

DEKALB ISD



Plan Year: 2020-2021 Benefit Guide and Presentation

Presented by:



This booklet is an abbreviated version. Please refer to the full benefit summaries and online enrollment portal for all information.

General Information

This booklet is designed to highlight your benefits. It is not a summary plan description (SPD). Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions and limitations please refer to the individual SPDs. If any discrepancy exists between this booklet and the official documents, the official documents SPD will prevail.

U. S. Employee Benefits Services Group (USEBSG) is the nation's leading independent provider and administrator of employer-sponsored benefits and retirement plans in the school district Marketplace. They serve over 400 ISDs in Texas and are endorsed by TACS. Their focus is on developing comprehensive programs providing affordable solutions for benefits, online enrollment and retirement plan needs. They have 25 years of experience and over 1,000,000 clients across the nation.

What's New for 2020

- **TRS Active Care will be moving to Blue Cross Blue Shield of Texas.**
- **Flexible Spending Account new limitations for 2020.**
- **Dependent Day Care new limitations for 2020.**
- **HSA new limitations for 2020.**
- **GAP Rate increase for 2020.**
- **See Benefit Website for plan details. <http://www.dekalbisd.net>**
- **Medical Contribution \$300.**

403b NOTICE- You have the opportunity to save for retirement by participating in the School District's 403(b) plan ("Plan"). A brief, 3-minute video presentation explaining what a 403(b) plan is, and how to contribute can be reached at <http://403bwhyme.com/> Registration is required to view the video. If there are any questions, you may contact The OMNI Group at 877-544-6664

Eligibility and Effective Dates

All full and part-time Employer Name employees, who work 20 hours per week are eligible for all benefit offerings through the District. All benefits will be effective the first day of the month following the employment start date.

All newly eligible employees will have 30 days from date of employment (start date) to enroll in benefits.

Changes made to all insurance plans during annual open enrollment are deducted from the first payroll check in September, and coverage is effective September 1, 2020.

Please ensure you have a beneficiary on file within the enrollment portal for the basic life insurance policy.

Qualifying Life Event Changes

Cafeteria plans, also known as Section 125 plans (the IRS code that covers them), allow you to deduct certain amounts for benefits from your gross earnings before federal withholding taxes are figured.

Benefit elections will remain in effect for the plan year and cannot be revoked or changed unless you experience one of the following qualifying life event changes:

Birth or Adoption
Marriage
Change in the spouse's employment
Divorce
Death
Change in dependent eligibility
Exhausted COBRA coverage
Loss of Coverage

All required documentation must be submitted to the Benefits Office within 30 days from the event.

Eligible Benefits Under Section 125:

Medical
Dental
Vision
Health Savings Account (HSA)
Flexible Spending Account (FSA)

Medical HMO Plans- TRS HMO

Carrier Website: BCBSTX.com/trsactivecare

Carrier Phone Number: 1-866-355-5999

All TRS-ActiveCare participants have **three plan options**. Each is designed with the unique needs of our members in mind.

| | NEW: TRS-ActiveCare Primary | TRS-ActiveCare HD | NEW: TRS-ActiveCare Primary+ |
|--|--|--|--|
| Plan summary | <ul style="list-style-type: none"> • Lower premium • Copays for doctor visits before you meet deductible • Statewide network • PCP referrals required to see specialists • Not compatible with health savings account (HSA) • No out-of-network coverage | <ul style="list-style-type: none"> • Similar to current 1-HD • Lower premium • Compatible with health savings account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet deductible before plan pays for non-preventive care | <ul style="list-style-type: none"> • Simpler version of the current Select plan • Lower deductible than HD and primary plans • Copays for many services and drugs • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a health savings account (HSA) • No out-of-network coverage |
| If you make no changes during Annual Enrollment, you'll have the following plan... | Only employees that choose this new plan during Annual Enrollment will be enrolled in it. | If you're currently in TRS-ActiveCare 1-HD and you make no change during Annual Enrollment, this will be your plan next year. | If you're currently in TRS-ActiveCare Select and you make no changes during Annual Enrollment, this will be your plan next year. |

| Monthly Premiums | TRS-ActiveCare Primary | | TRS-ActiveCare HD | | TRS-ActiveCare Primary+ | |
|-----------------------|------------------------|--------------|-------------------|--------------|-------------------------|--------------|
| | Total Premium | Your Premium | Total Premium | Your Premium | Total Premium | Your Premium |
| Employee Only | \$386 | \$ 86.00 | \$397 | \$97.00 | \$514 | \$214.00 |
| Employee and Spouse | \$1,089 | \$ 789.00 | \$1,120 | \$820.00 | \$1,264 | \$964.00 |
| Employee and Children | \$695 | \$ 395.00 | \$715 | \$415.00 | \$834 | \$534.00 |
| Employee and Family | \$1,301 | \$1001.00 | \$1,338 | \$1038.00 | \$1,588 | \$1288.00 |

| Plan Features | | | | |
|---|------------------------------|------------------------------|------------------------------|------------------------------|
| Type of Coverage | In-Network Coverage Only | In-Network | Out-of-Network | In-Network Coverage Only |
| Individual/Family Deductible | \$2,500/\$5,000 | \$2,800/\$5,600 | \$5,500/\$11,000 | \$1,200/\$3,600 |
| Coinsurance | You pay 30% after deductible | You pay 20% after deductible | You pay 40% after deductible | You pay 20% after deductible |
| Individual/Family Maximum Out-of-Pocket | \$8,150/\$16,300 | \$6,900/\$13,800 | \$20,250/\$40,500 | \$6,900/\$13,800 |
| Network | Statewide Network | Nationwide Network | | Statewide Network |
| Primary Care Provider (PCP) Required | Yes | No | | Yes |

| Doctor Visits | | | | |
|--------------------|------------------------|------------------------------|------------------------------|----------------------|
| | TRS-ActiveCare Primary | TRS-ActiveCare HD | TRS-ActiveCare Primary+ | |
| Primary Care | \$30 copay | You pay 20% after deductible | You pay 40% after deductible | \$30 copay |
| Specialist | \$70 copay | You pay 20% after deductible | You pay 40% after deductible | \$70 copay |
| TRS Virtual Health | \$0 per consultation | \$30 per consultation | | \$0 per consultation |

| Immediate Care | | | | |
|--------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| | TRS-ActiveCare Primary | TRS-ActiveCare HD | TRS-ActiveCare Primary+ | |
| Urgent Care | \$50 copay | You pay 20% after deductible | You pay 40% after deductible | \$50 copay |
| Emergency Care | You pay 30% after deductible | You pay 20% after deductible | | You pay 20% after deductible |
| TRS Virtual Health | \$0 per consultation | \$30 per consultation | | \$0 per consultation |

| Prescription Drugs | | | |
|--|---|--|------------------------------|
| | TRS-ActiveCare Primary | TRS-ActiveCare HD | TRS-ActiveCare Primary+ |
| Drug Deductible | Integrated with medical | Integrated with medical | \$200 brand deductible |
| Generics (30-Day Supply / 90-Day Supply) | \$15/\$45 copay; \$0 for certain generics | You pay 20% after deductible; \$0 for certain generics | |
| Preferred Brand | You pay 30% after deductible | You pay 25% after deductible | You pay 25% after deductible |
| Non-preferred Brand | You pay 50% after deductible | You pay 50% after deductible | You pay 50% after deductible |
| Specialty | You pay 30% after deductible | You pay 20% after deductible | You pay 20% after deductible |

This Benefit Guide is a brief description of benefits. For additional details please review Plan Documents.

Medical PPO Plan - TRS Active Care

Carrier Website: BCBSTX.com/trsactivecare

Carrier Phone Number: 1-866-355-5999

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

TRS-ActiveCare 2

- Closed to new enrollees
- Current enrollees can choose to stay in plan
- Lower deductible
- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals

If you're currently in TRS-ActiveCare 2, and you make no changes during Annual Enrollment, you will remain in TRS-ActiveCare 2 next year.

| Total Premium | Your Premium |
|---------------|--------------|
| \$937 | \$ 637.00 |
| \$2,222 | \$ 1922.00 |
| \$1,393 | \$ 1093.00 |
| \$2,627 | \$ 2327.00 |

| 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 |
| \$0 per consultation | |

| | |
|---|------------------------------|
| \$50 copay | You pay 40% after deductible |
| You pay a \$250 copay plus 20% after deductible | |
| \$0 per 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) | |
| You pay 20% after deductible (\$200 min/\$900 max)/ No 90-Day Supply of Specialty Medications | |

Medical GAP Plan
Benefit Connection
Carrier Website: Specialinc.com
Carrier Phone Number: 800-767-6811

Plan Highlights

- Coverage is for help with medical costs associated with a hospital stay.
- These benefits are available for employees, spouse and eligible dependent children.
- Hospital confinement available in two different plans: \$1,500 or \$2,500 per day.
- Outpatient surgical procedures available in two different plans: \$500 per day and \$1,000 per day.

Dental Plan
Lincoln Financial
Carrier Website: Lincoln4benefits.com
Carrier Phone Number: 800-487-1485

| Coverage Type | In Network | Out of Network |
|----------------------|-------------------|-----------------------------|
| Type A: Preventive | 100% | 100% |
| Type B: Basic | 80% | 80% |
| Type C: Major | 50% | 50% |
| Type D: Orthodontia | 50% | 50% |
| Deductible: Ind/Fam | \$50/\$150 | \$50/\$150 |
| Annual Max Benefits | \$1250 | \$1250 |
| Out of Network Rate | | 90 th Percentile |

Vision VSP

Carrier Website: VSP.com

Carrier Phone Number: 800-216-6248

| Coverage Type | Frequency | In Network | Out of Network |
|-------------------|-----------|-----------------|--------------------|
| Exam \$10 copay | 12 months | Covered in Full | Up to \$35 retail |
| Frames \$25 copay | 24 months | \$150 Allowance | Up to \$70 retail |
| Lenses (standard) | 12 months | Covered in Full | |
| Single | 12 months | Covered in Full | Up to \$25 retail |
| Bifocal | 12 months | Covered in Full | Up to \$40 retail |
| Trifocal | 12 months | Covered in Full | Up to \$45 retail |
| Progressive | 12 months | See Benefits | Up to \$45 retail |
| Contact Lenses | 12 months | \$150 Allowance | Up to \$150 retail |

| Coverage Type | Monthly Premium |
|--------------------|-----------------|
| Employee Only | \$9.00 |
| Employee+ One | \$14.40 |
| Employee+ Children | \$14.69 |
| Employee+ Family | \$23.69 |

Flexible Spending Account
TASC Flexible Spending Account
Carrier Website: TASCOnline.com
Carrier Phone Number: 800-422-4661

| Coverage Type | Health Care Spending | Dependent Day Care |
|---------------|----------------------|--------------------|
| Annual Max | \$2,750.00 | \$5,000.00 |
| Year | 2020 | 2020 |
| Roll Over | No | No |

Health Care Spending Brief Information:

MEDICAL

Allows for a tax savings on most medical, dental, and vision out-of-pocket expenses. Non-covered expenses apply to all dependent family members even if not covered by an insurance plan. A MasterCard debit card will be issued to you to pay for most expenses incurred. Please visit www.tasconline.com for a list of eligible expenses.

Dependent Day Care Brief Information:

DAY CARE

DEPENDENT CARE

Allows for a tax savings on day care expenses for **children under the age of 13 and for dependent adults unable to care for themselves**. The annual election amount is deducted in equal amounts from each paycheck, before taxes are calculated, and then set aside in a special account for the employee. As expenses are incurred, the employee submits a claim and the money is reimbursed to the employee from the employee's account as the monies come in from each paycheck. The IRS does not allow the Dependent Care Account (DCA) to be pre-funded. Where accepted, the debit card may be used for payment of dependent care expenses.. Please visit www.tasconline.com for a list of eligible expenses.

HSA

HSA Bank

Carrier Website: HSABank.com

Carrier Phone Number: 800-357-6246

| Coverage Type | H.S.A |
|-----------------------|---------------|
| Annual Max Individual | \$3,550 |
| Annual Max Family | \$7,100 |
| Year | 2020/2021 |
| Over 55 | \$1,000 extra |

Plan Highlights

- HSA accounts are Tax Advantaged medical savings accounts.
- Participants must be enrolled in a High Deductible Health Plan.
- Accounts are owned by the individual.
- Funds carry over from year to year.
- Can be used to pay for qualified medical, dental, vision expenses.

Voluntary Life Insurance Lincoln

Carrier Website: Lincoln4benefits.com

Carrier Phone Number: 800-487-1485

Plan Highlights:

- Additional life insurance that can be enrolled in \$10,000 increments.
- Affordable group rates with high volumes of coverage available.
- Benefits is for new hires and returning employees.
- Eligible spouse can also enroll in \$5,000 increments.
- Eligible children can be enrolled in \$10,000.

Permanent Life Insurance

Texas Life

Carrier Website: TexasLife.com

Carrier Phone Number: 800-283-9233

Plan Highlights:

- Additional life insurance.
- You own it.
- It's affordable.
- You can get a living benefit if you become terminally ill.
- You can take it with you when you change jobs or retire.
- You can cover your spouse, children and grandchildren.

Voluntary Disability Insurance
The Standard
Carrier Website: Standard.com
Carrier Phone Number: 800-368-1135

Plan Highlights

- Coverage is available in increments of \$100 from \$200 to \$8,000
- Coverage for accident related disabilities to social security retirement age for both accident or sickness.
- Benefits are paid year-round, regardless of employee's summer or holiday breaks.
- Maternity is covered the same as illness.
- Multiple Elimination Period options.
- First Day Hospital benefits on certain plans.
- Premiums based on benefit amount and elimination period selection.

Cancer Insurance Allstate

Carrier Website: AllstateBenefits.com

Carrier Phone Number: 800-348-4489

Plan Highlights

- Cancer Screening/Wellness Test Benefit
- Inpatient Benefits Treatment Benefit
- Surgery Benefits/Transportation/Lodging Benefit
- Chemo/Radiation Treatment

| Coverage Type | Monthly Premium |
|--------------------|-----------------|
| Employee Only | \$23.33 |
| Employee+ Spouse | \$36.15 |
| Employee+ Children | \$32.51 |
| Employee+ Family | \$49.55 |

Accident Insurance Combine Insurance

Carrier Website: CombineInsurance.com

Carrier Phone Number: 817-821-0063

Plan Highlights

- Ambulance Expense
- Hospital Admission
- ICU
- Daily Confinement for Hospital
- Fractures
- Benefits for many other expenses

| Coverage Type | Monthly Premium |
|--------------------|-----------------|
| Employee | \$16.60 |
| Employee+ Spouse | \$30.36 |
| Employee+ Children | \$32.08 |
| Employee+ Family | \$45.84 |

Contact Information

| Benefit | Carrier | Phone Number |
|-------------------|---------------------------------|--------------|
| Medical | Blue Cross Blue Shield of Texas | 866-355-5999 |
| Dental | Lincoln Financial | 800-487-1485 |
| Vision | VSP | 800-923-6766 |
| Disability | The Standard | 800-368-2859 |
| Permanent Life | Texas Life | 800-283-9233 |
| Voluntary Life | Lincoln Financial | 800-487-1485 |
| Cancer | Allstate | 800-348-4489 |
| Accident | Combine Insurance | 817-821-0063 |
| Critical Illness | Colonial Life | 800-325-4368 |
| Medical GAP | Benefit Connect | 800-767-6811 |
| Flexible Spending | TASC | 800-422-4661 |
| HSA Bank | HSA Bank | 800-357-6246 |
| Online Portal | InRoll | 877-730-7780 |
| Plan Admin. | USEBSG- Jack Dickerson | 956-346-1522 |