



Carrizo Springs CISD



2022-2023

Employee Benefits Guide

“Your Health, Your Plan, Your Choice!”





Welcome to Carrizo Springs CISD

Carrizo Springs CISD is committed to providing you and your family with high quality benefits at an affordable cost. You know your healthcare needs best, so we encourage you to take care of your own health and well-being. Please review the benefits and resources in this guide to help you make an informed decision.

TERMS TO KNOW

Network:

A group of health care providers, including doctors, hospitals, and other health care providers, which have agreed to provide care at lower costs.

Co-pay:

A set dollar amount you pay for network services, i.e., doctor's office visits, emergency room care and prescription drugs.

Deductible:

The dollar amount you must pay for covered medical expenses each year before the plan pays for certain services. The deductible does not apply to in-network preventative care and any services where you pay a co-pay.

Coinsurance:

The percentage of your medical costs you must pay for certain services after you meet your annual deductible.

Out-of-Pocket Maximum:

The maximum amount you must pay toward covered medical expenses in a calendar year. Once you pay this amount, the plan pays the entire cost of covered services for the rest of the year. Deductibles and co-pays apply to the out-of-pocket maximum.

Important Numbers

| BENEFIT | PROVIDER NAME | CONTACT INFORMATION |
|---|---------------------|--|
| Medical | HealthCare Highways | 1-888-806-3400 www.HCHHealthPlan.com |
| Health Savings Account (HSA) Flexible Spending Account (FSA) Dependent Care | MetLife | 1-800-GET-MET8 www.mybenefits.metlife.com |
| Dental | MetLife | 1-800-GET-MET8 www.mybenefits.metlife.com |
| Vision | MetLife | 1-800-GET-MET8 www.mybenefits.metlife.com |
| Group Life | United Health Care | 1-888-299-2070 www.myuhc.com |
| Supplemental Life Insurance | United Health Care | 1-888-299-2070 www.myuhc.com |
| TrueFlex Universal Life Insurance | Texas Republic | 512-330-0099 customerservice@texasrepubliclife.com |
| Short & Long-Term Disability | UNUM | 1-800-858-6843 |
| Critical Illness | United | 1-888-299-2070 www.myuhc.com |
| Hospital Indemnity | United | 1-888-299-2070 www.myuhc.com |
| Accident Insurance | Standard | 1-800-351-7500 www.customerservice@rsli.com |
| Employee Assistance Program | United | 1-877-660-3806 www.liveandworkwell.com |
| Emergency Transportation | MASA | 1-800-423-3226 www.masaglobal.com |
| Legal Plans | MetLife | 1-800-821-6400 www.legalplans.com |



Medical Plans



| TRS Equivalent Plan | Primary | Primary + | HDHP | ActiveCare 2 |
|---------------------|------------|------------|------------|--------------|
| Insured | Bronze | Silver | HDHP | Gold |
| Employee | \$399.89 | \$561.11 | \$443.82 | \$1,067.00 |
| Employee & Spouse | \$1,211.11 | \$1,388.98 | \$1,250.77 | \$2,498.88 |
| Employee & Child | \$777.77 | \$900.00 | \$798.57 | \$1,567.78 |
| Employee & Family | \$1,449.21 | \$1,734.54 | \$1,494.92 | \$2,999.00 |

Preferred Lab – Quest, CPL, Lab Corp or No deductible at Dimmit Regional Hospital.

Preferred Imaging – No deductible at Dimmit Regional Hospital.

Preferred Urgent Care – Care Now

Dimmitt Regional Hospital – No deductible required if hospitalized, imaging, admissions or labs are administered at the hospital.

***Access medical benefit information
through the automated line:
1-888-806-3400
or
www.HCHHealthPlan.com***

Medical Plan Benefit Summary

| TRS Equivalent | Primary | Primary + | HDHP | ActiveCare 2 |
|----------------------------------|----------------------|----------------------|--------------------------------|---|
| Healthcare Highways | Bronze | Silver | HDHP | Gold |
| PCP Copay | \$30 | \$30 | 30% after deductible | \$30 |
| PCP at Dimmit Regional Clinic | \$0 | \$0 | \$0 after deductible | \$0 |
| Specialist Copay | \$70 | \$70 | 30% after deductible | \$30 |
| Lab and X-ray | In office \$0 | In office \$0 | In office \$0 after deductible | In office \$0 |
| Teledoc | \$0 | \$0 | \$42 | \$0 |
| Urgent Care Copay | \$50 | \$50 | 30% after deductible | \$50 |
| Advanced Imaging | 30% after deductible | 20% after deductible | 30% after deductible | 20% Brand deductible \$20 - \$45 copay |
| Generic drugs | \$15 - \$45 | \$15 - \$45 | \$0 after deductible | \$200 after deductible \$35 |
| Brand | 30% after deductible | 20% after deductible | 25% after deductible | 25% after deductible |
| Non-Preferred Brand | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| Specialty | 30% after deductible | 20% after deductible | 20% after deductible | 30% after deductible |
| Emergency Room | 30% after deductible | 20% after deductible | 30% after deductible | 20% after deductible |
| Inpatient Hospitalization | 30% after deductible | 20% after deductible | 30% after deductible | 20% after deductible |
| Outpatient Surgery | 30% after deductible | 20% after deductible | 30% after deductible | 20% after deductible |
| Individual Deductible | \$2,500 | \$1,200 | \$3,000 | \$1,000 |
| Family Deductible | \$5,000 | \$3,600 | \$6,000 | \$3,000 |
| Coinsurance | 30% | 20% | 30% | 20% |
| Individual Out of Pocket Maximum | \$8,150 | \$6,900 | \$7,050 | \$7,900 |
| Family Out of Pocket Maximum | \$16,300 | \$13,800 | \$14,100 | \$15,800 |
| Out of Network Co-Insurance | NA | NA | 50% | 40% |

Healthcare Highways Network

Finding an in-network provider

Welcome to Healthcare Highways! We're honored to be your healthcare partner. Let's help you find your in-network provider. You have two ways to search for a provider:

1

Do it yourself.

Go to www.HCHHealthPlan.com and follow the simple instructions below.

2

Let us help you.

Call our Customer Care Provider Look Up at 888.806.3400. We're available Monday through Friday, 8am to 5pm CST.



Online Search

Follow our simple search instructions.

STEP 1

Go to www.HCHHealthPlan.com

STEP 2

Click on "Find a Provider" located in the top right corner of the HCH Health Plan home page.

STEP 3

Choose your state, and using your Member ID card, match the network logo on your card with one of the logos shown on your screen. Click on your matching logo name.



STEP 4

A default location may appear. You may change this location at any time to find an in-network provider nearest you or your covered family members.

Quick Fact

If you are traveling or need to change your current location, place your cursor over the City/ST displayed, and type in your desired location.

You may also click on the arrow to the right of the City/ST and our GPS locator will calculate your location for you.

STEP 5

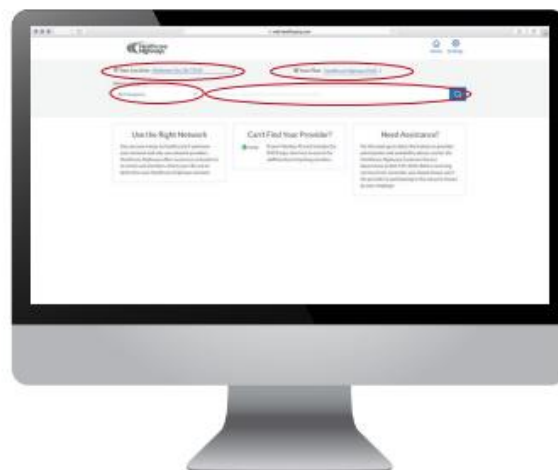
You have choices on how you can search for your in-network provider. Use the pull-down arrow on the 'All Categories' tab to narrow your search. Choose from doctor name, doctor specialty, places by name, or places by type.

With your category now selected, simply click in the field and begin typing the information about your provider, specialty, or place.

Quick Fact

To search by specialty, simply click in the live text area and a window appears so that you may scroll through typical specialties and conditions.

A list of one or more providers will appear, depending on your search parameters. Scroll to select your provider. Within each listing, you'll find basic contact information. You may click on 'Get directions' to get turn-by-turn driving instructions.



Quick Fact

Change the way your results are displayed by choosing how to sort the list. You may sort by best match, closest distance, or alphabetically from A-Z or Z-A.

Print or save your results.

STEP 6

Clicking on the provider's name brings up detailed practice or facility information, location, contact information, and hours.

Quick Fact

Click on the Home icon at the top right to reset for another search.

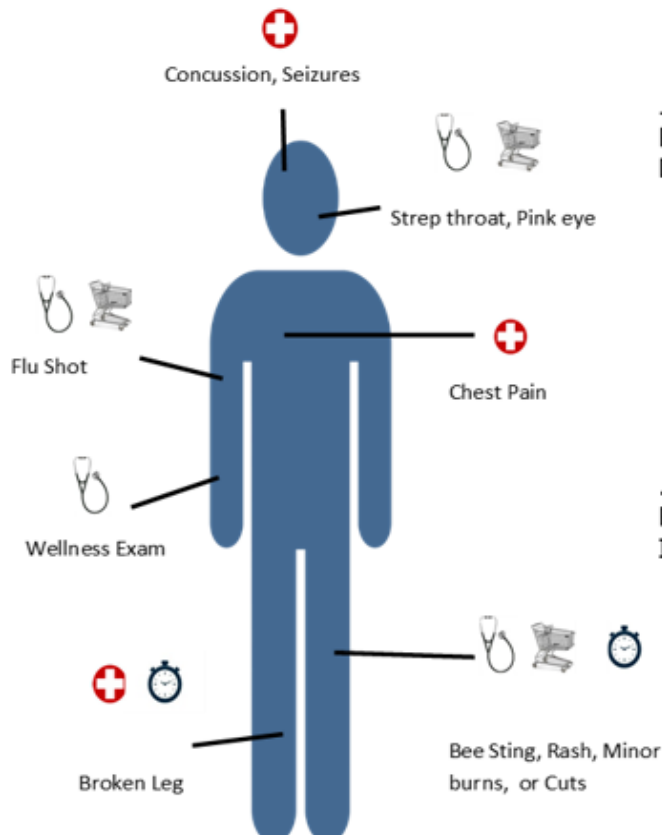
You will pay 100% at the hospital until you meet your deductible under all plans.

KNOW WHERE TO GO

Save time and money by knowing your urgent care options

You never know when you may need medical care. So, it is always good to understand your options. If your health or life is in danger, call 911 or go to the nearest emergency room.

But go elsewhere for non-life-threatening events.



| Where to go | What to go for |
|---|---|
| Emergency room  | Concussions, Seizures Chest pain, Broken Bones, Stroke symptoms |
| Urgent Care Center  | Broken bones, Sprains, Strains, Bites, Rashes, Burns, Cuts |
| Primary Care Doctor's Office  | Wellness Exams, Sprains, Strains, Bites, Rashes, Burns, Cuts, Healthy Lifestyle screening, Strep throat, Pink eye, Flu shot, Chronic disease management |
| Retail Walk-In Clinic  | Sprains, Strains, Bites, Rashes, Burns, Cuts, Healthy Lifestyle screening, Strep throat, Pink eye, Flu Shot |



Tip: Try to avoid any Free Standing emergency room visits. They are commonly NOT in network. This helps you save the most money. (Free Standing is an ER not attached to a hospital)



Dental Plan

| Insured | Preventative Plus |
|-----------------------|-------------------|
| Monthly Premium Rates | |
| Employee | \$18.02 |
| Employee & Spouse | \$32.08 |
| Employee & Family | \$50.72 |



**Access dental benefit information through the automated line:
1-800-GET-MET8
www.mybenefits.metlife.com**

| Coverage Type | Fee Schedule |
|--|-----------------------------|
| Deductible Individual Per family member | \$50 |
| Annual Maximum | \$1,000 |
| Preventive services: Oral exams, Bitewing X-rays, Routine Cleanings, Oral Cancer Screening | 100% No Deductible |
| Basic Services: Emergency care for pain, Fillings, Extractions, Stainless steel crowns | 80% after Deductible |
| Major Services: Crowns, Bridges, Dentures, Implant Related Services, Root Canals | 50% after Deductible |
| Orthodontia Services – for children under 19 years old | \$1,000 (maximum amount) |



Vision Plan

Davis Vision Network



| Vision Care Services | In-Network | Out-of-Network |
|---|----------------------------|--------------------------------------|
| Exam with Dilation Copay – (Low / High plans) Comprehensive exam for prescription of corrective eyewear | \$10.00 copay | \$45.00 allowance |
| Exam Frequency | 12 months | |
| Retinal Imaging (Low / High plans) This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes. | Up to \$40.00 copay | Applied to the exam allowance |
| Lens Copay - (Low / High plans) Single Lens | \$25.00 copay | \$30.00 allowance |
| Lens Frequency* | 12 months | |
| Frame Allowance – Low plan | \$120.00 | \$55.00 |
| Frame Allowance – High plan | \$150.00 | \$70.00 |
| Frame Frequency – Low plan | 24 months | |
| Frame Frequency – High plan | 12 months | |
| Contact Lens Allowance – Low plan | \$120.00 | \$105.00 |
| Contact Lens Allowance – High plan | \$150.00 | \$105.00 |
| Contact Lens Frequency* - Low / High plans | 12 months | |

*Member can choose between contacts or glasses

| Insured | Monthly Premium Rates | Monthly Enhanced Rates |
|-----------------------|-----------------------|------------------------|
| Employee | \$5.15 | \$6.09 |
| Employee & Spouse | \$9.93 | \$11.71 |
| Employee & Child(ren) | \$8.21 | \$9.62 |
| Employee & Family | \$12.99 | \$15.07 |

To find a provider in network, please go to: www.mybenefits.metlife.com or call 1-800-GET-MET8

Health Savings Account

If you are enrolled in a Qualified High-Deductible Health Plan (HDHP), you may establish a tax-exempt Health Savings Account with your own funds.

- ◇ An HSA can be used to pay for eligible medical expenses, deductibles, co-insurance, prescriptions, vision, and dental care.
- ◇ Balances roll over from year to year and the amount is portable.
- ◇ Employee may not exceed the IRS Annual Maximum listed to the right. Only funds in your account are available for reimbursement.
- ◇ Employee contribution only.



2022 MAXIMUM ANNUAL CONTRIBUTION

\$3,850 SINGLE / \$7,750 FAMILY

2022 MAXIMUM ANNUAL CONTRIBUTION

\$100

Flexible Spending Account (FSA)

- ◇ A Flexible Spending Account (FSA) allows you to set aside dollars on a pre-tax basis to pay for eligible medical, dental, vision, and some over-the-counter expenses.
- ◇ Such expenses may include co-pays, coinsurance, dental and vision expenses, and prescriptions.
- ◇ Plan runs by calendar year and all eligible claims must be "incurred" during plan/calendar year.
- ◇ Funds must be used by the end of the calendar year, or you will lose your accumulated funds.



2022 MAXIMUM ANNUAL CONTRIBUTION

\$2,850

Dependent Care

- ◇ A Dependent Care Spending Account allows you to set aside dollars on a pre-tax basis to pay for eligible child and adult care expenses.
- ◇ Such expenses may include daycare centers, before-school care up to age 13, special education schools, and nurses or other dependent care services for an incapacitated adult who lives with you for at least 8 hours a day.
- ◇ Funds are for your dependent(s) age 12 or younger. Funds may also be used for a spouse or dependent incapable of self-care.



2022 MAXIMUM ANNUAL CONTRIBUTION

\$5000



Group Life and Accidental Death & Dismemberment (AD&D) Insurance



Carrizo Springs CISD generously supplements half the cost for \$20,000 of Basic Life and AD&D insurance to full time employees at only \$1.05 per employee.

Accidental Death and Dismemberment (AD&D):

Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract.

ACTION NEEDED:

During enrollment, it is critical you enter your beneficiary information:
Name, date of birth, & address



Supplemental Term Life Insurance and AD&D

Why would I buy?



You can purchase additional life and AD&D insurance for you and your family members to protect your quality of life while you are working. For example: mortgage, car payment, college, etc.

This is your opportunity

| | |
|-----------------------------------|---|
| Employee Life and AD&D | <ul style="list-style-type: none"> • Purchase coverage in \$10,000 increments. The max benefit is the lesser of 5 times your annual earnings or \$300,000. Guaranteed issue is \$150,000 if purchased this year. |
| Spouse Life and AD&D | <ul style="list-style-type: none"> • If employee purchases coverage, additional coverage can be purchased for spouse in \$5,000 increments. Guarantee issue is \$20,000. The max benefit is \$150,000. • Spouse coverage terminates at employee's retirement. |
| Child Life and AD&D | <ul style="list-style-type: none"> • If employee purchases coverage, additional coverage can be purchased for each child for \$1,000 - \$10,000 coverage (max). • Child coverage terminates at age 26. |

- Due to Covid, term life insurance can be difficult to purchase. This is a great opportunity to protect your family to up to \$150,000.
- If you leave Carrizo Springs CISD, you will be able to take this benefit with you.
- Evidence of Insurability required for late entrants and amounts over the Guaranteed Issue amount.
- Benefit Reduction: 65% at age 65 and 50% at age 70

| | |
|----------|---------|
| Under 25 | \$0.045 |
| 25 - 29 | \$0.054 |
| 30 - 34 | \$0.072 |
| 35 - 39 | \$0.081 |

| | |
|---------|---------|
| 40 - 44 | \$0.090 |
| 45 - 49 | \$0.135 |
| 50 - 54 | \$0.206 |
| 55 - 59 | \$0.386 |

| | |
|---------------------|----------------|
| 60 - 64 | \$0.592 |
| 65 - 69 | \$1.140 |
| 70 - 74 | \$1.849 |
| 75 and above | \$1.849 |



TrueFlex Universal Life Insurance



- ◇ Offered to CSCISD employees at less expensive rates.
- ◇ Available to Employees, spouses, children, and grandchildren.
- ◇ You may purchase for dependents independently.
- ◇ You can take this coverage when you leave the company.
- ◇ More affordable when you are younger.
- ◇ Guaranteed Issue - with qualifying questions:
 - 1) Actively working, full-time, usual duties?
 - 2) Absent from work due to illness for more than 5 consecutive days?
 - 3) Disabled, chemo, cancer, dialysis, alcohol, or drug abuse?
- ◇ Permanent Coverage to age 121.
- ◇ All policies come with an Accelerated Death Benefit that can be accessed through a living benefit for Terminal Illness or Chronic Illness at no additional cost.
- ◇ In a pandemic crisis Term Life is exceedingly difficult to secure. Universal Life is a guarantee to protect you and your family.
- ◇ Monthly premium never changes or increases.
- ◇ Universal life often pays your final expenses.

| FACE AMOUNT FOR EMPLOYEE-GI | | |
|-----------------------------|----------|-----------|
| Age | Minimum | Maximum |
| 17 to 65 | \$25,000 | \$125,000 |

| FACE AMOUNT FOR EMPLOYEE-BUY UP | | |
|---------------------------------|----------|-----------|
| Age | Minimum | Maximum |
| 17 to 65 | \$25,000 | \$150,000 |

| FACE AMOUNT FOR SPOUSES | | |
|-------------------------|----------|----------|
| Age | Minimum | Maximum |
| 17 to 60 | \$25,000 | \$50,000 |

| FACE AMOUNT FOR YOUTH | | |
|-----------------------|-------------------------|---------------|
| Children | 15 days to 25 years old | \$25,000 Only |
| Grandchild | 15 days to 25 years old | \$25,000 Only |

| RIDERS AVAILABLE | |
|------------------|---|
| • | Accidental Death- One Times Face Amount |
| • | Accelerated Death Benefit-Chronic Care: You access 45% of face amount; Terminal Illness-You access 50% of face amount |

| Example: Monthly Premium – Non-Tobacco | | | |
|--|----------|----------|----------|
| Age | \$25,000 | \$50,000 | \$75,000 |
| 25 | \$10.75 | \$19.25 | \$27.75 |
| 35 | \$13.79 | \$25.33 | \$36.88 |
| 45 | \$25.17 | \$48.08 | \$71.00 |



Short & Long-Term Disability



Purchase new without proof of Insurability.

Protect your paycheck if you are unable to work

Your income is one of your most valuable assets. No one plans to become disabled, but a serious illness or injury can strike anyone at any time and at any age, taking away your ability to earn a paycheck.

The value of disability insurance for you and your family

Did you realize that if you become disabled and could not work, disability insurance provides you with an income until you are able to return to work or your reach 65.

It can cover things like:

- Maternity Leave
- Having back pain, depression, or other mental disorders
- Major accidents
- Life changing diagnosis, such as cancer
- Employees can choose from a Benefit Amount and Waiting Period that they feel best matches their financial needs.
 - ◆ Employees can *choose their Monthly Benefit Amount* in \$100 increments, from \$200 to \$8,000 (not to exceed 66% of monthly earnings).
 - ◆ Employees can *choose from among six accident/sickness Benefit Waiting Periods* – (injury/sickness of 0/3, 14/14, 30/30, 60/60, 90/90 or 180/180). A benefit waiting period is the amount of time in which an employee must be continuously disabled before you are eligible for benefits.

This plan has a pre-existing condition exclusion. If you have a medical condition before enrolling, you must wait a certain period of time before the plan will provide coverage for that condition. Pregnancies are considered pre-existing if conceive date is prior to the start date of coverage.



Critical Illness



Protect your savings from life’s unexpected moments, because medical insurance does not cover everything.

Health care costs are on the rise. Even with medical insurance you are often still responsible for both medical and non-medical expenses related to your recovery from a significant injury.

Helps protect your savings

Critical illness insurance complements your medical plan. The plan pays you cash benefits based on each eligible diagnosis such as a heart attack, stroke, or cancer.

Wellness Benefit

Receive a \$50 payment if you participate in a health screening, such as annual exams, immunizations, blood work, etc. – All family members on the plan receive \$50 wellness benefit.

UHC offers three plans - \$10,000, \$20,000 and \$30,000. The rates are based on employees’ age. The rates are based on non-smokers.

Monthly Premium Rates

| Age Range | EE \$10,000 | EE \$20,000 | EE \$30,000 | ES \$10,000 | ES \$20,000 | ES \$30,000 | EC \$10,000 | EC \$20,000 | EC \$30,000 | EF \$10,000 | EF \$20,000 | EF \$30,000 |
|-----------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Under 25 | \$2.30 | \$4.60 | \$6.90 | \$4.40 | \$8.80 | \$13.20 | \$3.05 | \$6.10 | \$9.15 | \$5.15 | \$10.30 | \$16.05 |
| 25-29 | \$3.20 | \$6.40 | \$9.60 | \$6.10 | \$12.20 | \$18.30 | \$3.95 | \$7.90 | \$11.85 | \$6.85 | \$13.70 | \$22.05 |
| 30-34 | \$3.90 | \$7.80 | \$11.70 | \$7.60 | \$15.20 | \$22.80 | \$4.65 | \$9.30 | \$13.95 | \$8.35 | \$16.70 | \$28.35 |
| 35-39 | \$5.20 | \$10.40 | \$15.60 | \$10.00 | \$20.00 | \$30.00 | \$5.95 | \$11.90 | \$17.85 | \$10.75 | \$21.50 | \$39.75 |
| 40-44 | \$7.60 | \$15.20 | \$22.80 | \$14.80 | \$29.60 | \$44.40 | \$8.35 | \$16.70 | \$25.05 | \$15.55 | \$31.10 | \$63.75 |
| 45-49 | \$10.70 | \$21.40 | \$32.10 | \$22.20 | \$44.40 | \$66.60 | \$11.45 | \$22.90 | \$34.35 | \$22.95 | \$45.90 | \$106.35 |
| 50-54 | \$14.70 | \$29.40 | \$44.10 | \$30.60 | \$61.20 | \$91.80 | \$15.45 | \$30.90 | \$46.35 | \$31.35 | \$62.70 | \$157.65 |
| 55-59 | \$18.50 | \$37.00 | \$55.50 | \$40.70 | \$81.40 | \$122.10 | \$19.25 | \$38.50 | \$57.75 | \$41.45 | \$82.90 | \$222.15 |
| 60-64 | \$29.30 | \$58.60 | \$87.90 | \$58.90 | \$117.80 | \$176.70 | \$30.05 | \$60.10 | \$90.15 | \$59.65 | \$119.30 | \$339.75 |
| 65-69 | \$38.10 | \$76.20 | \$114.30 | \$82.00 | \$164.00 | \$246.00 | \$38.85 | \$77.70 | \$116.55 | \$82.75 | \$165.50 | \$497.55 |
| 70-74* | \$23.90 | \$47.80 | \$71.70 | \$56.30 | \$112.60 | \$168.90 | \$24.65 | \$49.30 | \$73.95 | \$57.05 | \$114.10 | \$334.35 |
| 75+ | \$43.60 | \$87.20 | \$130.80 | \$74.15 | \$148.30 | \$222.45 | \$44.35 | \$88.70 | \$133.05 | \$74.90 | \$149.80 | \$400.80 |

EE- Employee Only **ES** – Employee & Spouse **EC** - Employee & Children **EF** – Employee & Family

The benefit for spouse and child(ren) is half of the employee’s benefit. Employee must purchase this benefit to get dependent coverage.



Hospital Indemnity Protection Plan

This provides benefits if you or a covered dependent are admitted to the hospital as an inpatient.

Inpatient means that you are confined to a hospital room due to your sickness or injury for 24 or more consecutive hours. A stay excludes time in the hospital for observation or in the emergency room unless this leads to admission as an inpatient. **Maternity is covered with no pre-existing conditions.**

| Benefits | Option A \$500 | Option B \$1,000 | Option C \$1,500 |
|--|-------------------|---------------------|---------------------|
| Hospital Admission (1day/plan year) | \$500 | \$1,000 | \$1,500 |
| Hospital Confinement (Up to 364 days/plan year) | \$100 | \$150 | \$200 |
| ICU Confinement (Up to 364 days) | \$100 | \$150 | \$200 |
| ICU Hospital Admission (1 day/plan year) | \$500 | \$1,000 | \$1,500 |



No pre-existing condition exclusion

| Monthly Premium Rates | Option A | Option B | Option C |
|-----------------------|----------|----------|----------|
| Employee | \$7.58 | \$13.57 | \$19.56 |
| Employee + Spouse | \$14.96 | \$26.70 | \$38.45 |
| Employee + Child(ren) | \$13.50 | \$24.04 | \$34.58 |
| Employee + Family | \$22.43 | \$39.92 | \$57.42 |



Accident Protection Insurance



An accidental injury can seriously cost you. Protect yourself from unexpected medical costs.

If you and your family are active, chances are, you are no stranger to the hospital emergency room. Even with medical insurance, an injury can cost you a bundle in out-of-pocket expenses.

Financial support to get you back on your feet.

Payments go directly to you, and you can pay for other expenses, like traveling to the hospital, child-care, and lost income.

| Monthly Premium Rates | Option A | Option B | Option C |
|---|--|----------|----------|
| Employee | \$6.00 | \$9.41 | \$14.30 |
| Employee + Spouse | \$9.70 | \$14.95 | \$22.41 |
| Employee + Child(ren) Child benefit is 50% of employee | \$11.39 | \$17.78 | \$27.05 |
| Employee + Family | \$17.87 | \$27.88 | \$42.27 |
| Wellness Benefit | Employee and insured spouse may receive a \$50 payment by participating in a health screening, such as annual exams, immunizations, blood work, etc. | | |



If your child gets injured while playing an organized sport, he/she will be covered. Coverage is increased by 25%.

| | |
|---|---|
| <p><u>Covered Benefit Categories</u></p> <ul style="list-style-type: none"> • Injuries that may include: <ul style="list-style-type: none"> ⇒ Burns ⇒ Dislocations ⇒ Lacerations ⇒ Fractures • Emergency Care that may include: <ul style="list-style-type: none"> ⇒ Ambulance service ⇒ Emergency room treatment ⇒ Emergency dental • Hospital Care that may include: <ul style="list-style-type: none"> ⇒ Hospital stays ⇒ Diagnostic testing | <ul style="list-style-type: none"> • Surgery that may include: <ul style="list-style-type: none"> ⇒ Knee cartilage ⇒ Ruptured disc ⇒ Tendon ⇒ Ligament or rotator cuff • Coverage on and off the job • The coverage can be taken with you if you leave the District. • Telephonic Claim Submission • Includes AD&D benefit • Includes follow-up care |
|---|---|

Experienced legal advice for your employees' peace of mind



Many people will need an attorney at some point in their lives, whether it's when starting a family, buying a house or caring for elderly parents. But it doesn't have to be expensive or stressful. With MetLife Legal Plans, your employees can have access to legal expertise for less than \$1 a day.

Our network of attorneys is here through every stage of life for your employees

| | | |
|--|---|--|
|  Getting married |  Buying or selling a home |  Starting a family |
|  Dealing with identity theft |  Caring for aging parents |  Sending kids off to college |

Helping your employees navigate life's twists and turns.

| | | | |
|-------------------------------|--|--|---|
| Money Matters | <ul style="list-style-type: none"> • Debt Collection Defense • Financial Planning Workshops⁴ • Identity Theft Defense | <ul style="list-style-type: none"> • Negotiations with Creditors • Personal Bankruptcy • Promissory Notes | <ul style="list-style-type: none"> • Tax Audit Representation • Tax Collection Defense |
| Home & Real Estate | <ul style="list-style-type: none"> • Boundary & Title Disputes • Deeds • Eviction Defense • Foreclosure | <ul style="list-style-type: none"> • Mortgages • Property Tax Assessments • Refinancing & Home Equity Loan • Sale or Purchase of Home | <ul style="list-style-type: none"> • Security Deposit Assistance • Zoning Applications • Tenant Negotiations |
| Estate Planning | <ul style="list-style-type: none"> • Codicils • Complex Wills • Healthcare Proxies | <ul style="list-style-type: none"> • Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) | <ul style="list-style-type: none"> • Revocable & Irrevocable Trusts • Simple Wills |
| Family & Personal | <ul style="list-style-type: none"> • Adoption • Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship | <ul style="list-style-type: none"> • Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Issues | <ul style="list-style-type: none"> • Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings |
| Civil Lawsuits | <ul style="list-style-type: none"> • Administrative Hearings • Civil Litigation Defense | <ul style="list-style-type: none"> • Disputes Over Consumer Goods & Services • Incompetency Defense | <ul style="list-style-type: none"> • Pet Liabilities • Small Claims Assistance |
| Elder-Care Issues | <ul style="list-style-type: none"> • Consultation & Document Review for Issues Related to Your Parents: • Deeds • Leases | <ul style="list-style-type: none"> • Medicaid • Medicare • Notes • Nursing Home Agreements | <ul style="list-style-type: none"> • Powers of Attorney • Prescription Plans • Wills |
| Vehicle & Driving | <ul style="list-style-type: none"> • Defense of Traffic Tickets⁵ • Driving Privileges Restoration | <ul style="list-style-type: none"> • License Suspension Due to DUI | <ul style="list-style-type: none"> • Repossession |

*Cost per employee per month (covers spouse and dependents): \$21.00



Emergency Transportation

Emergency Transportation



This benefit shields you from extremely high charges due to commonly denied ambulance claims. Estimates from the US Department of Labor say that 1 out of 7 submitted medical claims are rejected each year. The threat of excessive emergency bills is very real. MASA can provide you and your family peace of mind against the financial burden of transport bills.

Only \$14.00 a month

| Emergency Transportation | MEMBER Cost | NON-MEMBER Cost |
|---------------------------------|------------------------|----------------------------|
| 911 Ground Ambulance | \$0 | \$300 - \$1,800 |
| Emergent Air Ambulance | \$0 | \$4,000 - \$45,000 |
| Non-Emergent Air Transport | \$0 | \$20,000 - \$51,600 |



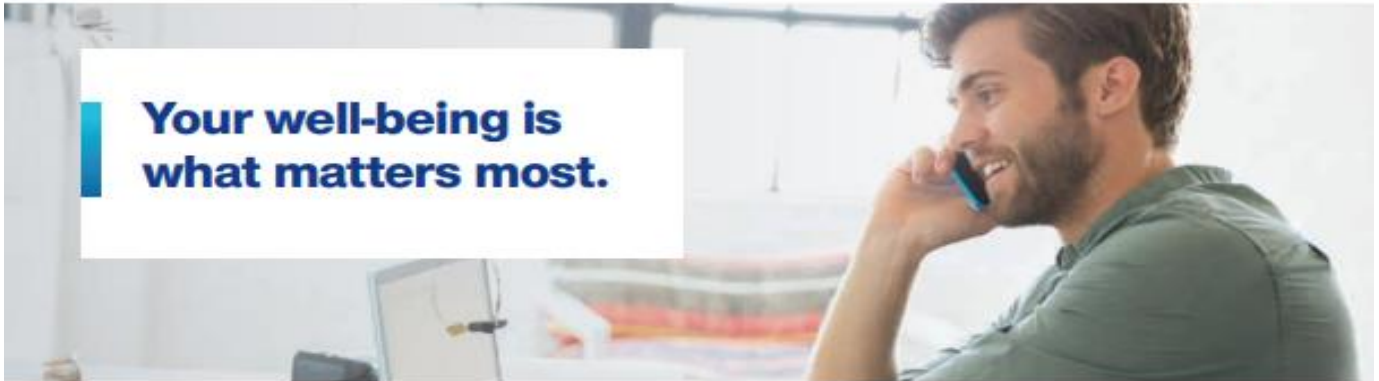
**Ground
Ambulance**



**Air
Ambulance**

EAP – Employee Assistance Program

Financial Protection | Member Assistance Program



Unresolved medical issues can take a serious toll on your work and home life. To help you through difficult times, the UnitedHealthcare Member Assistance Program (MAP) provides members and their families personal and confidential support, available 24 hours a day, 7 days a week.

The help you may need, at no extra cost.

- **Unlimited phone access to master's-level specialists, 24/7.**
- **Up to 3 referrals for face-to-face counseling sessions.**¹ Our national network includes 144,000+ clinicians.²
- **One legal consultation of 30 minutes.** You can choose to meet with an attorney by telephone or in-person to discuss legal concerns. You can also retain an attorney for ongoing services at a 25% discounted rate.³
- **A 30 – 60 minute financial consultation.** Credentialed financial professionals can help discuss estate taxes and other financial matters with you.
- **Access to liveandworkwell.com.** From your desktop, mobile device or smartphone, you can easily and securely find a provider, discover community and work-life resources near you, and quickly and confidentially connect to expert guidance. You can also access news, events and thousands of expert articles and advice.

Maintaining your privacy and confidentiality is of the greatest importance. All records, referrals and evaluations are kept private and confidential in accordance with federal and state laws.

Access your MAP benefit today.



Call **1-877-660-3806**, TTY **711**, for personal and confidential assistance. Translators are available for non-English speakers.



Visit liveandworkwell.com.

There are 2 ways to access:

Sign in using your **HealthSafe ID**[®] to securely access your personal benefit information.

Enter anonymously using access code: **FP3EAP**.



¹Optum internal network analysis, February 2019.

²There is no charge for referrals or for seeing a clinician within our network for up to 3 visits per issue.

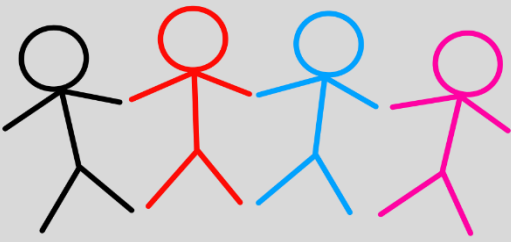
³Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare, its affiliates or any entity through which the caller is receiving services directly or indirectly.

Noninsurance services are offered only on specific lines of coverage and are not insurance. These services may be modified or terminated at any time, may not be available in all states and may vary depending on state laws and regulations. Employee Assistance Program (EAP) is offered through Optum. Optum is an affiliate of UnitedHealthcare.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by UnitedLife Insurance Company. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and UnitedLife Insurance Company is located in Milwaukee, WI.

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ELIGIBILITY & ENROLLMENT

Making Benefit Changes During the Year

You may only make changes to your elections during the annual open enrollment period. The only time outside of open enrollment that you are eligible to make changes to your elections is if you experience a qualified life event.

If you experience a qualified life event, you have 31 days to make benefit changes consistent with this event.

Qualified Life Events Include:

- Marriage or divorce
- Gaining or losing a dependent, i.e., birth, adoption, court order, disability, death, or the child reaches age 26
- Changes in your spouse's employment that affect benefit eligibility

If any of these changes occur, you must add or remove your dependents within 31 days of the date of the qualifying event

Documentation Required

If you enroll a family member or add dependent coverage following a qualified life event, you must provide documentation. Documentation includes:

To Add Coverage for a Dependent:

- Photocopy of Marriage Certificate for a spouse
- Photocopy of Birth Certificate for a child with the employee named as parent
- Adoption/legal guardian papers for a child with the employee named as parent
- Court Order establishing legal guardianship
- Photocopy of 1st and/or 2nd page of current Tax Return with dependents names listed

To Make a Change During the Year:

- Divorce Decree, Official Court Documentation, or Separation Agreement
- Original Death Certificate for spouse or child
- Letter from previous employer
- Letter verifying other coverage

Upon termination/retirement of employment, a COBRA package will be mailed directly to your home address for health insurance continuation.



210-485-1855

www.barrettinsurance-services.com

8:00AM – 5:00PM M-F

For questions, please contact:

Victoria Martinez of Barrett Insurance Services

Phone: 210-485-1855

Email: vmartinez@barrettinsurance-services.com