTRATORS</p> <p>Financial Benefit Services (800) 583-6908 Benefits Care Line (833) 453-1680 www.birdvilleschools.net/benefits <i>English and Spanish Assistance Provided</i></p>	<p>VISION</p> <p>Superior Vision Group #28488 (800) 507-3800 www.superiorvision.com</p>	<p>IDENTITY THEFT</p> <p>Experian (855) 797-0052 experian.myfinancialexpert.com</p>
<p>BIRDVILLE ISD BENEFITS OFFICE</p> <p>Birdville ISD Benefits Office (817) 547-5782 www.birdvilleschools.net</p>	<p>DISABILITY</p> <p>Lincoln Financial Group (800) 423-2765 www.lfg.com</p>	<p>LEGAL SERVICES</p> <p>LegalShield (800) 654-7757 www.legalshield.com</p>
<p>TRS ACTIVECARE MEDICAL</p> <p>Blue Cross Blue Shield (866) 355-5999 www.bcbstx.com/trsactivecare</p>	<p>CANCER</p> <p>American Public Life Group #12906 (800) 256-8606 www.ampublic.com</p>	<p>FLEXIBLE SPENDING ACCOUNT (FSA)</p> <p>Higginbotham (866) 419-3519 https://flexservices.higginbotham.net/Flexclaims@higginbotham.com</p>
<p>TRS HMO MEDICAL</p> <p>Scott & White HMO (844) 633-5325 trs.swhp.org</p>	<p>GROUP LIFE AND AD&D</p> <p>Lincoln Financial Group (800) 423-2765 www.lincolnfinancial.com</p>	<p>HEALTH SAVINGS ACCOUNT (HSA)</p> <p>EECU (817) 882-0800 www.eecu.org</p>
<p>HOSPITAL INDEMNITY</p> <p>The Hartford Group #681612 (866) 547-4205 www.thehartford.com</p>	<p>EMPLOYEE ASSISTANCE PROGRAM</p> <p>Lincoln Financial Group (800) 423-2765 www.lincolnfinancial.com</p>	<p>MEDICAL TRANSPORT</p> <p>MASA Group #MKBISD (800) 423-3226 www.masamts.com</p>
<p>COBRA (MEDICAL)</p> <p>TRS Medical Plans bswift: (833) 682-8972 Scott & White HMO: (877) 722-2667</p>	<p>TELEHEALTH</p> <p>MDLIVE (888) 365-1663 www.mdlive.com/fbs</p>	<p>403(B) /457 PLANS</p> <p>TCG (800) 943-9179 www.tcgservices.com</p>
<p>COBRA (DENTAL AND VISION)</p> <p>Higginbotham (866) 419-3519 www.higginbotham.com</p>	<p>DENTAL</p> <p>Lincoln Financial Group (800) 423-2765 www.lincolnfinancial.com</p>	<p>CRITICAL ILLNESS</p> <p>Lincoln Financial Group (800) 423-2765 www.lincolnfinancial.com</p>

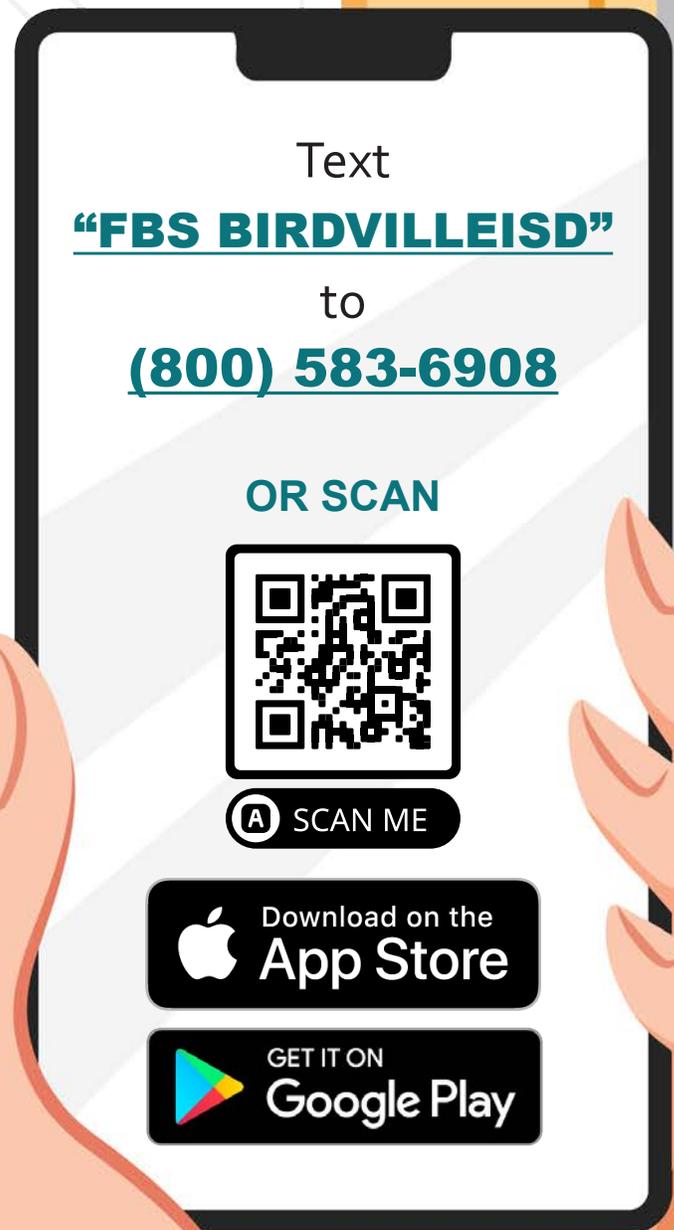
All Your Benefits - One App

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

Text **“FBS BIRDVILLEISD”**
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 #:
FBSBIRDVILLEISD





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.

Annual Enrollment

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

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

New Hire Enrollment

All new hire enrollment elections must be completed in the online enrollment system within the first 30 days of benefit eligible employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

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/birdvilleisd. 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 provider search links, benefit summaries, and claim forms, go to the Birdville ISD 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 Quick Links section.

When will I receive ID cards?

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

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

Section 125 Cafeteria Plan Guidelines

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

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 30 days of your qualifying event and meet with your Benefit/HR Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

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

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.

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
Legal Services	To age 26
Emergency Medical Transport	To age 26
Critical Illness	To age 26

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.

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 prescription drugs or is under a health care provider's orders to take drugs, or received medical care or services (including diagnostic and/or consultation services).

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
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	\$1,500 single (2023) \$3,000 family (2023)	N/A
Maximum Contribution	\$3,850 single (2023) \$7,750 family (2023) 55+ catch up +\$1,000	\$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
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

FLIP TO
FOR HSA INFORMATION

PG. 14

FLIP TO
FOR FSA INFORMATION

PG. 15

ABOUT BASIC LIFE AND AD&D

The Basic Life and AD&D policy is paid for you by the District.

Basic 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



Safeguard the most important people in your life.

Think about what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like helping to cover everyday expenses, pay off debt, and protect savings. AD&D provides additional benefits if you die or suffer a covered loss in an accident, such as losing a limb or your eyesight.

AT A GLANCE:

- A cash benefit of \$10,000 to your loved ones in the event of your death, plus an additional cash benefit if you die in an accident. at no cost to you.
- AD&D Plus: If you suffer an AD&D-covered loss in an accident, you may also receive benefits for the following in addition to your core AD&D benefits: coma, plegia, education, childcare, spouse [OR domestic partner] training. Additional conditions are outlined in your policy.
- Includes LifeKeys® services, which provide access to counseling, financial, and legal support services.
- TravelConnect® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home.

You also have the option to increase your cash benefit by securing additional coverage at affordable group rates.

See enclosed Voluntary Life and AD&D options on [page 24](#).

ADDITIONAL DETAILS:

- Continuation of Coverage for Ceasing Active Work: You may be able to continue your coverage if you leave your job for reasons including and not limited to Family and Medical Leave, Lay-off, Leave of Absence, or Leave of Absence Due to Disability.
- Waiver of Premium: A provision that allows you not to pay premiums during a period of disability that has lasted for a particular length of time.
- Accelerated Death Benefit: Enables you to receive a portion of your policy death benefit while you are living. To qualify, a medical professional must diagnose you with a terminal illness with a life expectancy of fewer than 12 months.
- Conversion: You may be able to convert your group term life coverage to an individual life insurance policy if your coverage reduces or you lose coverage due to leaving your job or for other reasons outlined in the plan contract.
- Benefit Reduction: Your employee Life/AD&D coverage amount will reduce by 50% when you reach age 70.

Employee Assistance Program (EAP)

LifeKeys | Lincoln Financial Group

EMPLOYEE
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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



No matter how well you plan, unexpected challenges arise. When they do, help and support are nearby— thanks to LifeKeys® services from Lincoln Financial Group.

LifeKeys services include:

Discounts on shopping and entertainment

GuidanceResources® includes 24/7 online access to the Working Advantage discount network. You can save up to 60% on a variety of products and services, including electronics, health and fitness, Broadway shows, and much more. Discounts are also available in the GuidanceNow mobile app, available in the Apple App Store and on Google Play.

Help with important life matters

You'll find support tools and advice on a wide range of topics, including legal, financial, family, and career, on GuidanceResources online. Stay in the know on matters that impact your personal and professional life.

Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. LifeKeys includes an online resource for information that can help you recognize and prevent identity theft — and restore your good name should your identity be compromised.

Online will preparation

Creating a will allows you to make vital decisions ahead of time, including naming a guardian for your children or designating who will receive your property and assets after you pass away. Without a will, state officials will distribute your estate. EstateGuidance® offers a secure, efficient way to create and execute a will so you can rest easy knowing you've planned ahead for your family.

Guidance and support for you and your beneficiaries

LifeKeys is a comprehensive program that offers resources to help your loved ones address a range of common concerns should they experience a loss. Services include grief counseling, financial and legal advice, and counseling support for up to six in-person sessions when coping with the challenges of day-to-day life.

Help, guidance, and support for beneficiaries following a loss

The emotional impact of losing a loved one can be deep and long-lasting. All too often, financial or legal issues can add to the stress. LifeKeys services can be a welcome resource for your beneficiaries. You or your beneficiaries will have access to six in-person sessions for grief counseling, legal or financial information, and unlimited phone counseling. Services are available for up to one year after a loss.

Grief counseling — advice, information, and referrals on:

- Coping with loss
- Stress, anxiety, and depression
- Memorial planning information
- Concerns about family, including children and teens

Legal support — access to legal information on:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents for beneficiaries

Financial services — online resources and advice from financial specialists on:

- Estate planning
- Budgeting
- Overcoming debt
- Bankruptcy
- Investments

Help with everyday life — comprehensive information on:

- Finding child care or elder care
- Financing a home
- Moving and relocation
- Making major purchases

Access LifeKeys services. Visit GuidanceResources.com, download the GuidanceNow mobile app, or call (855) 891-3684. First-time users: enter web ID: **LifeKeys**.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. GuidanceResources® is a trademark of ComPsych® Corporation.

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/birdvilleisd



No cost access to quality telehealth services through MDLIVE. Connect anytime day or night with a board-certified doctor via your mobile device or computer. While MDLIVE does not replace your primary care physician, it is a convenient and cost-effective option when you need care and:

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

When to Use MDLIVE:

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

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

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

Registration is Easy

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

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

Telehealth

Employee & Family \$0 (Employer Paid)

Health Savings Account (HSA) EECU

EMPLOYEE
BENEFITS

ABOUT HSA

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

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



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

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

HSA Eligibility

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

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

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

Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual contribution maximum for 2023 is based on the coverage option you elect:

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

If you are 55 or older, you may make a yearly catch-up contribution of up to \$1,000 to your HSA. If you turn 55 at any

time during the plan year, you are eligible to make the catch-up contribution for the entire plan year.

Qualified Expenses

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

Important HSA Information

- You will receive a debit card to manage your Health Savings Account. Keep in mind, available funds are limited to the balance in your HSA.
- Always ask your health care provider to file claims with your medical provider so network discounts can be applied. You can pay the provider with your HSA debit card based on the balance due after discount.
- You, not your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.
- You may open an HSA at the financial institution of your choice, but only accounts opened through EECU are eligible for automatic payroll deduction.

How To Use Your HSA

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

Flexible Spending Account (FSA)

Higginbotham

EMPLOYEE
BENEFITS

ABOUT FSA

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

For full plan details, please visit your benefit website:

www.mybenefitshub.com/birdvilleisd



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).

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.

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.
- You can continue to file claims incurred during the plan year for another 90 days after August 31st.
- Your Health Care FSA debit card can be used for health care expenses only. It cannot be used to pay for dependent care expenses.

- The IRS has amended the “use it or lose it rule” to allow you to carry-over up to \$610 in your Health Care FSA into the next plan year. The carry-over rule does not apply to your Dependent Care FSA.

Over-the-Counter Item Rule Reminder

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

Higginbotham Portal

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

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

Register on the Higginbotham Portal

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

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

ABOUT SICK LEAVE BANK

The Sick Leave Bank may provide your full salary for up to 30 days for self-care, or 20 days to care for an immediate family member, if you or a loved one are disabled due to a catastrophic illness or injury resulting in loss of pay. There is not cost to enroll, but requires a one-time donation of 3 local leave.

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



SICK LEAVE BANK SUMMARY (SLB)

Purpose of the Sick Leave Bank

The purpose of the sick leave bank is to provide additional paid sick leave days for members of the bank who have exhausted all available paid leave because of the catastrophic injury or illness of the employee or immediate family member. The request for additional days may only be made when a member has exhausted all accumulated state, local, comp time, and vacation leave days.

What is the definition of catastrophic illness or injury?

According to Board Policy DEC (Local), a catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by the employee and to lose compensation from the District.

How do I become a member of the Sick Leave Bank?

In order to become a member of the sick leave bank, an employee must donate three (3) days of local leave. These days are not re-fundable. This is a one-time donation.

How many days may I use from the Sick Leave Bank?

The SLB may grant up to 30 days per school year with a lifetime maximum of 90 days.

Can SLB be used for maternity or family illnesses?

The SLB may not be used for maternity unless for a complication resulting from pregnancy. SLB may be used to care for family illnesses meeting the definition of catastrophic.

Who will determine if I am granted days from the Sick Leave Bank?

The SLB committee will determine whether the request for sick leave days is approved or denied based on the physician's statement. All medical information is confidential. The name of the patient/employee will NOT be shared with the committee.

Once I'm a member of the Sick Leave Bank, will I ever have to donate more days?

Members of the bank who, during the previous school year, found it necessary to use the benefits from the bank must donate three days or the actual number of days used, whichever is less, at the beginning of the next school year.

Though unlikely, additional days may be needed if the bank runs low on days, please see the policy for more details.

For additional information, review the Sick Leave Bank Guidelines or contact the Benefits Office x5782

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/birdvilleisd



SHORT TERM DISABILITY (STD)

All Full-Time Employees Electing a 40% 15-15-13 Benefit

- **Weekly benefit amount:** 40% of your weekly salary, limited to \$1,500 per week.
- **Sickness elimination period:** 14 days
- **Accident elimination period:** 14 days
- **Maximum coverage period:** 13 weeks
- **Sickness Elimination Period:** You must be out of work for 14 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 15.
- **Accident Elimination Period:** You must be out of work for 14 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 15.

All Full-Time Employees Electing a 60% 15-15-13 Benefit

- **Weekly benefit amount:** 60% of your weekly salary, limited to \$1,500 per week.
- **Sickness elimination period:** 14 days
- **Accident elimination period:** 14 days
- **Maximum coverage period:** 13 weeks
- **Sickness Elimination Period:** You must be out of work for 14 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 15.
- **Accident Elimination Period:** You must be out of work for 14 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 15.

All Full-Time Employees Electing a 40% 31-31-13 Benefit

- **Weekly benefit amount:** 40% of your weekly salary, limited to \$1,500 per week.
- **Sickness elimination period:** 30 days
- **Accident elimination period:** 30 days
- **Maximum coverage period:** 13 weeks
- **Sickness Elimination Period:** You must be out of work for 30 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 31.

- **Accident Elimination Period:** You must be out of work for 30 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 31.

All Full-Time Employees Electing a 60% 31-31-13 Benefit

- **Weekly benefit amount:** 60% of your weekly salary, limited to \$1,500 per week.
- **Sickness elimination period:** 30 days
- **Accident elimination period:** 30 days
- **Maximum coverage period:** 13 weeks
- **Sickness Elimination Period:** You must be out of work for 30 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 31.
- **Accident Elimination Period:** You must be out of work for 30 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 31.

COMMON STD PLAN FEATURES

First Day Hospitalization: The elimination period is reduced if you are hospitalized due to an illness or accidental injury. You can begin collecting benefits on the first day of hospitalization.

Recurrent Disability Benefits: If you become disabled for the same condition within 14 days following your prior disability, your benefits will continue under the same claim.

Pre-existing Condition: If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the three months leading up to your coverage start date, you may not be eligible benefits for that condition unless you have been covered by the plan for six months, unless you received not treatment for the condition for six months after your effective date. A Pre-existing Condition Benefit provides a limited (4 week) benefit when you would otherwise not qualify for any benefits due solely to a pre-existing condition.

LONG TERM DISABILITY

All Active Full-Time Employees Electing a 40% Benefit

- **Monthly benefit amount:** 40% of Salary limited to \$6,000 (Minimum: Greater of \$100 or 10% of benefit)
- **Elimination period:** After the end of your short-term disability or a period of 90 days of disability, whichever is greater
- **Coverage Period for Your Occupation:** 24 Months
- **Maximum Coverage Period:** Up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later

All Active Full-Time Employees Electing a 60% Benefit

- **Monthly benefit amount:** 60% of Salary limited to \$6,000 (Minimum: Greater of \$100 or 10% of benefit)
- **Elimination period:** After the end of your short-term disability or a period of 90 days of disability, whichever is greater
- **Coverage Period for Your Occupation:** 24 Months
- **Maximum Coverage Period:** Up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later

DEFINITIONS

Elimination Period: This is the number of days you must be disabled before you can collect disability benefits. The 90-day elimination period can be met through either total disability (out of work entirely) or partial disability (working with a reduced schedule or performing different types of duties).

Coverage Period for Your Occupation: This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation). You may be eligible to continue receiving benefits if your disability prohibits you from any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits are extended through the end of your maximum coverage period.

Maximum Coverage Period: This is the total amount of time you can collect disability benefits (also known as the benefit duration). Benefits are limited to 24 months for mental illness; 24 months for substance abuse. See contract for details on other specified illnesses.

ADDITIONAL PLAN INFORMATION

Premium Waiver: Included

Family Income Protection Benefit: Included

Portability: Included

Evidence of Insurability: When you are first offered this coverage (and during approved open enrollment periods), you may be able to take advantage of this important coverage with no evidence of insurability (proof of health).

Pre-Existing Condition: If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the three months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for twelve months.

Benefit Reduction: Your benefits may be reduced if you are eligible to receive benefits from: After the first year of Disability, the following Social Security or other Government Retirement Plan benefits will be offset. See contract for full plan details, A state disability plan or similar compulsory benefit act or law, A retirement plan, Social Security, Any form of employment, Workers' Compensation, Salary continuance, Sick leave.

Benefit Exclusion: A detail list of exclusions can be found in the policy.

Short Term Disability - per \$100 in benefit		
Elimination Period	40% Weekly Benefit	60% Weekly Benefit
14 Day	\$6.60	\$6.60
30 Day	\$4.50	\$4.50

Long Term Disability - per \$100 in benefit		
Elimination Period	40% Weekly Benefit	60% Weekly Benefit
< 20	\$0.164	\$0.164
Age 20-24	\$0.164	\$0.164
Age 25-29	\$0.164	\$0.164
Age 30-34	\$0.259	\$0.259
Age 35-39	\$0.431	\$0.431
Age 40-44	\$0.659	\$0.659
Age 45-49	\$0.917	\$0.917
Age 50-54	\$1.185	\$1.185
Age 55-59	\$1.512	\$1.512
Age 60-64	\$1.267	\$1.267
Age 65-69	\$0.995	\$0.995
Age 70-74	\$0.862	\$0.862
Age 75-79	\$0.862	\$0.862
Age 80+	\$0.862	\$0.862

Traditional LTD and STD Disability - Definitions

What is disability insurance? 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.

Pre-Existing Condition Limitations - Please note that all plans will include pre-existing condition limitations that could impact you if you are a first-time enrollee in your employer's disability plan. This includes during your initial new hire enrollment. Please review your plan details to find more information about pre-existing condition limitations.

How do I choose which plan to enroll in during my open enrollment?

You will enroll in Long Term and Short Term Disability on two separate pages during your open enrollment walkthrough. Generally your short term coverage and long term coverage work together so that once your short term coverage ends, at that time your long term coverage would begin if you are still disabled and approved to remain on your claim. In other words, your short term coverage may continue for up to 12 weeks and your long term coverage begins the 13th week.

Your short term coverage will generally be a weekly benefit. This is the maximum amount of money you will receive from the carrier on a weekly basis once your disability claim is approved by the carrier. This is generally a flat percentage of your salary.

Your long term coverage will generally be a monthly benefit. This is the maximum amount of money you will receive from the carrier on a monthly basis once your disability claim is approved by the carrier. This is generally a flat percentage of your salary.

Available Long Term Disability Plans	Monthly Benefit	Cost
<input checked="" type="radio"/> Long Term Disability	\$1,785.01 [60%]	Cost: \$4.51 ▼
Terminates on 12/31/2022 Cost is deducted on a post-tax basis		

Available Short Term Disability Plans	Weekly Benefit	Cost
<input checked="" type="radio"/> Short Term Disability	\$411.93	Cost: \$12.15 ▼
Terminates on 12/31/2022 Cost is deducted on a post-tax basis		

ABOUT VOLUNTARY 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



The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death or if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for employees
- Includes LifeKeys® services, which provide access to counseling, financial, and legal support services
- Also includes TravelConnect® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee Life	
Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of 7 times Annual Earnings (rounded up to the nearest \$10,000) or \$500,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$280,000
Optional AD&D coverage amount	Equal to the life insurance amount chosen
Your coverage will be reduced by 50% when you reach age 70.	

Spouse Life The amount of Dependent Life Insurance coverage cannot be greater than 100% of the Employee Benefit.

Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed the lesser of 7 times Annual Earnings (rounded up to the nearest \$5,000) or \$500,000
Minimum coverage amount	\$5,000
Guaranteed Life coverage amount	\$50,000
Optional AD&D coverage amount	Equal to the life insurance amount chosen

Dependent Child(ren) Life	
At least one day but under 26 years.	\$10,000

What your benefits cover:

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$280,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by four levels without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to the lesser of seven times Annual Earnings or \$500,000. Evidence of Insurability may be required for voluntary life coverage. See the Evidence of Insurability page for details.

Spouse Coverage- You can secure term life insurance for your spouse if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$50,000 for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by four levels without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Voluntary Life and AD&D

Lincoln Financial Group

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to the lesser of seven times Annual Earnings or \$50,000 for your spouse. Evidence of Insurability may be required.

Dependent Child(ren) Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options:

- You can choose a coverage amount up to \$10,000 for your child(ren).

Group Rates for You		Group Rates for Your Spouse		Group Life Rates for your Dependent Child(ren)
Employee Age Range	Life Premium Rate	Employee Age Range	Life Premium Rate	Child(ren) Life Premium Rate, per \$1,000
0 - 24	\$0.040	0 - 24	\$0.040	\$0.100
25 - 29	\$0.050	25 - 29	\$0.050	One affordable monthly premium covers all of your eligible dependent children. Note: To be eligible for coverage, a spouse or dependent child cannot be confined on the date the increase or addition is to take effect, it will take effect when the confinement ends.
30 - 34	\$0.070	30 - 34	\$0.070	
35 - 39	\$0.080	35 - 39	\$0.080	
40 - 44	\$0.110	40 - 44	\$0.110	
45 - 49	\$0.180	45 - 49	\$0.180	
50 - 54	\$0.320	50 - 54	\$0.320	
55 - 59	\$0.500	55 - 59	\$0.500	
60 - 64	\$0.750	60 - 64	\$0.750	
65 - 69	\$1.150	65 - 69	\$1.150	
70 - 74	\$1.850	70 - 74	\$1.850	
75 +	\$1.850	75 +	\$1.850	

The Lincoln Voluntary AD&D Insurance plan:

Employee AD&D

Coverage options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed \$500,000
Benefits end when you retire.	

Family AD&D

You must enroll in family AD&D coverage to elect spouse or child(ren) family AD&D coverage. You may choose to cover your dependent spouse and child(ren) under the family AD&D plan. All eligible dependents will be covered. The spouse and child(ren) family AD&D coverage is a percentage of the employee coverage amount and is based on the employee's dependents.

Spouse coverage without child(ren)	100% of your coverage amount
Spouse coverage with children	100% of your coverage amount
Child(ren) coverage without spouse	10% of your coverage amount for each dependent child
Child(ren) coverage with spouse	10% of your coverage amount for each dependent child
Benefits end when you retire.	

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.

The District offers 3 Dental Plans: 1 DHMO and 2 PPO options.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/birdvilleisd



The Lincoln Dental Connect® PPO Plan	Low Plan	High Plan
Calendar (Annual) Deductible	Individual: \$50 Family: \$150 Waived for: Preventive	Individual: \$50 Family: \$150 Waived for: Preventive
Deductibles are combined for basic and major Contracting Dentists' services. Deductibles are combined for basic and major Non-Contracting Dentists' services.		
Annual Maximum	\$1,000	\$1,500
Lifetime Orthodontic Max	\$750	\$1,000
Orthodontic Coverage is available for dependent children.		
Waiting Period	There are no benefit waiting periods for any service types	
Preventive Services	Low Plan	High Plan
Routine oral exams, Bitewing X-rays, Full-mouth or panoramic X-rays, Other dental X-rays - including periapical films, Routine cleanings, Fluoride treatments, Space maintainers for children, Palliative treatment - including emergency relief of dental pain, Sealants	100% No Deductible	100% No Deductible
Basic Services	Low Plan	High Plan
Problem focused exams, Injections of antibiotics and other therapeutic medications, Fillings, Simple extractions, General anesthesia and I.V. sedation	50% After Deductible	50% After Deductible
Major Services	Low Plan	High Plan
Consultations, Prefabricated stainless steel and resin crowns, Surgical extractions, Oral surgery, Biopsy and examination of oral tissue - including brush biopsy, Prosthetic repair and recementation services, Endodontics - including root canal treatment	50% After Deductible	50% After Deductible
Orthodontics	Low Plan	High Plan
Orthodontic exams, X-rays, Extractions Study models, Appliances	50%	50%

Visit www.LincolnFinancial.com/FindADentist to find a contracting dentist near you. This plan lets you choose any dentist you wish. However, your out-of-pocket costs are likely to be lower when you choose a contracting dentist.

Lincoln Dental Connect® DHMO Program

- Covers most preventive and diagnostic care services at no charge
- Also covers a wide variety of specialty services- lowering your out-of-pocket costs with no deductibles or maximums
- Features group rates for employees
- Lets you choose a participating dentist from a regional network
- Saves you time and hassle with no waiting periods and no claim forms

You choose your primary-care dentist when you enroll. To find a participating dentist, visit <http://ldc.lfg.com> and select “Find a Dentist”

- If you need to visit your dentist after your coverage begins, but before receiving your Dental ID card, please call 888-877-7828 to arrange your care. To expedite the call, please provide the following:
 - » The exact spelling of your first and last name, submitted at the time of enrollment;
 - » Date of Birth.
- To access your dental health information online, click REGISTER NOW and follow the prompts to complete your registration. You will need your Member ID Number* which is located on your Dental ID Card. You can also print a Dental ID Card from this website.

*Note, the Member ID Number contains nine digits. Please use all preceding zeros when entering your Member ID.

Dental			
	HIGH DPPO	LOW DPPO	DHMO
Employee	\$37.97	\$26.49	\$11.50
Employee + Spouse	\$74.07	\$52.52	\$22.40
Employee + Child(ren)	\$84.88	\$59.24	\$24.24
Family	\$122.15	\$85.25	\$35.04

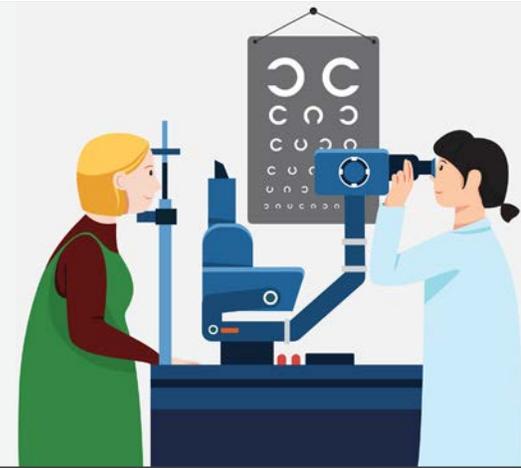
Vision Insurance

Superior Vision

ABOUT VISION

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

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



How to Print your Vision ID Card:

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

Need to search an in-network provider?

Call 800-507-3800 or Visit <https://superiorvision.com/locator/> to locate a provider.

Copays		Services/frequency		Vision Monthly Premiums	
Exam	\$10	Exam	12 months	Employee	\$8.30
Materials ¹	\$25	Frame	12 months	Employee + Spouse	\$16.45
Contact lens fitting (standard & specialty)	\$25	Contact lens fitting	12 months	Employee + Child(ren)	\$16.13
		Lenses	12 months	Family	\$24.51
		Contact lenses	12 months		

Benefits through Superior National network	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$42 retail
Exam (optometrist)	Covered in full	Up to \$37 retail
Frames	\$125 retail allowance	Up to \$68 retail
Contact lens fitting (standard ²)	Covered in full	Not covered
Contact lens fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$32 retail
Bifocal	Covered in full	Up to \$46 retail
Trifocal	Covered in full	Up to \$61 retail
Progressive	See description ³	Up to \$61 retail
Contact lenses ⁴	\$120 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

1. Materials co-pay applies to lenses and frames only, not contact lenses
2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.
3. Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay
4. Contact lenses are in lieu of eyeglass lenses and frames benefit

Discount Features

Discounts on covered materials⁵ (These discounts apply to the glasses and contacts that are covered under the vision benefits.)

Frames:	20% off amount over allowance
Conventional Contacts:	20% off amount over allowance
Disposable Contact:	20% off amount over allowance

Discounts on non-covered exam, services and materials⁶

Exams, frames, and prescription lenses:	30% off retail
Contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail

Lens Type*	Maximum member out-of-pocket ⁵
Scratch Coat	\$13
Ultraviolet coat	\$15
Tints, solid	\$25
Tints, gradient	\$18
Polycarbonate	\$40
Plastic photochromic lenses	\$80

* The above table highlights some of the most popular lens type and is not a complete listing. This table outlines member out-of-pocket costs⁵ and are not available for premium/upgraded options unless otherwise noted.

Laser vision correction (LASIK)⁵

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

Please refer to www.mybenefits.com/birdvilleisd under the Vision section for full plan details and limitations.

⁵ Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.

Hospital Indemnity

The Hartford

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, by paying a cash benefit directly to you.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/birdvilleisd



BENEFIT HIGHLIGHTS

Hospital indemnity (HI) insurance pays a cash benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up.

The benefits are paid in lump sum amounts to you, and can help offset expenses that primary health insurance doesn't cover (like deductibles, co-insurance amounts or co-pays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.). To learn more about Hospital Indemnity insurance, visit thehartford.com/employeebenefits

Hospital Indemnity		
	Plan 1 - Low	Plan 2 - High
Employee	\$21.14	\$35.24
Employee + Spouse	\$39.68	\$66.14
Employee + Child(ren)	\$38.50	\$64.17
Family	\$59.91	\$99.85

Coverage Information

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

PLAN INFORMATION		Plan 1 - Low	Plan 2 - High
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
Covered Events		Illness and injury	Illness and injury
HSA Compatible		Yes	Yes
BENEFITS		Plan 1 - Low	Plan 2 - High
HOSPITAL CARE			
First Day Hospital Confinement	Up to 1 day per year	\$1,500	\$2,500
Daily Hospital Confinement (Day 2+)	Up to 30 days per year	\$150	\$250
Daily ICU Confinement (Day 1+)	Up to 30 days per year	\$300	\$500

ASKED & ANSWERED

IS THIS COVERAGE HSA COMPATIBLE?

If you (or any dependent(s)) currently participate in a Health Saving Account (HSA) or if you plan to do so in the future, you should be aware that the IRS limits the types of supplemental insurance you may have in addition to a HSA, while still maintaining the tax exempt status of the HSA. This plan design was designed to be compatible with Health Savings Accounts (HSAs). However, if you have or plan to open an HSA, please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis. Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

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

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

Premiums are provided above. You have a choice of plan options. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier. Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don’t have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

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

WHEN DOES THIS INSURANCE BEGIN?

The initial effective date of this coverage is September 1, 2023. Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage). You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child (ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

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

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

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

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

Critical Illness Insurance

Lincoln Financial Group

EMPLOYEE
BENEFITS

ABOUT CRITICAL ILLNESS

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

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



Coverage for you

Critical Illness Insurance | Employee

Guaranteed coverage amounts \$10,000, \$20,000 or \$30,000

Guaranteed coverage amounts

- If this is your first opportunity to enroll for coverage, you can choose from the coverage amounts above

Coverage for your spouse

You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

Critical Illness Insurance | Spouse

Guaranteed coverage amount \$10,000, 20,000 or \$30,000 (up to 100% of the employee coverage amount)

Guaranteed coverage amounts

- If this is your first opportunity to enroll for coverage, you can choose from the coverage amounts above for your spouse

Coverage for your dependent children

- Your dependent children automatically receive 50% of your coverage amount at no extra cost.

Employee Age range (Attained Age)	\$10,000	\$20,000	\$30,000
0-29	\$2.71	\$5.42	\$8.13
30-39	\$2.88	\$5.76	\$8.64
40-49	\$5.16	\$10.32	\$15.48
50-59	\$9.23	\$18.46	\$27.69
60-69	\$14.21	\$28.42	\$42.63
70+	\$43.27	\$86.54	\$129.81

Core benefits

Covered Conditions	Benefit Percentage
Heart attack	100%
Stroke	100%
End Stage Renal (kidney) Failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Arterial/vascular disease	25%
Mitral or aortic valve disease	10%
Supplemental Conditions	
Advanced Huntington's disease	100%
Advanced COPD	100%
AIDS	100%
Advanced ALS/Lou Gehrig's disease	100%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	100%
Advanced multiple sclerosis	25%
Loss of sight, hearing and/or speech	100%
Accidental Injuries Benefit	
Severe burns, permanent paralysis or traumatic brain injuries (includes coma)	100%
Health Assessment / Wellness Benefit	Your Cash Benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening or immunization	\$50
Additional Plan Benefit(s)	
Health Advocate Services	Included
Portability	Included

Note: See the policy for details and specific requirements for each of these benefit options.

Questions? Call 800-423-2765 and mention ID: BIRDVILLEI

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



Cancer		
	Low	High
Employee Only	\$26.40	\$34.30
Employee and Spouse	\$47.70	\$61.10
Employee and Child(ren)	\$36.30	\$46.90
Employee and Family	\$47.70	\$61.10

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

Should you need to file a claim contact APL at 800-256-8606 or online at www.ampublic.com. You can find additional claim forms and materials at www.mybenefitshub.com/birdvilleisd.

Highlights	Plan 1	Plan 2
Internal Cancer First Occurrence*	\$2,500	\$2,500
Cancer Screening Rider Benefits		
Diagnostic Testing- 1 test per calendar year	\$50 per test	\$50 per test
Follow Up-Diagnostic Testing- 1 test per calendar year	\$100 per test	\$100 per test
Medical Imaging- per calendar year	\$500 per test/ 1 per calendar year	
Cancer Treatment Policy benefits		
Radiation and Chemotherapy, Immunotherapy Maximum Per 12-month period	\$15,000	\$20,000
Hormone Therapy- Maximum of 12 treatments per calendar year		\$50 per treatment

Surgical Rider Benefits		
Surgical	\$30 unit dollar amount Max \$3,000 per operation	\$45 unit dollar amount Max \$4,500 per operation
Anesthesia	25% of amount paid for covered surgery	
Bone Marrow Transplant- Maximum per lifetime	\$6,000	\$9,000
Stem Cell Transplant- Maximum per lifetime	\$600	\$900
Miscellaneous Care Rider Benefits		
Hair Piece (Wig)- 1 per lifetime	\$150	\$150
Blood, Plasma & Platelets	\$300 per day	\$300 per day
Ambulance- Ground /Air-Maximum of 2 trips per Hospital Confinement for all modes of transportation combined	\$200/\$2000 per trip	\$200/\$2000 per trip
Heart Attack/Stroke First Occurrence Rider Benefits		
Lump Sum Benefit- Maximum per 1 covered person per lifetime	\$2500	\$2500
Hospital Intensive Care Unit Rider Benefits		
Intensive Care Unit	\$600 per day	\$600 per day

Pre-Existing Condition Exclusion:

Review the Benefit Summary page that can be found at www.mybenefitshub.com/birdvilleisd for full details.

*Carcinoma in situ is not considered internal cancer

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



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. If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code (“IRC”) section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

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:

Emergency Transportation

Employee and Family	\$14.00
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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.

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



Achieve your credit & financial goals sooner with unique insights

With features like Digital Financial Management you will have tools to help manage your finances and credit profile in a single experience.

Digital Financial Management

360° view of financial accounts

Link your financial accounts to generate unique insights that can help improve your financial health and build good credit habits. Stay on top of your daily spending with recommended budgets powered by AI and machine learning of past transactional behavior.

Exclusive credit insights

Combine the power of financial transaction and credit data to unlock 50+ unique insights and recommendations to help achieve financial goals. Insights are displayed in your personalized feed and categories include account activity, spending and budgeting, VantageScore®* improvements, financial updates, and more.

Industry leading monitoring & alerts

Consistent monitoring of your Experian® credit report and VantageScore* can help you better understand your current credit profile and personal finances. Financial Alerts will notify you, via push notifications and emails, when certain financial events are detected.

Features to assist you with:

- Budgeting & cashflow
- Tracking spending
- Investments & net worth

Identity Theft	
	Elite Plan
Individual	\$7.50
Family	\$14.00

Identity protection for the whole family

As identity theft continues to increase, an evolving suite of identity products helps you monitor any potential threats to your identity and alerts you if there are any areas of concern. In addition, you'll have access to a suite of proactive digital privacy tools to help you keep passwords and other personal information private and secure while surfing the web.

An evolving suite of identity products to help you guard against the rising threat of fraud.

- **Identity Restoration:** Get back on track with support from an expert restoration agent that will walk you through the process of reclaiming what's rightfully yours.
- **Dark Web Monitoring:** If we detect any threats on the thousands of websites and millions of data points we scan, we'll alert you so you can keep your family's personal information safe.
- **Medical Identity Monitoring:** If your insurance information is used to receive medical care or fill prescriptions, we'll send you an alert to verify the service or act if you suspect identity theft.
- **Experian CreditLock™:** Block fraudsters from using your information to get new credit and act quickly to help prevent identity theft. Unlock it when you want to apply for credit.

Proactive Digital Privacy features to help keep your family's personal data secure and reduce the threat of potential fraud

- **Secure VPN:** Helps to prevent people and companies from seeing and collecting your data.
- **Password Manager:** Safely store and protect your logins and payment information in one place.
- **Safe Browser:** Get alerted of unsafe websites, block ads and help prevent the tracking of your data.

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/birdvilleisd



Legal Protection

LegalShield provides the legal protection you and your family need and deserve.

- **Direct Access to a Dedicated Provider Law Firm:** You will receive unlimited legal consultation and advice on personal legal matters. 100% of matters are covered in-network and your provider firm is even available for emergency situations.
- **Fast Response:** An attorney will respond to your legal matter within four business hours or less.
- **Document Review And Preparation:** An attorney can help you review and prepare common legal documents for Wills, Trusts, and more.
- **Court Representation:** You will receive representation for legal matters such as traffic tickets and even house closings.
- **Letters And Phone Calls:** Letters and phone calls can be made on your behalf to resolve legal matters such as warranty disputes or a dispute with a creditor.
- **Speeding Ticket Assistance:** Your provider law firm will review your speeding ticket and even attend court on your behalf if required. You can easily upload your ticket using the LegalShield mobile app.
- **Mobile App:** The LegalShield mobile app allows you to call your provider law firm directly and makes it easy to upload and prepare documents for fast legal review.

For more information, visit benefits.legalshield.com/birdvilleisd

Legal Services

Employee

\$15.25

LegalShield provides coverage for common personal legal needs at every stage of life. The LegalShield plan provides coverage for:

FAMILY	<ul style="list-style-type: none"> • Bullying Protection • Post-Nuptial/ Domestic Partnership Agreements • Gender Identifier Change • Elder Law Matters • Civil and Social Discrimination • Adoption 	<ul style="list-style-type: none"> • Paternity • Conservatorship • Domestic Violence Protection • Guardianship • Name Change • Juvenile Court Proceedings 	<ul style="list-style-type: none"> • Immigration Assistance • Administrative Hearing • Incompetency Defense • Juvenile Defense • Prenuptial Agreements • Reproductive Assistance
HOME	<ul style="list-style-type: none"> • Contractor Disputes • Deeds • Eviction and Tenant Issues • Foreclosure • Neighbor Disputes/ Easements 	<ul style="list-style-type: none"> • Refinancing • Purchase/Sale of House • Real Estate Contracts/Financial Disputes • Small Claims Assistance 	<ul style="list-style-type: none"> • Zoning Applications • Mortgages • Boundary Title Disputes • Home Equity Loans • Property Tax Assessments
FINANCIAL	<ul style="list-style-type: none"> • Consumer Credit Services • Affidavits • Bankruptcy • Consumer Protection • Contracts/Financial Disputes • Debt Collection 	<ul style="list-style-type: none"> • IRS Audit Protection • Rental Agreements • Medicaid/Medicare Disputes • Habeas Corpus • Civil Litigation • Identity Theft 	<ul style="list-style-type: none"> • Promissory Notes • Small Claims Assistance • Personal Property Disputes • Tax Audit Protection • Veterans Benefit Disputes
ESTATE PLANNING	<ul style="list-style-type: none"> • Living Wills/Wills • Probate • Living Trusts/Trusts 	<ul style="list-style-type: none"> • Power of Attorney • Codicils 	<ul style="list-style-type: none"> • Physician's Directive
AUTO	<ul style="list-style-type: none"> • Driver's License Restoration • Motor Vehicle Property Damage 	<ul style="list-style-type: none"> • Moving Traffic Violations/Traffic Tickets 	<ul style="list-style-type: none"> • Property Damage Claims
GENERAL	<ul style="list-style-type: none"> • Office Consultation • Telephone Advice • Document Review 	<ul style="list-style-type: none"> • Mobile App • 24/7 Emergency Legal Access • Demand Letters/ Phone Calls 	<ul style="list-style-type: none"> • 25% Preferred Member Discount • Legal Forms

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 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.

WWW.MYBENEFITSHUB.COM/BIRDVILLEISD

