



# EMPLOYEE BENEFITS

## ENROLLMENT GUIDE

2024 - 2025



## **Dear Valued South San Antonio ISD Staff Member,**

We are pleased to announce that the 2024-2025 Open Enrollment period for Insurance Benefits takes place from September 04, 2024 through September 19, 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 September 4th.

### **Changes and Updates**

The success of South San Antonio ISD depends on the commitment, dedication, and well-being of our greatest asset- our employees. Beginning on September 1, 2024, your health plan is switching to TRS-ActiveCare. Medical benefits will be administered by Blue Cross and Blue Shield of Texas (BCBSTX) and pharmacy benefits will be provided by Express Scripts (ESI).

We are pleased to announce our new partnership with TRS-ActiveCare effective September 1, 2024 as the new Medical and Pharmacy carrier.

### **Reminders**

Enrollment in the TRS- ActiveCare HD health plan works with an Health Savings Account (HSA) to help you pay for qualified medical expenses, tax-free.

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](mailto: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](mailto:benefits@southsanisd.net)

**Yee Yan Segovia**  
Human Resources Coordinator

## **MEDICAL** | TRS Active Care - BCBS of TX

(866) 355-5999 [www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare)

## **PHARMACY** | Express Scripts

(844) 367-6108 [www.esrx.com/trsactivecare](http://www.esrx.com/trsactivecare)

## **DENTAL** | MetLife

(800) 942-0854 [www.metlife.com/dental](http://www.metlife.com/dental)

## **VISION** | MetLife

(800) 438-6388 [www.metlife.com/vision](http://www.metlife.com/vision)

## **LIFE/AD&D** | Reliance Standard

(800) 845-7519 [www.reliancestandard.com](http://www.reliancestandard.com)

## **PERMANENT LIFE** | Leaders Life

(800) 845-7519 [www.leaderslife.com](http://www.leaderslife.com)

## **DISABILITY** | Reliance Standard

(800) 845-7519 [www.reliancestandard.com](http://www.reliancestandard.com)

## **CANCER / CRITICAL ILLNESS** | MetLife

(800) 845-7519 [www.metlife.com](http://www.metlife.com)

## **HEART / STROKE / ACCIDENT** | Humana

(800) 845-7519 [www.humana.com](http://www.humana.com)

## **HOSPITAL INDEMNITY** | UnitedHealthcare

(844) 744-4338 [www.uhc.com](http://www.uhc.com)

## **FSA/RETIREMENT 403(b)** | National Plan Administrators

(800) 880-2776 [www.natlplan.com](http://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

## 2024–2025 Open Enrollment: September 4 –September 19

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 by phone, or at any campus. Remember to ask for approval to leave your campus.

DATE & TIME	CAMPUSES
<b>Wednesday, September 04</b> 8:00 a.m. to 4:00 p.m	<ul style="list-style-type: none"><li>• Armstrong ES</li><li>• Central Office (All departments)</li><li>• Transportation and Food Services at West Campus</li></ul>
<b>Thursday, September 05</b> 8:00 a.m. to 4:00 p.m	<ul style="list-style-type: none"><li>• Five Palms ES</li><li>• South San HS (all staff including Police)</li></ul>
<b>Friday, September 06</b> 8:00 a.m. to 4:00 p.m	<ul style="list-style-type: none"><li>• Dwight MS</li><li>• Price ES</li></ul>
<b>Tuesday, September 10</b> 8:00 a.m. to 4:00 p.m	<ul style="list-style-type: none"><li>• Carrillo ES</li><li>• Benavidez ES</li><li>• Madla ES</li></ul>
<b>Wednesday, September 11</b> 8:00 a.m. to 4:00 p.m	<ul style="list-style-type: none"><li>• Hutchins ES</li><li>• Zamora MS</li><li>• Palo Alto ES</li><li>• DAEP (Enroll at Zamora MS)</li></ul>
<b>Thursday, September 12</b> 8:0 a.m. to 4:00 p.m	<ul style="list-style-type: none"><li>• Shepard MS</li><li>• Central Office (Make-up Day for everyone!)</li></ul>

# 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](http://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 19, 2024**

# Medical Benefits

TRS ActiveCare | Sept. 1, 2024 Aug. 31, 2025

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.

In-Network Benefits	ActiveCare Primary	ActiveCare Primary+	ActiveCare HD
Premiums	\$	\$\$\$	\$\$
Deductibles	\$\$	\$	\$\$\$
Copays	✓ <i>Copays for doctors visits before you meet deductible</i>	✓ <i>Copays for many services and drugs</i>	<i>Must meet your deductible before plan pays for non-preventive care</i>
Primary Care Physician Required	✓	✓	
HSA Compatible			✓
Out-of-Network Coverage			✓
Network	Statewide Network	Statewide Network	Nationwide Network
Deductible Individual / Family	\$2,500 / \$5,000	\$1,200 / \$2,400	\$3,200 / \$6,400
Coinsurance Percentage Plan / Member	70% / 30%	80% / 20%	70% / 30%
Max Out of Pocket Individual / Family	\$8,050 / \$16,100	\$6,900 / \$13,800	\$8,050 / \$16,100
DOCTOR VISITS - SICKNESS & INJURY			
Primary Care / Specialist	\$30 / \$70 copay	\$15 / \$70 copay	30% after deductible
Virtual Mental Health Visits	\$0 copay	\$0 copay	
IMMEDIATE CARE			
Urgent Care	\$50 copay	\$50 copay	30% after deductible
Emergency Care	30% after deductible	20% after deductible	30% after deductible
TRS Virtual Health-RediMD	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation
TRS Virtual Health-Teladoc	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation
PRESCRIPTION DRUGS			
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply / 90-Day Supply)	\$15 / \$45 copay; \$0 copay for certain generics	\$15 / \$45 copay	20% after deductible; \$0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	30% after deductible	25% after deductible (\$100 max) / 25% after deductible (\$265 max)	25% after deductible
Non-preferred	50% after deductible	50% after deductible	50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; 30% after deductible	\$0 if SaveOnSP eligible; 30% after deductible	20% 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	25% after deductible



# Medical Benefits

TRS ActiveCare | Sept. 1, 2024 Aug. 31, 2025

Out-of-Network Benefits	ActiveCare Primary	ActiveCare Primary+	ActiveCare HD
<b>Deductible</b> Individual / Family	N/A	N/A	\$6,400 / \$12,800
<b>Coinsurance Percentage</b> Plan / Member	N/A	N/A	50% / 50%
<b>Max Out of Pocket</b> Individual / Family	N/A	N/A	\$20,250 / \$40,500

Monthly Payroll Deduction	ActiveCare Primary	ActiveCare Primary+	ActiveCare HD
Employee Only	\$50	\$123	\$61
Employee & Spouse	\$775	\$922	\$804
Employee & Children	\$349	\$473	\$367
Employee & Family	\$1,073	\$1,271	\$1,110

## Compare Prices for Common Medical Services





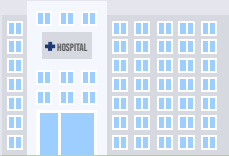







Plan Name	ActiveCare Primary	ActiveCare Primary+	ActiveCare HD	
Network Name	In-Network	In-Network	In-Network	Out-of-Network
<b>Diagnostic Labs**</b>	Office / Independent Lab: You pay \$0	Office / Independent Lab: You pay \$0	30% after deductible	50% after deductible
	Outpatient: 30% after deductible	Outpatient: 20% after deductible		
<b>High-Tech Radiology</b>	30% after deductible	20% after deductible	30% after deductible	50% after deductible
<b>Outpatient Costs</b>	30% after deductible	20% after deductible	30% after deductible	50% after deductible
<b>Inpatient Hospital Costs</b>	30% after deductible	20% after deductible	30% after deductible	50% after deductible (\$500 facility per day maximum)
<b>Freestanding Emergency Room</b>	\$500 copay + 30% after deductible	\$500 copay + 20% after deductible	\$500 copay + 30% after deductible	
<b>Bariatric Surgery</b>	Facility: 30% after deductible	Facility: 20% after deductible	Not Covered	Not Covered
	Professional Services: \$5,000 copay + 30% after deductible	Professional Services: \$5,000 copay + 20% after deductible		
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility		
<b>Annual Hearing Exam</b> (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	30% after deductible	50% after deductible

### 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**.

# 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.

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

**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.

# Know Where to Go, Where You Are!



## URGENT CARE

For Urgent Conditions

**Cost**

**\$\$\$**

### 5 Closest In-Network Facilities to South San Antonio ISD

#### Quality Urgent Care

8526 I35 S Ste., 101  
San Antonio, TX 78211  
Phone: 210-782-9495



1.3 miles

#### Texas Medclinic

2530 S W Military Dr.  
San Antonio, TX 78224  
Phone: 210-476-5599



2.6 miles

#### Little Spurs Pediatric Urgent Care

1714 SW Military Dr., Ste 108  
San Antonio, TX 78221  
Phone: 210-998-4767



3.1 miles

#### Kidz Now Urgent Care

2327 SW Military Dr.  
San Antonio, TX 78224  
Phone: 210-934-5439



3.2 miles

#### Texas Medclinic

1111 S E Military Dr.  
San Antonio, TX 78214  
Phone: 210-927-5580



5.6 miles



## RETAIL CLINICS

For Minor Conditions

**Cost**

**\$\$**

### 2 Closest In-Network Facilities to South San Antonio ISD

#### MinuteClinic inside CVS

7603 Culebra Rd.  
San Antonio, TX 78251  
Phone: 866-389-2727



15.7  
miles

#### MinuteClinic inside CVS

9140 Guilbeau Rd.  
San Antonio, TX 78250  
Phone: 866-389-2727



20.7  
miles



## VIRTUAL VISITS

For Minor Conditions

**Cost**

**\$**

### Virtual Health Options for South San Antonio ISD

Scan this  
QR code for  
Teladoc



Scan this  
QR code for  
RediMD



# Pharmacy Benefits

Express Scripts | Sept. 1, 2024 Aug. 31, 2025

Download the Express Scripts® mobile app for free – go to your mobile device’s app store and search for “Express Scripts.”

Create your digital profile at [express-scripts.com/trsactivecare](https://express-scripts.com/trsactivecare) or on the Express Scripts® mobile app – which helps you connect to:

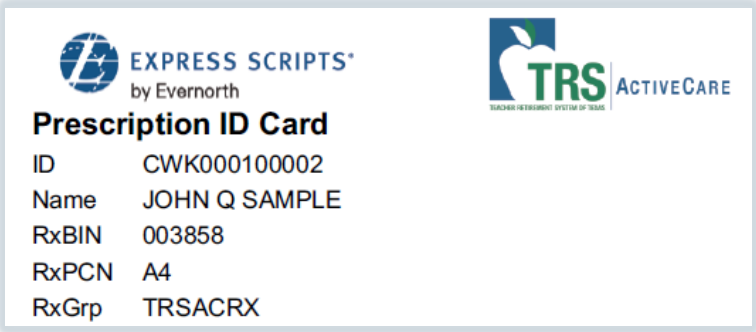
- Your digital prescription ID card
- Lower-cost medication options
- Nearby, in-network pharmacies
- Easy medication refills
- Home delivery with order tracking

**[EXPRESS-SCRIPTS.COM/TRSACTIVECARE](https://express-scripts.com/trsactivecare)**

A screenshot of the Express Scripts TRS ActiveCare website interface. The page has a light blue background. At the top, there is a QR code on the left and four circular icons: a road sign, a dollar sign, and a location pin. Below the QR code is a white box with the TRS ActiveCare logo, the text 'Welcome to your TRS-ActiveCare Prescription Benefits Plan', and two buttons: 'Explore Your Plan' and 'Register Now'. Below these buttons is a link: 'Already have an account? [Log in](#)'. To the right of the welcome box is a vertical list of three plan options: 'TRS-ActiveCare HD', 'TRS-ActiveCare Primary', and 'TRS-ActiveCare Primary Plus'. To the right of the plan list are two boxes: 'Price a Medication' with a dollar sign icon and 'Find a Pharmacy' with a location pin icon. At the bottom right, there are three links with PDF icons: '2023 TRS Preventive Medications - Standard Plus Generics Only', '2024 Express Scripts National Preferred Formulary for TRS', and '2024 TRS Preferred Drug List Exclusions'.



# MEMBER ID CARD (DIGITAL)

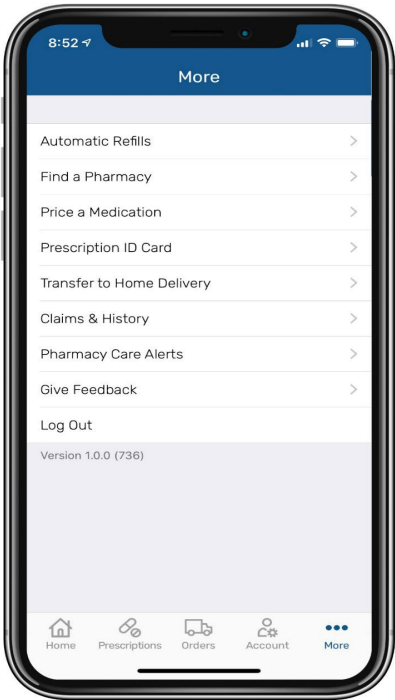


**View your digital ID Card via the mobile app**

- On the app's home screen, tap Prescription ID Card
- An image of your member ID card will appear.
- Hand your device to the pharmacist. That's it!

**Print your digital ID Card**

- You can download, save or print by creating your digital profile at [express-scripts.com](https://www.express-scripts.com)



## We Are Here to Help



24/7 TRS-ActiveCare Dedicated ESI phone line: **844-367-6108**  
Including the ability to speak with a pharmacist  
Accredo Specialty Pharmacy: **800-596-7701**



Express Scripts Mobile App



Dedicated TRS-ActiveCare Express Scripts Website  
[www.express-scripts.com/trsactivecare](https://www.express-scripts.com/trsactivecare)



90-day Mail Order  
Register online or through the Express Scripts Mobile App with the participant ID number on your ID card.



# Dental Benefits

MetLife | Group #: 200995

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		
MetLife Preferred Dentist Program		
	Low Option	High Option
CALENDAR YEAR DEDUCTIBLE		
Individual	\$50	\$50
Family	\$150	\$150
Calendar Year Maximum (per person)	\$1,500	\$2,500
Orthodontia Life Maximum	N/A	\$1,000
PREVENTIVE SERVICES		
Cleanings, exams, x-rays, fluoride, sealants, space maintainers	100%	100%
BASIC SERVICES		
Consultations, fillings, simple extractions, general anesthesia	80%; deductible applies	90%; deductible applies
MAJOR SERVICES		
Bridges, dentures, oral surgery, periodontics, endodontics, crowns, inlays, onlays, implants	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	Low Option	High Option
Monthly		
Employee Only	\$19.36	\$30.49
Employee & 1 Dependent	\$38.34	\$66.83
Employee & Family	\$60.48	\$96.32

# Vision Benefits

MetLife | Group #: 200995

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		
VSP Choice Network	Low Option	High Option
Eye health exam, dilation, prescription and refraction for glasses	\$10	\$0
Retinal imaging	\$39	\$39
Exam Frequency	12 Months	12 Months
Materials Copay	\$10	\$0
FRAMES		
Frame Retail Allowance	\$130 / \$150 on featured frames (20% savings on the amount that you pay over your allowance)	
Frame Frequency	24 Months	12 Months
Costco / Walmart / Sam's Club	\$70 allowance	
STANDARD SPECTACLE LENSES		
Single / Bifocal / Trifocal / Lenticular	Covered in Full	Covered in Full
Lens Frequency	12 Months	12 Months
CONTACT LENSES (In Lieu of Eyeglasses)		
Fit & Follow Up Exams	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
Contact Lens Frequency	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	High Option
Monthly		
Employee Only	\$5.65	\$12.34
Employee & 1 Dependent	\$10.54	\$23.67
Employee & Family	\$16.29	\$36.23

# 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	Plan A		Plan B	
Per \$100 Monthly Benefit				
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
<b>BONE FRACTURE BENEFITS</b>			
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
<b>COMPLETE DISLOCATION BENEFITS</b>			
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
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT BENEFITS</b>			
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
<b>Hospital Admission</b> 1 day per plan year per insured	\$500	\$500
<b>Hospital Confinement</b> Up to 264 days per plan year per insured	\$100	\$100
<b>ICU Confinement</b> Up to 264 days per plan year per insured	\$100	\$100
<b>ICU Admission</b> 1 day per plan year per insured	N/A	\$500
<b>Emergency Care Treatment</b> Up to 4 days per plan year per insured	N/A	\$100
<b>Diagnostic Tests (Invasive / Major / Minor)</b> 1 day per plan year per insured	N/A	\$500
<b>Inpatient Surgery</b> Up to 2 days per plan year per insured	N/A	\$500
<b>Outpatient Surgery</b> Up to 3 days per plan year per insured	N/A	\$500

Payroll Deduction Monthly	Base Plan	Base + Enhanced Plan
<b>Employee Only</b>	\$8.38	\$25.22
<b>Employee &amp; Spouse</b>	\$16.03	\$47.17
<b>Employee &amp; Child(ren)</b>	\$15.67	\$42.52
<b>Employee &amp; Family</b>	\$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.



# Health Savings Account

Bay Bridge Administrators

## HSA Benefits

- **Triple tax benefits**— you put money in tax-free, it accrues interest tax-free and you can withdraw it tax-free (for qualified medical expenses)
- **Reduction in medical plan contribution**—HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck
- **Long-term financial benefits**—unused funds roll over from year to year and are held in an interest-bearing savings or investment account
- **Portability**—the money in your HSA is yours to keep, even if you leave the company
- **Account control**—You choose when to save and use your HSA dollars to pay your health care expenses out-of-pocket\*

*\* You, not your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.*

**For more information, call 800-845-7519**



Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs).

### Maximum HSA Contribution

2024 Ind / Family Max	\$4,150 / \$8,300
2025 Ind / Family Max	\$4,300 / \$8,550
Additional "Catch Up" Contribution	\$1,000 (ages 55 and over)

## HSA Eligibility

You are eligible for an HSA if you are:

- Enrolled in a qualified HDHP
- Not covered under a secondary health insurance plan
- Not enrolled in Medicare
- Not another person's dependent

## Qualified Medical Expenses

The IRS defines qualified medical care amounts paid for the diagnosis, cure of a disease, and for treatments part or function of the body. The be primarily to alleviate a physical or mental defect or illness. Please go to the IRS website to view a full list of eligible expenses.

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# Retirement 403(b)

National Plan Administrators

## About Retirement Annuities 403(b)

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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

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- 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

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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.



This benefits summary prepared by

