

2023 - 2024 Plan Year



# HURST-EULESS-BEDFORD ISD

# **BENEFIT GUIDE**

EFFECTIVE: 09/01/2023 - 8/31/2024

[WWW.MYBENEFITSHUB.COM/HEBISD](http://WWW.MYBENEFITSHUB.COM/HEBISD)



# Table of Contents

Benefit Contact Information	3
How to Enroll	4-5
Enrollment Instructions	6
Employees	6-8
Workers Compensation	9
Sick Leave Bank Summary	10
Annual Benefit Enrollment	11-14
1. Section 125 Cafeteria Plan Guidelines	11
2. Annual Enrollment & Helpful Definitions	12
3. Eligibility Requirements	13
4. Health Savings Account (HSA) vs. Flexible Spending Account (FSA)	14
Medical	16-22
Basic Life and AD&D	23
Employee Assistance Program (EAP)	24
Health Savings Account (HSA)	25
Flexible Spending Account (FSA)	26-27
Hospital Indemnity	28
Dental	29-30
Vision	31-32
Disability	33-34
Critical Illness	35-36
Voluntary Life and AD&D	37
Legal Services	38-39
Retirement Plans	40

## FLIP TO...

**PG. 4**

HOW TO  
ENROLL

**PG. 10**

SUMMARY  
PAGES

**PG. 16**

YOUR  
BENEFITS



# Benefit Contact Information

<b>HEB ISD – BENEFITS OFFICE</b> Maria Ortiz Benefits & Workers Compensation Specialist (817) 399-2056 <a href="mailto:mariaortiz@hebisd.edu">mariaortiz@hebisd.edu</a>	<b>FLEXIBLE SPENDING ACCOUNT</b> Higginbotham (866) 419-3519 <a href="http://www.higginbotham.net/">http://www.higginbotham.net/</a> Claims Email: <a href="mailto:flexclaims@higginbotham.net">flexclaims@higginbotham.net</a>	<b>CRITICAL ILLNESS</b> UNUM Group #473094 (800) 858-6843 <a href="http://www.unum.com">www.unum.com</a>
<b>HEB ISD BENEFITS</b> Financial Benefit Services (800) 583-6908 <a href="http://www.mybenefitshub.com/hebisd">www.mybenefitshub.com/hebisd</a>	<b>HOSPITAL INDEMNITY</b> Voya Group #70637-0 (800) 955-7736 <a href="http://www.voya.com">www.voya.com</a>	<b>LIFE AND AD&amp;D</b> UNUM Life Group #657076 AD&D Group #657075 (800) 858-6843 <a href="http://www.unum.com">www.unum.com</a>
<b>TRS MEDICAL</b> Blue Cross Blue Shield of Texas (866) 355-5999 <a href="http://www.bcbstx.com/trsactivecare">www.bcbstx.com/trsactivecare</a> Baylor, Scott and White (HMO) (844) 633-5325 <a href="https://trs.swhp.org">https://trs.swhp.org</a>	<b>DENTAL</b> Cigna High/Low Group #3340943 DHMO Group #P5XV0 (800) 244-6224 <a href="http://www.cigna.com">www.cigna.com</a>	<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b> UNUM (800) 854-1446 <a href="http://www.unum.com/lifebalance">www.unum.com/lifebalance</a>
<b>PHARMACY</b> Express Scripts® (800) 282-2881 <a href="http://www.express-scripts.com">www.express-scripts.com</a>	<b>VISION</b> Superior Vision Group #30978 (800) 507-3800 <a href="http://www.superiorvision.com">www.superiorvision.com</a>	<b>LEGAL SERVICES</b> Legal Ease (800) 248-9000 <a href="http://www.legaleaseplan.com/content/heb">www.legaleaseplan.com/content/heb</a>
<b>HEALTH SAVINGS ACCOUNT</b> EECU (800) 333-9934 <a href="http://www.eecu.org">www.eecu.org</a>	<b>DISABILITY</b> The Standard Group #00-648769-0001 (800) 368-1135 <a href="http://www.standard.com">www.standard.com</a>	<b>RETIREMENT PLANS</b> <b>403B:</b> The Omni Group (877) 544-6664 <a href="http://www.omni403b.com">www.omni403b.com</a> <b>457:</b> TCG Holdings, LLC (800) 943-9179 <a href="http://tcgservices.com/documents/#/255/457b">http://tcgservices.com/documents/#/255/457b</a>

# All Your Benefits - One App

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

Text **“FBS HEB”**  
to **(800) 583-6908**  
and get access to everything you  
need to complete your benefits  
enrollment:

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

App Group #:  
**FBSHEB**

Text  
**“FBS HEB”**  
to  
**(800) 583-6908**

OR SCAN



**A** SCAN ME



Download on the  
**App Store**



GET IT ON  
**Google Play**



# How to Log In

1

[www.mybenefitshub.com/hebisd](http://www.mybenefitshub.com/hebisd)

2

CLICK LOGIN

3

## ENTER USERNAME & PASSWORD

### **Username:**

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

If you have less than six (6) characters in your last name, use your full last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

### **Default Password:**

Last Name\* (lowercase, excluding punctuation) followed by the last four (4) digits of your Social Security Number.

\*If you have a hyphenated last name or a space in your last name, your user name will be both names without spaces or dashes.

## HEB ISD Step by Step Open Enrollment & New Hire Instructions:

Existing Employee Open Enrollment Walkthrough video:

[Employee Walkthrough Video – LEARNsynx \(thebenefitshubtraining.com\)](#)

New Hire Employee Open Enrollment Walkthrough video:

[New Hire Inside Open Enrollment Video – LEARNsynx \(thebenefitshubtraining.com\)](#)

## Important Things to Remember:

- At the end of your enrollment, **save your consolidated enrollment form to file cabinet** and then hit print or email statement. The top ½ of consolidated enrollment statement shows last year's benefits & the bottom ½ shows the enrollment for the new school year.
- Even if you hit submit at the end of enrollment, you may continue to make changes until the end of the open enrollment period or until your 30th day as a new hire. If you do not hit the submit button you are still enrolled in everything you previously elected.
- Make sure you are only enrolled in the benefits you want as of the last day of your enrollment period. For example, if you go through the enrollment pages and sign up for each benefit to see how much you would have to pay, you must repeat the enrollment walkthrough to decline the benefits you truly do not want. Whatever benefits you have elected as of the last day of enrollment are the benefits you will be charged for.
- When you finish your enrollment **hit the LOGOUT button** in the top right corner of your screen. If you fail to hit the logout button, you will be locked out of your account and FBS will need reset your account before you can log back in, or you can retry within 10 minutes.

## Don't Forget!

- **Login and complete your benefit enrollment from 07/19/2023 - 08/17/2023**
- Enrollment assistance is available by calling Financial Benefit Services at (866) 914-5202.
- Update your profile information: home address, phone numbers, email by visiting the Employee Access Center at: <https://efineac01.hebisd.edu/efp22.4/EmployeeAccessCenter/Web/MultDBlogin.aspx>
- **REQUIRED!!** Due to the Affordable Care Act (ACA) reporting requirements, you must add your dependent's **CORRECT** social security numbers in the online enrollment system. If you have questions, please contact your Benefits Administrator.
- **PASSIVE ENROLLMENT:** All previously elected benefits will automatically "roll-over" to the new plan year. However it is highly recommended employees log in to view rates and verify beneficiary information.



### Plan Year

The plan year for all benefits is September 1<sup>st</sup> through August 31<sup>st</sup>.

### Effective Dates for Insurance

Benefits will automatically begin the 1st day of the month following your 1st day of employment.

### New Hires

New hires must enroll in benefits within **30 days of his/her hire date**. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

### Teacher Retirement System of Texas (TRS)

HEB ISD requires all employees to participate in TRS instead of Social Security. The membership contribution rate is **8.25%** of your annual salary. You may contact TRS by calling (800) 223-8778 or [www.trs.texas.gov](http://www.trs.texas.gov) to learn more about TRS Retirement.

### TRS Insurance (TRS INS)

Mandatory active member contribution to TRS-Care (Health Insurance for retirees) is .65% of your annual salary.

### Paychecks

All employees receive a paycheck on the 5th and 20th of each month.

### Employee Access Center

From the HEB ISD website [www.hebisd.edu](http://www.hebisd.edu) > Employees Corner > Employee Access Center or by clicking [here](#), you can log on to the Employee Access Center to change your address, view your paycheck stubs, see your current salary and benefit information, and much more! Your **login** is your 6 digits unique HEB ID number and your default **password** is your social security number without the dashes. For login assistance, please contact the Payroll Department at (817) 399-2057 or [payroll@hebisd.edu](mailto:payroll@hebisd.edu).

You may also download the app for your phone by searching for [eFinance Plus Employee](#) in your app store. Type "Hurst" as the employer name and then select "Hurst-Euleless-Bedford Independent SD". Follow the login instructions to view your account.

### Leaves & Absences

Click on the link below to review HEB ISD's Policies DEC (LOCAL) & DEC (REGULATION)- these policies contain the latest information regarding leaves & absences:

<https://pol.tasb.org/PolicyOnline/PolicyDetails?key=1110&code=DEC>

### Paid Leave Days

Every school year all full-time employees in eligible positions will receive:

- 5 local sick leave days
- 5 state personal leave days
- 10 vacation days (only available for 240 & 248 day employees)

### Availability of Days

- Days for the current year are available for use at the beginning of the school year.
- If you start in the middle of a school year, the days are pro-rated based on the actual time employed.
- Unused days may carry over from year to year.

### Order of Use

- Employees have the right to designate the order of use for local sick & state personal leave days.
- For example, if you are absent due to sickness self, you have the right to have the day pulled from your local sick leave bank or your personal leave bank. As long as the absence is code sickness-using a personal day, the day will NOT be counted as one of your 5 allowed personal leave days during a school year.

### State Personal Leave

- Non-Discretionary Use:
  - ◊ Days may be used for any of the following:
    - » illness of the employee
    - » illness of a member of the employee's immediate family
    - » family emergency
    - » death in the employee's immediate family
    - » during military leave
- Discretionary Use:
  - ◊ You may use up to 5 days in a row.
  - ◊ You may use no more than 5 days per school year.
  - ◊ You must submit a written request to use a personal day at least three (3) workdays in advance.
  - ◊ The supervisor will determine if your request is approved or denied based on the effect your absence would have on the educational program or district operations, as well as the availability of substitutes.
  - ◊ Requests are approved on a first-come, first- served basis.
  - ◊ You may not use a personal leave day on a restricted day (i.e. day before or after a holiday, etc.). Please review the restricted day calendar for the specific dates.



- If you worked for another public school district in the state of Texas, your service record will indicate if you are bringing any personal leave days with you.
- If you leave the district, your personal leave days will go with you.

## Local Sick Leave

- Local sick leave days may be used if you or immediate family members are sick.
- Definition of immediate family:
  - ◊ spouse
  - ◊ son or daughter, including a biological, adopted, step or foster child, a son- or daughter-in-law
  - ◊ parent, stepparent, parent-in-law
  - ◊ sibling, stepsibling, and sibling-in-law
  - ◊ grandparent and grandchild
- Medical certification (doctor's note) must be provided if:
  - ◊ The employee is absent more than 4 consecutive work days because of personal illness or illness in the immediate family
  - ◊ There is a questionable pattern of absences
- If an employee runs out of sick days, the payroll system will automatically use a day from the next leave bank that has available days. (The next bank is typically your personal leave bank.)

## FMLA (Family & Medical Leave Act)

- Provides eligible employees up to 12 work-weeks of unpaid, job-protected leave in a 12-month period; and requires group health benefits to be maintained during the leave. Employees are entitled to return to their same or an equivalent job at the end of their FMLA leave.
- Leave available for:
  - ◊ Birth of child or placement of a child for adoption or foster care
  - ◊ To care for the employee's spouse, child, or parent who has a qualifying serious health condition
  - ◊ For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job
- Eligibility:
  - ◊ Have worked for HEB ISD for at least 12 months; AND
  - ◊ Have at least 1250 hours of service in the 12 months before taking leave.

If you need to be out for more than 4 consecutive workdays due to sickness self or family sickness or want to request FMLA, please contact: Kelley Farr, Benefits & Leaves Specialist, 817-399-2085, [Benefits@hebisd.edu](mailto:Benefits@hebisd.edu)

## Bereavement (Funeral Leave)

- Use of state leave and/or local sick leave for a death in the immediate family must not exceed ten workdays per occurrence, subject to the approval of the District. The ten workdays do not have to be used consecutively but must be taken within the employee's duty year of when the family member's death occurred.
- Use of state leave for the death of a non-immediate family member must not exceed a total of five workdays per school year, subject to the approval of the District. Bereavement documentation may be required.

## Worker Compensation Leave

- If you choose to go to the doctor during working hours, you must use ½ or 1 full sick day.
- If your doctor has taken you off work or your restrictions cannot be accommodated, you will use your available accrued sick, personal, or vacation leave for your absences.
- Under District policy, if you become eligible to receive temporary income benefits (TIBS) from workers' compensation, you may also be eligible for additional wage benefits if you have available accrued leave. If you do not have available accrued leave, your total income benefits will be paid by workers' compensation on a percentage of your average weekly wage.
- If eligible for FMLA, in accordance with the policies, DEC-(Legal) and DEC-(Local) of HEB ISD, Family Medical Leave will begin after the fourth consecutive day of absence and can run concurrently with workers' compensation leave for up to twelve weeks.

## Human Resources Twitter

Follow us on Twitter: [@HEBISDPeople](https://twitter.com/HEBISDPeople)



### What to do when you are injured on the job

1. All on-the-job injuries MUST be reported to your supervisor immediately – even if you don't think you will need medical treatment or need to be off of work.
2. The injured worker must complete the First Report of Injury form within 3 days of an injury. Contact your school nurse, your supervisor, or the Benefits Office to obtain a copy of the First Report of Injury form.

### In case of an emergency...

If you are hurt at work and it is a life-threatening emergency, you should go to the nearest emergency room. If you are injured at work after normal business hours or while working outside your service area, you should go to the nearest care facility. After you receive emergency care, you may need ongoing care. You will need to select a treating doctor from the provider list. The doctor you choose will oversee the care you receive for your work-related injury. Except for emergency care, you must obtain all health care and specialist referrals through your treating doctor.

### Seeking Medical Treatment

If you are injured on the job and need to seek medical treatment, you must see a doctor that is on the District's approved list of treating doctors. You have 30 days from the date of your injury to seek medical treatment.

1. Obtain a list of approved doctors from your supervisor, campus nurse, or the Benefits Office.
2. When you visit the doctor, you must give him/her the "Authorization for Treatment form".

### Employee's Responsibilities

1. After each doctor's appointment, you must contact HEB ISD Benefits Office – Maria Ortiz at (817) 399-2056.
2. If the doctor gives you work restrictions, you may not return to work until you contact the Benefits Office and obtain approval to return to work.
3. You must schedule follow-up doctor appointments before or after school. If you choose to go to the doctor during work hours, you must use 1/2 or 1 full sick day.
4. You must attend all doctor's appointments.

### Workers Compensation Third Party Administrator (TPA) Contact Information

**TPA:** TRISTAR

For more information scan this QR code

**Adjuster:** Frank Walsh

**Phone Number:** (877) 500-0860 ext. 2835

**Email:** [frank.walsh@tristargroup.net](mailto:frank.walsh@tristargroup.net)

**Fax:** (214) 492-5602

**Mailing Address:** TRISTAR

PO Box 2805

Clinton, IA 52733-2805



or visit <https://bit.ly/hebisdwc>

### Questions?

If you have questions, please contact Maria Ortiz in the Benefit Office at HEB ISD. Her phone number is (817) 399-2056.

PLEASE REFER TO POLICY DEC (LOCAL & REGULATION). BELOW IS ONLY A GENERAL SUMMARY OF THE POLICY.

The purpose of the sick leave bank is to provide additional sick leave days for members of the bank who have exhausted all available paid leave because of the catastrophic injury or illness of the employee or the employee's immediate family member.

In order to become a member of the sick leave bank, an employee must donate 3 days of local leave. This is a one-time donation. Once an employee is a member of the sick leave bank, he/she is a lifetime member. Additional days may be needed, please see the policy for more details.

All local sick, state personal, old state and vacation days must be exhausted before days from the sick leave bank may be used.

Sick leave bank days are available to use for an employee, spouse, or child's illness or injury or a parent receiving hospice or end-of-life care.

The employee must be absent for no fewer than 20 workdays to be eligible to request days from the sick leave bank.

Applications for sick leave bank must be submitted within 15 workdays from the first date of missed work or 15 days prior to the exhaustion of all available leave days.

Maximum # of days that can be used:

- Employee's illness – 30 days per school year
- Spouse or child's illness – 30 days per school year; 60 days lifetime maximum
- Parent-10 days per school year; 20 days lifetime maximum

A committee will determine whether the request for sick leave days is approved or denied.

Members of the bank who, during the previous school year, found it necessary to use the benefits of the bank must donate three days or the actual number of days used, whichever is less, at the beginning of the next school year.

### Qualifying Illness/Injury

- Catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by that employee and to lose compensation from the District. Such conditions typically require prolonged hospitalization or recovery; not a passing disorder or temporary ailment; or are expected to result in disability or death.
- Complications of pregnancy and childbirth that pose an immediate medical threat
- Cancer-related intermittent treatment (i.e. chemo, radiation)

### Not Covered:

- A procedure that could be scheduled, without detriment to the employee's health, at a time more compatible with the member's work responsibilities (i.e Spring Break, Summer, Christmas Break)
- Pre-existing Conditions – Absences caused by conditions existing at the time of application for bank membership will not be covered for one year from the date of enrollment in the bank
- Examples of conditions that are not covered – Hysterectomy, joint replacement (hip, knee, shoulder, etc.), general illness (flu, cold, etc.), non-complicated pregnancy, broken bone, general surgery, etc.

## Section 125 Cafeteria Plan Guidelines

A Cafeteria plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit. Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefits Office within 30 days of your qualifying event and meet with your Benefits Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

CHANGES IN STATUS (CIS):	QUALIFYING EVENTS
<b>Marital Status</b>	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
<b>Change in Number of Tax Dependents</b>	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
<b>Change in Status of Employment Affecting Coverage Eligibility</b>	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
<b>Gain/Loss of Dependents' Eligibility Status</b>	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
<b>Judgment/Decree/Order</b>	If a judgment, decree, or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
<b>Eligibility for Government Programs</b>	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

## Annual Enrollment

During your annual enrollment period, you have the opportunity to review, change or continue benefit elections each year.

Changes are not permitted during the plan year (outside of annual enrollment) unless a Section 125 qualifying event occurs.

- Changes, additions or drops may be made only during the annual enrollment period without a qualifying event.
- Employees must review their personal information and verify that dependents they wish to provide coverage for are included in the dependent profile. Additionally, you must notify your employer of any discrepancy in personal and/or benefit information.
- Employees must confirm on each benefit screen (medical, dental, vision, etc.) that each dependent to be covered is selected in order to be included in the coverage for that particular benefit.

## New Hire Enrollment

All new hire enrollment elections must be completed in the online enrollment system within the first 30 days of benefit eligible employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

## Q&A

### Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefit Office or you can call Financial Benefit Services at (866) 914-5202 for assistance.

### Where can I find forms?

For benefit summaries and claim forms, go to your benefit website: [www.mybenefitshub.com/hebisd](http://www.mybenefitshub.com/hebisd). Click the benefit plan you need information on (i.e., Dental) and you can find the forms you need under the Benefits and Forms section.

### How can I find a Network Provider?

For benefit summaries and claim forms, go to the Hurst-Euleless-Bedford ISD benefit website: [www.mybenefitshub.com/hebisd](http://www.mybenefitshub.com/hebisd). Click on the benefit plan you need information on (i.e., Dental) and you can find provider search links under the Quick Links section.

### When will I receive ID cards?

If the insurance carrier provides ID cards, you can expect to receive those 3-4 weeks after your effective date. For most dental and vision plans, you can login to the carrier website and print a temporary ID card or simply give your provider the insurance

company's phone number and they can call and verify your coverage if you do not have an ID card at that time. If you do not receive your ID card, you can call the carrier's customer service number to request another card.

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

## Helpful Definitions

### Actively-at-Work:

You are performing your regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires you to travel. If you will not be actively at work beginning 9/1/2023 please notify your benefits administrator.

### Annual Deductible

The amount you pay each plan year before the plan begins to pay covered expenses.

### Co-insurance

After any applicable deductible, your share of the cost of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

### Guaranteed Coverage

The amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed coverage is only available during initial eligibility period. Actively-at-work and/or pre-existing condition exclusion provisions do apply, as applicable by carrier.

### In-Network

Doctors, hospitals, optometrists, dentists and other providers who have contracted with the plan as a network provider.

### Out-of-Pocket Maximum

The most an eligible or insured person can pay in co-insurance for covered expenses.

### Plan Year

September 1st through August 31st

### Pre-Existing Conditions

Applies to any illness, injury or condition for which the participant has been under the care of a health care provider, taken prescription drugs or is under a health care provider's orders to take drugs, or received medical care or services (including diagnostic and/or consultation services).

## Employee Eligibility Requirements

**Supplemental Benefits:** Eligible employees must work 20 or more regularly scheduled hours each work week.

Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date. For example, if your 2023 benefits become effective on September 1, 2023, you must be actively-at-work on September 1, 2023 to be eligible for your new benefits.

## Dependent Eligibility Requirements

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

PLAN	MAXIMUM AGE
Medical	To age 26
Dental	To age 26
Vision	To age 26
Medical Flex	IRS Tax Dependent
Health Savings Account	IRS Tax Dependent
Hospital Indemnity	To age 26
Voluntary Life	To age 26
Critical Illness	To age 26
Legal Services	19 or to 26 if full time student*

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

**Potential Spouse Coverage Limitations:** When enrolling in coverage, please keep in mind that some benefits may not allow you to cover your spouse as a dependent if your spouse is enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Financial Benefit Services, or contact the insurance carrier for additional information on spouse eligibility.

**FSA/HSA Limitations:** Please note, in general, per IRS regulations, married couples may not enroll in both a Flexible Spending Account (FSA) and a Health Savings Account (HSA). If your spouse is covered under an FSA that reimburses for medical expenses then you and your spouse are not HSA eligible, even if you would not use your spouse's FSA to reimburse your expenses. However, there are some exceptions to the general limitation regarding specific types of FSAs. To obtain more information on whether you can enroll in a specific type of FSA or HSA as a married couple, please reach out to the FSA and/or HSA provider prior to enrolling or reach out to your tax advisor for further guidance.

**Potential Dependent Coverage Limitations:** When enrolling for dependent coverage, please keep in mind that some benefits may not allow you to cover your eligible dependents if they are enrolled for coverage as an employee under the same employer. Review the applicable plan documents, contact Financial Benefit Services, or contact the insurance carrier for additional information on dependent eligibility.

**Disclaimer:** You acknowledge that you have read the limitations and exclusions that may apply to obtaining spouse and dependent coverage, including limitations and exclusions that may apply to enrollment in Flexible Spending Accounts and Health Savings Accounts as a married couple. You, the enrollee, shall hold harmless, defend, and indemnify Financial Benefit Services, LLC from any and all claims, actions, suits, charges, and judgments whatsoever that arise out of the enrollee's enrollment in spouse and/or dependent coverage, including enrollment in Flexible Spending Accounts and Health Savings Accounts.

If your dependent is disabled, coverage may be able to continue past the maximum age under certain plans. If you have a disabled dependent who is reaching an ineligible age, you must provide a physician's statement confirming your dependent's disability. Contact your Benefit Office to request a continuation of coverage.

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
<b>Description</b>	Approved by Congress in 2003, HSAs are actual bank accounts in employee's names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles and certain services not covered by medical plan, tax-free. This also allows employees to pay for qualifying dependent care tax-free.
<b>Employer Eligibility</b>	A qualified high deductible health plan.	All employers
<b>Contribution Source</b>	Employee and/or employer	Employee and/or employer
<b>Account Owner</b>	Individual	Employer
<b>Underlying Insurance Requirement</b>	High deductible health plan	None
<b>Minimum Deductible</b>	\$1,500 single (2023) \$3,000 family (2023)	N/A
<b>Maximum Contribution</b>	\$3,850 single (2023) \$7,750 family (2023) 55+ catch up and \$1,000	\$2,700 (2023)
<b>Permissible Use Of Funds</b>	Employees may use funds any way they wish. If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
<b>Cash-Outs of Unused Amounts (if no medical expenses)</b>	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
<b>Year-to-year rollover of account balance?</b>	Yes, will roll over to use for subsequent year's health coverage.	No.
<b>Does the account earn interest?</b>	Yes	No
<b>Portable?</b>	Yes, portable year-to-year and between jobs.	No

FLIP TO  
FOR HSA INFORMATION

PG. 25

FLIP TO  
FOR FSA INFORMATION

PG. 26

## Notes

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



# 2023-2024 HEB ISD Health Insurance TRS

## EMPLOYEE BENEFITS

### ABOUT MEDICAL

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

For full plan details, please visit your benefit website:

[www.mybenefitshub.com/hebisd](http://www.mybenefitshub.com/hebisd)



In Network Benefits	ActiveCare Primary		ActiveCare Primary +		ActiveCare HD		Scott & White HMO	
Medical Benefits					Deductible must be met before benefit are paid; HSA Compatible			
<b>Deductible</b>								
Individual	\$2,500		\$1,200		\$3,000		\$2,400	
Family	\$5,000		\$2,400		\$6,000		\$4,800	
<b>Maximum Out-of-Pocket</b> (includes deductible, coinsurance & copays)								
Individual	\$7,500		\$6,900		\$7,500		\$8,150	
Family	\$15,000		\$13,800		\$15,000		\$16,300	
Coinsurance	30%		20%		30%		25%	
Preventive Care	Plan pays 100%		Plan pays 100%		Plan pays 100%		Plan pays 100%	
<b>Office Visit Copay</b>								
PCP / Specialist	\$30 / \$70		\$15 / \$70		30% <sup>1</sup>		\$20 <sup>2,3</sup> / \$70	
Virtual Health	\$0 <sup>4</sup> / \$12 <sup>5</sup>		\$0 <sup>4</sup> / \$12 <sup>5</sup>		\$30 <sup>4</sup> / \$42 <sup>5</sup>		Plan pays 100% <sup>6</sup>	
Urgent Care	\$50		\$50		30% <sup>1</sup>		\$45	
Emergency Room	30% <sup>1</sup>		20% <sup>1</sup>		30% <sup>1</sup>		\$500 copay <sup>1</sup>	
Inpatient Hospitalization	30% <sup>1</sup>		20% <sup>1</sup>		30% <sup>1</sup>		25% <sup>1</sup>	
<b>Other Plan Features</b>								
Out of Network Benefits?	<b>NO</b>		<b>NO</b>		YES		<b>NO</b>	
Network	<b>Statewide</b>		<b>Statewide</b>		Nationwide		<b>Statewide</b>	
Primary Care Provider (PCP) required?	<b>YES</b>		<b>YES</b>		NO		NO	
Referrals needed to see a specialist?	<b>YES</b>		<b>YES</b>		NO		NO	
<b>Prescription Drugs</b>								
Drug Deductible	Subject to medical deductible		\$0 Generic \$200 Brand		Subject to medical deductible		\$0 Generic \$200 Brand	
Tier 1- Generic	\$15 <sup>9</sup>		\$15		20% <sup>1,9</sup>		\$14 <sup>10</sup>	
Tier 2- Preferred Brand	30% <sup>1</sup>		25% <sup>7</sup>		25% <sup>1</sup>		35% <sup>7</sup>	
Tier 3- Non-Pref Brand	50% <sup>1</sup>		50% <sup>7</sup>		50% <sup>1</sup>		50% <sup>7</sup>	
Specialty Drugs	30% <sup>1,8</sup>		30% <sup>7,8</sup>		20% <sup>1</sup>		35% <sup>7</sup>	
<b>Premiums</b>	<b>Monthly</b>	<b>Semi-Monthly</b>	<b>Monthly</b>	<b>Semi-Monthly</b>	<b>Monthly</b>	<b>Semi-Monthly</b>	<b>Monthly</b>	<b>Semi-Monthly</b>
Employee Only	\$236	<b>\$118.00</b>	\$316	<b>\$158.00</b>	\$250	<b>\$125.00</b>	\$371.96	<b>\$185.98</b>
Employee & Spouse	\$1,020	<b>\$510.00</b>	\$1,182	<b>\$591.00</b>	\$1,058	<b>\$529.00</b>	\$1,276.90	<b>\$638.45</b>
Employee & Child(ren)	\$559	<b>\$279.50</b>	\$695	<b>\$347.50</b>	\$583	<b>\$291.50</b>	\$735.68	<b>\$367.84</b>
Employee & Family	\$1,343	<b>\$671.50</b>	\$1,561	<b>\$780.50</b>	\$1,390	<b>\$695.00</b>	\$1,503.86	<b>\$751.93</b>

- After the MEDICAL deductible has been met
- First in-person sick visit \$0 copay
- No copay for PCP visits for dependents age 19 and under
- RediMD
- Teladoc
- MDLive or MyBSWHealth
- After the PRESCRIPTION deductible has been met
- \$0 if SaveOnSP eligible
- Certain generic preventive drugs are covered 100%
- ACA Preventive Drugs- \$0 copay

*Where the west begins is where TRS-ActiveCare rides with you on your health care journey.*



## TRS-ActiveCare Plan Highlights 2023-24



### Learn the Terms.

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

# 2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 –

## How to Calculate Your Monthly Premium

Total Monthly Premium

– Your District and State Contributions

= **Your Premium**

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

## Wellness Benefits at No Extra Cost\*

Being healthy is easy with:

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

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

## New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

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

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

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$461	<b>\$236</b>	\$541
Employee and Spouse	\$1,245	<b>\$1,020</b>	\$1,407
Employee and Children	\$784	<b>\$559</b>	\$920
Employee and Family	\$1,568	<b>\$1,343</b>	\$1,786

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$7,500/\$15,000	\$7,500/\$15,000
Network	Statewide Network	Statewide Network
PCP Required	Yes	Yes

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

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

Prescription Drugs		
Drug Deductible	Integrated with medical	\$200 deductible
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred	You pay 30% after deductible	You pay 30% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Each includes a wide range of wellness benefits.

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

	Your Premium	Total Premium	Your Premium
	\$316	\$475	\$250
	\$1,182	\$1,283	\$1,058
	\$695	\$808	\$583
	\$1,561	\$1,615	\$1,390

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

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

\$50 copay	You pay 30% after deductible	You pay 50% after deductible
You pay 20% after deductible	You pay 30% after deductible	
\$0 per medical consultation	\$30 per medical consultation	
\$2 per medical consultation	\$42 per medical consultation	

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

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

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

Total Premium	Your Premium
\$1,013	\$788
\$2,402	\$2,177
\$1,507	\$1,282
\$2,841	\$2,616

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

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

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

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



# What's New and What's Changing

This table shows you the changes between 2022-23 premium price and this year's 2023-24 regional price for your Education Service Center.

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
TRIS-ActiveCare Primary	Employee Only	\$417	\$461	\$44	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500.</li> <li>Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.</li> <li>Teladoc virtual mental health visit copay decreased from \$70 to \$0.</li> </ul>
	Employee and Spouse	\$1,176	\$1,245	\$69	
	Employee and Children	\$751	\$784	\$33	
	Employee and Family	\$1,405	\$1,568	\$163	
TRIS-ActiveCare HD	Employee Only	\$429	\$475	\$46	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500.</li> <li>Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000.</li> </ul> <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$1,209	\$1,283	\$74	
	Employee and Children	\$772	\$808	\$36	
	Employee and Family	\$1,445	\$1,615	\$170	
TRIS-ActiveCare Primary+	Employee Only	\$525	\$541	\$16	<ul style="list-style-type: none"> <li>Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.</li> <li>Primary care provider and mental health copays decreased from \$30 to \$15.</li> <li>Teladoc virtual mental health visit copay decreased from \$70 to \$0.</li> </ul>
	Employee and Spouse	\$1,284	\$1,407	\$123	
	Employee and Children	\$845	\$920	\$75	
	Employee and Family	\$1,614	\$1,786	\$172	
TRIS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> <li>No changes.</li> <li>This plan is still closed to new enrollees.</li> </ul>
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

At a Glance			
	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2023

## Compare Prices for Common Medical Services

### REMEMBER:

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


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

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

## 2023-24 Health Maintenance Organization (HMO) Plans and Premiums for Select Regions of the State

**REMEMBER:** Remember that when you choose an HMO, you're choosing a regional network.

TRS contracts with HMOs in certain regions to bring participants in those areas additional options. HMOs set their own rates and premiums. They're fully insured products who pay their own claims.

	<b>Central and North Texas</b> <b>Baylor Scott &amp; White Health Plan</b> <i>Brought to you by TRS-ActiveCare</i>	<b>Blue Essentials - South Texas HMO</b> <i>Brought to you by TRS-ActiveCare</i>	<b>Blue Essentials - West Texas HMO</b> <i>Brought to you by TRS-ActiveCare</i>
	<b>You can choose this plan if you live in one of these counties:</b> Austin, Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Freestone, Grimes, Hamilton, Hays, Hill, Hood, Houston, Johnson, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Mills, Navarro, Robertson, Rockwall, Somervell, Tarrant, Travis, Walker, Waller, Washington, Williamson	<b>You can choose this plan if you live in one of these counties:</b> Cameron, Hidalgo, Starr, Willacy	<b>You can choose this plan if you live in one of these counties:</b> Andrews, Armstrong, Bailey, Borden, Brewster, Briscoe, Callahan, Carson, Castro, Childress, Cochran, Coke, Coleman, Collingsworth, Comanche, Concho, Cottle, Crane, Crockett, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Eastland, Ector, Fisher, Floyd, Gaines, Garza, Glasscock, Gray, Hale, Hall, Hansford, Hartley, Haskell, Hemphill, Hockley, Howard, Hutchinson, Irion, Jones, Kent, Kimble, King, Knox, Lamb, Lipscomb, Llano, Loving, Lubbock, Lynn, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Parmer, Pecos, Potter, Randall, Reagan, Reeves, Roberts, Runnels, San Saba, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Swisher, Taylor, Terry, Throckmorton, Tom Green, Upton, Ward, Wheeler, Winkler, Yoakum

Total Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$596.96	\$ 371.96	N/A	\$	N/A	\$
Employee and Spouse	\$1,501.90	\$ 1,276.90	N/A	\$	N/A	\$
Employee and Children	\$960.68	\$ 735.68	N/A	\$	N/A	\$
Employee and Family	\$1,728.86	\$ 1,503.86	N/A	\$	N/A	\$

Plan Features			
Type of Coverage	In-Network Coverage Only	N/A	N/A
Individual/Family Deductible	\$2,400/\$4,800	N/A	N/A
Coinsurance	You pay 25% after deductible	N/A	N/A
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	N/A	N/A

Doctor Visits			
Primary Care	\$20 copay	N/A	N/A
Specialist	\$70 copay	N/A	N/A

Immediate Care			
Urgent Care	\$45 copay	N/A	N/A
Emergency Care	\$500 copay after deductible	N/A	N/A

Prescription Drugs			
Drug Deductible	\$200 (excl. generics)	N/A	N/A
Days Supply	30-day supply/90-day supply	N/A	N/A
Generics	\$14/\$35 copay	N/A	N/A
Preferred Brand	You pay 35% after deductible	N/A	N/A
Non-preferred Brand	You pay 50% after deductible	N/A	N/A
Specialty	You pay 35% after deductible	N/A	N/A

[www.trs.texas.gov](http://www.trs.texas.gov)



### ABOUT LIFE AND AD&D

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

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

For full plan details, please visit your benefit website:

**[www.mybenefitshub.com/hebisd](http://www.mybenefitshub.com/hebisd)**



***Who is eligible for this coverage?***

All actively employed employees working at least 30 hours each week for your employer in the U.S.

***What is the coverage amount?***

**Your employer is providing you with \$5,000 of term life insurance. You will also receive \$5,000 of Accidental Death and Dismemberment insurance.**

***Is it portable (can I keep it if I leave my employer)?***

If you retire, reduce your hours or leave your employer, you can continue coverage at the group rate.

***What does my AD&D insurance pay for?***

The full benefit amount is paid for loss of:

- Life
- Both hands or both feet or sight of both eyes
- One hand and one foot
- One hand and the sight of one eye
- Speech and hearing

***Does this plan include help with work-life balance?***

Yes. Our work-life balance employee assistance program (EAP) provides professional advice for a wide range of personal and work-related issues. The service is available to you and your family members 24 hours a day, 365 days a year. It provides resources to help you find solutions to everyday issues — such as financing a car or selecting child care — as well as more serious problems, such as alcohol or drug addiction, divorce or relationship problems. There is no additional charge for using the program, and you do not have to have filed a disability claim or be receiving benefits to use the program.

***What else is included with this policy?***

Worldwide emergency travel assistance is included with this long term disability plan. Emergency travel assistance is available to you, your spouse\* and your dependent children when you travel to any foreign country, including Canada or Mexico. It is also available anywhere in the United States when you travel just 100 or more miles from home.

\* A spouse traveling on business for his or her employer is not covered by the program

# Employee Assistance Program (EAP)

## UNUM

## EMPLOYEE BENEFITS

### ABOUT EAP

An Employee Assistance Program (EAP) is a program that assists you in resolving problems such as finding child or elder care, relationship challenges, financial or legal problems, etc. **This program is provided by your employer at no cost to you.**

For full plan details, please visit your benefit website:

**[www.mybenefitshub.com/hebisd](http://www.mybenefitshub.com/hebisd)**



### Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.

### Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor\* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief and loss
- And more

### Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues.

Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Legal questions
- Identity theft
- Financial services, debt management, credit report issues
- Even reducing your medical/dental bills!
- And more

### Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™—helps you save on medical bills

### Who is covered?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

### Employee Assistance Program — Work/Life Balance

**Toll-free 24/7 access:**

**(800) 854-1446**

**(multi-lingual)**

**[www.unum.com/lifebalance](http://www.unum.com/lifebalance)**

### Help is easy to access:

Online/phone support: Unlimited, confidential, 24/7.

In-person: You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

\* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

# Health Savings Account (HSA)

## EECU

## EMPLOYEE BENEFITS

### ABOUT HSA

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

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



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

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

### HSA Eligibility

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

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

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

### Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual contribution maximum for 2023 is based on the coverage option you elect:

- Individual – \$3,850
- Family (filing jointly) – \$7,750

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

### Opening an HSA

If you meet the eligibility requirements, you may open an HSA administered by EECU. You will receive a debit card to manage your HSA account reimbursements. Keep in mind, available funds are limited to the balance in your HSA.

### Important HSA Information

- Always ask your health care provider to file claims with your medical provider so network discounts can be applied. You can pay the provider with your HSA debit card based on the balance due after discount.
- You, not your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.
- You may open an HSA at the financial institution of your choice, but only accounts opened through EECU are eligible for automatic payroll deduction and company contributions.

### How To Use Your HSA

- Online/Mobile: Sign-in for 24/7 account access to check your balance, pay bills and more.
- Call/Text: (817) 882-0800 EECU’s dedicated member service representatives are available to assist you with any questions. Their hours of operation are Monday through Friday from 8:00 a.m. to 7:00 p.m. CT, Saturday 9:00 a.m. to 1:00 p.m. CT and closed on Sunday.
- Lost/Stolen Debit Card: Call the 24/7 debit card hotline at (800) 333-9934.
- Stop by a local EECU financial center: [www.eecu.org/locations](http://www.eecu.org/locations)

# Flexible Spending Account (FSA)

## Higginbotham

## EMPLOYEE BENEFITS

### ABOUT FSA

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

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



### Health Care FSA

The Health Care FSA covers qualified medical, dental and vision expenses for you or your eligible dependents. You may contribute up to \$3,050 annually to a Health Care FSA and you are entitled to the full election from day one of your plan year. Eligible expenses include:

- Dental and vision expenses
- Medical deductibles and coinsurance
- Prescription copays
- Hearing aids and batteries

You may not contribute to a Health Care FSA if you enrolled in a High Deductible Health Plan (HDHP) and contribute to a Health Savings Account (HSA).

### Higginbotham Benefits Debit Card

The Higginbotham Benefits Debit Card gives you immediate access to funds in your Health Care FSA when you make a purchase without needing to file a claim for reimbursement. If you use the debit card to pay anything other than a copay amount, you will need to submit an itemized receipt or an Explanation of Benefits (EOB). If you do not submit your receipts, you will receive a request for substantiation. You will have 60 days to submit your receipts after receiving the request for substantiation before your debit card is suspended. Check the expiration date on your card to see when you should order a replacement card(s).

### Dependent Care FSA

The Dependent Care FSA helps pay for expenses associated with caring for elder or child dependents so you or your spouse can work or attend school full time. You can use the account to pay for day care or baby sitter expenses for your children under age 13 and qualifying older dependents, such as dependent parents. Reimbursement from your

Dependent Care FSA is limited to the total amount deposited in your account at that time. To be eligible, you must be a single parent or you and your spouse must be employed outside the home, disabled or a full-time student.

### Things to Consider Regarding the Dependent Care FSA

- Overnight camps are not eligible for reimbursement (only day camps can be considered).
- If your child turns 13 midyear, you may only request reimbursement for the part of the year when the child is under age 13.
- You may request reimbursement for care of a spouse or dependent of any age who spends at least eight hours a day in your home and is mentally or physically incapable of self-care.
- The dependent care provider cannot be your child under age 19 or anyone claimed as a dependent on your income taxes.

### Important FSA Rules

- The maximum per plan year you can contribute to a Health Care FSA is \$2,700. The maximum per plan year you can contribute to a Dependent Care FSA is \$5,000 when filing jointly or head of household and \$2,500 when married filing separately.
- You cannot change your election during the year unless you experience a Qualifying Life Event.
- You can continue to file claims incurred during the plan year for another 90 days after August 31<sup>st</sup>.
- Your Health Care FSA debit card can be used for health care expenses only. It cannot be used to pay for dependent care expenses.

# Flexible Spending Account (FSA)

## Higginbotham

## EMPLOYEE BENEFITS

### Over-the-Counter Item Rule Reminder

Health care reform legislation requires that certain over-the-counter (OTC) items require a prescription to qualify as an eligible Health Care FSA expense. You will only need to obtain a one-time prescription for the current plan year. You can continue to purchase your regular prescription medications with your FSA debit card. However, the FSA debit card may not be used as payment for an OTC item, even when accompanied by a prescription.

### Higginbotham Flex Mobile App

Easily access your Health Care FSA on your smartphone or tablet with the Higginbotham mobile app. Search for Higginbotham in your mobile device's app store and download as you would any other app.

- **View Accounts** – Includes detailed account and balance information
- **Card Activity** – Account information
- **SnapClaim** – File a claim and upload receipt photos directly from your smartphone
- **Manage Subscriptions** – Set up email notifications to keep up-to-date on all account and Health Care FSA debit card activity

Log in using the same username and password you use to log in to the Higginbotham Portal. **Note: You must register on the Higginbotham Portal in order to use the mobile app.**

### Higginbotham Portal

The Higginbotham Portal provides information and resources to help you manage your FSAs.

- Access plan documents, letters and notices, forms, account balances, contributions and other plan information

- Update your personal information
- Utilize Section 125 tax calculators
- Look up qualified expenses
- Submit claims
- Request a new or replacement Benefits Debit Card

### Register on the Higginbotham Portal

Visit <https://flexservices.higginbotham.net> and click Register. Follow the instructions and scroll down to enter your information.

- Enter your Employee ID, which is your Social Security number with no dashes or spaces.
- Follow the prompts to navigate the site.
- If you have any questions or concerns, contact Higginbotham:

- \* Phone – (866) 419-3519
- \* Email – [flexclaims@higginbotham.net](mailto:flexclaims@higginbotham.net)
- \* Fax – (866) 419-3516

### FSastore.Com

FSastore.com offers thousands of FSA-eligible products and services to purchase using your Higginbotham Benefits Debit Card or any major credit card. Competitive pricing and free shipping on orders over \$50 can save you up to 40% using your FSA pretax dollars. Visit FSA Store by logging into [www.fsastore.com](http://www.fsastore.com).

Flexible Spending Accounts			
Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over-the-counter medications)	\$2,700	Saves on eligible expenses not covered by insurance, reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, after-school programs or elder care programs) so you and your spouse can work or attend school full-time	\$5,000 single \$2,500 if married and filing separate tax returns	Reduces your taxable income



## ABOUT HOSPITAL INDEMNITY

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

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



### What is Hospital Confinement Indemnity Insurance?

Hospital Confinement Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital\*, critical care unit or rehabilitation facility that begins on or after your coverage effective date. The benefit amount is determined by the type of facility and the number of days you stay. You have the option to elect Hospital Confinement Indemnity Insurance to meet your needs. Hospital Confinement Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Features of Hospital Confinement Indemnity Insurance include:

- **Guaranteed Issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Payroll deductions:** Premiums paid through convenient payroll deductions.
- **Affordable coverage:** Rates are typically lower when you purchase coverage through your employer.
- **Portable:** If you leave your current employer, you can take the policy with you and select from a variety of payment plans.

\*A hospital does not include an institution or part of an institution used as: a hospice care unit; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. "Critical care unit" and "rehabilitative facility" are specifically defined in this policy. See the certificate for details.

### How can Hospital Confinement Indemnity Insurance help?

Below are a few examples of how your Hospital Confinement Indemnity Insurance benefit could be used (coverage amounts may vary):

- Medical expenses, such as deductibles and copays
- Travel, food and lodging expenses for family members
- Child care
- Everyday expenses like utilities and groceries

### What Hospital Confinement Indemnity Insurance benefits are available?

The following list is a summary of the benefits provided by Hospital Confinement Indemnity Insurance. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. You employer offers you the opportunity to purchase a daily benefit amount of \$100 or \$200. The benefit amount is determined by the type of facility in which you are confined:

- **Hospital**—The benefit payment is 1x the daily benefit amount (\$100 or \$200), up to 30 days per confinement.
- **Critical care unit (CCU)**—The benefit payment is 2x the daily benefit amount (\$200 or \$400), up to 15 days per confinement.
- **Rehabilitation facility**—The benefit payment is one-half of the daily benefit amount (\$50 or \$100), up to 30 days per confinement.
- **Initial Confinement Benefit:** This provides an additional payment of 10x the daily benefit amount after confinement in a hospital, critical care unit, or rehabilitation center. This benefit is limited to a maximum of four Initial Confinement Benefits per calendar year for all covered persons, but no more than one for each covered person.

Hospital Indemnity		
	\$100.00	\$200.00
Employee	\$16.19	\$32.38
Employee and Spouse	\$32.47	\$64.95
Employee and Child(ren)	\$24.18	\$48.36
Employee and Family	\$40.46	\$80.93

# Dental Insurance

## Cigna

## EMPLOYEE BENEFITS

### ABOUT DENTAL

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

For full plan details, please visit your benefit website:

[www.mybenefitshub.com/hebisd](http://www.mybenefitshub.com/hebisd)



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

**How to Find a Dentist:** Visit <https://hcpdirectory.cigna.com/> or call (800) 244-6224 to find an in-network dentist. Your network will be Total Cigna DPPO.

**How to Request a New ID Card:** You can request your dental id card by contacting Cigna directly at (800) 244-6224. You can also go to [www.mycigna.com](http://www.mycigna.com) and register/login to access your account. In addition, you can download the “MyCigna” app on your smartphone and access your id card right there on your phone.

Cigna Dental PPO - High Option				
Network Options	In-Network: Total Cigna DPPO Network		Out-of-Network: See Non-Network Reimbursement	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Reimbursable Charge	
<b>Policy Year Benefits Maximum</b> Applies to: Class I, II & III expenses	Year 1: \$1,000 Year 2: \$1,125 Year 3: \$1,250 Year 4: \$1,375		Year 1: \$1,000 Year 2: \$1,125 Year 3: \$1,250 Year 4: \$1,375	
<b>Policy Year Deductible</b>				
Individual	\$50		\$50	
Family	\$150		\$150	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
<b>Class I: Diagnostic &amp; Preventive</b> Oral Evaluations, Prophylaxis: routine cleanings, X-rays: routine, X-rays: non-routine, Fluoride Application, Sealants: per tooth, Space Maintainers: non-orthodontic, Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Class II: Basic Restorative</b> Restorative: fillings, Periodontics: minor and major, Oral Surgery: minor and major, Anesthesia: general and IV sedation, Repairs: Bridges, Crowns and Inlays, Repairs: Dentures, Denture Relines, Rebases and Adjustments, Crowns: prefabricated stainless steel / resin	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
<b>Class III: Major Restorative</b> Inlays and Onlays, Prosthesis Over Implant, Crowns: permanent cast and porcelain, Bridges and Dentures, Endodontics: minor and major	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
<b>Class IV: Orthodontia</b> Coverage for Employee and All Dependents Lifetime Benefits Maximum: \$1,000	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible



Cigna Dental PPO - Low Option				
Network Options	In-Network: Total Cigna DPPO Network		Out-of-Network: See Non-Network Reimbursement	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Reimbursable Charge	
<b>Policy Year Benefits Maximum</b>	Year 1: \$750 Year 2: \$875		Year 1: \$750 Year 2: \$875	
Applies to: Class I, II & III expenses	Year 3: \$1,000 Year 4: \$1,125		Year 3: \$1,000 Year 4: \$1,125	
<b>Policy Year Deductible</b>				
Individual	\$25		\$25	
Family	\$75		\$75	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
<b>Class I: Diagnostic &amp; Preventive</b>				
Oral Evaluations, Prophylaxis: routine cleanings, X-rays: routine, X-rays: non-routine, Fluoride Application, Sealants: per tooth, Space Maintainers: non-orthodontic, Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	Any amount over the Maximum Allowable Charge
<b>Class II: Basic Restorative</b>				
Restorative: fillings, Periodontics: minor and major, Oral Surgery: minor and major, Anesthesia: general and IV sedation, Repairs: Bridges, Crowns and Inlays, Repairs: Dentures, Denture Relines, Rebases and Adjustments, Crowns: prefabricated stainless steel / resin	70% After Deductible	30% After Deductible	70% After Deductible	30% After Deductible
<b>Class III: Major Restorative</b>				
Inlays and Onlays, Prosthesis Over Implant, Crowns: permanent cast and porcelain, Bridges and Dentures, Endodontics: minor and major	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible

## DHMO PLAN

If you enroll in the DHMO plan, you must select a Primary Care Dentist (PCD) from the DHMO network directory to manage your care. Each eligible dependent may choose their own PCD. The Patient Charge Schedule applies only when covered dental services are performed by your network dentist. Not all Network Dentist perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services. Dental services are unlimited; you pay fixed co-pays, there are no deductibles and there are no claim forms to file. There is no coverage for services provided without a referral from your PCD or if you seek care from out-of-network providers. Please refer to your benefit website for a full patient charge schedule and further details.

**How do I find an In-network Dentist?** Visit: <https://hcpdirectory.cigna.com/> or call (800) 244-6224 to find an in-network dentist. Your network will be Cigna Dental Care DHMO.

Dental						
	High DPPO		Low DPPO		DHMO	
	Monthly	Semi	Monthly	Semi	Monthly	Semi
Employee	\$43.33	\$21.67	\$28.29	\$14.15	\$14.19	\$7.10
Employee +1	\$86.08	\$43.04	\$58.28	\$29.14	\$26.96	\$13.48
Employee and Family	\$130.56	\$65.28	\$78.65	\$39.33	\$42.56	\$21.28

# Vision Insurance

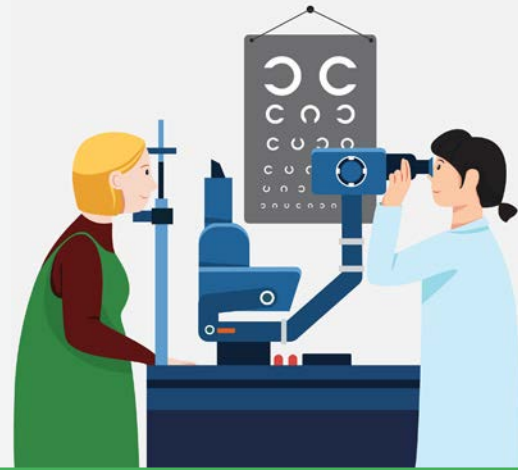
## Superior Vision

## EMPLOYEE BENEFITS

### ABOUT VISION

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

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



### Need help?

Contact (800) 507-3800 or visit [www.superiorvision.com](http://www.superiorvision.com) for assistance.

Exams		Services/frequency		Vision Monthly Premiums	
<b>Eye Exam Copay</b>	\$10	Exam	12 months	Employee	\$7.03
<b>Contact lens fitting<sup>2</sup></b> (standard & specialty)	\$0	Frame	24 months	Employee +1	\$13.65
<b>Specialty In-network allowance:</b>	\$50	Contact lens fitting	12 months	Employee and Family	\$20.04
<b>Retinal imaging copay</b> (Coverage for retinal imaging is an enhancement for eye examination)	Not to exceed \$39	Lenses	12 months		
		Contact lenses	12 months (based on date of service)		
Materials <sup>1</sup>		Frames		Contacts <sup>4</sup> in lieu of glasses	
Materials Copay	\$25	In-Network Allowance	\$130	In-Network Allowance	\$150
Lenses (per pair)	In-Network Coverage		Out-of-Network Reimbursement		
Single vision	Covered-in-full		Up to \$26		
Bifocal	Covered-in-full		Up to \$34		
Trifocal	Covered-in-full		Up to \$50		
Progressives	See description <sup>3</sup>		Up to \$50		
Factory scratch coat	Covered-in-full		Not covered		
Polycarbonate for dependent children	Covered-in-full		Not covered		

### LASIK Discounts<sup>5</sup>

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit [www.superiorvision.com](http://www.superiorvision.com) or contact your benefits coordinator.

### Hearing Aid Discounts<sup>5</sup>

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To

learn more, visit [www.superiorvision.com](http://www.superiorvision.com) or contact your benefits coordinator.

### Free Mobile App

With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

Lens Add-On Discounts <sup>5</sup>	Your Cost
Ultraviolet coating	\$12
Tints- solid / gradient	\$15 / \$18
Polycarbonate lenses for adults	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (standard / premium / ultra / ultimate)	\$55 / \$110 / \$150 / \$225
Anti-reflective coating (standard / premium / ultra / ultimate)	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80 / \$120
Overage Discounts <sup>5</sup>	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance
Non-Covered Services Discounts <sup>5</sup>	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$42
Eye exam (OD)	Up to \$42
Frame	Up to \$52
Contact lens fitting (standard / specialty) <sup>2</sup>	Not covered
Contact lenses	Up to \$100
Retinal imaging	Not covered

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

1. Materials co-pay applies to lenses and frames only, not contact lenses.
2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.
3. Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay
4. Contact lenses are in lieu of eyeglass lenses and frames benefit.
5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.

# Disability Insurance

## The Standard

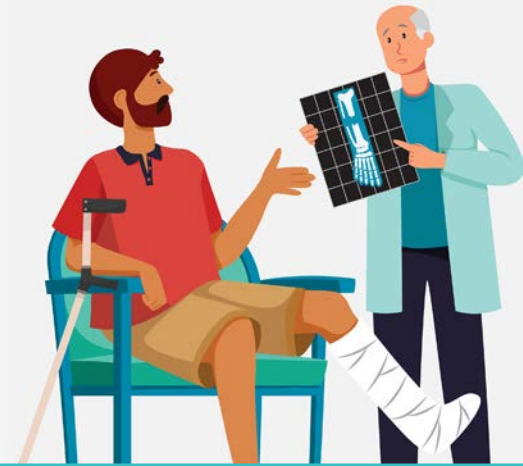
## EMPLOYEE BENEFITS

### ABOUT DISABILITY

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

For full plan details, please visit your benefit website:

[www.mybenefitshub.com/hebisd](http://www.mybenefitshub.com/hebisd)



Standard Insurance Company has developed this document to provide you with information about the optional insurance coverage you may select through the Hurst Euless Bedford Independent School District. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please check with your human resources representative.

**Employer Plan Effective Date:** The group policy effective date is September 1st.

**Eligibility:** To become insured, you must be:

- A regular employee of the Hurst Euless Bedford Independent School District, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- Actively at work at least 20 hours each week
- A citizen or resident of the United States or Canada

### Employee Coverage Effective Date:

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An eligibility waiting period of the first day of the month that follows the date you become an eligible employee
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

**Benefit Amount:** You may select a monthly benefit amount in \$100 increments from \$200 to \$11,000; based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly earnings.

- Benefits are payable for non-occupational disabilities only. Occupational disabilities are not covered.
- Plan Maximum Monthly Benefit: 66 2/3 percent of predisability earnings
- Plan Minimum Monthly Benefit: 10 percent of your LTD benefit before reduction by deductible income

### Benefit Waiting Period and Maximum Benefit Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The maximum benefit period is the period for which benefits are payable. The benefit waiting period and maximum benefit period associated with your plan options are shown below:

Option	Accidental Injury	Other Disability	Maximum Benefit Period
1	0 days	7 days	To Age 65 for both Sickness and Accident
2	14 days	14 days	To Age 65 for both Sickness and Accident
3	30 days	30 days	To Age 65 for both Sickness and Accident
4	60 days	60 days	To Age 65 for both Sickness and Accident
5	90 days	90 days	To Age 65 for both Sickness and Accident
6	180 days	180 days	To Age 65 for both Sickness and Accident

# Disability Insurance

## The Standard

## EMPLOYEE BENEFITS

Age	Maximum Benefit Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69and	1 year

**Options 1-6:** Maximum Benefit Period To Age 65 for Sickness and Accident

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

**First Day Hospital Benefit:** With this benefit, if an insured employee is admitted as a hospital inpatient for at least four hours during the Benefit Waiting Period, the Benefit Waiting Period will be satisfied. Benefits become payable on the date of hospitalization; the maximum benefit period also begins on that date. This feature is included only on LTD plans with Benefit Waiting Periods of 30 days or less.

**Preexisting Condition Period:** The 90-day period just before your insurance becomes effective Exclusion Period: 12 months

**Preexisting Condition Waiver:** For the first 45 days of disability, The Standard will pay full benefits even if you have a preexisting condition. After 45 days, The Standard will continue benefits only if the preexisting condition exclusion does not apply.

**Own Occupation Period:** For the plan's definition of disability, as described in your brochure, the own occupation period is the first 12 months for which LTD benefits are paid.

**Any Occupation Period:** The any occupation period begins at the end of the own occupation period and continues until the end of the maximum benefit period.

### Other LTD Features

- **Employee Assistance Program (EAP)** – This program offers support, guidance and resources that can help an employee resolve personal issues and meet life's challenges.
- **Special Dismemberment Provision** – If an employee suffers a lost as a result of an accident, the employee will be considered disabled for the applicable Minimum Benefit Period and can extend beyond the end of the Maximum Benefit Period
- **Reasonable Accommodation Expense Benefit** – Subject to The Standard's prior approval, this benefit allows us to pay up to \$25,000 of an employer's expenses toward work-site modifications that result in a disabled employee's return to work.
- **Survivor Benefit** – A Survivor Benefit may also be payable. This benefit can help to address a family's financial need in the event of the employee's death.

- **Return to Work (RTW) Incentive** – The Standard's RTW Incentive is one of the most comprehensive in the employee benefits history. For the first 12 months after returning to work, the employee's LTD benefit will not be reduced by work earnings until work earnings plus the LTD benefit exceed 100 percent of predisability earnings. After that period, only 50 percent of work earnings are deducted.
- **Rehabilitation Plan Provision** – Subject to The Standard's prior approval, rehabilitation incentives may include training and education expense, family (child and elder) care expenses, and job-related and job search expenses.

### When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

### Rates

Employees can select a monthly LTD benefit ranging from a minimum of \$200 to a maximum amount based on how much they earn. Referencing the appropriate attached charts, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

1. Find the maximum LTD benefit by locating the amount of your earnings in either the Annual Earnings or Monthly Earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
2. Select the desired monthly LTD benefit between the minimum of \$200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
3. In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly LTD benefit, the benefit waiting period, or the premium payment of your desired benefit, please contact your human resources representative.

Disability	
Waiting Period	Cost per Month per \$100 Coverage
0/7	\$4.87
14/14	\$4.28
30/30	\$3.72
60/60	\$2.19
90/90	\$1.90
180/180	\$1.47

## ABOUT CRITICAL ILLNESS

Critical illness insurance can be used towards medical or other expenses. It provides a lump sum benefit payable directly to the insured upon diagnosis of a covered condition or event, like a heart attack or stroke. The money can also be used for non-medical costs related to the illness, including transportation, child care, etc.

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



Critical Illness insurance provides financial protection by paying a lump sum benefit if you are diagnosed with a covered critical illness. To file a claim call UNUM at (800) 858-6843 or find claim form at [www.mybenefitshub.com/hebisd](http://www.mybenefitshub.com/hebisd).

<b>Who is eligible for this coverage?</b>	All employees in active employment in the United States working at least 20 hours per week and their eligible spouses and children (up to age 26 regardless of student or marital status).	
<b>What are the Critical Illness coverage amounts?</b>	The following coverage amounts are available. For you: <i>Select one of the following</i> \$10,000, \$20,000 or \$30,000 For your Spouse and Children: 100% of employee coverage amount	
<b>Can I be denied coverage?</b>	Coverage is guarantee issue.	
<b>When is coverage effective?</b>	Please see your Plan Administrator for your effective date of coverage. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.	
<b>What critical illness conditions are covered?</b>	<b>Covered Conditions*</b>	<b>Percentage of Coverage Amount</b>
	<b>Critical Illnesses</b>	
	Coronary Artery Disease (major)	50%
	Coronary Artery Disease (minor)	10%
	End Stage Renal (Kidney) Failure	100%
	Heart Attack (Myocardial Infarction)	100%
	Major Organ Failure Requiring Transplant	100%
	Stroke	100%
	<b>Cancer</b>	
	Invasive Cancer (including all Breast Cancer)	100%
	Non-Invasive Cancer	25%
	Skin Cancer	\$500
	<b>Supplemental Critical Illnesses</b>	
	Benign Brain Tumor	100%
	Coma	100%
	Loss of Hearing	100%
	Loss of Sight	100%
	Loss of Speech	100%
	Infectious Disease	25%
	Occupational Human Immunodeficiency Virus (HIV) or Hepatitis	100%
	Permanent Paralysis	100%

## What critical illness conditions are covered? (cont'd)

### Progressive Diseases

Amyotrophic Lateral Sclerosis (ALS)	100%
Dementia (including Alzheimer's Disease)	100%
Functional Loss	100%
Multiple Sclerosis (MS)	100%
Parkinson's Disease	100%

### Additional Critical Illnesses for your Children

Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down Syndrome	100%
Spina Bifida	100%

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

## Are wellness Screenings covered?

Each insured is eligible to receive one Be Well Benefit per calendar year.  
Be Well Benefit For you, your spouse and your children: \$100  
Be Well Screenings include tests for the following: cholesterol and diabetes, cancer and cardiovascular function. They also include imaging studies, immunizations and annual examinations by a Physician. See certificate for details.

## Pre-existing Conditions

We will not pay benefits for a claim when the covered loss occurs in the first 12 months following an insured's coverage effective date and the covered loss is caused by, contributed to by, or occurs as a result of any of the following:

- a pre-existing condition; or
- complications arising from treatment or surgery for, or medications taken for, a pre-existing condition.

An insured has a pre-existing condition if, within the 3 months just prior to their coverage effective date, they have an injury or sickness, whether diagnosed or not, for which:

- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period;
- drugs or medications were taken, or prescribed to be taken during that period; or symptoms existed.

The pre-existing condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage effective date refers to the date any initial coverage or increases in coverage become effective.

Critical Illness			
Employee Age	Employee or Spouse \$10,000	Employee or Spouse \$20,000	Employee or Spouse \$30,000
>25	\$7.12	\$9.22	\$11.32
25-29	\$8.02	\$11.02	\$14.02
30-34	\$9.12	\$13.22	\$17.32
35-39	\$11.02	\$17.02	\$23.02
40-44	\$13.32	\$21.62	\$29.92
45-49	\$16.32	\$27.62	\$38.92
50-54	\$19.82	\$34.62	\$49.42
55-59	\$25.52	\$46.02	\$66.52
60-64	\$34.02	\$63.02	\$92.02
65-69	\$47.62	\$90.22	\$132.82
70-74	\$71.92	\$138.82	\$205.72
75-79	\$104.12	\$203.22	\$302.32
80-84	\$149.62	\$294.22	\$438.82
85and	\$238.62	\$472.22	\$705.82



### ABOUT LIFE AND AD&D

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

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

For full plan details, please visit your benefit website:

[www.mybenefitshub.com/hebisd](http://www.mybenefitshub.com/hebisd)



### Plan Highlights

#### Who is eligible for this coverage?

All actively employed employees working at least 20 hours each week for your employer in the U.S. and their eligible spouses and children (up to age 26).

#### What are the Life Insurance coverage amounts?

- Employee: up to 5 times salary in increments of \$10,000; not to exceed \$500,000.
- Spouse: up to 100% of employee coverage amount in increments of \$5,000; not to exceed \$75,000.
- Child: up to 100% of employee coverage amount not to exceed \$10,000. The maximum death benefit for a child between the ages of live birth and six months is \$500.

#### What are the AD&D coverage amounts?

- Employee: up to 10 times salary in increments of \$10,000; not to exceed \$500,000. Spouse: 50% of employee coverage amount; not to exceed \$250,000.
- Child: 15% of employee coverage amount; not to exceed \$30,000.
- Spouse & Child: Spouse 40% of employee coverage amount and Child 10% of employee coverage amount; not to exceed \$30,000.

*Note: You may purchase AD&D coverage for yourself regardless of whether you purchase term life coverage. In order to purchase AD&D coverage for your dependents, you must buy coverage for yourself.*

#### Can I be denied coverage?

**Current employees:** If you and your eligible dependents are enrolled in the plan and wish to increase your life insurance coverage, you may apply on or before the enrollment deadline for any amount of additional coverage up to \$300,000 for yourself and any amount of additional coverage up to \$50,000 for your spouse. Any life insurance coverage over the guaranteed amount(s) will be subject to answers to health questions.

If you and your eligible dependents are not currently enrolled in the plan, you may apply for coverage on or before the enrollment

deadline and will be required to answer health questions for any amount of coverage.

**New employees:** To apply for coverage, complete your enrollment within 31 days of your eligibility period. If you apply for coverage after 31 days, or if you choose coverage over the amount you are guaranteed, you will need to complete a medical questionnaire which you can get from your plan administrator.

Voluntary Group Life		
Employee Age	Employee per \$10,000 in coverage	Spouse per \$5,000 in coverage
<20	\$0.24	\$0.12
20-24	\$0.38	\$0.19
25-29	\$0.40	\$0.20
30-34	\$0.53	\$0.27
35-39	\$0.75	\$0.38
40-44	\$0.95	\$0.48
45-49	\$1.36	\$0.68
50-54	\$2.24	\$1.12
55-59	\$3.96	\$1.98
60-64	\$5.72	\$2.86
65-69	\$10.09	\$5.05
70-74	\$16.15	\$8.08
75-79	\$15.44	\$7.72
80-84	\$15.44	\$7.72

Spouse rates based on employee age.

Child Life Voluntary Group Life - per \$10,000	
0-25	\$1.20
AD&D Rate Chart - Per \$10,000	
Employee	\$0.24
Employee and Family	\$0.33

### ABOUT LEGAL SERVICES

Legal plans provide benefits that cover the most common legal needs you may encounter- like creating a standard will, living will, healthcare power of attorney or buying a home.

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



### Why do you need legal coverage?

Never have to worry if it's worth calling an attorney again. You never know when a legal matter may affect you or your family, and there are times in life when it is a good idea to consult an attorney. Legal issues are complicated and disorienting. As many as 7 out of 10 of people you know will have the need for an attorney this year, according to the American Bar Association. This means that each year, only 30% of us will be lucky enough not to deal with the stress of a legal issue. And without the right help, legal matters are tough. Without legal benefits, issues can average anywhere from \$500.00 to \$7,000.00 per issue. The LegalGUARD Plan helps protect you, your family and your savings from unexpected legal costs for many issues.

We understand that when you have a legal need, it is the most important event in your life at that moment. We also know that finding the right attorney on your own can be stressful and dominate much of your time and attention. Protect yourself and your family with the great value of the LegalGUARD Plan.

We have been putting people in touch with quality local attorneys and helping them solve problems since 1971. Our processes are designed to help you save time and to make things less stressful. Also, the providers in our network must meet the most rigorous credentials standards in the market today.

### How does the plan work?

The right help when you need it the most. Finding the right type of attorney when a need arises can be one of the more stressful tasks when dealing with a legal matter. The right help is essential. There are many types of attorneys depending upon what type of issue someone may be facing. We help with this first step. We use our experience and relationships with our network providers to match you to the right type of attorney you need in the right location, with availability to set up a consultation with you. We see this step as a way to save you time, so you can get back to your busy schedule of work, kids or whatever may be just as important. This step alone can save you

hours. If you use an In Network attorney, you don't have to hassle with forms. LegalEASE works directly with the provider to provide your benefits.

We also always follow up to ensure everything is going well and to see how else we can be of assistance. We believe that quality service is essential, especially in a world today where quality service can be scarce.

So if you have a legal, financial, or identity need, to start getting the help you need, just give us a call. It's that easy. We will guide you through the steps and be right with you the entire way.

### LegalGUARD Plan Benefits

Benefits are designed to meet the typical needs of an employee and their family. There are no deductibles to worry about for covered services. Benefits cover the attorney's time. Other costs, such as filing fees, are not covered by legal benefits. Listed below are the types of matters that are covered by the new LegalGUARD Plan. The LegalGUARD plan offers convenience of In Network and Out of Network benefits. Many of the below areas are fully covered, unless noted.

#### Consultation

- Office Consultation\*
- Telephone Advice

#### Consumer

- Consumer Dispute
- Small Claims Court Representation\*
- Document Preparation:
  - » Simple Deed
  - » Promissory Note
  - » Consumer Dispute Correspondence Installment Sales Agreement
  - » Simple Affidavit
  - » General Power of Attorney
  - » Lease Agreement – Tenant Only
  - » Time Share Agreement

### Estate Planning and Wills

- Simple Will or Codicil\*
- Living Will
- Health Care Power of Attorney
- Living Trust Document
- Probate of Small Estate\*

### Financial

- Debt Collection Defense
  - » Pre-litigation defense activities
  - » Trial defense\*
- Bankruptcy (chapter 7 or 13)\*
- Tax Audit\*
- Foreclosure\*
- Financial Planning\*
- Savings Coaching\*
- Budgeting Coaching\*
- Credit Coaching\*
- Savings Coaching\*
- Debt Management Programs\*

### Home

- Purchase of Primary Residence
- Sale of Primary Residence
- Refinancing of Primary Residence
- Landlord/Tenant Dispute\*

### Civil

- Civil Litigation Defense\*

### Family

- Uncontested Separation\*
- Consent/default Divorce\*
- Uncontested Divorce\*
- Contested Divorce\*
- Name Change
- Guardianship/Conservatorship\*
- Governmental Agency Adoptions\*
- Stepparent Adoptions\*
- Juvenile Court Proceedings

### Criminal

- Traffic Defense (resulting in suspension or revocation of license)
- Administrative Proceeding (regarding suspension or revocation of license)
- Misdemeanor Defense\*

### Elder/Parents

- Consultation
- Review Documents\*
- Standard Wills Prepared\*
- Codicil\*
- Amendment to a single document\*
- Amendment(s) to spousal document\*
- Living Will\*
- Powers of Attorney\*

Enrollment Questions Call: 1(800) 248-9000

More Information at:

<https://www.legaleaseplan.com/content/heb>

### Meet LegalEASE<sup>sm</sup>

We believe people deserve to have a sense of safety and security, a peace of mind, when it comes to being protected in legal matters. How we do it is by providing an in-depth pool of resources to accommodate your legal needs. The LegalGUARD plan is underwritten by Virginia Surety Company, Inc.

LegalEASE Corporate Headquarters 5850 San Felipe, Suite 600  
Houston, Texas 77057

Member Services: 1(888) 416-4313

### LegalGUARD Covered Family Member Definition:

The Member's lawful spouse and children. Eligible Family Members are the Member's spouse and Member's unmarried dependent children, including stepchild, legally adopted child, child placed in the home for adoption and foster child, up to age 19, and from age 19 up to 26 years if they are enrolled in an accredited school or college as full-time student(s) and are primarily dependent upon the Member for support.

Legal Services	
Employee	\$16.91
Employee and Family	\$18.88

# Retirement Plans

## The Omni Group | TCG Administrators

## EMPLOYEE BENEFITS

### ABOUT RETIREMENT PLANS

A 403(b) plan is a U.S. tax-advantaged retirement savings plan available for public education organizations.

A 457(b) plan is a tax-deferred compensation plan provided for employees of certain tax-exempt, governmental organizations or public education institutions.

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



### 403(b) Plan

The Omni Group  
(877) 544-6664

[www.omni403b.com](http://www.omni403b.com)

#### What is a 403(b)?

A 403(b) plan is a retirement plan for certain employees of public schools, tax-exempt organizations, and ministers. Contributions are made under a Salary Reduction Agreement (SRA) with your employer. This agreement allows your employer to withhold money from your paycheck to be contributed directly into a 403(b) account for your benefit. Usually, you do not pay income tax on these contributions until you withdraw them from the account.

You have 35 and companies to choose from with a variety of investment types available (fixed annuity, fixed index annuity, variable annuity, investment advisory services, or mutual funds)

#### How to Enroll:

Step 1: Set up your 403b account with an approved vendor

Step 2: Complete the Salary Reduction Agreement with The Omni Group

There is an additional tax penalty on any funds withdrawn prior to retirement age

#### Maximum Contributions:

Annual Maximum- \$22,500  
Over age 50 Catch-up- \$7,500

### 457(b) Plan

TCG Administrators  
(800) 943-9179

<http://tcgservices.com/documents/#/255/457b>

#### What is a 457(b)?

The 457(b) plan is a type of deferred- compensation retirement plan that is available for governmental employers. The employer provides the plan and the employee defers compensation into it on a pre-tax basis. For the most part, the plan operates similarly to a 401(k) or 403(b) plan. The key difference is that there is no penalty for withdrawal before the age of 59½ (but subject to income tax).

HEB ISD has selected 1 company to provide our employees with the 457(b) plan. TCG Administrators offers several investment options.

Visit the website for a list of fees of service plan providers.

#### How to Enroll:

Complete the Salary Reduction Agreement with TCG Administrators

Plan password for enrolling online: **hurst457**

No penalty for early withdrawal (upon separation of service)

#### Maximum Contributions:

Annual Maximum- \$22,500  
Over age 50 Catch-up- \$7,500

## Notes

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

## Notes

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

## Notes

[illegible]



## 2023 - 2024 Plan Year



**Enrollment Guide General Disclaimer:** This summary of benefits for employees is meant only as a brief description of some of the programs for which employees may be eligible. This summary does not include specific plan details. You must refer to the specific plan documentation for specific plan details such as coverage expenses, limitations, exclusions, and other plan terms, which can be found at the Hurst-Euless-Bedford ISD Benefits Website. This summary does not replace or amend the underlying plan documentation. In the event of a discrepancy between this summary and the plan documentation the plan documentation governs. All plans and benefits described in this summary may be discontinued, increased, decreased, or altered at any time with or without notice.

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

[WWW.MYBENEFITSHUB.COM/HEBISD](http://WWW.MYBENEFITSHUB.COM/HEBISD)

