

Galena Park

Independent School District

Benefits Overview **GUIDE**



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What's Inside

This brochure provides a summary of your benefit options and is designed to help you make your choices and enroll for your coverage. If you have any questions after you enroll, please call the benefit plan providers directly or log on to their Web sites. **See the table on the back cover for contact information.**

Eligibility

Regular employees who work at least 20 hours per week are eligible for Galena Park Independent School District (GPISD) benefits. If you are in this classification, your eligibility date is generally your date of hire.

Special rules exist for eligibility for TRS Active Care, the District's medical plan, which may affect employees who are TRS retirees, or who are covered under another state-sponsored medical plan. Please refer to page 26 of the 2011-12 TRS ActiveCare Enrollment Guide for additional information concerning your and your dependents' eligibility for medical through Active Care.

If you regularly work at least 10 hours per week but less than 20 hours per week, you can enroll only in medical coverage but you will not receive the District's contribution toward the premium; consequently, you will pay the full TRS Active Care Rate.

Dependent Eligibility

You may enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents for medical, dental, and vision coverage include your legal spouse and your children up to age 26, regardless of marital status, student status, or financial dependency. Additional categories of eligible dependents for medical can be found on page 21 of the 2011-12 TRS Active Care Enrollment Guide.

Effective Date

Coverage for your benefits is generally effective on the first of the month following your date of eligibility. However, if you are a newly eligible employee, your disability insurance and critical illness insurance are not effective until the first of the month following your date of enrollment. Furthermore, if you are a newly eligible employee, you can elect to have your medical coverage effective on your date of hire, but you must also pay the entire month's premium for the month in which you were hired.

Note: Some amounts of life, disability, or critical illness coverage may require evidence of insurability. In those cases, your coverage will not be effective until approved by the insurance company.

How and When to Enroll

You can enroll for coverage within 31 days of your eligibility date or during the annual Open Enrollment period. If you are newly eligible and **do not enroll for coverage within 31 days of your eligibility date, you will not be covered during the plan year**, unless you experience a qualified change in family status (see Making Changes During the Year for details). If you are a current employee (not newly eligible) you can generally only enroll during Open Enrollment, which usually occurs in August.

To enroll, go to www.go2myba.com. Your user ID will be the first initial of your first name followed by your last name (no spaces or apostrophes) and then followed by the last four digits of your Social Security number. For example, if Leonardo da Vinci's Social Security number was 123-45-6789, his user ID would be ldavinci6789. Your password is "gpisd." Once you log in you must change your password.

When you have finished enrolling, be sure to print and retain a confirmation statement of your benefit elections.

Making Changes During the Year

The choices you make when you first become eligible remain in effect through the entire plan year, which ends on August 31, 2012. Once you are enrolled, you must wait until the next Open Enrollment period to change your benefits or add or remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS.

Examples include, but are not limited to, the following:

- Marriage, divorce, legal separation, or annulment
- Birth or adoption of a child
- Loss of other health coverage
- Change in your dependent's eligibility status.

Please notify the Benefits Department to make the desired changes to your benefits within 31 days of a qualifying event—or within 60 days of a birth.

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Medical Plan Changes for 2011-2012

The following is a synopsis of some of the main medical plan changes for 2011-2012. More detailed information can be found in the 2011-12 TRS ActiveCare Enrollment Guide available at www.galenaparkisd.com/benefits.

	ActiveCare 1 & 1-HD	ActiveCare 2	ActiveCare 3
Deductible	No change	Individual: \$750 (was \$500) Family: \$2,250 (was \$1,500)	No change
Inpatient Copay	No change	\$150/day (was \$100), max 5 days, + 20%	\$150/day (was \$100), max 5 days, + 20%
Outpatient Copay	No change	\$150 (was \$100) plus 20%	\$150 (was \$100) plus 20%
Bariatric Surgeon Copay	\$5,000 (was \$0)	\$5,000 (was \$0)	\$5,000 (was \$0)
Retail RX	No change	\$15/\$35/\$60 (was \$10/\$25/\$45)	\$15/\$35/\$60 (was \$10/\$25/\$45)
Retail RX-Maintenance	No change	\$20/\$45/\$75 (was \$15/\$35/\$60)	\$20/\$45/\$75 (was \$15/\$35/\$60)
Mail Order RX	No change	\$45/\$105/\$180 (was \$20/\$62.50/ \$112.50)	\$45/\$105/\$180 (was \$20/\$62.50/ \$112.50)



Stay Healthy with Medical Coverage

Nothing is more important than the health of you and your family. That is why GPISD offers you medical plan choices designed to help you get the care you need at a price you can afford. See the table below for a comparison of plan features (network level of benefits):

Medical Plans at a Glance				
Plan Features	ActiveCare 1-HD [^]	ActiveCare 1	ActiveCare 2	ActiveCare 3
Deductible (per plan year)	\$2,400 employee only; \$2,400 employee and spouse, employee and child(ren), employee and family	\$1,200/person; \$3,000/family	\$750/person; \$2,250/family	\$300/person; \$900/family
Out-Of-Pocket Maximum (per plan year)*	\$3,000 employee only; \$5,000 employee and spouse, employee and child(ren), employee and family	\$2,000/person; \$6,000/family	\$2,000/person; \$6,000/family	\$1,000 per individual
Coinsurance Plan pays (up to allowable amount) You pay (after deductible)	80% 20%	80% 20%	80% 20%	80% 20%
Office Visit You pay	20% after deductible	20% after deductible	\$30 copay (\$50 specialist copay)	\$20 copay (\$30 specialist copay)
Preventive Care**	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
High Tech Radiology	20% after deductible	20% after deductible	\$100 + 20% after deductible	\$100 + 20% after deductible
Hospital, Inpatient**	20% after deductible	20% after deductible	\$150 + 20% after deductible	\$150 + 20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	\$150 + 20% after deductible	\$150 + 20% after deductible
Emergency Room	20% after deductible	20% after deductible	\$150 + 20% after deductible	\$150 + 20% after deductible
Prescription Drugs Drug deductible (per plan year)	Subject to plan year deductible	Subject to plan year deductible	\$100/person	\$75/person
Retail Short-Term /Maintenance (up to a 30-day supply) Generic Preferred Brand Non-Preferred Brand	You pay 20% after deductible	You pay 20% after deductible	You pay: \$15/\$20 \$35/\$45*** \$60/\$75***	You pay: \$15/\$20 \$35/\$45*** \$60/\$75***
Specialty	You pay 20% after deductible	You pay 20% after deductible	\$200	\$200
Mail order (up to a 90-day supply) Generic Preferred Brand Non-Preferred Brand	You pay 20% after deductible	You pay 20% after deductible	You pay: \$45 \$105*** \$180***	You pay: \$45 \$105*** \$180***

* Out-of-pocket maximum does not include the deductible or copays

[^]Plan is eligible for Health Savings Account

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Medical Plans at a Glance				
Plan Features	ActiveCare 1-HD [^]	ActiveCare 1	ActiveCare 2	ActiveCare 3
Monthly Rates (Employees working 10-19 hrs/wk)				
Monthly Premium Cost				
Employee Only	\$287.00	\$325.00	\$434.00	\$584.00
Employee & Spouse	\$703.00	\$741.00	\$987.00	\$1,328.00
Employee & Children	\$448.00	\$519.00	\$690.00	\$931.00
Employee & Family	\$920.00	\$817.00	\$1,085.00	\$1,461.00
Monthly Rates (Employees working at least 20 hrs/wk)				
Employee Only	\$62.00	\$100.00	\$184.00	\$334.00
Employee & Spouse	\$478.00	\$516.00	\$687.00	\$1,028.00
Employee & Children	\$223.00	\$294.00	\$425.00	\$666.00
Employee & Family	\$695.00	\$592.00	\$785.00	\$1,161.00
Pool: Two EES[#]	\$253.00	\$291.00	\$387.00	\$728.00
Pool: Two EES + Child(ren)[#]	\$470.00	\$367.00	\$485.00	\$861.00
Split: EE/SP^{##}	\$126.50	\$145.50	\$193.50	\$364.00
Split: EE/Family^{##}	\$235.00	\$183.50	\$242.50	\$430.50

** See TRS ActiveCare Enrollment Guide for detailed information

*** If you obtain a brand-name drug when a generic equivalent is available, you will be responsible for the generic copayment plus the cost difference between the brand-name drug and the generic drug.

#Pool Rates apply when you and your spouse both work for GPISD

##Split Rates apply when your spouse works for another entity participating in TRS-Active Care

Note: You must contact the GPISD Benefits Department to make arrangements to obtain either the Pool or Split Premium rates.



Available Resources

As a medical plan participant, you have access to a variety of online tools and resources as well as a nurse line, which is available to you 24 hours a day, 7 days a week. For detailed information about medical plan resources refer to the 2011-12 TRS ActiveCare Enrollment Guide or go to www.bcbstx.com/trs.

Health Savings Accounts (HSAs)

An HSA is a tax-favored savings account designed to integrate with a high deductible health plan (HDHP), such as the ActiveCare 1-HD medical plan. Similar to a traditional IRA, your contributions to the HSA are tax-deductible and accumulate earnings on a tax-free basis.

In most cases, you have full discretion to decide how to invest your HSA dollars. HSA balances roll over from one year to another and are not forfeited if you change jobs. You can withdraw funds tax-free from your HSA, as long as you use the funds to pay for qualified medical expenses and certain permissible health care premiums. Withdrawals made for non-qualified expenses are taxable as income, and if you are under age 65, they are subject to a 10% excise tax.

Who Is Eligible?

Per IRS rules, you can contribute to an HSA if all of the following apply:

- You have coverage under an HSA-qualified high deductible health plan (e.g., ActiveCare 1-HD)
- You have no other first-dollar medical coverage (other types of insurance such as specific injury or accident, disability, dental, vision or long-term care are permitted)
- You are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else's tax return

Setting Up an HSA

Since TRS ActiveCare does not offer an HSA, to establish an HSA you must do so through any participating financial institution, such as a bank, credit union or insurance company.

Health Savings Accounts vs. Flexible Spending Accounts

If you contribute to a Health Flexible Spending Account during the period 9/1/11-8/31/12, you may not also contribute to a Health Savings Account. In that instance, you must wait until September 1 (or later) of the following plan year to contribute to an HSA, even if you exhaust your Health FSA dollars before the end of the 2011-2012 plan year.

Additionally, if you currently participate in a Health FSA during the period 9/1/10-8/31/11, you may not contribute to an HSA until your funds have been exhausted. If you have any balance in your Health FSA during the grace period that follows the end of the 2010-2011 plan year, you must wait until the first of the month following the end of the grace period to enroll in an HSA.



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Smile Brightly with Dental Coverage

Good health includes healthy teeth and gums. The UnitedHealthcare (UHC) Options PPO dental plan is designed to help you maintain a healthy smile through regular preventive dental care, and to fix any problems as soon as they occur. Because preventive care is so important, the plan covers these services in full with no deductible or copay.

You also have the option to enroll in the DHMO, which has no preexisting condition limitations; however, you must seek care from a participating primary dentist who will refer you to specialists, if needed. Go to www.myuhcdental.com to find participating network dentists in your area.

Please see the table below for a summary of dental benefits:

Plan Features	UHC Options PPO Dental		National Pacific Dental**
	In-Network	Out-of-Network	DHMO
Annual Calendar Year Deductible (waived for preventive services)	\$50/person; \$150 family	\$50/person; \$150 family	None
Diagnostic and Preventive Services (e.g., periodic oral evaluation, radiographs, cleanings, and preventive fluoride treatment)	100%, no deductible	100% of UCR*, no deductible	See copay schedule
Basic Services (e.g., simple extractions, oral surgery, restorations, periodontics)	80%	80% of UCR*	See copay schedule
Major Services (e.g., dentures, crowns, bridges)	50%	50% of UCR*	See copay schedule
Annual Calendar Year Maximum	\$1,000/person	\$1,000/person	None
Orthodontia (children up to age 19)	50%	50% of UCR*	See copay schedule
• Lifetime Maximum	\$1,000/person	\$1,000/person	None
Monthly Premium Cost	*Rates are tentative pending District decision*		
Employee Only	\$25.12		\$4.17
Employee & Spouse	\$56.82		\$13.00
Employee & Children	\$54.68		\$11.27
Employee & Family	\$80.79		\$18.80
Pool: Two Employees	\$50.82		\$7.00
Pool: Two Employees and Children	\$74.79		\$12.80

* The out-of-network percentage of benefits is based on the usual, customary and reasonable (UCR) fees in the geographic area in which you incur expenses.

** If you enroll in the DHMO, you must select a primary dentist at the time of enrollment.

How the DHMO Works

You pay a copay at the time of service. The actual amount you pay directly to the dentist is listed on your fee schedule or copayment schedule; these are the only fees you are responsible for paying. The dentist then submits a claim to the plan for any additional payment. With the DHMO Plan, you always know what your dental costs are up front.

DHMO Dental Benefit and Copay Schedule

CDT-5 Code	Procedure Description	Member Co-Pay	CDT-5 Code	Procedure Description	Member Co-Pay
Diagnostic (00100-00999): Exams; x-rays; and related tests.		You Pay \$	Restorative (02000-02999): Continued		You Pay \$
09999	Unspecified Adjunctive Procedure, By Report ² Office Visit (Infection Control Included)	\$5.00	02934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth ³	\$55.00
00120	Periodic Oral Evaluation	No Co-Pay	02940	Sedative Filling	\$10.00
00140	Limited Oral Evaluation - Problem Focused (Emergency)	No Co-Pay	02950	Core Build-Up, Including Any Pins	\$40.00
00150	Comprehensive Oral Evaluation - New or Established Patient	No Co-Pay	02951	Pin Retention - Per Tooth, in Addition to Restoration	\$36.00
00160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	No Co-Pay	02952	Cast Post Core In Addition to Crown	\$75.00
00170	Re-Evaluation - Limited, Problem Focused (Established Patient; not Post-Operative Visit)	No Co-Pay	02953	Each Additional Cast Post - Same Tooth	\$15.00
00180	Comprehensive Periodontal Evaluation - New or Established Patient	No Co-Pay	02954	Prefabricated Post and Core in Addition to Crown	\$65.00
00210	Intraoral - Complete Series (Including Bitewings) (x-ray)	No Co-Pay	02955	Post Removal (Not in Conjunction with Endodontic Therapy)	\$15.00
00220	Intraoral - Periapical First Film (x-ray)	No Co-Pay	02957	Each Additional Prefabricated Post - Same Tooth	\$16.00
00230	Intraoral - Periapical Each Additional Film (x-ray)	No Co-Pay	Endodontics (03000-03999): Pulp caps; root canals; apical surgery; retrogrades; hemisections and related procedures.		
00240	Intraoral - Occlusal Film (x-ray)	No Co-Pay	03110	Pulp Cap - Direct (Excluding Final Restoration)	\$12.00
00250	Extraoral - First Film (x-ray)	No Co-Pay	03120	Pulp Cap - Indirect (Excluding Final Restoration)	\$3.00
00260	Extraoral - Each Additional Film (x-ray)	No Co-Pay	03220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$20.00
00270	Bitewings - Single Film (x-ray)	No Co-Pay	03221	Pulpal Debridment, Primary and Permanent Tooth	No Co-Pay
00272	Bitewings - Two Films (x-ray)	No Co-Pay	03230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$20.00
00274	Bitewings - Four Films (x-ray)	No Co-Pay	03240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$20.00
00277	Vertical Bitewings - Seven to Eight Films (x-ray)	No Co-Pay	03310	Root Canal Therapy - Anterior (Excluding Final Restoration)	\$95.00
00330	Panoramic Film (x-ray)	No Co-Pay	03320	Root Canal Therapy - Bicuspid (Excluding Final Restoration)	\$150.00
00415	Collection of Microorganisms for Culture and Sensitivity	No Co-Pay	03330	Root Canal Therapy - Molar (Excluding Final Restoration)	\$225.00
00416	Viral Culture	No Co-Pay	03410	Apicoectomy/Periradicular Surgery - Anterior	\$125.00
00421	Genetic Test for Susceptibility to Oral Diseases	No Co-Pay	03421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$175.00
00425	Caries Susceptibility Tests	No Co-Pay	03425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$185.00
00460	Pulp Vitality Tests	No Co-Pay	03426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$90.00
00470	Diagnostic Casts	No Co-Pay	03430	Retrograde Filling - Per Root	\$60.00
Preventive (01000-01999): Prophylaxis (cleanings); fluoride; and related maintenance procedures.			Periodontics (04000-04999): Includes root planing/curettage; gingival and osseous surgery; and related procedures; includes pre-op and post-op evaluations and local anesthetic; charting must be performed in conjunction with these procedures.		
01110	Prophylaxis - Adult	No Co-Pay	04210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$140.00
01120	Prophylaxis - Child ¹	No Co-Pay	04211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$94.00
01201	Topical Application of Fluoride (Including Prophylaxis) - Child ¹	No Co-Pay	04240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$200.00
01203	Topical Application of Fluoride (Prophylaxis Not Included) - Child	No Co-Pay	04241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$134.00
01204	Topical Application of Fluoride (Prophylaxis Not Included) - Adult	No Co-Pay	04260	Osseous Surgery (Including Flap Entry and Closure) - Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$300.00
01205	Topical Application of Fluoride (Including Prophylaxis) - Adult	No Co-Pay	04261	Osseous Surgery (Including Flap Entry and Closure) - One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$200.00
01351	Sealant - Per Tooth ¹	\$6.00	04341	Periodontal Scaling and Root Planing - Four or More Teeth, Per Quadrant	\$50.00
01510	Space Maintainer - Fixed - Unilateral	\$55.00	04342	Periodontal Scaling and Root Planing, One to Three Teeth Per Quadrant	\$34.00
01515	Space Maintainer - Fixed - Bilateral	\$55.00	04355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$40.00
01520	Space Maintainer - Removable - Unilateral	\$60.00	04910	Periodontal Maintenance	\$30.00
01525	Space Maintainer - Removable - Bilateral	\$60.00	Prosthodontics, Removable (05000-05899): Full and partial dentures; includes fabrication and/or repair of prosthesis and routine post-delivery care.		
01550	Re-Cementation of Space Maintainer	\$15.00	05110	Complete Denture - Maxillary	\$300.00
Restorative (02000-02999): Amalgams, resins, pins, and single crowns; includes bases; pulp caps; liners; and preparation, temporization and cementation of cast restorations; and cast crowns.			05120	Complete Denture - Mandibular	\$300.00
02140	Amalgam - One Surface, Primary or Permanent	\$12.00	05130	Immediate Denture - Maxillary	\$325.00
02150	Amalgam - Two Surfaces, Primary or Permanent	\$15.00	05140	Immediate Denture - Mandibular	\$325.00
02160	Amalgam - Three Surfaces, Primary or Permanent	\$16.00	05211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$320.00
02161	Amalgam - Four or More Surfaces, Primary or Permanent	\$18.00	05212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$320.00
02330	Resin-Based Composite - One Surface, Anterior	\$15.00	05213	Maxillary Partial Denture - Cast Metal Framework with Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$350.00
02331	Resin-Based Composite - Two Surfaces, Anterior	\$18.00	05214	Mandibular Partial Denture - Cast Metal Framework with Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$350.00
02332	Resin-Based Composite - Three Surfaces, Anterior	\$23.00	05410	Adjust Complete Denture - Maxillary	\$10.00
02335	Resin-Based Composite - Four or More Surfaces, or Involving Incisal Angle (Anterior)	\$68.00	05411	Adjust Complete Denture - Mandibular	\$10.00
02390	Resin-Based Composite Crown, Anterior	\$30.00	05421	Adjust Partial Denture - Maxillary	\$10.00
02391	Resin-Based Composite - One Surface, Posterior	\$50.00	05422	Adjust Partial Denture - Mandibular	\$10.00
02392	Resin-Based Composite - Two Surfaces, Posterior	\$70.00	05510	Repair Broken Complete Denture Base	\$29.00
02393	Resin-Based Composite - Three Surfaces, Posterior	\$90.00	05520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$22.00
02394	Resin-Based Composite - Four or More Surfaces, Posterior	\$90.00			
02750	Crown - Porcelain Fused to High Noble Metal ³	\$255.00			
02751	Crown - Porcelain Fused to Predominantly Base Metal	\$255.00			
02752	Crown - Porcelain Fused to Noble Metal ³	\$255.00			
02780	Crown - 3/4 Cast High Noble Metal ³	\$255.00			
02781	Crown - 3/4 Cast Predominantly Base Metal	\$255.00			
02782	Crown - 3/4 Cast Noble Metal ³	\$255.00			
02790	Crown - Full Cast High Noble Metal ³	\$255.00			
02791	Crown - Full Cast Predominantly Base Metal	\$255.00			
02792	Crown - Full Cast Noble Metal ³	\$255.00			
02794	Crown - Titanium ³	\$255.00			
02910	Re-Cement Inlay, Onlay, or Partial Coverage Restoration	\$15.00			
02915	Re-Cement Cast or Prefabricated Post and Core	\$15.00			
02920	Re-Cement Crown	\$15.00			
02930	Prefabricated Stainless Steel Crown - Primary Tooth ¹	\$55.00			
02931	Prefabricated Stainless Steel Crown - Permanent Tooth ¹	\$55.00			

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CDT-5 Code	Procedure Description	Member Co-Pay	CDT-5 Code	Procedure Description	Member Co-Pay
Prosthodontics, Removable (05000-05899): Continued			Oral Surgery (07000-07999): Nonsurgical and surgical extractions and related procedures; includes pre-op and post-op evaluations and treatment under local anesthetic.		
05610	Repair Resin (Partial) Denture Base	\$30.00			You Pay \$
05620	Repair Cast (Partial Denture) Framework	\$30.00			
05630	Repair or Replace Broken Clasp (Partial Denture)	\$30.00	07111	Extraction, Coronal Remnants - Deciduous Tooth	\$15.00
05640	Replace Broken Teeth (Partial Denture) - Per Tooth	\$30.00	07140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$15.00
05650	Add Tooth to Existing Partial Denture	\$30.00			
05660	Add Clasp to Existing Partial Denture	\$45.00	07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	\$25.00
05670	Replace All Teeth and Acrylic on Cast Metal (Partial) Framework (Maxillary)	\$288.00			
05671	Replace All Teeth and Acrylic on Cast Metal (Partial) Framework (Mandibular)	\$288.00	07220	Removal of Impacted Tooth - Soft Tissue	\$50.00
05710	Rebase Complete Maxillary Denture	\$100.00	07230	Removal of Impacted Tooth - Partially Bony	\$65.00
05711	Rebase Complete Mandibular Denture	\$100.00	07240	Removal of Impacted Tooth - Completely Bony	\$110.00
05720	Rebase Maxillary Partial Denture	\$100.00	07241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$110.00
05721	Rebase Mandibular Partial Denture	\$100.00	07250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$40.00
05730	Reline Complete Maxillary Denture (Chairside)	\$60.00	07270	Tooth Re-implantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$65.00
05731	Reline Complete Mandibular Denture (Chairside)	\$60.00	07280	Surgical Access of an Unerupted Tooth	\$65.00
05740	Reline Maxillary Partial Denture (Chairside)	\$60.00	07310	Alveoplasty in Conjunction with Extraction - Per Quadrant	\$45.00
05741	Reline Mandibular Partial Denture (Chairside)	\$60.00	07311	Alveoplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$30.00
05750	Reline Complete Maxillary Denture (Laboratory)	\$95.00			
05751	Reline Complete Mandibular Denture (Laboratory)	\$95.00	07320	Alveoplasty Not in Conjunction with Extractions - Per Quadrant	\$60.00
05760	Reline Maxillary Partial Denture (Laboratory)	\$95.00	07321	Alveoplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$40.00
05761	Reline Mandibular Partial Denture (Laboratory)	\$95.00			
05820	Interim Partial Denture (Maxillary)	\$110.00	07510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$35.00
05821	Interim Partial Denture (Mandibular)	\$110.00	07520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$35.00
05850	Tissue Conditioning, (Maxillary)	\$30.00	07910	Suture of Recent Small Wounds up to 5 cm	No Co-Pay
05851	Tissue Conditioning, (Mandibular)	\$30.00	07960	Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure	\$60.00
Prosthodontics, Fixed (06200-06999): Abutments; pontics and related procedures. Includes diagnosis/models; preparation, temporization, fabrication and cementation of final restoration.			Orthodontics (08000-08999): Orthodontic treatment; related procedures to improve a patient's craniofacial dysfunction and/or dentofacial deformity.		
06210	Pontic - Cast High Noble Metal ³	\$255.00	08050	Interceptive Orthodontic Treatment of the Primary Dentition (Phase 1) ⁴ Up To	\$1,300.00
06211	Pontic - Cast Predominantly Base Metal	\$255.00			
06212	Pontic - Cast Noble Metal ³	\$255.00	08060	Interceptive Orthodontic Treatment (Primary/Transitional Dentition) (Phase 1) ⁴ Up To	\$1,300.00
06214	Pontic - Titanium ³	\$255.00			
06240	Pontic - Porcelain Fused to High Noble Metal ³	\$255.00	08070	Comprehensive Orthodontic Treatment of the Transitional Dentition (24 Month Case)	\$2,400.00
06241	Pontic - Porcelain Fused to Predominantly Base Metal	\$255.00			
06242	Pontic - Porcelain Fused to Noble Metal ³	\$255.00	08080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (24 Month Case)	\$2,400.00
06250	Pontic - Resin with High Noble Metal ³	\$255.00			
06251	Pontic - Resin with Predominantly Base Metal	\$255.00	08090	Comprehensive Orthodontic Treatment of the Adult Dentition (24 Month Case)	\$2,600.00
06252	Pontic - Resin with to Noble Metal ³	\$255.00			
06720	Crown - Resin with High Noble Meta ³	\$255.00	08210	Removable Appliance Therapy	\$560.00
06721	Crown - Resin with Predominantly Base Metal	\$255.00	08220	Fixed Appliance Therapy	\$560.00
06722	Crown - Resin with Noble Metal ³	\$255.00	08660	Pre-Orthodontic Treatment Visit (Orthodontic Consultation)	\$150.00
06750	Crown - Porcelain Fused to High Noble Metal ³	\$255.00	08670	Periodic Orthodontic Treatment (In Conjunction With Comprehensive Orthodontic Treatment)	No Co-Pay
06751	Crown - Porcelain Fused to Predominantly Base Metal	\$255.00			
06752	Crown - Porcelain Fused to Noble Metal ³	\$255.00	08680	Orthodontic Retention - Per Arch (Removal of Appliances, Construction and Placement of Retainers(s))	\$95.00
06780	Crown - 3/4 Cast High Noble Metal ³	\$250.00			
06781	Crown - 3/4 Cast Predominantly Base Metal	\$250.00	08999	Unspecified Orthodontic Procedure, By Report ² - Diagnostic Workup	\$250.00
06782	Crown - 3/4 Cast Noble Metal ³	\$250.00			
06790	Crown - Full Cast High Noble Metal ³	\$255.00			
06791	Crown - Full Cast Predominantly Base Metal	\$255.00			
06792	Crown - Full Cast Noble Metal ³	\$255.00			
06794	Crown - Titanium ³	\$255.00			
06930	Recement Fixed Partial Denture	\$10.00	09110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	No Co-Pay
06940	Stress Breaker	\$40.00	09211	Regional Block Anesthesia	No Co-Pay
06970	Cast Post and Core in Addition to Fixed Partial Denture Retainer	\$70.00	09212	Trigeminal Division Block Anesthesia	No Co-Pay
06972	Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer	\$70.00	09215	Local Anesthesia	No Co-Pay
06973	Core Build-Up for Retainer, Including any Pins	\$40.00	09230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$10.00
06980	Fixed Partial Denture Repair, By Report	\$45.00	09310	Consultation (Diagnostic Service Provided by Dentist or Physician Other than Practitioner Providing Treatment)	No Co-Pay
			09440	Office Visit After Regularly Scheduled Hours	\$35.00
			09450	Case Presentation, Detailed and Extensive Treatment Planning	No Co-Pay
			Adjunctive General Services (09110-09999):		

Please call NPD for all Specialty Care Referrals: 1-800-232-0990 or 1-713-862-8404.

- 1 For children age 14 and under only
- 2 Other than those procedures listed, no other unspecified procedures are covered
- 3 Does not include the cost of noble metal, high noble metal, or titanium
- 4 Not to exceed the amount listed in the co-pay column; can be less than the amount listed

To be covered, all services and procedures must be considered dentally necessary by your Primary Care Dentist.

The above procedures are performed as needed and deemed necessary by your attending Panel Dentist – subject to applicable Limitations, Exclusions, and Governing Administrative Policies of the Program. Please refer to these sections for further clarification of benefits.

See Clearly with Vision Coverage

The vision plan includes benefits for eye exams, eyeglasses, and contact lenses through UnitedHealthcare (UHC) Vision. You may visit a doctor within the UHC network and take advantage of higher benefits coverage, or visit an out-of-network provider of your choice for a reduced benefit. Keep in mind, when you visit an out-of-network provider, you must pay for your expenses in full at the time of service, then submit a claim for reimbursement up to plan allowances, as shown in the table below:

Plan Features	UnitedHealthcare (UHC) Vision Plan	
	In-Network	Out-of-Network
	You pay:	Plan reimburses you up to:
Exam (every 12 months)	\$10 copay	\$40
Materials	\$25 copay	N/A
Frames (every 12 months)	Amounts over \$130 retail	\$45
Lenses (every 12 months)	\$0 after copay, standard scratch resistant coating and polycarbonate lenses are covered in full. All other lens options are at a discount.	
Single vision lenses		\$40
Lined Bifocal lenses		\$60
Lined Trifocal lenses		\$80
Lined Lenticular lenses		\$80
Contact Lenses (every 12 months); in lieu of eye glasses	\$0 after copay for UHC Vision contact lens selection, which includes fitting, evaluation and two follow-up visits. -or- \$150 allowance that applies toward all other elective contacts and fitting/evaluation. Copay is waived for non-selection contacts.	\$150 (\$210 if medically necessary)
Additional Materials Discount	20% discount on an additional pair of eyeglasses or contact lenses at participating providers	N/A
Laser Discount	15% discount on usual and customary prices, or 5% discount on a promotional price	N/A
Monthly Premium Cost		
Employee Only		\$5.00
Employee & Spouse		\$17.30
Employee & Children		\$18.15
Employee & Family		\$22.50

To find a participating provider, go to www.myuhcvision.com or call 1-800-839-3242.

Lower Your Taxes with Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) are a tax-saving way to pay health care and dependent care expenses that you would typically pay out-of-pocket. Expenses such as deductibles and copays can quickly add up; and dependent day care or elder care expenses can be even more expensive. The FSAs let you pay these expenses with pre-tax dollars. This means that the money you set aside is not taxed, so you save money. Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute to either or both of the FSAs. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s). You may contribute from \$100 to \$7,500 per year to the Health Care FSA and from \$100 to \$5,000 per year (\$2,500 per year if you are married and file your taxes separately) to the Dependent Care FSA. Both accounts function separately. When you have eligible expenses, you pay with a debit card or submit a claim for reimbursement from your FSAs.

Pay for Your Expenses with an FSA Debit Card

You can pay for eligible expenses with an FSA debit card, which will be provided by TASC when you enroll in an FSA. Be sure to save your receipts in the event of an audit.

Eligible Expenses

Eligible expenses for the Health Care FSA include medical, dental, and vision expenses not covered under your health care plans. Eligible dependent care expenses for the Dependent Care FSA are those that allow you and your spouse (if you are married) to work or attend school full time. These services generally include day care, babysitters, most day camps, and caregivers for certain disabled dependents.

Important Rules to Keep in Mind

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the following:

- The IRS has a strict “use it or lose it rule”: If you do not use the full amount in your FSAs by the end of the plan year, you will lose any remaining funds.
- Grace period: If you have a balance remaining in your FSA at the end of the plan year, you may continue to incur eligible expenses for up to 73 calendar days in the new plan year and file for reimbursement.
- Once you enroll in the FSAs, you cannot change your contribution amount during the year unless you experience a qualified status change.
- You cannot transfer funds from one FSA to another.

Requesting Reimbursement

There are three ways to request reimbursement from your FSA:

1. Pay for expenses with an FSA debit card (sent to you by TASC when you enroll)
2. Submit a paper claim to the fax number or address on the claim form
3. Submit an online request for reimbursement at www.tasconline.com
4. The deadline for filing claims is 90 days following the expiration of the grace period

If you are unable to estimate your health care and dependent care costs accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

FSA Planning Worksheet

Use this worksheet to estimate your contributions to the FSA(s).

Prescription drug copays _____
Chiropractic treatments _____
Over-the-counter medicines (NEW: prescription is required) _____
Supplies (e.g., bandages, syringes, braces/supports) _____
Subtotal _____

Dental expenses not covered by insurance
Annual deductible _____
Crowns, bridges, dentures _____
Orthodontia _____
Root canals _____
Other _____
Subtotal _____

Vision/hearing expenses not covered by insurance
Exams _____
Frames/lenses _____
Prescription sunglasses _____
Contact lenses and cleaning solutions _____
Corrective eye surgery (e.g., LASIK) _____
Other _____
Subtotal _____

(A) Total Health Care Expenses _____

Dependent Care Expenses

September	_____	March	_____
October	_____	April	_____
November	_____	May	_____
December	_____	June	_____
January	_____	July	_____
February	_____	August	_____

(B) Total Dependent Care Expenses _____

Note: Remember to include expenses from eligible dependents, even if they are on another medical, dental, or vision plan.

Protect Your Loved Ones with Life and Accidental Death and Dismemberment Insurance

Basic Life and AD&D Insurance

Providing economic security for your family if you die, become disabled, or experience an injury or illness is a major consideration in personal financial planning. GPISD provides you with employee life and accidental death and dismemberment (AD&D) insurance coverage at no cost to you. You automatically receive life and AD&D coverage in the amount of \$25,000. You must choose a beneficiary to receive benefits in the event of your death.

Supplemental Life and AD&D Insurance

You can purchase additional life insurance coverage for yourself if you choose. Consider costs such as funeral expenses, legal expenses, and general living expenses for your surviving family members when determining an appropriate amount of additional coverage. You can choose death benefit amounts from \$10,000 to the lesser of \$300,000 or 5 x your salary, in \$10,000 increments. (The death benefit is doubled if due to an accident.)

If you enroll for additional coverage for yourself, you may choose to elect coverage for your spouse and/or your child(ren) in the following amounts:

Spouse: \$10,000 to \$50,000 in \$10,000 increments (not to exceed 50% of employee supplemental coverage)

Child(ren): \$5,000 or \$10,000

For newly eligible employees and spouses, supplemental life benefits in excess of \$100,000 for employees, and \$30,000 for spouse require evidence of insurability prior to approval.

Accelerated Death Benefit

If you become terminally ill with a life expectancy of less than 12 months, you may be eligible to receive up to 50% of your basic life and supplemental life death benefits up to a maximum of \$50,000. (This benefit is not available for life insurance on your spouse or children.)

Changes During August 2011 Annual Enrollment

During the District's August 2011 annual enrollment period you may add or increase your supplemental life insurance up to \$100,000 (not to exceed your maximum benefit) without having to provide evidence of insurability. If you already have at least \$100,000, you may increase your supplemental life by an additional \$20,000 (not to exceed the maximum death benefit available) without providing evidence of insurability. Spouses may also be added during this period up to \$30,000 without providing evidence of insurability and subject to the maximum benefit available for spouses. If your spouse is already covered, you may increase your spouse's coverage by an additional \$20,000 (not to exceed the spouse maximum) without providing evidence of insurability.

For detailed information about the District's life insurance please review the Life Certificate of Coverage at www.galenaparkisd.com/benefits or call UnitedHealthcare at 1-888-299-2070.



Supplemental Life

	Employee*	Spouse*	Child(ren)*
Minimum Death Benefit	\$10,000	\$10,000	\$5,000
Maximum Death Benefit	Lesser of 5 x basic annual earnings or \$300,000	Lesser of 50% of employee optional life death benefit or \$50,000	\$10,000
Increments	\$10,000	\$10,000	\$5,000
Newly Eligible Guarantee Issue Limit (not available for Late Entrants)	Lesser of 3 x basic annual earnings or \$200,000	Lesser of 50% of employee optional life death benefit or \$30,000	\$10,000
Late Entrant Guarantee Issue Limit (available only in August, 2011)	Lesser of 3 x basic annual earnings or \$100,000	Lesser of 50% of employee optional life death benefit or \$30,000	Not available
Accidental Death Benefit	Matches employee supplemental life benefit; included in rates	Not available	Not available
Death Benefit	Monthly Rate		
\$5,000			\$0.28
\$10,000	\$2.36	\$2.96	\$0.56
\$20,000	\$4.72	\$5.92	
\$30,000	\$7.08	\$8.88	
\$40,000	\$9.44	\$11.84	
\$50,000	\$11.80	\$14.80	
\$60,000	\$14.16		
\$70,000	\$16.52		
\$80,000	\$18.88		
\$90,000	\$21.24		
\$100,000	\$23.60		
\$110,000	\$25.96		
\$120,000	\$28.32		
\$130,000	\$30.68		
\$140,000	\$33.04		
\$150,000	\$35.40		
\$160,000	\$37.76		
\$170,000	\$40.12		
\$180,000	\$42.48		
\$190,000	\$44.84		
\$200,000	\$47.20		
\$210,000	\$49.56		
\$220,000	\$51.92		
\$230,000	\$54.28		
\$240,000	\$56.64		
\$250,000	\$59.00		
\$260,000	\$61.36		
\$270,000	\$63.72		
\$280,000	\$66.08		
\$290,000	\$68.44		
\$300,000	\$70.80		

Prepare for the Unexpected with Disability Insurance

Long-Term Disability (LTD)

Long-term disability (LTD) coverage is important because anyone at any age may become injured or ill for an extended period of time. If you are a newly eligible employee, your coverage will be effective on first of the month following the date you enroll (as long as you enroll within 45 days of your date of eligibility). You may select any LTD benefit that is a multiple of \$100, from \$300 to \$7,500 per month, as long as your monthly benefit is no more than 66 2/3% of your base monthly earnings. If you apply for a benefit amount exceeding \$5,000/month, only the first \$5,000 will be effective on the first of the month following your date of enrollment; coverage in excess of \$5,000 requires evidence of insurability before coverage is effective.

If you become disabled, your benefit may be reduced by other sources of disability income, such as Social Security or workers' compensation.

If you choose to purchase LTD coverage, you may select one of the following elimination period options:

- 7 days for injury, 7 days for sickness (Plans 1 and 5)
- 14 days for injury, 14 days for sickness (Plans 2 and 6)
- 30 days for injury, 30 days for sickness (Plans 3 and 7)
- 60 days for injury, 60 days for sickness (Plans 4 and 8)

The duration of benefits varies depending on which option you select:

	Benefit Duration	Benefit Duration
If you are disabled...	Plans 1 to 4	Plans 5 to 8
Due to an injury that occurred prior to age 60	Up to SSNRA*	Up to SSNRA*
Due to an injury that occurred on or after age 60	Age reduction schedule applies	Age reduction schedule applies
Due to a sickness that began prior to age 64	Up to 36 months	<60: Up to SSNRA* ≥ 60: age reduction schedule applies
Due to sickness that began on or after age 64	Age reduction schedule applies	Age reduction schedule applies

* Social Security Normal Retirement Age

LTD rates vary by plan. Please see the following table.

Preexisting Condition Limitation

No benefits are payable for disabilities that commence within 12 months of your effective date and that are caused by, contributed by, or resulting from a preexisting condition. A preexisting condition means a condition for which you received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines for the disabling condition in the 12 months just prior to your effective date. (Increases in coverage are also subject to the preexisting condition limitation, as of the effective date of the increase.)

Once you are enrolled in this plan, you will receive a Certificate of Coverage from Assurant Employee Benefits that will contain more detailed information.

Long-Term Disability Rates (100% Employee Paid)

Minimum Gross Annual Earnings	Maximum Monthly Benefit	Monthly Premium: Plan 1	Monthly Premium: Plan 2	Monthly Premium: Plan 3	Monthly Premium: Plan 4	Monthly Premium: Plan 5	Monthly Premium: Plan 6	Monthly Premium: Plan 7	Monthly Premium: Plan 8
\$5,400	\$300	\$14.96	\$8.52	\$6.42	\$5.28	\$17.60	\$11.16	\$9.06	\$7.92
\$7,200	\$400	\$19.12	\$11.36	\$8.56	\$7.04	\$22.64	\$14.88	\$12.08	\$10.56
\$9,000	\$500	\$23.26	\$14.20	\$10.70	\$8.80	\$27.66	\$18.60	\$15.10	\$13.20
\$10,800	\$600	\$27.38	\$17.04	\$12.84	\$10.56	\$32.66	\$22.32	\$18.12	\$15.84
\$12,600	\$700	\$31.52	\$19.88	\$14.98	\$12.32	\$37.68	\$26.04	\$21.14	\$18.48
\$14,400	\$800	\$35.66	\$22.72	\$17.12	\$14.08	\$42.70	\$29.76	\$24.16	\$21.12
\$16,200	\$900	\$39.80	\$25.56	\$19.26	\$15.84	\$47.72	\$33.48	\$27.18	\$23.76
\$18,000	\$1,000	\$43.94	\$28.40	\$21.40	\$17.60	\$52.74	\$37.20	\$30.20	\$26.40
\$19,800	\$1,100	\$48.10	\$31.24	\$23.54	\$19.36	\$57.78	\$40.92	\$33.22	\$29.04
\$21,600	\$1,200	\$52.24	\$34.08	\$25.68	\$21.12	\$62.80	\$44.64	\$36.24	\$31.68
\$23,400	\$1,300	\$56.36	\$36.92	\$27.82	\$22.88	\$67.80	\$48.36	\$39.26	\$34.32
\$25,200	\$1,400	\$60.50	\$39.76	\$29.96	\$24.64	\$72.82	\$52.08	\$42.28	\$36.96
\$27,000	\$1,500	\$64.64	\$42.60	\$32.10	\$26.40	\$77.84	\$55.80	\$45.30	\$39.60
\$28,800	\$1,600	\$68.78	\$45.44	\$34.24	\$28.16	\$82.86	\$59.52	\$48.32	\$42.24
\$30,600	\$1,700	\$72.92	\$48.28	\$36.38	\$29.92	\$87.88	\$63.24	\$51.34	\$44.88
\$32,400	\$1,800	\$77.08	\$51.12	\$38.52	\$31.68	\$92.92	\$66.96	\$54.36	\$47.52
\$34,200	\$1,900	\$81.38	\$53.96	\$40.66	\$33.44	\$98.10	\$70.68	\$57.38	\$50.16
\$36,000	\$2,000	\$85.68	\$56.80	\$42.80	\$35.20	\$103.28	\$74.40	\$60.40	\$52.80
\$37,800	\$2,100	\$89.98	\$59.64	\$44.94	\$36.96	\$108.46	\$78.12	\$63.42	\$55.44
\$39,600	\$2,200	\$94.28	\$62.48	\$47.08	\$38.72	\$113.64	\$81.84	\$66.44	\$58.08
\$41,400	\$2,300	\$98.60	\$65.32	\$49.22	\$40.48	\$118.84	\$85.56	\$69.46	\$60.72
\$43,200	\$2,400	\$102.90	\$68.16	\$51.36	\$42.24	\$124.02	\$89.28	\$72.48	\$63.36
\$45,000	\$2,500	\$107.20	\$71.00	\$53.50	\$44.00	\$129.20	\$93.00	\$75.50	\$66.00
\$46,800	\$2,600	\$111.52	\$73.84	\$55.64	\$45.76	\$134.40	\$96.72	\$78.52	\$68.64
\$48,600	\$2,700	\$115.82	\$76.68	\$57.78	\$47.52	\$139.58	\$100.44	\$81.54	\$71.28
\$50,400	\$2,800	\$120.12	\$79.52	\$59.92	\$49.28	\$144.76	\$104.16	\$84.56	\$73.92
\$52,200	\$2,900	\$124.42	\$82.36	\$62.06	\$51.04	\$149.94	\$107.88	\$87.58	\$76.56
\$54,000	\$3,000	\$128.74	\$85.20	\$64.20	\$52.80	\$155.14	\$111.60	\$90.60	\$79.20
\$55,800	\$3,100	\$133.04	\$88.04	\$66.34	\$54.56	\$160.32	\$115.32	\$93.62	\$81.84
\$57,600	\$3,200	\$137.34	\$90.88	\$68.48	\$56.32	\$165.50	\$119.04	\$96.64	\$84.48
\$59,400	\$3,300	\$141.64	\$93.72	\$70.62	\$58.08	\$170.68	\$122.76	\$99.66	\$87.12
\$61,200	\$3,400	\$145.96	\$96.56	\$72.76	\$59.84	\$175.88	\$126.48	\$102.68	\$89.76
\$63,000	\$3,500	\$150.26	\$99.40	\$74.90	\$61.60	\$181.06	\$130.20	\$105.70	\$92.40
\$64,800	\$3,600	\$154.56	\$102.24	\$77.04	\$63.36	\$186.24	\$133.92	\$108.72	\$95.04
\$66,600	\$3,700	\$158.86	\$105.08	\$79.18	\$65.12	\$191.42	\$137.64	\$111.74	\$97.68
\$68,400	\$3,800	\$163.18	\$107.92	\$81.32	\$66.88	\$196.62	\$141.36	\$114.76	\$100.32
Approx. Incremental cost for each additional \$100 monthly maximum benefit		\$4.30	\$2.84	\$2.14	\$1.76	\$5.18	\$3.72	\$3.02	\$2.64
MAX \$135,000	\$7,500	\$322.32	\$213.00	\$160.50	\$132.00	\$388.32	\$279.00	\$226.50	\$198.00

Protect Your Assets with Critical Illness Coverage

Protect yourself from the financial burden resulting from a serious illness.

UnitedHealthcare (UHC) Critical Illness insurance directly pays you a lump sum benefit at the diagnosis of a covered illness, such as a heart attack, stroke, major organ failure, or permanent paralysis, to help offset medical and non-medical expenses related to a serious illness, such as deductibles, lost wages, travel/lodging, etc. You choose the level of coverage, from \$5,000 to \$50,000 in \$1,000 increments. The benefit you receive depends on the illness, and may be used as you see fit. Once the plan has paid the benefit on any given qualifying condition, you have exhausted the plan benefit for all conditions.

Covered Medical Conditions

The following medical conditions are covered under the plan:

- Cancer (not including skin cancer)
- Chronic Renal Failure
- Heart Attack (myocardial infarction)

- Major Organ Transplant
- Paralysis
- Stroke
- Coma
- Severe Brain Damage
- Severe Burns
- Ruptured Cerebral, Carotid or Aortic Aneurysm

Coverage Amounts

You may enroll your spouse and your eligible dependent children if you are enrolled for coverage.

- Maximum spouse coverage: 50% of employee amount up to \$10,000
- Maximum child coverage: 25% of employee amount up to \$5,000

Note: Evidence of insurability is required for employee coverage in excess of \$15,000 and for all amounts of dependent coverage. Preexisting condition exclusions apply.

Please refer to the UHC Critical Illness brochure for more detailed information. A copy can be downloaded from the District's Web site at www.galenaparkisd.com/benefits.

Your cost for Critical Illness coverage is shown below

Age Range/Monthly Rate per \$1,000 of Benefit	Employee	Dependent Spouse
<25	\$0.28	\$0.49
25-29	\$0.28	\$0.49
30-34	\$0.28	\$0.49
35-39	\$0.43	\$0.77
40-44	\$0.70	\$1.24
45-49	\$1.10	\$1.95
50-54	\$1.60	\$2.85
55-59	\$2.28	\$4.06
60-64	\$3.21	\$5.71
65-69	\$4.39	\$7.81
70-74	\$6.03	\$10.72
75+	\$7.14	\$12.67
Dependent Child(ren) Rate per \$1,000 of Benefit	\$0.54/\$1,000	

Note: The cost for coverage is 100% employee paid



Questions?

Benefit	Contact	Telephone	Web Address
Medical	TRS ActiveCare by BlueCross BlueShield of Texas	1-866-355-5999	http://www.bcbstx.com/trs/
Dental	UnitedHealthcare (UHC)	1-800-232-0990	www.myuhcdental.com
Vision	UnitedHealthcare (UHC) Vision	1-800-638-3120	www.myuhcvision.com
Flexible Spending Accounts (FSAs)	TASC	1-800-422-4661 E-mail: service@tasconline.com Fax: 1-800-296-3529 or Shelli Dean, Agent 1-832-878-2605 shelliwdean@sbcglobal.net	www.tasconline.com
Life and AD&D	UnitedHealthcare (UHC) Specialty Benefits	1-888-299-2070	www.myuhcspecialtybenefits.com
Disability	Assurant	Customer Service: 1-800-877-2701 Claims: 1-866-376-9477 Claims Fax: 1-866-376-9480 or Shelli Dean, Agent 1-832-878-2605 shelliwdean@sbcglobal.net	N/A
Critical Illness	UnitedHealthcare (UHC) Specialty Benefits	1-888-299-2070	www.myuhcspecialtybenefits.com
Galena Park ISD Benefits Department	<p>Diana Villasana, Employee Benefits Specialist 1-832-386-1245 Dvillasana@galenaparkisd.com</p> <p>Gina Martinez, Employee Benefits Specialist 1-832-386-1276 gmartinez@galenaparkisd.com</p> <p>Larry Helgesen, Director of Risk Management and Non-Exempt Service 1-832-386-1218 lhelgesen@galenaparkisd.com Fax: 1-832-386-1449 www.galenaparkisd.com/benefits</p>		

This communication highlights some of your GPISD benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. GPISD reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.