

BENEFIT INFORMA SESSION



**This school year let's be
healthier -- together.**

Open Enrollment is July 12 -
August 20, 2021.

Benefits are effective
September 1, 2021 -
August 31, 2022.



IMPORTANT

- Benefit plan year runs September 1 – August 31 each year
- Most benefits are available for enrollment without a medical plan
- Review your elections each year so that you select the best options for you and your family
- Your FSA election will not rollover, you must make an election each year
- It is against the law to elect coverage for an ineligible person. Participants may be asked to provide satisfactory proof of eligibility





BENEFITS OFFERED

- **Medical**
- **Flexible Spending Accounts**
- **Dependent Care Accounts**
- **Health Savings Accounts**
- **Dental**
- **Vision**
- **Virtual Health**
- **Disability**
- **Cancer Plan**
- **Critical Illness**
- **Hospital Indemnity**
- **Accident**
- **Prepaid Legal**
- **District Paid & Supplemental Life Insurance**
- **Permanent Life Insurance**

Let's brush up on some of the most common terms.

PREMIUM

This is the semi-monthly amount you pay for coverage per paycheck

DEDUCTIBLE

This is the amount you pay annually for covered health care services before your health plan starts to pay. Keep in mind that your health plan covers certain preventive benefits at 100%, even before you meet your deductible

COPAYS

A copay is the set amount you pay for a covered service at the time you receive it. This amount can vary by the type of service or provider. For example, you may pay \$30 to see your regular doctor, and you may pay \$70 to see a specialist like an endocrinologist.

COINSURANCE

Coinsurance is the portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs. For example, you pay 30% in coinsurance and your health plan pays 70%.

Just a few more common terms...

PRIMARY CARE PROVIDER (PCP)

A PCP is the provider you choose to be your primary source for medical care. Your PCP coordinates all your medical care and treatment, including hospital admissions and referrals to specialists.

MAXIMUM OUT-OF-POCKET (MOOP)

MOOP is the maximum amount you'll pay each plan year for medical costs. After reaching your MOOP, your health plan pays 100% of allowable charges for covered services for the rest of the plan year.

REFERRAL

A referral is a written authorization from your PCP to see a different contracted provider, specialist or facility.

IN-NETWORK PROVIDERS

These providers are contracted with your health plan to provide medical services and treatment at a negotiated rate.

PRIOR AUTHORIZATION

Some carriers require prior approval for certain services or treatment before you have them or within 48 hours of emergency treatment. Prior authorization will need to be obtained for these services to be covered by your plan.

TAKE NOTE: IMPORTANT DATES

SELF ENROLL ONLINE

**JULY 12
- AUG 16**

Comfortable with navigating the portal and having access 24/7, then login with your credentials and complete your enrollment as soon as the portal opens on July 12th.

BY PHONE

**JULY 12
- AUG 20**

Need assistance and want to talk through your options and scenarios? This option is just for you. Your Employee Benefits Department and First Financial are here to assist you during operating hours 8 AM - 5 PM.

IN-PERSON BY APPOINTMENT

**JULY 12 - 15, 28
AUG 11-13, 16,
18-20**

We know completing your enrollment in person provides confidence and real-time support. You can schedule an appointment to complete your enrollment at the Administration Building. Go to <https://www.galenaparkisd.com/Page/9994>

Complete your enrollment by August 16 to receive your ID cards by September 1

MEDICAL

**BLUE CROSS
BLUE SHIELD**



WHAT'S NEW & WHAT'S CHANGING

| Premiums PER PAYCHECK after State and District Contributions | | 2020-21 Total Premium | New 2021-22 Total Premium | Change in Amount PER PAYCHECK | Key Plan Changes |
|---|-----------------------|--------------------------|------------------------------|----------------------------------|---|
| TRS-ActiveCare Primary | Employee Only | \$30.50 | \$46.00 | \$15.50 | <p>No benefits changes! This plan still has the lowest monthly costs and copays. Your Primary Care Provider copay is \$30 and TRS Virtual Health is \$0.</p> |
| | Employee and Spouse | \$354.50 | \$398.00 | \$43.50 | |
| | Employee and Children | \$176.50 | \$204.50 | \$28.00 | |
| | Employee and Family | \$460.50 | \$512.50 | \$52.00 | |
| TRS-ActiveCare HD | Employee Only | \$36.00 | \$52.00 | \$16.00 | <ul style="list-style-type: none"> • In-network deductible rose by \$200 for individuals and \$400 for families • In-network coinsurance rate rose from 20% to 30% • Out of network coinsurance rate rose from 40% to 50% • In-network maximum out-of-pocket rose by \$100 for individuals and \$200 for families <p><i>*All changes are for medical only. There are no changes to prescription drug coinsurance rates.</i></p> |
| | Employee and Spouse | \$370.00 | \$414.50 | \$44.50 | |
| | Employee and Children | \$186.50 | \$215.00 | \$28.50 | |
| | Employee and Family | \$479.00 | \$532.50 | \$53.50 | |
| TRS-ActiveCare Primary+ | Employee Only | \$94.50 | \$108.50 | \$14.00 | <p>No benefits changes! This plan still has copays and the lowest deductibles, maximum out-of-pockets, and coinsurance rates. Your Primary Care Provider copay is \$30 and TRS Virtual Health is \$0.</p> |
| | Employee and Spouse | \$442.00 | \$477.00 | \$35.00 | |
| | Employee and Children | \$246.00 | \$268.50 | \$22.50 | |
| | Employee and Family | \$604.00 | \$647.50 | \$43.50 | |
| TRS-ActiveCare 2 (closed to new enrollees) | Employee Only | \$306.00 | \$344.00 | \$38.00 | <p>No benefits changes! This plan is still closed to new enrollees.</p> |
| | Employee and Spouse | \$921.00 | \$1011.00 | \$90.00 | |
| | Employee and Children | \$525.50 | \$582.50 | \$57.00 | |
| | Employee and Family | \$1,123.50 | \$1,230.50 | \$107.00 | |

MEDICAL PLANS AT-A-GLANCE

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

STHGH

| Benefit | TRS-ActiveCare Primary+ | | TRS-ActiveCare Primary | |
|------------------------------|----------------------------------|----------------------------|----------------------------------|----------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Individual Deductible | \$1,200 | N/A | \$2,500 | N/A |
| Family Deductible | \$3,600 | N/A | \$5,000 | N/A |
| Individual Out-of-Pocket Max | \$6,900 | N/A | \$8,150 | N/A |
| Family Out-of-Pocket Max | \$13,800 | N/A | \$16,300 | N/A |
| Office Visit | \$30 PCP Copay \$70 SPC Copay | N/A | \$30 PCP Copay \$70 SPC Copay | N/A |
| Urgent Care | \$50 Copay | N/A | \$50 Copay | N/A |
| TRS Virtual Health (Medical) | Covered at 100% | N/A | Covered at 100% | N/A |
| Preventive Care | Covered at 100% | N/A | Covered at 100% | N/A |
| Inpatient Admission | 20% after ded. | N/A | 30% after ded. | N/A |
| Emergency Room | 20% after ded. | *Only for true emergencies | 30% after ded. | *Only for true emergencies |
| Free-Standing Emergency Room | \$500 Copay + 20% after ded. | *Only for true emergencies | \$500 Copay + 30% after ded. | *Only for true emergencies |

PREMIUMS

| 2021-2022 | TRS-ACTIVECARE PRIMARY | | | |
|--------------------------|------------------------|-----------------------|-----------------------|----------------------------------|
| | Total Monthly Premium | District Contribution | Employee Contribution | Employee Contribution/P paycheck |
| Employee Only | \$ 417.00 | \$ 325.00 | \$ 92.00 | \$ 46.00 |
| Employee/Children | \$ 751.00 | \$ 342.00 | \$ 409.00 | \$ 204.50 |
| Employee/Spouse | \$ 1,176.00 | \$ 380.00 | \$ 796.00 | \$ 398.00 |
| Family | \$ 1,405.00 | \$ 380.00 | \$ 1,025.00 | \$ 512.50 |
| Pool: Two Employees | \$ 1,176.00 | \$ 760.00 | \$ 416.00 | \$ 208.00 |
| Pool: Two Emps & Family | \$ 1,405.00 | \$ 760.00 | \$ 645.00 | \$ 322.50 |
| Split: Employee/Spouse | \$ 588.00 | \$ 380.00 | \$ 208.00 | \$ 104.00 |
| Split: Employee + Family | \$ 702.50 | \$ 380.00 | \$ 322.50 | \$ 161.25 |

| 2021-2022 | TRS-ACTIVECARE PRIMARY+ | | | |
|--------------------------|-------------------------|-----------------------|-----------------------|----------------------------------|
| | Total Monthly Premium | District Contribution | Employee Contribution | Employee Contribution/P paycheck |
| Employee Only | \$ 542.00 | \$ 325.00 | \$ 217.00 | \$ 108.50 |
| Employee/Children | \$ 879.00 | \$ 342.00 | \$ 537.00 | \$ 268.50 |
| Employee/Spouse | \$ 1,334.00 | \$ 380.00 | \$ 954.00 | \$ 477.00 |
| Family | \$ 1,675.00 | \$ 380.00 | \$ 1,295.00 | \$ 647.50 |
| Pool: Two Employees | \$ 1,334.00 | \$ 760.00 | \$ 574.00 | \$ 287.00 |
| Pool: Two Emps & Family | \$ 1,675.00 | \$ 760.00 | \$ 915.00 | \$ 457.50 |
| Split: Employee/Spouse | \$ 667.00 | \$ 380.00 | \$ 287.00 | \$ 143.50 |
| Split: Employee + Family | \$ 837.50 | \$ 380.00 | \$ 457.50 | \$ 228.75 |

STHGH

| Benefit | TRS-ActiveCare HD | | TRS-ActiveCare 2 | |
|---------------------------------|---------------------------------|---------------------------------|-------------------------------------|------------------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Individual Deductible | \$3,000 | \$5,500 | \$1,000 | \$2,000 |
| Family Deductible | \$6,000 | \$11,000 | \$3,000 | \$6,000 |
| Individual Out-of-Pocket Max | \$7,000 | \$20,250 | \$7,900 | \$23,700 |
| Family Out-of-Pocket Max | \$14,000 | \$40,500 | \$15,800 | \$47,400 |
| Office Visit | 30% after ded. | 50% after ded. | \$30 PCP Copay \$70 SPC Copay | 40% after ded. |
| Urgent Care | 30% after ded. | 50% after ded. | \$50 Copay | 40% after ded. |
| TRS Virtual Health (Medical) | \$30 Cost | N/A | Covered at 100% | N/A |
| Preventive Care | Covered at 100% | Covered at 100% | Covered at 100% | Covered at 100% |
| Inpatient Admission | 30% after ded. | 50% after ded. | \$150/day Copay + 20% after ded. | 40% after ded. (\$500/day max.) |
| Emergency Room | 30% after ded. | 50% after ded. | \$250 Copay + 20% after ded. | \$250 Copay + 20% after ded. |
| Free-Standing Emergency Room | \$500 Copay + 30% after ded. | \$500 Copay + 50% after ded. | \$500 Copay + 20% after ded. | \$500 Copay + 40% after ded. |

PREMIS

| 2021-2022 | TRS-ACTIVECARE HD | | | |
|--------------------------|-----------------------|-----------------------|-----------------------|--------------------------------|
| | Total Monthly Premium | District Contribution | Employee Contribution | Employee Contribution/Paycheck |
| Employee Only | \$ 429.00 | \$ 325.00 | \$ 104.00 | \$ 52.00 |
| Employee/Children | \$ 772.00 | \$ 342.00 | \$ 430.00 | \$ 215.00 |
| Employee/Spouse | \$ 1,209.00 | \$ 380.00 | \$ 829.00 | \$ 414.50 |
| Family | \$ 1,445.00 | \$ 380.00 | \$ 1,065.00 | \$ 532.50 |
| Pool: Two Employees | \$ 1,209.00 | \$ 760.00 | \$ 449.00 | \$ 224.50 |
| Pool: Two Emps & Family | \$ 1,445.00 | \$ 760.00 | \$ 685.00 | \$ 342.50 |
| Split: Employee/Spouse | \$ 604.50 | \$ 380.00 | \$ 224.50 | \$ 112.25 |
| Split: Employee + Family | \$ 722.50 | \$ 380.00 | \$ 342.50 | \$ 171.25 |

| 2021-2022 | TRS-ACTIVECARE 2 (CLOSED TO NEW ENROLLEES) | | | |
|--------------------------|---|-----------------------|-----------------------|--------------------------------|
| | Total Monthly Premium | District Contribution | Employee Contribution | Employee Contribution/Paycheck |
| Employee Only | \$ 1,013.00 | \$ 325.00 | \$ 688.00 | \$ 344.00 |
| Employee/Children | \$ 1,507.00 | \$ 342.00 | \$ 1,165.00 | \$ 582.50 |
| Employee/Spouse | \$ 2,402.00 | \$ 380.00 | \$ 2,022.00 | \$ 1,011.00 |
| Family | \$ 2,841.00 | \$ 380.00 | \$ 2,461.00 | \$ 1,230.50 |
| Pool: Two Employees | \$ 2,402.00 | \$ 760.00 | \$ 1,642.00 | \$ 821.00 |
| Pool: Two Emps & Family | \$ 2,841.00 | \$ 760.00 | \$ 2,081.00 | \$ 1,040.50 |
| Split: Employee/Spouse | \$ 1,201.00 | \$ 380.00 | \$ 821.00 | \$ 410.50 |
| Split: Employee + Family | \$ 1,420.50 | \$ 380.00 | \$ 1,040.50 | \$ 520.25 |

PRIMARY PLAN NETWORK PLAN HIGHLIGHTS

STATEWIDE NETWORK



In-Network coverage ONLY

PCP selection REQUIRED to have access to benefits. Otherwise claims deny.

Referral REQUIRED to see Specialists

Access to a network with providers THROUGHOUT Texas

TRS-ActiveCare Primary+
TRS-ActiveCare Primary

TRS-ACTIVECARE HD & TRS-ACTIVECARE AC2



NATIONWIDE NETWORK

In-Network and
OUT-OF-
NETWORK
benefits available

PCP selection
NOT required to
access benefits

Referrals NOT
required to see
Specialists

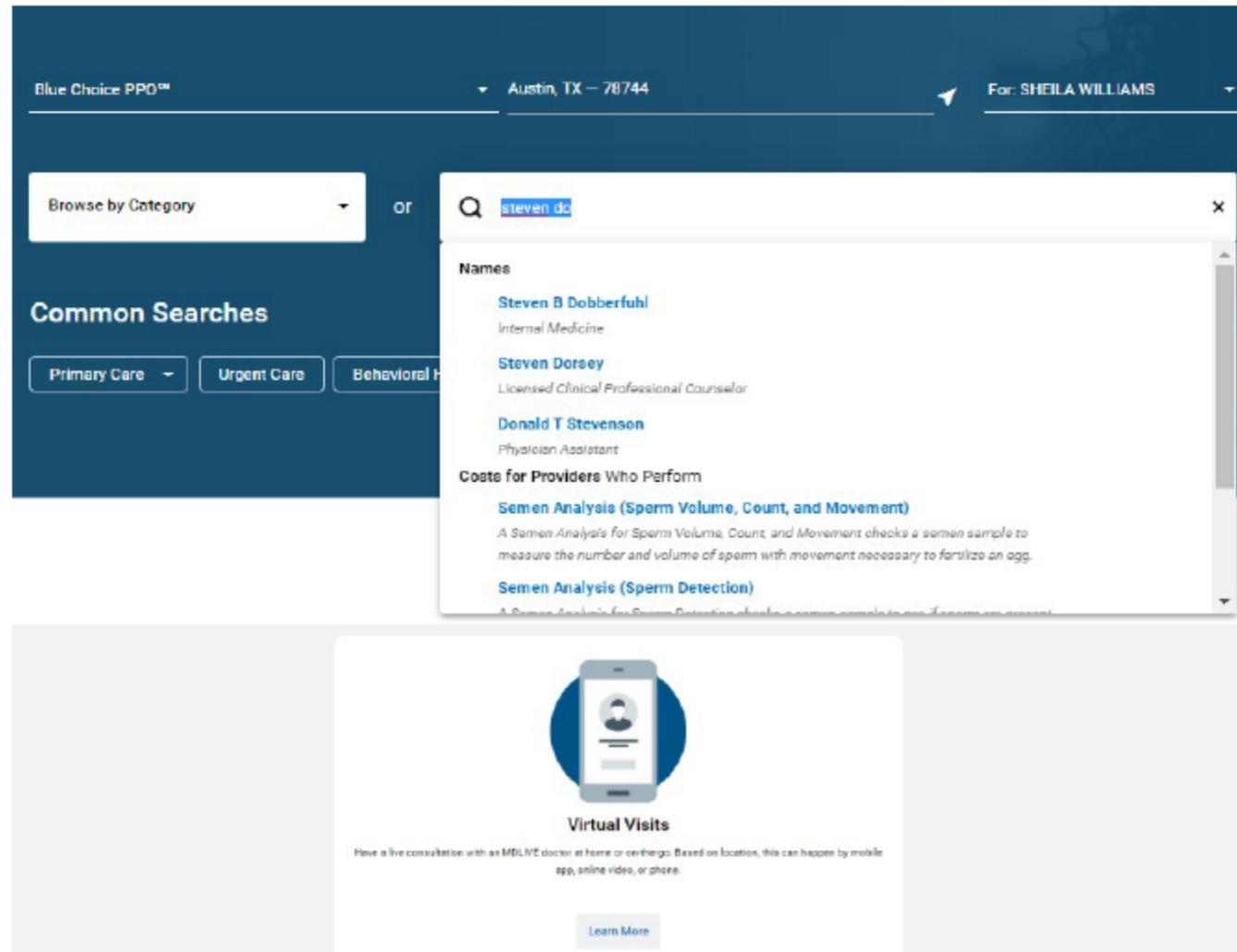
Access to
providers
THROUGHOUT
the U.S.

TRS-ActiveCare HD
TRS-ActiveCare 2

MORE VALUE, LOWER COSTS

- Use in-network providers!!!
- Use Virtual Telehealth!
- Know where to go to get care---Virtual, Primary Doctor, Urgent Care, Emergency
- Get your annual preventive screenings! They are covered at 100%. No copay!
No deductible!
- Call a Personal Health Guide
 - Get the Preauthorization before seeing a specialist (Primary and Primary + Plans)
 - Check the cost estimator to know how much will have to pay out of pocket
 - Check your Prescription costs for each plan! A Lower premium may have higher prescription costs

Search Bar



The search bar interface shows a search for "steven do" with a dropdown menu listing search results. The results include:

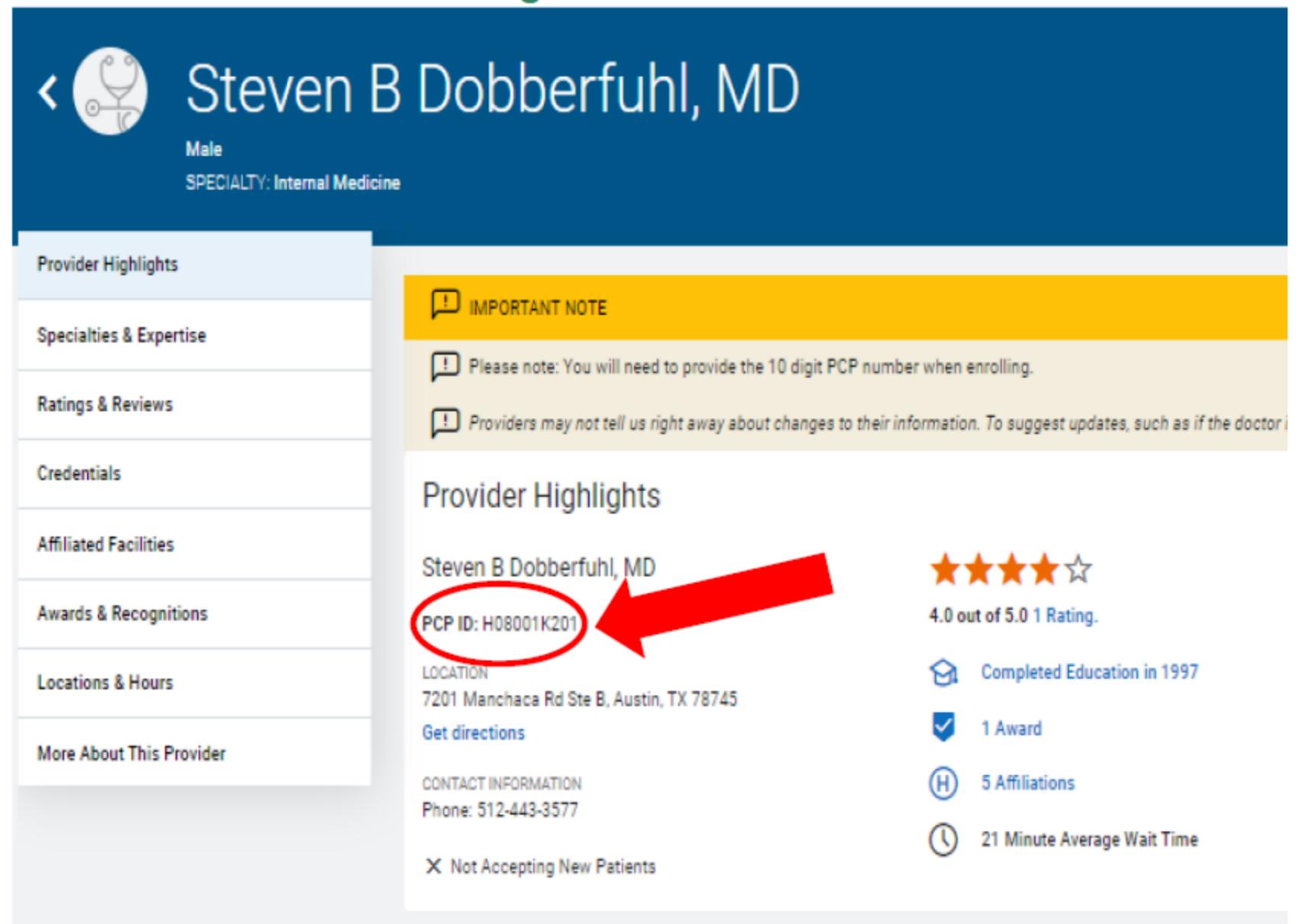
- Steven B Dobberfuhl**
Internal Medicine
- Steven Dorsey**
Licensed Clinical Professional Counselor
- Donald T Stevenson**
Physician Assistant

Below the search results, there is a section titled "Costs for Providers Who Perform" with two entries:

- Semen Analysis (Sperm Volume, Count, and Movement)**
A Semen Analysis for Sperm Volume, Count, and Movement checks a semen sample to measure the number and volume of sperm with movement necessary to fertilize an egg.
- Semen Analysis (Sperm Detection)**
A Semen Analysis for Sperm Detection checks a semen sample to confirm sperm presence.

At the bottom of the search bar, there is a "Virtual Visits" section with a mobile phone icon and a "Learn More" button.

Detailed Provider Profile Page



The detailed provider profile page for Steven B Dobberfuhl, MD, includes the following information:

- Provider Highlights**
- Specialties & Expertise**
- Ratings & Reviews**
- Credentials**
- Affiliated Facilities**
- Awards & Recognitions**
- Locations & Hours**
- More About This Provider**

IMPORTANT NOTE

- Please note: You will need to provide the 10 digit PCP number when enrolling.
- Providers may not tell us right away about changes to their information. To suggest updates, such as if the doctor

Provider Highlights

- Steven B Dobberfuhl, MD
- PCP ID: H08001K201** (highlighted with a red circle and arrow)
- 4.0 out of 5.0 1 Rating
- Completed Education in 1997
- 1 Award
- 5 Affiliations
- 21 Minute Average Wait Time

LOCATION
7201 Manchaca Rd Ste B, Austin, TX 78745
Get directions

CONTACT INFORMATION
Phone: 512-443-3577

X Not Accepting New Patients

MORE VALUE, LOWER COSTS



Virtual Health

Board-certified doctors diagnose, treat and write prescriptions by phone or video 24/7.

Check with your health plan to find your TRS Virtual Health provider and their contact information.

Average wait time:
10 minutes

Total Cost:



Walk-in clinic

Found in stores and pharmacies.

Visit when you have minor illnesses and injuries such as:

- Fevers
- Sore throats
- Migraines
- Cold/Flu

Average wait time:
5 – 30 minutes

Total Cost:



Primary Doctor

Make an appointment with your doctor for issues that are not immediately life-threatening.

If your condition requires further attention, your primary doctor may recommend a specialist.

Average wait time:
1 – 2 hours

Total Cost:



Urgent Care

Affiliated with hospitals.

Visit when you have serious but non-life-threatening illnesses and injuries such as:

- Cuts that require stitches
- Minor burns
- Sprains
- Broken bones

Average wait time:
30 – 45 minutes

Total Cost:



Emergency Room (ER)

For emergencies call 911 or go to your nearest ER. Use the ER if you think your life is in danger.

Symptoms may include:

- Chest pain
- Trouble breathing
- Severe or uncontrollable bleeding
- Other symptoms that you believe may put your life at risk

Average wait time:
3 – 6 hours

Total Cost:



KNOW WHERE TO GO TO GET CARE!

100% COVERED

PREVENTIVE CARE COVERAGE

What's Covered?

- **Recommended routine gender and age-specific preventive care and screenings** – including yearly general wellness exams, recommended vaccines and screenings for conditions like diabetes, cancer and depression – both facility and professional services
- **In-network preventive care covered at 100% with no copay, no deductible.** Out-of-network benefits may vary.
- **Note: TRS-ActiveCare Primary and TRS-ActiveCare Primary+ plans require preventive services to be rendered by your selected in-network PCP to receive 100% coverage with no copay.**
- **IMPORTANT to remember:** Lab tests related to a condition such as diabetes or asthma – **are not** considered preventive and are covered under applicable deductible and coinsurance levels.



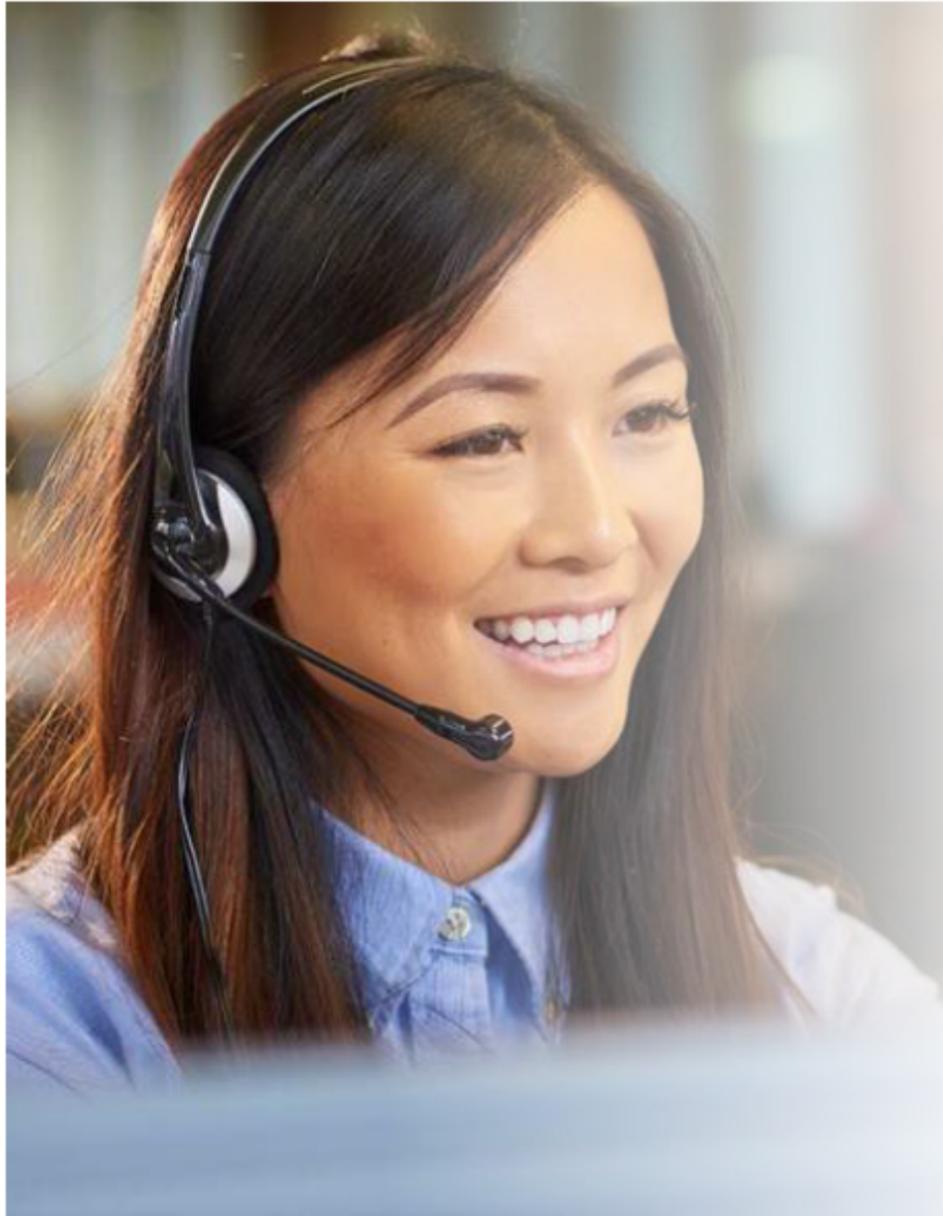
Stay Healthy
by Getting
Regular Check-
Ups

SUPPORT FOR YOU AND YOUR EMPLOYEES



Personal Health Guides (PHGs)

- **Answer questions about benefits**
 - Assist with prior authorizations and referrals
 - Find and assign an in-network PCP
 - Address claim and billing inquiries
- **Explain health care costs and options for care**
 - Locate in-network provider options
 - Scheduling appointments
 - Options for Care Steerage
- **Help you use self-service tools**
- **Connect you to other resources**
 - Clinicians
 - Community resources
 - TRS Benefit vendors



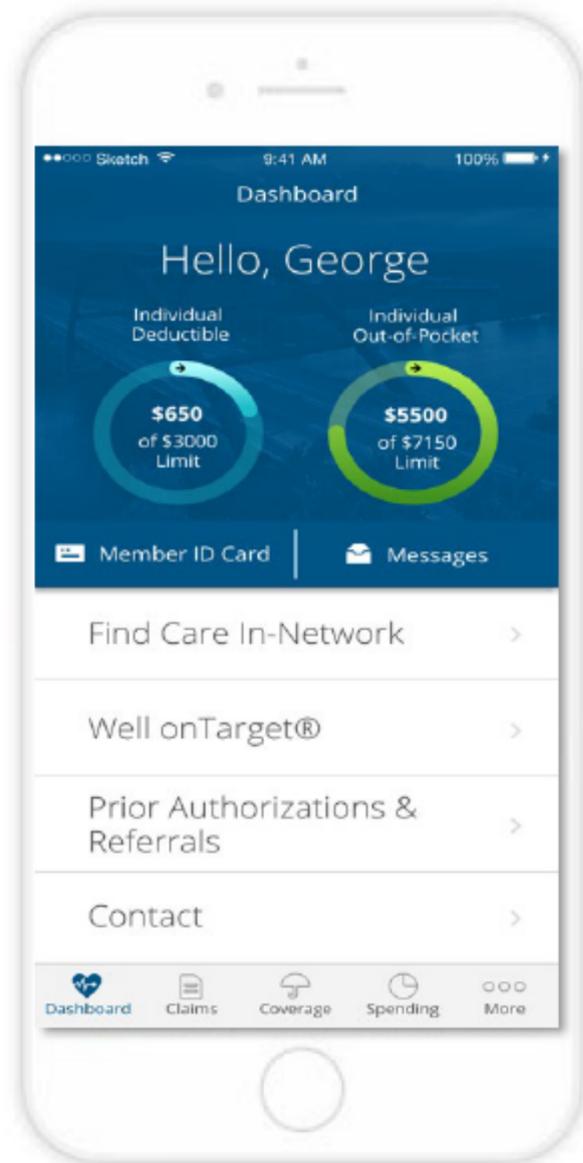
Call toll-free: (866) 355-5999

Available 24/7

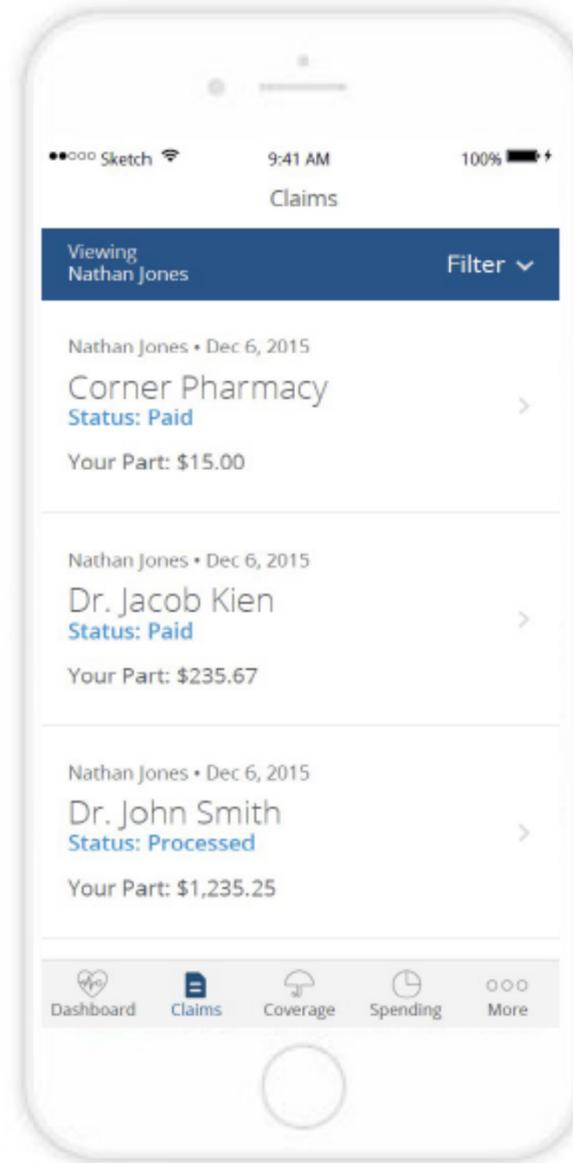
MOBILE ACCESS



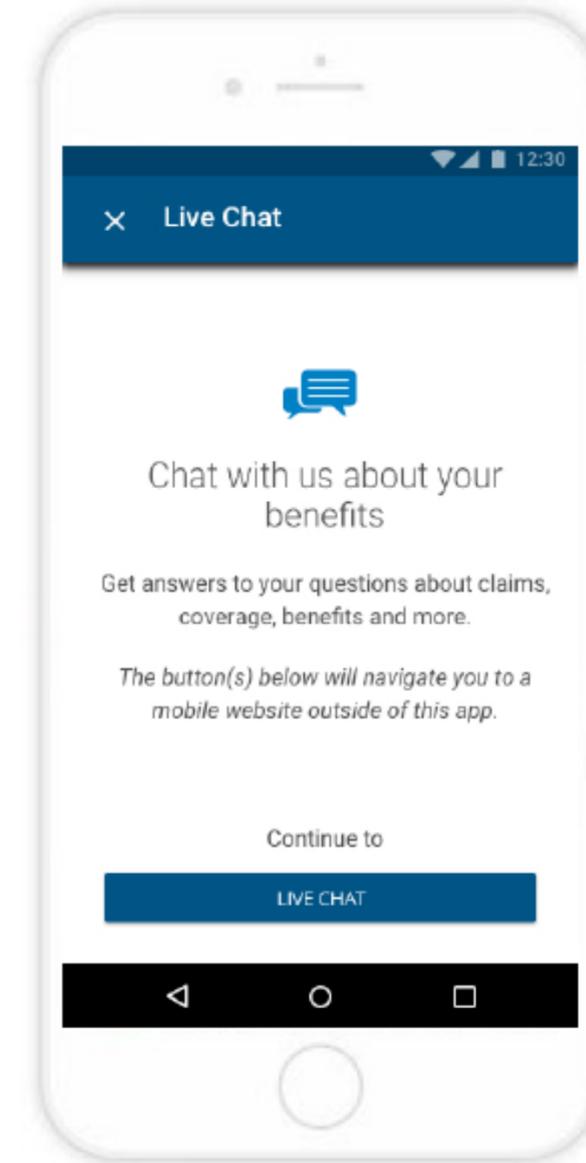
Text* **BCBSTXAPP**
to **33633** to get the
app.



Dashboard



See claims and EOBs



Live chat
Monday-Friday 7:00AM-6:00PM

Other TRS-ActiveCare Benefits

- BLUE POINTS REWARDS
 - Earn and redeem points at the Online Shopping Mall when you participate in eligible wellness activities on the portal.
- FITNESS PROGRAM NETWORK
 - Access to a nationwide network of leading national, regional and local fitness centers starting at \$25 monthly membership fee.
- WELL ON TARGET
 - Wellness activities personalized for you
 - Women's and family health resources
- PERSONAL HEALTH GUIDES (PHGs)
 - Answers questions about benefits, explains health care costs and options for care, helps you use self-service tools and connects you to other resources.
- 24/7 NURSELINE
 - Staffed by registered nurses, the 24/7 Nurseline provides answers to general health questions and guides you to providers and facilities for care.
- PHARMACY RESOURCES
 - CVS Caremark app to check drug costs and savings on diabetic meter and supplies

VIRTUAL TELEHEALTH TELADOC & REDIMD



Your BCBSTX coverage includes Teladoc[®] and RediMD*



Medical

- Cold and flu symptoms
- Allergies
- Bronchitis
- Respiratory infections
- Stomach upset
- Sinus problems
- Skin problems

Mental Health

- Depressive and anxiety disorders
- Bipolar, schizophrenia and psychotic disorders
- Attention disorders
- Alcoholism and addiction and substance-related disorders



Medical

- Back Strains
- Ankle Injuries
- Shoulder Strains
- Pulled Muscles
- Contusions/Bruises
- Asthma
- Shortness of Breath
- Infections
- Allergies
- Chemical Exposure

***GPISD plan has \$0 copay for Teladoc.**

This applies to those who waive medical or enroll in ActiveCare HD

SAVINGS & SPENDING ACCOUNTS FIRST FINANCIAL



SPENDING ACCOUNTS

IRS-approved program that allows you to set aside pre-tax dollars for out-of-pocket medical and dependent care expenses. Debit cards are issued for both accounts.

THESE ACCOUNTS ARE USE-IT OR LOSE-IT. Plan wisely!

HEALTHCARE FSA

2021 Limit \$2,750

Annual contribution is available up front on your FSA debit card. If your spouse is participating in an HSA plan, you can not elect an FSA plan.

DEPENDENT CARE FSA

**2021 Limit \$10,500 per household;
\$5,250 married filing separately**

Dollars are made available on your FSA benefits card as contribution are made each month.

HEALTH SAVINGS ACCOUNT

2021 Limit \$3,600 Individuals; \$7,200 Households

Allows you to set aside money on a pre-tax basis to pay for qualified medical expenses. To participate in this plan you must be enrolled in the ActiveCare HD plan. No other plan is eligible for an HSA.

A debit card is issued with this plan.

You cannot participate in this plan, if your spouse has a general purpose FSA.

DENTAL GUARDIAN



What's New & Changing?

- 1 The PPO Plan will now be provided by Guardian, effective September 1, 2021
- 2 Three plans to choose from - DHMO, PPO High and PPO Low
- 3 Lower premium PPO option
- 4 Higher Annual Allowance
- 5 Rollover of unused annual allowance (conditions apply)
- 6 Orthodontics benefits for adults and children (excludes PPO Low)



THREE DENTAL OPTIONS



DHMO

You enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered. No maximum allowance. Orthodontics coverage for adults and children



PPO LOW

You can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Lower maximum allowance and rollover, but no orthodontics coverage.



PPO HIGH

You can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Higher annual allowance and rollover. Orthodontics coverage for adults and children.

| Your Dental Plan | Option 1: DHMO | Option 2: PPO LOW | Option 3: PPO HIGH |
|--|---|---|---|
| Network | Managed DentalGuard | DentalGuard Preferred | DentalGuard Preferred |
| Your Semi-monthly premium | \$1.21 | \$6.85 | \$16.62 |
| You and spouse/domestic partner | \$5.42 | \$16.85 | \$36.54 |
| You and child(ren) | \$6.47 | \$16.34 | \$35.52 |
| You, spouse/domestic partner and child(ren) | \$11.09 | \$24.59 | \$51.96 |
| Plan year deductible | | <i>In-Network</i> <i>Out-of-Network</i> | <i>In-Network</i> <i>Out-of-Network</i> |
| Individual | No deductible | \$50 | \$50 |
| Family limit | | | 3 per family |
| Waived for | | Preventive | Preventive |
| Charges covered for you (co-insurance) | <i>Network only</i> | <i>In-Network</i> <i>Out-of-Network</i> | <i>In-Network</i> <i>Out-of-Network</i> |
| Preventive Care | You pay a copay for each covered procedure. See "Plan Details", for more information. | 100% | 100% |
| Basic Care | | 60% | 80% |
| Major Care | | 40% | 50% |
| Orthodontia | | Not Covered (applies to all levels) | 50% |
| Annual Maximum Benefit | | \$750 | \$1500 |
| Preventive Services Exempt from Maximum | Not Applicable | No | Yes |
| Maximum Rollover | Maximum Rollover is not applicable for this plan type. | Yes | Yes |
| Rollover Threshold | | \$300 | \$700 |
| Rollover Amount | | \$150 | \$350 |
| Rollover Account Limit | | \$500 | \$1250 |
| Lifetime Orthodontia Maximum | Not Applicable | Not Applicable | \$1500 |
| Office visit copay | \$5 | None | None |
| Dependent Age Limits | 26 | 26 | 26 |

- PPO Low does not have orthodontia benefits
- For DHMO, a Primary Care Dentist will be assigned at enrollment; can change anytime, changes take affect monthly

Other Benefits

Oral Health Rewards

Guardian will roll over a portion of the unused annual dental maximum into a personal Maximum Rollover Account, which can be used in future years

College Tuition Benefit

Now Guardian plan participants can get insurance that includes the College Tuition Benefit. As the cost of college continues to rise¹ Guardian is helping families keep up by providing this exclusive benefit program that can be used at over 400 colleges and universities nationwide.

VISION

DAVIS VISION



Your Davis Vision Designer Plan Benefits

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA
 ★★★ 

| Benefit | Frequency Once every - | In-network Copay | In-network Coverage |
|---|---------------------------|---------------------|--|
| Eye Examination | September 1 | \$10 | Covered in full. <i>Includes dilation when professionally indicated.</i> |
| Spectacle Lenses | September 1 | \$25 | Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.) |
| Frame | September 1 | \$0 | <p>Covered in Full Frames: Any Fashion or Designer level frame from Davis Vision's Collection² (retail value, up to \$160).</p> <p>OR, Frame Allowance: \$150 toward any frame from provider plus 20% off any balance.¹ No copay required.</p> <p>OR, Visionworks Frame Allowance: \$200 allowance plus 20% off any balance toward any frame from a Visionworks family of store locations.¹⁵ No copay required.</p> |
| Contact Lens Evaluation, Fitting & Follow Up Care | September 1 | \$25 | <p>Davis Vision Collection Contacts: After copay, covered in full.</p> <p>Non Collection Contacts¹³: \$60 allowance less copay plus 15% off balance¹.</p> |
| Contact Lenses (in lieu of eyeglasses) | September 1 | \$0 | <p>Covered in Full Contacts: From Davis Vision's Collection², up to:</p> <p>Planned Replacement Four boxes/multi-packs*</p> <p>Disposable Eight boxes/multi-packs*</p> <p>OR, Contact Lens Allowance: \$150 allowance toward any contacts from provider's supply plus 15% off balance.¹ No copay required.</p> <p>OR, Visually Required Contacts: Covered in full with prior approval.</p> <p><small>*Number of contact lens boxes may vary based on manufacturer's packaging.</small></p> |

**What's Changing?
You get \$20 more!**

**Rates
increased by
8%**

VISION

| Employee rates | Semi - Monthly | Monthly |
|-----------------------|----------------|---------|
| Employee | \$3.51 | \$7.02 |
| Employee + Spouse | \$6.32 | \$12.64 |
| Employee + Child(ren) | \$6.67 | \$13.34 |
| Employee + Family | \$10.53 | \$21.06 |

EMPLOYER PAID BENEFITS

Galena Park I.S.D. provides benefits to you that are 100% paid by the district. There is no cost to you!

- \$25,000 Life Insurance Policy
 - Review your beneficiaries
 - Can add additional voluntary plans for self, spouse and children and pay the premiums
- Employee Assistance Program
- Teladoc (discussed earlier)



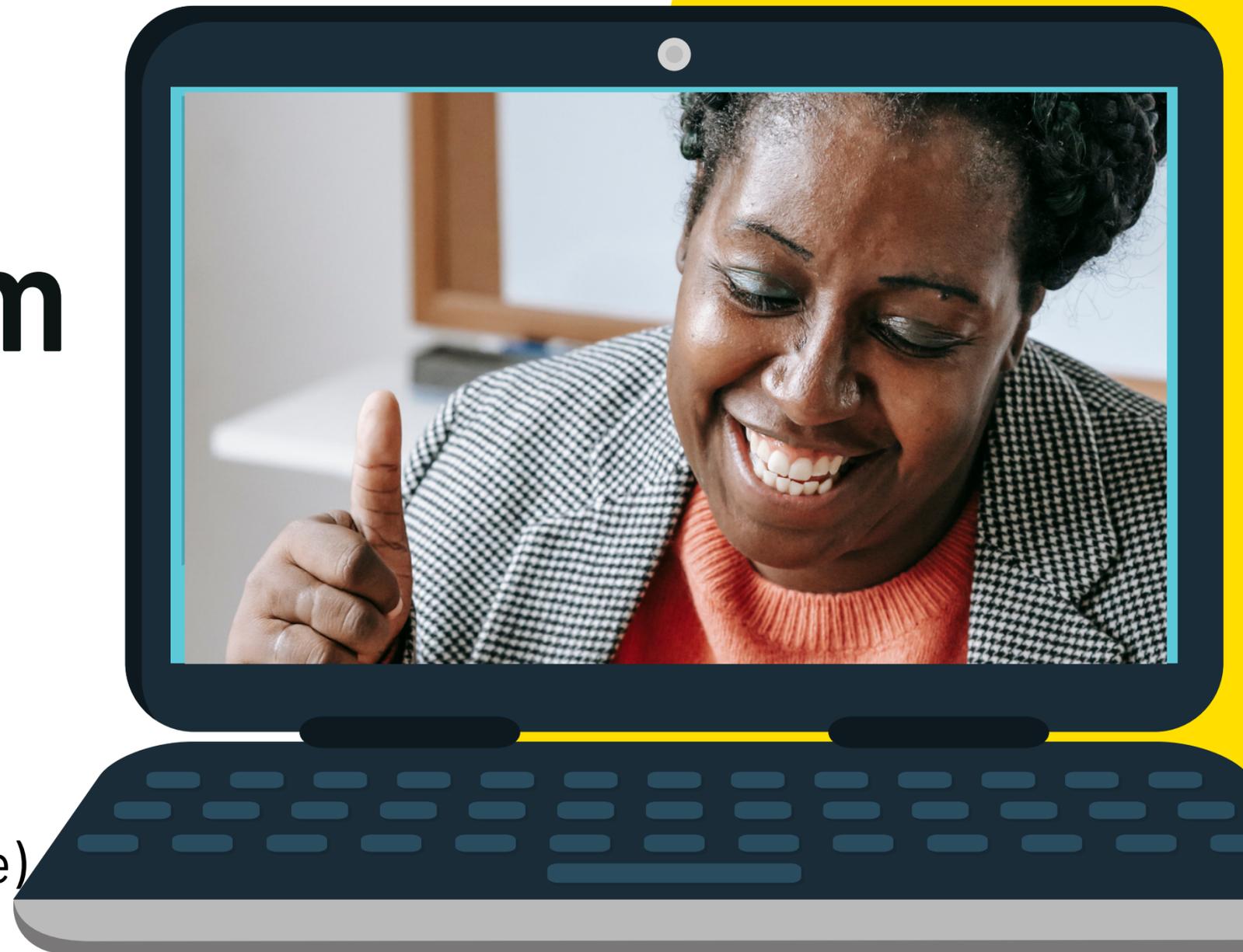
Employee Assistance Program

FREE!

Six FREE Counseling sessions for you and your household family members!

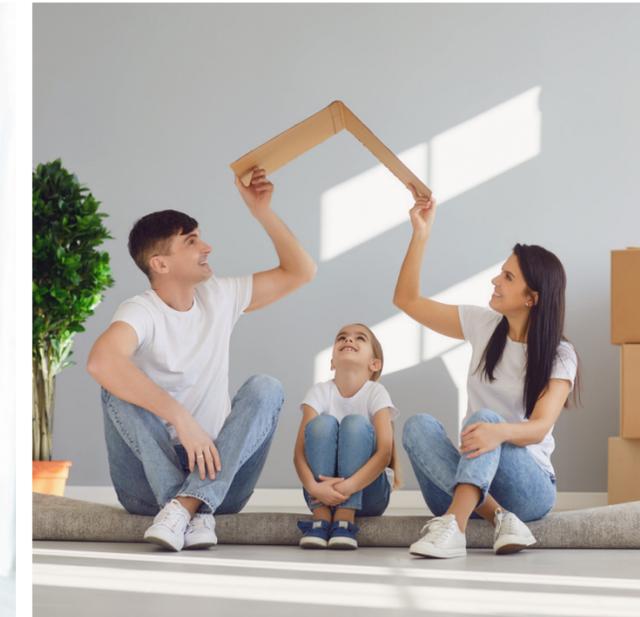
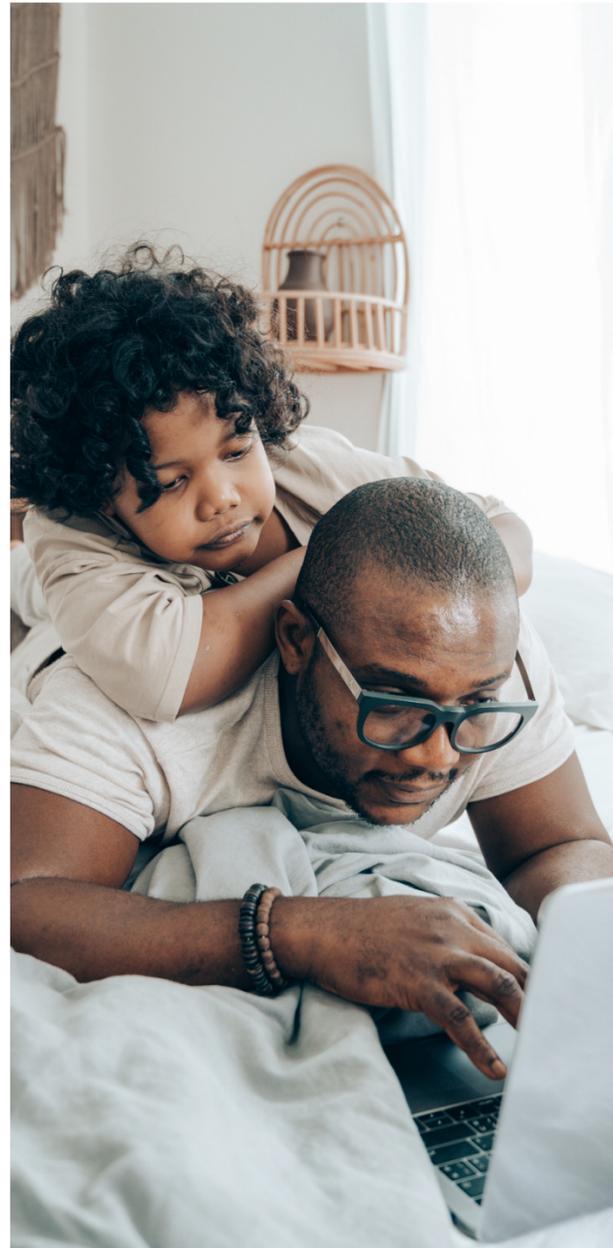
Support and Resources For:

- Emotional Support (anxiety, stress, depression)
- Legal Guidance (divorce, adoption, wills and more)
- Financial Resources (taxes, budgeting, debt and more)
- Work-Life Solutions (child/elder care, home repair)



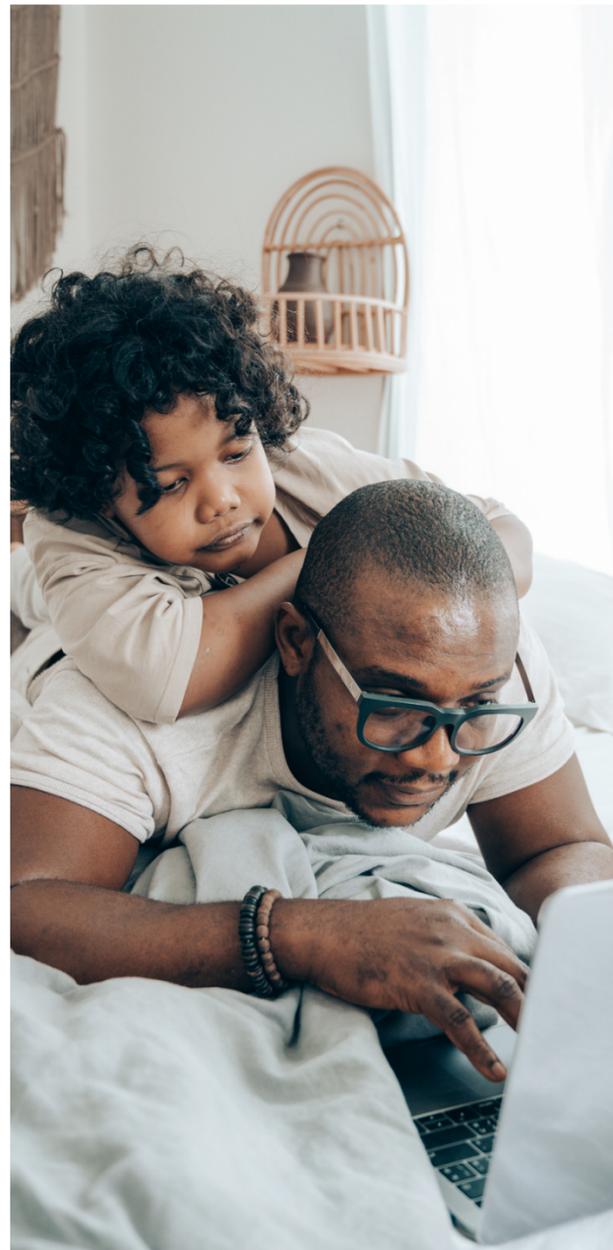
Voluntary Supplemental Benefits

Everyone has different needs, health challenges, budgets, and goals. By choosing your options carefully, you and your family can get the coverage that fits your needs—and the support to use your benefits to your advantage.



Voluntary Supplemental Benefits

- LIFE INSURANCE
- LONG-TERM DISABILITY
- CANCER
- CRITICAL ILLNESS
- HOSPITAL INDEMNITY
- ACCIDENT (NEW!)
- LEGAL
- RETIREMENT



More On Voluntary Benefits

- LIFE INSURANCE
 - Term or Permanent Life Insurance for self, spouse, dependents, grandchildren
 - Guarantee Issue for new hires; Underwriting may apply for others
- LONG-TERM DISABILITY
 - You may consider disability insurance to provide a portion of your income in the event that you become disabled due to sickness, injury or childbirth from pregnancy. Please note that pre-existing condition limitations apply.
 - Additional EAP benefits available at no cost
- CANCER
 - This plan is designated to offset expenses related to the treatment of cancer and 29 specified diseases.
 - Two options available; \$100 cash benefit for an annual cancer screening

More On Voluntary Benefits

- CRITICAL ILLNESS
 - Similar to the cancer plan but it covers illnesses such as heart attack, stroke, organ failure and cancer. Subject to pre-existing limitation conditions.
 - \$100 cash benefit paid to you when you have an eligible annual screening.
- HOSPITAL INDEMNITY
 - This plan offers a lump sum payment when you are hospitalized for most conditions.
 - There are 2 plans to choose from which determines the premium and the level of benefits paid.
- ACCIDENT (NEW!)
 - Accident insurance that helps with what your health insurance plan might not cover. We pay cash benefits directly to you (unless assigned otherwise) to be used however you choose.

Even More On Voluntary Benefits

- LEGAL

- Allows access to free or reduced attorney services.
- You can elect coverage for you, your spouse and dependent under the age 20 unless they are enrolled in an accredited university and the coverage will be extended up to age 26.

- RETIREMENT

- It is never too early to start saving. There are two pre-tax options in a 403(b) and 457(b) plans and an after-tax savings plans with the 403(b) Roth plan.
- With a 403(b) plan you elect a Financial Advisor to help with your investment decisions.
- The 457(b) plan is invested directly with Investrust.

ENROLLMENT STARTS JULY 12TH

SELF ENROLL ONLINE

**JULY 12
- AUG 16**

Comfortable with navigating the portal and having access 24/7, then login with your credentials and complete your enrollment as soon as the portal opens on July 12th.

BY PHONE

**JULY 12
- AUG 20**

Need assistance and want to talk through your options and scenarios? This option is just for you. Your Employee Benefits Department and First Financial are here to assist you during operating hours 8 AM - 5 PM.

IN-PERSON BY APPOINTMENT

**JULY 12 - 15, 28
AUG 11-13, 16,
18-20**

We know completing your enrollment in person provides confidence and real-time support. You can schedule an appointment to complete your enrollment at the Administration Building. Go to <https://www.galenaparkisd.com/Page/9994>

Complete your enrollment by August 16 to receive your ID cards by September 1

HOW DO I ENROLL?

ONLINE (July 12, 2021 – August 16, 2021)

<https://ffga.benselect.com/enroll>

Enter your Social Security Number with no dashes (EXAMPLE: 123456789)

Your PIN is the last four digits of your social security number and the last two digits of your birth year (EXAMPLE: 678977)

Need Login Help? Call (855) 523-8422 or email ffenroll@ffga.com.
Monday-Friday 7am - 5pm

BY PHONE (July 12, 2021 – August 20, 2021)

8 AM – 5 PM

Contact Enrollment Assistance Center:
[1-855-765-4473](tel:1-855-765-4473) select Option 3

Contact Employee Benefits Department:
[Jenny Bernabe \(832\) 386-1276](tel:832-386-1276)

[Valerie Guajardo \(832\) 386-1245](tel:832-386-1245)

[Holli Sherrard \(832\) 386-1507](tel:832-386-1507)

ONSITE BY APPOINTMENT ONLY

July 12-15, 28 and Aug 11-13, 16, 18-20

Administration Building Q106

8:30 AM – 4:30 PM

Schedule appointments at <https://www.galenaparkisd.com/Page/9994>

CONTACT US

Benefits@galenaparkisd.com

Jenny Bernabe - Benefits Specialist

832-386-1276

jbernabe@galenaparkisd.com

Valerie Guajardo - Benefits Specialist

832-386-1245

vguajardo@galenaparkisd.com

Holli Sherrard - Director of Employee Benefits

832-386-1507

hsherrard@galenaparkisd.com



READY?

LET'S GO!

QUESTIONS?

