



FRIENDSWOOD ISD **BENEFIT GUIDE**

EFFECTIVE: 09/01/2021 - 8/31/2022

WWW.MYBENEFITSHUB.COM/FRIENDSWOODISD



Table of Contents

How to Enroll	3
Disclaimers	4
Rate Sheet	5-9
Annual Benefit Enrollment	10-15
1. Benefit Updates	10
2. Section 125 Cafeteria Plan Guidelines	11
3. Annual Enrollment	12
4. Eligibility Requirements	13
5. Helpful Definitions	14
6. Health Savings Account (HSA) vs. Flexible Spending Account (FSA)	15
Medical	16
Health Savings Account (HSA)	16
Hospital Indemnity	17
Dental	17
Vision	18
Life and AD&D	18
Disability	19
Cancer	19
Accident	20
Critical Illness	20
Individual Life	21
Emergency Transportation	21
Flexible Spending Account (FSA)	22

FLIP
TO...

PG. 3

HOW TO
ENROLL

PG. 10

SUMMARY
PAGES

PG. 16

YOUR
BENEFITS



MOBILE ENROLLMENT

Enrollment made simple through
your smartphone or tablet.

Access to everything you need to complete your
benefits enrollment:

- Mobile App
- Online Support
- Interactive Tools
- And more.



How to Log In

1

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

2

CLICK LOGIN

3

**ENTER USERNAME &
PASSWORD**

Username:

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

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

Default Password:

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

Disclaimers

HOW TO
ENROLL

Enrollment Guide General Disclaimer:

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

Rate Sheet General Disclaimer:

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

Rate Sheet

HOW TO
ENROLL

Medical			
	Monthly Premium	District Contribution	Employee Cost
TSHBP High Deductible Plan			
Employee Only	\$360.00	\$225.00	\$135.00
Employee & Spouse	\$1,000.00	\$225.00	\$775.00
Employee & Child(ren)	\$679.00	\$225.00	\$454.00
Employee & Family	\$1,310.00	\$225.00	\$1,085.00
TSHBP CoPay Plan			
Employee Only	\$401.00	\$225.00	\$176.00
Employee & Spouse	\$1,125.00	\$225.00	\$900.00
Employee & Child(ren)	\$775.00	\$225.00	\$550.00
Employee & Family	\$1,485.00	\$225.00	\$1,260.00
TRS ActiveCare HD			
Employee Only	\$429.00	\$225.00	\$204.00
Employee & Spouse	\$1,209.00	\$225.00	\$984.00
Employee & Child(ren)	\$772.00	\$225.00	\$547.00
Employee & Family	\$1,445.00	\$225.00	\$1,220.00
TRS ActiveCare 2			
Employee Only	\$1,013.00	\$225.00	\$788.00
Employee & Spouse	\$2,402.00	\$225.00	\$2,177.00
Employee & Child(ren)	\$1,507.00	\$225.00	\$1,282.00
Employee & Family	\$2,841.00	\$225.00	\$2,616.00
TRS ActiveCare Primary			
Employee Only	\$417.00	\$225.00	\$192.00
Employee & Spouse	\$1,176.00	\$225.00	\$951.00
Employee & Child(ren)	\$751.00	\$225.00	\$526.00
Employee & Family	\$1,405.00	\$225.00	\$1,180.00
TRS ActiveCare Primary+			
Employee Only	\$542.00	\$225.00	\$317.00
Employee & Spouse	\$1,334.00	\$225.00	\$1,109.00
Employee & Child(ren)	\$879.00	\$225.00	\$654.00
Employee & Family	\$1,675.00	\$225.00	\$1,450.00

FSA Maximum Contribution	
Healthcare	\$2,750
Dependent Care	\$5,000

HSA Maximum Contribution	
Individual	\$3,600
Family	\$7,200

Rate Sheet

HOW TO
ENROLL

Dental			
	Low	High	DHMO
Employee Only	\$28.52	\$33.10	\$11.85
Employee & Spouse	\$55.24	\$64.11	\$22.95
Employee & Child(ren)	\$57.99	\$67.31	\$24.10
Employee & Family	\$85.62	\$99.38	\$35.57

Cancer		
	Low	High
Employee Only	\$12.48	\$21.62
Employee & Spouse	\$26.30	\$45.44
Employee & Child(ren)	\$14.64	\$25.44
Employee & Family	\$28.44	\$49.28

Vision	
Employee Only	\$7.36
Employee & Spouse	\$15.87
Employee & Child(ren)	\$14.99
Employee & Family	\$20.68

Accident		
	Plan 2	Plan 3
Employee Only	\$9.10	\$15.68
Employee & Spouse	\$14.28	\$24.57
Employee & Child(ren)	\$14.92	\$25.78
Employee & Family	\$23.54	\$40.62

Hospital Indemnity		
EE Ages 18+	Plan 1	Plan 2
Employee Only	\$15.98	\$22.40
Employee & Spouse	\$37.06	\$46.60
Employee & Child(ren)	\$20.56	\$25.40
Employee & Family	\$38.46	\$49.86

Short-Term Disability	
Elimination Period	Per \$100 Monthly Benefit
7/7	\$2.03
14/14	\$1.47
Long-Term Disability Buy Up	
Per \$10 Monthly Payroll	\$0.496

Rate Sheet

HOW TO ENROLL

Voluntary Life (per \$10,000)		Children Life	
Employee Age	Employee	\$5,000.00	\$0.50
< 25	\$0.50	\$10,000.00	\$1.00
25-29	\$0.50		
30-34	\$0.70		
35-39	\$0.80		
40-44	\$1.30		
45-49	\$2.00		
50-54	\$3.10		
55-59	\$4.60		
60-64	\$7.20		
65-69	\$13.70		
70-74	\$24.20		
75+	\$24.20		

AD&D (per \$10,000)	
Employee Only	\$0.20
Spouse	\$0.20
Child	\$0.10

Emergency Transportation	
Employee & Family	\$14

Spouse rates are based on Employee's age.

Critical Illness						
Employee Age	Option 1 / \$10,000		Option 2 / \$20,000		Option 3 / \$30,000	
	Employee	Spouse	Employee	Spouse	Employee	Spouse
< 25	\$2.62	\$2.62	\$3.72	\$3.72	\$4.82	\$4.82
25-29	\$2.92	\$2.92	\$4.32	\$4.32	\$5.72	\$5.72
30-34	\$3.32	\$3.32	\$5.12	\$5.12	\$6.92	\$6.92
35-39	\$4.02	\$4.02	\$6.52	\$6.52	\$9.02	\$9.02
40-44	\$4.92	\$4.92	\$8.32	\$8.32	\$11.72	\$11.72
45-49	\$6.32	\$6.32	\$11.12	\$11.12	\$15.92	\$15.92
50-54	\$8.12	\$8.12	\$14.72	\$14.72	\$21.32	\$21.32
55-59	\$10.12	\$10.12	\$18.72	\$18.72	\$27.32	\$27.32
60-64	\$14.12	\$14.12	\$26.72	\$26.72	\$39.32	\$39.32
65-69	\$21.52	\$21.52	\$41.52	\$41.52	\$61.52	\$61.52
70-74	\$38.82	\$38.82	\$76.12	\$76.12	\$113.42	\$113.42
75-79	\$65.72	\$65.72	\$129.92	\$129.92	\$194.12	\$194.12
80-84	\$112.32	\$112.32	\$223.12	\$223.12	\$333.92	\$333.92
80+	\$204.62	\$204.62	\$407.12	\$407.12	\$610.82	\$610.82

Texas Schools Health Benefits Plan—HD Plan



Plan Summary TSHBP HD Plan

HOW DOES TSHBP COMPARE TO TRS?

Our unique embedded deductible health plans offer members lower out-of-pocket maximums, bringing substantial savings without sacrificing care or quality.

WHAT ARE CARE COORDINATORS?

The Care Coordinators act as a personal concierge for all TSHBP plans and members, and their job is to support the member as their healthcare advocate. [Watch the below video to learn more.](#)



SCAN ME

<https://tshbp.info/CCVideo>

Plan Features	In-Network Coverage	Out-of-Network Coverage
Network	HealthSmart - National	N/A
Plan Deductible Feature	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%
Individual/Family Deductible	\$3,000/\$9,000	\$3,500/\$9,500
Individual/Family Maximum	\$3,000/\$9,000	\$3,500/\$9,500
Out-of-Pocket		
Health Savings Account (HSA) Eligible	Yes	Yes
Required - Primary Care Provider (PCP)	No	No
Required - PCP Referral to Specialist	No	No
Prescription Drug Benefits	Yes - Deductible, then Plan pays 100%	Yes - Deductible, then Plan pays 100%
Doctor Visits		
Preventive Care	Yes - \$0 copay	Yes - \$0 copay
Virtual Health - Teladoc	\$30 per consultation	\$30 per consultation
Primary Care	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%
Specialist	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%
Office Services		
Allergy Injections	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%
Allergy Serum	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%
Chiropractic Services	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%
Office Surgery	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%
MRI's, Cat Scans, and Pet Scans	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%
Urgent Care Facility	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%
Care Facilities		
Urgent Care Facility	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%
Freestanding Emergency Room	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%
Hospital Emergency Room	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%
Ambulance Services	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%
Outpatient Surgery	Deductible, then Plan pays 100%	In-Network Only
Hospital Services	Deductible, then Plan pays 100%	In-Network Only
Surgeon Fees	Deductible, then Plan pays 100%	In-Network Only
Maternity and Newborn Services		
Maternity Charges (prenatal and postnatal care)	Deductible, then Plan pays 100%	In-Network Only
Routine Newborn Care	Deductible, then Plan pays 100%	In-Network Only
Rehabilitation/Therapy		
Occupational/Speech/Physical	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%*
Cardiac Rehabilitation	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%*
Chemotherapy, Radiation, Dialysis	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%*
Home Health Care	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%*
Skilled Nursing	Deductible, then Plan pays 100%	In-Network Only

Care Coordinator*

The Care Coordinator program must be used to access facility services or no benefits will be available under the Plan.

These services include routine colonoscopy and related services; hospital providers for MRIs, Cat Scans, and Pet Scans; hospital providers for outpatient Lab/Radiology Services; Inpatient Hospital Admissions; Outpatient Hospital/Ambulatory Surgical Facility Services; Maternity and Newborn Services; Rehabilitation/Therapy Services; Extended Care Services; and Other Services including durable medical equipment/supplies, orthotics/prosthetics, facilities for diabetic self-management training, and sleep disorder services. To review the complete plan document and services that require access through the Care Coordinator program, please call 888-803-0081.

Texas Schools Health Benefits Plan—CoPay Plan

HOW DOES TSHBP COMPARE TO TRS?

Our unique embedded deductible health plans offer members lower out-of-pocket maximums, bringing substantial savings without sacrificing care or quality.

WHAT ARE CARE COORDINATORS?

The Care Coordinators act as a personal concierge for all TSHBP plans and members, and their job is to support the member as their healthcare advocate. [Watch the below video to learn more.](#)



SCAN ME

<https://tshbp.info/CCVideo>



Plan Summary TSHBP CoPay Plan		
Plan Features	In-Network Coverage	Out-of-Network Coverage
Network	HealthSmart - National	N/A
Plan Deductible Feature	Copayments, then Plan pays 100%	Copayments, then Plan pays 100%
Individual/Family Deductible	\$3,500/\$10,500	\$4,000/\$11,000
Individual/Family Maximum	\$3,500/\$10,500	\$4,000/\$11,000
Out-of-Pocket		
Health Savings Account (HSA)	No	No
Eligible		
Required - Primary Care Provider (PCP)	No	No
Required - PCP Referral to Specialist	No	No
Prescription Drug Benefits	Yes - Copayments, then Plan pays 100%	Yes - Copayments, then Plan pays 100%
Doctor Visits		
Preventive Care	Yes - \$0 copay	Yes - \$0 copay
Virtual Health - Teladoc	\$0 per consultation	\$0 per consultation
Primary Care	\$35 copay	\$40 copay
Specialist	\$35 copay	\$40 copay
Office Services		
Allergy Injections	\$5 copay	\$10 copay
Allergy Serum	\$35 copay	\$40 copay
Chiropractic Services	\$35 copay	\$40 copay
Office Surgery	\$110 copay	\$125 copay
MRI's, Cat Scans, and Pet Scans	\$275 copay	\$325 copay
Urgent Care Facility	\$50 copay	\$75 copay
Care Facilities		
Urgent Care Facility	\$50 copay	\$75 copay
Freestanding Emergency Room	\$500 copay	\$500 copay
Hospital Emergency Room	\$500 copay	\$500 copay
Ambulance Services	\$220 copay	\$220 copay
Outpatient Surgery	\$500 copay	In-Network Only
Hospital Services	\$500 copay	In-Network Only
Surgeon Fees	\$100 copay	In-Network Only
Maternity and Newborn Services		
Maternity Charges (prenatal and postnatal care)	\$500 copay	In-Network Only
Routine Newborn Care	\$250 copay	In-Network Only
Rehabilitation/Therapy		
Occupational/Speech/Physical	\$55 copay	\$65 copay*
Cardiac Rehabilitation	\$110 copay	\$125 copay*
Chemotherapy, Radiation, Dialysis	\$110 copay	\$125 copay*
Home Health Care	\$55 copay	\$75 copay*
Skilled Nursing	\$500 copay	In-Network Only

Care Coordinator*

The Care Coordinator program must be used to access facility services or no benefits will be available under the Plan.

These services include routine colonoscopy and related services; hospital providers for MRIs, Cat Scans, and Pet Scans; hospital providers for outpatient Lab/Radiology Services; Inpatient Hospital Admissions; Outpatient Hospital/Ambulatory Surgical Facility Services; Maternity and Newborn Services; Rehabilitation/Therapy Services; Extended Care Services; and Other Services including durable medical equipment/supplies, orthotics/prosthetics, facilities for diabetic self-management training, and sleep disorder services. To review the complete plan document and services that require access through the Care Coordinator program, please call 888-803-0081.

Friendswood ISD

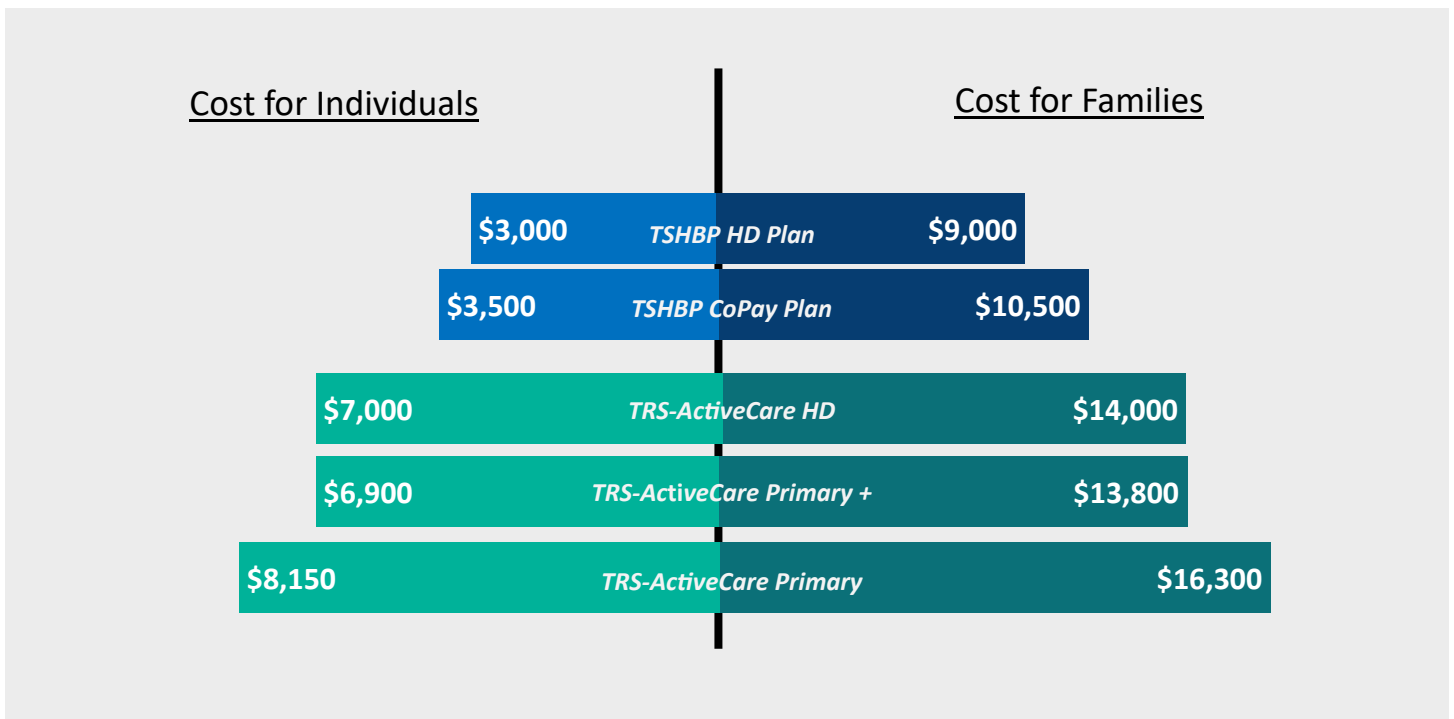
Medical Rates 2021-22



The rates below are not inclusive of your district's medical contribution. Please visit your benefit website for more information regarding your district's medical contribution amounts.

	EO	EC	ES	EF		TSHBP	EO	EC	ES	EF
TRS-ActiveCare HD	\$429	\$772	\$1,209	\$1,445		HD Plan	\$360	\$679	\$1,000	\$1,310
TRS-ActiveCare Primary +	\$542	\$879	\$1,334	\$1,675		CoPay Plan	\$401	\$775	\$1,125	\$1,485
TRS-ActiveCare Primary	\$417	\$751	\$1,176	\$1,405						

Maximum Out-of-Pocket Costs (In-Network) For 2021-22



Texas Schools Health Benefits Cost Examples



PEG IS HAVING A BABY



	TRS			TSHBP	
	HD	Primary	Primary+	HD	Co Pay
Deductible	\$3,000	\$2,500	\$1,200	\$3,000	\$3,500
Specialist Coinsurance/Copayment	30%	\$70	\$70	0%	\$35
Hospital Coinsurance/Copayment	30%	30%	20%	0%	\$500
Other Coinsurance/Copayment	30%	30%	20%	0%	\$250
Total Example Cost	\$12,800	\$12,800	\$12,800	\$12,800	\$12,800
Deductibles	\$3,000	\$2,500	\$1,200	\$3,000	\$0
Copayments	\$0	\$70	\$70	\$0	\$1,285
Coinsurance	\$2,940	\$3,000	\$2,300	\$0	\$0
Limits or Exclusions	\$60	\$60	\$60	\$0	\$0
Total Cost	\$6,000	\$5,630	\$3,630	\$3,000	\$1,285

Compared to TRS-AC HD (savings)

\$3,000

Compared to TRS-AC Primary (savings)

\$2,345

Compared to TRS-AC Primary + (savings)

\$4,345

TOM'S KNEE REPLACEMENT

	TRS			TSHBP	
	HD	Primary	Primary+	HD	Co Pay
Deductible	\$3,000	\$2,500	\$1,200	\$3,000	\$3,500
Specialist Coinsurance/Copayment	30%	\$70	\$70	0%	\$35
Hospital Coinsurance/Copayment	30%	30%	20%	0%	\$500
Other Coinsurance/Copayment	30%	30%	20%	0%	\$250
Total Example Cost	\$38,000	\$38,000	\$38,000	\$38,000	\$38,000
Deductibles	\$3,000	\$2,500	\$1,200	\$3,000	\$0
Copayments	\$0	\$70	\$70	\$0	\$1,385
Coinsurance	\$10,500	\$10,650	\$7,360	\$0	\$0
Limits or Exclusions	\$60	\$60	\$60	\$0	\$0
Total Cost	\$7,000*	\$8,150*	\$6,900*	\$3,000	\$1,385

Compared to TRS-AC HD (savings)

\$4,000

Compared to TRS-AC Primary (savings)

\$6,785

Compared to TRS-AC Primary + (savings)

\$5,535

*Out-of-pocket limit



2021-22 TRS-ActiveCare Plan Highlights Sept. 1, 2021 — Aug. 31, 2022

All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

	TRS-ActiveCare Primary		TRS-ActiveCare Primary+		TRS-ActiveCare HD		TRS-ActiveCare 2 (This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.)	
Plan summary	<ul style="list-style-type: none">Lowest premium of the plansCopays for doctor visits before you meet deductibleStatewide networkPCP referrals required to see specialistsNot compatible with a health savings account (HSA)No out-of-network coverage		<ul style="list-style-type: none">Lower deductible than the HD and Primary plansCopays for many services and drugsHigher premium than the other plansStatewide networkPCP referrals required to see specialistsNot compatible with a health savings account (HSA)No out-of-network coverage		<ul style="list-style-type: none">Compatible with a health savings account (HSA)Nationwide network with out-of-network coverageNo requirement for PCPs or referralsMust meet your deductible before plan pays for non-preventive care		<ul style="list-style-type: none">Closed to new enrolleesCurrent enrollees can choose to stay in this planLower deductibleCopays for many drugs and servicesNationwide network with out-of-network coverageNo requirement for PCPs or referrals	
Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$417	\$	\$542	\$	\$429	\$	\$1,013	\$
Employee and Spouse	\$1,176	\$	\$1,334	\$	\$1,209	\$	\$2,402	\$
Employee and Children	\$751	\$	\$879	\$	\$772	\$	\$1,507	\$
Employee and Family	\$1,405	\$	\$1,675	\$	\$1,445	\$	\$2,841	\$
Plan Features								
Type of Coverage	In-Network Coverage Only		In-Network Coverage Only		In-Network	Out-of-Network	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000		\$1,200/\$3,600		\$3,000/\$6,000	\$5,500/\$11,000	\$1,000/\$3,000	\$2,000/\$6,000
Coinsurance	You pay 30% after deductible		You pay 20% after deductible		You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,150/\$16,300		\$6,900/\$13,800		\$7,000/\$14,000	\$20,250/\$40,500	\$7,900/\$15,800	\$23,700/\$47,400
Network	Statewide Network		Statewide Network		Nationwide Network		Nationwide Network	
Primary Care Provider (PCP) Required	Yes		Yes		No		No	
Doctor Visits								
Primary Care	\$30 copay		\$30 copay		You pay 30% after deductible	You pay 50% after deductible	\$30 copay	You pay 40% after deductible
Specialist	\$70 copay		\$70 copay		You pay 30% after deductible	You pay 50% after deductible	\$70 copay	You pay 40% after deductible
TRS Virtual Health	\$0 per consultation		\$0 per consultation		\$30 per consultation		\$0 per consultation	
Immediate Care								
Urgent Care	\$50 copay		\$50 copay		You pay 30% after deductible	You pay 50% after deductible	\$50 copay	You pay 40% after deductible
Emergency Care	You pay 30% after deductible		You pay 20% after deductible		You pay 30% after deductible		You pay a \$250 copay plus 20% after deductible	
TRS Virtual Health	\$0 per consultation		\$0 per consultation		\$30 per consultation		\$0 per consultation	
Prescription Drugs								
Drug Deductible	Integrated with medical		\$200 brand deductible		Integrated with medical		\$200 brand deductible	
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 for certain generics		\$15/\$45 copay		You pay 20% after deductible; \$0 for certain generics		\$20/\$45 copay	
Preferred Brand	You pay 30% after deductible		You pay 25% after deductible		You pay 25% after deductible		You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)	
Non-preferred Brand	You pay 50% after deductible		You pay 50% after deductible		You pay 50% after deductible		You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	
Specialty	You pay 30% after deductible		You pay 20% after deductible		You pay 20% after deductible		You pay 20% after deductible (\$200 min/\$900 max)	

How to Calculate Your Monthly Premium

Total Monthly Premium — Your District and State Contributions

= **Your Premium**

Ask your Benefits Administrator for your district's premiums.

Things to Know

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

Wellness Benefits at No Extra Cost

Being healthy is easy with:

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

Available for all plans. See your Benefits Booklet for more details.

Annual Benefit Enrollment

SUMMARY
PAGES

Benefit Updates - What's New:

NEW! MEDICAL OFFERING

Texas Schools Health Benefits Program (TSHBP)

Friendswood ISD has joined the Texas Schools Health Benefits Program (TSHBP) and will be offering alternate plans as medical options in addition to the TRS medical plans. Two plan options are available: a High Deductible HSA Compatible plan and a CoPay plan. TSHBP has a National Network that allows you to go In and Out of the network and the plan does not require a primary care provider or referral to a specialist. Telehealth is provided at no cost for the CoPay plan and consults are \$30 for the High Deductible plan. On both plans, once your deductible is met all other eligible medical expenses are covered at 100%. There is no coinsurance requirement. Preventative services are always covered at 100%. Specialty drugs are not covered after the first 90 days unless at a facility setting (at the hospital, outpatient facility) or if they are less than \$670 (see plan summary for program options). All hospital and other medical facility-based services are scheduled via the assistance of your assigned Care Coordinator. Customer service number: 888-803-0081. Review your benefits website for additional details.

NEW! DEPENDENT CARE FSA & HSA CONTRIBUTION LIMITS

The FSA maximum contribution amount remains at \$2,750 for the 2021 Plan Year. You may not have both an HSA and an FSA.

Dependent Care Reimbursement has increased to \$10,500 if filing jointly and \$5,250 if filing single.

The new 2021 HSA annual maximums are \$3,600 for an Individual and \$7,200 for the Family.

NEW! DENTAL PPO RATES HAVE INCREASED

NEW! DISABILITY RATES HAVE INCREASED

NEW! HOSPITAL INDEMNITY RATE CHANGE

Has a revised plan design with lower rates.

NEW! TRS-ACTIVECARE CHANGES: Rate increased for all plans. For ACHD plan: deductible, out-of-pocket maximum, and coinsurance increased.

Don't Forget!

- [Login and complete your benefit enrollment from 07/15/2021 - 08/15/2021](#)
- Add dependents to the system—please bring dependent Social Security numbers and birth dates.



Section 125 Cafeteria Plan Guidelines

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

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 31 days of your qualifying event and meet with your Benefit/HR Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

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

Annual Enrollment

During your annual enrollment period, you have the opportunity to review, change or continue benefit elections each year. Changes are not permitted during the plan year (outside of annual enrollment) unless a Section 125 qualifying event occurs.

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

New Hire Enrollment

All new hire enrollment elections must be completed in the online enrollment system within the first 31 days of benefit eligibility employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

Q&A

Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefits/HR department or you can call Financial Benefit Services at 866-914-5202 for assistance.

Where can I find forms?

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

How can I find a Network Provider?

For benefit summaries and claim forms, go to the Friendswood ISD benefit website: www.mybenefitshub.com/friendswoodisd. Click on the benefit plan you need information on (i.e., Dental) and you can find provider search links under the Quick Links section.

When will I receive ID cards?

If the insurance carrier provides ID cards, you can expect to receive those 3-4 weeks after your effective date. For most dental and vision plans, you can login to the carrier website and print a temporary ID card or simply give your provider the insurance company's phone number and they can call and verify your coverage if you do not have an ID card at that time. If you do not receive your ID card, you can call the carrier's customer service number to request another card.

Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 18.75 or more regularly scheduled hours each work week.

Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date. For example, if your 2021 benefits become effective on September 1, 2021, you must be actively-at-work on September 1, 2021 to be eligible for your new benefits.

Dependent Eligibility Requirements

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

PLAN	MAXIMUM AGE
Medical	Through 25
Dental	Through 25
Vision	Through 25
Life	Through 25
Cancer	Through 25
Critical Illness	Through 25
AD&D	Through 25
Permanent Life	Through 23

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

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

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

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

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

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

Helpful Definitions

Actively at Work

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

Annual Enrollment

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

Annual Deductible

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

Calendar Year

January 1st through December 31st

Co-insurance

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

Guaranteed Coverage

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

In-Network

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

Out-of-Pocket Maximum

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

Plan Year

September 1st through August 31st

Pre-Existing Conditions

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

HSA vs. FSA

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
Description	Approved by Congress in 2003, HSAs are actual bank accounts in employee's names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles and certain services not covered by medical plan, tax-free.
Employer Eligibility	A qualified high deductible health plan.	All employers
Contribution Source	Employee and/or employer	Employee and/or employer
Account Owner	Individual	Employer
Underlying Insurance Requirement	High deductible health plan	None
Minimum Deductible	\$1,400 single (2021) \$2,800 family (2021)	N/A
Maximum Contribution	\$3,600 single (2021) \$7,200 family (2021)	\$2,750
Permissible Use Of Funds	May be used for qualified medical, dental, and vision expenses. If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
Cash-Outs of Unused Amounts (if no medical expenses)	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
Year-to-year rollover of account balance?	Yes, will roll over to use for subsequent year's health coverage.	No. However, your employer offers a 60 day grace period.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

About Medical

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

For full plan details, please visit your benefit website:
www.mybenefitshub.com/friendswoodisd



Why I Need Medical Insurance

Healthcare is one of the few things that people purchase and never know the true cost or value. If we knew the typical cost of common medical services. We would realize how much we save by opting into a major medical plan.

- ✓ The average 30-day prescription for a name brand is \$945.98. For a generic prescription, it is \$67.61.
- ✓ An average emergency room visit without insurance is \$1,283.
- ✓ A Well Baby Visit typically costs \$204 and a regular delivery is \$10,273.
- ✓ Certain preventative care services are covered at 100% in-network.



60% of adults across the United States have a chronic disease.

<https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>

About HSA

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

For full plan details, please visit your benefit website:
www.mybenefitshub.com/friendswoodisd



Why I Need an HSA

Healthcare Savings Accounts are designed to work in conjunction with high deductible health plans (HDHPs) to help cover the rising costs of healthcare.

- ✓ HSA funds accrue interest over time tax-free with no lifetime limit.
- ✓ HSA accounts are individual accounts. Contributions are yours to keep even if you leave your employer.
- ✓ HSA funds can be used to pay for any qualified medical expense for you and your tax-eligible dependents, even if the expense is not covered by your insurance plan.



The interest earned in an HSA is tax free.



Money withdrawn for medical spending never falls under taxable income.

<https://www.irs.gov/publications/p969>
<https://www.irs.gov/pub/irs-pdf/p969.pdf>

About Hospital Indemnity

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

For full plan details, please visit your benefit website:
www.mybenefitshub.com/friendswoodisd



Why I Need a Hospital Indemnity Plan

Hospital indemnity policies pay a set benefit based on your hospital stay. These funds:

- ✓ Help cover high medical deductibles and copays.
- ✓ Provide a safety net for unexpected medical expenses.
- ✓ Can be paid directly to you or the care provider.

The median hospital cost has grown to over \$10,500 per stay.



<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb180-Hospitalizations-United-States-2012.pdf>
<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb204-Most-Expensive-Hospital-Conditions.jsp>

About Dental

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

For full plan details, please visit your benefit website:
www.mybenefitshub.com/friendswoodisd



Why I Need Dental Insurance

By opting into dental insurance, a person can save thousands of dollars per year on routine and emergency oral care. Average costs of dental procedures without insurance include:

- ✓ Office visits = \$288
- ✓ Cavity filling = \$90-\$250
- ✓ Tooth Extraction = \$75-\$300



Good dental care may improve your overall health.

Women with gum disease may be at greater risk of giving birth to a preterm or low birth weight baby.

[https://jada.ada.org/article/S0002-8177\(17\)30399-9/fulltext](https://jada.ada.org/article/S0002-8177(17)30399-9/fulltext)
<https://www.colgate.com/en-us/oral-health/life-stages/oral-care-during-pregnancy/pregnancy-oral-health-and-your-baby>

About Vision

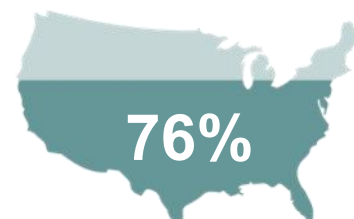
Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/friendswoodisd



Why I Need Vision Insurance

- ✓ Vision insurance reduces the costs of services and products such as vision exams, glasses, frames, and contact lens.
- ✓ Regular eye exams can help detect other health issues such as diabetes, cancer, liver disease, and heart disease.
- ✓ Signs you need an eye exam include squinting, blurred vision, night vision issues, or chronic itching and redness.



of adults use some sort of vision correction.

<https://www.cdc.gov/contactlenses/fast-facts.html#one>

About Life and AD&D

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

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

For full plan details, please visit your benefit website:
www.mybenefitshub.com/friendswoodisd



Why I Need Life and AD&D

Life insurance is never fun to think about and may seem like an unnecessary expense. However, if you have someone that depends on you financially, life insurance is really about protecting them if something were to happen to you. Life insurance and AD&D policies help your loved ones pay for expenses, such as:

- ✓ Mortgage payments
- ✓ College tuition
- ✓ Burial expenses

Motor vehicle crashes



are one of the top causes of accidental deaths in the US including falls and poisoning.

<https://www.cdc.gov/nchs/fastats/accidental-injury.htm>

About Disability

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

For full plan details, please visit your benefit website:
www.mybenefitshub.com/friendswoodisd



Why I Need Disability Insurance

On top of the medical bills that come with a serious injury or illness, can you afford to be out of work for an extended period of time? Disability insurance can offer you peace of mind to protect your paycheck.

- ✓ One in 8 workers will be disabled for 5 or more years during their working careers.
- ✓ A disabling injury occurs every eight seconds.
- ✓ Americans have a 50% chance of becoming disabled for 90 days or more between the ages of 35 and 65.



Just over 1 in 4 of today's 20 year-olds will become disabled before they retire.

34.6

months is the duration of the average disability claim.

<https://www.ssa.gov/disabilityfacts/facts.html>
<https://disabilitycanhappen.org/overview/>

About Cancer

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/friendswoodisd



Why I Need Cancer Insurance

Cancer kills more than 500,000 Americans each year, making it the second most common cause of death in the United States. Cancer insurance is designed to relieve your financial burden to help you focus on recovering your health. Money received from cancer benefits can help pay for many expenses such as:

- ✓ Experimental cancer treatments
- ✓ Travel and lodging costs related to treatment
- ✓ Routine living expenses like mortgage and utility bills



Breast Cancer is the most commonly diagnosed cancer in women.



If caught early, prostate cancer is one of the most treatable malignancies.

<https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html>
<https://www.medicalnewstoday.com/articles/322700.php>

About Accident

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

For full plan details, please visit your benefit website:
www.mybenefitshub.com/friendswoodisd



Why I Need Accident Insurance

Accident insurance will deliver a pre-determined payment to you for various qualifying incidents. These occurrences may include:

- ☑ Injuries such as fractures, dislocations, burns, concussions, lacerations, etc.
- ☑ Medical services and treatments such as emergency transportation and physical therapy.
- ☑ Some plans also include accidental death and dismemberment or common carrier benefits as an add on benefit.



More than **1/2** of all medically consulted injuries in the US happen at home.

78%

of American workers live paycheck to paycheck to maintain their livelihood.

<https://injuryfacts.nsc.org/all-injuries/overview/>
<http://press.careerbuilder.com/2017-08-24-Living-Paycheck-to-Paycheck-is-a-Way-of-Life-for-Majority-of-U-S-Workers-According-to-New-CareerBuilder-Survey>

About Critical Illness

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

For full plan details, please visit your benefit website:
www.mybenefitshub.com/friendswoodisd



Why I Need Critical Illness Insurance

Serious medical conditions can affect not only your health, but also your bank account. Medical expenses reportedly lead to more than half of all bankruptcies in the United States. When faced with a severe illness, a critical illness policy can help in many ways.

- ☑ Plans are designed to pay a benefit specific to the diagnosis usually ranging from \$10,000 to \$30,000.
- ☑ Plans often include a wellness benefit that pays employees for having certain annual screenings performed.
- ☑ Critical illness plans complement high deductible health plans (HDHP) by reducing the worry of having to pay a large medical deductible while suffering from a major illness.



\$20,000

Is the average cost of a hospital stay for a heart attack.

<https://www.healthline.com/health-news/how-much-does-hospital-stay-cost#2>

About Individual Life

Individual insurance is a policy that covers a single person and is intended to meet the financial needs of the beneficiary, in the event of the insured's death. This coverage is portable and can continue after you leave employment or retire.

For full plan details, please visit your benefit website:
www.mybenefitshub.com/friendswoodisd



Why I Need Individual Life

Individual life policies are owned by you and can be taken with you if you leave your employer and kept into retirement. These policies help protect loved ones from financial distress when you are gone.

- ✓ Premiums are paid through your payroll deductions as long as you are with your employer.
- ✓ Premiums are based on coverage amount and age at time of purchase.

Experts recommend at least



your gross annual income in coverage when purchasing life insurance.

https://money.cnn.com/retirement/guide/insurance_life.money/2011/01/11/index11.htm

About Medical Transport

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

For full plan details, please visit your benefit website:
www.mybenefitshub.com/friendswoodisd



Why I Need Emergency Transportation

Emergency transportation is one of the more expensive items in emergency medical care. Benefits of a medical transportation plan include:

- ✓ No cost emergency transportation for covered individuals.
- ✓ Coverage anywhere in the US and Canada. Some plans include worldwide coverage.
- ✓ Coverage for both ground and air transportation.



A ground ambulance can cost up to **\$2,400** and a helicopter transportation fee can cost **over \$30,000**

<https://www.gao.gov/assets/650/649018.pdf>
<https://www.gao.gov/assets/690/686167.pdf>

About FSA

A Flexible Spending Account allows you to pay for eligible healthcare expenses with a pre-loaded debit card. You choose the amount to set aside from your paycheck every plan year, based on your employer's annual plan limit. This money is use it or lose it within the plan year (unless your plan contains a \$500 rollover or grace period provision).

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



Why I Need an FSA

- ☒ Your Flexible Spending Account saves you money by putting aside funds tax-free that can be used to pay for qualified medical expenses.
- ☒ Your pre-loaded FSA debit card can be used at places like the doctor's office or the pharmacy without the need for reimbursement forms.
- ☒ You do not have to be enrolled in a medical plan to enroll in an FSA.



The funds in a full-purpose healthcare FSA can be used to pay for eligible medical expenses like deductibles, co-payments, prescription drugs, orthodontics, glasses and contacts for you and any tax-eligible dependents.

<http://www.hr.emory.edu/eu/benefits/tecbenefits/fsa/about.html>

For full details on all your benefits, please visit your benefit website:
www.mybenefitshub.com/friendswoodisd

NOTES

[illegible]



WWW.MYBENEFITSHUB.COM/FRIENDSWOODISD