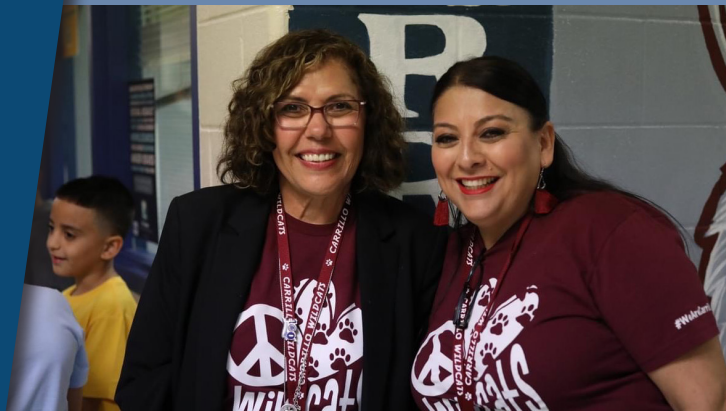




EMPLOYEE BENEFITS ENROLLMENT GUIDE

November 1, 2023 – October 31, 2024



Dear Valued South San Antonio ISD Staff Member,

We are pleased to announce that the 2023-2024 Open Enrollment period for Insurance Benefits takes place from August 29, 2023 through September 14, 2024.

It is mandatory to review and confirm your benefit selections, even if you do not want to make any changes. Please verify that your dependents are listed correctly on your plans, ensure that your beneficiaries are up to date as you intend, and make any needed changes to your elections.

You can review your selections by either attending an on-site enrollment session at your campus (please see schedule included in this guide), or by accessing the online enrollment site beginning on August 29th.

Changes and Updates

The success of South San Antonio ISD depends on the commitment, dedication, and well-being of our greatest asset- our employees. In 2023 we heard your voice and made a few changes and enhancements to the health insurance and pharmacy plan. These changes include lower out-of-pocket costs, lower deductibles, a robust network of doctors and health services, as well as an expanded network of pharmacies.

We are pleased to announce our new partnership with United HealthCare effective November 1, 2023 as the new Medical and Pharmacy carrier.

Reminders

Please remember that if you have a Flexible Spending Account (FSA) that you wish to continue to contribute to, you **MUST** update your election. FSA elections do not roll over.

We encourage you to thoroughly review this guide and we hope it helps you make informed decisions about your benefits for you and your family.

As a reminder, Open Enrollment is the only time that you can make changes to your benefit selections unless you experience a life event. To all our newly hired employees, you must also go through open enrollment.

As always, please feel free to contact the Benefits Office in Human Resources at 210-977-7000 or by emailing Benefits@southsanisd.net

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DISCLAIMER: THIS HANDOUT CONTAINS A SUMMARY OF BENEFITS AND IS PRESENTED FOR ILLUSTRATIVE PURPOSES; PLEASE REFER TO YOUR PLAN DOCUMENTS FOR FULL PLAN DESCRIPTIONS, INCLUDING LIMITATIONS and EXCLUSIONS. NO WARRANTY IS MADE AS TO THE ACCURACY OF THE ATTACHED INFORMATION. ALL INFORMATION IS CONFIDENTIAL, PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996. IF YOU HAVE ANY QUESTIONS ABOUT YOUR GUIDE, CONTACT HUMAN RESOURCES.

Contact Information



Need Assistance or Do You Have Questions Regarding Benefits or Insurance?

Benefits Department

Phone: (210) 977-7000

Fax: (210) 939-6123

benefits@southsanisd.net

Yee Yan Segovia

Human Resources Coordinator

MEDICAL / PHARMACY | UnitedHealthcare

(866) 801-4409

www.myuhc.com

DENTAL | Ameritas

(800) 487-5553

www.ameritas.com

VISION | VSP (Ameritas)

(800) 877-7195

www.vsp.com

LIFE/AD&D | Reliance Standard

(800) 845-7519

www.reliancestandard.com

PERMANENT LIFE | Leaders Life

(800) 845-7519

www.leaderslife.com

DISABILITY | Reliance Standard

(800) 845-7519

www.reliancestandard.com

CANCER / CRITICAL ILLNESS | MetLife

(800) 845-7519

www.metlife.com

HEART / STROKE / ACCIDENT | Humana

(800) 845-7519

www.humana.com

HOSPITAL INDEMNITY | UnitedHealthcare

(844) 744-4338

www.uhc.com

FSA/RETIREMENT 403(b) | National Plan Administrators

(800) 880-2776

www.natlplan.com

Enrollment and Eligibility Overview

Who is Eligible for Benefits?

Full-Time Employees: Active employees working a minimum of 25 or more hours per week are eligible for certain benefits following a waiting period.

New Hires: New hires become eligible on the first month after their full-time date of hire.

Legal Dependents: Eligibility to participate in certain coverage as a dependent is determined by law. Eligible dependents include:

- A legal spouse
- Children, including any you have legal guardianship of, who are dependent upon you for support and do not have other group insurance (under age 26 regardless of marital status for medical coverage or unmarried and under age 26 for all other coverage)

When Can You Make Benefit Election Changes?

You have 30 days from your hire date or the start of open enrollment to complete benefits enrollment. Elections made now will remain until the next open enrollment unless you or your family members experience a family status change.

If you experience a family status change, you must contact a benefits team member within 30 days of the event to enroll or make a change to your benefit elections.

What is Considered a Family Status Change for Benefit Election Changes?

- Marriage, divorce, or annulment
- Birth, adoption, or medical child-support order
- Death of spouse/dependent
- Start of employment for employee's spouse
- End of spouse's employment and insurance coverage
- Employee's spouse change from full-time to part-time employment
- Dependent becomes ineligible for coverage



Open Enrollment Schedule

2023–2024 Open Enrollment: August 29–September 14

Employees can learn more about their benefits and how to sign up on their designated enrollment day. If you have a conflict during your scheduled enrollment day, you may enroll online or at any campus. Remember to ask for approval to leave your campus.

DATE & TIME	CAMPUSES
Wednesday, September 06 8:30 a.m. to 4:00 p.m	<ul style="list-style-type: none">• Armstrong ES• West Campus HS (all staff including Transportation and Food Service)• Central Office (All departments)
Thursday, September 07 8:30 a.m. to 4:00 p.m	<ul style="list-style-type: none">• Five Palms ES• South San HS (all staff including Police)
Friday, September 08 8:30 a.m. to 4:00 p.m	<ul style="list-style-type: none">• Dwight MS• Price ES• Shepard MS
Tuesday, September 12 8:30 a.m. to 4:00 p.m	<ul style="list-style-type: none">• Carrillo ES• Benavidez ES• Madla ES
Wednesday, September 13 8:30 a.m. to 4:00 p.m	<ul style="list-style-type: none">• Hutchins ES• Zamora MS• Palo Alto ES• DAEP (Enroll at Zamora MS)
Thursday, September 14 8:30 a.m. to 2:00 p.m	<ul style="list-style-type: none">• Central Office (Make-up Day!)

Online Enrollment Platform

Bay Bridge Administrators

How to Enroll in Your Benefits Online

- 1 Log in** on the South San Antonio ISD Bay Bridge portal at <https://secure.benebridge.com/assn/529>
- 2 Enter your username**, which is the first letter of your first name, the first three letters of your last name and the last four numbers of our social security number.
example: John Smith = jsmi6789
- 3 Enter your password**, which is your full social security number with no dashes or periods.
example: 123456789
- 4 Enter your pin**, or electronic signature, which is the last four numbers of your social security number.
example: 6789
- 5 Click "Finished Enrolling"** to confirm you are enrolled in benefits.
- 6 Print or email** to your school email account a copy of your benefits as proof of enrollment.



Trouble logging in?
click "I forgot my login info" for password/login assistance



www.baybridgeadministrators.com
(800) 845-7519 | Fax: 512-329-5463

The system will be locked for data uploading after **4:00 p.m. on September 14, 2023**

Medical Benefits

UnitedHealthcare | Group Number: Plans Opt 1 & Opt 2: 932488 / Plan Opt 3: 78800528

In-Network Benefits	Option 1	Option 2	Option 3
Network Name	Choice Plus	Choice Plus	Surest Plan
Deductible Individual / Family	\$4,000 / \$8,000	\$3,000 / \$6,000	\$0 / \$0
Coinsurance Percentage Plan / Member	80% / 20%	80% / 20%	100% / 0%
Max Out of Pocket Individual / Family	\$5,150 / \$10,300	\$6,000 / \$12,000	\$6,000 / \$12,000
PHYSICIAN COPAYS			
Office Services - Sickness & Injury Primary Care / Specialist	\$45 / \$85 copay	\$30 / \$75 copay	\$15-\$100 range
Telehealth (Virtual Care)	\$35 copay Optum Virtual Care, Teladoc, Doctor on Demand, AmWell, Walmart- access through myuhc.com	\$20 copay Optum Virtual Care, Teladoc, Doctor on Demand, AmWell, Walmart- access through myuhc.com	\$0 copay Doctor On Demand + K Health
Allergy Treatments/Injections & Serum	\$45 / \$85 copay	\$45 / \$85 copay	\$15-\$100 range
Maternity Prenatal Visits Initial / Subsequent & Postnatal	\$0 Prenatal and Postnatal	\$0 Prenatal and Postnatal	\$0 Prenatal and Postnatal
Preventive Care	100%	100%	100%
Laboratory Services	In-network physician's office: covered 100%; otherwise member pays 20% coinsurance	In-network physician's office: covered 100%; otherwise member pays 20% coinsurance	\$0 for routine x-ray, lab, ultrasound
HOSPITAL/OTHER SERVICES			
Inpatient Hospital Expenses	20% after ded.	20% after ded.	\$200 - \$3,000
Outpatient Surgery Expenses	20% after ded.	20% after ded.	\$40 - \$3,000
Advanced Imaging (MRI, CT, PET)	20% after ded.	20% after ded.	\$125 - \$775
Home Health Care	No Copay; 60 visits/year, 16 max hours/day	No Copay; 60 visits/year, 16 max hours/day	\$45 copay
EMERGENCY MEDICAL CARE			
Urgent Care Facility	\$100 copay	\$100 copay	\$50 copay
Emergency Room	\$500 copay	\$500 copay	\$500 copay
Ambulance	20% after ded.	20% after ded.	\$250 copay
PRESCRIPTION SERVICES			
Generic / Formulary Brand / Non-Formulary Brand	\$0 / \$50 / \$100	\$0 / \$50 / \$100	\$10 / \$60 / \$90
Mail Order	\$0 / \$125 / \$250	\$0 / \$125 / \$250	\$25 / \$150 / \$225
Specialty Drugs	\$100 / \$200 / \$300	\$100 / \$200 / \$300	\$240 / \$270 / \$300

Medical Benefits

UnitedHealthcare | Group Number: Plans Opt 1 & Opt 2: 932488 / Plan Opt 3: 78800528


Out-of-Network Benefits	Option 1	Option 2	Option 3
Deductible Individual / Family	\$8,000 / \$16,000	\$6,000 / \$12,000	\$0 / \$0
Coinsurance Percentage Plan / Member	60% / 40%	60% / 40%	Not Applicable
Max Out of Pocket Individual / Family	\$10,300 / \$20,600	\$12,000 / \$24,000	\$12,000 / \$24,000

This overview provides a summary of benefits and is presented for illustrative purposes. Please refer to your plan documents for out-of-network and full plan descriptions.

Payroll Deduction Monthly	Option 1	Option 2	Option 3
Employee Only	\$50.00	\$115.00	\$80.00
Employee & Spouse	\$334.00	\$480.00	\$419.00
Employee & Children	\$262.00	\$385.00	\$332.00
Employee & Family	\$545.00	\$785.00	\$685.00

Please see pages 10-13 for additional benefits and programs available to you when you enroll in a medical plan.

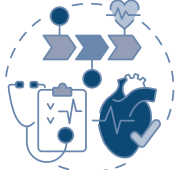
5 Tips for Reducing Your Healthcare Spend



Visit the Doctor

Preventive care can help you identify health areas for improvement to keep illness and disease at bay.

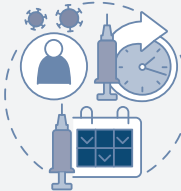
• • • • •



Stay In Network

Your medical carrier partners with select providers to lower the cost of care. If you go elsewhere (out of network), you will not have these discounts.


• • • • •



Know Where to Go

Not all health care settings are appropriate for every kind of care or cost the same. Go to page 12 for more guidance on where to go.


• • • • •



Manage Prescriptions

When you receive a prescription from your doctor, you can ask for a lower cost option such as a generic equivalent. Mail order is also a great option for maintenance medications.

• • • • •



Get Guidance

When visiting your doctor, don't be afraid to ask them if there are comparable procedures or services that are more affordable while still being effective.

• • • • •

Activate myuhc.com

UnitedHealthcare | Group Number: Plans Opt 1 & Opt 2: 932488 / Plan Opt 3: 78800528

It's easier to connect to your plan

Your benefits include personalized digital tools that help you check in on your plan whenever you want—which helps make it easier to stay on top of your benefit details.



Activate your myuhc.com account

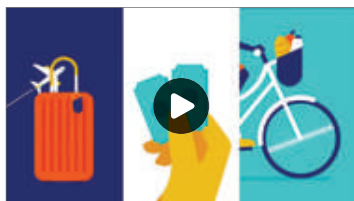
When it comes to managing your health plan, **myuhc.com**® lets you see what's covered, manage costs and so much more. To help everyone get more from their plan, it's important that each member age 18 and over consider creating their own account.

Use **myuhc.com** to:

- Find and estimate the cost of care
- See what is covered under your plan
- View claim details
- Check your plan balances
- Find network providers

Get started today:

- Go to myuhc.com > **Register Now**
- Have your ID card handy and follow the step-by-step instructions



Get on-the-go plan info

See how you can access your plan with **myuhc.com** and the UnitedHealthcare app.

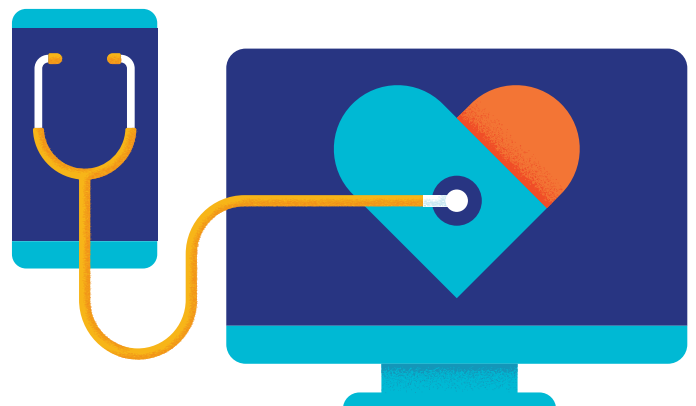
Watch video: Digital tools to manage your plan (1:28)



Download the UnitedHealthcare app

The UnitedHealthcare® app puts your health plan at your fingertips. Download it to:

- Find nearby care options in your network
- See your claim details and view progress toward your deductible
- View and share your health plan ID card with your doctor's office
- Video chat with a doctor 24/7



Pharmacy Benefits

UnitedHealthcare | Group Number: Plans Opt 1 & Opt 2: 932488 / Plan Opt 3: 932489

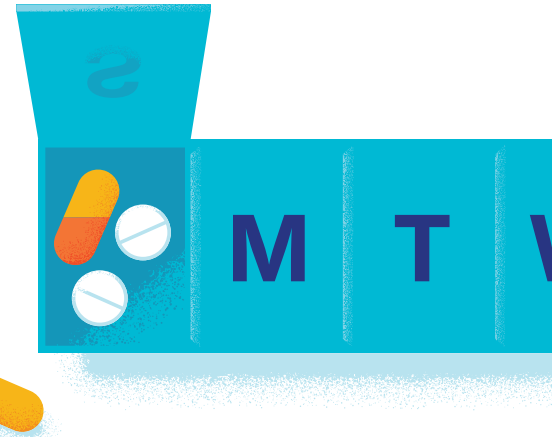
Sign in to myuhc.com > **Pharmacies & Prescriptions** to find information about your medication, prices and lower-cost options.



- Find and compare medication costs.
- Locate a network pharmacy.
- See if your medications have any requirements before filling them.

Fill your prescriptions in *two easy ways*.

- 1. Home delivery** - Order up to a 3-month supply of medications you take regularly
- 2. Pick up at the pharmacy** - Show your ID card at any UnitedHealthcare network pharmacy — which can be found by checking the Pharmacy Locator on myuhc.com or the UnitedHealthcare app.



Prescriptions delivered to your door!



Skip the trips

Your medications can be delivered to your door. You don't even have to leave home or wait in the pharmacy line.



Save some money

You may pay less than what you do at in-store pharmacies. And, standard shipping is free.



Stay on track

With a 3-month supply, you may be less likely to miss a dose. You can even sign up for automatic refills.



Pay your way

Make 1 payment upfront or split it up into 3 equal monthly payments with the Easy Payment Plan.













With Optum® Home Delivery, you can get a 3-month supply of your long-term medications mailed to you with FREE standard shipping.

Ready for home delivery? Here are the ways to sign up.

- myuhc.com® or with the UnitedHealthcare® app.
- Ask your doctor to send an electronic prescription to Optum Rx.
- Or, call the number on your member ID card.

Where to go For Medical Care

Get the most out of your medical benefits and optimize your time by learning where/how to access care. The chart below outlines your options based on typical costs, wait times and conditions addressed/services provided to you.

 <p>Virtual Visit</p> <p>\$</p> 	 <p>Convenience Care Clinic</p> <p>\$</p> 	 <p>Doctor's Office</p> <p>\$\$</p> 	 <p>Urgent Care Clinic</p> <p>\$\$\$</p> 	 <p>Hospital Emergency Room</p> <p>\$\$\$\$</p> 	 <p>Freestanding Emergency Room</p> <p>\$\$\$\$\$</p> 
<p>PURPOSE</p>	<p>PURPOSE</p>	<p>PURPOSE</p>	<p>PURPOSE</p>	<p>PURPOSE</p>	<p>PURPOSE</p>
<p>BEST FOR</p>	<p>BEST FOR</p>	<p>BEST FOR</p>	<p>BEST FOR</p>	<p>BEST FOR</p>	<p>BEST FOR</p>
<p>Guidance on when and where to seek treatment or treatment for non-urgent and minor medical conditions by a doctor online or by phone 24/7</p>	<p>In-person routine care or treatment for non-urgent and minor medical conditions at retail stores and pharmacies. Often open nights and on weekends</p>	<p>In-person (some doctor's offices may also offer virtual care) for general health management through routine/preventive care</p>	<p>Immediate treatment or extended/after hours care for non-emergency medical conditions</p>	<p>24/7 immediate medical attention for life-threatening or serious conditions with access to a hospital for admittance if required</p>	<p>24/7 immediate medical attention for life-threatening or serious conditions that requires an additional ambulance for hospital admittance if required</p>
<ul style="list-style-type: none"> • Colds and flu • Rashes • Sore throats • Headaches • Stomach-aches • Fevers • Minor illnesses & infections • Allergies 	<ul style="list-style-type: none"> • Colds and flu • Minor illnesses & infections • Rashes or minor skin conditions • Immunizations • Pregnancy tests • Sore throats • Ear aches • Minor cuts or burns • Sinus pain 	<ul style="list-style-type: none"> • General health issues • Immunizations • Minor illnesses & infections • Specialist referrals • Medication refills • Sprains & strains • Chronic conditions • Anxiety & depression 	<ul style="list-style-type: none"> • Flu and severe fever • Sprains and minor breaks • Acute pain • Asthma attacks • Concussions • Cuts requiring stitches • Minor respiratory symptoms • Vomiting and diarrhea 	<ul style="list-style-type: none"> • Heavy bleeding • Sudden numbness, weakness or change in vision • Seizure or loss of consciousness • Chest pain • Head injury/major trauma • Severe cuts or burns • Overdose • Major broken bones 	<ul style="list-style-type: none"> • Heavy bleeding • Sudden numbness, weakness or change in vision • Seizure or loss of consciousness • Chest pain • Head injury/major trauma • Severe cuts or burns • Overdose • Major broken bones

DISCLAIMER: This guide is presented for illustrative purposes; Costs, hours and available treatment will vary. This document is not intended to be taken as medical advice regarding any individual situation and should not be relied upon as such.

Medical Benefits – Virtual Care

UnitedHealthcare | Group Number: Plans Opt 1 & Opt 2: 932488 / Plan Opt 3: 78800528



ACCESS YOUR VIRTUAL VISITS ACCOUNT:

Call 855-615-8335

Visit [myuhc.com/
virtualvisits](https://myuhc.com/virtualvisits)

Download the app

**STRESSED? ANXIOUS?
GET HELP MAY NOW
BE EASIER THAN
EVER.**



Virtual Visits: Visit with a doctor 24/7 —whenever, wherever

With 24/7 Virtual Visits, you can connect to a doctor by phone or video¹ through myuhc.com[®] or the UnitedHealthcare[®] app.

Doctors can treat a wide range of health conditions — including many of the same conditions as an emergency room (ER) or urgent care —and may even prescribe medications, if needed.

Consider 24/7 Virtual Visits for these common conditions:

- Allergies
- Flu
- Sore throats
- Bronchitis
- Headaches/migraines
- Stomachaches
- Eye infections
- Rashes
- and more

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit — bringing a potential \$2,000 cost down

Virtual Therapy

Reaching out may be hard —especially if you might not want anyone to know you're hurting. From the privacy of home and the convenience of your mobile device or computer, you can receive caring support from a licensed therapist.

Virtual therapy is designed to help treat conditions like:

- ADD/ADHD
- Anxiety
- Mental health disorders
- Addiction
- Depression

Sign in or register on myuhc.com[®]. Then, go to **Find Care & Costs > Virtual Care > Behavioral Health Care > Get Started** and call the provider to set up an appointment. Or call the telephone number on your health plan ID card.

Dental Benefits

Ameritas | Group #: 10-75232-1

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated. Keep your teeth healthy and your smile bright.

In-Network Benefits Ameritas Classic Plus Network	Low Option	High Option
CALENDAR YEAR DEDUCTIBLE		
Individual	\$50	\$50
Family	\$150	\$150
Calendar Year Maximum (per person)	\$1,500	\$1,500
Orthodontia Life Maximum	N/A	\$1,000
PREVENTIVE SERVICES		
Oral exams, cleanings, bitewing x-rays, full mouth x-rays, fluoride treatment, space maintainers, sealants	100%	100%
BASIC SERVICES		
Amalgam fillings, composite fillings, sample extractions, general anesthesia	80%; deductible applies	90%; deductible applies
MAJOR SERVICES		
Inlays, onlays, complex extractions, crowns, prosthetics (bridges, dentures), endodontics, periodontics, denture repair, implant services	50%; deductible applies	60%; deductible applies
ORTHODONTIC SERVICES—Child(ren) Only		
Allowance	N/A	U&C
Plan Benefit	N/A	50%
Waiting Period	N/A	None

This overview provides a summary of benefits and is presented for illustrative purposes. Please refer to your plan documents for out-of-network and full plan descriptions.

Benefits Monthly	Low Option	High Option
Employee Only	\$19.36	\$27.10
Employee & 1 Dependent	\$38.34	\$59.40
Employee & Family	\$60.48	\$85.62

Vision Benefits

Ameritas | Group #: 10-75232-2

Regular eye examinations cannot only determine your need for corrective eyewear but also detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

In-Network Benefits	Low Option	Mid Option	High Option
VSP Choice Network + Affiliates			
Wellness Eye Exam/Refraction	\$10	\$0	\$0
Exam Frequency	12 Months	12 Months	12 Months
Materials Copay	\$10	\$0	\$0
FRAMES			
Frame Retail Allowance	\$130	\$130	\$130
Frame Frequency	24 Months	12 Months	12 Months
STANDARD SPECTACLE LENSES			
Single / Bifocal / Trifocal / Lenticular	Covered in Full	Covered in Full	Covered in Full
Polycarbonate (Child / Adult)	Covered in Full / \$33	Covered in Full	Covered in Full
Standard Scratch Resistant Coating	\$17 - \$33	Covered in Full	Covered in Full
Ultra-Violet Coating	\$16	Covered in Full	Covered in Full
Solid or Gradient Tint	\$15 - \$20	\$15 - \$20	\$15 - \$20
Standard Anti-Reflective Coating	\$43 - \$85	Covered in Full	Covered in Full
Standard / Premium Progressive	\$55 - \$75 / \$75 - \$200	\$55 - \$75 / \$75 - \$200	Covered in Full / \$75 - \$200
Lens Frequency	12 Months	12 Months	12 Months
CONTACT LENSES (In Lieu of Lenses & Frames)			
Fit & Follow Up Exams	Member cost up to \$60	Member cost up to \$60	Member cost up to \$60
Elective / Medically Necessary	Up to \$130 / Covered in Full	Up to \$130 / Covered in Full	Up to \$130 / Covered in Full
Contact Lens Frequency	12 Months	12 Months	12 Months

This overview provides a summary of benefits and is presented for illustrative purposes. Please refer to your plan documents for out-of-network and full plan descriptions.

Payroll Deduction	Low Option	Mid Option	High Option
Monthly			
Employee Only	\$5.90	\$9.80	\$11.00
Employee & 1 Dependent	\$11.00	\$19.00	\$21.08
Employee & Family	\$17.00	\$29.00	\$32.34

Life/AD&D

Reliance Standard | Leaders Life Insurance

Basic Life and AD&D

South San Antonio Independent School District provides eligible employees with \$20,000 of Life and Accidental Death and Dismemberment (AD&D) insurance. This benefit is provided at no cost to the employee and requires no medical evidence of insurability.

Voluntary Life Insurance and AD&D

Employees who wish to supplement their group term life insurance benefits may purchase additional coverage. Amounts of Life and AD&D will reduce to 65% upon the attainment of age 70, and will reduce again to 50% of the original amount upon the attainment of age 75.

Voluntary Life/AD&D	
ELIGIBLE EMPLOYEES	
Benefit Amount	\$10,000 to \$25,000 as elected, in \$10,000 increments, not to exceed 5x salary; AD&D amounts are equal to life amounts
Guarantee Issue	The lesser of 2x salary or \$150,000 on initial enrollment (does not apply on or after age 60 or to late enrollees)
DEPENDENT SPOUSES	
Benefit Amount	Spouses under age 70 may elect up to 50% of employee's amount, in \$1,000 increments, to a \$100,000 maximum; AD&D does not apply to dependents
Guarantee Issue	\$10,000 (does not apply on or after age 60 or to late enrollees)

Rates per \$1,000											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee	\$0.06	\$0.06	\$0.078	\$0.096	\$0.113	\$0.138	\$0.228	\$0.387	\$0.529	\$0.936	\$1.505
Spouse	\$0.053	\$0.062	\$0.08	\$0.088	\$0.115	\$0.159	\$0.301	\$0.495	\$0.902	\$1.538	
Child(ren)	Age 0-Less than 6 months: \$1,000; 6 months-19 years (25 if full time student): \$5,000 or \$10,000 Monthly rate: \$0.20										

Leaders Life – Term to 100

The facility offers coverage for employees and dependents for level premium term life coverage up to \$150,000 through Leaders Life Insurance. This coverage also features critical illness benefits that pay 30% of the face amount upon the diagnosis of a major illness as listed in the policy. Spouses, children and grandchildren are also eligible for coverage.

Disability

Reliance Standard

Disability

Disability Income Insurance plan helps to provide financial protection for you by replacing a portion of your income if you become totally disabled while the insurance is in effect, and you continue to be disabled beyond the elimination period. Benefits paid directly to you.

Disability	
Monthly Benefit Amount	\$200–\$8,000 in increments of \$100; not to exceed 66 2/3% of employee monthly earnings
Guaranteed Issue	Lesser of 66 2/3 of covered monthly earnings or \$8,000; Optional extended benefit: \$400
Minimum Monthly Benefit	\$100 or 15% of your gross monthly benefit (whichever is greater)
Maximum Monthly Benefit	\$8,000
Maximum Benefit Period	Sickness: 5 years; Injury: Social Security Normal Retirement Age (SSNRA) <i>See chart below</i>

Maximum Payment Duration Based on Age when Disability Begins										
	<60	61	62	63	64	65	66	67	68	69+
5 Yrs/Reducing Benefit Duration	5 yrs	60 mos	48 mos	36 mos	30 mos	24 mos	21 mos	18 mos	15 mos	12 mos
SSNRA	to SSNRA	60 mos or to SSNRA	48 mos or to SSNRA	42 mos or to SSNRA	36 mos or to SSNRA					

Rates/Elimination Period Per \$100 Monthly Benefit	Plan A		Plan B	
	0/3 Days	\$3.98		\$3.72
14/14 Days	\$2.91		\$2.71	
30/30 Days	\$2.41		\$2.32	
60/60 Days	\$1.70		\$1.63	
90/90 Days	\$1.45		\$1.39	
180/180 Days	\$1.06		\$1.04	



Cancer

MetLife

Group Cancer

Cancer and specified disease pays benefits that can be used for non-medical, cancer-related expenses that health insurance might not cover. Your **initial benefit** provides a lump-sum payment if you or a covered family member is diagnosed with a covered cancer or recurrence of cancer, providing those covered meet the policy and certificate requirements. The maximum amount that you can receive through your Cancer Insurance plan is called the **Total Benefit** and is 2x the amount of your initial benefit.

Group Cancer		
Employee Initial Benefit	\$15,000 or \$30,000	
Spouse Initial Benefit	50% of the employee's initial benefit	
Child(ren) Initial Benefit	50% of the employee's initial benefit	
COVERED CANCERS	INITIAL BENEFIT	RECURRENCE BENEFIT
Full Benefit Cancer	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer	25% of Initial Benefit	12.5% of Initial Benefit
ADDITIONAL BENEFITS		
Health Screening Benefit	After your coverage has been in effect for 30 days, MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures.	

Payroll Deduction for \$1,000 of Coverage

	Non-Tobacco				Tobacco			
	EE	EE & SP	EE & CH	EE & Family	EE	EE & SP	EE & CH	EE & Family
<25	\$0.21	\$0.35	\$0.36	\$0.50	\$0.34	\$0.53	\$0.49	\$0.68
25–29	\$0.21	\$0.35	\$0.36	\$0.51	\$0.34	\$0.54	\$0.49	\$0.69
30–34	\$0.27	\$0.44	\$0.43	\$0.60	\$0.46	\$0.72	\$0.62	\$0.87
35–39	\$0.36	\$0.58	\$0.51	\$0.73	\$0.62	\$0.98	\$0.78	\$1.13
40–44	\$0.52	\$0.83	\$0.67	\$0.98	\$0.93	\$1.46	\$1.09	\$1.61
45–49	\$0.69	\$1.11	\$0.84	\$1.27	\$1.27	\$2.02	\$1.43	\$2.17
50–54	\$0.90	\$1.46	\$1.05	\$1.61	\$1.67	\$2.69	\$1.83	\$2.84
55–59	\$1.10	\$1.80	\$1.25	\$1.96	\$2.07	\$3.36	\$2.23	\$3.52
60–64	\$1.28	\$2.09	\$1.43	\$2.24	\$2.43	\$3.95	\$2.59	\$4.10
65–69	\$1.30	\$2.14	\$1.46	\$2.30	\$2.50	\$4.09	\$2.65	\$4.24
70+	\$1.30	\$2.17	\$1.45	\$2.33	\$2.50	\$4.16	\$2.65	\$4.32

*Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 and round two decimals to calculate rates for the quoted benefit amounts. Note: the per \$1,000 rates are only applicable to the benefit amounts shown in this C&B. Final rates implemented may vary slightly due to rounding.

Critical Illness

MetLife

Group Critical Illness

Critical illness coverage pays lump-sum benefits directly to the employee at the time a covered illness is diagnosed. Face amounts are paid to the covered individual when Humana receives acceptable proof of loss. Please refer to your plan documents for the benefit conditions, limitations and exclusions provision.

Group Critical Illness	
Major Organ Transplant	100% (does not include heart transplant or heart lung transplant)
End Stage Renal Failure	100%
Loss of Vision, Speech or Hearing	100%
Coma	100%
Severe Burns	100%
Permanent Paralysis	100%
Occupational HIV	100%
Alzheimer's Dementia	25%
Loss of Independent Living	25%
Diabetes	10%
BENEFITS DETAILS	
Additional Occurrence Benefit	Pays one additional benefit upon the diagnosis of a covered condition for which benefits have not previously paid. Diagnosis must be separated from any other critical illness by at least 6 months
Recurrence Benefit	25% With the exemption of diabetes, pays one time if a covered person is diagnosed for a second time with one of the named critical illnesses that has been paid before
Pre-Existing Condition	12 months before the covered person's effective date of insurance

Spouse coverage is 50% & Child coverage is 25% of the Face Amount. Face Amount reduces by 50% at age 70. Payments shall not exceed 300%. Subject to the recurrence benefits, payments of benefits with a benefit group will not exceed 100%.

Payroll Deduction								
Monthly	Non-Tobacco				Tobacco			
	EE	EE & SP	EE & CH	EE & Family	EE	EE & SP	EE & CH	EE & Family
18-39	\$5.18	\$9.12	\$13.68	\$19.32	\$8.22	\$16.44	\$11.84	\$20.06
40-49	\$10.36	\$18.24	\$27.34	\$38.66	\$16.04	\$32.08	\$19.76	\$35.80
50-59	\$7.56	\$11.26	\$15.36	\$20.70	\$24.06	\$48.12	\$27.08	\$51.14
60-69	\$12.74	\$20.38	\$29.04	\$40.02	\$32.32	\$64.66	\$34.70	\$67.02

Accident

Humana

Group Accident

Accident coverage pays lump-sum for on- and off-the-job accidents in addition to existing medical coverage.

Group Accident	Bronze Plan 1 Unit	Silver Plan 2 Units	Gold Plan 3 Units
Accident Medical Expense	\$250	\$500	\$750
Accident Hospital Indemnity	\$100	\$200	\$300
Ambulance Service (Regular / Air)	\$100 / \$200	\$200 / \$400	\$300 / \$600
BONE FRACTURE BENEFITS			
Skull (except bones of face or nose)	\$1,900	\$3,800	\$5,700
Hip, Thigh / Pelvis (except Coccyx)	\$2,000	\$4,000	\$6,000
Arm (Between Shoulder & Elbow) / Shoulder Blade / Leg	\$1,100	\$2,200	\$3,300
Ankle / Knee Cap / Collar Bone / Forearm	\$800	\$1,600	\$2,400
Foot / Hand or Wrist (except fingers)	\$700	\$1,400	\$2,100
Lower Jaw (except alveolar process)	\$400	\$800	\$1,200
2+ Ribs, Fingers or Toes / Bones of Face or Nose	\$300	\$600	\$900
1 Rib, Finger or Toe / Coccyx	\$140	\$280	\$420
COMPLETE DISLOCATION BENEFITS			
Hip Joint	\$2,000	\$4,000	\$6,000
Knee Joint (except patella) / Bone(s) of Foot (except toes) / Ankle Joint	\$800	\$1,600	\$2,400
Wrist Joint	\$700	\$1,400	\$2,100
Elbow Joint	\$600	\$1,200	\$1,800
Shoulder Joint	\$400	\$800	\$1,200
Bone(s) of Hand (except fingers) / Collar Bone	\$300	\$600	\$900
2 or More Fingers / Toes	\$140	\$280	\$420
One Finger / Toe	\$60	\$120	\$180
ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS			
Loss of Life	\$20,000	\$40,000	\$60,000
Loss of Both Hands / Feet / Arms / Legs / Sight of Both Eyes	\$20,000	\$40,000	\$60,000
Loss of 1 Hand / Arm <u>and</u> 1 Foot / Leg	\$20,000	\$40,000	\$60,000
Loss of 1 Hand / Arm / Foot / Leg / Sight of 1 Eye	\$10,000	\$20,000	\$30,000
Loss of 1 or More Entire Toe(s)	\$1,000	\$2,000	\$3,000
Loss of One or More Entire Finger(s)	\$800	\$1,600	\$2,400

Accident

Humana

Group Accident	Bronze, Silver & Gold Plans 1 Unit of Coverage
ADDITIONAL BENEFITS	
Abdominal or Thoracic Surgery	\$1,000 / \$100 for exploratory surgery done with no surgical repair
Accident Follow-Up Treatment	\$50 per day; benefit limited to 2 treatments per covered accident per person
Appliance	\$125 for wheelchair, crutches or walker; benefit payable only once per covered person per accident
Blood and Plasma	\$300; benefit payable only once per covered person per accident
Brain Injury Diagnosis	\$150 for cerebral contusion, cerebral laceration, concussion or intercranial hemorrhage; benefit payable only once per covered person
Burns	\$100 if burns cover less than 15% of the body surface and \$500 if burns cover more than 15% for one or more second or third degree burns other than sunburn; benefit payable only once per covered person per accident
Coma	\$15,000; benefit payable only once per covered person
Eye Injury (Surgery or removal of foreign object)	\$100; benefit payable only once per covered person per accident
Family Member Lodging	\$100 per day for one adult living over 60 miles from treatment facility
Hospital Intensive Care Confinement	\$400 per day up to 60 days; partial confinement benefit will be pro-rated based on number of hours confined divided by 24 hours
Immediate Hospitalization	\$1,000; benefit payable only once per covered person per hospital confinement and only once per calendar year
Laceration	\$50; benefit payable only once per covered person per calendar year
Non Local Transportation	\$300 per trip more than 60 miles from home; benefit payable 3x per covered accident
Paralysis	\$10,000 for paraplegia / \$20,000 for quadriplegia; benefit payable only once per covered person
Physical Therapy	\$30 per day for a maximum of one treatment per day and a maximum of 6 treatments per covered accident per covered person
Prosthesis	\$500 for one device and \$1,000 for 2 or more devices; benefit payable only once per covered person per accident
Ruptured Disc	\$500
Skin Graft	\$50 of burn benefit; benefit payable only once per covered person per accident
Tendon, Ligament, Rotator Cuff or Knee Cartilage	\$500 per injury / \$150 for exploratory surgery

Payroll Deduction Monthly	Bronze Plan 1 Unit	Additional Benefit Rider 1 Unit
Employee Only	\$9.40	\$3.29
Employee & Spouse	\$16.82	\$6.57
Employee & Children	\$17.46	\$7.36
Employee & Family	\$24.89	\$10.64

Heart/Stroke

Humana

Heart/Stroke

Heart/Stroke insurance provides benefits for heart attack, heart disease or stroke.

Heart Attack & Stroke	
Hospital Confinement	\$200 per day for each period of continuous hospital confinement
Physician's Attendance / Inpatient Drugs & Medicine	\$25 per day
Private Duty Nursing	\$100 per day
Physiotherapy	\$50 per day
Oxygen	\$200 per period of continuous hospital confinement
Cardiograms	\$100 per period of continuous hospital confinement
Cerebral or Carotid Angiogram	\$150 per period of continuous hospital confinement
Blood, Plasma and Platelets	\$200 per period of continuous hospital confinement
Cardiac Catheterization	\$500
Coronary Angioplasty	\$750
Pacemaker Insertion	\$1,000
Coronary Artery Bypass Graft Operation	\$2,500
Thromboendarterectomy	\$2,500
Heart Transplant	\$100,000
LODGING & TRANSPORTATION	
Family Member Lodging	\$50 per day
Family Member Transportation / Non-Local Transportation	\$200 per period of continuous hospital confinement
Ambulance	\$200 (double for air ambulance)
SURGERY & ANESTHESIA	
Surgery	see surgical schedule
Anesthesia	25% of surgery
Ambulatory Surgical Center	\$250
Second Surgical Opinion	\$100

Payroll Deduction												
Monthly	Per Unit Base Policy				Per Unit Intensive Care Rider				Per Unit First Diagnosis Rider			
	<30	30-40	45-59	60+	<30	30-40	45-59	60+	<30	30-40	45-59	60+
EE	\$3.17	\$10.26	\$23.23	\$46.14	\$0.42	\$0.73	\$0.93	\$1.01	\$3.88	\$8.04	\$18.78	\$32.07
EE & SP	\$6.34	\$20.52	\$46.46	\$92.27	\$0.84	\$1.46	\$1.87	\$2.03	\$7.76	\$16.08	\$37.56	\$64.13
EE & CH	\$4.14	\$11.23	\$24.19	\$47.10	\$0.87	\$1.18	\$1.38	\$1.46	\$6.59	\$10.75	\$21.49	\$34.77
EE & Family	\$7.31	\$21.49	\$47.42	\$93.24	\$1.29	\$1.91	\$2.32	\$2.48	\$10.47	\$18.79	\$40.27	\$66.84

Hospital Indemnity

UnitedHealthcare

Hospital Indemnity

Hospital indemnity insurance is an insurance plan that pays cash directly to you. It can be used to help pay costs from hospital stay and related treatment, your health plan deductible and other out-of-pocket costs.

Hospital Indemnity	Base Plan	Base + Enhanced Plan
Hospital Admission 1 day per plan year per insured	\$500	\$500
Hospital Confinement Up to 264 days per plan year per insured	\$100	\$100
ICU Confinement Up to 264 days per plan year per insured	\$100	\$100
ICU Admission 1 day per plan year per insured	N/A	\$500
Emergency Care Treatment Up to 4 days per plan year per insured	N/A	\$100
Diagnostic Tests (Invasive / Major / Minor) 1 day per plan year per insured	N/A	\$500
Inpatient Surgery Up to 2 days per plan year per insured	N/A	\$500
Outpatient Surgery Up to 3 days per plan year per insured	N/A	\$500

Payroll Deduction Monthly	Base Plan	Base + Enhanced Plan
Employee Only	\$8.38	\$25.22
Employee & Spouse	\$16.03	\$47.17
Employee & Child(ren)	\$15.67	\$42.52
Employee & Family	\$25.12	\$68.60



Flexible Spending Account

National Plan Administrators



South San Antonio ISD is pleased to offer the option of a flexible spending account (FSA) through the third party administrator National Plan Administrators

What are the benefits of an FSA? What are the disadvantages?

- It saves you money. An FSA is an employer-sponsored savings account that allows you to put aside money tax-free that can be used to pay for qualified medical expenses.
- It is a tax-saver. Contributions to your FSA are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes.
- It is flexible. You can withdraw health FSA funds at any time for qualified medical expenses, even if it's only the beginning of the year and you haven't contributed the entire yearly amount yet.
- It requires careful planning. FSAs operate under a use-or-lose rule, meaning that if you don't use the money in your FSA by the end of the plan year, you lose it. Some employers, however, may offer a grace period or allow you to carry over.
- It is not portable. If you change jobs, you typically forfeit the funds left in your FSA.
- It requires proof. You must fill out all the necessary forms and show receipts for FSA-eligible purchases in order to be reimbursed.

Retirement 403(b)

National Plan Administrators

About Retirement Annuities 403(b)

A 403(b) plan is a retirement plan offered by a public school or 501(c)(3) tax-exempt organization for its employees. An employee can only obtain a 403(b) annuity or custodial account under an employer's 403(b) plan. These annuities and custodial accounts are funded by employee elective deferrals made under salary reduction agreements, employer contributions or a combination of both.

There are numerous tax advantages associated with 403(b) plans. For example, contributions and earnings in a traditional 403(b) annuity are not taxed until they are distributed. To obtain these tax advantages, the Internal Revenue Code (Code) imposes numerous compliance requirements on 403(b) plans, including requirements related to participation in the plan and contributions to the plan.

Participation

- The terms of the 403(b) plan govern when an employee may enroll in the plan.
- Under the universal availability rule, the plan is generally required to allow all eligible employees to begin participating in the plan when their employment begins.

Types of Contributions

A 403(b) plan may allow the following types of contributions:

- ✔ Elective deferrals
- ✔ Nonelective employer contributions
- ✔ After-tax contributions
- ✔ Designated Roth contributions

Glossary of Terms

The following terms are commonly used health benefits terms that are used during open enrollment. These terms are defined for illustrative purposes only. Please refer to your certificate of Health Care Benefit for the definitions applicable to your health care coverage.

Coinsurance

A percentage of an eligible expense that the you are required to pay for a covered service after meeting your deductible.

Co-payment

The fixed amount that you pay for medical services based on your coverage.

Deductible

A percentage of an eligible expense that the covered employee is required to pay for a covered service after meeting the deductible.

Explanation of Benefits (EOB)

After you or your provider submit a claim, the provider will send you an explanation that will give you claims payment information, including the amount paid to the provider and any amount you may owe. If a deductible and/or coinsurance applies, the amount applied to your deductible and out-of-pocket maximum will also be shown.

Formulary

A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low-cost generics at a higher percentage than more expensive, brand-name or specialty drugs.

In-Network

Physicians, hospitals, clinics, and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.

Out-of-Network

Physicians, hospitals, clinics, and other providers with whom the health plan does not have an agreement to care for its members. Out-of-network providers are covered, but will cost more to use.

Out-of-Pocket Expense

The annual maximum limit you may pay for covered expenses. After your share of eligible expenses (deductible and coinsurance) reaches a certain limit, the plan will pay 100 percent (unless balance billing applies) of most covered medical expenses for a plan member for the remainder of the calendar year.

Out-of-Pocket Maximum

The most you pay in coinsurance during a benefit plan year. After you reach your out-of-pocket maximum, your medical plan option pays 100 percent of eligible expenses for the remainder of the benefit plan year.

Premium

The amount that must be paid for a health insurance plan by covered employees, by their employer or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.

Notes



This benefits summary prepared by

