

2022 - 2023 Plan Year



# BURKBURNETT ISD

# **BENEFIT GUIDE**

EFFECTIVE: 09/01/2022 - 8/31/2023

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



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HOW TO  
ENROLL

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SUMMARY  
PAGES

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YOUR  
BENEFITS



# Benefit Contact Information

## BURKBURNETT ISD BENEFITS

Financial Benefit Services  
 (800) 583-6908  
[www.mybenefitshub.com/burkburnettisd](http://www.mybenefitshub.com/burkburnettisd)

## MEDICAL - TRS ACTIVECARE

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

## HEALTH SAVINGS ACCOUNT (HSA)

EECU  
 (800) 333-9934  
[www.eecu.org](http://www.eecu.org)

## HOSPITAL CARE

Cigna  
 (800) 362-4462  
[www.cigna.com](http://www.cigna.com)

## TELEHEALTH

MDLIVE  
 (888) 365-1663  
[www.mdlive.com/fbs](http://www.mdlive.com/fbs)

## DENTAL

Lincoln Financial Group  
 (800) 423-2765  
[www.lfg.com](http://www.lfg.com)

## VISION

Superior Vision  
 (800) 507-3800  
[www.superiorvision.com](http://www.superiorvision.com)

## DISABILITY

Cigna  
 (800) 362-4462  
[www.cigna.com](http://www.cigna.com)

## ACCIDENT

Cigna  
 (800) 754-3207  
[www.cigna.com](http://www.cigna.com)

## CRITICAL ILLNESS

Cigna  
 (800) 754-3207  
[www.cigna.com](http://www.cigna.com)

## LIFE AND AD&D

Lincoln Financial Group  
 (800) 423-2765  
[www.lfg.com](http://www.lfg.com)

## FLEXIBLE SPENDING ACCOUNT (FSA)

Higginbotham  
 (866) 419-3519  
<https://flexservices.higginbotham.net/>

## EMERGENCY MEDICAL TRANSPORT

MASA  
 (800) 423-3226  
[www.masamts.com](http://www.masamts.com)

## IDENTITY THEFT

Lifelock  
 (844) 698-8640  
[www.lifelock.com](http://www.lifelock.com)

## INDIVIDUAL LIFE

CHUBB  
 (855) 241-9821  
[csmail@gotoservice.chubb.com](mailto:csmail@gotoservice.chubb.com)

### Don't Forget!

- Login and complete your benefit enrollment from 07/18/2022 - 08/12/2022
- Enrollment assistance is available by calling Financial Benefit Services at (866) 914-5202.
- Update your information: home address, phone numbers, email, and beneficiaries.
- **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.



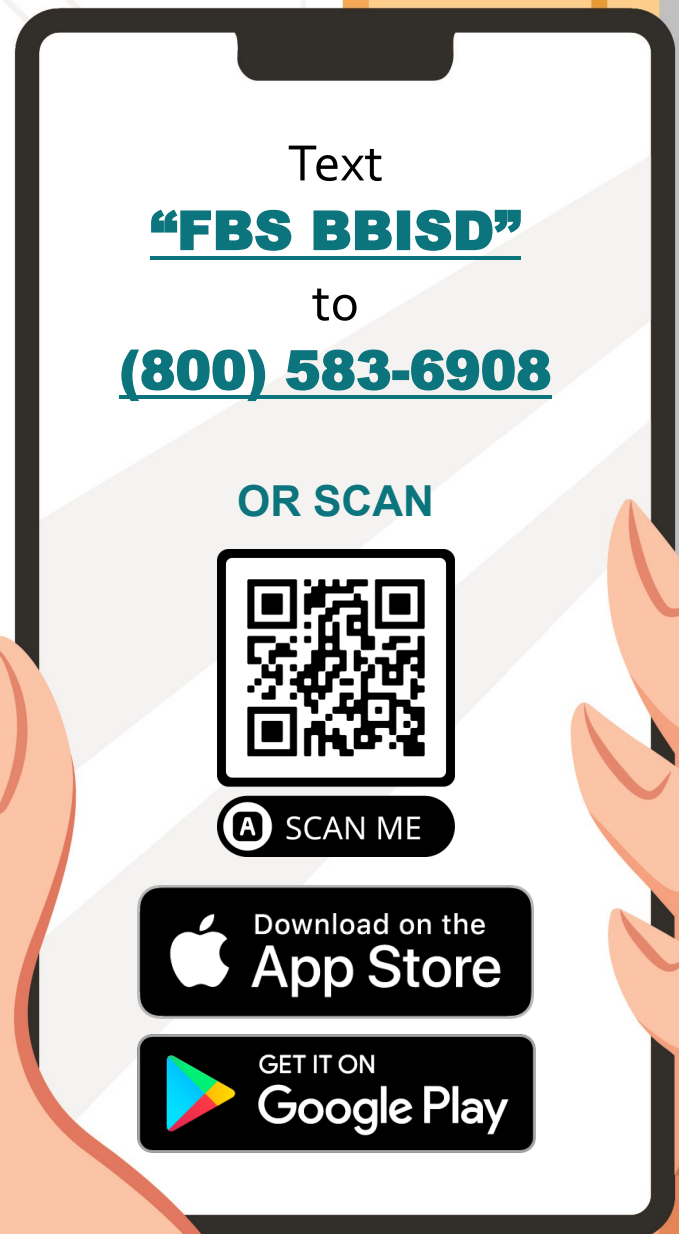
# All Your Benefits - One App

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

Text **“FBS BBISD”**  
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 #:  
**FBSBBISD**





# How to Log In

1

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

2

**CLICK LOGIN**

3

**ENTER USERNAME  
& PASSWORD**

**Your Username Is:**

Your email in THEbenefitsHUB. (Typically your work email)

**Your Password Is:**

Four (4) digits of your birth year followed by the last four (4) digits of your Social Security Number

*If you have previously logged in, you will use the password that you created, NOT the password format listed above.*

## 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 Benefits/HR department 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/burkburnettisd](http://www.mybenefitshub.com/burkburnettisd). 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 Burkburnett ISD benefit website: [www.mybenefitshub.com/burkburnettisd](http://www.mybenefitshub.com/burkburnettisd). 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.

## Section 125 Cafeteria Plan Guidelines

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

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 30 days of your qualifying event and meet with your Benefit/HR 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.

## 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 9/1/2022 please notify your benefits administrator.

## Annual Enrollment

The period during which existing employees are given the opportunity to enroll in or change their current elections.

## Annual Deductible

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

## Calendar Year

January 1st through December 31st

## Co-insurance

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

## Guaranteed Coverage

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

## In-Network

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

## Out-of-Pocket Maximum

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

## Plan Year

September 1st through August 31st

## Pre-Existing Conditions

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



## Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 20 or more regularly scheduled hours each work week, Bus Drivers 15 or more per 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 2022 benefits become effective on September 1,

2022, you must be actively-at-work on September 1, 2022 to be eligible for your new benefits.

## Dependent Eligibility Requirements

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

PLAN	MAXIMUM AGE
Medical	To 26
Medical Supplement	To 26
Health Savings Account	Tax Dependent
Telehealth	Unmarried to 26
Dental	To 26
Vision	To 26
Cancer	Unmarried to 25
Accident	To 26
Basic & Voluntary Term Life	To 26
Individual Life	To 25
FSA	To 26
Critical Illness	To 26
Emergency Transportation	To 26, including disabled children

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 HR/Benefit Administrator 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>	\$1,400 single (2022) \$2,800 family (2022)	N/A
<b>Maximum Contribution</b>	\$3,650 single (2022) \$7,300 family (2022)	\$2,850 (2022)
<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. Access to some funds may be extended if your employer's plan contains a 2 1/2-month grace period or \$500 rollover provision.
<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. 19**

**FLIP TO**  
FOR FSA INFORMATION

**PG. 29**



# Medical Insurance

## TRS-ActiveCare

### 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/burkburnettisd](http://www.mybenefitshub.com/burkburnettisd)



	Monthly Premium	District Contribution	Employee Cost
<b>TRS ActiveCare HD</b>			
Employee Only	\$422	\$422	\$0
Employee & Spouse	\$1,187	\$422	\$765
Employee & Child(ren)	\$757	\$422	\$335
Employee & Family	\$1,419	\$422	\$997
<b>TRS ActiveCare 2</b>			
Employee Only	\$1,013	\$422	\$591
Employee & Spouse	\$2,402	\$422	\$1,980
Employee & Child(ren)	\$1,507	\$422	\$1,085
Employee & Family	\$2,841	\$422	\$2,419
<b>TRS ActiveCare Primary</b>			
Employee Only	\$417	\$422	\$0
Employee & Spouse	\$1,176	\$422	\$754
Employee & Child(ren)	\$751	\$422	\$329
Employee & Family	\$1,405	\$422	\$983
<b>TRS ActiveCare Primary+</b>			
Employee Only	\$527	\$422	\$105
Employee & Spouse	\$1,288	\$422	\$866
Employee & Child(ren)	\$848	\$422	\$426
Employee & Family	\$1,620	\$422	\$1,198

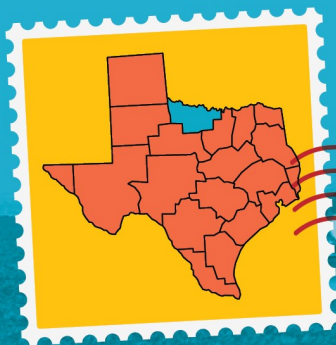
# LOCAL HEALTH CARE. TEXAS-SIZED BENEFITS.

## TRS-ActiveCare Plan Highlights 2022-23



From the North Texas plains to the Gulf Coast, TRS-ActiveCare is where you live and work. We have more Texas doctors than any other plan and more ways to make your health plan *yours*.

# TRS-ActiveCare REGION 9



### 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.



# 2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 –

## How to Calculate Your Monthly Premium

- Total Monthly Premium
- Your District and State Contributions

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- = **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.

## Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

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

	TRS-ActiveCare Primary	TRS-ActiveCare Secondary
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</li> <li>• Not compatible with HSA</li> <li>• No out-of-network coverage</li> </ul>

Monthly Premiums	Total Premium	Your Premium	Total Premium
Employee Only	\$417	\$	\$527
Employee and Spouse	\$1,176	\$	\$1,288
Employee and Children	\$751	\$	\$848
Employee and Family	\$1,405	\$	\$1,620

Plan Features		
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only
Individual/Family Deductible	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$8,150/\$16,300
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	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay; \$0 copay for certain generics
Preferred Brand	You pay 30% after deductible	You pay 30% after deductible
Non-preferred Brand	You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible	\$0 if PrudentRx 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.

ActiveCare Primary+	TRRS-ActiveCare HD
<p>More than the HD and Primary plans for services and drugs</p> <p>Preferred 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>

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

TRRS-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>

Plan	Your Premium	Total Premium	Your Premium
	\$	\$422	\$
	\$	\$1,187	\$
	\$	\$757	\$
	\$	\$1,419	\$

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

In-Network Coverage Only	In-Network	Out-of-Network
\$1,200/\$3,600	\$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	\$7,050/\$14,100	\$20,250/\$40,500
Statewide Network	Nationwide Network	
Yes	No	

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

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

\$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	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 PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
\$11 per 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$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 PrudentRx 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 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$417	\$417	<b>\$0</b>	<ul style="list-style-type: none"> <li>Member Rewards was expanded to include more than 100 new procedures</li> <li>Copay for Teladoc® rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</li> </ul>
	Employee and Spouse	\$1,176	\$1,176	<b>\$0</b>	
	Employee and Children	\$751	\$751	<b>\$0</b>	
	Employee and Family	\$1,405	\$1,405	<b>\$0</b>	
<b>TRS-ActiveCare HD</b>	Employee Only	\$429	\$422	<b>(\$7)</b>	<ul style="list-style-type: none"> <li>In-network maximum rose by \$50/individual; \$100/families</li> <li>The Member Rewards program is now available for HD participants                             <ul style="list-style-type: none"> <li>Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses</li> </ul> </li> <li>Consult fee for Teladoc rose from \$30 to \$42</li> </ul>
	Employee and Spouse	\$1,209	\$1,187	<b>(\$22)</b>	
	Employee and Children	\$772	\$757	<b>(\$15)</b>	
	Employee and Family	\$1,445	\$1,419	<b>(\$26)</b>	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$542	\$527	<b>(\$15)</b>	<ul style="list-style-type: none"> <li>Member Rewards was expanded to include more than 100 new procedures</li> <li>Copay for Teladoc rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</li> </ul>
	Employee and Spouse	\$1,334	\$1,288	<b>(\$46)</b>	
	Employee and Children	\$879	\$848	<b>(\$31)</b>	
	Employee and Family	\$1,675	\$1,620	<b>(\$55)</b>	
<b>TRS-ActiveCare 2 (closed to new enrollees)</b>	Employee Only	\$1,013	\$1,013	<b>\$0</b>	<ul style="list-style-type: none"> <li>Copay for Teladoc rose from \$0 to \$12</li> <li>Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply</li> <li>This plan is still closed to new enrollees</li> </ul>
	Employee and Spouse	\$2,402	\$2,402	<b>\$0</b>	
	Employee and Children	\$1,507	\$1,507	<b>\$0</b>	
	Employee and Family	\$2,841	\$2,841	<b>\$0</b>	

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, 2022



## Compare Prices for Common Medical Services

### REMEMBER:

Log into Blue Access for Members<sup>SM</sup> at [www.bcbstx.com/trsactivecare](http://www.bcbstx.com/trsactivecare) to use the cost estimator tool. This will help you find the best prices through different providers.

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 Personal Health Guide at 1-866-355-5999 with questions.


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

## 2022-23 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 also contracts with HMOs in certain regions of the state to bring participants in those areas additional options. Not all HMOs are available in all regions. Please verify your eligibility.

	Central and North Texas Baylor Scott & White Health Plan <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - South Texas HMO <i>Brought to you by TRS-ActiveCare</i>	Blue Essentials - West Texas HMO <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, Hildalgo, 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	N/A	\$	N/A	\$	\$689.60	\$
Employee and Spouse	N/A	\$	N/A	\$	\$1,672.26	\$
Employee and Children	N/A	\$	N/A	\$	\$1,083.58	\$
Employee and Family	N/A	\$	N/A	\$	\$1,775.58	\$

Plan Features			
Type of Coverage	N/A	N/A	In-Network Coverage Only
Individual/Family Deductible	N/A	N/A	\$950/\$2,850
Coinsurance	N/A	N/A	You pay 25% after deductible
Individual/Family Maximum Out of Pocket	N/A	N/A	\$7,450/\$14,900

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

Immediate Care			
Urgent Care	N/A	N/A	\$50 copay
Emergency Care	N/A	N/A	\$500 copay before deductible + 25% after deductible

Prescription Drugs			
Drug Deductible	N/A	N/A	\$150
Days Supply	N/A	N/A	30-Day Supply/90-Day Supply
Generics	N/A	N/A	\$5/\$12.50 copay; \$0 for certain generics
Preferred Brand	N/A	N/A	You pay 30% after deductible
Non-preferred Brand	N/A	N/A	You pay 50% after deductible
Specialty	N/A	N/A	You pay 15%/25% after deductible (preferred/non-preferred)

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

# Health Savings Account (HSA)

## EECU

### 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/burkburnettisd](http://www.mybenefitshub.com/burkburnettisd)



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 High Deductible Health Plan (HDHP)
- Not enrolled in Medicare or TRICARE
- If you enroll in an HSA and FSA, the FSA becomes a Limited Purpose FSA and may only be used for Dental and Vision, not medical expenses.
- Not eligible to be claimed as a dependent on someone else’s tax return

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 by the HDHP.

### Maximum Contributions

Your HSA contributions may not exceed the annual maximum amount established by the Internal Revenue Service. The annual contribution maximum for 2022 is based on the coverage option you elect:

- Individual – \$3,650
- Family (filing jointly) – \$7,300

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.

### Qualified Expenses

You can use your HSA for a wide range of qualified expenses, such as doctor’s visits, prescription drugs, lab work, medical equipment, contacts lenses, dental work, physical therapy...the list goes on! Refer to IRS Publication 502 for comprehensive guidelines.

### Important HSA Information

- You will receive a debit card to manage your Health Savings Account. Keep in mind, available funds are limited to the balance in your HSA.
- 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.

### 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 for in-person assistance; find locations & service hours at [www.eecu.org/locations](http://www.eecu.org/locations).

## 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/burkburnettisd](http://www.mybenefitshub.com/burkburnettisd)



Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up. Cigna's Hospital Care plan pays a scheduled benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury.

The benefits are paid to you, and can help offset expenses that primary health insurance doesn't cover (like deductibles, co-insurance amounts or co-pays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.).

### Plan Highlights

- No Pre-existing Limitations!
- HSA Compatible

### Claims

Call 800-754-3207 or email [hospitalcare@cigna.com](mailto:hospitalcare@cigna.com) to file a claim.

### Available Coverage

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in the plan summary document on the benefit website to understand limitations and conditions.

### Additional Information

**Hospital Admission:** Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Indemnity		
	Low/\$1000	High/\$2000
Employee	\$17.03	\$30.97
Employee + Spouse	\$32.05	\$58.74
Employee + Child(ren)	\$27.75	\$51.48
Family	\$42.78	\$79.25

Hospitalization Benefits	Low/\$1000	High/\$2000
<b>Hospital Admission</b> No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$1,000	\$2,000
<b>Hospital Chronic Condition Admission</b> No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$50	\$50
<b>Hospital Stay</b> No Elimination Period. Limited to 30 days, 1 benefit(s) every 365 days.	\$100	\$200
<b>Hospital Intensive Care Unit (ICU) Stay</b> No Elimination Period. Limited to 30 days, 1 benefit(s) every 365 days.	\$200	\$400
<b>Hospital Observation Stay</b> 24 hours hour Elimination Period. Limited to 72 hours.	\$500 per 24-hour period	
<b>Newborn Nursery Care Admission*</b> Limited to 1 day. 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$500	\$500
<b>Newborn Nursery Care Stay*</b> Limited to 30 days, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$100	\$100

**Hospital Chronic Condition Admission:** Must be admitted as an Inpatient due to a covered chronic condition and treatment for a covered chronic condition must be provided by a specialist in that field of medicine. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

**Hospital Stay:** Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.

**Intensive Care Unit (ICU) Stay:** Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.

**Hospital Observation Stay:** Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 24 hours on a non-inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.

**Newborn Nursery Care Admission and Newborn Nursery Care Stay:** Must be admitted as an Inpatient and confined in a hospital immediately following birth at the direction and under the care of a physician.

### ABOUT TELEHEALTH

Telehealth provides 24/7/365 access to board-certified doctors via telephone or video consultations that can diagnose, recommend treatment and prescribe medication. Telehealth makes care more convenient and accessible for non-emergency care when your primary care physician is not available.

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



Alongside your medical coverage is access to quality telehealth services through MDLIVE. Connect anytime day or night with a board-certified doctor via your mobile device or computer. While MDLIVE does not replace your primary care physician, it is a convenient and cost-effective option when you need care and:

- Have a non-emergency issue and are considering a convenience care clinic, urgent care clinic or emergency room for treatment
- Are on a business trip, vacation or away from home
- Are unable to see your primary care physician

### When to Use MDLIVE:

At a cost that is the same or less than a visit to your physician, use telehealth services for minor conditions such as:

- Sore throat
- Headache
- Stomachache
- Cold
- Flu
- Allergies
- Fever
- Urinary tract infections

Do not use telemedicine for serious or life-threatening emergencies.

### Registration is Easy

Register with MDLIVE so you are ready to use this valuable service when and where you need it.

- Online – [www.mdlive.com/fbs](http://www.mdlive.com/fbs)
- Phone – 888-365-1663
- Mobile – download the MDLIVE mobile app to your smartphone or mobile device
- Select –“MDLIVE as a benefit” and “FBS” as your Employer/Organization when registering your account.

Telehealth	
Employee & Family	\$8.00

### 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/burkburnettisd](http://www.mybenefitshub.com/burkburnettisd)



Dental Schedule of Benefits				
Plan	Low Plan		High Plan	
Deductible (Annually on a Calendar Year Basis)	Contracted Dentist	Non Contracted Dentist	Contracted Dentist	Non Contracted Dentist
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Deductible applies to:	Type 2 & 3	Type 2 & 3	Type 2 & 3	Type 2 & 3
Benefit Levels				
Type 1 – Diagnostic & Preventative	100%	100%	100%	100%
Type 2 – Basic Services	80%	80%	80%	80%
Type 3 – Major Services	50%	50%	50%	50%
Type 4 – Orthodontic Services	Not Covered	Not Covered	50%	50%
Benefits Based On	Negotiated Fees	90th Percentile U&C	Negotiated Fees	90th Percentile U&C
Maximum Benefit (per covered person):				
Types 1, 2 & 3 combined	\$1,000 Per Calendar Year	\$1,000 Per Calendar Year	\$1,000 Per Calendar Year	\$1,000 Per Calendar Year
Type 4, while covered by the plan	Not Covered	Not Covered	\$1,000 Lifetime	\$1,000 Lifetime

#### Contracting Dentists/Non-Contracting Dentists:

Visit [www.LincolnFinancial.com/FindADentist](http://www.LincolnFinancial.com/FindADentist) to find a contracting dentist near you. This plan lets you choose any dentist you wish. However, your out-of-pocket costs are likely to be lower when you choose a contracting dentist.

#### Contracting Dentists:

You pay a deductible (if applicable), then 50% of the remaining discounted fee for PPO members. This known as a PPO contracted fee.

#### Non-Contracting Dentists:

You pay a deductible (if applicable), then 50% of the usual and customary fee, which is the maximum expense covered by the plan. You are responsible for the different between the usual and customary fee and the dentist's billed charge.

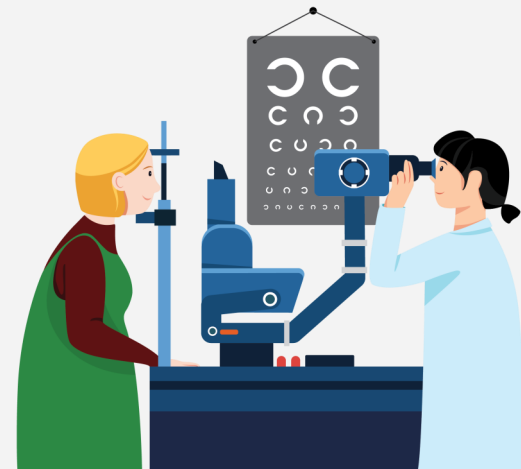
	Dental	
	Low	High
Employee	\$31.42	\$33.36
Employee + Spouse	\$61.64	\$65.61
Employee + Child(ren)	\$78.53	\$83.45
Family	\$123.62	\$131.05



### 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/burkburnettisd](http://www.mybenefitshub.com/burkburnettisd)



### Vision Coverage

Our vision plan provides quality care to help preserve your health and eyesight. In addition to identifying vision and eye problems, regular exams can detect certain medical issues such as diabetes and high cholesterol. You may seek care from any licensed optometrist, ophthalmologist or optician, but plan benefits offer better value if you use an in-network provider. Premium contributions are deducted from your paycheck on a pretax basis. Coverage is provided through Superior Vision.

### ID Cards

You can request your vision id card by contacting Superior Vision directly at 800-507-3800. You can also go to [www.superiorvision.com](http://www.superiorvision.com) and register/login to access your account by clicking on “Members” at the top of the page. You can also download the Superior Vision mobile app on your smart phone. Group number on page 3.

### How to Find a Vision Provider

Visit [www.superiorvision.com](http://www.superiorvision.com) select “Find an Eye Care Professional”. Coverage Info is “Insurance Through Your Employer” then Choose Your Network “Superior National” or call 1 (800) 507-3800 for assistance. Group Number and additional Carrier information found on page 3.

Copays		Services/frequency		Vision Monthly Premiums	
Exam	\$10	Exam	12 months	Employee	\$9.26
Materials	\$25	Lenses	12 months	Employee + Spouse	\$15.78
Contact lens fitting	\$25	Frame	12 months	Employee + Child(ren)	\$23.11
		Contacts/ Lens Fitting	12 months	Family	\$23.10

Based on Date of Service

Benefits through Superior National network	In-network You Pay After Copays	Out-of-network Reimbursement
Exam	Covered in full	Up to \$35
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Polycarbonate for dependent children	Covered in full	Up to \$20 retail
Frames	\$150 retail Allowance	Up to \$70 retail
Contact lens fitting (standard)	Covered in full	Not covered
Contact lenses	\$175 retail allowance	Up to \$80 retail



## 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/burkburnettisd](http://www.mybenefitshub.com/burkburnettisd)



Educator Disability insurance combines the features of a short-term and long-term disability plan into one policy. The coverage pays you a portion of your earnings if you cannot work because of a covered disability. The plan gives you the flexibility to choose a level of coverage to suit your need. This coverage is provided by Cigna.

**Claims:** Call Cigna at 800-362-4462 to file a claim.

**Benefit Amount:** The amount of money you will receive monthly while on disability. You select in increments of \$100 not to exceed 67% of monthly earnings.

**Maximum Benefit Duration:**

- Premium Plan: Age 65 for accident and sickness
- Select Plan: Age 65 for accident, 3 years for sickness

**Benefit Waiting Period:**

For Disability Benefits, an Employee may elect one of the following options:

	<u>Accident</u>	<u>Sickness</u>
Option 1	0 days	7 days
Option 2	14 days	14 days
Option 3	30 days	30 days
Option 4	60 days	60 days
Option 5	90 days	90 days
Option 6	180 days	180 days

For any selected Benefit Waiting Period of 30 days or less, the waiting period will end on the date the Employee is admitted as an inpatient in a hospital if that date is before the end of the time period specified.

**Pre-existing Condition Limitation:**

Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance. However, the first 8 weeks of disability will be waived from the Pre-existing Condition Limitation clause.

Disability - Monthly Rates Per \$100 in Benefit		
Elimination Period	Premium Plan	Select Plan
0/7	\$3.00	\$2.28
14/14	\$2.65	\$1.87
30/30	\$2.24	\$1.53
60/60	\$1.45	\$1.25
90/90	\$1.26	\$1.05
180/180	\$0.92	\$0.78

# Accident Insurance

Cigna

## EMPLOYEE BENEFITS

### ABOUT ACCIDENT

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

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



The Accident Injury Plan provided through Cigna is a supplement plan designed to pay you cash based upon medical services received due to an Accident.

Examples of benefits included in the Plan are listed below. The full schedule of benefits and limitations is on the benefit website.

To file a claim call Cigna at 800-754-3207.

Accident	
Employee	\$12.40
Employee + Spouse	\$22.03
Employee + Child(ren)	\$27.12
Family	\$36.76

INITIAL CARE AND EMERGENCY CARE		Benefit Amount	
Emergency Care Treatment		\$300	
Physician Office Visit		\$300	
Diagnostic Exam (x-ray or lab)		\$60	
Limited 1 per accident.			
Ground / Water Ambulance (to nearest hospital)		\$600	
Air Ambulance.		\$2,000	
Hospital Admission.		\$1,500	
Hospital Stay		\$400 per day	
Intensive Care Unit Stay.		\$600 per day	
FRACTURES		Non-Surgical	Surgical
Hip or Thigh		\$5,000	\$10,000
Leg		\$3,000	\$6,000
Ankle		\$1,000	\$2,000
Foot		\$1,000	\$2,000
DISLOCATIONS		Non-Surgical	Surgical
Ankle		\$1,500	\$3,000
Wrist		\$1,000	\$2,000
Elbow		\$1,000	\$2,000
Shoulder		\$1,000	\$2,000
FOLLOW UP CARE			
Follow up Physician Office Visit		\$100	
Follow up Physical Therapy Visits		\$100	
Limited to 10 Visits treatments per accident.			
OTHER BENEFITS			
Small Burns		\$500	
Large Burns		\$1,000	
Small Lacerations (<6 inches with 2+ sutures)		\$150	
Large Lacerations (>6 inches with 2+ sutures)		\$800	
General Anesthesia Benefit		\$200	
Medicine Benefit		\$15	
Medical Supply Benefit		\$15	
Eye Injury – Removal of Foreign Object		\$300	
Concussion		\$200	
Family Lodging (100+ miles one-way)		\$200	
WELLNESS BENEFIT		\$50	

# Critical Illness Insurance

## Cigna

EMPLOYEE  
BENEFITS

### 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/burkburnettisd](http://www.mybenefitshub.com/burkburnettisd)

**What are the Critical Illness coverage amounts?** Select one of the following Choices \$5,000, 10,000, \$15,000 \$20,000, \$25,000 or \$30,000. Spouse may elect 100% of employee amount to maximum. Eligible dependent children are automatically enrolled.

Benefit Highlights	Benefit Amount	Guaranteed Issue Amount
Employee	\$5,000-\$30,000	Up to \$30,000
Spouse	100% of employee amount	Up to \$20,000
Dependent Children	25% of employee amount	All guaranteed issue
Covered Conditions		
Cancer Conditions		
Skin Cancer*	\$250 1x per lifetime	
Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Vascular Conditions		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Nervous System Conditions		
Advanced Stage Alzheimer's Disease	100%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	100%	Not Available
Parkinson's Disease	100%	Not Available
Multiple Sclerosis	100%	Not Available
Childhood Conditions		
Cerebral Palsy	100%	Not Available
Cystic Fibrosis	100%	100%
Muscular Dystrophy	100%	100%
Poliomyelitis	100%	Not Available
Other Specific Conditions		
Benign Brain Tumor	100%	100%
Blindness	100%	Not Available
Coma	100%	100%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Paralysis	100%	100%

Employee Rates (25% of Employee issued Benefit Amount for children included)						
Attained Age:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
30-34						
Rate	\$2.83	\$5.65	\$8.48	\$11.30	\$14.13	\$16.95

### 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/burkburnettisd](http://www.mybenefitshub.com/burkburnettisd)



Life insurance through Lincoln Financial is an important part of your financial security, especially if others depend on you for support. With Life insurance, your beneficiary(ies) can use the coverage to pay off your debts, such as credit cards, mortgages and other final expenses. Please see plan documents on the benefit website for details and limitations.

**Claims:** Please contact the Burkburnett ISD Benefits office for assistance in filing a life claim.

### Basic Life

\$10,000 Basic Life insurance is provided to eligible employees at no cost to you.

### Voluntary Life and Voluntary AD&D

You may purchase additional insurance for you and your eligible dependents. If you decline Voluntary Life when first eligible and wish to elect at a later date, Evidence of Insurability (EOI) – proof of good health – may be required before coverage is approved. You must elect coverage for yourself in order to elect coverage for your spouse or children. At age 70, coverage reduces to by 50%, premiums reduce to match benefits. Plans terminate upon the employee's retirement.

### Employee Paid Term Life Available Coverage

- Employee:**
  - Increments of \$10,000 up to 7 times salary, not to exceed \$500,000.
  - Open Enrollment and New Hire Guaranteed Issue \$200,000
  - Increases after initial enrollment up to 4 increments are allowed without application.
- Spouse:**
  - Increments of \$5,000 up to 100% of employee amount, not to exceed \$500,000.
  - Open Enrollment and New Hire Guaranteed Issue \$50,000
- Child(ren):**
  - \$10,000

### AD&D Available Coverage

- Employee:** Increments of \$10,000, not to exceed \$500,000.
- Family:** Percent of employees covered amount

### Designating a Beneficiary

A beneficiary is the person or entity you designate to receive the death benefits of your Life and AD&D insurance policies. You can name more than one beneficiary and you can change beneficiaries at any time. If you name more than one beneficiary, you must identify the share for each.

Voluntary Group Life Monthly Rate	
Age	(per \$10,000)
Under 34	\$0.36
35-39	\$0.54
40-44	\$0.90
45-49	\$1.35
50-54	\$2.30
55-59	\$3.60
60-64	\$4.77
65-69	\$7.74
70-74	\$13.50
75+	\$20.60
Voluntary Group Life - Child(ren)	
Per \$5,000	\$0.50
Voluntary AD&D Per \$10,000	
Employee	\$0.40
Family	\$0.60

# 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/burkburnettisd](http://www.mybenefitshub.com/burkburnettisd)



### 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 \$2,850 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).

### Limited Purpose HealthCare FSA

A Limited Purpose HealthCare FSA is available if you enrolled in the TRS-ActiveCare HD (HDHP) and contribute to an HSA. You can use a Limited Purpose Health Care FSA to pay for eligible out-of-pocket dental and vision expenses only, such as:

- Dental and orthodontia care (i.e., fillings, X-rays and braces)
- Vision care (e.g., eyeglasses, contact lenses and LASIK surgery)

### 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.

### Important FSA Rules

- The maximum per plan year you can contribute to a Health Care FSA is \$2,850. 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.
- Your benefits are use or lose it. 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.

### 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)

### ABOUT MEDICAL TRANSPORT

Medical Transport covers emergency transportation to and from appropriate medical facilities by covering the out-of-pocket costs that are not covered by insurance. It can include emergency transportation via ground ambulance, air ambulance and helicopter, depending on the plan.

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



MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of a given group healthcare benefits network. After the group health plan pays its portion, MASA MTS works with providers to deliver our members' \$0 in out-of-pocket costs for emergency transport.

#### Emergency Air Transportation

In the event of a serious medical emergency, Members have access to emergency air transportation into a medical facility or between medical facilities.

#### Emergent Ground Transportation

In the event of a serious medical emergency, Members have access to emergency ground transportation into a medical facility or between medical facilities.

#### Hospital to Hospital Ambulance Coverage

In the event that a member is in stable condition in a medical facility but requires a heightened level of care that is not available at their current medical facility, Members have access to transportation between medical facilities.

#### Repatriation to Hospital Near Home

Suppose you or a family member is hospitalized more than 100-miles from your home and your treating physician and MASA say it's medically appropriate and possible to transfer you to a hospital nearer to home for continued care and recuperation. Members have access to medical transportation into a medical facility closer to your home.

#### Claims

Should you need assistance with a claim contact MASA at 800-643-9023.

#### Emergency Medical Transport

Employee and Family

\$14.00

# Identity Theft

## Lifelock

### ABOUT IDENTITY THEFT PROTECTION

Identity theft protection monitors and alerts you to identity threats. Resolution services are included should your identity ever be compromised while you are covered.

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



Lifelock with Norton Security can help protect you and your family from identity theft. 2 plan levels are offered. Below are some of the included benefits, see plan summary for details.

Call 844-698-8640 for claims assistance.

Plan Highlights	Essential	Premier
Lifelock Identity Alert System	✓	✓
US based Identity Restoration Agents	✓	✓
Home Title Monitoring		✓
Credit, Bank & Utility Freezes	✓	✓
Mobile App	✓	✓
USPS Address Change Verification	✓	✓
Dark Web Monitoring	✓	✓
Monthly Credit Reports	1 Bureau	3 Bureau
Credit Monitoring	1 Bureau	3 Bureau
Unusual Credit Card Charge Alerts		✓
Check & Savings Application Alert		✓
Bank Account Takeover Alerts		✓
Includes Norton Security for devices	Up to 3	Up to 5
Cloud Backup	10 GM	50 GB

Identity Theft		
	Essential	Premier
Employee Only	\$8.99	\$14.99
Employee and Family	\$17.98	\$29.98









## 2022 - 2022 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 Burkburnett 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 Burkburnett 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/BURKBURNETTISD](http://WWW.MYBENEFITSHUB.COM/BURKBURNETTISD)

