



2024 - 2025 Plan Year

DICKINSON ISD BENEFIT GUIDE

EFFECTIVE: 09/01/2024 - 08/31/2025

WWW.MYBENEFITSHUB.COM/DICKINSONISD



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FLIP TO...

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HOW TO
ENROLL

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SUMMARY
PAGES

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YOUR
BENEFITS



Benefit Contact Information

DICKINSON ISD BENEFITS	TRS - ACTIVECARE MEDICAL	HEALTH SAVINGS ACCOUNT (HSA)
Higginbotham Public Sector (800) 583-6908 www.mybenefitshub.com/dickinsonisd	BCBSTX (866) 355-5999 www.bcbstx.com/trsactivecare	GCEFCU (281) 487-9333 www.gcefcu.org
TELEHEALTH	DENTAL	VISION
MDLIVE (888) 365-1663 www.mdlive.com/fbs	Cigna (800) 244-6224 www.cigna.com	VSP (800) 877-7195 www.vsp.com
DISABILITY	CANCER	ACCIDENT
UNUM (800) 858-6843 www.unum.com	Chubb (888) 499-0425 https://chubb.com	Voya (877) 886-5050 www.voya.com
CRITICAL ILLNESS	LIFE AND AD&D	INDIVIDUAL LIFE
UNUM (800) 635-5597 www.unum.com	Mutual of Omaha (888) 493-6902 www.mutualofomaha.com	5Star Life Insurance (866) 863-9753 www.5starlifeinsurance.com
FLEXIBLE SPENDING ACCOUNT (FSA)		
Higginbotham (866) 419-3519 https://flexservices.higginbotham.net		

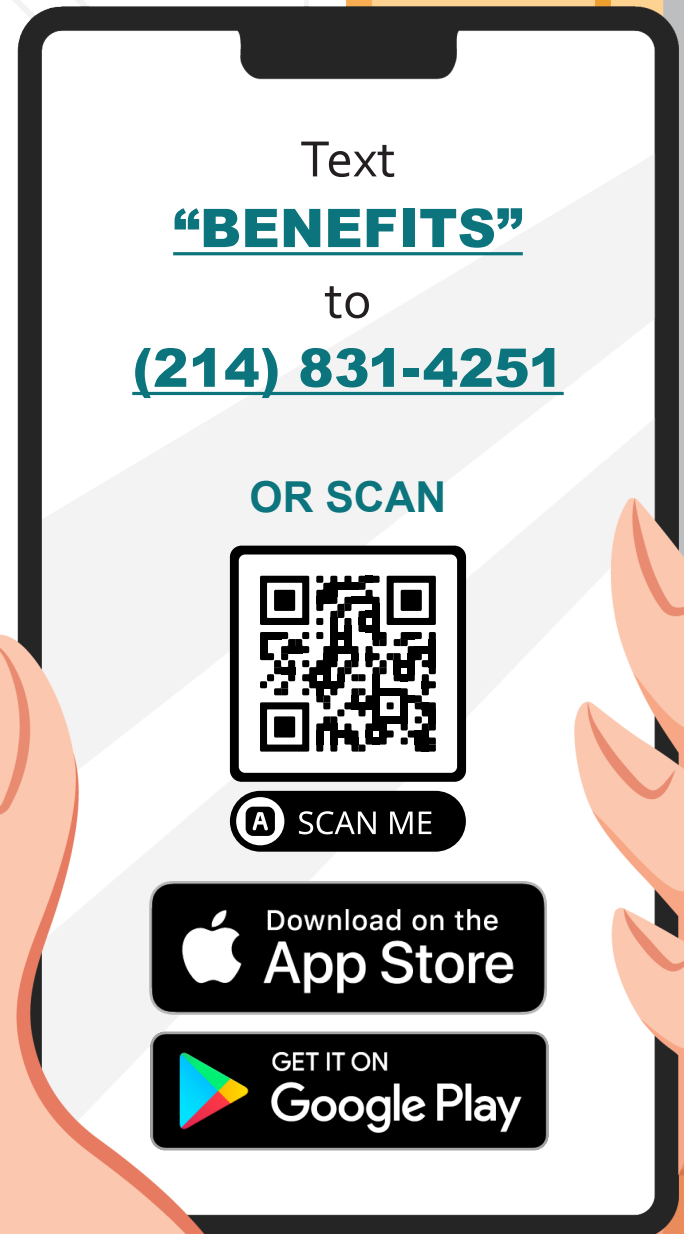
All Your Benefits - One App

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

Text **“BENEFITS”**
to **(214) 831-4251**
and get access to everything you
need to complete your benefits
enrollment:

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

App Group #:
FBSDICKINSON





Login Process

1

www.mybenefitshub.com/dickinsonisd

2

CLICK LOGIN

3

Enter your Information

- Last Name
- Date of Birth
- Last Four (4) of Social Security Number

NOTE: THE*benefitsHUB* **uses this information to check behind the scenes to confirm your employment status.**

4

Once confirmed, the Additional Security Verification page will list the contact options from your profile. Select either **Text**, **Email**, **Call**, or **Ask Admin** options to receive a code to complete the final verification step.

5

Enter the code that you receive and click **Verify**. You can now complete your benefits enrollment!

Benefit Updates- What's New:

IRS has established new contribution limits for Flex and HSA!

- Flex - \$3,200
- HSA - \$4,150 Individual ; \$8,300 Family. Those age 55+ can contribute an additional \$1,000

New Cancer Carrier - Chubb

- Diagnosis Benefit - \$5,000/\$10,000
- Treatment - \$10,000/\$20,000 (chemo, radiation...) – Payable in lump sum
- Heart Attack/Stroke - \$10,000 lump sum benefit, 50% recurrence benefit

Don't Forget!

- Login and complete your supplemental benefit enrollment from 7/16/2024 - 8/14/2024
- Enrollment assistance is available by calling Higginbotham Public Sector at (866) 914-5202 to speak to an enrollment representative Monday-Friday 8am-6pm, Bilingual assistance is available.
- Update your profile information: home address, phone numbers, email.
- IMPORTANT!! Add dependent social security numbers per ACA reporting requirements.



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 31 days of your qualifying event and meet with your Benefit Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

CHANGES IN STATUS (CIS):	QUALIFYING EVENTS
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
Gain/Loss of Dependent's 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 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 Benefit Office or you can call Higginbotham Public Sector 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/dickinsonisd. Click the benefit plan you need information on (i.e., Dental) and you can find the forms you need under the Benefits and Forms section.

How can I find a Network Provider?

For benefit summaries and claim forms, go to the Dickinson ISD benefit website: www.mybenefitshub.com/dickinsonisd. 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 log in 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 2024 benefits become effective on September 1, 2024, you must be actively-at-work on September 1, 2024 to be eligible for your new benefits.

Dependent Eligibility Requirements

Dependent Eligibility: You can cover eligible dependent children under a benefit that offers dependent coverage, provided you participate in the same benefit, through the maximum age listed below. Dependents cannot be double covered by married spouses within the district as both employees and dependents.

PLAN	MAXIMUM AGE
Medical	To 26
Dental	To 26
Vision	To 26
Cancer	To 26
Medical Flex	To 26
Disability	N/A
Voluntary Life and AD&D	Unmarried to 26
Telehealth	To 26
Accident	Unmarried to 26
Critical Illness	To 26
Employee Assistance Program (EAP)	To 26
Individual Life	To 26

Please note, limits and exclusions may apply when obtaining coverage as a married couple or when obtaining coverage for dependents.

Potential Spouse Coverage Limitations: When enrolling in coverage, please keep in mind that some benefits may not allow you to cover your spouse as a dependent if your spouse is enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Higginbotham Public Sector, 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 Higginbotham Public Sector, 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 Higginbotham Public Sector 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 Benefit Office 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 9/1/2024 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 employees' 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	\$1,600 single (2024) \$3,200 family (2024)	N/A
Maximum Contribution	\$4,150 single (2024) \$8,300 family (2024) 55+ catch up +\$1,000	\$3,200 (2024)
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. However, your employer has a 30 day grace period.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

FLIP TO
FOR HSA INFORMATION

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FLIP TO
FOR FSA INFORMATION

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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/dickinsonisd



	Monthly Premium	District Contribution	Employee Cost
TRS ActiveCare HD			
Employee Only	\$484.00	\$300.00	\$184.00
Employee & Spouse	\$1,307.00	\$300.00	\$1,007.00
Employee & Child(ren)	\$823.00	\$300.00	\$523.00
Employee & Family	\$1,646.00	\$300.00	\$1,346.00
TRS ActiveCare 2			
Employee Only	\$1,013.00	\$300.00	\$713.00
Employee & Spouse	\$2,402.00	\$300.00	\$2,102.00
Employee & Child(ren)	\$1,507.00	\$300.00	\$1,207.00
Employee & Family	\$2,841.00	\$300.00	\$2,541.00
TRS ActiveCare Primary			
Employee Only	\$471.00	\$300.00	\$171.00
Employee & Spouse	\$1,272.00	\$300.00	\$972.00
Employee & Child(ren)	\$801.00	\$300.00	\$501.00
Employee & Family	\$1,602.00	\$300.00	\$1,302.00
TRS ActiveCare Primary+			
Employee Only	\$553.00	\$300.00	\$253.00
Employee & Spouse	\$1,438.00	\$300.00	\$1,138.00
Employee & Child(ren)	\$941.00	\$300.00	\$641.00
Employee & Family	\$1,825.00	\$300.00	\$1,525.00

Go ahead and sign up for the Houston rodeo – 90% of Texas emergency rooms are covered with TRS-ActiveCare.



TRS-ActiveCare Plan Highlights 2024-25



Learn the Terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 –

How to Calculate Your Monthly Premium

Total Monthly Premium

— Your Employer Contribution

≡ Your Premium

Ask your Benefits Administrator for your district's specific premiums.

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 benefits
- And much more!

**Available for all plans.
See the benefits guide for more details.*

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

All TRS-ActiveCare participants have **three plan options.**

	TRS-ActiveCare Primary	TRS-ActiveCare Plus
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than Primary • Copays for many services • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium
Employee Only	\$471	-	-	\$553
Employee and Spouse	\$1,272	-	-	\$1,438
Employee and Children	\$801	-	-	\$941
Employee and Family	\$1,602	-	-	\$1,825

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$8,050/\$16,100
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

Doctor Visits		
Primary Care	\$30 copay	\$30 copay
Specialist	\$70 copay	\$70 copay

Immediate Care		
Urgent Care	\$50 copay	\$50 copay
Emergency Care	You pay 30% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

TRS-ActiveCare Primary+	TRS-ActiveCare HD
<p>than the HD and Primary plans services and drugs</p> <p>der referrals required to see specialists with a Health Savings Account coverage</p>	<ul style="list-style-type: none"> Compatible with a Health Savings Account Nationwide network with out-of-network coverage No requirement for Primary Care Providers or referrals Must meet your deductible before plan pays for non-preventive care

Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
-	-	\$484	-	-
-	-	\$1,307	-	-
-	-	\$823	-	-
-	-	\$1,646	-	-

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,200/\$6,400	\$6,400/\$12,800
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$8,050/\$16,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

\$15 copay	You pay 30% after deductible	You pay 50% after deductible
\$70 copay	You pay 30% after deductible	You pay 50% after deductible

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$12 per medical consultation	\$42 per medical consultation	

ible per participant (brand drugs only)	Integrated with medical	
\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics	
25% after deductible (\$100 max)/ 25% after deductible (\$265 max)	You pay 25% after deductible	
You pay 50% after deductible	You pay 50% after deductible	
SP eligible; You pay 30% after deductible	You pay 20% after deductible	
31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible	

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2
<ul style="list-style-type: none"> Closed to new enrollees Current enrollees can choose to stay in plan Lower deductible Copays for many services and drugs Nationwide network with out-of-network coverage No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	Your Premium
\$1,013	-	-
\$2,402	-	-
\$1,507	-	-
\$2,841	-	-

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	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 + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	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 (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

****Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.**

Health Savings Account (HSA)

GCEFCU

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/dickinsonisd



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

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

HSA Eligibility

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

- Enrolled in an HSA-eligible HDHP
- Not covered by another plan that is not a qualified HDHP, such as your spouse’s health plan
- Not enrolled in a Health Care Flexible Spending Account, nor should your spouse be contributing towards a Health Care Flexible Spending Account
- Not eligible to be claimed as a dependent on someone else’s tax return
- Not enrolled in Medicare or TRICARE
- Not receiving Veterans Administration benefits

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

Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual contribution maximum for 2024 is based on the coverage option you elect:

- Individual – \$4,150
- Family (filing jointly) – \$8,300

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

Opening an HSA

To get started with your new HSA, you will enroll with Dickinson ISD. Afterwards, Gulf Coast Educators FCU will service your HSA, and mail your new benefit cards to the address listed in in *THEbenefitsHUB*. You will have the option to make pre-tax deductions straight from your paycheck, or transfer funds as you are able.

Important HSA Information

- Always ask your health care provider to file claims with your medical provider so network discounts can be applied. You can pay the provider with your HSA debit card based on the balance due after discount.
- You, not your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.

How to Use your HSA

Participant Account Web Access: www.gcefcu.org

Participants may call Gulf Coast Educators FCU and talk to a representative during regular business hours, Monday- Friday, 7 am to 7 pm CST, and on Saturday from 9 am to 12 pm CST. Participants may also log into their GCEFCU online banking account at any time to view their balance, account history, and make transfers to their HSA.

On-demand care for illness and injuries is part of your health plan.

MDLIVE. Anytime. Anywhere.

Getting sick is always a hassle. When you need care fast, talk to a board-certified MDLIVE doctor in minutes. Get reliable care from the comfort of home instead of an urgent care clinic or crowded ER. MDLIVE is open nights, weekends, and holidays. No surprise costs.

Convenient and reliable care.

MDLIVE doctors have an average of 15 years of experience and can be reached 24/7 by phone or video.

Affordable alternative to urgent care clinics and the ER.

MDLIVE treats 80+ common conditions like flu, sinus infections, pink eye, ear pain, and UTIs (Females, 18+). By talking to a doctor at home, you can avoid long waits and exposure to other sick people.

Prescriptions.

Your MDLIVE doctor can order prescriptions¹ to the pharmacy of your choice. MDLIVE can also share notes with your local doctor upon request.

MDLIVE cares for more than 80 common, non-emergency conditions, including:

- Allergies
- Cold & Flu
- Cough
- Ear Pain
- Headache
- Prescriptions
- Pink Eye
- Sinus Problems
- Sore Throat
- UTI (Females, 18+)
- Yeast Infections
- And more



Get the app



Meet Sophie, your personal assistant
Text FBS to 635483 to create an account.

Create your account today.
mdlive.com/FBS | 888.365.1663

¹Prescriptions are available at the physician's discretion when medically necessary. A renewal of an existing prescription can also be provided when your regular physician is unavailable, depending on the type of medication.

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Dental Insurance

Cigna

EMPLOYEE BENEFITS

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/dickinsonisd



Dental Coverage

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

DPPO Plan

You may select the dental provider of your choice, but your level of coverage may vary based on the provider you see for services. You could pay more if you use an out-of-network provider.

Dental	
Employee Only	\$37.96
Employee and Spouse	\$87.72
Employee and Child(ren)	\$93.80
Employee and Family	\$111.62

Plan	Cigna Dental Choice Plan	
Deductible		
	Contracted Dentist	Non Contracted Dentist
Individual	\$50	\$50
Family	\$150	\$150
Deductible applies to:	Type 2 & 3	Type 2 & 3
Benefit Levels		
Type 1 – Diagnostic & Preventative	100%	100%
Type 2 – Basic Services	80%	80%
Type 3 – Major Services	50%	50%
Type 4 – Orthodontic Services for Dependent Children to age 19	50%	50%
Benefits Based On)	Usual & Customary	Usual & Customary
Maximum Benefit (per covered person)		
Type 1, 2 & 3 combined	\$1,500 Per Plan Year	\$1,500 Per Plan Year
Type 4, while covered by the plan	\$1,500 Lifetime	\$1,500 Lifetime

Vision Insurance

VSP

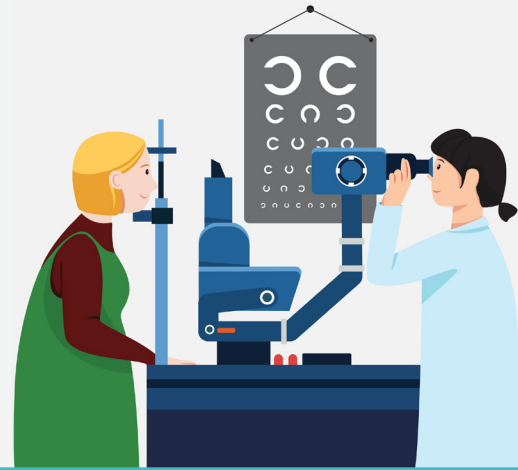
EMPLOYEE BENEFITS

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/dickinsonisd



YOUR VSP VISION BENEFITS SUMMARY

DICKINSON ISD and VSP provide you with an affordable vision plan.

Vision	
Employee Only	\$9.90
Employee and Spouse	\$20.96
Employee and Child(ren)	\$20.96
Employee and Family	\$20.96

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	• Focuses on your eyes and overall wellness	\$10	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$220 featured frame brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$110 Walmart®/Sam's Club®/Costco® frame allowance 	Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95- \$105 \$150- \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$200 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
DIABETIC EYECARE PLUS PROGRAMSM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

PLAN ENHANCEMENTS

LightCare

Allows members to use their frame allowance towards ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts.

Not available at Walmart® Optical or Sam's Club® Optical

N/A

N/A

\$25 Copay
\$200 allowance

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/dickinsonisd



Educator Select Income Protection Plan Insurance Highlights

Please read carefully the following description of your Unum Educator Select Income Protection Plan insurance.

Your Plan																	
Eligibility	You are eligible for disability coverage if you are an active employee in the United States working a minimum of 20 hours per week. The date you are eligible for coverage is the later of: the plan effective date; or the day after you complete the waiting period.																
Guaranteed Issue	<p>Current Employees: Coverage is available to you without answering any medical questions or providing evidence of insurability. You may enroll on or before the enrollment deadline. After the initial enrollment period, you can apply only during an annual enrollment period.</p> <p>New Hires: Coverage is available to you without answering any medical questions or providing evidence of insurability. You may apply for coverage within 60 days after your eligibility date. If you do not apply within 60 days after your eligibility date, you can apply only during an annual enrollment period.</p> <p>Benefits are subject to the pre-existing condition exclusion referenced later in this document. Please see your Plan Administrator for your eligibility date.</p>																
Benefit Amount	<p>You may purchase a monthly benefit in \$100 units, starting at a minimum of \$200, up to 66 2/3% of your monthly earnings rounded to the nearest \$100, but not to exceed a monthly maximum benefit of \$8,000. Please see your Plan Administrator for the definition of monthly earnings.</p> <table border="1"> <thead> <tr> <th colspan="2">Disability - per \$100 in benefit</th></tr> <tr> <th>Elimination Period</th><th></th></tr> </thead> <tbody> <tr> <td>0/7</td><td>\$3.20</td></tr> <tr> <td>14/14</td><td>\$2.82</td></tr> <tr> <td>30/30</td><td>\$2.39</td></tr> <tr> <td>60/60</td><td>\$1.55</td></tr> <tr> <td>90/90</td><td>\$1.34</td></tr> <tr> <td>180/180</td><td>\$0.98</td></tr> </tbody> </table> <p>The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings unless the excess amount is payable as a Cost-of-Living Adjustment. However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, the total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 110% of your monthly earnings (unless the excess amount is payable as a Cost-of-Living Adjustment).</p>	Disability - per \$100 in benefit		Elimination Period		0/7	\$3.20	14/14	\$2.82	30/30	\$2.39	60/60	\$1.55	90/90	\$1.34	180/180	\$0.98
Disability - per \$100 in benefit																	
Elimination Period																	
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90/90	\$1.34																
180/180	\$0.98																
Elimination Period	<p>The Elimination Period is the length of time of continuous disability, due to sickness or injury, which must be satisfied before you are eligible to receive benefits.</p> <p>You may choose an Elimination Period (injury/sickness) of 0/7, 14/14, 30/30, 60/60, 90/90 or 180/180 days.</p>																

Elimination Period <i>Cont'd.</i>	If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement. Inpatient means that you are confined to a hospital room due to your sickness or injury for 23 or more consecutive hours. (Applies to Elimination Periods of 30 days or less.)																								
Benefit Duration	<p>Your duration of benefits is based on your age when the disability occurs.</p> <p>Plan: ADEA I: Your duration of benefits is based on the following table:</p> <table> <tr> <th><u>Age at Disability:</u></th><th><u>Maximum Duration of Benefits</u></th></tr> <tr> <td>Less than age 60</td><td>To age 65, but not less than 5 years</td></tr> <tr> <td>Age 60</td><td>60 months</td></tr> <tr> <td>Age 61</td><td>48 months</td></tr> <tr> <td>Age 62</td><td>42 months</td></tr> <tr> <td>Age 63</td><td>36 months</td></tr> <tr> <td>Age 64</td><td>30 months</td></tr> <tr> <td>Age 65</td><td>24 months</td></tr> <tr> <td>Age 66</td><td>21 months</td></tr> <tr> <td>Age 67</td><td>18 months</td></tr> <tr> <td>Age 68</td><td>15 months</td></tr> <tr> <td>Age 69 and over</td><td>12 months</td></tr> </table>	<u>Age at Disability:</u>	<u>Maximum Duration of Benefits</u>	Less than age 60	To age 65, but not less than 5 years	Age 60	60 months	Age 61	48 months	Age 62	42 months	Age 63	36 months	Age 64	30 months	Age 65	24 months	Age 66	21 months	Age 67	18 months	Age 68	15 months	Age 69 and over	12 months
<u>Age at Disability:</u>	<u>Maximum Duration of Benefits</u>																								
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Age 68	15 months																								
Age 69 and over	12 months																								
Pre-existing Condition Exclusion	<p><u>For Disabilities due to a Pre-Existing Condition:</u></p> <p>Benefits will not be paid for disabilities caused by, contributed to by, or resulting from a pre-existing condition. You have a pre-existing condition if:</p> <ul style="list-style-type: none"> • you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage. <p>Maximum Period of Payment is 4 weeks.</p>																								

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/dickinsonisd



Cash benefits when you need them most — Cancer Insurance from Chubb.

A cancer diagnosis and treatment can be an emotionally and physically difficult time. Chubb is there to help support you by providing cash benefits paid directly to you. Benefits are paid if you are diagnosed with cancer, but also help cover many other cancer-related services such as doctor's visits, treatments, specialty care, and recovery. However, there are no restrictions on how to use these cash benefits—so you can use them as you see fit.

Choose the right level of coverage during the enrollment period to better protect your family.

Cash benefits for every step of the way

Cancer Insurance Benefits	Low Plan	High Plan
First cancer benefit	\$100 paid upon receipt of first covered claim for cancer; only one payment per covered person per certificate per calendar year	\$100 paid upon receipt of first covered claim for cancer; only one payment per covered person per certificate per calendar year
Diagnosis of cancer	\$5,000 employee or spouse \$7,500 child(ren) Waiting period: 0 days Benefit reduction: none	\$10,000 employee or spouse \$15,000 child(ren) Waiting period: 0 days Benefit reduction: none
Hospital confinement	\$300 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31	\$300 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31
Hospital confinement ICU	\$600 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31	\$600 per day – days 1 through 30 Additional days: \$600 Maximum days per confinement: 31
Radiation therapy, chemotherapy, immunotherapy	Maximum per covered person per calendar year 12-month period: \$10,000	Maximum per covered person per calendar year 12-month period: \$20,000
Alternative care	\$75 per visit Maximum visits per calendar year: 4	\$75 per visit Maximum visits per calendar year: 4
Medical imaging	\$500 per imaging study Maximum studies per calendar year: 2	\$500 per imaging study Maximum studies per calendar year: 2
Skin cancer initial diagnosis	\$100 per diagnosis Lifetime maximum: 1	\$100 per diagnosis Lifetime maximum: 1

Cash benefits for every step of the way (cont.)

Cancer Insurance Benefits	Low Plan	High Plan
Attending physician	\$50 per visit Minimum visits per confinement: 2 Maximum visits per calendar year: 4	\$50 per visit Minimum visits per confinement: 2 Maximum visits per calendar year: 4
Hospital confinement sub-acute ICU	\$300 per day – days 1 through 30 Additional days: \$300 Maximum days per confinement: 31	\$300 per day – days 1 through 30 Additional days: \$300 Maximum days per confinement: 31
Family care	Childcare: \$100 per day per child Maximum days per calendar year: 30 Adult day care or home healthcare: \$100 per day Maximum days per calendar year: 30	Childcare: \$100 per day per child Maximum days per calendar year: 30 Adult day care or home healthcare: \$100 per day Maximum days per calendar year: 30
Prescription drug in-patient	Per confinement: \$150 Maximum confinements per calendar year: 6	Per confinement: \$150 Maximum confinements per calendar year: 6
Private full-time nursing services	\$150 per day Maximum days per confinement: 5	\$150 per day Maximum days per confinement: 5
U.S. government or charity hospital	Days 1 through 30: \$300 Additional days: \$600 Maximum days per confinement: 15	Days 1 through 30: \$300 Additional days: \$600 Maximum days per confinement: 15
Specialty Care Benefits	Low Plan	High Plan
Family member transportation and lodging	Family transportation: \$100 per trip Maximum trips per calendar year: 12 Family lodging: \$100 per day Maximum days per calendar year: 100	Family transportation: \$100 per trip Maximum trips per calendar year: 12 Family lodging: \$200 per day Maximum days per calendar year: 100
Home health care	\$300 per day not to exceed the number of days confined Maximum days per calendar year: 30	\$300 per day not to exceed the number of days confined Maximum days per calendar year: 30
Hospice care	\$300 per day	\$300 per day
Skilled nursing care facility	\$300 per day Maximum days per calendar year: 30	\$300 per day Maximum days per calendar year: 30
Monthly Premium	Low Plan	High Plan
Employee only	\$19.04	\$29.02
Employee + spouse	\$36.46	\$55.18
Employee + child(ren)	\$25.20	\$37.22
Family	\$44.12	\$65.38

ABOUT ACCIDENT

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

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



Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs while you are not at work, on or after your coverage effective date. The benefit amount depends on the type of injury and care received. You have the option to elect Accident Insurance to meet your needs. Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Accident		
	Low	High
Employee Only	\$7.44	\$10.78
Employee and Spouse	\$12.10	\$17.54
Employee and Child(ren)	\$14.36	\$20.80
Employee and Family	\$19.02	\$27.56

Event	Benefit	Benefit
Accident hospital care		
Surgery open abdominal, thoracic	\$800	\$1,200
Surgery exploratory or without repair	\$125	\$175
Blood, plasma, platelets	\$400	\$600
Hospital admission	\$1,000	\$1,250
Hospital confinement per day, up to 365 days	\$300	\$375
Critical care unit confinement per day, up to 15 days	\$475	\$600
Rehabilitation facility confinement per day, up to 90 days	\$125	\$200
Coma duration of 14 or more days	\$11,500	\$17,000
Transportation per trip, up to 3 per accident	\$500	\$750
Lodging per day, up to 30 days	\$120	\$180
Family care per child per day, up to 45 days	\$15	\$25
Accident care		
Initial doctor visit	\$60	\$90
Urgent care facility treatment	\$150	\$225
Emergency room treatment	\$150	\$225
Ground ambulance	\$240	\$360
Air ambulance	\$1,000	\$1,500
Follow-up doctor treatment	\$60	\$90
Chiropractic treatment up to 6 per accident	\$30	\$45
Medical equipment	\$40	\$120
Physical or occupational therapy up to 6 per accident	\$30	\$45
Speech therapy up to 6 per accident	\$30	\$45

Event	Benefit	Benefit
Accident Care		
Prosthetic device (one)	\$500	\$750
Prosthetic device (two or more)	\$800	\$1,200
Major diagnostic exam	\$80	\$240
Outpatient surgery (1 per accident)	\$150	\$225
X-ray	\$30	\$45
Common injuries		
Burns second degree, at least 36% of the body	\$1,000	\$1,250
Burns 3rd degree, at least 9 but less than 35 square inches of the body	\$4,500	\$7,500
Burns 3rd degree, 35 or more square inches of the body	\$10,000	\$15,000
Skin grafts	25% of the burn benefit	25% of the burn benefit
Emergency dental work	\$250 crown, \$60 extraction	\$350 crown, \$90 extraction
Eye injury removal of foreign object	\$60	\$100
Eye injury surgery	\$225	\$350
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$150	\$225
Torn knee cartilage surgical repair	\$500	\$800
Laceration 1 treated no sutures	\$20	\$30
Laceration 1 sutures up to 2"	\$40	\$60
Laceration 1 sutures 2" – 6"	\$160	\$240
Laceration 1 sutures over 6"	\$320	\$480
Ruptured disk surgical repair	\$500	\$800
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$275	\$425
Tendon/ligament/rotator cuff one, surgical repair	\$550	\$825
Tendon/ligament/rotator cuff two or more, surgical repair	\$800	\$1,225
Concussion	\$150	\$225
Paralysis - paraplegia	\$10,750	\$16,000
Paralysis - quadriplegia	\$16,000	\$24,000
Dislocations		
	Closed/open reduction²	Closed/open reduction²
Hip joint	\$2,550/\$5,100	\$3,850/\$7,700
Knee	\$1,600/\$3,200	\$2,400/\$4,800
Ankle or foot bone(s) other than toes	\$1,000/\$2,000	\$1,500/\$3,000
Shoulder	\$1,000/\$2,000	\$1,600/\$3,200
Elbow	\$750/\$1,500	\$1,100/\$2,200
Wrist	\$750/\$1,500	\$1,100/\$2,200
Finger/toe	\$175/\$350	\$275/\$550

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/dickinsonisd



Critical Illness Employee Cost					
Option 1 - \$10,000		Option 2 - \$20,000		Option 2 - \$20,000	
Age	Employee Cost	Age	Employee Cost	Age	Employee Cost
Less than age 25	\$2.63	Less than age	\$3.73	Less than age	\$4.83
25-29	\$2.93	25-29	\$4.33	25-29	\$5.73
30-34	\$3.33	30-34	\$5.13	30-34	\$6.93
35-39	\$4.03	35-39	\$6.53	35-39	\$9.03
40-44	\$4.93	40-44	\$8.33	40-44	\$11.73
45-49	\$6.43	45-49	\$11.33	45-49	\$16.23
50-54	\$8.23	50-54	\$14.93	50-54	\$21.63
55-59	\$10.13	55-59	\$18.73	55-59	\$27.33
60-64	\$14.23	60-64	\$26.93	60-64	\$39.63
65-69	\$21.73	65-69	\$41.93	65-69	\$62.13
70-74	\$39.13	70-74	\$76.73	70-74	\$114.33
75-79	\$66.33	75-79	\$131.13	75-79	\$195.93
80-84	\$113.43	80-84	\$225.33	80-84	\$337.23
85 or over	\$206.63	85 or over	\$411.73	85 or over	\$616.83

Spouse rates based on Employee's age.

Critical Illness insurance provides financial protection by paying a lump sum benefit if you are diagnosed with a covered critical illness.

Who is eligible for this coverage?	All employees in active employment in the United States working at least 20 hours per week and their eligible spouses and children (up to age 26 regardless of student or marital status).
What are the Critical Illness coverage amounts?	<p>The following coverage amounts are available.</p> <p>For you: <i>Select one of the following</i> \$10,000, \$20,000 or \$30,000</p> <p>For your Spouse and Children: 100% of employee coverage amount</p>
Can I be denied coverage?	Coverage is guarantee issue.
When is coverage effective?	<p>Please see your Plan Administrator for your effective date of coverage.</p> <p>Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.</p>

Critical Illness insurance provides financial protection by paying a lump sum benefit if you are diagnosed with a covered critical illness.

What critical illness conditions are covered?	Covered Conditions*	Percentage of Coverage Amount
	Critical Illnesses	
	Coronary Artery Disease (major)	50%
	Coronary Artery Disease (minor)	10%
	End Stage Renal (Kidney) Failure	100%
	Heart Attack (Myocardial Infarction)	100%
	Major Organ Failure Requiring Transplant	100%
	Stroke	100%
	Supplemental Critical Illnesses	
	Benign Brain Tumor	100%
	Coma	100%
	Loss of Hearing	100%
	Loss of Sight	100%
	Loss of Speech	100%
	Infectious Disease	25%
	Occupational Human Immunodeficiency Virus (HIV) or Hepatitis	100%
	Permanent Paralysis	100%
	Progressive Diseases	
	Amyotrophic Lateral Sclerosis (ALS)	100%
	Dementia (including Alzheimer's Disease)	100%
	Functional Loss	100%
	Multiple Sclerosis (MS)	100%
	Parkinson's Disease	100%
	Additional Critical Illnesses for your Children	
	Cerebral Palsy	100%
	Cleft Lip or Palate	100%
	Cystic Fibrosis	100%
	Down Syndrome	100%
	Spina Bifida	100%

**Please refer to the policy for complete definitions of covered conditions.*

Covered Condition Benefit

The covered condition benefit is payable once per covered condition per insured.

Unum will pay a covered condition benefit for a different covered condition if:

- the new covered condition is medically unrelated to the first covered condition; or
- the dates of diagnosis are separated by more than 180 days.

Reoccurring Condition Benefit

We will pay the reoccurring condition benefit for the diagnosis of the same covered condition if the covered condition benefit was previously paid and the new date of diagnosis is more than 180 days after the prior date of diagnosis.

The benefit amount for any reoccurring condition benefit is 100% of the percentage of coverage amount for that condition.

The following Covered Conditions are eligible for a reoccurring condition benefit:

Benign Brain Tumor	Heart Attack (Myocardial Infraction)
Coma	Major Organ Failure Requiring Transplant
Coronary Artery Disease (Major)	End Stage Renal (Kidney) Failure
Coronary Artery Disease (Minor)	Stroke

Are wellness screenings covered?

Each insured is eligible to receive one Be Well Benefit per calendar year.

Be Well Benefit For you, your spouse and your children: \$50

If the employee's Critical Illness

Coverage Amount is:

\$10,000
\$20,000
\$30,000

The Be Well Benefit Amount for you, your spouse and your children is:

\$50
\$50
\$50

Be Well Screenings include tests for the following:

cholesterol and diabetes, cancer and cardiovascular function. They also include imaging studies, immunizations and annual examinations by a Physician.

ABOUT LIFE AND AD&D

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

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

For full plan details, please visit your benefit website:

www.mybenefitshub.com/dickinsonisd



Voluntary Group Life - per \$10,000 in coverage	
Employee Age	per \$10,000 of Benefit
< 29	\$0.60
30-34	\$0.70
35-39	\$0.90
40-44	\$1.30
45-49	\$2.20
50-54	\$3.70
55-59	\$5.80
60-64	\$8.70
65 +	\$14.50
*Spouse rates per EE age	

Voluntary Group Life - Child(ren)	
	\$10,000 in coverage
0-26	\$1.00

AD&D - per \$10,000		
Employee Only	Spouse	Child(ren)
\$0.20	\$0.20	\$0.20

Basic Life Insurance

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.
Life Insurance Benefit Amount	For You: \$10,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 65, amounts reduce to 65%
- At age 70, amounts reduce to 50%

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

Voluntary Term Life Insurance and AD&D

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

COVERAGE GUIDELINES

	Minimum	Guarantee Issue	Maximum
For You	\$10,000	7 times annual salary, up to \$200,000	\$500,000, in increments of \$10,000, but no more than 7 times annual salary
Spouse	\$5,000	100% of employee's benefit, up to \$50,000	100% of employee's benefit, up to \$200,000
Children	\$5,000	100% of employee's benefit	100% of employee's benefit, up to \$10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability

BENEFITS

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 65, amounts reduce to 65%
- At age 70, amounts reduce to 50%

Spouse coverage terminates when you reach age 70.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Please contact your employer if you have questions prior to enrolling.

	<u>Principal Sum</u>	<u>Maximum Principal Sum</u>	<u>Increments</u>
Employee	\$10,000	\$500,000*	\$10,000
Spouse	\$10,000	\$500,000**	n/a
Child(ren)			
Live Birth to 14 days	n/a	\$1,000	n/a
14 days to 6 months	n/a	\$2,000	n/a
6 months to limiting age	n/a	\$10,000	n/a



Family Protection Plan

Group Term Life Insurance to age 121 with Quality of Life underwritten by 5Star Life Insurance Company



Make a smart choice to help protect your loved ones and your future.

Life doesn't come with a lesson plan

Help protect your family with the Family Protection Plan Group Level Term Life Insurance to age 121. You can get coverage for your spouse even if you don't elect coverage on yourself. And you can cover your financially dependent children and grandchildren (14 days to 26 years old). The coverage lasts until age 121 for all insured,* so no matter what the future brings, your family is protected.

Why buy life insurance when you're young?

Buying life insurance when you're younger allows you to take advantage of lower premium rates while you're generally healthy, which allows you to purchase more insurance coverage for the future. This is especially important if you have dependents who rely on your income, or you have debt that would need to be paid off.

Portable

Coverage continues with no loss of benefits or increase in cost if you terminate employment after the first premium is paid. We simply bill you directly.

Why is portability important?

Life moves fast so having a portable life insurance allows you to keep your coverage if you leave your school district. Keeping the coverage helps you ensure your family is protected even into your retirement years.



44% of American households would encounter significant financial difficulties within six months if they lost the primary family wage earner.

28% would reach this point in one month or less.

Forbes Life Insurance Statistics, Data and Industry Trends 2024; 2022 Insurance Barometer Study, Life Happens and Limra



*As long as premiums are paid.

Underwritten and administered by 5Star Life Insurance Company (a Lincoln, Nebraska company); Mail: PO Box 5005, Batavia, IL 60510-5005. Product not available in all states. Policy #: ICC18-GFPPPOL

HiggenbothamSchoolFlyerR0424

Family Protection Plan

Group Term Life Insurance to age 121 with Quality of Life
underwritten by 5Star Life Insurance Company

Terminal illness acceleration of benefits

Coverage pays 30% (25% in CT and MI) of the coverage amount in a lump sum upon the occurrence of a terminal condition that will result in a limited life span of less than 12 months (24 months in IL).

Protection you can count on

Within one business day of notification, payment of 50% of coverage or \$10,000 whichever is less is mailed to the beneficiary, unless the death is within the two-year contestability period and/or under investigation. This coverage has no war or terrorism exclusions.

Convenient

Easy payment through payroll deduction.

Quality of Life benefit

Optional benefit that accelerates a portion of the death benefit on a monthly basis, up to 75% of your benefit, and is payable directly to you on a tax favored basis* for the following:

- Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance; or
- Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision.

How does Quality of Life help?

Many individuals who can't take care of themselves require special accommodations to perform ADLs and would need to make modifications to continue to live at home with physical limitation. The proceeds from the Quality of Life benefit can be used for any purpose, including costs for infacility care, home healthcare professionals, home modifications, and more.

2024 Enrollment Plan Year

Guaranteed Issue is offered to all eligible applicants regardless of health status.
No Doctor exams or physicals.

Employee: \$100,000 | Spouse: \$30,000 | Child: \$10,000

Enroll to provide peace of mind for your family

To do an initial enrollment or if you have questions please call our customer service
at 866-914-5202. Monday – Friday | 8:00 am–6:00 pm CST



About the coverage

The Family Protection Plan offers a lump-sum cash benefit if you die before age 121. The initial death benefit is guaranteed to be level for at least the first ten policy years. Afterward, the company intends to provide a non-guaranteed death benefit enhancement which will maintain the initial death benefit level until age 121. The company has the right to discontinue this enhancement. The death benefit enhancement cannot be discontinued on a particular insured due to a change in age, health, or employment status.

* Accelerated benefits may, or may not, be taxable. If so, you or your beneficiary may incur a tax obligation. As with all tax matters, you should consult your personal tax advisor to assess any potential impacts of this benefit. Underwritten and administered by 5Star Life Insurance Company (a Lincoln, Nebraska company); Mail: PO Box 5005, Batavia, IL 60510-5005. Product not available in all states. Policy #: ICC18-GFPPPOL

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/dickinsonisd



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 \$3,200 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 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).

Important FSA Rules

- The maximum per plan year you can contribute to a Health Care FSA is \$3,200. 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.
- In most cases, you can continue to file claims incurred during the plan year for another 90 days after the plan year ends.
- Your Health Care FSA debit card can be used for health care expenses only. It cannot be used to pay for dependent care expenses.
- Review your employer's Summary Plan Document for full details. FSA rules vary by employer.

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
 - * Questions – flexsupport@higginbotham.net
 - * Fax – 866-419-3516
 - * Claims- flexclaims@higginbotham.net

Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2024 - 2025 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 Dickinson 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 Dickinson 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/DICKINSONISD

