



IRVING ISD

BENEFIT GUIDE

EFFECTIVE: 09/01/2021 - 8/31/2022

WWW.MYBENEFITSHUB.COM/IRVINGISD



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YOUR
BENEFITS

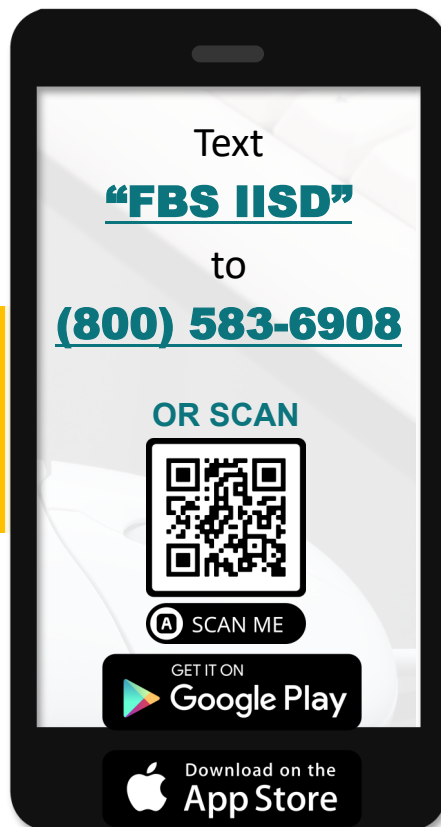
MOBILE APP DOWNLOAD

Enrollment made simple through the new **FBS Benefits App!**

Access to everything you need to complete your benefits enrollment:

- Enrollment Resources
- Online Support
- Interactive Tools
- And more!

App Group #:
FBSIISD



How to Log In

1

www.mybenefitshub.com/irvingisd

2

CLICK LOGIN

3

**ENTER USERNAME &
PASSWORD**

Please use the following credentials to log in.

For district employees with an Irving ISD email address:

Username and Password are the same that you use to sign-in to your district computer, email, and the staff page of irvingisd.net

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

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

Your Username Is:

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

Your Password Is:

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

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

Disclaimers

HOWTO
ENROLL

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 Irving ISD Benefits Website. This summary does not replace or amend the underlying plan documentation. In the event of a discrepancy between this summary and the plan documentation the plan documentation governs. All plans and benefits described in this summary may be discontinued, increased, decreased, or altered at any time with or without notice.

Rate Sheet General Disclaimer:

The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at Irving ISD Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.

Rate Sheets

HOW TO
ENROLL

TRS MEDICAL INSURANCE					
12 Pay Rates - Professional & Paraprofessional					
Tier	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2	Scott & White HMO
Employee Only	\$17	\$29	\$142	\$613	\$142.48
Employee + Spouse	\$776	\$809	\$934	\$2,002	\$962.70
Employee + Children	\$351	\$372	\$479	\$1,107	\$472.16
Employee + Family	\$1,005	\$1,045	\$1,275	\$2,441	\$1,168.42
24 Pay Rates - Facilities Services & Operations					
Employee Only	\$8.50	\$14.50	\$71	\$306.50	\$71.24
Employee + Spouse	\$388	\$404.50	\$467	\$1,001	\$481.35
Employee + Children	\$175.50	\$186.00	\$239.50	\$553.50	\$236.08
Employee + Family	\$502.50	\$522.50	\$637.50	\$1,220.50	\$584.21
17 Pay Rates - Food Service & CAO's					
Employee Only	\$12	\$20.47	\$100.24	\$432.71	\$100.57
Employee + Spouse	\$547.76	\$571.06	\$659.29	\$1,413.18	\$679.55
Employee + Children	\$247.76	\$262.59	\$338.12	\$781.41	\$333.29
Employee + Family	\$709.41	\$737.65	\$900	\$1,723.06	\$824.77
Split Rates (Employee + Family)					
	ActiveCare Primary	ActiveCare HD	ActiveCare Primary +	ActiveCare 2	Scott & White HMO
Employee + Family	\$302.50	\$322.50	\$437.50	\$1,020.50	\$384.21
<i>Employee works for Irving ISD and their spouse works at another school district offering TRS-ActiveCare Medical.</i>					
Pooled Rates (Employee + Family)					
Employee + Family	\$605	\$645	\$875	\$2,041	\$768.42
<i>Both employee and their spouse work for Irving ISD.</i>					

Rate Sheets

HOW TO
ENROLL

FSA Maximum Contribution	
Healthcare	\$2,750.00
Dependent Care	\$5,000.00

HSA Maximum Contribution	
Individual	\$3,600.00
Family	\$7,200.00

VISION	
Employee Only	\$7.98
Employee & Spouse	\$15.76
Employee & Child(ren)	\$15.44
Employee & Family	\$23.50

DISABILITY	
Plan A ages 30-34 Elimination Period	Monthly Benefit per \$500
0/7	\$14.50
14/14	\$10.95
30/30	\$6.85
60/60	\$3.95

VOLUNTARY LIFE		
Age	Employee (per \$10,000)	Spouse (per \$5,000)
Under 30	\$0.40	\$0.20
30-34	\$0.55	\$0.28
35-39	\$0.60	\$0.30
40-44	\$1.00	\$0.50
45-49	\$1.60	\$0.80

CHILD(REN) VOLUNTARY LIFE	
Per \$5,000	\$1.25

VOLUNTARY AD&D (per \$10,000)	
Employee Only	\$0.17
Employee & Spouse	\$0.25
Employee & Child(ren)	\$0.28
Employee & Family	\$0.32

Rate Sheets

HOW TO ENROLL

TELEHEALTH

Full Family Coverage is available at no cost for full-time employees that enroll in HD, Primary, or waive medical.

DENTAL

HIGH PPO PLAN

Tier	12 Pay	24 Pay	17 Pay
Employee Only	\$35.27	\$17.64	\$24.90
Employee & Spouse	\$60.38	\$30.19	\$42.62
Employee & Child(ren)	\$84.03	\$42.02	\$59.32
Employee & Family	\$118.25	\$59.13	\$83.47

LOW MAC PLAN

Tier	12 Pay	24 Pay	17 Pay
Employee Only	\$24.20	\$12.10	\$16.13
Employee & Spouse	\$41.50	\$20.75	\$27.66
Employee & Child(ren)	\$57.74	\$28.87	\$38.49
Employee & Family	\$81.24	\$40.62	\$54.16

DHMO

Tier	12 Pay	24 Pay	17 Pay
Employee Only	\$15.56	\$7.78	\$10.98
Employee & Spouse	\$31.12	\$15.56	\$20.74
Employee & Child(ren)	\$39.84	\$19.92	\$26.56
Employee & Family	\$43.74	\$21.87	\$29.16

CANCER

	High Option	High Option w/ ICU	Low option	Low Option w/ICU
Employee Only	\$27.40	\$30.70	\$14.20	\$17.50
Employee & Spouse	\$49.20	\$56.10	\$25.60	\$32.50
Employee & Child(ren)	\$38.50	\$43.00	\$20.01	\$24.60
Employee & Family	\$49.20	\$56.10	\$25.60	\$32.50

HOSPITAL INDEMNITY

	Plan 1	Plan 2
Employee Only	\$17.41	\$34.37
Employee & Spouse	\$30.87	\$61.02
Employee & Child(ren)	\$28.57	\$56.53
Employee & Family	\$42.03	\$83.18

2021-22 TRS-ActiveCare Plan Highlights Sept. 1, 2021 — Aug. 31, 2022

All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

	TRS-ActiveCare Primary		TRS-ActiveCare Primary+		TRS-ActiveCare HD		TRS-ActiveCare 2 <small>(This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.)</small>	
Plan summary	<ul style="list-style-type: none"> Lowest premium of the plans Copays for doctor visits before you meet deductible Statewide network PCP referrals required to see specialists Not compatible with a health savings account (HSA) No out-of-network coverage 		<ul style="list-style-type: none"> Lower deductible than the HD and Primary plans Copays for many services and drugs Higher premium than the other plans Statewide network PCP referrals required to see specialists Not compatible with a health savings account (HSA) No out-of-network coverage 		<ul style="list-style-type: none"> Compatible with a health savings account (HSA) Nationwide network with out-of-network coverage No requirement for PCPs or referrals Must meet your deductible before plan pays for non-preventive care 		<ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in this plan Lower deductible Copays for many drugs and services Nationwide network with out-of-network coverage No requirement for PCPs or referrals 	
Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$417	\$	\$542	\$	\$429	\$	\$1,013	\$
Employee and Spouse	\$1,176	\$	\$1,334	\$	\$1,209	\$	\$2,402	\$
Employee and Children	\$751	\$	\$879	\$	\$772	\$	\$1,507	\$
Employee and Family	\$1,405	\$	\$1,675	\$	\$1,445	\$	\$2,841	\$
Plan Features								
Type of Coverage	In-Network Coverage Only		In-Network Coverage Only		In-Network	Out-of-Network	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000		\$1,200/\$3,600		\$3,000/\$6,000	\$5,500/\$11,000	\$1,000/\$3,000	\$2,000/\$6,000
Coinsurance	You pay 30% after deductible		You pay 20% after deductible		You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,150/\$16,300		\$6,900/\$13,800		\$7,000/\$14,000	\$20,250/\$40,500	\$7,900/\$15,800	\$23,700/\$47,400
Network	Statewide Network		Statewide Network		Nationwide Network		Nationwide Network	
Primary Care Provider (PCP) Required	Yes		Yes		No		No	
Doctor Visits								
Primary Care	\$30 copay		\$30 copay		You pay 30% after deductible	You pay 50% after deductible	\$30 copay	You pay 40% after deductible
Specialist	\$70 copay		\$70 copay		You pay 30% after deductible	You pay 50% after deductible	\$70 copay	You pay 40% after deductible
TRS Virtual Health	\$0 per consultation		\$0 per consultation		\$30 per consultation		\$0 per consultation	
Immediate Care								
Urgent Care	\$50 copay		\$50 copay		You pay 30% after deductible	You pay 50% after deductible	\$50 copay	You pay 40% after deductible
Emergency Care	You pay 30% after deductible		You pay 20% after deductible		You pay 30% after deductible		You pay a \$250 copay plus 20% after deductible	
TRS Virtual Health	\$0 per consultation		\$0 per consultation		\$30 per consultation		\$0 per consultation	
Prescription Drugs								
Drug Deductible	Integrated with medical		\$200 brand deductible		Integrated with medical		\$200 brand deductible	
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 for certain generics		\$15/\$45 copay		You pay 20% after deductible; \$0 for certain generics		\$20/\$45 copay	
Preferred Brand	You pay 30% after deductible		You pay 25% after deductible		You pay 25% after deductible		You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)	
Non-preferred Brand	You pay 50% after deductible		You pay 50% after deductible		You pay 50% after deductible		You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	
Specialty	You pay 30% after deductible		You pay 20% after deductible		You pay 20% after deductible		You pay 20% after deductible (\$200 min/\$900 max)	

How to Calculate Your Monthly Premium

Total Monthly Premium – Your District and State Contributions

= **Your Premium**

Ask your Benefits Administrator for your district's premiums.

Things to Know

- TRS's Texas-sized purchasing power creates broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

Wellness Benefits at No Extra Cost

Being healthy is easy with:


- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia® pregnancy support
- TRS Virtual Health
- Mental health support
- And much more!

Available for all plans. See your Benefits Booklet for more details.

2021-22 Health Maintenance Organizations: Premiums for Regional Plans

Remember: When you choose an HMO, you're choosing a regional network.

TRS also contracts with HMOs in certain regions of the state to bring participants in those areas another option.

	Central and North Texas Scott and White Care Plan Brought to you by TRS-ActiveCare		Blue Essentials — South Texas HMO SM Brought to you by TRS-ActiveCare		Blue Essentials — West Texas HMO SM Brought to you by TRS-ActiveCare	
	<p>You can choose this plan if you live in one of these counties: Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson</p>		<p>You can choose this plan if you live in one of these counties: Cameron, Hildalgo, Starr, Willacy</p>		<p>You can choose this plan if you live in one of these counties: Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum</p>	
Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$542.48	\$	\$524.00	\$	\$596.54	\$
Employee and Spouse	\$1,362.70	\$	\$1,264.28	\$	\$1,443.66	\$
Employee and Children	\$872.16	\$	\$819.60	\$	\$936.18	\$
Employee and Family	\$1,568.42	\$	\$1,345.58	\$	\$1,532.74	\$
Plan Features						
Type of Coverage	In-Network Coverage Only		In-Network Coverage Only		In-Network Coverage Only	
Individual/Family Deductible	\$1,150/\$3,450		\$500/\$1,000		\$950/\$2,850	
Coinsurance	You pay 20% after deductible		You pay 20% after deductible		You pay 25% after deductible	
Individual/Family Maximum Out-of-Pocket	\$7,450/\$14,900		\$4,500/\$9,000		\$7,450/\$14,900	
Doctor Visits						
Primary Care	\$20 copay		\$25 copay		\$20 copay	
Specialist	\$70 copay		\$60 copay		\$70 copay	
Immediate Care						
Urgent Care	\$50 copay		\$75 copay		\$50 copay	
Emergency Care	\$500 copay after deductible		You pay 20% after deductible		\$500 copay before deductible and 25% after deductible	
Prescription Drugs						
Drug Deductible	\$200 (excl. generics)		\$100		\$150	
Day Supply	30-day supply/90-day supply		30-day supply/90-day supply		30-day supply/90-day supply	
Generics	\$10/\$25 copay		\$10/\$30 copay		\$5/\$12.50 copay; \$0 for certain generics	
Preferred Brand	You pay 30% after deductible		\$40/\$120 copay		You pay 30% after deductible	
Non-preferred Brand	You pay 50% after deductible		\$65/\$195 copay		You pay 50% after deductible	
Specialty	You pay 15%/25% after deductible (preferred/non-preferred)		You pay 20% after deductible		You pay 15%/25% after deductible (preferred/non-preferred)	

Annual Benefit Enrollment

SUMMARY
PAGES

- **TRS-ACTIVECARE MEDICAL RATE INCREASE**
- **DENTAL PPO HIGH PLAN – IMPLANT COVERAGE ENHANCEMENT**

TRS-ACTIVECARE - KEY PLAN CHANGES

AC Primary This plan still has the lowest monthly costs and copays. Your Primary Care Provider copay is \$30 and TRS Virtual Health is \$0.

AC Primary+ This plan still has copays and the lower deductibles, maximum out-of-pockets, and coinsurance rates. Your Primary Care Provider copay is \$30 and TRS Virtual Health is \$0.

AC HD In-network deductible rose by \$200 for individuals and \$400 for families. In-network coinsurance rates rose from 20% to 30% and out-of-network rates rose from 40% to 50%. In-network maximum out-of-pocket rose by \$100 for individuals and \$200 for families.

AC 2 Remains closed to new enrollees.

Scott & White HMO Premium decrease for most tiers. \$200 individual deductible increase, \$50 prescription deductible increase. Still lowest deductible for TRS active enrollment plans.

TRS Rates Irving ISD 2020-2021 TRS contribution amount is \$386. Final decisions on the district's 2021-2022 contribution will not be made until the end of July.

DENTAL PLAN CHANGE

A \$3,000 Annual Maximum Implant benefit has been added to the Dental PPO High Plan. This change will be effective for claims after September 1st, 2021.

RETIREMENT PLANNING

The retirement planning providers are available to discuss 457(b) options and 403(b) elections. While these elections may be made year round, Open Enrollment is a great time of year to review your retirement savings

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. Pre-existing limitations apply first year of coverage, max benefit would be 4 weeks for pre-existing conditions.

- **Login and complete your supplemental benefit enrollment from 07/12/2021 - 08/12/2021**
- Enrollment assistance is available by calling Financial Benefit Services at 866-914-5202 to speak to an enrollment representative **Monday-Friday 8am—7pm**. Bilingual assistance is available.
- **Changes to home address, phone number and email should be made via the Irving ISD Employee Self service-Address Change Portal**
- **IMPORTANT!!** Due to the Affordable Care Act (ACA) reporting requirements, please add your dependent's social security number and date of birth in the HUB. If you have questions, please contact the Irving ISD Benefits Office.



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

Q&A

Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefits department at 972-600-5241 or you can call Financial Benefit Services at 866-914-5202 for assistance.

Where can I find forms?

For benefit summaries and claim forms, go to your school district's benefit website: www.mybenefitshub.com/irvingisd. Click on the benefit plan you need information on (i.e., Dental) and you can find the forms you need under the Benefits and Forms section.

How can I find a Network Provider?

Go to your school district's benefit website: www.mybenefitshub.com/irvingisd. Click on the benefit plan you need information on (i.e., Dental) and you can find provider search links under the Quick Links section.

When will I receive ID cards?

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

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

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 2021 benefits become effective on September 1, 2021, you must be actively-at-work on September 1, 2021 to be eligible for your new benefits.

PLAN	MAXIMUM AGE
Medical	26
Dental	26
Vision	26
Cancer	26
Voluntary Term Life	26
Hospital Indemnity	26
Telehealth	26
Health Savings Account (HSA)	26 (benefits terminate at the end of the plan year following the birthday)
Flexible Spending Account (FSA)	26 (benefits terminate at the end of the plan year following the birthday)
Individual Life	24 (issue age)

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.

Helpful Definitions

Actively at Work

You are performing your regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires you to travel. If you will not be actively at work beginning 9/1 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).

HSA vs. FSA

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
Description	Approved by Congress in 2003, HSAs are actual bank accounts in employee's names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles and certain services not covered by medical plan, tax-free. This also allows employees to pay for qualifying dependent care tax-free.
Employer Eligibility	A qualified high deductible health plan.	All employers
Contribution Source	Employee and/or employer	Employee and/or employer
Account Owner	Individual	Employer
Underlying Insurance Requirement	High deductible health plan	None
Minimum Deductible	\$1,400 single (2021) \$2,800 family (2021)	N/A
Maximum Contribution	\$3,600 single (2021) \$7,200 family (2021)	\$2,750
Permissible Use Of Funds	If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
Cash-Outs of Unused Amounts (if no medical expenses)	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
Year-to-year rollover of account balance?	Yes, will roll over to use for subsequent year's health coverage.	No. Access to some funds may be extended if your employer's plan contains a 2 1/2 -month grace period or \$500 rollover provision.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

About Medical

Major medical insurance is a type of health care coverage that provides benefits for a broad range of medical expenses that may be incurred either on an inpatient or outpatient basis.

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



Why I Need Medical Insurance

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

- ✓ The average 30-day prescription for a name brand is \$945.98. For a generic prescription, it is \$67.61.
- ✓ An average emergency room visit without insurance is \$1,283.
- ✓ A Well Baby Visit typically costs \$204 and a regular delivery is \$10,273.
- ✓ Certain preventative care services are covered at 100% in-network.



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

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

About HSA

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

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



Why I Need an HSA

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

- ✓ HSA funds accrue interest over time tax-free with no lifetime limit.
- ✓ HSA accounts are individual accounts. Contributions are yours to keep even if you leave your employer.
- ✓ HSA funds can be used to pay for any qualified medical expense for you and your tax-eligible dependents, even if the expense is not covered by your insurance plan.



The interest earned in an HSA is tax free.



Money withdrawn for medical spending never falls under taxable income.

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

About FSA

A Flexible Spending Account allows you to pay for eligible healthcare expenses with a pre-loaded debit card. You choose the amount to set aside from your paycheck every plan year, based on your employer's annual plan limit. This money is use it or lose it within the plan year (unless your plan contains a \$500 rollover or grace period provision).

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



Why I Need an FSA

- ✓ Your Flexible Spending Account saves you money by putting aside funds tax-free that can be used to pay for qualified medical expenses.
- ✓ Your pre-loaded FSA debit card can be used at places like the doctor's office or the pharmacy without the need for reimbursement forms.
- ✓ You do not have to be enrolled in a medical plan to enroll in an FSA.



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

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

About Hospital Indemnity

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

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



Why I Need a Hospital Indemnity Plan

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

- ✓ Help cover high medical deductibles and copays.
- ✓ Provide a safety net for unexpected medical expenses.
- ✓ Can be paid directly to you or the care provider.

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

\$9,600 \$10,400 \$10,700



2008 2012 2018

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

About Dental

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease.

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



Why I Need Dental Insurance

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

- ✓ Office visits = \$288
- ✓ Cavity filling = \$90-\$250
- ✓ Tooth Extraction = \$75-\$300



Good dental care may improve your overall health.

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

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

About Vision

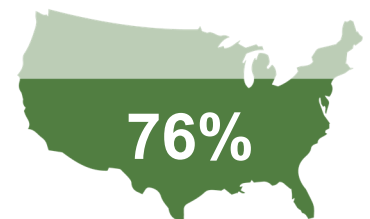
Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

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



Why I Need Vision Insurance

- ✓ Vision insurance reduces the costs of services and products such as vision exams, glasses, frames, and contact lens.
- ✓ Regular eye exams can help detect other health issues such as diabetes, cancer, liver disease, and heart disease.
- ✓ Signs you need an eye exam include squinting, blurred vision, night vision issues, or chronic itching and redness.



76%
of adults use some sort of vision correction.

<https://www.thevisioncouncil.org/sites/default/files/Q415-Topline-Overview-Presentation-Stats-with-Notes-FINAL.PDF>

About Disability

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time.

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



Why I Need Disability Insurance

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

- ✔ One in 8 workers will be disabled for 5 or more years during their working careers.
- ✔ A disabling injury occurs every eight seconds.
- ✔ Americans have a 50% chance of becoming disabled for 90 days or more between the ages of 35 and 65.



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

34.6

months is the duration of the average disability claim.

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

About Cancer

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

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



Why I Need Cancer Insurance

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

- ✔ Experimental cancer treatments
- ✔ Travel and lodging costs related to treatment
- ✔ Routine living expenses like mortgage and utility bills



Breast Cancer is the most commonly diagnosed cancer in women.



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

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

About Life and AD&D

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you,

[For full plan details, please visit your benefit website: www.mybenefitshub.com/irvingisd](http://www.mybenefitshub.com/irvingisd)



Why I Need Life and AD&D

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

- Mortgage payments
- College tuition
- Burial expenses

Motor vehicle crashes



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

<https://www.cdc.gov/nchs/fastats/accidental-injury.htm>

About Individual Life

Individual insurance is a policy that covers a single person and is intended to meet the financial needs of the beneficiary, in the event of the insured's death. This coverage is portable and can continue after you leave employment or retire.

[For full plan details, please visit your benefit website: www.mybenefitshub.com/irvingisd](http://www.mybenefitshub.com/irvingisd)



Why I Need Individual Life

Individual life policies are owned by you and can be taken with you if you leave your employer and kept into retirement. These policies help protect loved ones from financial distress when you are gone.

- Premiums are paid through your payroll deductions as long as you are with your employer.
- Premiums are based on coverage amount and age at time of purchase.

Experts recommend at least



your gross annual income in coverage when purchasing life insurance.

https://money.cnn.com/retirement/guide/insurance_life.moneymag/index11.htm

About Telehealth

Telehealth provides 24/7/365 access to board-certified doctors via telephone or video consultations that can diagnose, recommend treatment and prescribe medication. Telehealth makes care more convenient and accessible for non-emergency care when your primary care physician is not available.

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



Why I Need Telehealth

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

- Virtual visits can treat mild conditions like sinus infections, allergies, and pink eye without waiting on the next available appointment.
- No consultation fees on most plans.
- Appointments while at work or traveling.



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

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

About Catastrophic Sick Leave Bank

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

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



How does the Catastrophic Leave Bank work?

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

A few things to keep in mind:

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

Further Information:

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

NOTES



WWW.MYBENEFITSHUB.COM/IRVINGISD